



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 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

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

AGENDA – Formal Meeting

**Maricopa County Special Health Care District
Board of Directors**

Mission Statement

The Valleywise Health's mission is to provide exceptional care, without exception, every patient, every time.

Welcome

The Board of Directors is the governing body for the Maricopa County Special Health Care District. Each member represents one of the five districts in Maricopa County. Members of the Board are public officials, elected by the voters of Maricopa County. The Board of Directors sets policy and the President & Chief Executive Officer, who is hired by the Board, directs staff to carry out the policies.

How Citizens Can Participate

Each meeting is open to the public and there is a "Call to the Public" at the beginning of each meeting. An individual may address the Board of Directors at this time or when the agenda item to be addressed is reached. If you wish to address the Board, please complete a Request to Speak form Speaker's Slip and deliver it to the Clerk of the Board prior to the Call to the Public. If you have anything that you wish distributed to the Board and included in the official record, please hand it to the Clerk who will distribute the information to the Board members and Valleywise Health Senior Staff.

Speakers will be called in the order in which requests to speak are received. Your name will be called when the Call to the Public has been opened or when the Board reaches the agenda item which you wish to speak. As mandated by the Arizona Open Meeting Law, officials may not discuss items not on the agenda, but may direct staff to follow-up with the citizen.

Public Rules of Conduct

The Board Chair shall keep control of the meeting and require the speakers and audience to refrain from abusive or profane remarks, disruptive outbursts, applause, protests, or other conduct which disrupts or interferes with the orderly conduct of the business of the meeting. Personal attacks on Board members, staff, or members of the public are not allowed. It is inappropriate to utilize the Call to the Public or other agenda item for purposes of making political speeches, including threats of political action. Engaging in such conduct and failing to cease such conduct upon request of the Board Chair will be grounds for ending a speaker's time at the podium or for removal of any disruptive person from the meeting room, at the direction of the Board Chair.

Agendas are available within 24 hours of each meeting at Valleywise Health Medical Center, 2601 East Roosevelt, Phoenix, Arizona 85008 and on the internet at <https://valleywisehealth.org/about/board-of-directors/>. Accommodations for individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice via the Clerk's Office, Virginia G. Piper Charitable Trust Pavilion, 2609 East Roosevelt Street, Phoenix, Arizona 85008, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.

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

Wednesday, September 27, 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 August 23, 2023
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- b. **Contracts:**
- i. **Approve** a new agreement (90-24-069-1) between Cepheid and the Maricopa County Special Health Care District dba Valleywise Health, for reagent products and testing supplies
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

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

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

b. Contracts, cont.:

- ii. **Approve** a new cooperative agreement (90-24-060-1) between HACI Service LLC., and the Maricopa County Special Health Care District dba Valleywise Health, to provide HVAC & mechanical services for Valleywise Health
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- iii. **Approve** amendment #4 to the agreement (90-16-013-1-04) between Networks Gone Wild, LLC., and the Maricopa County Special Health Care District dba Valleywise Health, for burn care group coordinator services
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
- iv. **Approve** a new equipment lease agreement (90-20-028-15) between Flex Financial, a division of Stryker Sales Corporation, and the Maricopa County Special Health Care District dba Valleywise Health, to lease video equipment and related accessories for laparoscopic and arthroscopic procedures
Sherry Stotler, MSN, RN, Senior Vice President, Chief Nursing Officer
- v. **Approve** a new cooperative agreement (90-24-063-1) between Midstate Mechanical, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to provide HVAC & mechanical services for Valleywise Health
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- vi. **Approve** a new cooperative agreement (90-24-065-1) between Pueblo Mechanical & Controls, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to provide HVAC & mechanical services for Valleywise Health
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- vii. **Approve** a new cooperative agreement (90-24-058-1) between Copperstate Fire Protection and the Maricopa County Special Health Care District dba Valleywise Health, to purchase fire alarm systems; fire suppression systems; fire extinguishers; backflows; installations and services
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- viii. **Approve** a new program agreement (90-24-079-1) between Covidien Sales LLC., a Medtronic company, and the Maricopa County Special Health Care District dba Valleywise Health, for the Customer Optimization Plus Program (Co-Op) to purchase pulse oximetry equipment for the new acute care hospital
Jo-el Detzel, MSHA, RRT, Vice President Clinical Ancillary Services
- ix. **Approve** a new intergovernmental agreement (90-24-068-1) between the Arizona Department of Health Services (ADHS) and the Maricopa County Special Health Care District dba Valleywise Health, for the Bioterrorism Hospital Preparedness Program (HPP)
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
- x. **Approve** a new equipment lease agreement (90-15-162-4) between Cardinal Health 200, LLC., and the Maricopa County Special Health Care District dba Valleywise Health, for microbiology equipment and reagents
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer

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

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

c. Governance:

- i. **Approve** renewal of the following Board policies:
 - a. Policy 99002 G – Billing
 - b. Policy 99004 G – Collection Efforts
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- ii. **Approve** registration fee, mileage, lodging, and meals & incidentals per diem not to exceed rates allowable under applicable District practices and policies for Director Wilcox to attend Arizona Hospital and Healthcare Association's Annual Membership Conference, October 25-27, 2023, in Tucson, Arizona
Melanie Talbot, Chief Governance Officer; and Clerk of the Board
- iii. **Approve** affidavits appointing Reema Multani, DO; George Ide, MD; Shana Feinberg, DO as Deputy Medical Directors in the Department of Psychiatry
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
- iv. **Approve** Valleywise Health Foundation's ALL IN Campaign donor recognition requests
Lisa Hartsock, MPH, CFRE, Foundation Relations Executive

d. Medical Staff:

- i. **Approve** Valleywise Health's Medical Staff credentials for September 2023
Mark M. MacElwee, MD, Chief of Staff
- ii. **Approve** Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for September 2023
Mark M. MacElwee, MD, Chief of Staff

e. Care Reimagined Capital:

- i. **Approve** capital expenditure request (CER #19-947AS) to purchase Distributed Antenna System (DAS) infrastructure from Connectivity Wireless, Inc., for the new acute care hospital and the Piper Pavilion for cost of \$158,194
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- ii. **Approve** amendment #5 to capital expenditure request (CER #19-947ANE) for additional cabling infrastructure from Cable Solutions for the new acute care hospital for an additional cost of \$156,817 for an aggregate total cost of \$8,427,784
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- iii. **Approve** amendment #2 to capital expenditure request (CER #19-947TB) for SIRVA Worldwide Commercial Moving to provide office and workstation relocation and placement services for the new acute care hospital for an additional cost of \$154,548 for an aggregate total cost of \$729,417
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer

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

- 1:15 1. Approval of Consent Agenda, cont.:
- f. Capital:
- i. **Approve** capital expenditure request (CER #24-423) for the Palo Alto firewall refresh for a cost of \$571,485 for fiscal year 2024
Kelly Summers, CHCIO, Senior Vice President, Chief Information Officer
- ii. **Approve** capital expenditure request (CER #24-422) for F5 load balancer appliances refresh for a cost of \$545,635 for fiscal year 2024
Kelly Summers, CHCIO, Senior Vice President, Chief Information Officer

End of Consent Agenda

- 1:30 2. Discuss and Review Vizient Clinical Database Information **10 min**
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
- 1:40 3. Discuss Home Assist Health's (HAH) Fiscal Year 2023 Report **10 min**
Sara Wilson, President and Chief Executive Officer, Home Assist Health
- 1:50 4. Discuss Valleywise Community Health Centers Governing Council's Annual Report **10 min**
Scott Jacobson, Chairman, Valleywise Community Health Centers Governing Council
Michelle Barker, DHSc, Senior Vice President Ambulatory Services; and Chief Executive Officer Federally Qualified Health Centers
- 2:00 5. Discuss and Review Valleywise Health's August 2023 Financials and Statistical Information **15 min**
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- 2:15 6. Monthly Update on Care Reimagined Projects **10 min**
Lia Christiansen, MBC, Executive Vice President, Chief Administrative Officer
- 2:25 7. Discuss, Review and **Approve** Valleywise Health's President & Chief Executive Officer, Steve Purves, Performance Goals for Fiscal Year 2024 **5 min**
Board of Directors
- 2:30 8. Review and **Possible Action** on the Following Reports to the Board of Directors: **15 min**
- a. Monthly Marketing and Communications Report (August 2023)
Runjhun Nanchal, MHA, Senior Vice President, Strategy, Marketing and Communications
- b. Monthly Care Reimagined Capital Purchases Report (August 2023)
Claire Agnew, CPA, MBA, Executive Vice President, Chief Financial Officer
- c. Quality Management Council Meeting Minutes (August 2023)
Crystal Garcia, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety

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

- 2:30 8. Review and **Possible Action** on the Following Reports to the Board of Directors, cont.:
- d. Semi-Annual Creighton University Arizona Health Education Alliance Report
Michael D. White, MD, MBA, Executive Vice President, Chief Clinical Officer
 - e. Annual Valleywise Health Nurse Staffing Plan for Fiscal Year 2024
Sherry Stotler, MSN, RN, Senior Vice President, Chief Nursing Officer

- 2:45 9. Concluding Items 10 min

- a. Old Business:

August 23, 2023

Quality

- What percentage of patients discharged have a primary care provider

Behavioral Health

- Report any trends noticed with the 72 hr. hold expiring prior to being able to complete the court ordered evaluation
- Does the Greater Phoenix Chamber still have the Behavioral Health Technicians program in place
- What are the number of Integrated Behavioral Health referrals by clinic

Care Reimagined

- Provide a list of the licensing requirements and steps to be taken leading up to the move to new tower including the estimated timeline for each requirement
- How many members of the public will Board room seat

June 28, 2023

Care Reimagined Update

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

Marketing and Communications Report

- Have a ceremony for the launch of the mobile health unit

May 24, 2023

April 2023 Financials

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

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

- 2:55 **Adjourn**



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.

Consent Agenda



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.a.i.

Minutes
August 23, 2023

Minutes

**Maricopa County Special Health Care District
Board of Directors Meeting
Valleywise Health Medical Center
2601 East Roosevelt Street, Phoenix, Arizona 85008
Conference and Administration Center, Auditoriums 1 through 4
August 23, 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

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, MBA/HCM, RN, Vice President, Specialty Services, Quality and Patient Safety
Gene Cavallo, MC, LPC, Senior Vice President, Behavioral Health Services
Martha Steiner, MSN-L, RN, Vice President, Behavioral Health Nursing and Clinical Care
Michael Fronske, Legislative and Governmental Affairs Director
Susan Lara-Willars, HCS, MBA, Senior Vice President, Chief Human Resources Officer

Recorded by:

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

Call to Order:

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

Roll Call

Ms. Talbot 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.

Pledge of Allegiance

Director Brophy McGee led the Pledge of Allegiance.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

Call to the Public

Chairman Thomas called for public comment.

Mr. Purves announced Mr. Martin Demos, Senior Vice President, General Counsel, would be retiring in mid-September 2023. He thanked him for his years of service to Valleywise Health. He stated Ms. Ijana Harris had been selected as the new Senior Vice President, General Counsel.

Director Wilcox and Director Harden conveyed their appreciation for the guidance that Mr. Demos had provided over the years.

Mr. Demos said that it had been an honor and a privilege to serve Valleywise Health.

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 June 22, 2023
- ii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated June 28, 2023
- iii. Approve Maricopa County Special Health Care District Board of Directors meeting minutes dated July 20, 2023

b. Contracts:

- i. Approve amendment #8 to the contract (90-11-038-1-08) between Blue Cross and Blue Shield of Arizona, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to allow members to receive comprehensive medical and services through Valleywise Health providers
- ii. Approve amendment #1 to the agreement (90-22-114-1-01) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for HIV Testing Services
- iii. Approve amendment #2 to the intergovernmental agreement (90-22-255-1-02) between the Arizona Department of Health Services and the Maricopa County Special Health Care District dba Valleywise Health, for the Well Woman Health Check Program grant which provides breast and cervical cancer screenings for uninsured and underinsured
- iv. Approve amendment #1 to the contract (90-18-278-1-01) between MTI Connect, LLC., and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract for commercial print services

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

1. Approval of Consent Agenda, cont.:

b. Contracts, cont.:

- v. Approve a new agreement (MCO-20-023-VBP) between Alignment Health Insurance Company of Arizona, Inc., and Maricopa County Special Health Care District dba Valleywise Health, to establish quality of care measures and incentive for members of Alignment Health who are patients at Valleywise Health
- vi. Approve a new intergovernmental agreement (90-24-034-1) between the Arizona Health Care Cost Containment System (AHCCCS), and the Maricopa County Special Health Care District dba Valleywise Health, for the transfer of public funds for use as the Non-Federal Share of the Medicaid payment under this Agreement for graduate medical education (GME) programs, for the period of July 1, 2022, through June 30, 2023, for the benefit of Phoenix Children's Hospital (\$9,824,992.32)
- vii. Approve a new agreement (90-24-025-1) between Mission Linen Supply and the Maricopa County Special Health Care District dba Valleywise Health, for laundry processing services for all Valleywise Health facilities
- viii. Approve amendment #4 to the agreement (90-16-191-3-04) between Baker Tilly US, LLP (fka Orchestrate Healthcare), and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract term
- ix. Approve amendment #3 to the agreement (90-16-191-10-03) between Virtelligence and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract term
- x. Approve amendment #4 to the agreement (90-16-191-18-04) between Oxford Global Resources, LLC, and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract term
- xi. Approve amendment #4 to the agreement (90-16-191-11-04) between Tegria Services Group – US, Inc., and the Maricopa County Special Health Care District dba Valleywise Health, to extend the contract term
- xii. Approve a new intergovernmental agreement (IGA) (90-24-039-1) with Arizona Health Care Cost Containment System (AHCCCS) for Valleywise Health to participate in the Access to Professional Services Initiative (APSI). This IGA commences October 1, 2023, through September 30, 2024. Valleywise Health will provide State match funds in the amount of \$3,984,016.16 to the State of Arizona, in order to receive Federal match funds
- xiii. Approve a new intergovernmental agreement (IGA) (90-24-040-1) with Arizona Health Care Cost Containment System (AHCCCS) for Valleywise Health to participate in the Access to Professional Services Initiative (APSI). This IGA commences October 1, 2023, through September 30, 2024. Valleywise Health shall transfer funds to AHCCCS the amount of \$236,100 for the administration of the APSI
- xiv. Approve a new intergovernmental agreement (IGA) (90-24-043-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Dignity Health, to participate in the Access to Professional Services Initiative (APSI). This IGA commences October 1, 2023, through September 30, 2024. Valleywise Health will provide State match funds in the amount of \$2,418,334.14 on behalf of Dignity Health to the State of Arizona in order to receive Federal match funds

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

1. Approval of Consent Agenda, cont.:

b. Contracts, cont.:

- xv. Approve a new intergovernmental agreement (IGA) (90-24-044-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Dignity Health, to participate in the Access to Professional Services Initiative (APSI). This IGA commences October 1, 2023, through September 30, 2024. Valleywise Health shall transfer funds to AHCCCS the amount of \$145,540 on behalf of Dignity Health for the administration of the APSI
- xvi. Approve a new intergovernmental agreement (90-24-047-1) between the Arizona Health Care Cost Containment System (AHCCCS), and the Maricopa County Special Health Care District dba Valleywise Health, for the transfer of public funds for use as the Non-Federal Share of the Medicaid payment under this Agreement for graduate medical education (GME) programs, for the period of July 1, 2022, through June 30, 2023, for the benefit of Valleywise Health (\$16,127,566.53); Abrazo Arrowhead (\$1,118,732.69); Abrazo Central (\$574,893.68); Abrazo West (\$678,928.81); Mountain Vista Medical Center (\$1,861,048.07) and Canyon Vista Medical Center (\$963,383.35)
- xvii. Approve a new intergovernmental agreement (IGA) (90-24-042-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Abrazo, to participate in the Access to Professional Services Initiative (APSI). This IGA commences October 1, 2023, through September 30, 2024. Valleywise Health shall transfer funds to AHCCCS the amount of \$122,850 on behalf of Abrazo for the administration of the APSI
- xviii. Approve a new intergovernmental agreement (IGA) (90-24-041-1) with Arizona Health Care Cost Containment System (AHCCCS), on behalf of Abrazo, to participate in the Access to Professional Services Initiative (APSI). This IGA commences on October 1, 2023, through September 30, 2024. Valleywise Health will provide State match funds in the amount of \$2,526,661.32 on behalf of Abrazo to the State of Arizona in order to receive Federal match funds

c. Governance:

- i. Approve affidavits appointing Ernest Miller, MD; Kendal Smith, MD; Raphael Golebiowski, MD; Daniel Hintze, MD; Beth Darling, DO; and Danielle Guthrie, DO as Deputy Medical Directors in the Department of Psychiatry
- ii. Approve application of Wayne Tormala for membership on the Valleywise Community Health Centers Governing Council
- iii. Approve Amended and Restated Co-Applicant Operational Arrangement between the Maricopa County Special Health Care District and the Valleywise Community Health Centers Governing Council
- iv. Approve renewal of Board policy 99014 G – Budget ~ Operating and Capital
- v. Approve new Board policy 99305 G – Board Member Conflict of Interest and Gift Policy

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

1. Approval of Consent Agenda, cont.:

c. Governance, cont.:

- vi. Approve registration fee, mileage, lodging, and meals & incidentals per diem not to exceed rates allowable under applicable District practices and policies for Chairman Thomas to attend Arizona Hospital and Healthcare Association's Annual Membership Conference, October 25-27, 2023, in Tucson, Arizona
- vii. Approve Valleywise Health Foundation's ALL IN Campaign donor recognition requests

d. Medical Staff:

- i. Approve Valleywise Health's Medical Staff credentials for August 2023
- ii. Approve Valleywise Health's Advanced Practice Clinician/Allied Health Professional Staff credentials for August 2023
- iii. Approve the appointment of Merima Bucaj, DO, as Department Chair of Family & Community Medicine, effective September 5, 2023
- iv. Confirm Alexzandra K. Hollingworth, MD, as Vice Chief of Staff (September 1, 2023 – December 31, 2025)

e. Care Reimagined Capital:

- i. Approve amendment #2 capital expenditure request (CER #19-947KB) to purchase a wiring kit from Stryker for the new acute care hospital for an additional cost of \$41,521 for an aggregate total cost of \$1,606,678
- ii. Approve capital expenditure request (CER #19-947AT) to purchase wayfinding and building signage from Smithcraft Signs for the new acute care hospital for cost of \$886,833
- iii. Approve amendment #4 to capital expenditure request (CER #19-947AND) for additional cabling infrastructure and cameras from Cable Solutions for the Piper Pavilion for an additional cost of \$83,137 for an aggregate total cost of \$8,270,967
- iv. Approve amendment #62 to the contract (480-90-18-012-62) 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) number 016 for a total amount of \$1,373,359 (CER #19-947; Project A1440)

f. Capital:

- i. INTENTIONALLY LEFT BLANK

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

1. Approval of Consent Agenda, cont.:

MOTION: Director Wilcox moved to approve the consent agenda. Director Harden seconded.

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

2. Discuss, Review and Approve Valleywise Health's Annual Quality Improvement and Patient Safety Plan for Fiscal Year 2024; Approve Indicators on Which to Measure Quality for Fiscal Year 2024

Ms. Garcia presented the quality priorities and goals contained within the Quality Improvement and Patient Safety Plan for fiscal year (FY) 2024. Valleywise Health staff would continue to focus on infection control metrics including decreasing the Clostridium Difficile (c.diff), maintaining hand hygiene compliance, and maintaining progress made in relation to hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia infections. Other goals included decreasing the minutes for STEMI (ST-Segment Elevation Myocardial Infarction) door to balloon and decreasing hypoglycemia events.

She outlined the patient safety indicators (PSI) that would be monitored and measured, including but not limited to PSI-12, post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT) rate, and PSI-14, post-operative wound dehiscence rate.

In addition, patient engagement goals included improving Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) results for inpatient population, and improving the Net Promoter Score (NPS) for both primary care specialty care clinic patients.

She stated that staff would monitor and measured all regulatory and publicly reported measures to ensure the organization was within the established benchmarks.

Ms. Garcia provided an overview of the quality dashboard for FY 2024, which the Board would review on a quarterly basis.

Director Brophy McGee asked what percentage of patients presented to the hospital without a primary care provider. She asked if those patients were provided information on how to obtain a primary care provider, and if that metric was monitored.

Ms. Stotler said that patients without a primary care provider were given referrals for primary care at the time of discharge, and care management also performed transition care services. However, she was unsure if staff monitored the percentage of patients that utilized the referrals provided.

MOTION: Vice Chairman Dewane moved to approve Valleywise Health's Annual Quality Improvement and Patient Safety Plan for fiscal year 2024. Director Brophy McGee seconded.

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 – August 23, 2023**

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

2. Discuss, Review and Approve Valleywise Health's Annual Quality Improvement and Patient Safety Plan for Fiscal Year 2024; Approve Indicators on Which to Measure Quality for Fiscal Year 2024, cont.

MOTION: Vice Chairman Dewane moved to approve the indicators on which to measure quality for fiscal year 2024. Director Wilcox seconded.

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

0 Nays

Motion passed.

3. 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

Ms. Garcia outlined the quality dashboard results for the fourth quarter of FY 2023, as well as FY 2023 year-end results. She noted that the measures related to nursing workforce, process of care measures, mortality, readmission, behavioral health, and ambulatory had met the benchmarks for the fourth quarter, as well as for the fiscal year.

She stated PSI-06, iatrogenic pneumothorax, rate did not meet the benchmark for the fiscal year, with two events throughout the year. Both events were reviewed, and no trends were identified. PSI-04, death among surgical patients with serious treatable complications, did not meet the benchmark for the fourth quarter or the fiscal year. There were six events within the fourth quarter and staff continued to monitor for trends.

Ms. Garcia highlighted improvements related to PSI-12, post-operative PE or DVT rate, which meet the benchmark for the fourth quarter and the fiscal year. There was one post-operative sepsis event, PSI-13, in the fourth quarter, causing the metric to miss the benchmark for the fiscal year. The post-operative wound dehiscence rate, PSI-14, did not meet the benchmark for the fourth quarter, and did not meet the benchmark for the fiscal year, with five events reported throughout the year.

She outlined the action plans in place to address and improve PSI-14, including an in-depth review of each event and forming a group of surgical providers to develop specific actions.

The HCAHPS results for the fourth quarter were reviewed, noting the final overall rating was 66.7%, which placed the organization within the 34th percentile. Ms. Garcia announced that Valleywise Health had improved its rating on Hospital Compare from a two-star rating to a three-star rating, which would be published in October 2023.

She outlined the action plans in place aimed to improve the HCAHPS score, which included the ongoing implementation of ACCEPT (Acknowledge, Connect, Communicate, Every Person, Every Time), working with clinical leaders for unit-specific plans, and working with environmental services to improve the appearance of the facilities.

The NPS for the ambulatory setting was reviewed, noting the year-end results were 72%, which met the benchmark. She referred to the patient comments received and stated each location received the comments on weekly basis.

The 12-month trend for inpatient behavioral health patient experience was outlined, stating the results were better than the benchmark.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

3. 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, cont.

Director Wilcox said that the comments received for the ambulatory setting mentioned issues with scheduling appointments due the providers' schedules being unavailable. She asked if patients were receiving calls when those schedules were known.

Ms. Agnew said that while the goal was to get the providers' schedules known as soon as possible, the Patient Access Center (PAC) had a process in place to notify patients and schedule appointments.

Director Brophy McGee said that she had received comments related to delays in scheduling appointments for new patients, compared to the time it took for an established patient to schedule an appointment. She asked if there were plans to address that concern.

Ms. Agnew said that there was an active process in place to create a template for scheduling primary care appointments. She mentioned that Valleywise Health was currently experiencing a provider shortage, which contributed to the delay in scheduling appointments. However, she stated that new providers were scheduled to begin practicing in the primary care setting to accommodate the demand for primary care services.

4. Discuss and Review Quarterly Infection Control Metrics Dashboard

Ms. Garcia reviewed the infection control quality metrics for the fourth quarter of FY 2023, as well as FY 2023 year-end results. Hand hygiene compliance rate for the fourth quarter was 96% and 95% for the fiscal year, which missed the benchmark. There were zero central line associated blood stream infections (CLABSI) for the fourth quarter, and four events reported throughout the fiscal year, which was better than the benchmark. One catheter associated urinary tract infections (CAUTI) was reported in the fourth quarter, and five events reported throughout the fiscal year, which was better than the benchmark.

She announced that there had been zero MRSA bacteremia occurrences for the fiscal year, which resulted in the metric meeting the benchmark. She provided an overview the actions implemented that attributed to the success in reducing MRSA bacteremia infections.

5. Update on Behavioral Health Programs and Services at Valleywise Health

Mr. Cavallo provided an update on behavioral health services throughout Valleywise Health, which had recently opened an additional inpatient unit within Valleywise Behavioral Health Center-Phoenix.

He outlined the processes in place to manage the capacity at the different inpatient facilities, including the management of COVID positive patients and the modified quarantine protocols that were implemented.

Ms. Steiner said that testing new patients at admission and patients that displayed symptoms for COVID, and the modified quarantine protocols assisted with reducing the number of days that the units were quarantined. Due to the improvements, staff was able to enhance the programs for patients, including allowing visitations, both on-unit and off-unit group activities, and pet and music therapies.

Mr. Cavallo reviewed a three-year comparison of behavioral health patient volumes, noting the increased length of stay, currently 24.5 days, impacted the ability to admit new patients. Staff had a better understanding of how the length of stay impacted the admissions and the average daily census, and would incorporate that information into the capacity management approach.

Director Brophy McGee asked if any trends had been identified with the 72-hour hold expiring prior to the court ordered evaluation being completed.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

5. Update on Behavioral Health Programs and Services at Valleywise Health, cont.

Mr. Cavallo acknowledged the complicated circumstances surrounding the 72-hour holds, and while there were trends of those holds expiring, improvements had been made to decrease the amount that timed out.

Director Brophy McGee requested information that related to the trend.

Mr. Cavallo provided an overview of the turnover rates, highlighting that over the last 12 months there was a net gain of ten behavioral health employees.

Director Harden asked if the implementation of the Sign On and Retention (SOAR) program contributed to the additional employees.

Ms. Steiner agreed that the SOAR program had attracted interest from more experienced nurses. She reviewed the statistics of recent hires and the reductions in first year nurse and behavioral health technician (BHT) voluntary turnover rates. She outlined the retention efforts, including but not limited to employee recognition and acknowledgement, transparent reporting, and focusing on teamwork and collaboration.

She expressed her satisfaction with the Grow Our Own Pathway programs, designed to provide professional pathways for individuals entering the behavioral health field. She announced a potential partnership with Arizona Boys and Girls Club to introduce young adults to the workforce through an entry level behavioral health worker position.

Director Brophy McGee noted that the Greater Phoenix Chamber Foundation once had a similar program for BHTs and asked if staff was aware of the program or if it was ongoing.

Dr. White said that he was unsure if the program was still active but would research and provide an update to the Board.

Ms. Steiner said another recruitment tool was referrals from current employees, which was a driving force for improving employee experience, to encourage more referrals.

Mr. Cavallo provided an overview of outpatient behavioral health programs, noting the Assertive Community Treatment (ACT) program had been operational for seven years and continued to receive high scores from regulatory agencies.

The First Episode Center began operations within Valleywise Community Health Center-Avondale and recently added a location in Mesa.

Chairman Thomas asked if any patients from the original location in Avondale would transfer to the new Mesa location.

Mr. Cavallo said that some patients were reluctant to transfer their services, but the new location would soon host an open house to showcase the facility and introduce the staff to patients.

Volumes within the Mesa Behavioral Health Specialty Clinic, which operated within Valleywise Community Health Center-Mesa continued to grow.

Integrated behavioral health program continued to expand and there were now over 45 team members, including five clinicians, three integrated behavioral health peer support specialists, and two integrated behavioral health referral and support specialists.

Chairman Thomas asked if patients utilized integrated behavioral health services in-person or virtually.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

5. Update on Behavioral Health Programs and Services at Valleywise Health, cont.

Mr. Cavallo said that during the COVID-19 pandemic, patients utilized the program virtually, however, there were efforts to shift the services to in-person, except for psychiatric appointments.

He recognized the increasing number of individuals that presented to the organization with opioid use disorder. Valleywise Health had received a grant from SAMHSA (Substance Abuse and Mental Health Services Administration) to implement medication assisted treatment for individuals battling prescription drug and opioid addiction. Education was provided to emergency medicine, primary care and behavioral health providers, as they could initiate referrals to the program.

Director Brophy McGee noted varying medication options for providing medically assisted treatment and asked which option would be utilized by Valleywise Health.

Dr. White said that staff would focus on new medication therapy options, such as suboxone. However, staff would sustain methadone treatment, should a patient be on the treatment already. He stated that Valleywise Health would not start methadone treatment.

Director Brophy McGee asked if pregnant mothers participated in the program.

Dr. White said that the obstetrics and gynecology (OB/GYN) department had been providing medically assisted treatment to pregnant mothers for many years and staff would continue to explore options to provide care.

Director Wilcox said that the City of Phoenix would soon be considering programs to invest funds received as part of the opioid lawsuit. She suggested staff develop and submit a proposal to be considered.

She referenced the growth within integrated behavioral health and requested a report on the number of integrated behavioral health referrals made by clinic.

Mr. Cavallo said that he would provide that information and highlighted that a special team was created to manage the integrated behavioral health referrals.

He reviewed future behavioral health projects, including the expansion of outpatient behavioral health services at Valleywise Behavioral Health Centers-Mesa and Maryvale.

6. 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 most recent legislative session, which concluded on July 31, 2023, after 204 days in session. There were 348 bills passed, with 143 of those bills being vetoed by the Governor. The general effective date for legislation was October 30, 2023, unless otherwise noted.

He reviewed the outcome of the bills that had been monitored by staff throughout the session, including but not limited so Senate Bill (SB) 1077, jails conducting mental health evaluations; SB 1157, discharge planning and patient assessments, and SB 1711, ambulances, and emergency medical services.

Director Wilcox asked if SB 1077 allowed the jails to conduct the mental health evaluations.

Mr. Fronske said that the bill would allow for jails and prisons to hire personnel to conduct the mental health evaluations.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

6. 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, cont.

Mr. Fronske elaborated on SB 1711 and mentioned the bill required emergency medical services (EMS) to be involved in interagency transfers.

Mr. Purves noted the bill did not address the larger issue concerning Valleywise Health and interagency transfers. Staff would coordinate efforts with other agencies to develop a solution.

Director Brophy McGee referenced SB 1157 and asked if the bill corrected the original concerns with discharges to assisted living facilities.

Mr. Fronske said that the bill was the result of compromises from all parties.

He said there were no changes to the areas of focus on the federal level, which included continual work with the Congressional Delegation on emergency funding pathways and protecting supplemental funding such as disproportionate share hospital (DSH) funding and the 340B program.

Mr. Purves said that he would soon be traveling to Washington, D.C. to work with national hospital associations to discuss the Metropolitan Anchor Hospital designation, which would provide funding for hospitals similar to Valleywise Health, in the event of an emergency.

7. Discuss and Review Bond Disbursements Process

Ms. Agnew provided a high-level overview of the bond disbursement process. The process was categorized into four separate functions: operations, procurement, finance and compliance.

Ms. Agnew explained that Vanir, the group hired for integrated program management services, specialized in managing construction projects and was a key member of the operations team. Vanir determined the timeline to purchase specific supplies and engage subcontractors for certain tasks. The task or request was then submitted through PMWeb, a web-based tool used by all team members to manage the requests throughout the process.

Valleywise Health's procurement team would then review the request to ensure compliance with the District's procurement code and adhered to the authorization levels contained in the Approval, Authorization and Responsibility matrix. The procurement team would then route the request for appropriate approval.

Ms. Agnew said that Vanir would then monitor if the task was completed to satisfaction, or if the product was received as expected. If so, Vanir would submit the invoice and supporting documentation to finance and request payment. The finance team would review the request for accuracy, assign the payment to the appropriate account, and submit the information to accounts payable for payment. All expenditures were then tracked and reported to the Board monthly.

She stated that Moss Adams, the consulting firm engaged to audit the expenditures, would ensure the funds were used to support the bond measure approved by the taxpayers.

Director Brophy McGee asked if Moss Adams reviewed every expenditure.

Ms. Agnew said that every expenditure was not reviewed, however, there was a systematic process in place to test a material representation of the funds spent.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

7. Discuss and Review Bond Disbursements Process, cont.

Director Brophy McGee asked if Vanir was also responsible for ensuring the tasks completed were within the scope of the bond measure passed.

Ms. Agnew said that Vanir was engaged to complete the Care Reimagined projects according to the architectural and design plans developed. Moss Adams audited the funds to ensure that Valleywise Health only used them toward Care Reimagined and not for hospital operations.

Director Brophy McGee asked if there was an audit process in place for the construction component, that everything was built according to specifications.

Ms. Christiansen explained that the Integrated Project Management Office (IPMO) provided oversight to the construction projects. There was also a full-time Maricopa County inspector on-site, reviewing, in real-time, the work completed matched the plans submitted. She confirmed that checks and balances were in place.

8. Discuss and Review Valleywise Health's Preliminary June 2023 Fiscal Year End Financials and Statistical Information, July 2023 Financials and Statistical Information, and Quarterly Investment of Funds Report

Ms. Agnew reviewed the statistical information for June 2023, noting total admissions missed budget by 2.1%, emergency department visits were 19.8% better than budget, and ambulatory visits missed budget by 9.8 percent.

On a year-to-date basis, overall admissions missed budget by 1.1%, or 190 admissions, emergency department visits were better than budget by 20.5%, ambulatory visits missed budget by 1.2 percent. The current provider shortage in the primary care setting contributed to the budget shortfall.

Chairman Thomas asked if the increased emergency department visits were due to patients deferring their care and the current economic strain many individuals were experiencing.

Dr. White said that patients that had been deferring healthcare were presenting in the emergency department. He also noted the provider shortage in primary care, which created access challenges for those seeking care.

Ms. Agnew discussed the payer mix, noting an increase in uninsured, when compared to prior year, due to the disenrollment in the Arizona Health Care Cost Containment System (AHCCCS), prompted by the end of the Public Health Emergency.

She noted the two unusual items that occurred in June 2023: Governmental Accounting Standards Board (GASB) statements 68 and 75 pertaining to pension and post-employment benefits, and the accelerated depreciation. She explained the \$11,883,266 GASB 68 and 75 expenses were the result of Arizona State Retirement System (ASRS) adjustments. The \$10,483,567 accelerated depreciation was in relation to staff preparing to demolish current buildings. She stated that without the unusual items, there would have been an increase in net assets, compared to the decrease reported.

The June 2023 income statement was reviewed. Ms. Agnew noted total operating revenue was 33.6% better than budget, due to a \$10 million grant received from the State of Arizona and other revenue, such as 340B and retail pharmacy, performing better than budget.

Operating expenses had a 42.3% negative variance. She noted negative variances in employee benefits was attributed to the ASRS expense mentioned.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

8. Discuss and Review Valleywise Health's Preliminary June 2023 Fiscal Year End Financials and Statistical Information, July 2023 Financials and Statistical Information, and Quarterly Investment of Funds Report, cont.

Net assets, after factoring in non-operating revenue and expenses, and removing bond related activity, decreased by \$10,866,896, compared to a budgeted decrease of \$4,516,680, resulting in a negative variance of \$6,350,216.

Ms. Agnew stated that in June 2023, there were 109.2 days cash on hand and 57.7 days in accounts receivable.

She reviewed the statistical information for July 2023, noting total admissions missed budget by 0.6%, or nine admissions, emergency department visits were 7.4% better than budget.

Director Harden asked if the increase in emergency department visits was attributed to the heat wave.

Dr. White said that there was an increase in heat-related illnesses, however, the volumes had not decreased as the weather cooled down.

Director Wilcox asked if staff was tracking how many individuals had been disenrolled from AHCCCS and were presenting in the emergency department for care.

Ms. Agnew said that staff tracked all the applications that were submitted and how many of those were then accepted. She said that many uninsured individuals present to the emergency department for care but due to Emergency Medical Treatment and Active Labor Act (EMTALA), the hospital was required to treat individuals, regardless of their ability to pay. She commented that Valleywise Health would also treat individuals within the Federally Qualified Health Centers (FQHCs) regardless of their ability to pay.

She continued to review the statistics for July 2023, noting ambulatory visits missed budget by 0.4%, or 125 visits. She highlighted the significant decrease in July's ambulatory visits budget and results, compared to June 2023, as the budget was developed based on the number of available providers. She mentioned outpatient behavioral health and Valleywise Comprehensive Health Center-Phoenix performed better than budget.

The payer mix was discussed, and Ms. Agnew noted variations from budget included higher number of uninsured patients and the utilization of other government as a payor source, while the number of patients with AHCCCS coverage was noticeably less than budget.

The July 2023 income statement was reviewed, noting total operating revenue was 3.4% better than budget. Both net patient service revenue and other revenue, such as the 340 program and retail pharmacy, contributed to the positive variance.

Operating expenses had a 3.6% negative variance for the month. Ms. Agnew highlighted the negative variance in salaries and wages, due to the influx of new employees and the costs associated with onboarding and training. There was a positive variance for contract labor for the month and staff was working to continue to keep those expenses within or better than budget. She noted that costs associated with patient transports were more than budgeted, explaining that when there were a lot of visits at Valleywise Emergency Department-Maryvale, those costs would increase because patients requiring a higher level of care would be transported to Valleywise Health Medical Center.

Net assets, after factoring in non-operating revenue and expenses, and removing bond related activity, decreased by \$3,792,525, compared to a budgeted decrease of \$3,581,382, resulting in a negative variance of \$211,142. There were 98.6 days cash on hand and 63.4 days in accounts receivable.

Director Wilcox asked if patients that presented to the Valleywise Emergency Department-Maryvale were referred to the Valleywise Community Health Center-West Maryvale for follow-up or aftercare.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

8. Discuss and Review Valleywise Health's Preliminary June 2023 Fiscal Year End Financials and Statistical Information, July 2023 Financials and Statistical Information, and Quarterly Investment of Funds Report, cont.

Dr. White said that there were attempts to refer to Valleywise Health facilities, based on the services needed and the availability to provide that care.

9. Monthly Update on Care Reimagined Projects

Ms. Christiansen stated that the opening date of the new acute care hospital had been announced, and patients would be moved on April 11, 2024.

She provided an update on the Care Reimagined projects, saying the projects on the Roosevelt Campus were 83% complete, and 14,048,293 manhours had been accumulated throughout the course of the various projects. The program dashboard provided an overview of current concerns, specifically the construction timeline and the receipt of furniture and equipment in the Piper Pavilion.

She reviewed the construction progress of the new acute care hospital, noting that construction was 96% complete, two magnetic resonance imaging (MRI) machines had been installed, and the cameras throughout were being installed. She acknowledged the parking challenges that were reported and said that staff was working on solutions to ensure patients had adequate parking.

Director Harden asked if valet parking was offered.

Ms. Christiansen said that valet parking was currently not an option, however, staff was working on solutions, including but not limited to providing off-campus parking for employees and operating shuttles to those locations.

She showcased a high-level overview of the patient move schedule, which outlined when each unit of the current location would be transitioned to the new acute care hospital. The operational assumptions were outlined, including that the support and ancillary services would move prior to the patient move date and there would be some departments that would be operational in both locations until all patients were moved.

She stated that staff would prepare for the patient move day several months in advance. In the coming months, she will provide information related to specific dates and tasks.

Director Brophy McGee asked when the unqualified certificate of occupation would be received.

Ms. Christiansen said that construction was expected to be complete on November 29, 2023.

Director Brophy McGee asked if there was a schedule of licensing activities.

Ms. Christiansen confirmed that those licensing requirements were built into the schedule. Once the construction was complete, those agencies would be notified.

Director Brophy McGee requested a list of licensing requirements and other steps that need to be taken leading up to the move into the new acute care hospital.

Ms. Christiansen highlighted the progress of the Piper Pavilion, announcing that many departments had moved in, with additional departments scheduled to move in the upcoming week. The fifth floor was still under construction, as District Medical Group (DMG) leased the entire floor, and that was expected to be complete by December 2023.

Director Harden questioned how many people could be seated in the Board Room.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

9. Monthly Update on Care Reimagined Projects, cont.

Ms. Christiansen said that she would review and provide the answer at a later time.

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

- a. Monthly Marketing and Communications Report (June and July 2023)
- b. Monthly Care Reimagined Capital Purchases Report (June and July 2023)
- c. Monthly Valleywise Health Employee Turnover Report (June and July 2023)
- d. Quality Management Council Meeting Minutes (June 2023)
- e. Quarterly Compliance Officer's Activities Report; Annual System-Wide Compliance Education Results; Valleywise Health's Finance, Audit and Compliance Committee Activities Report
- f. Quarterly Valleywise Health Foundation's Report to Valleywise Health's President & Chief Executive Officer
- g. Fiscal Year 2023 Employee Engagement Survey Results

Chairman Thomas noted item 10.c., the Valleywise Health Employee Turnover Report, and commended the progress that had been made.

Director Wilcox noted the SOAR program was a contributing factor and asked if the program had been advertised in nursing magazines.

Ms. Christiansen outlined the how the program had been advertised in the community, including sending postcards to nurses, contacting former employees that had left the organization in good standing, and social media.

11. Concluding Items

- a. Old Business:

June 28, 2023

Legislative Agenda

- Suggested to include the number of Executive Orders in the legislative update presentation
- Send Director Brophy McGee a list of resolutions passed that may impact Valleywise Health

May 2023 Financials

- Provide details to the Board on Correction Health payments, timeliness of payments

Care Reimagined Update

- Once determined, provide the Board with the opening date for the new acute care hospital
- When projects are complete, compose a letter from the Board, outlining everything that was accomplished/made possible, and send to stakeholders

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

11. Concluding Items, cont.

a. Old Business, cont.:

June 28, 2023, cont.

Marketing and Communications Report

- Have a ceremony for the launch of the mobile health unit
- What is the approach/philosophy of the new marketing agency
- Invite representatives from new marketing agency to a Board meeting to provide an overview of the new brand awareness campaign, include a comparison of the previous agency so the Board can understand the differences
- Emphasis what Valleywise Health does well when conducting the brand awareness campaign

June 22, 2023

FY 2024 Operating and Capital Budget

- What is the anticipated loss for FY 2023
- Staff will provide an in-depth review of the marketing budget

May 24, 2023

April 2023 Financials

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

April 26, 2023

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

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

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

Ms. Talbot reviewed old business, noting the items that had been completed.

Ms. Agnew address the request from the June 28, 2023 meeting related to Correctional Health payments, stating that staff had met with County Management, however, a solution had not been found. The issue was ongoing, and she would update the Board when there was new information.

**Maricopa County Special Health Care District Board of Directors
Meeting Minutes – General Session – August 23, 2023**

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

11. Concluding Items, cont.

a. Old Business, cont.:

Ms. Lara-Willars addressed the request from March 22, 2023 meeting related to employee feedback on the new employee benefits program. The employee engagement survey included questions specific to the employee benefit program and she noted the overall results were better than the benchmark, however, it was one of the lower scoring areas. The comments revealed that staff would like improvements in accrual of sick leave and lower medical premiums.

Ms. Christiansen addressed the request from March 22, 2023 meeting related to the artwork to be included within the new acute care hospital. She had met with local community artists and would be working with the Valleywise Health Foundation to make additional connections throughout the art community.

Mr. Purves thanked staff for their hard work.

Adjourn

MOTION: Director Wilcox moved to adjourn the August 23, 2023 Maricopa County Special Health Care District Board of Directors Formal Meeting. Director Brophy McGee seconded.

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

Meeting adjourned at 3:45 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

September 27, 2023

Item 1.b.i.

Contracts
90-24-069-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, September 7, 2023 10:16 AM
To: Melanie Talbot
Subject: Contract Approval Request: Reagent Sales Agreement Cepheid

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: Reagent Sales Agreement Cepheid
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - Cepheid.pdf
OIG - Cepheid 2023		File	 OIG - Cepheid 2023.pdf
SAM - Cepheid 2023		File	 SAM - Cepheid 2023.pdf
Cepheid Agreement - pending BOARD signature		File	 Cepheid Consumables Agreement - Valleywise 90-24-069-1 - 8.29.23.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Supplies - Non-Medical
Status Pending Approval
Title Reagent Sales Agreement
Contract Identifier Board - New Contract
Contract Number 90-24-069-1
Primary Responsible Party Tymczyna, Katherine
Departments LAB - CLINICAL
Product/Service Description Reagent Sales Agreement
Action/Background Approve a new agreement between Cepheid and Maricopa County Special Health Care District dba Valleywise Health for Reagent Commitment

Agreement to define the volumes and pricing for testing supplies and reagents. This Reagent Agreement will support the installation of new equipment in the new ACH and is effective upon signature for sixty (60) months. This agreement supersedes the previous agreement executed on February 25, 2019 (90-19-160-1).

The anticipated annual expense is \$701,503.00 and has been budgeted for operational expenditures by the Clinical Lab department.

This Agreement is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

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

Category Other

Effective Date

Term End Date

Annual Value \$701,503.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Cepheid

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve. Code 10.
Melton, Christopher C.	Approved	
Candelaria, Wesley J.	Approved	
Detzel, Jo-El M.	Approved	
White, Michael	Approved	
Demos, Martin C.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.ii.

Contracts
90-24-060-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, September 7, 2023 10:18 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting HVAC & Mechanical HACI Service 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: Job Order Contracting HVAC & Mechanical HACI Service LLC.
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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


Attachments


Name	Description	Type	Current File / URL
5. 19FHACI0904 Award Documentation.pdf	File		5. 19FHACI0904 Award Documentation.pdf
1. 19FHACI0904 Solicitation Documents.pdf	File		1. 19FHACI0904 Solicitation Documents.pdf
AZ Corp. Commission-HACI-2023.pdf	File		AZ Corp. Commission-HACI-2023.pdf
Registrar of Contractors-HACI- 2023.pdf	File		Registrar of Contractors-HACI- 2023.pdf
RFBA-HVAC-Mechanical.pdf	File		RFBA-HVAC-Mechanical.pdf
2. 19FHACI0904 RFQ and RFP (1).pdf	File		2. 19FHACI0904 RFQ and RFP (1).pdf
4. 19FHACI0904 Offeror's Response to RFP (1).pdf	File		4. 19FHACI0904 Offeror's Response to RFP (1).pdf
3. 19FHACI0904 Offeror's Response to RFQ (3).pdf	File		3. 19FHACI0904 Offeror's Response to RFQ (3).pdf
SAM-HACI-2023.pdf	File		SAM-HACI-2023.pdf
OIG-HACI-2023.pdf	File		OIG-HACI-2023.pdf
.Draft-90-24-060-1 Cooperative Agreement HACI Service LLC. - Valleywise Health-82223.docx	File		.Draft-90-24-060-1 Cooperative Agreement HACI Service LLC. - Valleywise Health-82223.docx

6. 19FHACI0904 Extensions and Amendments (4).pdf

Pricing

ARPA Executed Grant

File  6. 19FHACI0904 Extensions and Amendments (4).pdf

File  _haci 2023 2nd qtr cci update (eff 5-9-23) 051023.pdf

File  90-22-094-1 ARPA Executed Grant.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Repair & Maintenance

Status Pending Approval

Title Job Order Contracting HVAC & Mechanical

Contract Identifier Board - New Contract

Contract Number 90-24-060-1

Primary Responsible Party Hammer, Mary P.

Departments MAINTENANCE

Product/Service Description Job Order Contracting HVAC & Mechanical

Action/Background Approve a new Cooperative Agreement between HACI Service LLC. and Maricopa County Special Health Care District dba Valleywise Health to provide Job Order Contracting HVAC & Mechanical Services for the Valleywise Health Facilities Department. Through this Cooperative Agreement, Valleywise Health will be accessing HACI Service LLC., pricing, terms, and conditions as outlined in the Mohave Cooperative Contract 19FHACI0904. This agreement is effective as of the execution date and will remain effective through September 4, 2024; this Cooperative Agreement may be extended for an additional one (1) year. This Agreement may be cancelled pursuant to provisions of A.R.S. Section 38-511.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$1,000,000.00 and has been budgeted for expenditures through cost center 107703; funding for specific projects may be provided through the ARPA State and Local Recovery Funds (90-22-094-1) as amended. Annual expenditures will be dispersed among each of the four (4) Cooperative Agreements, (HACI Service LLC., Midmark Mechanical, Sun Mechanical and Pueblo Mechanical; cost to be determined per project.

This new 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 contract 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

Annual Value \$1,000,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor HACI Service LLC.

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Parker, Ricky L.	Approved	
Davis, Jori A.	Approved	
Demos, Martin C.	Approved	
Christiansen, Lia K.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.iii.

Contracts
90-16-013-1-04

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, September 7, 2023 2:38 PM
To: Melanie Talbot
Subject: Contract Approval Request: Amendment #4 - Burn Care Group Coordinator Services Extension 9/1/23 - 8/31/25 Networks Gone Wild

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

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





Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Amendment #4 - Burn Care Group Coordinator Services Extension 9/1/23 - 8/31/25 Networks Gone Wild
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
OIG - Networks Gone Wild 2023		File	 OIG - Networks Gone Wild 2023.pdf
SAM - Networks Gone Wild 2023		File	 SAM - Networks Gone Wild 2023.pdf
Amend #4 - pending Board signature		File	 Networks Gone Wild Amendment 4 contract - pending Board sig.pdf
RFBA		File	 RFBA - Networks Gone Wild Amend 4.pdf

Contract Information

Division Contracts Division
Folder Amendments
Status Pending Approval
Title Amendment #4 - Burn Care Group Coordinator Services Extension 9/1/23 - 8/31/25
Contract Identifier Board - Amendment
Contract Number 90-16-013-1-04
Primary Responsible Party Tymczyna, Katherine
Departments GRANTS ADMINISTRATION

Product/Service Description Burn Care Group Coordinator Services - Contract Extension

Action/Background Approve Amendment #4 to the Agreement between Networks Gone Wild, LLC and Maricopa County Special Health Care District dba Valleywise Health for Burn Care Group Coordinator Services. This Amendment #4 will extend the current agreement for an additional two (2) year period from September 1, 2023 to August 31, 2025 for an aggregate term of September 1, 2015 to August 31, 2025. Either party may terminate the contract upon ninety (90) days written notice.

The purpose of this Agreement is to ensure that all seven hospitals in the Arizona Burn Care Group are provided Burn Disaster Telemedicine Network consultation, Burn Care inventory verification and resupply, and equipment training and testing. This grant is funded through ADHS, Bioterrorism Hospital Preparedness Grant #CTR066374. The anticipated annual expense is \$74,700.00 and has been budgeted for operational expenditures to the Grants department, (Rate of \$62.25 per hour, not to exceed 100 hours per month). This Agreement is 100% funded through ADHS from which Valleywise Health will receive 10% indirect.

This Amendment #4 is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

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

Category Other

Effective Date

Term End Date 8/31/2025

Annual Value \$74,700.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Networks Gone Wild

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	
Landas, Lito S.	Approved	
Demos, Martin C.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Joiner, Jennifer L.	Approved	
Meier, Matthew P.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.iv.

Contracts
90-20-028-15

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 12, 2023 10:31 AM
To: Melanie Talbot
Subject: Contract Approval Request: Schedule 015 - Equipment Lease for Video & Related Accessories for Laparoscopic/Arthroscopic Procedures Flex Financial, a division of Stryker Sales, LLC

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






Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Schedule 015 - Equipment Lease for Video & Related Accessories for Laparoscopic/Arthroscopic Procedures Flex Financial, a division of Stryker Sales, LLC
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
SAM Flex Financial, a division of Stryker Sales, LLC.pdf		File	 SAM Flex Financial, a division of Stryker Sales, LLC.pdf
OIG Flex Financial, a division of Stryker Sales, LLC Aug 2023.pdf		File	 OIG Flex Financial, a division of Stryker Sales, LLC Aug 2023.pdf
RFBA Stryker Schedule 15.pdf		File	 RFBA Stryker Schedule 15.pdf
90-20-028-15 Stryker Schedule 015 Unsigned.pdf		File	 90-20-028-15 Stryker Schedule 015 Unsigned.pdf
Schedule 15 RISK email regarding insurance requirments.pdf		File	 Schedule 15 RISK email regarding insurance requirments.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Leases - Equipment
Status Pending Approval
Title Schedule 015 - Equipment Lease for Video & Related Accessories for Laparoscopic/Arthroscopic Procedures

Contract Identifier Board - New Contract

Contract Number 90-20-028-15

Primary Responsible Party Lewis, Cynthia M.

Departments PERIOPERATIVE BUSINESS SUPPORT

Product/Service Equipment Lease for Video & Related Accessories for
Description Laparoscopic/Arthroscopic Procedures

Action/Background Approve a new Schedule between Flex Financial, a division of Stryker Sales Corporation and Maricopa County Special Health Care District dba Valleywise Health for an equipment lease schedule. This Schedule will be for video equipment and related accessories for Laparoscopic and Arthroscopic procedures in the operating room and will include the upgrade of equipment from Schedule 008 to the 1788 camera. Cost of this lease is \$36,318.98 monthly for a total of forty-four (44) months, making the total annual expense \$435,827.76, and an aggregated expense of \$1,598,035.12. Lease payments will commence upon delivery and acceptance of the equipment. This lease has been budgeted for operational expenditures from the OR department and 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 \$435,827.76

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Flex Financial, a division of Stryker Sales, LLC

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve. Code 10.
Melton, Christopher C.	Approved	
Hixson, Jeffrey B.	Approved	
Mongelluzzo, Marc A.	Approved	
Stotler, Sherry A.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	
Harris, Ijana M.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.v.

Contracts
90-24-063-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 12, 2023 10:34 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting HVAC & Mechanical Midstate Mechanical, Inc.

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Job Order Contracting HVAC & Mechanical Midstate Mechanical, 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
RFBA-HVAC-Mechanical.pdf		File	 RFBA-HVAC-Mechanical.pdf
3. 19FMMI20904 Offeror's Response to RFQ.pdf		File	 3. 19FMMI20904 Offeror's Response to RFQ.pdf
6. 19FMMI20904 Extensions and Amendments.pdf		File	 6. 19FMMI20904 Extensions and Amendments.pdf
2. 19FMMI20904 RFQ and RFP.pdf		File	 2. 19FMMI20904 RFQ and RFP.pdf
19FMM120904 Pricing.pdf		File	 19FMM120904 Pricing.pdf
Arizona Registrar of Contractors-Midstate Mechanical-2023.pdf		File	 Arizona Registrar of Contractors-Midstate Mechanical-2023.pdf
Arizona Corporation Commission-Midstate Mechanical-2023.pdf		File	 Arizona Corporation Commission-Midstate Mechanical-2023.pdf
SAM-Midstate Mechanical-2023.pdf		File	 SAM-Midstate Mechanical-2023.pdf
OIG-Midstate Mechanical-2023.pdf		File	 OIG-Midstate Mechanical-2023.pdf
4. 19FMMI20904 Offeror's Response to RFP.pdf		File	 4. 19FMMI20904 Offeror's Response to RFP.pdf
5. 19FMMI20904 Award Documentation.pdf		File	 5. 19FMMI20904 Award Documentation.pdf
90-22-094-1 ARPA Executed Grant.pdf		File	 90-22-094-1 ARPA Executed Grant.pdf


Solicitation Documentation.pdf

90-24-063-1 - Midstate Mechanical-Cooperative Agreement signed by Vendor.pdf

9-11-2023 Camilles direction on C360 approvals from Jori while Jori is on vacation.pdf

File  1. 19FMMI20904 Solicitation Documents.pdf

File  90-24-063-1 - Midstate Mechanical-Cooperative Agreement signed by Vendor.pdf

File  9-11-2023 Camilles direction on C360 approvals from Jori while Jori is on vacation.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Repair & Maintenance

Status Pending Approval

Title Job Order Contracting HVAC & Mechanical

Contract Identifier Board - New Contract

Contract Number 90-24-063-1

Primary Responsible Party Hammer, Mary P.

Departments MAINTENANCE

Product/Service Description Job Order Contracting HVAC & Mechanical

Action/Background Approve a new Cooperative Agreement between Midstate Mechanical, Inc. and Maricopa County Special Health Care District dba Valleywise Health to provide Job Order Contracting HVAC & Mechanical Services for the Valleywise Health Facilities Department. Through this Cooperative Agreement, Valleywise Health will be accessing Midstate Mechanical, Inc. pricing, terms, and conditions as outlined in the Mohave Cooperative Contract 19F-MM12-0904. This agreement is effective as of the execution date and will remain effective through September 4, 2024; this agreement may be extended for an additional one (1) year. This Agreement may be cancelled pursuant to provisions of A.R.S. Section 38-511.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$1,000,000.00 and has been budgeted for expenditures through cost center 107703; funding for specific projects may be provided through the ARPA State and Local Recovery Funds (90-22-094-1) as amended. Annual expenditures will be dispersed among each of the four (4) Cooperative Agreements, (Midstate Mechanical, Sun Mechanical, Pueblo Mechanical and HACI Service LLC.; cost to be determined per project.

This new 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 contract 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

Annual Value \$1,000,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Midstate Mechanical, Inc.

Responses

Member Name	Status	Comments
Pardo, Laela N.	Current	
Melton, Christopher C.	Approved	
Parker, Ricky L.	Approved	
Davis, Jori A.		
Christiansen, Lia K.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	
Harris, Ijana M.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.vi.

Contracts
90-24-065-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 12, 2023 10:35 AM
To: Melanie Talbot
Subject: Contract Approval Request: Job Order Contracting HVAC & Mechanical Pueblo Mechanical & Controls Inc

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












Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Job Order Contracting HVAC & Mechanical Pueblo Mechanical & Controls 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
RFBA-HVAC-Mechanical.pdf		File	 RFBA-HVAC-Mechanical.pdf
3. 19FPMAC20904 Offeror's Response to RFQ (1).pdf		File	 3. 19FPMAC20904 Offeror's Response to RFQ (1).pdf
5. 19FPMAC20904 Award Documentation (1).pdf		File	 5. 19FPMAC20904 Award Documentation (1).pdf
1. 19FPMAC20904 Solicitation Documents.pdf		File	 1. 19FPMAC20904 Solicitation Documents.pdf
AZ Corp. Commission-Pueblo Mechanical-2023.pdf		File	 AZ Corp. Commission-Pueblo Mechanical-2023.pdf
AZ. Registrar of Contractors-Pueblo Mechanical-2023.pdf		File	 AZ. Registrar of Contractors-Pueblo Mechanical-2023.pdf
OIG-Pueblo Mechanical-2023.pdf		File	 OIG-Pueblo Mechanical-2023.pdf
SAM-Pueblo Mechanical-2023.pdf		File	 SAM-Pueblo Mechanical-2023.pdf
2. 19FPMAC20904 RFQ and RFP.pdf		File	 2. 19FPMAC20904 RFQ and RFP.pdf
4. 19FPMAC20904 Offeror's Response to RFP.pdf		File	 4. 19FPMAC20904 Offeror's Response to RFP.pdf
Pueblo Mechanical Extensions and Amendments.pdf		File	 Pueblo Mechanical Extensions and Amendments.pdf


Pricing


90-22-094-1 ARPA Executed Grant.pdf


90-24-065-1 - Pueblo Mechanical - Valleywise Health JOC - Signed by Vendor.pdf

9-11-2023 Camilles direction on C360 approvals from Jori while Jori is on vacation.pdf

File  _pmac2 2023 2nd qtr cci coefficients EFF 5-4-23 050323.pdf

File  90-22-094-1 ARPA Executed Grant.pdf

File  90-24-065-1 - Pueblo Mechanical - Valleywise Health JOC - Signed by Vendor.pdf

File  9-11-2023 Camilles direction on C360 approvals from Jori while Jori is on vacation.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Repair & Maintenance

Status Pending Approval

Title Job Order Contracting HVAC & Mechanical

Contract Identifier Board - New Contract

Contract Number 90-24-065-1

Primary Responsible Party Hammer, Mary P.

Departments MAINTENANCE

Product/Service Description Job Order Contracting HVAC & Mechanical

Action/Background Approve a new Cooperative Agreement between Pueblo Mechanical & Controls Inc and Maricopa County Special Health Care District dba Valleywise Health to provide Job Order Contracting HVAC & Mechanical Services for the Valleywise Health Facilities Department. Through this Cooperative Agreement, Valleywise Health will be accessing Pueblo Mechanical & Controls Inc., pricing, terms, and conditions as outlined in the Mohave Cooperative Contract 19F-PMAC-0904.
This agreement is effective as of the execution date and will remain effective through September 4, 2024; this agreement may be extended for an additional one (1) year. This Cooperative Agreement may be cancelled pursuant to provisions of A.R.S. Section 38-511.

FINANCIAL IMPLICATIONS:

The anticipated annual expense is approximately \$1,000,000.00 and has been budgeted for expenditures through cost center 107703; funding for specific projects may be provided through the ARPA State and Local Recovery Funds (90-22-094-1) as amended. Annual expenditures will be dispersed among each of the four (4) Cooperative Agreements, (Pueblo Mechanical, HACI Service LLC. Midstate Mechanical and Sun Mechanical) cost to be determined per project.

This new 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 contract 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

Annual Value \$1,000,000.00

Expense/Revenue Expense
Budgeted Travel Type Yes
Procurement Number
Primary Vendor Pueblo Mechanical & Controls Inc

Responses

Member Name	Status	Comments
Pardo, Laela N.	Current	
Melton, Christopher C.	Approved	
Parker, Ricky L.	Approved	
Davis, Jori A.		
Christiansen, Lia K.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	
Harris, Ijana M.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.vii.

Contracts
90-24-058-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 12, 2023 10:36 AM
To: Melanie Talbot
Subject: Contract Approval Request: Fire Alarm Systems; Fire Suppression Systems; Fire Extinguishers; Backflows; Installations and Services Copperstate Fire Protection

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Fire Alarm Systems; Fire Suppression Systems; Fire Extinguishers; Backflows; Installations and Services Copperstate Fire Protection
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
Copperstate Pricing.xlsx		File	 Copperstate Pricing.xlsx
Invitation for Bid 22C0208 Fire Alarm Systems.pdf		File	 Invitation for Bid 22C0208 Fire Alarm Systems.pdf
3. 22CCFP20606 Bidder's Response to IFB.pdf		File	 3. 22CCFP20606 Bidder's Response to IFB.pdf
22CCFP20606 Award Documentation.pdf		File	 22CCFP20606 Award Documentation.pdf
Corporation Commission-Copperstate Fire Protection-2023.pdf		File	 Corporation Commission-Copperstate Fire Protection-2023.pdf
SAM-Copperstate Fire Protection-2023.pdf		File	 SAM-Copperstate Fire Protection-2023.pdf
RFBA Fire System Repair and Maintenance.pdf		File	 RFBA Fire System Repair and Maintenance.pdf
OIG-Copperstate-2023		File	 OIG-Copperstate Fire Protection-2023.pdf
22C-CFP2-0606 Amendments & Extensions as of 8-31-2023.pdf		File	 22C-CFP2-0606 Amendments & Extensions as of 8-31-2023.pdf

.90-24-058-1-Copperstate Cooperative Agreement-Signed by Vendor.pdf

9-11-2023 Camilles direction on C360 approvals from Jori while Jori is on vacation.pdf

File  .90-24-058-1-Copperstate Cooperative Agreement-Signed by Vendor.pdf

File  9-11-2023 Camilles direction on C360 approvals from Jori while Jori is on vacation.pdf

Contract Information

Division Contracts Division

Folder Contracts \ Services - Repair & Maintenance

Status Pending Approval

Title Fire Alarm Systems; Fire Suppression Systems; Fire Extinguishers; Backflows; Installations and Services

Contract Identifier Board - New Contract

Contract Number 90-24-058-1

Primary Responsible Party Hammer, Mary P.

Departments MAINTENANCE

Product/Service Fire Alarm Systems; Fire Suppression Systems; Fire Extinguishers; Description Backflows; Installations and Services

Action/Background Approve a new Cooperative Agreement between Copperstate Fire Protection. and Maricopa County Special Health Care District dba Valleywise Health to purchase Fire Alarm Systems; Fire Suppression Systems; Fire Extinguishers; Backflows; Installations and Services. Through this Cooperative Agreement, Valleywise Health will be accessing Copperstate Fire Protection, pricing, terms, and conditions as outlined in the Mohave Cooperative Contract 22-CCFP2-0606.

This agreement is effective as of the execution date and will remain effective through June 6, 2024, the Mohave Cooperative Office may extend this contract for an additional three years. This Cooperative Agreement may be cancelled pursuant to provisions of A.R.S. Section 38-511.

The anticipated annual expense is \$250,000.00 and has been budgeted for operational expenditures from cost centers 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 sin that contract 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 6/6/2024

Annual Value \$250,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Copperstate Fire Protection

Responses

Member Name	Status	Comments
Pardo, Laela N.	Current	
Melton, Christopher C.	Approved	
Parker, Ricky L.	Approved	
Davis, Jori A.		
Christiansen, Lia K.	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	
Harris, Ijana M.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.viii.

Contracts
90-24-079-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, September 13, 2023 7:56 AM
To: Melanie Talbot
Subject: Contract Approval Request: Customer Optimization Plus Program (Co-Op) Agreement for Pulse Oximetry Covidien Sales LLC, a Medtronic company

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Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: Customer Optimization Plus Program (Co-Op) Agreement for Pulse Oximetry Covidien Sales LLC, a Medtronic company
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
90-24-079-1 (Final Draft-LP).docx		File	 90-24-079-1 (Final Draft-LP).docx
OIG Covidien 2023.pdf		File	 OIG Covidien 2023.pdf
SAM Covidien 2023.pdf		File	 SAM Covidien 2023.pdf
RFBA - Pulse Ox (Resp).pdf		File	 RFBA - Pulse Ox (Resp).pdf

Contract Information

Division Contracts Division
Folder Contracts \ Group Purchasing Organization (GPO) - Supplies
Status Pending Approval
Title Customer Optimization Plus Program (Co-Op) Agreement for Pulse Oximetry
Contract Identifier Board - New Contract
Contract Number 90-24-079-1
Primary Responsible Party Pardo, Laela N.
Departments Respiratory Care - Roosevelt

Product/Service Description Customer Optimization Plus Program (Co-Op) Agreement for Pulse Oximetry

Action/Background Approve a new agreement between Covidien Sales LLC, a Medtronic company and Maricopa County Special Health Care District dba Valleywise Health for a Customer Optimization Plus Program (Co-Op) Agreement covering Pulse Oximetry equipment for the new ACH facility. This Co-Op Program offers Valleywise Health the opportunity to acquire capital equipment through Medtronic by purchasing related consumable products. Valleywise Health will be committed to a minimum amount in annual spend on the consumables, earning "Award Credits" that will then go back towards the cost of the equipment, which is valued at \$4,599,000.00 and immediately available for Nellcor equipment/hardware and other related Medtronic equipment that encompasses our facility-wide pulse oximetry needs.

This agreement is effective upon last date of signature, but the consumable purchase commitment will begin on March 1, 2024 and continue through February 28, 2031, as defined in Exhibit A "Purchase Commitments". Further described in Exhibit A, the total annual consumable commitment is \$900,000.00, 73% (\$657,000.00) of which will be used towards paying off the equipment. Valleywise Health may cancel this agreement for any reason with at least thirty (30) days prior written notice, however, must pay any outstanding amounts owed on the equipment.

Additionally, Medtronic is offering Valleywise Health an early signing rebate of \$10,000.00 in the event this agreement is fully signed and received by October 13, 2023.

All purchases for pulse oximetry monitoring are covered under Tier 2 CAPTIS agreement #1007383, where Valleywise Health must remain at the committed 85% spend. This percentage does not conflict with our minimum purchase commitment under this Co-Op Program, and Valleywise Health can spend the remaining 15% as needed with other vendors.

This agreement is sponsored by Jo-el Detzel, VP Clinical Ancillary Services.

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

Category GPO

Effective Date

Term End Date

Annual Value \$900,000.00

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

Primary Vendor Covidien Sales LLC, a Medtronic company

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	

Hixson, Jeffrey B.	Approved
Bridges, Joshua L.	Approved
Detzel, Jo-El M.	Approved
Harris, Ijana M.	Approved
White, Michael	Approved
Meier, Matthew P.	Approved
Talbot, Melanie L.	Current
Purves, Steve A.	Approved



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.ix.

Contracts
90-24-068-1

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, September 13, 2023 10:18 AM
To: Melanie Talbot
Subject: Contract Approval Request: IGA - Bioterrorism Hospital Preparedness Program (CTR066374) Arizona Department of Health Services (ADHS)

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

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







Message Information

From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject Contract Approval Request: IGA - Bioterrorism Hospital Preparedness Program (CTR066374) Arizona Department of Health Services (ADHS)
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
RFBA		File	 RFBA - ADHS CTR066374.pdf
ADHS IGA - pending Board signature		File	 ADHS CTR066374 - Bioterrorism Hospital Preparedness Program (IGA).pdf
OIG - ADHS 2023		File	 OIG - Arizona Department of Health Services (ADHS) 2023.pdf
SAM - ADHS 2023		File	 SAM - Arizona Department of Health Services (ADHS) 2023.pdf
ADHS notes regarding Budget period		File	 ADHS notes regarding Budget periods.pdf
ADHS e-mail regarding performance period 9.11.23		File	 E-Mail from ADHS regarding performance period 9.11.23.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Grants
Status Pending Approval

Title IGA - Bioterrorism Hospital Preparedness Program (CTR066374)

Contract Identifier Board - New Contract

Contract Number 90-24-068-1

Primary Responsible Party Tymczyna, Katherine

Departments GRANTS ADMINISTRATION

Product/Service Description Bioterrorism Hospital Preparedness Program (CTR066374)

Action/Background Approve a new agreement between the Arizona Department of Health Services (ADHS) and Maricopa County Special Health Care District dba Valleywise Health for an Intergovernmental Agreement (IGA) for the Bioterrorism Hospital Preparedness Program (HPP). The effective date of the IGA is July 1, 2023 through June 30, 2028. The funding will be used to build and maintain prepared healthcare systems, advance the development and maturation of healthcare coalitions, strengthen regional coordination, and ensure the healthcare system can maintain operations and surge to provide acute medical care during all-hazard emergencies in Arizona. The State reserves the right to terminate the IGA, in whole or in part at any time when in the best interest of the State, without penalty or recourse.

The anticipated revenue for the term of July 1, 2023 through June 30, 2024 is \$100,500.00 and has been budgeted for operational funding to the Grants department.

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

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

Category IGA

Effective Date

Term End Date 6/30/2028

Annual Value \$100,500.00

Expense/Revenue Revenue

Budgeted Travel Type No

Procurement Number

Primary Vendor Arizona Department of Health Services (ADHS)

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Code 10.
Melton, Christopher C.	Approved	
Joiner, Jennifer L.	Approved	
White, Michael	Approved	
Purves, Steve A.	Approved	
Talbot, Melanie L.	Current	
Meier, Matthew P.	Approved	
Harris, Ijana M.	Approved	



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.b.x.

Contracts
90-15-162-4

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Wednesday, September 13, 2023 10:19 AM
To: Melanie Talbot
Subject: Contract Approval Request: Equipment and Reagent Agreement (# 29224) Cardinal Health 200, LLC ("Cardinal Health")

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: Equipment and Reagent Agreement (# 29224) Cardinal Health 200, LLC ("Cardinal Health")
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button below.

Approve/Reject Contract

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

Attachments

Name	Description	Type	Current File / URL
OIG - Cardinal 2023		File	 OIG - Cardinal Health 2023.pdf
SAM - Cardinal 2023		File	 SAM - Cardinal Health 2023.pdf
RFBA		File	 RFBA - Cardinal.pdf
Adnow Lease - pending Board signature		File	 Cardinal 29224 Valleywise 90-15-162-4 - pending Board signature.pdf
90-15-162-1 _Master Lease Agreement_ 401500.pdf		File	 90-15-162-1 _Master Lease Agreement_ 401500.pdf

Contract Information

Division Contracts Division
Folder Contracts \ Leases - Equipment
Status Pending Approval
Title Equipment and Reagent Agreement (# 29224)

Contract Identifier Board - New Contract
Contract Number 90-15-162-4

Primary Responsible Party Tymczyna, Katherine

Departments LAB - CLINICAL

Product/Service Description Equipment and Reagent Lease

Action/Background Approve a new lease between Cardinal Health 200, LLC ("Cardinal Health") and Maricopa County Special Health Care District dba Valleywise Health for microbiology equipment and reagents (Adnow # 29224).

This Lease will provide new microbiology equipment through Cardinal Health in the new Acute Care Hospital (ACH). The effective date of this lease shall be the last date of signature by the parties for a term of sixty (60) months, and is governed under the Master Lease Agreement, executed on June 30, 2015 (90-15-162).

This lease bundles the rental rate for the equipment (Exhibit A) with the price of the reagent products needed (Exhibit B). Valleywise Health must meet or exceed the monthly purchase commitment of \$28,242.52 for the reagents, and in doing so will not be charged a separate monthly equipment rental. At the end of the term Valleywise Health has a \$1.00 Buy-out option. The anticipated annual expense is \$338,910.24 and has been budgeted for operational expenditures by the Clinical Lab department, and is sponsored by Dr. Michael White, EVP & Chief Clinical Officer.

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

Category Other

Effective Date

Term End Date

Annual Value \$338,910.24

Expense/Revenue Expense

Budgeted Travel Type Yes

Procurement Number

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

Responses

Member Name	Status	Comments
Pardo, Laela N.	Approved	Reviewed and approve.
Melton, Christopher C.	Approved	Please validate pricing for items listed on Exhibit B
Hixson, Jeffrey B.	Approved	
Candelaria, Wesley J.	Approved	
Detzel, Jo-El M.	Approved	
Landas, Lito S.	Approved	
White, Michael	Approved	
Meier, Matthew P.	Approved	
Purves, Steve A.	Approved	

Talbot, Melanie L.
Harris, Ijana M.

Current
Approved



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.c.i.a.

Governance
Policy 99002 – Billing

Valleywise Health Administrative Policy & Procedure

DRAFT

Effective Date: 08/06

Reviewed Dates: 02/10, 02/11, 01/13, 01/15, 01/17, 11/18, 10/20, 11/21, 09/23

Revision Dates: 09/07, 03/09

Policy #: 99002 G – Finance

Policy Title: Billing

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

Policy:

It is the policy of the Board of Directors that the Maricopa County Special Health Care District shall bill only for services rendered, and all bills shall be prepared timely and in an appropriate format.

District staff, medical staff, and clinical providers must be thorough, accurate, and timely in completing any dictation, written or oral report, or other documentation necessary for prompt and accurate billing made to or for any payer or government agency.

District management and medical staff leadership are charged with the responsibility to develop and maintain processes that ensure the integrity of all billing.

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

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer and Clerk of the Board

DEVELOPMENT TEAM(S): Finance Department

Policy #: 99002 G – Finance

Policy Title: Billing

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

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - X

Revised with Minor Changes -

Revised with Major Changes -

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

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

Committee: N/A

Committee: N/A

Committee: N/A

Reviewed for HR: N/A

Reviewed for EPIC: N/A

Other: N/A

Other: Maricopa County Special Health Care District Board of Directors ~~11/21~~09/23



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.c.i.b.

Governance
Policy 99004 – Collection Efforts

Valleywise Health Administrative Policy & Procedure

DRAFT

Effective Date: 08/06

Reviewed Dates: 02/10, 01/14, 01/16, 11/19, 09/23

Revision Dates: 09/07, 03/09, 02/11, 02/12, 01/18, 10/21, 11/21

Policy #: 99004 G – Finance

Policy Title: Collection Efforts

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

Policy:

Valleywise Health will make every effort to collect all dollars due for services provided in the most efficient way possible consistent with state and federal laws. Appropriate follow-up will be made including all efforts to reduce denials of payment for any reason. Valleywise Health will work with patients who do not have resources or third-party coverage to assist them in qualifying for coverage or other programs that may be available or for participation in any Valleywise Health financial assistance program. Based on the programs that are available, Valleywise Health will expect the cooperation of patients in working with available resources to qualify for coverage.

If services are provided to a patient who is covered by, or qualifies for, an out-of-state Medicaid program that Valleywise Health does not contract with, Valleywise Health staff will obtain an application to register as a qualified provider. Provider applications related to claims with a reimbursement greater than \$1,000.00 will be forwarded to the Board of Directors for review. The Board of Directors will approve or deny the request for submission of the provider application on a case-by-case basis.

Collection efforts will be made on all outstanding balances owed by individuals or other third parties. Outside collection agencies or law firms may be used to assist in the collection of accounts where Valleywise Health does not have the staff, expertise, or tools to adequately pursue collection in a timely manner.

If it is determined that the individual or other third party has the resources and is unwilling to pay, an outside collection agency or law firm may be used in an effort to collect these balances.

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

POLICY RESPONSIBLE PARTY: Melanie Talbot, Chief Governance Officer and Clerk of the Board

DEVELOPMENT TEAM(S): Finance Department

Policy #: 99004 G – Finance

Policy Title: Collection Efforts

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

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - [X](#)

Revised with Minor Changes - ✖

Revised with Major Changes -

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

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

Committee: N/A

Committee: N/A

Committee: N/A

Reviewed for HR: N/A

Reviewed for EPIC: N/A

Other: N/A

Other: Maricopa County Special Health Care District [11/21](#)[09/23](#)
Board of Directors



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.c.ii.

Governance
AzHHA Annual Conference Registration



2023 ARIZONA HOSPITAL LEADERSHIP CONFERENCE

AzHHA Foundation



[HOME](#) > [CONFERENCES](#) > [ARIZONA HOSPITAL LEADERSHIP CONFERENCE](#)



[AGENDA](#) | [SPEAKERS](#) | [VENUE/MAP](#) | [SPONSORS](#) | [CONTACT](#)

October 25-27, 2023

Loews Ventana Canyon Resort

7000 N. Resort Drive, Tucson, AZ, 85750

[REGISTER](#)

We are pleased to announce our premier event, the AzHHA Foundation's 2023 Arizona Hospital Leadership Conference. The event will once again be hosted at the exquisite Loews Ventana Canyon Resort in Tucson, AZ on October 25-27. This educational event is dedicated to supporting a vibrant healthcare delivery system, including a robust network of acute care, critical access, specialty, behavioral health and post-acute care hospitals.

As the parent of AzHHA Foundation, the Arizona Hospital and Healthcare Association (AzHHA) maintains a purpose of bringing together diverse voices to advance health and healthcare in Arizona. AzHHA's 2023 Arizona Hospital Leadership Conference will be an inspirational gathering of more than 200 hospital and healthcare executives seeking opportunities for continuing education, meaningful discussion and relationship building.

NEW: AzHHA Quality Award - recognizing Arizona's leaders committed to advancing healthcare with exceptional quality performance, community engagement and a culture of continuous improvement. The outstanding achievements will be honored at the AzHHA Quality Awards Luncheon during the 2023 Arizona Hospital Leadership Conference on October 25, 2023.

[Application Instructions](#)

We will be sending out more information about the 2023 Arizona Hospital Leadership Conference throughout the summer, so be sure to sign up for our [Connection Newsletter](#) for the latest details.

Agenda

[View the 2023 conference agenda and learn more about the sessions here.](#)

[SHARE](#)

Keynote Speakers



Ryan Gottfredson, Ph.D.

*Success Mindsets: The Key to
Unlocking Greater Success in Your
Life, Work, & Leadership*



Alan Iny

*How to think more expansively about
the
future in uncertain times*



Lisa Walden

*The Future is Human: Creating
People-First Work Cultures*

[View the agenda and entire list of speakers on our event page.](#)

Venue/Map

Loews Ventana Canyon Resort | 7000 N. Resort Drive, Tucson, AZ, 85750

[BOOK ROOMS](#)

Sponsors

Sponsorship opportunities are now available! Please view our [sponsorship prospectus](#) to learn more about our bundled options or stand-alone sponsorships.

The number of sponsors is limited to maintain the personal nature of this experience while also maximizing opportunities for sponsors to have face-time engagement with attendees. All sponsors are invited to attend a board-hosted recognition reception on Wednesday evening, lunch with healthcare leaders during Thursday's keynote and to network at Thursday evening's reception open to all conference participants. Only sponsoring vendors are permitted to attend the conference. Companies seeking business development opportunities may only attend as sponsors.

[SPONSORSHIP PROSPECTUS](#)

Platinum Sponsors

2023 Arizona Hospital Leadership Conference

October 25 - 2:30pm - October 27 - 12:30pm MST

Early Bird Buy 5 Get 1 Free Admission

- 0 +

\$2,750.00

2023 Arizona Hospital Leadership Conference Fee

Early Bird Member Admission

- 0 +

\$550.00

2023 Arizona Hospital Leadership Conference Fee

Member Admission

Sales start on Sep 2, 2023

\$600.00

2023 Arizona Hospital Leadership Conference Fee

Non-Member Admission

Sales start on Sep 2, 2023

Check out



**2023 ARIZONA HOSPITAL
LEADERSHIP CONFERENCE**
AzHHA Foundation



TUCSON

2023 Arizona Hospital Leadership Conference with the Arizona Hospital and Healthcare Foundation

A breathtaking desert sanctuary located in a lush 100-acre desert garden at the foothills of the magnificent Santa Catalina Mountains, our resort captures the spirit, beauty and culture of the Southwest's Sonoran Desert. Guestrooms offer private terraces, breathtaking views of the area, and every creature comfort.

Group Rates Available: October 21, 2023 through October 30, 2023

Guest Room Rates: Rates starting from \$219 per night.

Room Block Closes: October 3, 2023

Group Details: *Discounted Concessions below are for registered group guests only.*

- Nightly Resort Charge is waived.
- Ten Percent (10%) off spa treatments (does not include promotions, packages and retail).

All reservations must be guaranteed with a valid credit card. This card will be charged in the event of a cancellation, no-show or deposit when warranted. Group rates are subject to availability.

Hotel cancellation policy requires guests to cancel by 4pm local time 72 hours before arrival to avoid penalty fee of 1 nights' room and tax.



Maricopa County Special Health Care District

Board of Directors Formal Meeting

September 27, 2023

Item 1.c.iii.

Governance

Deputy Medical Directors
Department of Psychiatry

OFFICIAL APPOINTMENT AND OATH OF OFFICE

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

That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medical Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint Reema Multani, DO, my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on 8/30/2023.



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

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



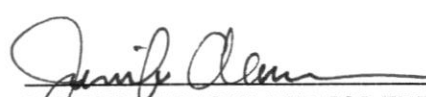
Signature

Reema Multani, DO

Print Name

Subscribed and sworn to before me on this 30th day of August, 20 23.





**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,
Reema Multani, DO
(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).

Reema Multani
(signature of officer or employee)

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

OFFICIAL APPOINTMENT AND OATH OF OFFICE

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

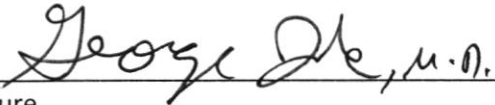
That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medical Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint George Ide, MD, my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on 8/30/2023.



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

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

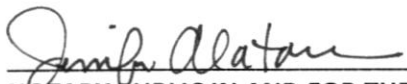


Signature
George Ide, M.D.

Print Name

Subscribed and sworn to before me on this 30th day of August, 20 23.





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,
George Ide, MD
(type or print name)

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

George Ide, 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.

OFFICIAL APPOINTMENT AND OATH OF OFFICE

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

That I, **CAROL KLINE OLSON, M.D.**, Psychiatric Medical Director of Maricopa County Special Health Care District, State of Arizona, do hereby constitute and appoint Shana Feinberg, DO, my lawful Deputy Medical Director in all matters, to act as if I were present, same to become effective on 8/31/2023



CAROL KLINE OLSON, M.D.
Psychiatric Medical Director

STATE OF ARIZONA, COUNTY OF MARICOPA,

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



Signature

Shana Feinberg, DO

Print Name

Subscribed and sworn to before me on this 31st day of August, 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,
Shana Feinberg, DO
(type or print name)

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

[Signature]
(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

September 27, 2023

Item 1.c.iv.

Governance
Valleywise Health Foundation
Donor Recognition



DATE: September 11, 2023

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

FROM: Lisa Hartsock, Foundation Relations Executive

SUBJECT: Donor Recognition Requests

These donor recognition requests are submitted for Board approval. The Donor Recognition Guidelines, adopted in November 2019, have been followed and are attached as reference.

2023 BOARD OF DIRECTORS

OFFICERS

BOARD CHAIR

Patti Gentry

Former Senior Vice President - JLL

BOARD VICE CHAIR

Pam Stelzer, CPA

Business Development Manager
Baker Tilly US

BOARD TREASURER

Sel Nutor

Director/Arizona Market Executive
Capital One Bank

BOARD SECRETARY

Charles Brown

Founder and CEO
Impact Diversity Solutions Corporation

MEMBERS

Liz Agboola

CEO – Trinity Integrated Care

Claire Agnew

CFO - Valleywise Health

Honorable Betsey Bayless

President Emeritus - Valleywise Health

Jodi P. Carter, MD

Pediatric Department Chair
District Medical Group
Valleywise Health

Mark G. Dewane

Director - District 2 Maricopa County
Special Health Care District

Jill Krigsten

Media Consultant - Cox Media

Tim Louis

CEO - Desert Capital Investments, LLC

Scott R. Meyer

CEO - Straight A Properties

Alicia Nuñez

Executive Vice President / CFO
Chicanos Por La Causa

Josh Nuñez

Founder and CEO
Nuñez Law Firm

Susan M. Pepin MD, MPH

Managing Director, Health & Clinical
Partnerships - Arizona State University

Dave Pugh

SVP / Market Manager - Audacy

Steve Purves

President and CEO - Valleywise Health

Albert Roh, MD

Vice Chair of Radiology
District Medical Group
Valleywise Health

Jay R. Spector

CFP Partner, Wealth
Advisor

Barton Spector Wealth Strategies

Marci Zimmerman-White

Principal
Themis Holdings

Warren Whitney

Senior Vice President of
Government Affairs - Valleywise Health

September 11, 2023

The Valleywise Health Foundation requests recognizing the campaign gifts listed below with signage in highly visible locations, appropriate for the area the gift supports.

A blended gift (estate/ planned gift and a 5-year annual commitment) totaling \$500,000 from Greg and Erin Vogel in support of greatest needs at Valleywise Health. The Valleywise Health Foundation requests recognition of this gift within the Virginia G. Piper Pavilion educational spaces.

A multiyear gift of \$500,000 from Kitchell in support of Care Reimagined needs at Valleywise Health. The Valleywise Health Foundation requests recognition of this gift in a prominent location within the new acute care hospital.

A gift of \$125,000 from BHHS Legacy Foundation in support of the Forensic Assertive Community Treatment program in Maryvale. The Valleywise Health Foundation requests recognition of this gift within the new Maryvale SMI Clinic.

A gift of \$10,000 from Dr. Charles Runyan in support of Care Reimagined needs within the Radiology Department. The Valleywise Health Foundation requests recognition of this gift within the Radiology Reading Room.

A gift of \$10,000 from Tri Sigma Phoenix Alumnae Chapter in support of Care Reimagined needs within the Arizona Burn Center. The Valleywise Health Foundation requests recognition of this gift within the Arizona Burn Center, Pediatric Burn Unit Patient Room.

Valleywise Health Donor Recognition Guidelines

The Valleywise Health Foundation (the “Foundation”) is the 501 c 3 nonprofit organization established to solely support the mission of Valleywise Health with philanthropic gifts. The Foundation is responsible for operating with the highest standards of ethical behavior, using best practices and policies, and providing contemporary donor stewardship and recognition programs.

The Foundation seeks gifts from individuals, foundations, corporations, and other organizations to advance the Valleywise Health mission in support of strategies, facilities, and programs aligned with top Valleywise Health institutional priorities. ALL IN, a four-year \$25 million comprehensive campaign launching in January 2020, offers multiple opportunities for donors to associate their names or the names of those they honor/memorialize with Valleywise Health.

The Foundation and Valleywise Health leadership recommend adoption of these guidelines for donor recognition opportunities during this four-year campaign. Qualifying gifts, gift levels, and the approval process are as follows:

1. Qualifying gifts of \$7,500 and higher will be recognized in a Donor Honor Roll in electronic form during the active years of fundraising and in a permanent Honor Roll after successful completion of the campaign.

2. Donors making qualifying gifts of \$10,000 and higher may be provided recognition opportunities in keeping with the type of gift, gift amount, and donor preferences.

A. Qualifying gifts and pledges are subject to the following guidelines:

- i. All recognition opportunities at Valleywise Health are reserved for those making financial contributions to the Foundation.
- ii. All recognition opportunities will adhere to Covenant A.2. of the Cooperative Service Agreement (adopted 7/2018), attached hereto.
- iii. Naming recognition will follow these approved guidelines for facilities and programs. Exceptional gifts (i.e., those outside the categories listed in this document) require review specified in the Foundation’s Gift Acceptance Policy (adopted 9/2018).
- iv. Recognition opportunities and gift ranges will align with institutional priorities and program budgets.

B. Gifts and pledges with recognition opportunities (\$10,000 and higher) undergo the following approval process:

- i. A gift agreement will be written for each qualified gift or pledge.
- ii. All naming commitments will be reviewed by the Foundation Executive Committee and the Valleywise Health CEO and EVPs.
- iii. The Special Health Care District Board of Directors will receive the list of naming commitments for approval; a commitment may be rescinded if the gift is inconsistent with these guidelines.
- iv. Approved commitments will be finalized with signed donor gift agreements.

3. **The gift levels and recognition opportunities** are as follows, based on the size, visibility and marketing potential:

A. Facilities (internal and external physical spaces):

- i. A gift of **\$10,000 or more** may include recognition with examination rooms, patient care rooms, or offices.
- ii. A gift of **\$25,000 or more** may include recognition with classrooms or meeting rooms.
- iii. A gift of **\$50,000 or more** may include recognition with large classrooms or auditoriums.
- iv. A gift of **\$200,000 or more** may include recognition with facility lobbies, waiting areas, or gardens.
- v. A gift of **\$350,000 or more** may include recognition with a wing or service area.
- vi. A gift of **\$750,000 or more** may include recognition with emergency departments.
- vii. A gift of **\$3M or more** may include recognition with the support services building, the community health centers or behavioral health centers (in Phoenix and Mesa).
- viii. A gift of **\$5M or more** may include recognition with the comprehensive health centers
- ix. A gift of **\$7M or more** may include recognition with the behavioral health center (in Maryvale)
- x. A gift of **\$10M or more** may include recognition with the new burn center
- xi. A gift of **\$15M or more** may include recognition with the new medical center
- xii. As a guideline, these facility recognition opportunities will be for no less than 20 years or the useful life of the facility. If there is a change in the space during that time, a comparable space will be found and named (in consultation with the donor if he/she is living or with the family or trustees if the donor(s) is deceased). At the end of the 20 years, if there is a change in the space, the Foundation is not obligated to find a naming opportunity for a comparable space.
- xiii. In addition, if at the end of 20 years the Foundation has an opportunity to offer the naming opportunity of the space for a new gift, the Foundation may do so. The Foundation will consult the donor or any known living relatives if the donor(s) is deceased to determine his/her/their interest in making an additional gift prior to the removal of the name.

B. Programs:

- i. Suitable gifts may name programs for operational support.
- ii. The total philanthropic commitment should equal at least 50% of the program's annual operating budget
- iii. Three-year minimum commitments are expected for this opportunity

4. **Dedication opportunities** offer recognition of a generous donation from a corporation, foundation or individual with signage/acknowledgement of the support, while not intended to fund the entire room, service area, or facility.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.d.i.

Medical Staff
Medical Staff Credentials

Recommended by Credentials Committee: September 5, 2023
 Recommended by Medical Executive Committee: September 12, 2023
 Submitted to MSHCDB: September 27, 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
Himali Harshad Bhatt, M.D.	Active	Pediatrics	10/01/2023 to 9/30/2025	
Merima Bucaj, D.O.	Active	Family & Community Medicine	10/01/2023 to 9/30/2025	
Elena Minju Cho, D.O.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Anna Elizabeth Alice Cordova, M.D.	Active	Anesthesiology	10/01/2023 to 9/30/2025	
Renee Jasmine Crawford, D.O.	Courtesy	Pediatrics	10/01/2023 to 9/30/2025	
Jomarys Demorizi Guzman, M.D.	Courtesy	Family & Community Medicine	10/01/2023 to 9/30/2025	
Santiago Garcia Ortiz, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Navkaran Singh Girgla, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Iv Godzdanker, M.D.	Courtesy	Emergency Medicine	10/01/2023 to 9/30/2025	
George Davis Ide, M.D.	Active	Psychiatry	10/01/2023 to 9/30/2025	
Jessica Lauren Jacob, D.O.	Courtesy	Internal Medicine	10/01/2023 to 9/30/2025	
Amanda Jean Kasem, M.D.	Courtesy	Pediatrics / Emergency Medicine	10/01/2023 to 9/30/2025	
Reena Kumar, D.O.	Active	Psychiatry	10/01/2023 to 9/30/2025	
Reema Multani, D.O.	Active	Psychiatry	10/01/2023 to 9/30/2025	
Abhijeet S. Namjoshi, M.D.	Courtesy	Pediatrics	10/01/2023 to 9/30/2025	
Misha Pangasa, M.D.	Active	Obstetrics & Gynecology	10/01/2023 to 9/30/2025	
Stacey Anne Rotta, M.D.	Courtesy	Surgery / Surgical Critical Care Medicine	10/01/2023 to 9/30/2025	
Gauri Singh, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Vineet Syal, M.D.	Active	Family & Community Medicine	10/01/2023 to 9/30/2025	
Stephanie Jane Shaffer Wetzel, D.O.	Active	Anesthesiology	10/01/2023 to 9/30/2025	

Recommended by Credentials Committee: September 5, 2023

Recommended by Medical Executive Committee: September 12, 2023

Submitted to MSHCDB: September 27, 2023

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
NAME	SPECIALTY/PRIVILEGES	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Layne Andrew Rousseau, D.O.	Surgery (Urology)	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Robotic Surgery Privileges.
Sahibjeet Singh, M.D.	Internal Medicine	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Basic Critical Care Privileges.
Tushar Thakur, M.D.	Internal Medicine (Nephrology)	FPPE successfully completed	FPPE reviewer has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Nephrology Core Privileges.

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
NAME	CATEGORY	SPECIALTY/PRIVILEGES	APPOINTMENT DATES	COMMENTS
Benjamin Bakall, M.D.	Courtesy	Surgery (Ophthalmology)	10/01/2023 to 9/30/2025	
Sunitha Bandlamuri, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Samer Hisham Bani Hani, M.D.	Courtesy	Internal Medicine (Nephrology)	10/01/2023 to 9/30/2025	
Daniela Cocco, M.D.	Active	Surgery	10/01/2023 to 9/30/2025	
Nandni Gupta, M.D.	Active	Psychiatry	10/01/2023 to 9/30/2025	
Mahesh Kotwal, M.D.	Courtesy	Pediatrics (Neonatology)	10/01/2023 to 9/30/2025	
Tina Marie McKenzie, M.D.	Courtesy	Family & Community Medicine	10/01/2023 to 9/30/2025	
Brandon Matthew Minzer, M.D.	Courtesy	Anesthesiology	10/01/2023 to 9/30/2025	
R. Geetha Nair, M.D.	Active	Pathology	10/01/2023 to 9/30/2025	
Sylvia Ruth Nash, M.D.	Active	Pediatrics (Emergency Medicine)	10/01/2023 to 9/30/2025	
Douglas P. Nelson, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Jayakrishna Paineni, M.D.	Active	Family & Community Medicine	10/01/2023 to 9/30/2025	
Amit Prakash Pradhan, M.D.	Active	Psychiatry	10/01/2023 to 9/30/2025	
Curtis Dobson Qin, M.D.	Courtesy	Radiology	10/01/2023 to 9/30/2025	
Albert Tae-Hun Roh, M.D.	Active	Radiology	10/01/2023 to 9/30/2025	
Layne Andrew Rousseau, D.O.	Active	Surgery (Urology)	10/01/2023 to 9/30/2025	
Sahibjeet Singh, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	

Recommended by Credentials Committee: September 5, 2023

Recommended by Medical Executive Committee: September 12, 2023

Submitted to MSHCDB: September 27, 2023

REAPPOINTMENTS/ONGOING PROFESSIONAL PRACTICE EVALUATION				
Shannon E. Skinner, M.D.	Active	Internal Medicine	10/01/2023 to 9/30/2025	
Indu Srinivasan, M.D.	Active	Internal Medicine (Gastroenterology)	10/01/2023 to 9/30/2025	
Kateland Cobleigh Ham Townley, M.D.	Active	Emergency Medicine	10/01/2023 to 9/30/2025	
Kevin Randall Tozer, M.D.	Courtesy	Surgery (Ophthalmology)	10/01/2023 to 9/30/2025	
Dane Carlisle Van Tassel, M.D.	Active	Radiology	10/01/2023 to 9/30/2025	
Scott Andrew Ungar, D.O.	Courtesy	Internal Medicine (Nephrology)	10/01/2023 to 9/30/2025	
Sheetal Wadera, M.D.	Active	Pediatrics (Gastroenterology)	10/01/2023 to 9/30/2025	
Kristyn Marie Wendelschafer, D.O.	Active	Family & Community Medicine	10/01/2023 to 9/30/2025	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT/SPECIALTY	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Albert Tae-Hun Roh, M.D.	Radiology	<u>Withdrawal</u> : Procedural Sedation	Voluntary Relinquishment of Privileges due to non-utilization of privileges.
Kevin Randall Tozer, M.D.	Surgery (Ophthalmology)	<u>Withdrawal</u> : Laser privileges	Voluntary Relinquishment of Privileges due to non-utilization of privileges.
Dane Carlisle Van Tassel, M.D.	Radiology	<u>Withdrawal</u> : Procedural Sedation	Voluntary Relinquishment of Privileges due to non-utilization of privileges.

RESIGNATIONS <i>Information Only</i>			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Kamala Vallabhaneni, M.D.	Pediatrics	Active to Inactive	Resigned effective September 30, 2023
Thomas Michael Wertin, M.D.	Surgery (Surgical Critical Care/Trauma)	Active to Inactive	Resigned effective September 1, 2023

CORRECTION TO THE JULY 20, 2023 VALLEYWISE HEALTH CARE DISTRICT BOARD MEETING			
NAME	SPECIALTY/PRIVILEGES	CATEGORY	COMMENTS
Angela Fimbres Veesenmeyer, M.D.	Pediatrics (Infectious Disease)	Active to Courtesy	Dr. Veesenmeyer was inadvertently listed under "Resignations" on the July 2023 roster.

Definitions:

Active ≥ 1,000 hours/year – Active members of the medical staff have voting rights and can serve on medical staff committees

Courtesy < 1,000 hours/year – Courtesy members do not have voting rights and do not serve on medical staff committees

Reappointments Renewal of appointment and privileges is for a period of two years unless otherwise specified for a shorter period of time.

FPPE Focused professional practice evaluation is a process by which the organization validates current clinical competence. This process may also be used when a question arises in practice patterns.



Maricopa County Special Health Care District

Board of Directors Formal Meeting

September 27, 2023

Item 1.d.ii.

Medical Staff

Advanced Practice Clinician/Allied
Health Professional Staff Credentials

**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
Jesus Ryan Arvizo, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Jessica Lynn Curtisi, A.G.A.C.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Kaylee Ann Paciora, P.A.-C.	Orthopedic Surgery	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Jismi Theeyattuveli, A.G.A.C.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2023 to 9/30/2025	

INITIAL/FOCUSED PROFESSIONAL PRACTICE EVALUATION			
	DEPARTMENT/SPECIALTY	RECOMMENDATION EXTEND or PROPOSED STATUS	COMMENTS
Brittany Marie Ruckman, 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.
Nicole Elizabeth Thurman, F.N.P.	Family & Community Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Minor Surgery Privileges.
Janet Lynn Wildemuth, P.A.-C.	Internal Medicine / Emergency Medicine	FPPE successfully completed	Chair has submitted documentation demonstrating practitioner has successfully completed FPPE requirement for Emergency Medicine Physician Assistant Core Privileges.

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
NAME	DEPARTMENT	PRACTICE PRIVILEGES/ SCOPE OF SERVICE	APPOINTMENT DATES	COMMENTS
Jonathan Bryan Burge, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Zaqueena Shaunta Coleman, F.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Matthew John Gurtler, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Jodie Mokihana Kaalekahi, F.N.P.	Internal Medicine	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Brittany Marie Ruckman, C.R.N.A.	Anesthesiology	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Susan Daney Liebherr, W.H.N.P., A.N.P.	Obstetrics & Gynecology	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Steven Edward Mouch, P.A.-C.	Surgery (Burn)	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Nicole Elizabeth Thurman, F.N.P.	Family & Community Medicine	Practice Prerogatives on file	10/01/2023 to 9/30/2025	
Janet Lynn Wildemuth, P.A.-C.	Internal Medicine / Emergency Medicine	Practice Prerogatives on file	10/01/2023 to 9/30/2025	

ADVANCED PRACTICE CLINICIAN / ALLIED HEALTH PROFESSIONAL – REAPPOINTMENTS				
Elise Carolyn Wise, P.M.H.N.P.	Psychiatry	Practice Prerogatives on file	10/01/2023 to 9/30/2025	

CHANGE IN PRIVILEGES			
NAME	DEPARTMENT	ADDITION / REDUCTION / WITHDRAWAL	COMMENTS
Zaqueena Shaunta Coleman, F.N.P.	Obstetrics & Gynecology	<u>Addition</u> : Minor Surgery privileges	FPPE
Janet Lynn Wildemuth, P.A.-C.	Internal Medicine / Emergency Medicine	<u>Addition</u> : Emergency Medicine Physician Assistant Advance Privileges: Orotracheal intubation; Central venous access; Reduction of joint dislocation – Shoulder; Reduction of joint dislocation – Hip; Lumbar puncture; Arthrocentesis; Thoracentesis; Paracentesis	FPPE Advanced procedures are to be performed with Personal Supervision

RESIGNATION (Information Only)			
NAME	DEPARTMENT/SPECIALTY	STATUS	REASON
Mary Kay Morrison, N.N.P.	Pediatrics	Allied Health Professional to Inactive	Resigned effective August 30, 2023

General Definitions:

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

Supervision Definitions:

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.e.i.

Care Reimagined Capital
CER# 19-947AS



**Maricopa County
Special Health Care District**

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

DATE: September 6, 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) 19-947AS, DAS infrastructure Acute Care Hospital & Piper Pavilion

This item, CER 19-947AS is for additional Distributed Antenna System infrastructure within the Acute Care Hospital and Piper Pavilion. The purchase order is needed to provide these services within the new buildings. This request requires PO issuance to move forward with system configuration, functionality associated to the ACH and Piper Pavilion activations. The IPMO team have received clarifications from the vendor and 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.

Additional infrastructure for ACH and Piper Pavilion:

- Headend infrastructure ACH \$137,772.01
- Headend infrastructure Piper Pavilion \$20,421.72

Total value for this request \$158,193.73

Aggregate value for this contract 480-90-21-003-1 is \$1,872,006.24

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Thursday, September 7, 2023 2:33 PM
To: Melanie Talbot
Subject: CER Approval Request: ACH, DC02 & Piper Pavilion DAS Infrastructure

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

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

Message Information





From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: ACH, DC02 & Piper Pavilion DAS Infrastructure
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
CER 19-947AS Connectivity Wireless ACH, Piper Pavilion R1.doc	File	 CER 19-947AS Connectivity Wireless ACH, Piper Pavilion R1.doc
CER 19-947AS_ACH DC02 & Piper Pavilion Connectivity Wireless.xlsm	File	 CER 19-947AS_ACH DC02 & Piper Pavilion Connectivity Wireless.xlsm
Vanir-Request for CO- Valleywise September 21- 2023.docx	File	 Vanir-Request for CO- Valleywise September 21- 2023.docx
ACH, DC02 & Piper Pavilion DAS Infrastructure	Contract	 CER 19-947AS_ACH DC02 & Piper Pavilion Connectivity Wireless.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title ACH, DC02 & Piper Pavilion DAS Infrastructure
Contract Identifier Budgeted
Contract Number 19-947 AS
Primary Responsible Party Charles, Derrick J.
Departments Integrated Program Management Office

Product/Service
Description

Request Details This item, CER 19-947AS is for additional Distributed Antenna System infrastructure within the Acute Care Hospital and Piper Pavilion. The purchase order is needed to provide these services within the new buildings. This request requires PO issuance to move forward with system configuration, functionality associated to the ACH and Piper Pavilion activations. The IPMO team have received clarifications from the vendor and 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.

Additional infrastructure for ACH and Piper Pavilion:

- Headend infrastructure ACH \$137,772.01
- Headend infrastructure Piper Pavilion \$20,421.72

Total value for this request \$158,193.73

Aggregate value for this contract 480-90-21-003-1 is \$1,872,006.24

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$158,193.73

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

September 27, 2023

Item 1.e.ii.

Care Reimagined Capital
CER# 19-947ANE



**Maricopa County
Special Health Care District**

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

DATE: September 12, 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-e, IT infrastructure Cable Solutions – Acute Care Hospital

This item Prop 480 expenditure, CER 19-947AN-e is an amendment to 19-947AN. This amendment is for Cable Solutions structured cabling and infrastructure within the ACH. The purchase order is an adjustment due to further design coordination of the IPMO and extended teams, reviewed and approved within the new building. This infrastructure requires PO issuance to move forward with installation and coordination into the new hospital construction. 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 data for EMS 800 Care Point \$2,665.54
- Additional data for room 3C- SG02 \$419.60
- Additional data for 6C-S14 \$419.60
- Additional data and paging rewiring GI Clinic \$3,568.86
- Additional data and power supply installation for Centrak RTLS \$149,743.41

The total cost for previous agenda item Cable Solutions CER 19-947AN-d:
\$8,270,966.72

Total for this amendment 19-947AN-e \$156,817.01

Aggregate total for Cable Solutions to date \$8,427,783.73

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: Thursday, September 7, 2023 2:35 PM
To: Melanie Talbot
Subject: CER Approval Request: ACH - IT Infrastructure Changes - Cable Solutions

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Message Information









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

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
21668 Change Order #89 GI Clinic Changes - Tax Form.xlsx	File	 21668 Change Order 89 GI Clinic Changes - Tax Form.xlsx
21668 Change Order #92 Receiving-Staging 3C-SG02.pdf	File	 21668 Change Order 92 Receiving-Staging 3C-SG02.pdf
21668 Change order Index #87 Centrak Changes.pdf	File	 21668 Change order Index 87 Centrak Changes.pdf
21668 Change Order #93 EMS 800 Care Point Tax Form.xlsx	File	 21668 Change Order 93 EMS 800 Care Point Tax Form.xlsx
21668 Change order Index #87 Centrak Changes TAX Form.xlsx	File	 21668 Change order Index 87 Centrak Changes TAX Form.xlsx
21668 Change Order #90 Printer 6C-S14.pdf	File	 21668 Change Order 90 Printer 6C-S14.pdf
21668 Change Order #93 EMS 800 Care Point.pdf	File	 21668 Change Order 93 EMS 800 Care Point.pdf
CER 19-947AN_e Cable Solutions cabling infrastructure procurement memo 8.2023.doc	File	 CER 19-947AN_e Cable Solutions cabling infrastructure procurement memo 8.2023.doc

CER 19-947AN-e - ACH IT
Infrastructure Changes - Cable
Solutions.xlsm

21668 Change Order #89 GI Clinic
Changes.pdf

21668 Change Order #92 Receiving-
Staging 3C-SG02 - Tax Form.xlsx

21668 Change Order #90 Printer drop
for 6C-S14 TAX FORM.xlsx

ACH - IT Infrastructure Changes -
Cable Solutions

File



CER 19-947AN-e - ACH IT
Infrastructure Changes - Cable
Solutions.xlsm

File



21668 Change Order 89 GI Clinic
Changes.pdf

File



21668 Change Order 92 Receiving-
Staging 3C-SG02 - Tax Form.xlsx

File



21668 Change Order 90 Printer
drop for 6C-S14 TAX FORM.xlsx

Contract



CER 19-947AN-e - ACH IT
Infrastructure Changes - Cable
Solutions.xlsm

Contract Information

Division Capital Division

Folder Capital Equipment Requests (CERs)

Status Pending Approval

Title ACH - IT Infrastructure Changes - Cable Solutions

Contract Identifier Budgeted

Contract Number 19 -947 AN-E

Primary Responsible

Party

Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service

Description

Request Details

This item Prop 480 expenditure, CER 19-947AN-e is an amendment to 19-947AN. This amendment is for Cable Solutions structured cabling and infrastructure within the ACH. The purchase order is an adjustment due to further design coordination of the IPMO and extended teams, reviewed and approved within the new building. This infrastructure requires PO issuance to move forward with installation and coordination into the new hospital construction. 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 data for EMS 800 Care Point \$2,665.54
- Additional data for room 3C- SG02 \$419.60
- Additional data for 6C-S14 \$419.60
- Additional data and paging rewiring GI Clinic \$3,568.86
- Additional data and power supply installation for Centrak RTLS \$149,743.41

The total cost for previous agenda item Cable Solutions CER 19-947AN-d:
\$8,270,966.72

Total for this amendment 19-947AN-e \$156,817.01

Aggregate total for Cable Solutions to date \$8,427,783.73

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.

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$156,817.01

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

September 27, 2023

Item 1.e.iii.

Care Reimagined Capital
CER# 19-947TB



**Maricopa County
Special Health Care District**

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

DATE: September 6, 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-b, office relocation services Acute Care Hospital

This item, CER 19-947T-b is an amendment to 19-947T Prop 480 expenditure, is for Sirva office relocations within the Acute Care Hospital. 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 for workstations and offices, associated to the ACH activation. The IPMO team have 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 workstation relocation, for the ACH activation sequence
\$154,547.94.

Previously approved cost for CER 19-947T: \$574,869.09 agenda item 1.e.v on May 24, 2023, Formal Meeting Consent agenda.

Aggregate value for CER 19-947T-b \$729,417.03

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

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Friday, September 8, 2023 6:50 AM
To: Melanie Talbot
Subject: CER Approval Request: ACH - SIRVA Staff & Office Relocation 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: ACH - SIRVA Staff & Office Relocation Amendment
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
19-947T-b - ACH - SIRVA Staff & Office Relocation Amendment.pdf	File	 19-947T-b - ACH - SIRVA Staff & Office Relocation Amendment.pdf
CER 19-947T _b Sirva office relocations, ACH R1.doc	File	 CER 19-947T _b Sirva office relocations, ACH R1.doc
19-947T-b - ACH - SIRVA Staff & Office Relocation Amendment.xlsm	File	 19-947T-b - ACH - SIRVA Staff & Office Relocation Amendment.xlsm
ACH - SIRVA Staff & Office Relocation Amendment	Contract	 19-947T-b - ACH - SIRVA Staff & Office Relocation Amendment.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title ACH - SIRVA Staff & Office Relocation Amendment
Contract Identifier Budgeted
Contract Number 19-947T-b

Primary Responsible Party Charles, Derrick J.

Departments Integrated Program Management Office

Product/Service Description

Request Details This item, CER 19-947T-b is an amendment to 19-947T Prop 480 expenditure, is for Sirva office relocations within the Acute Care Hospital. 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 for workstations and offices, associated to the ACH activation. The IPMO team have 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 workstation relocation, for the ACH activation sequence \$154,547.94.

Previously approved cost for CER 19-947T: \$574,869.09 agenda item 1.e.v on May 24, 2023, Formal Meeting Consent agenda.

Aggregate value for CER 19-947T-b \$729,417.03

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.

Notes

Funding Source Bond

Evaluation Process

Category

Annual Value \$154,547.94

Budgeted Travel Type Yes

Primary Vendor

Responses

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.f.i.

Capital
CER# 24-423



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

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

DATE: September 12, 2023

TO: Steve Purves, President and CEO
Lia Christiansen, EVP and CAO
Claire Agnew, EVP and CFO

cc:

FROM: Kelly Summers, Senior Vice President and CIO
Jennifer Tonis, Director, IT Infrastructure and Engineering

SUBJECT: Palo Alto Refresh

1. Background / Problem Statement:

Valleywise Health implemented a security apparatus as part of the “Enterprise Strengthening the Foundation” (eSTF) program in 2016. This security apparatus is comprised of a variety of different technologies and services. The key component to this apparatus is the internal Palo Alto firewall. All cross zone network traffic traverses this key device which enables security policies and protocols for this traffic. The current internal Palo Alto firewall has components that are end of life/end of support (EOL/EOS) on 01/31/2024. Due to the criticality of this technology, obsolescence and lack of support cannot be accepted.

The risk of not having a supported internal firewall cannot be accepted due to the potential impact to the organization. All systems could stop communicating causing the organization to rely on downtime procedures for extended periods. The recommendation is to procure new Palo Alto technology to maintain our security posture and resiliency from a network perspective.

2. Solution Option(s):

a. Do Nothing (Run at Risk)

- a. Risk of system impact due to lack of support for critical infrastructure components.

b. Invest in a refresh of the NTP Appliances.

- a. Replace obsolescent equipment with newer performant technology.
- b. Reduce risk from deprecated solutions.

3. Recommendation & Next Steps:

Investment in Palo Alto Refresh (b) is the recommended next step.

4. Financial Assumptions:

The project dollars have been budgeted at \$576,115 and accounted for in the approved FY24 CAPEX budget. The total ask for FY24 is **\$571,485**.

Palo Alto Refresh					
TCO	FY24	FY25	FY26	FY27	FY28
Palo Alto Hardware	\$ 571,485.00	\$ -	\$ -	\$ -	\$ -
Maintenance	\$ -	\$ 85,355.13	\$ 98,158.40	\$ 112,882.16	\$ 129,814.48
Total	\$ 571,485.00	\$ 85,355.13	\$ 98,158.40	\$ 112,882.16	\$ 129,814.48
Total 5 Year TCO	\$ 997,695.17				
*Estimated maintenance is based on 15% annual increase.					

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Monday, September 11, 2023 11:19 AM
To: Melanie Talbot
Subject: CER Approval Request: Palo Alto Refresh

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 CER Approval Request: Palo Alto Refresh
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
Investment Memo - Palo Alto Refresh.docx	File	 Investment Memo - Palo Alto Refresh.docx
Copy of Capital Expenditure Request - Palo Alto Refresh.xlsm	File	 Copy of Capital Expenditure Request - Palo Alto Refresh.xlsm
1148-261 - Palo Alto Refresh - v2.pdf	File	 1148-261 - Palo Alto Refresh - v2.pdf
Palo Alto Refresh	Contract	 Copy of Capital Expenditure Request - Palo Alto Refresh.xlsm

Contract Information

Division Capital Division
Folder ---
Status Pending Approval
Title Palo Alto Refresh
Contract Identifier Budgeted
Contract Number 24-423
Primary Responsible Party Charles, Derrick J.
Departments IT INFRASTRUCTURE and OPERATIONS

Product/Service
Description

Request Details Valleywise Health implemented a security apparatus as part of the “Enterprise Strengthening the Foundation” (eSTF) program in 2016. This security apparatus is comprised of a variety of different technologies and services. The key component to this apparatus is the internal Palo Alto firewall. All cross zone network traffic traverses this key device which enables security policies and protocols for this traffic. The current internal Palo Alto firewall has components that are end of life/end of support (EOL/EOS) on 01/31/2024. Due to the criticality of this technology, obsolescence and lack of support cannot be accepted.

The risk of not having a supported internal firewall cannot be accepted due to the potential impact to the organization. All systems could stop communicating causing the organization to rely on downtime procedures for extended periods. The recommendation is to procure new Palo Alto technology to maintain our security posture and resiliency from a network perspective.

Notes

Funding Source Routine

Evaluation Process

Category

Annual Value \$571,485.00

Budgeted Travel Type Yes

Primary Vendor

Responses

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 1.f.ii.

Capital
CER# 24-422



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

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

DATE: September 12, 2023

TO: Steve Purves, President and CEO
Lia Christiansen, EVP and CAO
Claire Agnew, EVP and CFO

cc:

FROM: Kelly Summers, Senior Vice President and CIO
Jennifer Tonis, Director, IT Infrastructure and Engineering

SUBJECT: F5 Load Balancer Refresh

1. Background / Problem Statement:

Valleywise Health implemented F5 load balancer appliances as part of the “Enterprise Strengthening the Foundation” (eSTF) program in 2016. These appliances are part of the “security apparatus” providing critical services such as load balancing and application policy management (APM) that ensure high availability/resiliency for critical systems. The current appliances have reached their end of support date on 10/01/2022. These devices are no longer receiving critical security updates from the manufacturer which increases the risk to the organization.

The risk of not having a supported F5 infrastructure in the organization can cause support issues for critical systems and open opportunities for system or data corruption. The recommendation is to procure new F5 appliances to maintain resiliency and decrease our cyber risk profile for obsolescence.

2. Solution Option(s):

a. Do Nothing (Run at Risk)

- a. Risk of system impact due to lack of support for critical infrastructure components.

b. Invest in a refresh of the NTP Appliances.

- a. Replace obsolescent equipment with newer performant technology.
- b. Reduce risk from deprecated solutions.

3. Recommendation & Next Steps:

Investment in F5 Appliance Refresh (b) is the recommended next step.

4. Financial Assumptions:

The project dollars have been budgeted at \$614,445 and accounted for in the approved FY24 CAPEX budget. The total ask for FY24 is **\$545,634.72**.

F5 Load Balancer Refresh					
TCO	FY24	FY25	FY26	FY27	FY28
F5 Appliances	\$ 545,634.72	\$ -	\$ -	\$ -	\$ -
Maintenance	\$ -	\$ 86,062.29	\$ 98,971.63	\$ 113,817.37	\$ 130,889.98
Total	\$ 545,634.72	\$ 86,062.29	\$ 98,971.63	\$ 113,817.37	\$ 130,889.98
Total 5 Year TCO	\$ 975,375.98				
*Estimated maintenance is based on 15% annual increase.					

Melanie Talbot

From: Compliance 360 <msgsystem@usmail.compliance360.com>
Sent: Tuesday, September 12, 2023 10:29 AM
To: Melanie Talbot
Subject: CER Approval Request: F5 Load Balancer Refresh

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Message Information





From [Purves, Steve](#)
To [Talbot, Melanie](#);
Subject CER Approval Request: F5 Load Balancer Refresh
Additional Information Indicate whether you approve or reject by clicking the Approve or Reject button.

Add comments as necessary.

Approve/Reject Contract

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

Attachments

Name	DescriptionType	Current File / URL
Investment Memo - F5 Load Balancer Refresh.docx	File	 Investment Memo - F5 Load Balancer Refresh.docx
Copy of Capital Expenditure Request - F5 Load Balancer Refresh.xlsm	File	 Copy of Capital Expenditure Request - F5 Load Balancer Refresh.xlsm
1148-258c - F5 Refresh - Best - v3.pdf	File	 1148-258c - F5 Refresh - Best - v3.pdf
F5 Load Balancer Refresh	Contract	 Copy of Capital Expenditure Request - F5 Load Balancer Refresh.xlsm

Contract Information

Division Capital Division
Folder Capital Equipment Requests (CERs)
Status Pending Approval
Title F5 Load Balancer Refresh
Contract Identifier Budgeted
Contract Number 24-422
Primary Responsible Party Charles, Derrick J.
Departments IT INFRASTRUCTURE and OPERATIONS

Product/Service
Description
Request Details

Valleywise Health implemented F5 load balancer appliances as part of the "Enterprise Strengthening the Foundation" (eSTF) program in 2016. These appliances are part of the "security apparatus" providing critical services such as load balancing and application policy management (APM) that ensure high availability/resiliency for critical systems. The current appliances have reached their end of support date on 10/01/2022. These devices are no longer receiving critical security updates from the manufacturer which increases the risk to the organization.

The risk of not having a supported F5 infrastructure in the organization can cause support issues for critical systems and open opportunities for system or data corruption. The recommendation is to procure new F5 appliances to maintain resiliency and decrease our cyber risk profile for obsolescence

Notes

Funding Source Routine

Evaluation Process

Category

Annual Value \$545,634.72

Budgeted Travel Type No

Primary Vendor

Responses

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 2.

Vizient Clinical Database
Annual Scorecard



September 27, 2023

Vizient Clinical Database Annual Scorecard

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

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Complex Care Medical Center Quality and Accountability

– Valleywise Health Performance Scorecard

- Vizient distributes an annual Performance Scorecard each September.
- Vizient 2023 Quality and Accountability (Q&A) ranking is designed to encompass a broad spectrum of patient activity. The Institute of Medicine's (IOM's) six domains of care – safety, timeliness, effectiveness, efficiency, equity and patient centeredness are used as a guide to structure the performance categories.
- Source data includes the following:
 - Vizient Clinical Database/Resource manager
 - Clinically reviewed infection measures submitted to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN)
 - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) data received from individual vendors.

Complex Care Medical Center Quality and Accountability – Valleywise Health Performance Scorecard

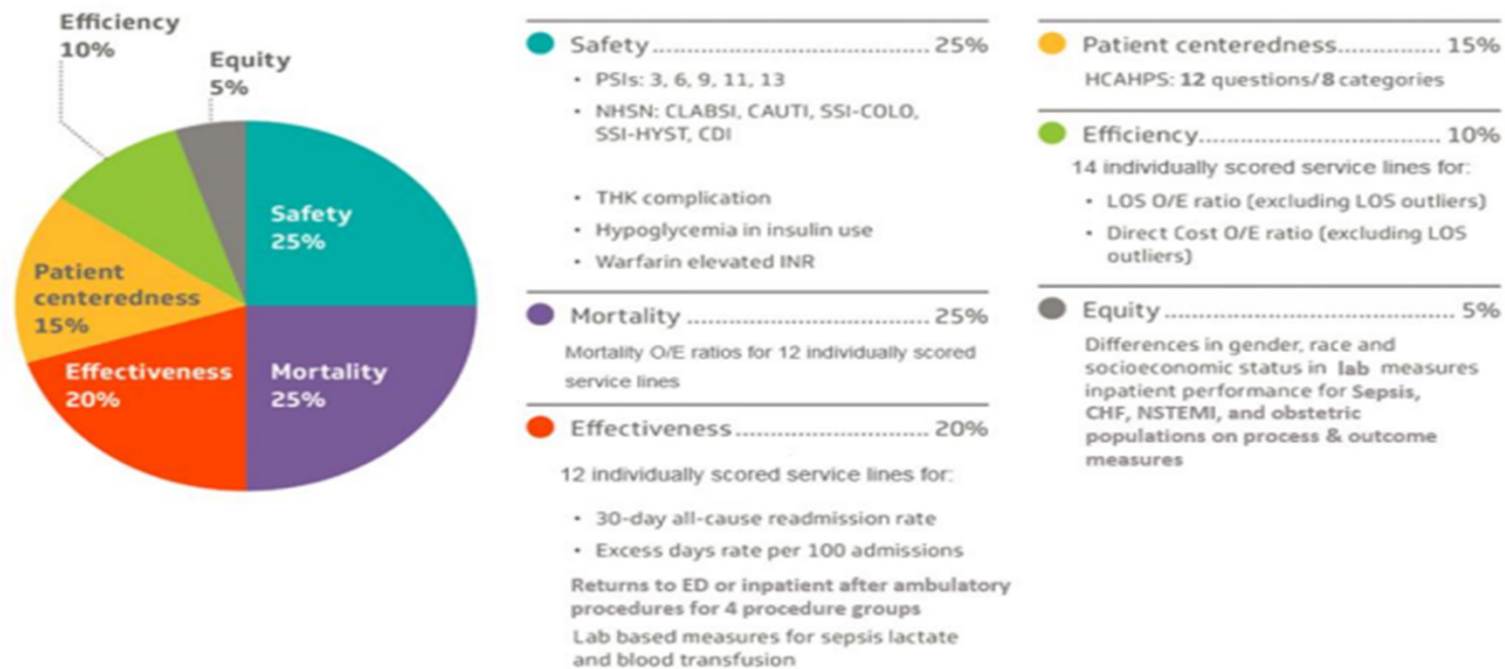
Appendix B-2: Complex Care Medical Centers - sources and time frames for Q&A ranking data (by domain and metric)

Domain	Metric(s)	Data source	Time frame (Q&A ranking year) 2023
Mortality	Individual service lines	CDB	July 2022 – June 2023
Safety	PSIs 03, 06, 09, 11, 13	CDB	July 2022 – June 2023
	CAUTI, CLABSI, SSI-COLO/HYST, CDI SIR	NHSN	Q2 2022 – Q1 2023
	Lab measures: Hypoglycemia in insulin use, Warfarin elevated INR	CDB	July 2022 – June 2023
	THK complication	CDB	Q222 – Q123 (Index)
Effectiveness	Readmissions (individual service lines)	CDB	July 2022 – May 2023 (Index)
	Excess days (individual service lines)	CDB	
	Outpatient Procedure returns to acute care	CDB	July 2022 – June 2023
	Lab measures: Sepsis lactate, blood transfusion	CDB	July 2022 – June 2023
Patient centeredness	12 questions in 8 categories	HCAHPS data from vendor files	Q2 2022 – Q1 2023
Efficiency	Individual service lines for LOS & Direct Cost	CDB	July 2022 – June 2023
Equity	Process / Outcome: NSTEMI, Sepsis, CHF, Deliveries	CDB	July 2022 – June 2023

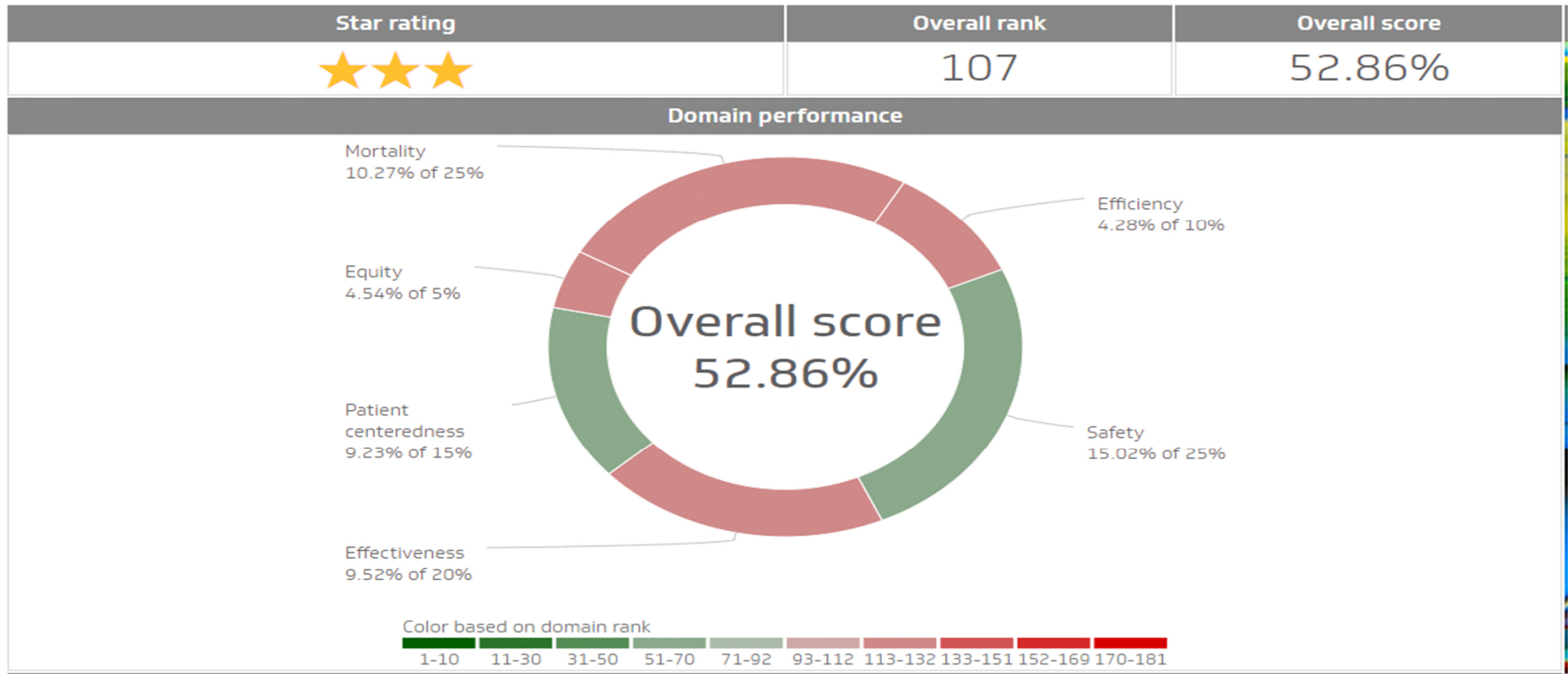
CAUTI = catheter-associated urinary tract infection; CDB = Vizient Clinical Data Base; CDI = clostridium difficile infection; CLABSI = central line–associated bloodstream infection; ED = emergency department; HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems; LOS = length of stay; OP = outpatient; PSI = Agency for Healthcare Research and Quality Patient Safety Indicator; SSI HYST= surgical site infection: Hysterectomy; SS: COLO = surgical site infection colon surgery; THK = Total Hip and Knee

Complex Care Medical Center Quality and Accountability – Valleywise Health Performance Scorecard

Figure 4c: Complex Care cohort domain weighting used for organizational score



Complex Care Medical Center Quality and Accountability – Valleywise Health Performance Scorecard 2023



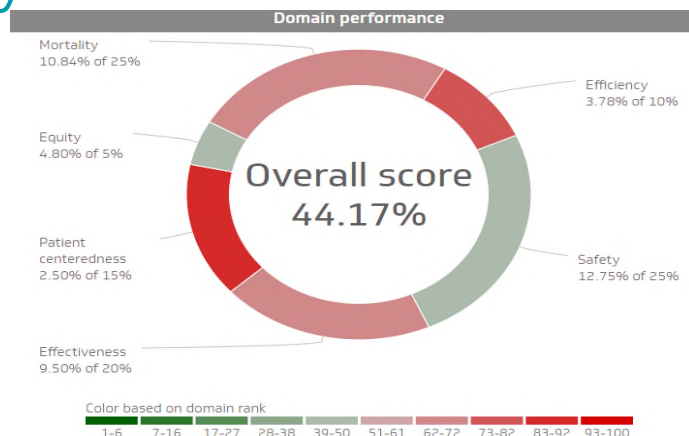
Complex Care Medical Center Quality and Accountability – Valleywise Health Performance Scorecard 2023

Domain performance table						
Domain	Rank	Weight	Score	Weighted score	Vizient median	Vizient top performer
Overall	107	100.00%	52.86%	52.86%	54.50%	78.62%
Mortality	132	25.00%	41.10%	10.27%	54.09%	90.03%
Efficiency	123	10.00%	42.75%	4.28%	51.18%	86.77%
Safety	51	25.00%	60.08%	15.02%	50.71%	84.97%
Effectiveness	114	20.00%	47.62%	9.52%	52.58%	82.51%
Patient centeredness	68	15.00%	61.54%	9.23%	52.03%	96.28%
Equity	130	5.00%	90.73%	4.54%	95.81%	100.00%

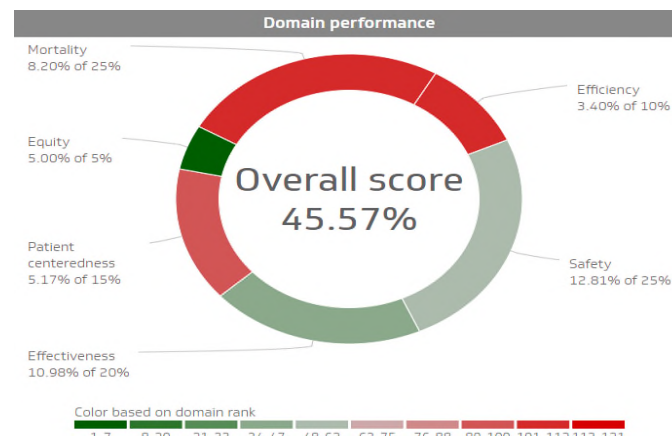
*2023 Complex Care Medical Center – 181 facilities
Rank: lower is better

Complex Care Medical Center Quality and Accountability – Valleywise Health Performance Scorecard

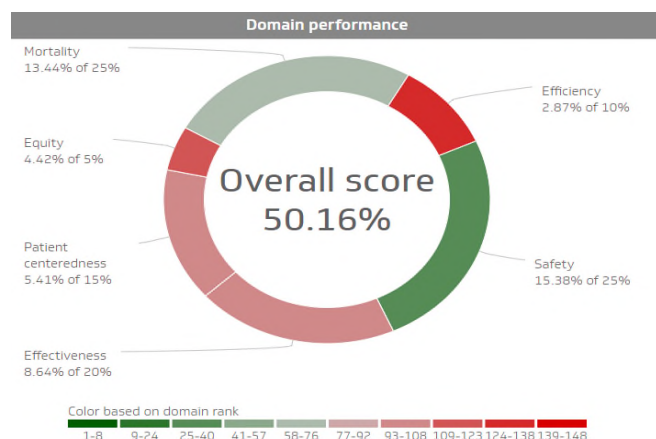
2020



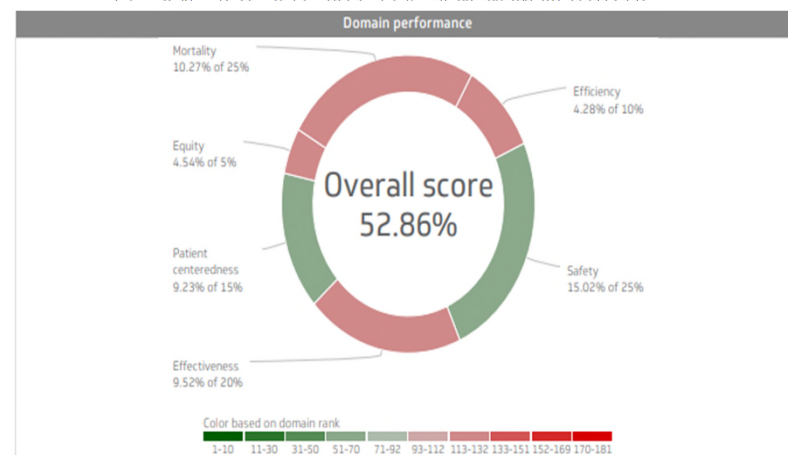
2021



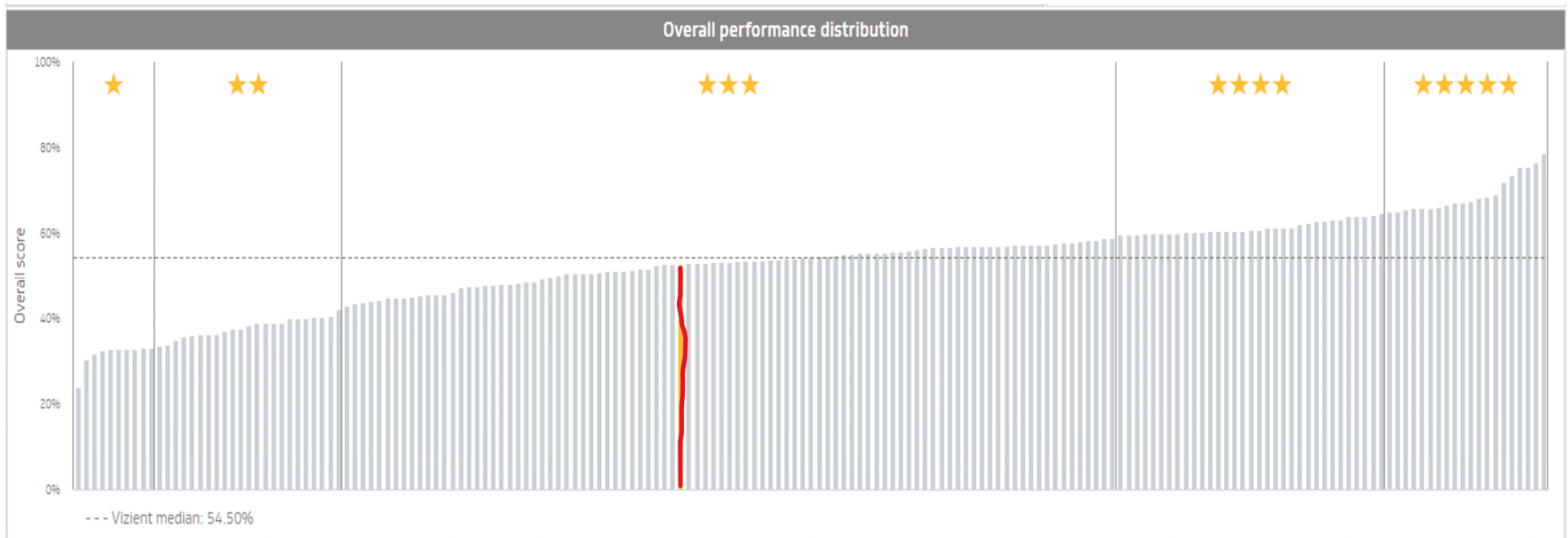
2022









2023




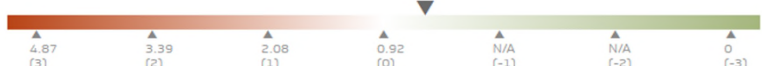

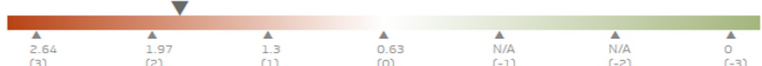

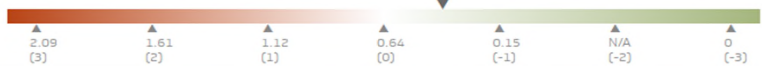

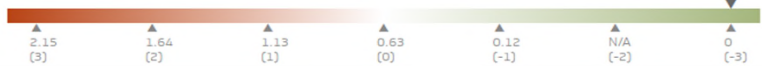

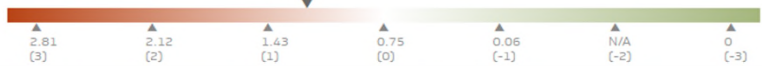
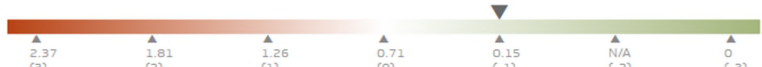
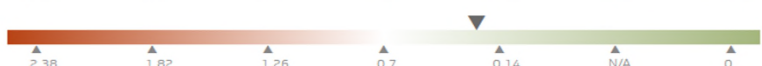

Complex Care Medical Center Quality and Accountability – Valleywise Health 2023 Performance Scorecard



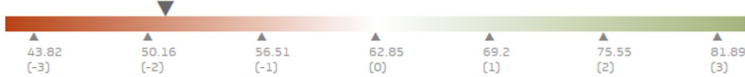
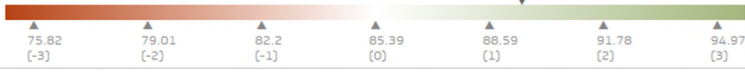
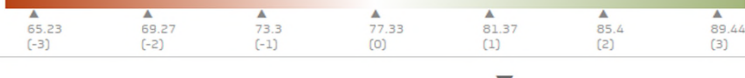


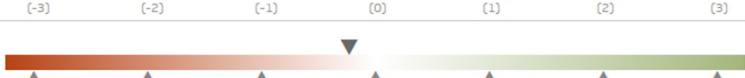
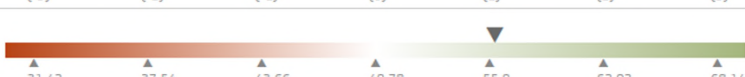
Complex Care Medical Center Quality and Accountability – Valleywise Health Performance Scorecard

	Q&A Year			2023 Overall and Domain Performance Distribution
	2021	2022	2023	
	Score(Rank)			
Overall	48.56% (97)	50.07% (111)	52.86% (107)	<div>--- Vizient median: 54.50%</div> 
Mortality	40.36% (124)	56.71% (77)	41.10% (132)	<div>--- Vizient median: 54.09%</div> 
Efficiency	38.99% (125)	34.93% (143)	42.75% (123)	<div>--- Vizient median: 51.18%</div> 
Safety	54.75% (74)	54.10% (66)	60.08% (51)	<div>--- Vizient median: 50.71%</div> 
Effectiveness	53.33% (73)	44.21% (117)	47.62% (114)	<div>--- Vizient median: 52.58%</div> 
Patient centeredness	35.89% (90)	36.71% (119)	61.54% (68)	<div>--- Vizient median: 52.03%</div> 

Complex Care Medical Center Quality and Accountability – Valleywise Health 2023 Performance Scorecard

	Unit of Measure	Q&A year			2023 Scoring Performance
		2021	2022	2023	
		Metric performance (Z-Score)			
PSI-03 pressure ulcer 	O/E Ratio	1.21 (0.25)	1.12 (-0.05)	0.59 ▲ (-0.31)	
PSI-06 iatrogenic pneumothorax 	O/E Ratio	4.33 (2.40)	1.68 (0.63)	1.81 ▼ (1.77)	
PSI-09 postoperative hemorrhage or hematoma 	O/E Ratio	0.21 (-1.11)	0.00 (-3.00)	0.39 ▼ (-0.51)	
PSI-11 postoperative respiratory failure 	O/E Ratio	2.13 (1.47)	2.31 (2.19)	0.00 ▲ (-3.00)	
PSI-13 postoperative sepsis 	O/E Ratio	0.00 (-3.00)	1.62 (0.77)	1.20 ▲ (0.67)	
NHSN-CAUTI SIR	SIR	1.09 (0.47)	0.45 (-0.62)	0.15 ▲ (-1.00)	
NHSN-CLABSI SIR	SIR	0.39 (-0.74)	0.44 (-0.71)	0.25 ▲ (-0.81)	
NHSN-SSI SIR	SIR	0.73 (-0.25)	0.58 (-0.39)	0.69 ▼ (-0.23)	

Complex Care Medical Center Quality and Accountability – Valleywise Health 2023 Performance Scorecard

	Unit of Measure	Q&A year			2023 Scoring Performance
		2021	2022	2023	
		Metric performance (Z-Score)			
Cleanliness/quietness	Response Rate	58.82 (-1.17)	52.45 (-1.91)	51.15 ▲ (-1.84)	
Discharge	Response Rate	84.73 (-0.47)	85.40 (-0.10)	89.50 ▲ (1.28)	
Doctor	Response Rate	79.33 (-0.01)	77.70 (-0.15)	81.34 ▲ (0.99)	
Medications	Response Rate	58.87 (-0.27)	59.07 (-0.01)	63.74 ▲ (1.13)	
Nurse	Response Rate	73.08 (-1.13)	73.68 (-0.80)	76.03 ▲ (-0.14)	
Overall	Response Rate	71.12 (-0.03)	69.18 (-0.04)	69.83 ▲ (0.19)	
Responsiveness	Response Rate	56.04 (-1.04)	56.13 (-0.76)	58.29 ▲ (-0.23)	
Transition of care	Response Rate	56.03 (0.75)	52.10 (0.23)	56.18 ▲ (1.04)	

Actions being taken to continue improvements:

Action Items

- Actions –
 - Monthly Strategic Planning meeting to develop specific actions for the following:
 - Patient Safety Indicators
 - Hospital acquired conditions
 - Clinical Documentation
 - Continue our MRSA process upon admission and ensuring decolonization is ordered if determined to be positive.

Actions being taken to continue improvements:

Action Items

- Actions –
 - Patient Experience
 - Continue performing ACCEPT at Valleywise Health as part of our culture
 - Collaborate with leaders of all disciplines to develop action items on quietness/cleanliness
 - Working with NRC to development and implement Patient Experience Provider Scorecards
 - Standardize Leadership Rounding





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 3.

Home Assist Health
Fiscal Year 2023 Report

Home Assist Health FY 2023 Annual Report

Special Health Care District Board Meeting
September 27, 2023





Home Assist Health, Meeting the Moment.

In a year characterized by continuing challenge Home Assist Health remains vigilant and focused on meeting the moment.

Inspired by the words of Alyson Schafer, “we only have this moment to influence change. Only now can we make an impact, in this very moment. Let’s use that wisdom to its best potential.” The strength of our communities starts with healthy people and the role of Home Care in community health is expanding and innovation is accelerating.

Home care is moving beyond the role of a post-acute provider to partnering in preventative care and maintenance care. We are taking this moment to continue advancing care at home, improving work life satisfaction, and strengthening health independence.

Fueled by our mission and the compassion of our workforce, we delivered on key initiatives and priorities. Our annual report outlines individual stories, our journey as a whole, and together how we delivered on key initiatives and priorities.

Sara Wilson, MBA,

CEO Home Assist Health



About Us

We pride ourselves on being agile and responsive to the changing needs of our community.

Through purposeful partnerships, we pursue initiatives that improve care at home for those aging and recovering in place. Our deep roots anchor us as we meet today's challenges offering support to those in need.

Home Assist Health runs one Arizona's earliest home and community-based programs. Operating for approximately 20 years under Valleywise Health (formerly known as Maricopa Integrated Health System) as "Complete Comfort Care" and before that, "Attendant Care Services." Over time, changes in the market made the program unsustainable under the health system.

As a result, Valleywise Health leadership decided to set the program out as a separate and distinct not for profit so that our essential services could continue to meet the needs of the community.





Vision

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



Mission

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



Values

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



Slogan

Compassion in Action.



Home Care Heroes

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

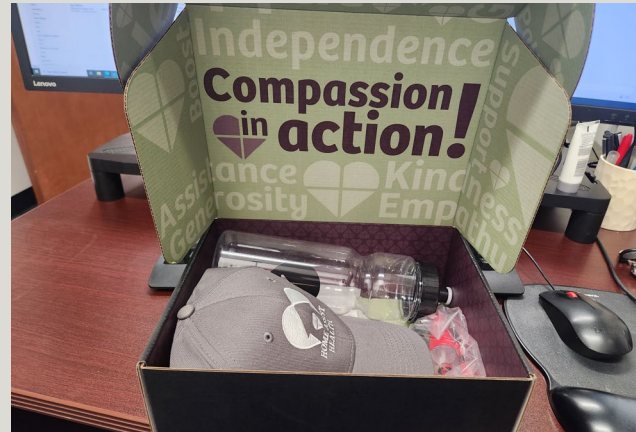




C.I.A. Series

C.I.A. Series: Sam Molla

Home Assist Health's Compassion In Action (C.I.A.) mini profile docu-series spotlight the people we serve and the CarePros who make living at home a safe and happy reality.



Compassion In Action.

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



Georgina Ruiz, Caregiver of the Month, November

2022-2023 Outstanding Person-First Approach Award Recipient

Georgina has been with Home Assist Health since February of 2018. She originally became a caregiver because of an ill family member and has gone on to care for many others. Georgina cares for those with varied needs including those requiring total care. In team spirit and to ensure quality care Georgina prepares the home for the next caregiver such as leaving notes and reminders. Georgina loves her job because she likes to help people and share her compassion.



Enelida Borja, Caregiver of the Month, June

2022-2023 Outstanding Service Excellence Award Recipient

Enelida has been with Home Assist Health since November 2019. Enelida's caregiving career began when she became the Direct Support Professional for her son who is living with a developmental disability. Enelida's devotion to family has inspired many. She seeks to understand and adhere to policies and procedures ensuring nothing sets her back in supporting her son. She has earned a reputation for performing with outstanding quality and compliance.



Compassion In Action.

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



Angie Roldan, Associate Director of HCBS, Q4 C.I.A Awardee

2022-2023 Outstanding Team Partnership Award Recipient

From the moment of hire, Angie has gone above and beyond to support her team. Angie navigates difficult situations with ease and calm. Without hesitation she will roll up her sleeves and act. From providing direct care coverage for members and covering shifts for office staff to ensuring audit deadlines are met. Angie also puts her compassion in action by routinely sending messages and doing thoughtful gestures to ensure all team members feel seen, heard, and important. Angie has become known as the “Wind Beneath our Wings.”



Francisca Alanis, Caregiver of the Month, February

2022-2023 Outstanding Leadership Award Recipient

Francisca has been with Home Assist Health since January of 2022. Francisca was nominated for her unyielding compassion for all people. Recently while at a member’s house, she pressed an issue about our member’s son who had a foot injury but did not want to have it looked at by a medical professional. Because of Francisca’s persistence in the matter the son eventually received medical attention, and unfortunately had to have his leg amputated, which possibly saved his life due to such a severe infection. Even though the son is not the one who is signed up to receive our services, Francisca still showed compassion for him, embodying the true meaning of Compassion In Action.





Home and Community Based Services

HCBS is a low cost, high quality benefit providing flexible, personalized long term care services in the home and community, with the goal of preventing or delaying long-term placement in institutionalized settings.

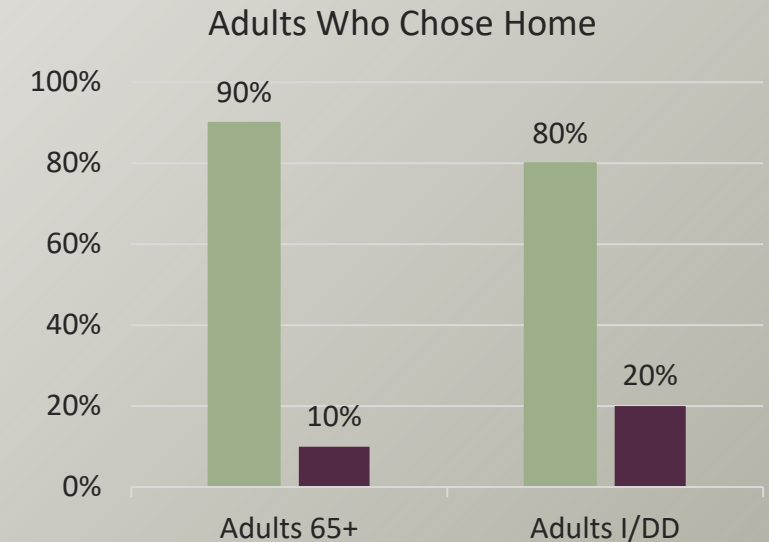


Home and Community Based Services

A low cost high quality alternative to institutionalized care keeping families and friends together.



- Arizona's Long Term Care System was established in the 1980's.
- HCBS is 40k more affordable per person per year.
- Majority of people want to age and recover in their own home.
- Home Assist Health services include personal care, habilitative services, respite care, and companionship.
- Home Assist Health is a proud, long time provider of HCBS.
- We are excited for our newest HCBS offering, Community Health Worker (CHW)





Community Health Worker

Home Assist Health's MyCare team brings Community Health Workers to the homes of those in need with the goal of strengthening health independence and life quality.





A Community Health Worker Program

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

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

Scope of Services include:	Measure Domains	Indicators
<ul style="list-style-type: none">➤ Health system navigation, resource coordination➤ Health promotion and coaching➤ Culturally appropriate education➤ Direct care and social support➤ Assessments and outreach	1. Health System Utilization	<ul style="list-style-type: none">• ED Occurrences• Hospitalization• Appointment Attendance
	2. Personal Health Impact	<ul style="list-style-type: none">• Disease Vitals
	3. SDoH	<ul style="list-style-type: none">• Resource Engagement
	4. Quality Impact	<ul style="list-style-type: none">• Personal Goals• Satisfaction Rating

A Community Health Worker Program



OUTCOME DASHBOARD

Target Demographic

High Risk Patients with Multiple Chronic Conditions.

Patients Served

Admission:

Measured by 6mo Before to After Start of Care (SOC)

ED Encounters:

Measured by 6mo Before to After Start of Care (SOC)

FY 22 Statistics

66

32% BSOC / 11% ASOC

66% decrease

86% BSOC / 17% ASOC

80% decrease

FY 23 Statistics

25

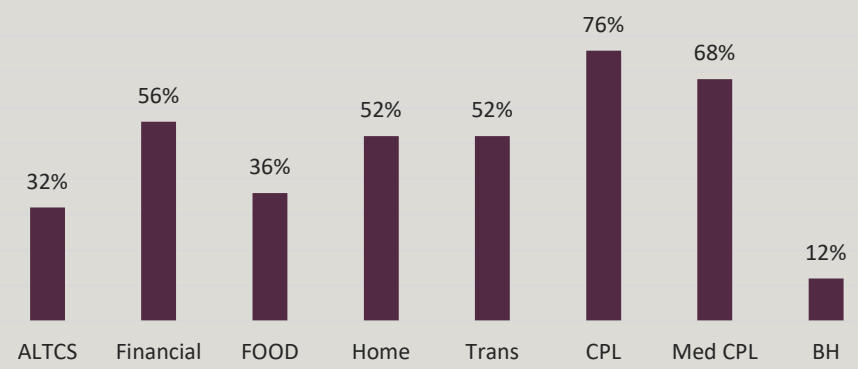
68% BSOC / 16% ASOC

76% decrease

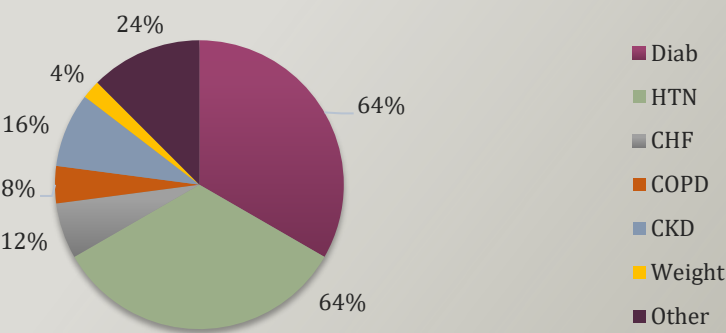
72% BSOC / 32% ASOC

56% decrease

SDOH Intervention Targets



Patient Disease Type Percentages



A Community Health Worker Program

OUTCOME DASHBOARD (FY 2023)

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

Patients Served: 46

	Before Start of Care	After Start of Care	Variance
Average A1c	8.7	8.3	5% Improved
Admission (6mos B/A):	57% (26 Admit)	26.1% (12 Admit)	54% Decrease
ED Encounters (6mos B/A):	79% (36 ED)	41% (19 ED)	47% Decrease

OUTCOME DASHBOARD (FY 2023)

Target Demographic: Spanish Speaking Patients with Diabetes and Food Insecurity.

Patients Served 1:1: 3

	Before Start of Care	After Start of Care
Average A1c	14.7	10.8
Admission (6mos B/A):	33% (1 Admit)	0% (0 Admits)
ED Encounters (6mos B/A):	67% (2 ED)	133% (4 ED)
CHW Food Truck Attendance	22 Days	-
Food Deliveries	253 deliveries (16 unique Pts)	-

A Community Health Worker Program

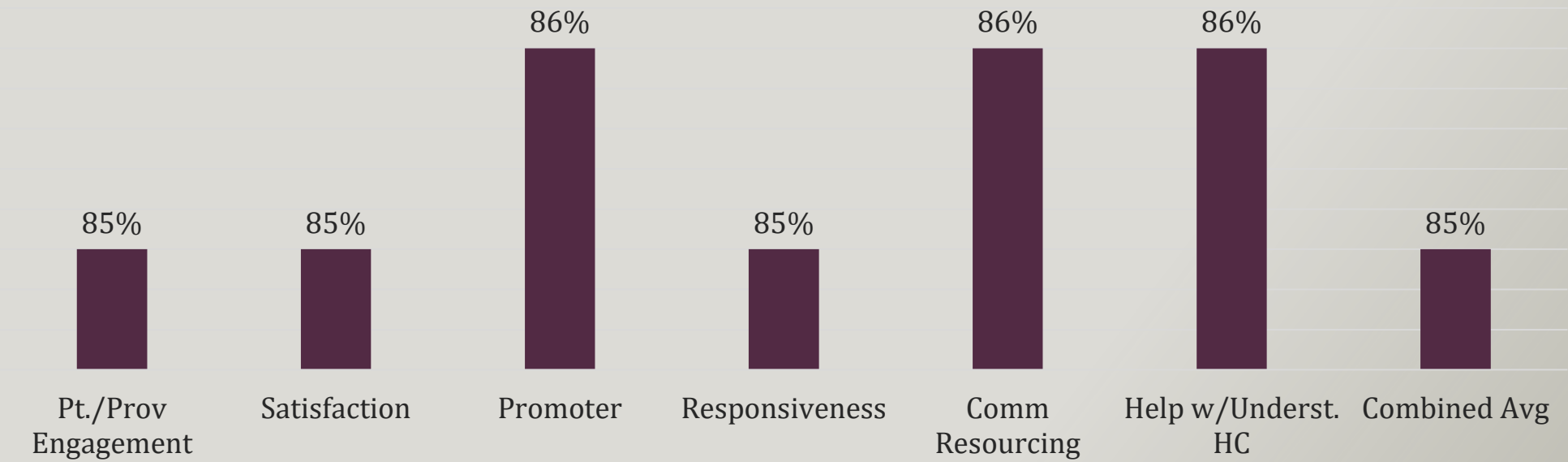


QUOTES FROM MYCARE GRADUATES

“My worker has been very helpful to me. She has assisted me with services I did not know about. I would like to continue the program if it ever starts again.”

“Tiffany was really nice to me. She helped me a lot and my family. I liked this program and would like to be in this again.”

FY23 VW Patient Satisfaction Scores





Our People and Our Performance

Centered on an authentic purpose. Prioritizing people and performance.



Our People and Our Performance



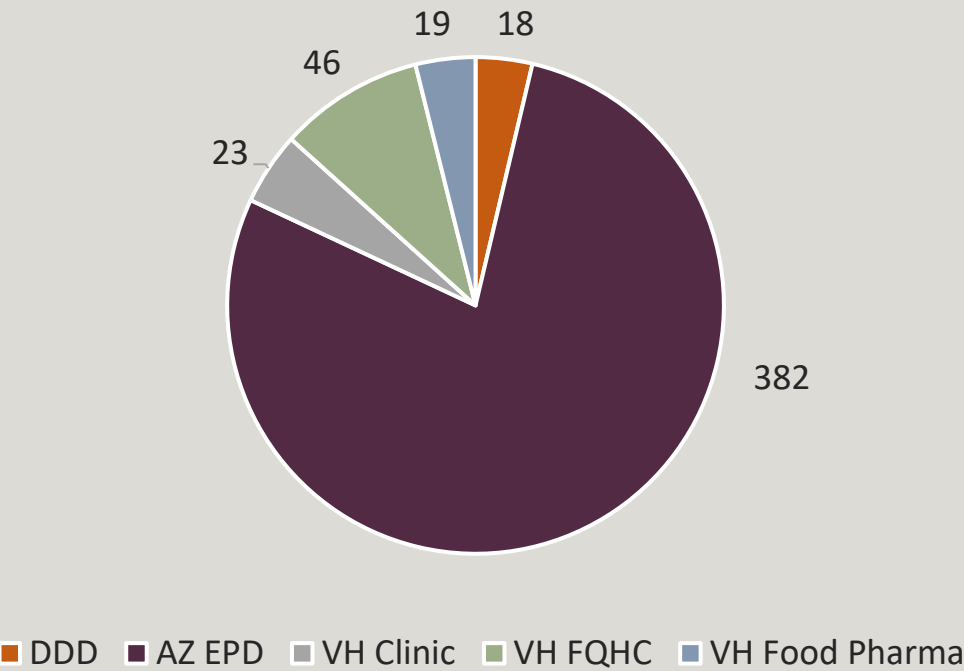
- ❖ 10,000 baby boomers turn 65 every day and 70% will need assistance with daily activities.
- ❖ By 2030, Arizona will need more than 190,000 new direct care workers.
- ❖ Top reasons for labor losses: COVID-19, retirement, work exits to care for a loved one, and mental health (marketresearch.com).
- ❖ We have prioritized our services and our employment practices to help address our supply and demand challenges.



Our People and Our Performance



FY-23 People Served
Total - 488



FYE22 EMPLOYEE CENSUS

Direct Care Workers	335
Program Employees	11
Administrative Employees	16

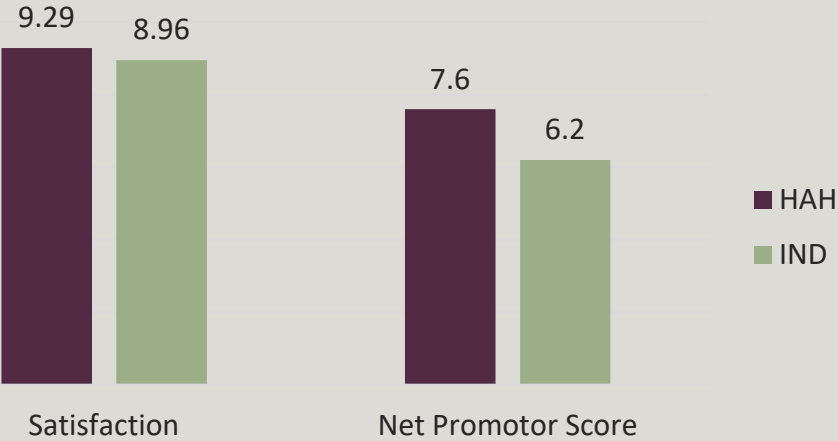
RECRUITING AND RETENTION STATISTICS

	FY22	FY23	Industry
Net Hire Ratio	-2	34	
Retention Rate	77%	98%	
Turnover Rate	38%	10%	65%

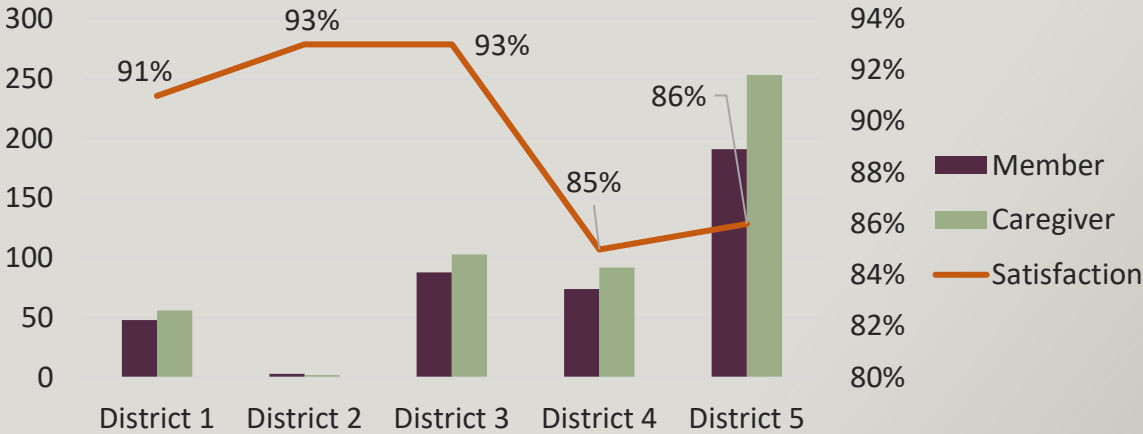
Our People and Our Performance



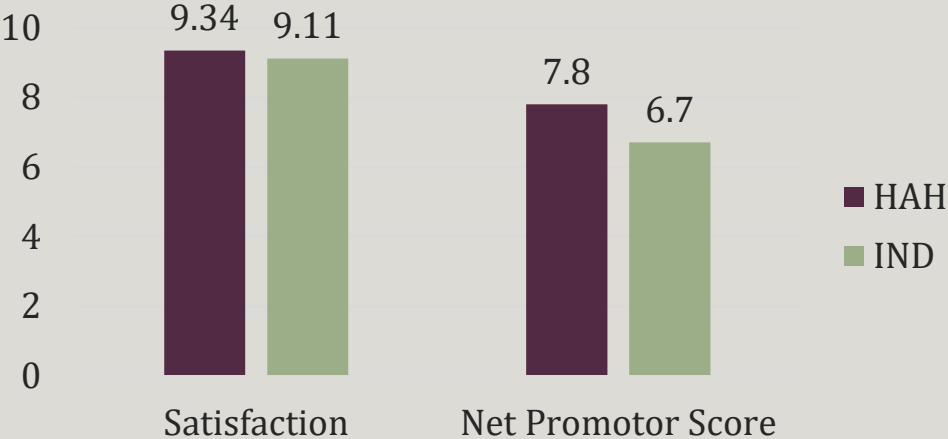
Member Satisfaction Ratings



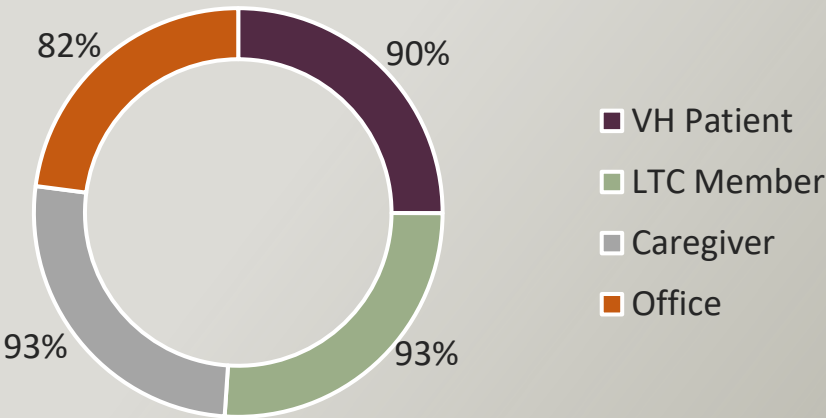
Census & Satisfaction by District



Caregiver Satisfaction Ratings



Satisfaction by Stakeholder Group





Financial Review

"Someone's sitting in the shade today because someone planted a tree a long time ago."
Warren Buffet



Financial Review

Summary



- ❖ Home Assist Health finished the year with a net income of \$265K outperforming our 2023 budget by \$207.6K.
- ❖ FY23 included American Rescue Plan (ARP) funding with 82% of the funding was provided to our direct care staff, above the 80% threshold that AHCCCS had in place.
- ❖ Service volumes ended below budget by 38k hours (8%) due to a decrease in available field staff.
- ❖ Operating expenses were above budget by \$336k due to ARP funds that were utilized to provide retention incentives, branding/marketing items, and job ads to stabilize and build our field staff census.
- ❖ Home Assist Health received additional ARP funding in FY24 which will go to direct care staff incentives and retention bonuses.
- ❖ Member Care remains our primary focus. Eighty percent of our revenue was dedicated to member-care related expenses.

Financial Review



❖ STATEMENT OF INCOME

	PYE 22	FYE 23	FY 23	FY23 Variance
	HAH - Actual	HAH - Actual	HAH - Budget	Actual - Budget
Total Revenue	9,267,728	10,024,180	9,940,994	83,186
Valleywise Loan Interest	24,000	21,000	21,000	-
Operating Expense	9,285,577	11,328,082	9,864,326	1,463,756
Total Expense	9,309,577	11,349,082	9,885,326	1,463,756
Other Income	2,270,376	1,590,041	1,920	1,588,121
Net Revenue	2,228,527	265,139	57,588	207,551

❖ STATEMENT OF INCOME: PRIMARY STATISTICS

	PYE 22	FYE 23	FY 23	FY23 Variance
	HAH - Actual	HAH - Actual	HAH - Budget	Actual - Budget
Billable hours	458,996	428,060	465,944	(37,884)
Value per hour	\$20.13	\$23.36	\$21.34	\$2.02
Expense per hour	\$20.28	\$26.51	\$21.22	\$5.29
Net Value	\$4.86	\$0.62	\$0.12	\$0.50

Financial Review



❖ STATEMENT OF FINANCIAL POSITION

Assets	<u>5,966,533</u>
Liabilities	1,643,574
Shareholder Loan	<u>600,000</u>
Equity	<u>3,722,959</u>
Liabilities and Equity	<u>5,966,533</u>

❖ STATEMENT OF CASH FLOWS

Days Cash on Hand: 162

Net Income	265,138
Adjustments	<u>(762,247)</u>
Cash from Operations	(497,108)
Cash from Investments	(58,076)
Cash from Financing	<u>(100,000)</u>
Increase in Cash for Period	(655,184)
Cash at Beginning of Period	<u>5,738,990</u>
Cash at End of Period	<u>5,083,806</u>

❖ VALLEYWISE CAPITOL LOAN PAYMENTS

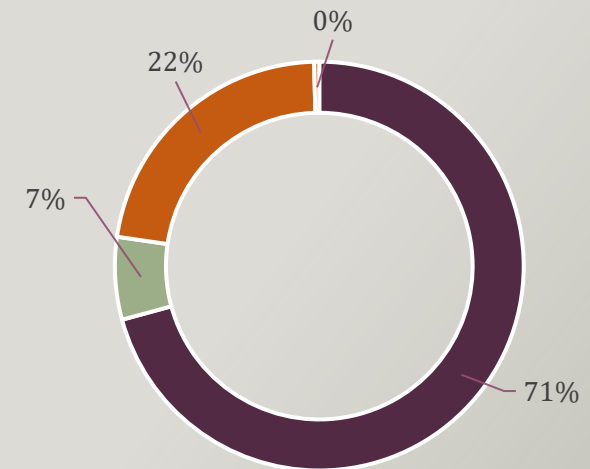
<u>Principal Payment Due</u>	<u>Principal Payment Made</u>
June 30, 2022	\$100,000 - PAID
June 30, 2023	\$100,000 - PAID
June 30, 2024	\$600,000

2024 Fiscal Year Budget

❖ BUDGET

	FY 22	FY 23	FY 24	FY23-FY24 Variance	
	Budget	Budget	Budget	Amt	%
Total Revenue	10,672,977	9,940,994	11,116,060	1,175,066	12%
Valleywise					
Loan Interest	24,000	21,000	18,000	(3,000)	-14%
Operating					
Expense	10,598,092	9,864,326	11,054,711	1,190,385	12%
Total Expenses	10,622,092	9,885,326	11,072,711	1,187,385	12%
Other Income	2,590	1,920	1,740	(180)	-9%
Net Income	50,885	57,588	45,089	(12,499)	-22%

❖ FY24 EXPENSE PERCENT TO REVENUE



■ Direct Care Worker
 ■ Training and Supervision
 ■ Admin
 ■ Margin



Strategic Plan Review

“Strategic planning is worthless – unless there is first a strategic vision.” John Naisbitt



Strategic Plan Review



STRATEGIC WORKING VISION

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

VISION COMPONENTS

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

STRATEGIC INITIATIVES		KPI	Update
➤ Differentiate and highlight services within program department.	✓	Customer satisfaction rate	93%
	✓	Earned/media placement	13 media placements
	✓	Billable hours pm/pp	EPD: 1049, DD:1,335, MyCare: 190
➤ Optimize resources for efficiency, productivity, and performance.	✓	Revenue per employee	+1% above budget/+8% better than budget
	✓	Productive time	37,884 billable hours below budget
	✓	Fiscal performance against budget	83,186 better than budget
	✓	HCM ROI	\$60k FY23 savings
➤ Modernize human capital management system to effectively recruit and retain desired workforce.	✓	Retention rate	98% annual avg
	✓	Turnover rate	10% annual avg
	✓	Caregiver satisfaction rate	93%
	✓	Office EE Satisfaction	82%
➤ Strengthen partnerships to increase reach and volume.	✓	Audience reach & publicity value	1,919,000 / \$73,000
	✓	# Interns/externs	3
	✓	Expanded partnerships.	Contexture, MCCCCD, Pipeline AZ
	✓	CHW sustainable funding	AHCCCS CPT 98960



Appendix A: Satisfaction Testimonials

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

91% Member Satisfaction

48 People Served / 56 Caregivers

“Home Assist Health has helped me stay independent.” A.B. 06.12.22

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

93% Member Satisfaction

3 People Served / 2 Caregivers

“They have provided the care needed, so I still live on my own. M.R., 09.22.23

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“They’ve been taking care of me right and doing everything right.” A.A. 01.05.23

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

85% Member Satisfaction

74 People Served / 92 Caregivers

“Home Assist Health is doing what they represent, so I love that about them. My caregiver is really sensitive about making sure that she’s being cautious when handling me or my things.” A.G. 11.23.22

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

86% Member Satisfaction

191 People Served / 253 Caregivers

“They helped the most with making sure the care she needs is provided properly and efficiently.” Member Rep, C.Y. 06.27.22



Thank you



3737 N. 7th St., Suite 203, Phoenix, Arizona 85014 • 602-795-7620 • info@homeassisthealth.org

2023

Best of Home Care

TOP

100

IN
EXPERIENCE



Home Assist
Health

ANNUAL REPORT

2023



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PRESIDENT'S NOTE

President's Note

Dear Friends,

In a year characterized by continuing challenge Home Assist Health remains vigilant and focused on meeting the moment. Inspired by the words of Alyson Schafer, "we only have this moment to influence change. Only now can we make an impact, in this very moment. Let's use that wisdom to its best potential." The strength of our communities starts with healthy people. And the role of Home Care in community health is expanding and innovation is accelerating. Home care is moving beyond the role of a post-acute provider to partnering in preventative care and maintenance care.

We are taking this moment to continue advancing care at home, improving work life satisfaction, and strengthening health independence. Fueled by our mission and the compassion of our workforce, we delivered on key initiatives and priorities.

Highlights from 2023, we:

- ❖ Cared for 470+ residents, delivered 250+ meals, and provided 428,000 hours of direct care service.
- ❖ Recipient of the distinguished 2023 Best of Home Care Top 100 Leader in Experience Award.
- ❖ Influenced AHCCCS to ensure HCBS providers have access to CHW funding.
- ❖ Advocated for the CPT 98960 code CMS approved for CHW Medicaid funding in Arizona.
- ❖ Launched our Compassion In Action series spotlighting our care professionals. [C.I.A. Sam Molla](#)
- ❖ Launched, through our MCCCDC partnership, our CHW internship/externship program.
- ❖ Celebrated 29 Valleywise Health patient graduates from our MyCare (CHW) Program.

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

With sincere gratitude,

Sara Wilson
President and CEO
September 28, 2023

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

ABOUT HOME ASSIST HEALTH

About Home Assist Health

OVERVIEW

Home Assist Health prides itself on being agile and responsive to the changing needs of our community. Through purposeful partnerships, we pursue initiatives that improve care at home for those aging and recovering in place. Our deep roots anchor us as we meet today's challenges offering support to those in need.

Home Assist Health runs one Arizona's earliest home and community-based programs. Operating for approximately 20 years under Valleywise Health (formerly known as Maricopa Integrated Health System) as *"Complete Comfort Care"* and before that, *"Attendant Care Services."*

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



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



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



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



Compassion in Action.

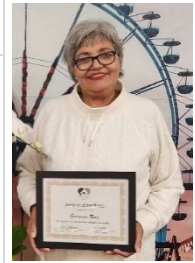
HOME CARE HEROES

Home Care Heroes

Caring through adversity is what our home care professionals do every day. For them, it is NOT “just another day on the job,” because they know the difference the make and to the people they care for, they are heroes. Their work exemplifies resiliency and perseverance at their finest. We are proud to highlight some of the wonderful stories of our home care heroes putting compassion into action.

Georgina Ruiz, Caregiver of the Month, November
2022-2023 Outstanding Person-First Approach Award Recipient

Georgina has been with Home Assist Health since February of 2018. She originally became a caregiver because of an ill family member and has gone on to care for many others. Georgina cares for those with varied needs including those requiring total care. In team spirit and to ensure quality care Georgina prepares the home for the next caregiver such as leaving notes and reminders. Georgina loves her job because she likes to help people and share her compassion.



Enelida Borja, Caregiver of the Month, June
2022-2023 Outstanding Service Excellence Award Recipient

Enelida has been with Home Assist Health since November 2019. Enelida's caregiving career began when she became the Direct Support Professional for her son who is living with a developmental disability. Enelida's devotion to family has inspired many. She seeks to understand and adhere to policies and procedures ensuring nothing sets her back in supporting her son. She has earned a reputation for performing with outstanding quality and compliance.



Angie Roldan, Associate Director of HCBS, Q4 C.I.A Awardee
2022-2023 Outstanding Team Partnership Award Recipient

From the moment of hire, Angie has gone above and beyond to support her team. Angie navigates difficult situations with ease and calm. Without hesitation she will roll up her sleeves and act. From providing direct care coverage for members and covering shifts for office staff to ensuring audit deadlines are met. Angie also puts her compassion in action by routinely sending messages and doing thoughtful gestures to ensure all team members feel seen, heard, and important. Angie has become known as the “Wind Beneath our Wings.”



Francisca Alanis, Caregiver of the Month, February
2022-2023 Outstanding Leadership Award Recipient

Francisca has been with Home Assist Health since January of 2022. Francisca was nominated for her unyielding compassion for all people. Recently while at a member's house, she pressed an issue about our member's son who had a foot injury but did not want to have it looked at by a medical professional. Because of Francisca's persistence in the matter the son eventually received medical attention, and unfortunately had to have his leg amputated, which possibly saved his life due to such a severe infection. Even though the son is not the one who is signed up to receive our services, Francisca still showed compassion for him, embodying the true meaning of Compassion In Action.



HOME AND COMMUNITY BASED SERVICES

Home and Community Based Services

OVERVIEW

Arizona's Long Term Care System (ALTCS) was implemented on Dec. 19, 1988, for people with developmental disabilities. Then, on January 1, 1989 for those who are elderly or physically disabled. ALTCS Home and Community Based Services provides financially and medically eligible beneficiaries an alternative to institutionalized settings preserving the right to independence and keeping families and friends together.

Aging and recovering at home has always been the preferred choice. Studies consistently show that 90% of American's 65+ want to age in place and 80% of adults with intellectual and developmental disabilities are living at home with family.

Home Assist Health is proud to be a long-time provider for children and adults who choose home for their long-term care needs. Our services include personal care services, habilitative services, respite care, and companionship.

We are excited about our newest HCBS offering, Community Health Worker. Home Assist Health was instrumental in designing the service model, securing the bill code, and ensuring access to funding for HCBS providers. With recent CMS approval of this service in our State's Medicaid waiver, we will help more people improve their health independence while remaining in their preferred location, Home.

"The role of Home Care in community health is expanding and innovation is accelerating. We are excited to be part of the journey." Sara Wilson.



Division of Developmental Disability
Home Assist Health Member

At 5 yrs old, Ruby suffered a seizure. After 3mos in the hospital she was diagnosed with a severe form of Epilepsy. Through Home Care services, Collett (mom) is getting the support and services she needs to keep her daughter with her and safe at home.



Elderly and Physically Disabled Beneficiary
Home Assist Health Member.

Doris bought her home when she was just 16 years old. Today, more than 70 years later her wish is to remain at home until her final breath. Her daughter, Synthia, and their entire family are helping her fulfill that wish safely with the help of Home Care Services.

MYCARE - A COMMUNITY HEALTH WORK PROGRAM

MyCare - A Community Health Work Program



OVERVIEW

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

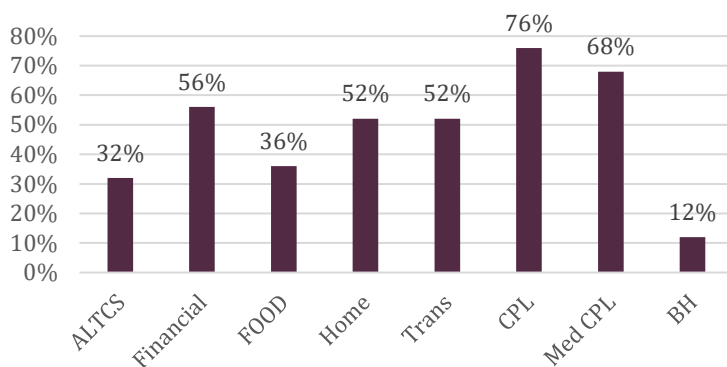
Community Health Workers are frontline public health professionals who are trusted members of the community. This trusting relationship enables the worker to work with patients to improve healthy habits and serve as a link for the patient between health, social services, and community resources.

Scope of Services include:	Measure Domains	Indicators
<ul style="list-style-type: none"> ➤ Health system navigation, resource coordination ➤ Health promotion and coaching ➤ Culturally appropriate education ➤ Direct care and social support ➤ Assessments and outreach 	1. Health System Utilization	<ul style="list-style-type: none"> • ED Occurrences • Hospitalization • Appointment Attendance
	2. Personal Health Impact	<ul style="list-style-type: none"> • Disease Vitals
	3. SDoH	<ul style="list-style-type: none"> • Resource Engagement
	4. Quality Impact	<ul style="list-style-type: none"> • Personal Goals • Satisfaction Rating

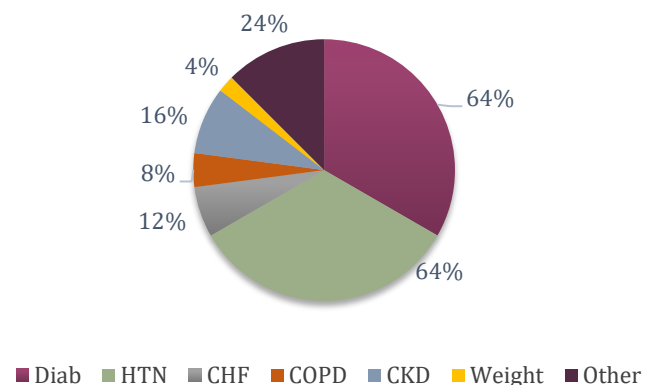
COMMUNITY HEALTH WORKER: VALLEYWISE HEALTH CENTERS

OUTCOME DASHBOARD		
Target Demographic		
High Risk Patients with Multiple Chronic Conditions.		
	FY 22 Statistics	FY 23 Statistics
Patients Served	66	25
Admission: <i>Measured by 6mo Before to After Start of Care (SOC)</i>	32% BSOC / 11% ASOC 66% decrease	68% BSOC / 16% ASOC 76% decrease
ED Encounters: <i>Measured by 6mo Before to After Start of Care (SOC)</i>	86% BSOC / 17% ASOC 80% decrease	72% BSOC / 32% ASOC 56% decrease

SDOH Intervention Targets



Patient Disease Type Percentages



MYCARE - A COMMUNITY HEALTH WORK PROGRAM

PROMOTORA: VALLEYWISE FEDERALLY QUALIFIED HEALTH CENTERS

OUTCOME DASHBOARD (FY 2023)

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

Patients Served: 46

	Before Start of Care	After Start of Care	Variance
Average A1c	8.7	8.3	5% Improved
Admission (6mos B/A):	57% (26 Admit)	26.1% (12 Admit)	54% Decrease
ED Encounters (6mos B/A):	79% (36 ED)	41% (19 ED)	47% Decrease

PROMOTORA: FOOD AS MEDICINE PROJECT

OUTCOME DASHBOARD (FY 2023)

Target Demographic: Spanish Speaking Patients with Diabetes and Food Insecurity.

Patients Served 1:1: 3

	Before Start of Care	After Start of Care
Average A1c	14.7	10.8
Admission (6mos B/A):	33% (1 Admit)	0% (0 Admits)
ED Encounters (6mos B/A):	67% (2 ED)	133% (4 ED)
CHW Food Truck Attendance	22 Days	-
Food Deliveries	253 deliveries (16 unique Pts)	-

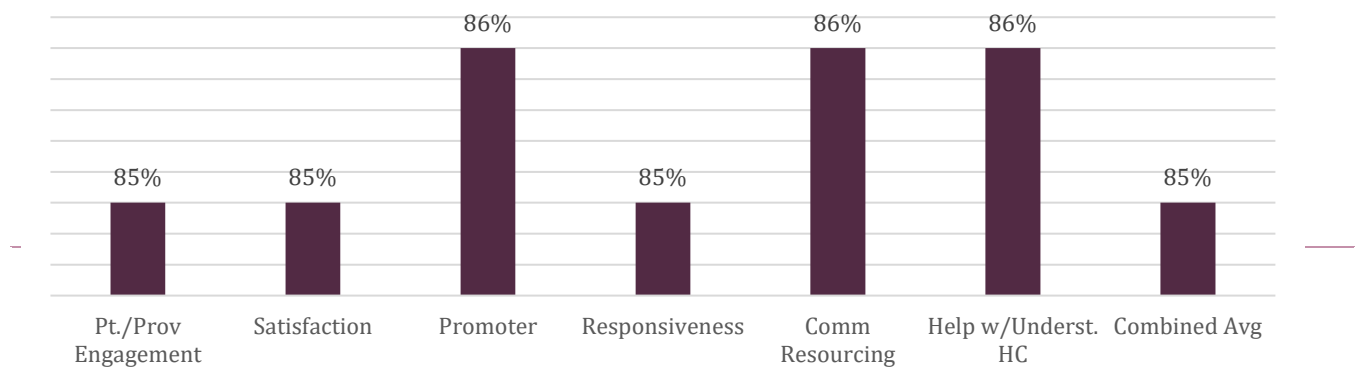
MYCARE SATISFACTION REVIEWS

QUOTES FROM MYCARE GRADUATES

"My worker has been very helpful to me. She has assisted me with services I did not know about. I would like to continue the program if it ever starts again."

"Tiffany was really nice to me. She helped me a lot and my family. I liked this program and would like to be in this again."

FY23 VW Patient Satisfaction Scores



OUR PEOPLE AND OUR PERFORMANCE

Our People and Our Performance

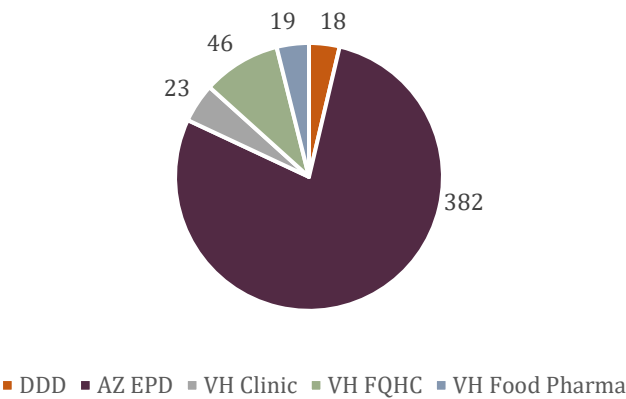
OVERVIEW

Demand for home care is on the rise with 10,000 baby boomers turning 65 every day. Seventy percent of these individuals will need some form of assistance with daily activities. MarketResearch.com cited the top reasons for labor losses as: COVID-19, retirement, work exits to care for a loved one, and mental health. These four reasons challenge our business and mission directly and indirectly. We have prioritized our services and our employment practices to address these challenges.

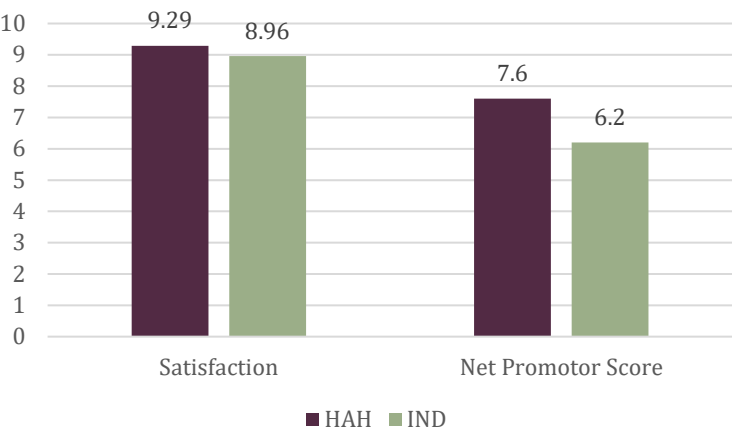
THE PEOPLE WE SERVE

Throughout the Fiscal Year we provided more than 420,000 hours of service to 488 Arizonans in the comfort of their own home. Person centeredness is the theme of all our programs to ensure Demathat we meet the unique needs and preferences of each person we care for.

FY-23 People Served
Total - 488



Quality Indicator
Member Satisfaction Ratings



OUR PEOPLE AND OUR PERFORMANCE

OUR COMPETATIVE ADVANTAGE: PEOPLE

Our employees are our most valuable resource. We aligned HR and business strategies to promote professional development, well-being, and engagement.

- ❖ **Skyline Highschool of Mesa**, in partnership with Skyline we are offering Direct Care Worker internships to eligible students.
- ❖ **Maricopa County Community College District**, in partnership with MCCCDC we are connecting employees with free educational opportunities such as Community Health Worker certification and providing internship and externship opportunities.
- ❖ **Mentorship Programs:** We launched a mentorship program for office employees and direct care workers. These mentorships are focused on job related skill development and performance excellence.
- ❖ **Team Building and Coaching:** In November we hosted our first Caregiver Appreciation Carnival with rave reviews. In the winter, 6 office employees participated in a 6 week management training class. And in the spring, we launched our first office team builder at a Diamondbacks game.

FYE22 EMPLOYEE CENSUS

Direct Care Workers	335
Program Employees	11
Administrative Employees	16

RECRUITING AND RETENTION STATISTICS

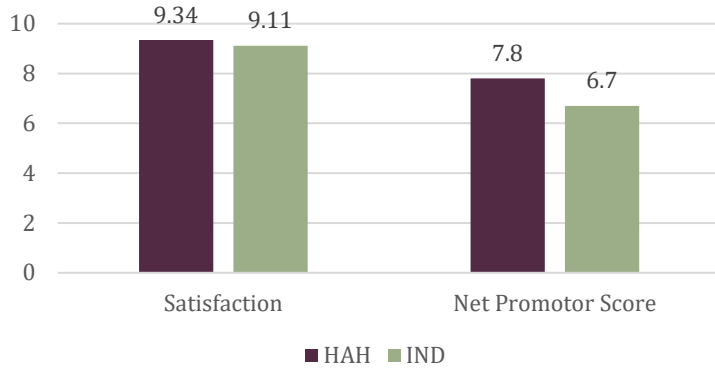
	FY22	FY23	Industry
Net Hire Ratio	-2	34	
Retention Rate	77%	98%	
Turnover Rate	38%	10%	65%



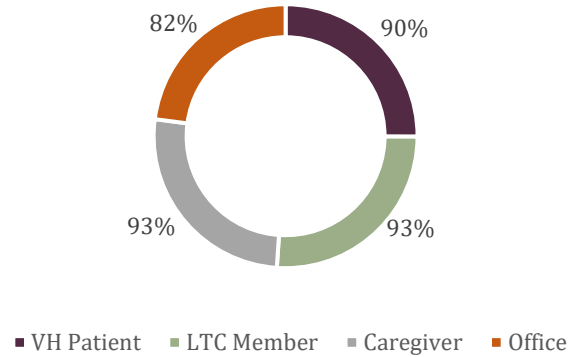
OUR PEOPLE AND OUR PERFORMANCE

SATSIFACTION MANAGEMENT

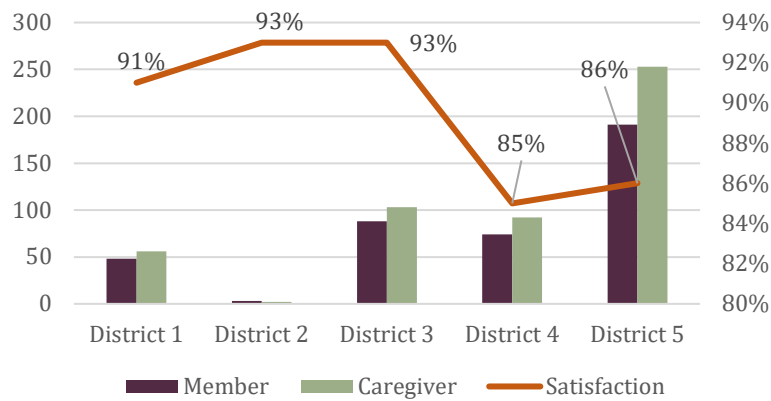
Quality Indicator:
Caregiver Satisfaction Ratings



Satisfaction by Stakeholder Group



Census & Satisfaction By Healthcare District



OUR PEOPLE AND OUR PERFORMANCE

SPOTLIGHTING HOME CARE

Channel 3, Home Assist Health, Caregiver Crisis, August 21, 2022: Sara Wilson and Kylee Cruz (four-minute interview)
<https://www.youtube.com/watch?v=T5mJdnwRjE0>

AZ Family.com website story – Caregiver Crisis

Daily Independent, Caregivers Need Better Compensation, September 2022: Mesa, Glendale, Goodyear, Buckeye, Sun City
<https://www.yourvalley.net/stories/experts-caregivers-industry-needs-better-compensation-for-growth,328304>

Benziga, Checking in on Seniors Over the Holidays, December 2022:
<https://www.benzinga.com/pressreleases/22/12/29996902/home-assist-health-10-signs-senior-relative-may-need-in-home-care>

3TV: Tips for Tough Conversations on Advanced Care Planning, Jan 5: Sara Wilson and Scott Passmore
https://www.youtube.com/watch?v=_Ocz-HNrxc

Channel 3 Good Morning AZ – Advanced Care planning, March 6: Sara Wilson and Kylee Cruz
https://www.youtube.com/watch?v=LcjoE_J5Jx8

Fox 10: Homecare hiring and retention Interview, March 26: with Sara Wilson, Zane Freeman and Anita Roman
<https://www.youtube.com/watch?v=FbNx402P6fY>
<https://www.facebook.com/watch/?v=8925634904175384>

AZ Big Media Podcast, State of the home care industry, June 15: Sara Wilson,
<https://azbigmedia.com/blogs/az-big-podcast-sara-wilson-of-home-assist-health-talks-home-health-care/>

Money Radio Interview: Sara Wilson, on “Health Futures, Taking Stock in You” radio show with Bob Roth discussing home care and aging in place, August 4:
<https://cypreshomecare.com/2023/08/07/transforming-home-care-innovations-and-empowerment-in-the-age-of-accountability/>



FINANCIAL REVIEW

Financial Review

Home Assist Health finished the year with a Net Income of \$265K outperforming our 2023 budget by \$207.6K.

- ❖ This fiscal year included American Rescue Plan (ARP) funding that was received towards the end of FY22 but the bulk of the funds were utilized during FY23. 82% of the funding received was provided to our direct care staff, above the 80% threshold that AHCCCS had in place.
- ❖ A second round of ARP funds were received starting in May 2023 that will be utilized at the end of FY23 and through the first 6 months of FY24.
- ❖ Service volumes ended below budget by 38k hours (8%) due to a decrease in available direct care staff.
- ❖ Operating Expenses were above budget by \$336k due to ARP funds that were utilized to provide retention incentives, branding/marketing items, and job ads to stabilize and build our direct care workforce.
- ❖ Home Assist Health received additional ARP funding in FY24 which will go to direct care staff incentives and retention bonuses.
- ❖ Member Care remains our primary focus. Eighty percent of our revenue was dedicated to member-care related expenses.

2023 FISCAL YEAR FINANCIAL STATEMENTS

2023 Fiscal Year Financial Statements

STATEMENT OF FINANCIAL POSITION

Assets	<u>5,966,533</u>
Liabilities	1,643,574
Shareholder Loan	<u>600,000</u>
Equity	<u>3,722,959</u>
Liabilities and Equity	<u>5,966,533</u>

STATEMENT OF INCOME

	PYE 22 HAH - Actual	FYE 23 HAH - Actual	FY 23 HAH - Budget	FY23 Variance Actual - Budget
Total Revenue	9,267,728	10,024,180	9,940,994	83,186
Valleywise Loan Interest	24,000	21,000	21,000	-
Operating Expense	9,285,577	11,328,082	9,864,326	1,463,756
Total Expense	9,309,577	11,349,082	9,885,326	1,463,756
Other Income	2,270,376	1,590,041	1,920	1,588,121
Net Revenue	2,228,527	265,139	57,588	207,551

STATEMENT OF INCOME: PRIMARY STATISTICS

	PYE 22 HAH - Actual	FYE 23 HAH - Actual	FY 23 HAH - Budget	FY23 Variance Actual - Budget
Billable hours	458,996	428,060	465,944	(37,884)
Value per hour	\$20.13	\$23.36	\$21.34	\$2.02
Expense per hour	\$20.28	\$26.51	\$21.22	\$5.29
Net Value	\$4.86	\$0.62	\$0.12	\$0.50

STATEMENT OF CASH FLOWS

Days Cash on Hand: 162	
Net Income	265,138
Adjustments	<u>(762,247)</u>
Cash from Operations	(497,108)
Cash from Investments	(58,076)
Cash from Financing	<u>(100,000)</u>
Increase in Cash for Period	(655,184)
Cash at Beginning of Period	5,738,990
Cash at End of Period	<u>5,083,806</u>

VALLEYWISE CAPITOL LOAN PAYMENT SCHEDULE

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

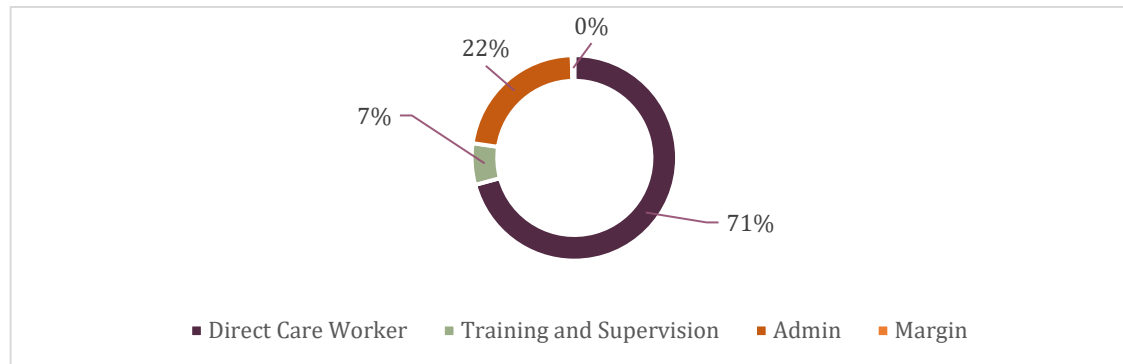
2024 FISCAL YEAR BUDGET

2024 Fiscal Year Budget

BUDGET

	FY 22 Budget	FY 23 Budget	FY 24 Budget	FY23-FY24 Variance	
				Amt	%
Total Revenue	10,672,977	9,940,994	11,116,060	1,175,066	12%
Valleywise Loan Interest	24,000	21,000	18,000	(3,000)	-14%
Operating Expense	10,598,092	9,864,326	11,054,711	1,190,385	12%
Total Expenses	10,622,092	9,885,326	11,072,711	1,187,385	12%
Other Income	2,590	1,920	1,740	(180)	-9%
Net Income	50,885	57,588	45,089	(12,499)	-22%

BUDGET: PERCENT EXPENSE TO REVENUE



BUDGET GENERAL ASSUMPTIONS

- ❖ Home Assist Health's financial records are maintained using the accrual method of accounting in accordance with Generally Accepted Accounting Principles. The revenue and expense projections are prepared using the accrual method of accounting.
- ❖ Historic and current year (FY 2023) financial data was used as a basis for preparing the budget for fiscal year 2024.
- ❖ Service revenue is budgeted by identifying the current trend of billable hours and increased slightly overall for the fiscal year.
- ❖ Our DCW wage rate was increased to \$15.15/hr effective January 1st based on the state minimum wage increase. With the minimum wage predicted to increase slightly January 1st, 2024 we budgeted an increase to \$16.00/hr. There is an increase to our revenue rate starting in October 2023 due to the Differential Adjustment Payment (DAP) being received from AHCCCS.

STRATEGIC PLAN REVIEW

Strategic Plan Review

OVERVIEW

Home Assist Health's current strategic plan was drafted in 2020. Leadership monitors initiatives and goal progress for alignment with business conditions and opportunity. Quarterly reports are presented to Home Assist Health's board of directors and annual updates are shared with the Special Health Care District Board. This current report showcased the great work and outcomes of Home Assist Health this past year. We look forward to many more successes in FY2024.

SCORE BOARD

STRATEGIC WORKING VISION

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

VISION COMPONENTS

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

KPI

Update

➤ Differentiate and highlight services within program department.	<ul style="list-style-type: none"> ✓ Customer satisfaction rate ✓ Earned/media placement ✓ Billable hours pm/pp 	93% 13 media placements EPD: 1049, DD:1,335, MyCare: 190
➤ Optimize resources for efficiency, productivity, and performance.	<ul style="list-style-type: none"> ✓ Revenue per employee ✓ Productive time ✓ Fiscal performance against budget ✓ HCM ROI 	+1% above budget/+8% better than budget 37,884 billable hours below budget 83,186 better than budget \$60k FY23 savings
➤ Modernize human capital management system to effectively recruit and retain desired workforce.	<ul style="list-style-type: none"> ✓ Retention rate ✓ Turnover rate ✓ Caregiver satisfaction rate ✓ Office EE Satisfaction 	98% annual avg 10% annual avg 93% 82%
➤ Strengthen partnerships to increase reach and volume.	<ul style="list-style-type: none"> ✓ Audience reach & publicity value ✓ # Interns/externs ✓ Expanded partnerships. ✓ CHW sustainable funding 	1,919,000 / \$73,000 3 Contexture, MCCCCD, Pipeline AZ AHCCCS CPT 98960

APPENDIX A – SATISFACTION TESTIMONIALS

Appendix A – Satisfaction Testimonials

MEMBER SATISFACTION AND TESTIMONIALS - BY DISTRICT

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

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48 People Served / 56 Caregivers

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Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 4.

Valleywise Community Health
Centers Governing Council's
Annual Report

Governing Council Report to the Board

Dr. Michelle Barker, Sr VP Ambulatory
Services and CEO FQHC

Scott Jacobson, Governing Council Chair

September 28, 2023

Purpose

The Co-applicant Operational Arrangement between the Maricopa County Special Health Care District Board and the Valleywise Community Health Centers Governing Council (VCHCGC) requires a review of Federally Qualified Health Centers (FQHC) Clinics' performance.

On behalf of the Valleywise Community Health Centers Governing Council, this summation of FQHC Clinic performance for July 1, 2022 – June 30, 2023, reflects the VCHCGC's oversight and management of Operations, Quality, and Finances for Health Resources and Services Administration (HRSA) H80CS33644: MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT FQHC Clinics.

FY 2023 – A Year of Transition

FY2023 ushered in a new CEO, welcomed new council members, and aligned FQHC strategies with community needs. The new CEO and Council Chair have brought renewed focus to Governing Council membership with more patients serving on the council than any time in its history. Council members are engaged, active, and participating in meaningful discussion on how to best serve our community. Council members are providing guidance to the FQHCs in areas such as community needs, strategic planning, quality improvement, and Council recruitment. Although 7 of the 9 current council members are new, all have participated in orientation, boot camps, and mentor programs to ensure they are prepared to serve our community with knowledgeable representation.

Challenges and Accomplishments

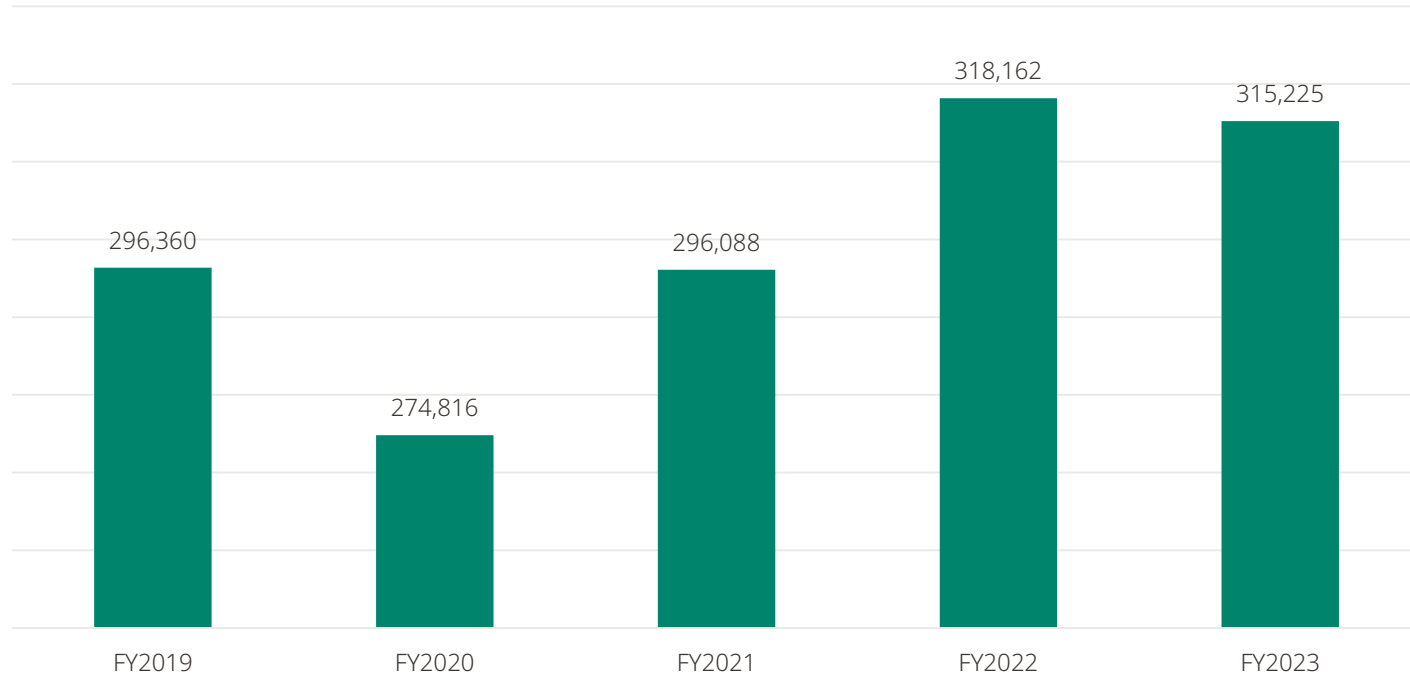
- Provider Shortages
- Workforce Shortages
- Staff Transition/Burnout
- Diminished Resources
- Tapi Awards
- Patient Access Improvements
- Increased Patient Experience Scores
- Employee Engagement
- Governing Council

FY 2023 – A Look Back

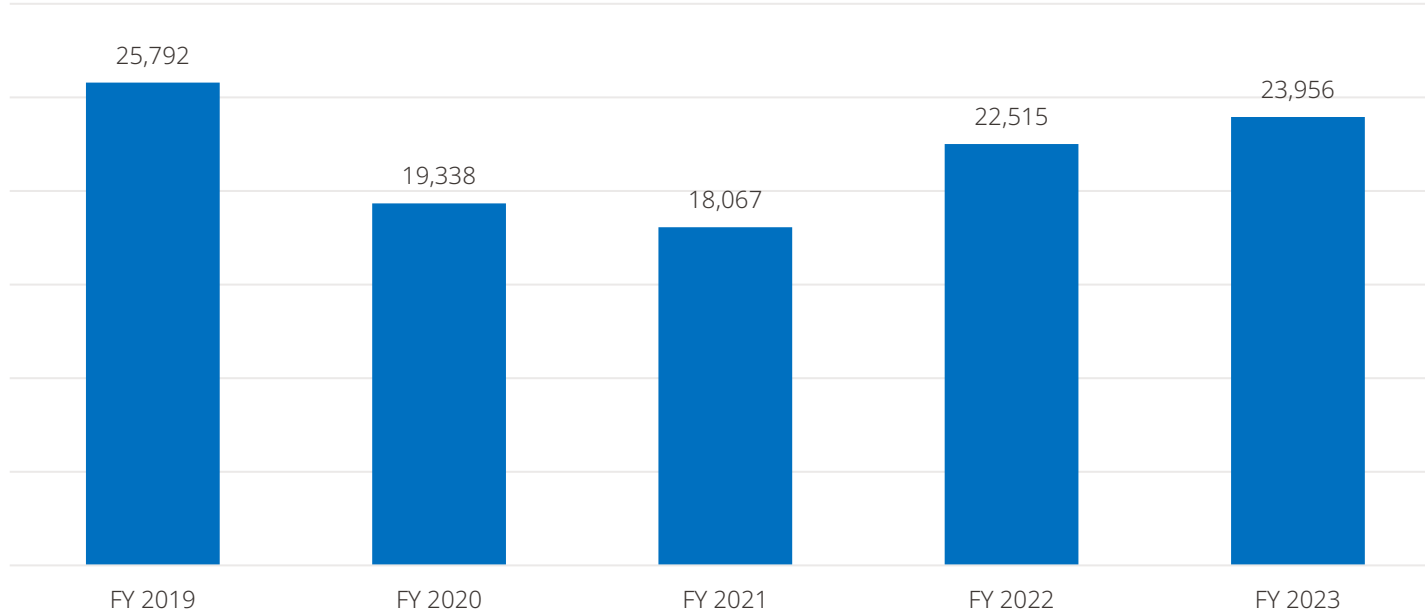
YOY Comparison to Phoenix Area FQHCs

Unique Unduplicated Patients Year Over Year- Phoenix FQHCs						
Health Center Name	2022	2021	2020	2019	2018	2017
Adelante Healthcare Inc.	80,325	82,403	75,499	75,218	67,059	62,113
Circle the City	7,437	8,267	7,699	6,502	6,121	4,033
Maricopa County Special Health District	87,875	83,659	78,554	87,378	89,727	90,661
Mountain Park Health Center	99,276	92,067	85,476	87,258	85,945	86,678
Native American Community Health Center, Inc.	9,528	9,626	9,885	10,276	8,767	7,621
Neighborhood Outreach Access to Health (NOAH)	47,431	45,440	37,921	36,948	30,400	23,486
Terros, Inc.	23,934	25,125	24,719	3,881	LAL	LAL
Valle Del Sol, Inc.	9,429	9,863	6,777	4,518	2,568	1,289
Wesley Community Center, Inc.	6,892	6,636	6,381	7,019	6,696	6,889

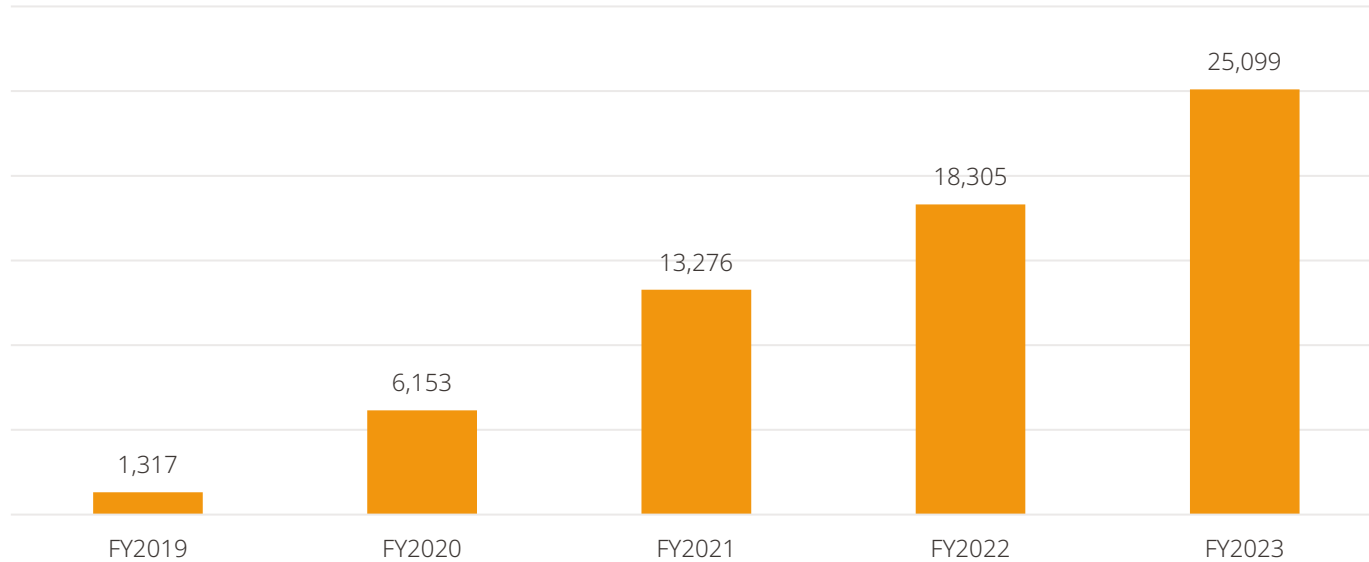
Clinic Total Visits FY 2023



Dental Total Visits FY 2023



Integrated Behavioral Health Total Visits FY 2023

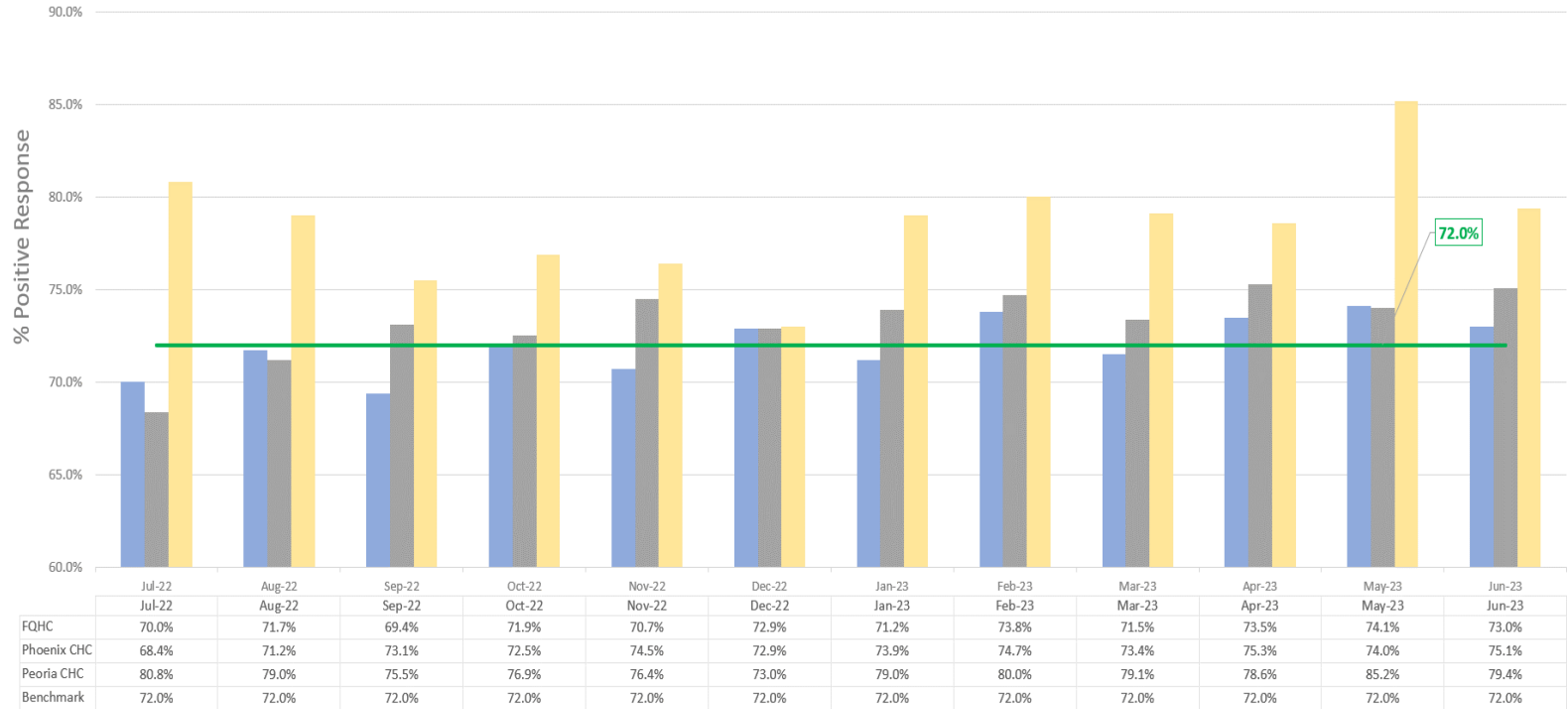


Valleywise Health FQHC Awardee Program Data - UDS Comparison - Calendar Year 2022

Quality Measures/Objectives	Healthy People 2030 Objective Target Goal	Valleywise Health FQHC Awardee	Adjusted Quartile Ranking 2022**	FQHC State Awardee	FQHC National Awardee
Maternal Care and Children's Health					
Early Entry into Prenatal Care (first visit in first trimester)	80.5%	63.45%	4	72.38%	71.99%
Low Birth Weight	N/A (Objective not equivalent to UDS Quality of Care Measure)	7.83%	2	6.99%	8.43%
Childhood Immunization Status	N/A (Objective not equivalent to UDS Quality of Care Measure)	9.40%	4	25.90%	33.23%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	N/A (Objective not equivalent to UDS Quality of Care Measure)	78.55%	2	73.69%	69.81%
Dental Sealants for Children between 6-9 Years	42.5%	42.40%	3	58.31%	58.39%
Screening and Prevention Care					
Breast Cancer Screening	80.5%	59.89%	1	54.24%	50.28%
Cervical Cancer Screening	84.3%	53.62%	2	47.75%	53.99%
Colorectal Cancer Screening	74.4%	51.39%	1	41.49%	42.82%
HIV Screening	N/A (Objective not equivalent to UDS Quality of Care Measure)	63.40%	1	41.80%	43.82%
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	13.5%	54.67%	4	76.00%	70.02%
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up Plan	N/A (Objective not equivalent to UDS Quality of Care Measure)	66.13%	2	60.17%	61.04%
Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	N/A (Objective not equivalent to UDS Quality of Care Measure)	88.88%	2	85.83%	84.60%
Chronic Disease Management					
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	11.6%	30.28%	3	32.49%	30.42%
Controlling High Blood Pressure	N/A (Objective not equivalent to UDS Quality of Care Measure)	53.68%	4	61.63%	63.40%
Depression Remission at Twelve Months	N/A (Objective not equivalent to UDS Quality of Care Measure)	0.00%	4	6.26%	13.64%
HIV Linkage to Care	95.0%	93.33%	not reported	84.00%	82.20%
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	N/A (Objective not equivalent to UDS Quality of Care Measure)	75.07%	3	71.77%	76.83%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A (Objective not equivalent to UDS Quality of Care Measure)	71.68%	4	73.68%	76.07%

Overview of Phoenix CHC, Peoria CHC, and FQHC

NPS: Facility Would Recommend
Rolling 12 Months
July 2022-June 2023



FQHC Phoenix CHC Peoria CHC Benchmark

Governing Council Dashboard – July 2023

FQHC Measures

Access

Average of
Appointment Fill
Rates MTD



91.20%

Third Available
Appointment



New Patient 28
Establish Patient 17

No Show Rate MTD



16.60%

Referrals Ready
to Book in ≤ 3
Days by
Percentage



94.2%

Patient Satisfaction

Net Promoter Score (Month)



73.40%

Quality

Quality measures at or Above Target YTD

Meet or Exceeding Target Goal	61.54%
Within 10% of the Target Goal	38.46%
>10% Outside target Goal	0%

Productivity

% Variance of
Budget YTD



-4.0%

% Variance of
Visits YTD



-2.90%

FY 2024 – A Look Ahead

Long-Term Focus

CHNA (2023-2025)

- Diabetes
- Heart Disease
- Hypertension
- Obesity/Overweight
- Substance Use
- Mental Health

Strategic Plan (2024-2026)

- Aligned with CHNA
- Patient Experience
- Quality Metrics
- SDOH
- Workforce Development

Priorities for 2024

- Patient Access – Fill Rates, Referrals, Web-Based Scheduling, Team-Based Care, Telehealth, Expanded Hours, Walk-In Clinics, Mobile Health
- Accountability – Provider Productivity Metrics, Clinic Dashboards, GC Dashboards
- Community Engagement – Partnerships, Recruitment, Best Practices

Immediate Priorities

- Employee and Provider Satisfaction – Creating a Culture of Service and Joy at Work
- HRSA Operational Site Visit – November 7-9, 2023
- Leadership Development



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 5.

Financial and Statistical
Information

August 2023



Financial and Statistical Information

for the month ending
August 31, 2023



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Income Statement indicators - MTD & YTD	23
Financial highlights - detail	27
Health plan sale proceeds (net)	34



Financial Highlights – August 2023

Patient Activity

Total admissions in August were 8.0% below budget and 5.4% lower than August of last year. Inpatient acute admissions for the month were 9.6% below budget and 8.5% lower than last August 2022. Behavioral health admissions were 3.4% below budget for the month and 4.2% higher than last August 2022. Emergency department visits were 2.7% over budget for the month and 1.7% higher than last August 2022. Ambulatory visits were 6.0% over budget for the month and 1.8% lower than last August 2022.

Operating Revenue

Net patient service revenues were 1.2% below budget for the month and were right on budget on a year-to-date basis. Other revenues were 9.0% over budget for the month, primarily in revenues related to sales at retail pharmacies, and the 340(b) program revenues. Overall total operating revenues were 1.0% over budget primarily in other revenues.

Operating Expense

Total operating expenses were 1.7% over budget for August. Labor expense, which includes salaries, benefits, and contract labor, were 0.3% below budget for the month, primarily in contract labor and benefits. Majority of negative variances were in overtime within the acute nursing areas, and the corresponding taxes and ASRS costs associated with it. Net medical service fees were 7.3% below budget for the month primarily in collections and changes to the contract. Supplies were 20.1% over budget primarily in pharmaceuticals, blood & plasma, and surgery related medical supplies. Purchased services were 3.5% below budget primarily in outside laboratory services, professional and other outside services. Lastly, all other expenses excluding depreciation were 10.6% over budget for the month primarily in patient transport services, medical equipment rental, building R&M and risk management related expenses.

Non-Operating Revenue (Expense) – In total, net non-operating revenues and expenses were 2.3% below budget for the month of August, primarily in non-capital related grant revenues.



Cash and Cash Equivalents (including investments)

	<u>August 2023</u>	<u>June 2023</u>
Operating / General Fund	\$202.3M	\$241.9M
Bond related – Restricted	<u>111.3M</u>	<u>166.5M</u>
Total cash and cash equivalents (including investments)	\$313.6M	\$408.4M

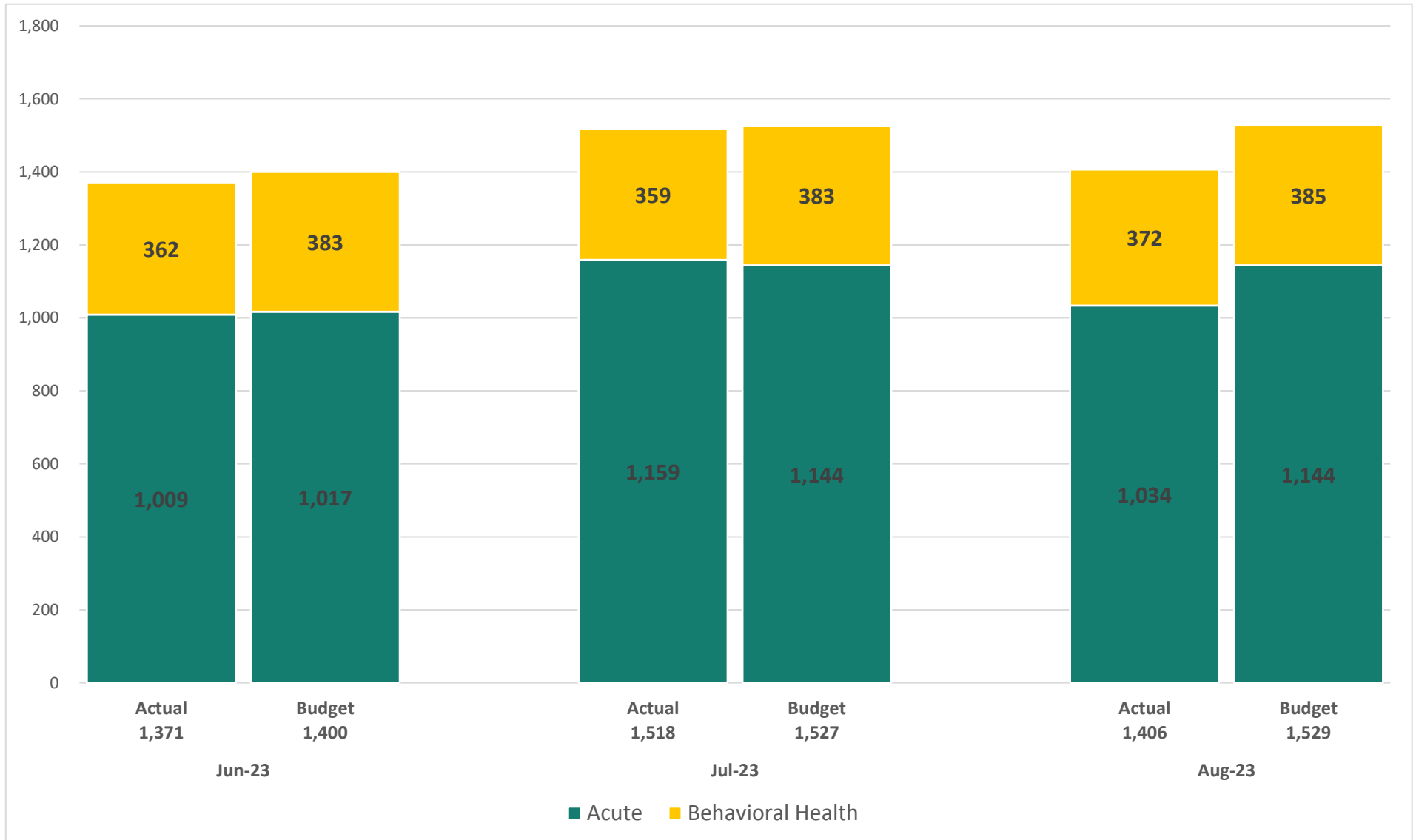
Select Ratios

		FY2024 YTD Actual	FY2024 Budget
Liquidity			
	Days cash on hand (unrestricted)	90.7	94.9
	Days in Accounts Receivable	63.9	60.0
	Current Ratio (excludes Bond funds)	2.3	1.8

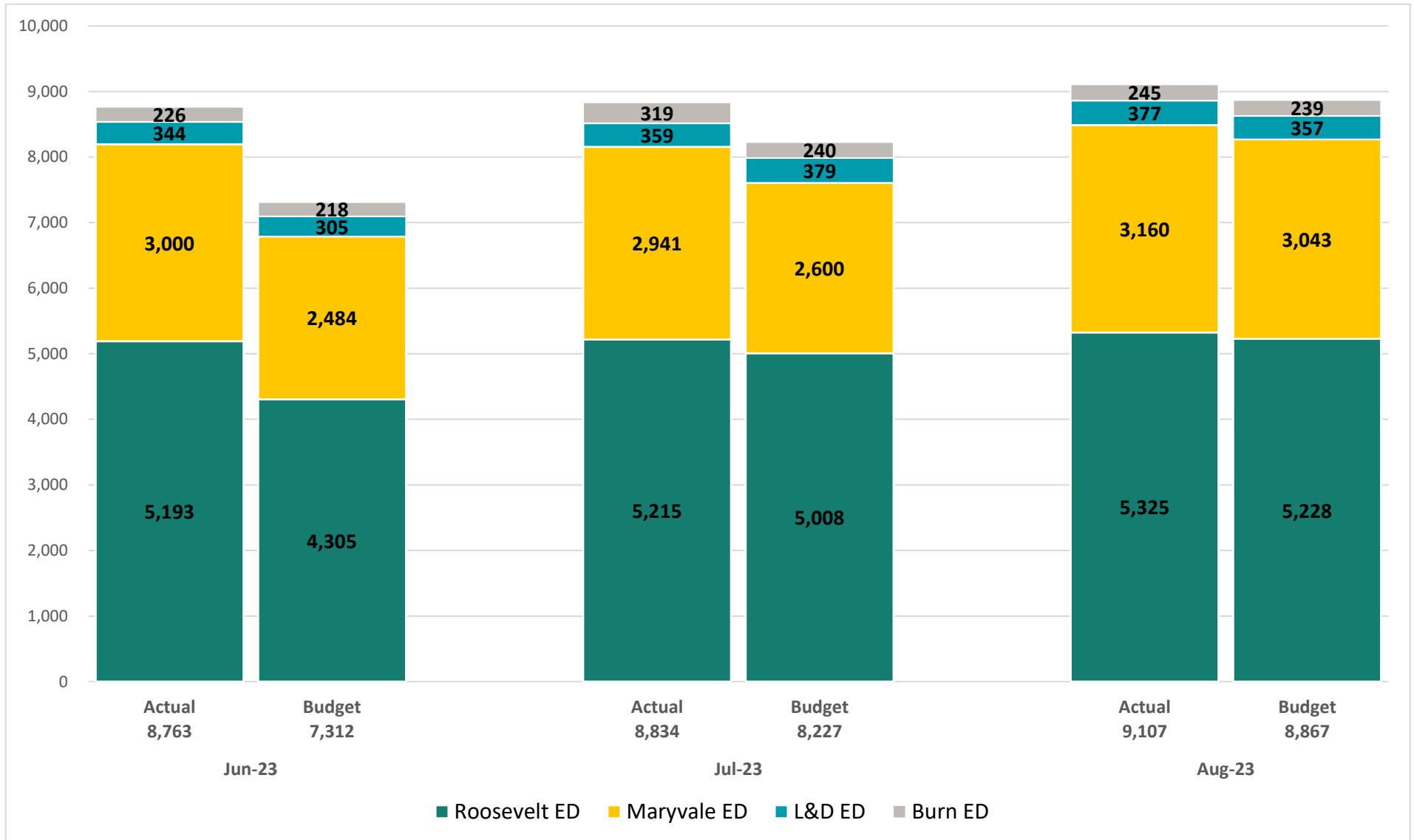
		FY2024	
		YTD Actual	YTD Budget
Profitability			
	Operating Margin (%)	(22.2)	(21.7)
	Excess Margin – normalized (%)	(8.1)	(6.2)
Productivity			
	FTE/AOB w/o Residents	4.13	4.20

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

FY 2023 - FY 2024 Admissions



FY 2023 - FY 2024 Emergency Department Visits

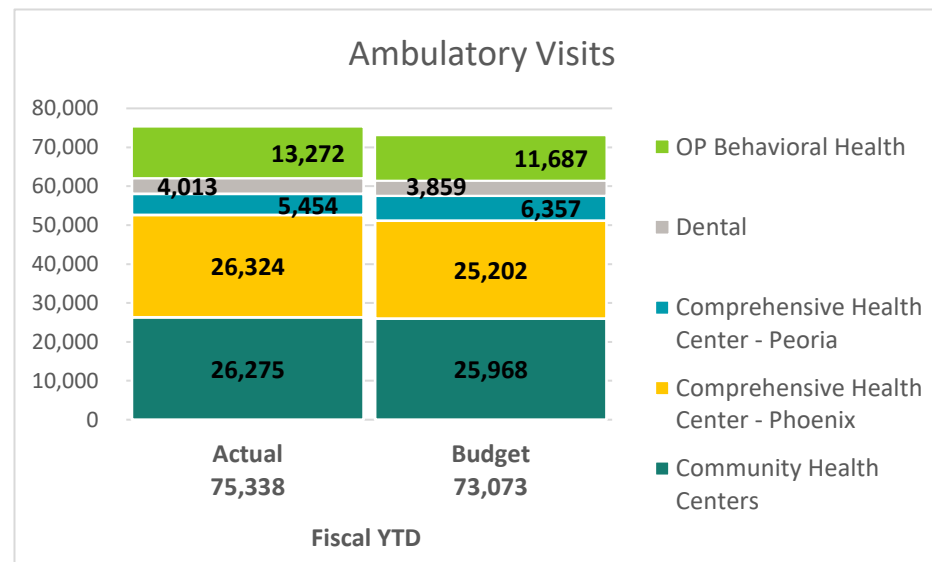
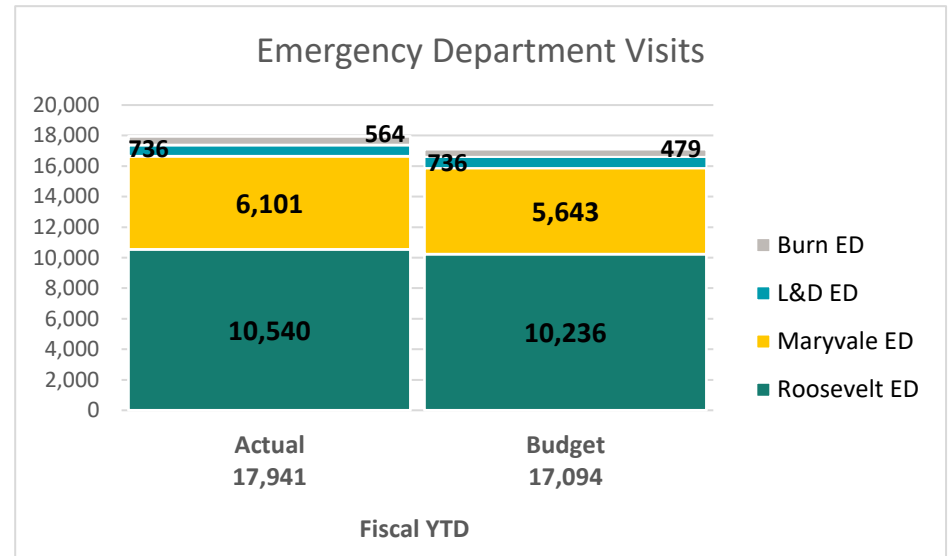
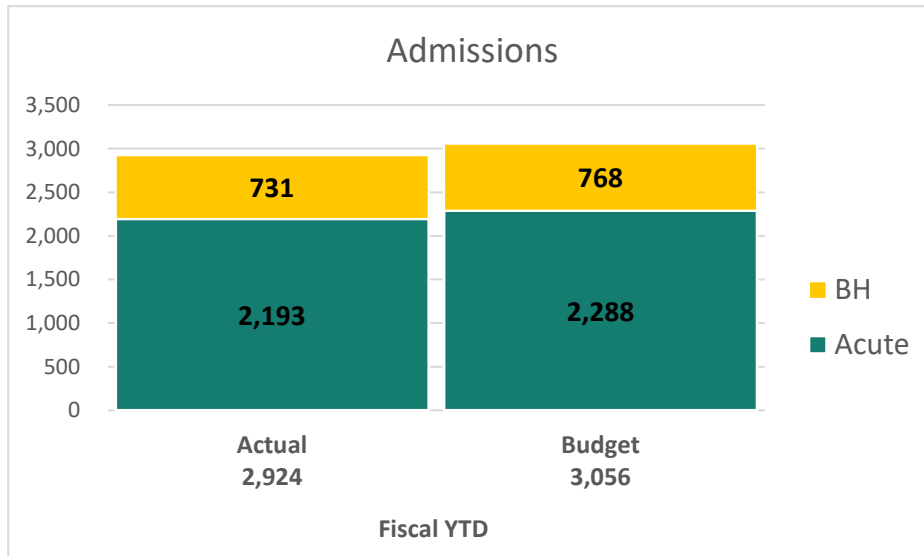


FY 2023 - FY 2024 Ambulatory Visits



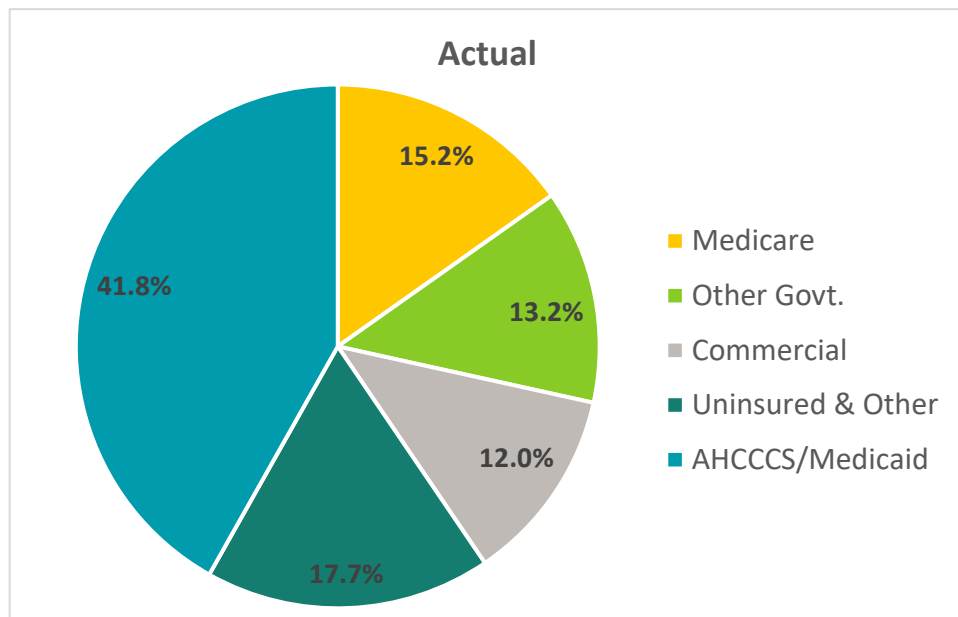
* Includes Telehealth visits -- 4,304 (June 2023) || 4,033 (July 2023) || 5,206 (August 2023)

Fiscal Year 2024 Year-to-Date Volume Summary

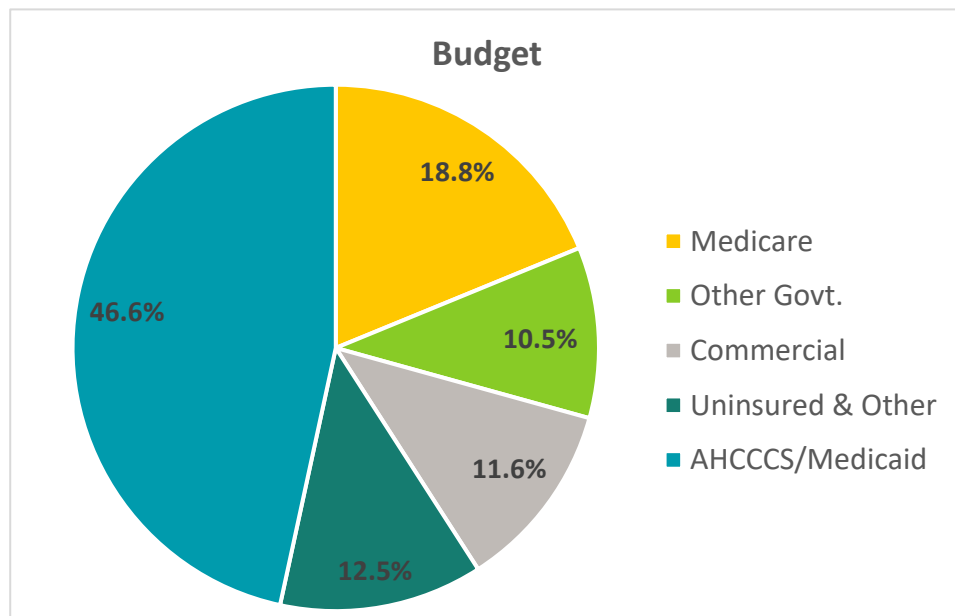


* Includes 9,239 Telehealth visits in FY 2024

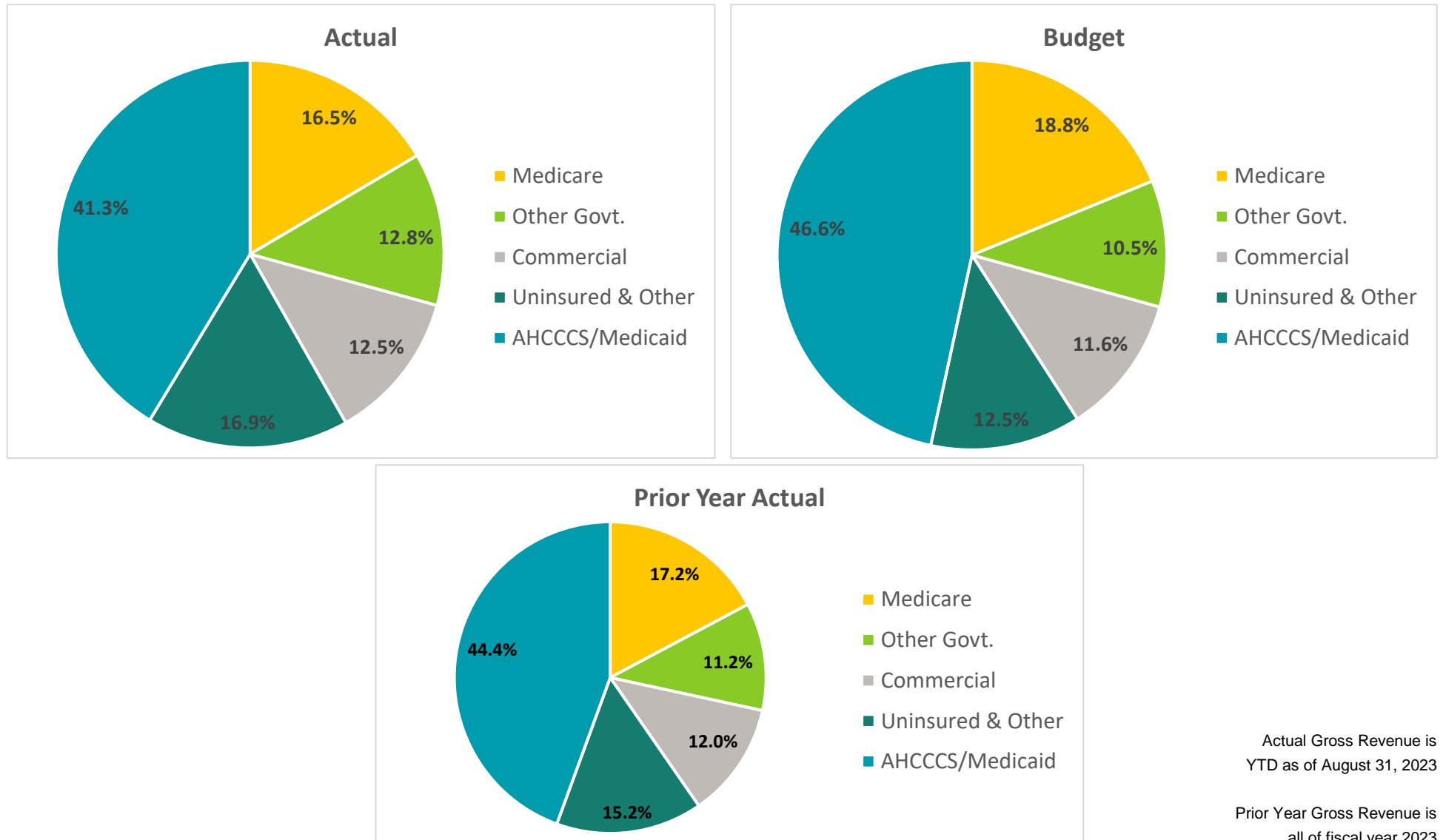
Fiscal Year 2024 Patient Revenue Source by Gross Revenue



Actual Gross Revenue is
month of August 31, 2023



Fiscal Year 2024 Patient Revenue Source by Gross Revenue





MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending August 31, 2023

	Aug-23 Actual	Aug-23 Budget	Aug-23 Variance	Aug-23 % Change	Prior Year Same Month Aug-22	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue	\$ 45,883,164	\$ 46,455,147	\$ (571,982)	(1.2 %)	\$ 42,482,991	\$ 3,400,173	8.0 %
Other Revenue	13,790,378	12,647,660	1,142,717	9.0 %	10,704,976	3,085,401	28.8 %
Total Operating Revenue	59,673,542	59,102,807	570,735	1.0 %	53,187,968	6,485,574	12.2 %
OPERATING EXPENSES							
Salaries and Wages	26,559,136	25,383,571	(1,175,565)	(4.6 %)	24,407,619	(2,151,517)	(8.8 %)
Contract Labor	5,833,252	7,010,389	1,177,137	16.8 %	6,900,412	1,067,160	15.5 %
Employee Benefits	7,469,135	7,593,894	124,760	1.6 %	7,413,519	(55,616)	(0.8 %)
Medical Service Fees	8,743,198	9,435,086	691,888	7.3 %	8,696,838	(46,360)	(0.5 %)
Supplies	9,721,017	8,091,387	(1,629,630)	(20.1 %)	7,608,328	(2,112,689)	(27.8 %)
Purchased Services	4,605,785	4,771,941	166,157	3.5 %	4,555,653	(50,132)	(1.1 %)
Repair and Maintenance	1,850,913	1,767,673	(83,240)	(4.7 %)	1,719,359	(131,555)	(7.7 %)
Utilities	759,992	773,511	13,519	1.7 %	847,962	87,970	10.4 %
Rent	530,821	472,839	(57,982)	(12.3 %)	497,223	(33,598)	(6.8 %)
Other Expenses	2,637,561	2,211,729	(425,832)	(19.3 %)	1,598,861	(1,038,700)	(65.0 %)
Provider Assessment	0	0	0	0.0 %	1,963,959	1,963,959	100.0 %
Depreciation	4,456,331	4,456,331	(0)	(0.0 %)	3,546,278	(910,053)	(25.7 %)
Total Operating Expense	73,167,140	71,968,351	(1,198,789)	(1.7 %)	69,756,009	(3,411,131)	(4.9 %)
Operating Income (Loss)	(13,493,598)	(12,865,544)	(628,054)	(4.9 %)	(16,568,042)	3,074,443	18.6 %
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	1,121,378	437,155	684,223	156.5 %	468,347	653,031	139.4 %
NonCapital Transfers from County/State	295,658	295,658	0	0.0 %	295,658	0	0.0 %
Investment Income	797,858	577,742	220,116	38.1 %	450,004	347,854	77.3 %
Other NonOperating Revenues (Expenses)	(2,454,497)	(1,301,340)	(1,153,157)	(88.6 %)	(1,984,439)	(470,058)	(23.7 %)
Interest Expense	(1,424,492)	(1,424,492)	(0)	(0.0 %)	(2,444,883)	1,020,391	41.7 %
Tax Levy	12,452,350	12,452,350	0	0.0 %	10,767,838	1,684,513	15.6 %
Total NonOperating Revenues (Expenses)	10,788,256	11,037,074	(248,818)	(2.3 %)	7,552,525	3,235,731	42.8 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Period Ending August 31, 2023

	Aug-23 Actual	Aug-23 Budget	Aug-23 Variance	Aug-23 % Change	Prior Year Same Month Aug-22	Prior Year Same Month Variance	Prior Year Same Month % Change
Excess of Revenues over Expenses	\$ (2,705,342)	\$ (1,828,470)	\$ (876,872)	(48.0 %)	\$ (9,015,517)	\$ 6,310,175	70.0 %
Bond-Related Revenues and Expenses	(3,373,187)	(3,349,013)	(24,174)	(0.7 %)	(939,828)	(2,433,358)	(258.9 %)
Increase (Decrease) in Net Assets (normalized)	\$ (6,078,529)	\$ (5,177,483)	\$ (901,045)	(17.4 %)	\$ (9,955,345)	\$ 3,876,817	38.9 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Two Periods Ending August 31, 2023

	Aug-23 YTD Actual	Aug-23 YTD Budget	Aug-23 YTD Variance	YTD Aug-23 % Change	YTD Prior Year Aug-22	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue	\$ 92,953,395	\$ 92,953,528	\$ (133)	(0.0 %)	\$ 88,133,904	\$ 4,819,491	5.5 %
Other Revenue	27,463,307	24,888,781	2,574,525	10.3 %	20,940,204	6,523,102	31.2 %
Total Operating Revenue	120,416,702	117,842,309	2,574,393	2.2 %	109,074,109	11,342,593	10.4 %
OPERATING EXPENSES							
Salaries and Wages	52,919,738	49,806,891	(3,112,847)	(6.2 %)	49,242,627	(3,677,111)	(7.5 %)
Contract Labor	12,902,923	14,240,551	1,337,627	9.4 %	13,511,633	608,710	4.5 %
Employee Benefits	15,565,057	14,908,342	(656,715)	(4.4 %)	14,785,686	(779,371)	(5.3 %)
Medical Service Fees	17,442,265	18,793,046	1,350,782	7.2 %	17,048,864	(393,401)	(2.3 %)
Supplies	18,622,973	16,363,268	(2,259,705)	(13.8 %)	15,373,131	(3,249,842)	(21.1 %)
Purchased Services	9,227,051	9,461,964	234,913	2.5 %	8,739,965	(487,086)	(5.6 %)
Repair and Maintenance	3,449,650	3,559,677	110,027	3.1 %	3,473,427	23,778	0.7 %
Utilities	1,611,739	1,564,512	(47,226)	(3.0 %)	1,629,783	18,044	1.1 %
Rent	1,036,943	945,679	(91,264)	(9.7 %)	1,009,687	(27,256)	(2.7 %)
Other Expenses	5,450,612	4,830,747	(619,865)	(12.8 %)	3,373,642	(2,076,971)	(61.6 %)
Provider Assessment	0	0	0	0.0 %	3,927,917	3,927,917	100.0 %
Depreciation	8,925,901	8,925,901	(0)	(0.0 %)	7,097,820	(1,828,081)	(25.8 %)
Total Operating Expense	147,154,852	143,400,579	(3,754,273)	(2.6 %)	139,214,182	(7,940,669)	(5.7 %)
Operating Income (Loss)	(26,738,150)	(25,558,270)	(1,179,880)	(4.6 %)	(30,140,073)	3,401,924	11.3 %
NONOPERATING REVENUES (EXPENSES)							
NonCapital Grants	1,784,983	984,849	800,134	81.2 %	888,808	896,176	100.8 %
NonCapital Transfers from County/State	591,316	591,316	0	0.0 %	591,316	0	0.0 %
Investment Income	1,750,058	1,155,485	594,574	51.5 %	893,621	856,437	95.8 %
Other NonOperating Revenues (Expenses)	(2,450,996)	(1,289,936)	(1,161,060)	(90.0 %)	(2,316,180)	(134,816)	(5.8 %)
Interest Expense	(2,848,984)	(2,848,984)	(0)	(0.0 %)	(4,889,100)	2,040,116	41.7 %
Tax Levy	24,904,701	24,904,701	0	0.0 %	21,535,676	3,369,025	15.6 %
Total NonOperating Revenues (Expenses)	23,731,078	23,497,430	233,648	1.0 %	16,704,141	7,026,937	42.1 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF REVENUES AND EXPENSES

For the Two Periods Ending August 31, 2023

	Aug-23 YTD Actual	Aug-23 YTD Budget	Aug-23 YTD Variance	YTD Aug-23 % Change	YTD Prior Year Aug-22	YTD Prior Year Variance	YTD Prior Year % Change
Excess of Revenues over Expenses	\$ (3,007,072)	\$ (2,060,840)	\$ (946,232)	(45.9 %)	\$ (13,435,933)	\$ 10,428,861	77.6 %
Bond-Related Revenues and Expenses	(6,863,982)	(6,698,026)	(165,956)	(2.5 %)	(1,879,420)	(4,984,562)	(265.2 %)
Increase (Decrease) in Net Assets (normalized)	\$ (9,871,054)	\$ (8,758,866)	\$ (1,112,188)	(12.7 %)	\$ (15,315,353)	\$ 5,444,299	35.5 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

August 31, 2023

	<u>8/31/2023</u>	<u>6/30/2023</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents		
Cash - Care System	\$ 202,309,763	\$ 241,938,972
Cash and Short-Term Investment	202,309,763	241,938,972
Cash - Bond	111,327,975	166,504,192
Cash and Short-Term Investment - Bond	111,327,975	166,504,192
Total Cash and Cash Equivalents	313,637,739	408,443,164
Patient A/R, Net of Allowances	95,789,058	85,709,368
Other Receivables and Prepaid Items	51,848,407	44,710,334
Estimated Amounts Due from Third-Party Payors	59,701,055	50,543,304
Due from Related Parties	22,991,496	1,645,314
Other Current Assets	2,177,940	2,177,940
Total Current Assets	546,145,695	593,229,424
Capital Assets, Net	786,703,565	775,682,595
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

August 31, 2023

	<u>8/31/2023</u>	<u>6/30/2023</u>
Total Assets	1,337,548,330	1,373,611,089
Deferred Outflows	56,462,313	56,462,313
Total Assets and Deferred Outflows	<u>\$ 1,394,010,643</u>	<u>\$ 1,430,073,402</u>
LIABILITIES AND NET POSITION		
Current Liabilities		
Current Maturities of Long-Term Debt	\$ 36,886,957	\$ 42,878,240
Accounts Payable	72,560,056	69,449,309
Accrued Payroll and Expenses	33,564,598	27,147,698
Medical Claims Payable	16,185,195	16,852,228
Due to Related Parties	0	2,607,038
Other Current Liabilities	<u>68,413,923</u>	<u>69,821,871</u>
Total Current Liabilities	227,610,729	228,756,384
Long-Term Debt		
Bonds Payable	608,116,815	640,026,848
Other Long-Term Debt	<u>4,699,069</u>	<u>4,699,069</u>
Total Long-Term Debt	612,815,885	644,725,917
Long-Term Liabilities	356,444,644	356,444,644



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

STATEMENT OF NET POSITION

August 31, 2023

	<u>8/31/2023</u>	<u>6/30/2023</u>
Total Liabilities	1,196,871,258	1,229,926,945
Deferred Inflows	18,778,412	18,778,412
Net Position		
Invested in Capital Assets, Net of Related Debt	745,117,539	728,105,285
Temporarily Restricted	49,283,018	50,532,279
Unrestricted	<u>(616,039,584)</u>	<u>(597,269,520)</u>
Total Net Position	178,360,973	181,368,044
Total Liabilities, Deferred Inflows, and Net Position	<u>\$ 1,394,010,643</u>	<u>\$ 1,430,073,402</u>












Supplemental Information

Valleywise Health
Financial and Statistical Information
31-Aug-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	1,034	1,144	(110)	(9.6%)		2,193	2,288	(95)	(4.2%)		2,226	(33)	(1.5%)	
Length of Stay (LOS)	5.4	5.1	(0.3)	(5.5%)		5.4	5.1	(0.3)	(5.4%)		5.5	0.1	1.7%	
Patient Days	5,557	5,829	(272)	(4.7%)		11,776	11,656	120	1.0%		12,156	(380)	(3.1%)	

Acute - Observation Days and Admits														
Observation Days	706	607	99	16.4%	<div><div></div></div>	1,426	1,209	217	17.9%	<div><div></div></div>	1,124	301	26.8%	<div><div></div></div>
Observation Admission - Transfer to Inpatient	241	221	20	9.0%	<div><div></div></div>	443	442	1	0.2%	<div><div></div></div>	439	4	0.9%	<div><div></div></div>
Observation Admission Only	420	364	56	15.4%	<div><div></div></div>	806	728	78	10.7%	<div><div></div></div>	683	123	18.0%	<div><div></div></div>
Total Admissions - Acute plus Observation Only	1,454	1,508	(54)	(3.6%)	<div><div></div></div>	2,999	3,016	(17)	(0.6%)	<div><div></div></div>	2,909	90	3.1%	<div><div></div></div>

Behavioral Health														
Admissions	372	385	(13)	(3.4%)	<div></div>	731	768	(37)	(4.8%)	<div></div>	702	29	4.1%	<div></div>
Length of Stay (LOS)	24.7	23.6	(1.1)	(4.6%)	<div></div>	24.8	23.7	(1.1)	(4.7%)	<div></div>	22.6	(2.2)	(9.8%)	<div></div>
Patient Days	9,197	9,101	96	1.1%	<div></div>	18,145	18,204	(59)	(0.3%)	<div></div>	15,867	2,278	14.4%	<div></div>
Valleywise Behavioral Health Center-Phoenix	2,334	2,135	199	9.3%	<div></div>	4,567	4,270	297	7.0%	<div></div>	3,312	1,255	37.9%	<div></div>
Valleywise Behavioral Health Center-Mesa	3,285	3,550	(265)	(7.5%)	<div></div>	6,523	7,100	(577)	(8.1%)	<div></div>	6,257	266	4.3%	<div></div>
Valleywise Behavioral Health Center-Maryvale	3,578	3,416	162	4.7%	<div></div>	7,055	6,834	221	3.2%	<div></div>	6,298	757	12.0%	<div></div>

Combined (Acute + Behavioral Health)														
Adjusted Admissions	2,922	2,919	3	0.1%	<div><div></div></div>	5,738	5,720	17	0.3%	<div><div></div></div>	5,478	260	4.7%	<div><div></div></div>
Adjusted Patient Days	30,661	28,499	2,162	7.6%	<div><div></div></div>	58,711	55,892	2,820	5.0%	<div><div></div></div>	52,425	6,286	12.0%	<div><div></div></div>

Case Mix Index														
Total Hospital	1.66	1.55	0.11	6.9%	<div></div>	1.60	1.55	0.05	3.3%	<div></div>	1.62	(0.02)	(1.1%)	<div></div>
Acute (Excluding Newborns)	1.86	1.75	0.11	6.3%	<div></div>	1.79	1.75	0.04	2.3%	<div></div>	1.85	(0.06)	(3.3%)	<div></div>
Behavioral Health	1.25	1.26	(0.01)	(1.1%)	<div></div>	1.25	1.26	(0.01)	(1.1%)	<div></div>	1.22	0.03	2.1%	<div></div>
Medicare	2.37	2.10	0.27	13.0%	<div></div>	2.21	2.10	0.11	5.1%	<div></div>	2.06	0.15	7.2%	<div></div>
AHCCCS	1.93	1.82	0.11	6.0%	<div></div>	1.82	1.82	(0.00)	(0.0%)	<div></div>	1.92	(0.10)	(5.2%)	<div></div>




Ambulatory														
Valleywise Community Health Centers Visits	14,622	14,304	318	2.2%	<div></div>	26,275	25,968	307	1.2%	<div></div>	30,099	(3,824)	(12.7%)	<div></div>
Valleywise Comprehensive Health Center-Phoenix Visits	14,567	13,806	761	5.5%	<div></div>	26,324	25,202	1,122	4.5%	<div></div>	24,923	1,401	5.6%	<div></div>
Valleywise Comprehensive Health Center-Peoria Visits	3,176	3,578	(402)	(11.2%)	<div></div>	5,454	6,357	(903)	(14.2%)	<div></div>	6,335	(881)	(13.9%)	<div></div>
Dental Clinics Visits	2,207	1,941	266	13.7%	<div></div>	4,013	3,859	154	4.0%	<div></div>	3,829	184	4.8%	<div></div>
OP Behavioral Health Visits	7,464	6,017	1,447	24.0%	<div></div>	13,272	11,687	1,585	13.6%	<div></div>	11,906	1,366	11.5%	<div></div>
Total Ambulatory Visits :	42,036	39,646	2,390	6.0%	<div></div>	75,338	73,073	2,265	3.1%	<div></div>	77,092	(1,754)	(2.3%)	<div></div>

Valleywise Health
Financial and Statistical Information
31-Aug-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													
73%	70%	2.9%	4.1%	<div></div>	72%	70%	1.7%	2.5%	<div></div>	73%	(1.3%)	(1.8%)	<div></div>
81,300	74,932	6,368	8.5%	<div></div>	155,835	149,864	5,971	4.0%	<div></div>	153,255	2,580	1.7%	<div></div>
114	115	0.6	0.5%	<div></div>	116	115	(0.7)	(0.6%)	<div></div>	110	(5.6)	(5.1%)	<div></div>
711	652	59	9.0%	<div></div>	1,348	1,304	44	3.4%	<div></div>	1,393	(45)	(3.2%)	<div></div>
70	90	(20)	(22.2%)	<div></div>	122	180	(58)	(32.2%)	<div></div>	74	48	64.9%	<div></div>
781	742	39	5.3%	<div></div>	1,470	1,484	(14)	(0.9%)	<div></div>	1,467	3	0.2%	<div></div>
286	308	(22)	(7.2%)	<div></div>	512	617	(105)	(17.0%)	<div></div>	632	(120)	(19.0%)	<div></div>
143	106	37	34.7%	<div></div>	236	212	24	11.1%	<div></div>	256	(20)	(7.8%)	<div></div>
429	415	14	3.5%	<div></div>	748	829	(81)	(9.8%)	<div></div>	888	(140)	(15.8%)	<div></div>
185	211	(26)	(12.3%)	<div></div>	418	422	(4)	(0.9%)	<div></div>	425	(7)	(1.6%)	<div></div>
153	172	(19)	(11.0%)	<div></div>	302	338	(36)	(10.7%)	<div></div>	379	(77)	(20.3%)	<div></div>
9,107	8,867	240	2.7%	<div></div>	17,941	17,094	847	5.0%	<div></div>	17,169	772	4.5%	<div></div>
5,325	5,228	97	1.9%	<div></div>	10,540	10,236	304	3.0%	<div></div>	10,072	468	4.6%	<div></div>
3,160	3,043	117	3.8%	<div></div>	6,101	5,643	458	8.1%	<div></div>	5,786	315	5.4%	<div></div>
377	357	20	5.6%	<div></div>	736	736	-	0.0%	<div></div>	744	(8)	(1.1%)	<div></div>
245	239	6	2.5%	<div></div>	564	479	85	17.7%	<div></div>	567	(3)	(0.5%)	<div></div>
12.2%	12.7%	(0.5%)	(3.9%)	<div></div>	12.5%	12.7%	(0.2%)	(1.8%)	<div></div>	12.3%	0.1%	1.2%	<div></div>
5.3%	5.0%	0.3%	6.4%	<div></div>	5.3%	5.2%	0.0%	0.9%	<div></div>	5.0%	0.3%	5.6%	<div></div>
95.8%	88.1%	7.7%	8.8%	<div></div>	91.5%	86.9%	4.6%	5.3%	<div></div>	86.3%	5.2%	6.0%	<div></div>
1.4%	<3%	1.6%	53.7%	<div></div>	1.3%	<3%	1.7%	57.0%	<div></div>	1.8%	0.5%	27.9%	<div></div>
1.0%	<3%	2.0%	67.3%	<div></div>	0.8%	<3%	2.2%	73.3%	<div></div>	2.1%	1.3%	(62.4%)	<div></div>
226	<240	14	5.8%	<div></div>	229	<240	11	4.6%	<div></div>	238	9	3.8%	<div></div>
164	<220	56	25.5%	<div></div>	171	<220	49	22.3%	<div></div>	184	13	(7.1%)	<div></div>
556	<240	(556)	(100.0%)	<div></div>	559	<240	(559)	(100.0%)	<div></div>	669	110	16.4%	<div></div>
568	<240	(568)	(100.0%)	<div></div>	528	<240	(528)	(100.0%)	<div></div>	543	16	2.9%	<div></div>
27	<30	3	10.0%	<div></div>	27	<30	3	10.0%	<div></div>	32	5	15.6%	<div></div>
21	<30	9	30.0%	<div></div>	29	<30	1	3.3%	<div></div>	28	(1)	3.6%	<div></div>
34%	45%	(10.5%)	(23.4%)	<div></div>	30%	45%	(14.9%)	(33.1%)	<div></div>	19%	10.9%	56.7%	<div></div>
28%	45%	(17.3%)	(38.4%)	<div></div>	22%	45%	(22.9%)	(50.9%)	<div></div>	24%	(1.7%)	(7.3%)	<div></div>
107%	65%	42.3%	65.1%	<div></div>	100%	65%	35.4%	54.4%	<div></div>	93%	7.3%	7.8%	<div></div>
14	15	(1)	(6.7%)	<div></div>	32	30	2	6.7%	<div></div>	25	7	28.0%	<div></div>
501					879					820	59	7.2%	<div></div>
2,659					5,222					4,966	256	5.2%	<div></div>
12					14					2	12	600.0%	<div></div>
48					95					60	35	58.3%	<div></div>
690					1,248					1,195	53	4.4%	<div></div>
4,635					9,292					8,877	415	4.7%	<div></div>

Valleywise Health
Financial and Statistical Information
31-Aug-23




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

Current Month			
Actual	Budget	Variance	Var %




Fiscal Year to Date			
Actual	Budget	Variance	Var %

Prior Fiscal Year to Date		
Actual	Variance	Var %




Operating Income / (Loss) in 000s

Valleywise Health	\$	(13,494)	\$	(12,866)	\$	(628)	(4.9%)		\$	(26,738)	\$	(25,558)	\$	(1,180)	(4.6%)		\$	(30,140)	\$	3,402	11.3%	
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Net Income / (Loss) in 000s

Valleywise Health	\$	(2,705)	\$	(1,828)	\$	(877)	(48.0%)		\$	(3,007)	\$	(2,061)	\$	(946)	(45.9%)		\$	(13,436)	\$	10,429	77.6%	
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**Net Income / (Loss) in 000s
Normalized**

Valleywise Health	\$	(6,079)	\$	(5,177)	\$	(901)	(17.4%)		\$	(9,871)	\$	(8,759)	\$	(1,112)	(12.7%)		\$	(15,315)	\$	5,444	35.5%	
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RATIOS:

Liquidity

		Prior Fiscal Year			
		Actual	Variance	Var %	
Total Cash and Investments (000s)	\$	202.3	\$	241.9	\$ (39.6) (16.4%) 
Total Days Cash on Hand		90.7		109.2	(18.5) (16.9%) 
Current Ratio		2.4		2.6	(0.2) (7.7%) 
Current Ratio without Bond-related Assets & Liabilities		2.3		2.3	- 0.0% 
Days in Accounts Receivable (Hospital only)		63.9		57.7	(6.2) (10.7%) 

Capital Structure

EBIDA Debt Service Coverage		0.1		0.7	(0.6) (85.7%) 
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Profitability

Operating Margin	(22.6%)	(21.8%)	(0.8%)	(3.7%) 	(22.2%)	(21.7%)	(0.5%)	(2%) 	(24.3%)	2.1%	8.6%	
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Labor

FTE/AOB WO Residents	3.92	4.19	0.27	6.4% 	4.13	4.20	0.07	1.7% 	4.37	0.24	5.4%	
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Current Month			
Actual	Prior Year	Variance	Var %

Rolling Last Twelve Months			
Actual	Prior Year	Variance	Var %

Turnover Rate - Voluntary	1.29%	1.37%	0.08%	5.84%	16.50%	24.59%	8.09%	32.90%
Turnover Rate - Involuntary	0.44%	0.22%	(0.22%)	(100.00%)	4.70%	3.83%	(0.87%)	(22.72%)
Turnover Rate - Uncontrollable	0.67%	0.31%	(0.36%)	(116.13%)	5.32%	4.46%	(0.86%)	(19.28%)
Turnover Rate - Total	2.40%	1.90%	(0.50%)	(26.32%)	26.52%	32.88%	6.36%	19.34%

Appendix A

Definition of Financial Indicators

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

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

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



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Two Periods Ending August 31, 2023

	Aug-23 Actual	Aug-23 Budget	Aug-23 Variance	Aug-23 % Change	Prior Year Same Month Aug-22	Prior Year Same Month % Change	Aug-23 YTD Actual	Aug-23 YTD Budget	Aug-23 YTD Variance	YTD Aug-23 % Change	YTD Prior Year Aug-22	YTD Prior Year % Change
ADMISSIONS												
Acute	1,034	1,144	(110)	(9.6 %)	1,130	(8.5 %)	2,193	2,288	(95)	(4.2 %)	2,226	(1.5 %)
Behavioral Health	372	385	(13)	(3.4 %)	357	4.2 %	731	768	(37)	(4.8 %)	702	4.1 %
Valleywise Behavioral Health Center-Phoenix	69	89	(20)	(22.5 %)	52	32.7 %	133	177	(44)	(24.9 %)	107	24.3 %
Valleywise Behavioral Health Center-Mesa	146	151	(5)	(3.3 %)	155	(5.8 %)	292	301	(9)	(3.0 %)	300	(2.7 %)
Valleywise Behavioral Health Center-Maryvale	157	145	12	8.3 %	150	4.7 %	306	290	16	5.5 %	295	3.7 %
Total	1,406	1,529	(123)	(8.0 %)	1,487	(5.4 %)	2,924	3,056	(132)	(4.3 %)	2,928	(0.1 %)
OBSERVATION ADMISSIONS												
Transferred to Inpatient *	241	221	20	9.0 %	213	13.1 %	443	442	1	0.2 %	439	0.9 %
Observation Admission Only	420	364	56	15.4 %	367	14.4 %	806	728	78	10.7 %	683	18.0 %
Total Observation Admissions	661	585	76	13.0 %	580	14.0 %	1,249	1,170	79	6.8 %	1,122	11.3 %
TOTAL ADMISSIONS AND OBSERVATION ONLY												
Total	1,826	1,893	(67)	(3.5 %)	1,854	(1.5 %)	3,730	3,784	(54)	(1.4 %)	3,611	3.3 %
ADJUSTED ADMISSIONS												
Total	2,922	2,919	3	0.1 %	2,840	2.9 %	5,738	5,720	17	0.3 %	5,478	4.7 %
PATIENT DAYS												
Acute	5,557	5,829	(272)	(4.7 %)	6,109	(9.0 %)	11,776	11,656	120	1.0 %	12,156	(3.1 %)
Behavioral Health	9,197	9,101	96	1.1 %	8,009	14.8 %	18,145	18,204	(59)	(0.3 %)	15,867	14.4 %
Valleywise Behavioral Health Center-Phoenix	2,334	2,135	199	9.3 %	1,706	36.8 %	4,567	4,270	297	7.0 %	3,312	37.9 %
Valleywise Behavioral Health Center-Mesa	3,285	3,550	(265)	(7.5 %)	3,165	3.8 %	6,523	7,100	(577)	(8.1 %)	6,257	4.3 %
Valleywise Behavioral Health Center-Maryvale	3,578	3,416	162	4.7 %	3,138	14.0 %	7,055	6,834	221	3.2 %	6,298	12.0 %
Total	14,754	14,930	(176)	(1.2 %)	14,118	4.5 %	29,921	29,860	61	0.2 %	28,023	6.8 %
AVERAGE DAILY CENSUS												
Acute	179	188	(9)	(4.7 %)	197	(9.0 %)	190	188	2	1.0 %	196	(3.1 %)
Behavioral Health	297	294	3	1.1 %	258	14.8 %	293	294	(1)	(0.3 %)	256	14.4 %
Valleywise Behavioral Health Center-Phoenix	75	69	6	9.3 %	55	36.8 %	74	69	5	7.0 %	53	37.9 %
Valleywise Behavioral Health Center-Mesa	106	115	(9)	(7.5 %)	102	3.8 %	105	115	(9)	(8.1 %)	101	4.3 %
Valleywise Behavioral Health Center-Maryvale	115	110	5	4.7 %	101	14.0 %	114	110	4	3.2 %	102	12.0 %
Total	476	482	(6)	(1.2 %)	455	4.5 %	483	482	1	0.2 %	452	6.8 %
ADJUSTED PATIENT DAYS												
Total	30,661	28,499	2,162	7.6 %	26,964	13.7 %	58,711	55,892	2,820	5.0 %	52,425	12.0 %

* Already included in 'Acute Admissions'.



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

VOLUMES

For the Two Periods Ending August 31, 2023

	Aug-23 Actual	Aug-23 Budget	Aug-23 Variance	Aug-23 % Change	Prior Year Same Month Aug-22	Prior Year Same Month % Change	Aug-23 YTD Actual	Aug-23 YTD Budget	Aug-23 YTD Variance	YTD Aug-23 % Change	YTD Prior Year Aug-22	YTD Prior Year % Change
OPERATING ROOM SURGERIES - ROOSEVELT												
Inpatient	388	383	5	1.3 %	431	(10.0 %)	751	766	(15)	(2.0 %)	855	(12.2 %)
Outpatient	323	269	54	20.1 %	291	11.0 %	597	538	59	11.0 %	538	11.0 %
Total	711	652	59	9.0 %	722	(1.5 %)	1,348	1,304	44	3.4 %	1,393	(3.2 %)
Inpatient Minutes	47,400	47,190	210	0.4 %	49,770	(4.8 %)	94,380	94,380	0	0.0 %	96,990	(2.7 %)
Outpatient Minutes	33,900	27,742	6,158	22.2 %	31,335	8.2 %	61,455	55,484	5,971	10.8 %	56,265	9.2 %
Total	81,300	74,932	6,368	8.5 %	81,105	0.2 %	155,835	149,864	5,971	4.0 %	153,255	1.7 %
OPERATING ROOM SURGERIES - PEORIA												
Outpatient	70	90	(20)	(22.2 %)	37	89.2 %	122	180	(58)	(32.2 %)	74	64.9 %
Outpatient Minutes	5,640	5,120	520	10.2 %	3,285	71.7 %	9,450	10,486	(1,036)	(9.9 %)	7,005	34.9 %
ENDOSCOPY PROCEDURES - ROOSEVELT												
Inpatient	79	96	(17)	(17.5 %)	131	(39.7 %)	140	191	(51)	(26.9 %)	197	(28.9 %)
Outpatient	207	213	(6)	(2.6 %)	237	(12.7 %)	372	425	(53)	(12.5 %)	435	(14.5 %)
Total	286	308	(22)	(7.2 %)	368	(22.3 %)	512	617	(105)	(17.0 %)	632	(19.0 %)
ENDOSCOPY PROCEDURES - PEORIA												
Outpatient	143	106	37	34.7 %	144	(0.7 %)	236	212	24	11.1 %	256	(7.8 %)
DELIVERIES												
Total	185	211	(26)	(12.3 %)	222	(16.7 %)	418	422	(4)	(0.9 %)	425	(1.6 %)
ED VISITS												
Adult	5,325	5,228	97	1.9 %	5,208	2.2 %	10,540	10,236	304	3.0 %	10,072	4.6 %
Maryvale	3,160	3,043	117	3.8 %	3,127	1.1 %	6,101	5,643	458	8.1 %	5,786	5.4 %
Labor & Delivery	377	357	20	5.6 %	362	4.1 %	736	736	0	0.0 %	744	(1.1 %)
Burn	245	239	6	2.5 %	254	(3.5 %)	564	479	85	17.7 %	567	(0.5 %)
Total	9,107	8,867	240	2.7 %	8,951	1.7 %	17,941	17,094	847	5.0 %	17,169	4.5 %
AMBULATORY VISITS												
Valleywise Community Health Centers	14,622	14,304	318	2.2 %	16,423	(11.0 %)	26,275	25,968	307	1.2 %	30,099	(12.7 %)
Valleywise Comprehensive Health Center-Phoenix	14,567	13,806	761	5.5 %	14,110	3.2 %	26,324	25,202	1,122	4.5 %	24,923	5.6 %
Valleywise Comprehensive Health Center-Peoria	3,176	3,578	(402)	(11.2 %)	3,545	(10.4 %)	5,454	6,357	(903)	(14.2 %)	6,335	(13.9 %)
Outpatient Behavioral Health	7,464	6,017	1,447	24.0 %	6,598	13.1 %	13,272	11,687	1,585	13.6 %	11,906	11.5 %
Dental	2,207	1,941	266	13.7 %	2,127	3.8 %	4,013	3,859	154	4.0 %	3,829	4.8 %
Total	42,036	39,646	2,390	6.0 %	42,803	(1.8 %)	75,338	73,073	2,265	3.1 %	77,092	(2.3 %)



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending August 31, 2023

	Aug-23 Actual	Aug-23 Budget	Aug-23 Variance	Aug-23 % Change	Prior Year Same Month Aug-22	Prior Year Same Month Variance	Prior Year Same Month % Change
Net Patient Service Revenue per APD	\$ 1,496	\$ 1,630	(\$ 134)	(8.2 %)	\$ 1,576	(\$ 79)	(5.0 %)
Salaries	\$ 26,559,136	\$ 25,383,571	(\$ 1,175,565)	(4.6 %)	\$ 24,407,619	(\$ 2,151,517)	(8.8 %)
Benefits	7,469,135	7,593,894	124,760	1.6 %	7,413,519	(55,616)	(0.8 %)
Contract Labor	5,833,252	7,010,389	1,177,137	16.8 %	6,900,412	1,067,160	15.5 %
Total Labor Costs	\$ 39,861,523	\$ 39,987,855	\$ 126,332	0.3 %	\$ 38,721,550	(\$ 1,139,973)	(2.9 %)
Supplies	\$ 9,721,017	\$ 8,091,387	(\$ 1,629,630)	(20.1 %)	\$ 7,608,328	(\$ 2,112,689)	(27.8 %)
Medical Service Fees	8,743,198	9,435,086	691,888	7.3 %	8,696,838	(46,360)	(0.5 %)
All Other *	14,264,060	12,723,525	(1,540,535)	(12.1 %)	15,612,338	1,348,277	8.6 %
Total	\$ 32,728,275	\$ 30,249,998	(\$ 2,478,277)	(8.2 %)	\$ 31,917,504	(\$ 810,772)	(2.5 %)
Total Operating and Non-Operating Expenses *	\$ 72,589,798	\$ 70,237,853	(\$ 2,351,946)	(3.3 %)	\$ 70,639,053	(\$ 1,950,745)	(2.8 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 8,018,745	\$ 8,018,745	\$ 0	0.0 %	\$ 7,673,441	\$ 345,305	4.5 %
Bonds	4,433,605	4,433,605	0	0.0 %	3,094,397	1,339,208	43.3 %
Total Tax Levy	\$ 12,452,350	\$ 12,452,350	\$ 0	0.0 %	\$ 10,767,838	\$ 1,684,513	15.6 %
Patient Days - Acute	5,557	5,829	(272)	(4.7 %)	6,109	(552)	(9.0 %)
Patient Days - Behavioral Health	9,197	9,101	96	1.1 %	8,009	1,188	14.8 %
Patient Days - Total	14,754	14,930	(176)	(1.2 %)	14,118	636	4.5 %
Adjusted Patient Days	30,661	28,499	2,162	7.6 %	26,964	3,697	13.7 %
APD Ratio	2.08	1.91	0.17	8.9 %	1.91	0.17	8.8 %
Admissions - Acute	1,034	1,144	(110)	(9.6 %)	1,130	(96)	(8.5 %)
Admissions - Behavioral Health	372	385	(13)	(3.4 %)	357	15	4.2 %
Admissions - Total	1,406	1,529	(123)	(8.0 %)	1,487	(81)	(5.4 %)
Adjusted Admissions	2,922	2,919	3	0.1 %	2,840	82	2.9 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Period Ending August 31, 2023

	Aug-23 Actual	Aug-23 Budget	Aug-23 Variance	Aug-23 % Change	Prior Year Same Month Aug-22	Prior Year Same Month Variance	Prior Year Same Month % Change
Average Daily Census - Acute	179	188	(9)	(4.7 %)	197	(18)	(9.0 %)
Average Daily Census - Behavioral Health	297	294	3	1.1 %	258	38	14.8 %
Average Daily Census - Total	476	482	(6)	(1.2 %)	455	21	4.5 %
Adjusted Occupied Beds - Acute	373	359	14	3.8 %	376	(4)	(1.0 %)
Adjusted Occupied Beds - Behavioral Health	617	560	56	10.0 %	493	123	24.9 %
Adjusted Occupied Beds - Total	989	919	70	7.6 %	870	119	13.7 %
Paid FTEs - Payroll	3,642	3,546	(96)	(2.7 %)	3,405	(237)	(7.0 %)
Paid FTEs - Contract Labor	426	509	83	16.3 %	483	58	11.9 %
Paid FTEs - Total	4,068	4,055	(13)	(0.3 %)	3,889	(179)	(4.6 %)
FTEs per AOB	4.11	4.41	0.30	6.8 %	4.47	0.36	8.0 %
FTEs per AOB (w/o Residents)	3.92	4.19	0.27	6.4 %	4.26	0.33	7.9 %
Benefits as a % of Salaries	28.1 %	29.9 %	1.8 %	6.0 %	30.4 %	2.3 %	7.4 %
Labor Costs as a % of Net Patient Revenue	86.9 %	86.1 %	(0.8 %)	(0.9 %)	91.1 %	4.3 %	4.7 %
Salaries and Contract Labor per APD	\$ 1,056	\$ 1,137	\$ 80	7.1 %	\$ 1,161	\$ 105	9.0 %
Benefits per APD	244	266	23	8.6 %	275	31	11.4 %
Supplies per APD	317	284	(33)	(11.7 %)	282	(35)	(12.4 %)
Medical Service Fees per APD	285	331	46	13.9 %	323	37	11.6 %
All Other Expenses per APD *	465	446	(19)	(4.2 %)	579	114	19.7 %
Total Expenses per APD *	\$ 2,367	\$ 2,465	\$ 97	3.9 %	\$ 2,620	\$ 252	9.6 %
Salaries and Contract Labor per Adj. Admission	\$ 11,086	\$ 11,099	\$ 13	0.1 %	\$ 11,024	(\$ 62)	(0.6 %)
Benefits per Adj. Admission	2,556	2,602	46	1.8 %	2,610	54	2.1 %
Supplies per Adj. Admission	3,327	2,772	(555)	(20.0 %)	2,679	(648)	(24.2 %)
Medical Service Fees per Adj. Admission	2,992	3,233	240	7.4 %	3,062	70	2.3 %
All Other Expenses per Adj. Admission *	4,882	4,359	(522)	(12.0 %)	5,497	615	11.2 %
Total Expenses per Adj. Admission *	\$ 24,844	\$ 24,066	(\$ 778)	(3.2 %)	\$ 24,873	\$ 29	0.1 %

* Excludes Depreciation



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Two Periods Ending August 31, 2023

	Aug-23 YTD Actual	Aug-23 YTD Budget	Aug-23 YTD Variance	YTD Aug-23 % Change	YTD Prior Year Aug-22	YTD Prior Year Variance	YTD Prior Year % Change
Net Patient Service Revenue per APD	\$ 1,583	\$ 1,663	(\$ 80)	(4.8 %)	\$ 1,681	(\$ 98)	(5.8 %)
Salaries	\$ 52,919,738	\$ 49,806,891	(\$ 3,112,847)	(6.2 %)	\$ 49,242,627	(\$ 3,677,111)	(7.5 %)
Benefits	15,565,057	14,908,342	(656,715)	(4.4 %)	14,785,686	(779,371)	(5.3 %)
Contract Labor	12,902,923	14,240,551	1,337,627	9.4 %	13,511,633	608,710	4.5 %
Total Labor Costs	\$ 81,387,718	\$ 78,955,784	(\$ 2,431,934)	(3.1 %)	\$ 77,539,946	(\$ 3,847,772)	(5.0 %)
Supplies	\$ 18,622,973	\$ 16,363,268	(\$ 2,259,705)	(13.8 %)	\$ 15,373,131	(\$ 3,249,842)	(21.1 %)
Medical Service Fees	17,442,265	18,793,046	1,350,782	7.2 %	17,048,864	(393,401)	(2.3 %)
All Other *	26,075,975	24,501,499	(1,574,476)	(6.4 %)	29,359,702	3,283,727	11.2 %
Total	\$ 62,141,212	\$ 59,657,813	(\$ 2,483,399)	(4.2 %)	\$ 61,781,697	(\$ 359,516)	(0.6 %)
Total Operating and Non-Operating Expenses *	\$ 143,528,931	\$ 138,613,598	(\$ 4,915,333)	(3.5 %)	\$ 139,321,643	(\$ 4,207,288)	(3.0 %)
* Excludes Depreciation							
Tax Levy							
Property Tax	\$ 16,037,491	\$ 16,037,491	\$ 0	0.0 %	\$ 15,346,881	\$ 690,610	4.5 %
Bonds	8,867,210	8,867,210	0	0.0 %	6,188,795	2,678,415	43.3 %
Total Tax Levy	\$ 24,904,701	\$ 24,904,701	\$ 0	0.0 %	\$ 21,535,676	\$ 3,369,025	15.6 %
Patient Days - Acute	11,776	11,656	120	1.0 %	12,156	(380)	(3.1 %)
Patient Days - Behavioral Health	18,145	18,204	(59)	(0.3 %)	15,867	2,278	14.4 %
Patient Days - Total	29,921	29,860	61	0.2 %	28,023	1,898	6.8 %
Adjusted Patient Days	58,711	55,892	2,820	5.0 %	52,425	6,286	12.0 %
APD Ratio	1.96	1.87	0.09	4.8 %	1.87	0.09	4.9 %
Admissions - Acute	2,193	2,288	(95)	(4.2 %)	2,226	(33)	(1.5 %)
Admissions - Behavioral Health	731	768	(37)	(4.8 %)	702	29	4.1 %
Admissions - Total	2,924	3,056	(132)	(4.3 %)	2,928	(4)	(0.1 %)
Adjusted Admissions	5,738	5,720	17	0.3 %	5,478	260	4.7 %



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT

VALLEYWISE HEALTH (COMBINED CARE SYSTEM)

FINANCIAL INDICATORS

For the Two Periods Ending August 31, 2023

	Aug-23 YTD Actual	Aug-23 YTD Budget	Aug-23 YTD Variance	YTD Aug-23 % Change	YTD Prior Year Aug-22	YTD Prior Year Variance	YTD Prior Year % Change
Average Daily Census - Acute	190	188	2	1.0 %	196	(6)	(3.1 %)
Average Daily Census - Behavioral Health	293	294	(1)	(0.3 %)	256	37	14.4 %
Average Daily Census - Total	483	482	1	0.2 %	452	31	6.8 %
Adjusted Occupied Beds - Acute	373	352	21	5.9 %	367	6	1.6 %
Adjusted Occupied Beds - Behavioral Health	574	550	25	4.5 %	479	95	19.9 %
Adjusted Occupied Beds - Total	947	901	45	5.0 %	846	101	12.0 %
Paid FTEs - Payroll	3,645	3,475	(169)	(4.9 %)	3,419	(226)	(6.6 %)
Paid FTEs - Contract Labor	463	515	51	10.0 %	462	(1)	(0.2 %)
Paid FTEs - Total	4,108	3,990	(118)	(3.0 %)	3,881	(227)	(5.8 %)
FTEs per AOB	4.34	4.43	0.09	2.0 %	4.59	0.25	5.5 %
FTEs per AOB (w/o Residents)	4.13	4.20	0.07	1.7 %	4.37	0.24	5.4 %
Benefits as a % of Salaries	29.4 %	29.9 %	0.5 %	1.7 %	30.0 %	0.6 %	2.0 %
Labor Costs as a % of Net Patient Revenue	87.6 %	84.9 %	(2.6 %)	(3.1 %)	88.0 %	0.4 %	0.5 %
Salaries and Contract Labor per APD	\$ 1,121	\$ 1,146	\$ 25	2.2 %	\$ 1,197	\$ 76	6.3 %
Benefits per APD	265	267	2	0.6 %	282	17	6.0 %
Supplies per APD	317	293	(24)	(8.3 %)	293	(24)	(8.2 %)
Medical Service Fees per APD	297	336	39	11.6 %	325	28	8.6 %
All Other Expenses per APD *	444	438	(6)	(1.3 %)	560	116	20.7 %
Total Expenses per APD *	\$ 2,445	\$ 2,480	\$ 35	1.4 %	\$ 2,658	\$ 213	8.0 %
Salaries and Contract Labor per Adj. Admission	\$ 11,472	\$ 11,197	(\$ 276)	(2.5 %)	\$ 11,456	(\$ 16)	(0.1 %)
Benefits per Adj. Admission	2,713	2,606	(107)	(4.1 %)	2,699	(14)	(0.5 %)
Supplies per Adj. Admission	3,246	2,861	(385)	(13.5 %)	2,807	(439)	(15.7 %)
Medical Service Fees per Adj. Admission	3,040	3,285	245	7.5 %	3,112	72	2.3 %
All Other Expenses per Adj. Admission *	4,545	4,283	(261)	(6.1 %)	5,360	815	15.2 %
Total Expenses per Adj. Admission *	\$ 25,016	\$ 24,232	(\$ 783)	(3.2 %)	\$ 25,434	\$ 419	1.6 %

* Excludes Depreciation

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2023**

OPERATING REVENUE

Patient Days, Admissions and Adjusted Patient Days

Acute Care	Actual	Budget	Variance	%Variance
MTD - Patient Days	5,557	5,829	(272)	-4.7%
YTD - Patient Days	11,776	11,656	120	1.0%
MTD - Admissions	1,034	1,144	(110)	-9.6%
YTD - Admissions	2,193	2,288	(95)	-4.2%
MTD - Average Length of Stay (ALOS)	5.4	5.1	(0.3)	-5.5%
YTD - Average Length of Stay (ALOS)	5.4	5.1	(0.3)	-5.4%
MTD - Average Daily Census (ADC)	179	188	(9)	-4.7%
YTD - Average Daily Census (ADC)	190	188	2	1.0%
Behavioral Health	Actual	Budget	Variance	%Variance
MTD - Patient Days	9,197	9,101	96	1.1%
YTD - Patient Days	18,145	18,204	(59)	-0.3%
MTD - Admissions	372	385	(13)	-3.4%
YTD - Admissions	731	768	(37)	-4.8%
MTD - Average Length of Stay (ALOS)	24.7	23.6	(1.1)	-4.6%
YTD - Average Length of Stay (ALOS)	24.8	23.7	(1.1)	-4.7%
MTD - Average Daily Census (ADC)	297	294	3	1.1%
YTD - Average Daily Census (ADC)	293	294	(1)	-0.2%
Adjusted Patient Days (APD)	Actual	Budget	Variance	%Variance
Month-to-Date	30,661	28,499	2,162	7.6%
Year-to-Date	58,711	55,892	2,820	5.0%

Net patient service revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 45,883,164	\$ 46,455,147	\$ (571,982)	-1.2%
Year-to-Date	\$ 92,953,395	\$ 92,953,528	\$ (133)	0.0%
Month-to-Date Per APD	\$ 1,496	\$ 1,630	\$ (134)	-8.2%
Year-to-Date Per APD	\$ 1,583	\$ 1,663	\$ (80)	-4.8%

Other operating revenue

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 13,790,378	\$ 12,647,660	\$ 1,142,717	9.0%
Year-to-Date	\$ 27,463,307	\$ 24,888,781	\$ 2,574,525	10.3%

The majority of the positive variances for the month are in 340(b) program, and retail pharmacies revenues; while the majority of the negative variance for the month is in offsetting revenue grants/research.

Total operating revenues

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 59,673,542	\$ 59,102,807	\$ 570,735	1.0%
Year-to-Date	\$ 120,416,702	\$ 117,842,309	\$ 2,574,393	2.2%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2023**

OPERATING EXPENSES

Salaries and wages

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 26,559,136	\$ 25,383,571	\$ (1,175,565)	-4.6%
Year-to-Date	\$ 52,919,738	\$ 49,806,891	\$ (3,112,847)	-6.2%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll</i>	3,642	3,546	(96)	-2.7%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll (w/o Residents)</i>	3,639	3,542	(97)	-2.7%

	Actual	Budget	Variance	%Variance
<i>Salaries per FTE's - Payroll</i>	\$ 7,292	\$ 7,158	\$ (134)	-1.9%

Contract labor

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,833,252	\$ 7,010,389	\$ 1,177,137	16.8%
Year-to-Date	\$ 12,902,923	\$ 14,240,551	\$ 1,337,627	9.4%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor incl Outsource</i>	426	509	83	16.3%

	Actual	Budget	Variance	%Variance
<i>FTE's - Contract Labor</i>				
Nursing operations - Acute	139	178	39	22.0%
Revenue Cycle	-	-	-	-100.0%
Behavioral Health	38	39	1	2.6%
Information Technology	(1)	-	1	-100.0%
Support Services	11	12	-	0.0%
Interns & Residents	190	202	12	5.9%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's - Payroll & Contract Labor</i>	4,068	4,055	(13)	-0.3%

	Actual	Budget	Variance	%Variance
<i>Adjusted Occupied Beds (AOB)</i>	989	919	70	7.6%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB</i>	4.11	4.41	0.30	6.8%

	Actual	Budget	Variance	%Variance
<i>Paid FTE's per AOB (w/o Residents)</i>	3.92	4.19	0.27	6.4%

Employee benefits

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 7,469,135	\$ 7,593,894	\$ 124,760	1.6%
Year-to-Date	\$ 15,565,057	\$ 14,908,342	\$ (656,715)	-4.4%

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

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2023**

Benefits as a % of salaries

	Actual	Budget	Variance	%Variance
Month-to-Date	28.1%	29.9%	1.8%	6.0%
Year-to-Date	29.4%	29.9%	0.5%	1.7%

Medical service fees

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 8,743,198	\$ 9,435,086	\$ 691,888	7.3%
Year-to-Date	\$ 17,442,265	\$ 18,793,046	\$ 1,350,782	7.2%

The majority of the positive 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	\$ 9,721,017	\$ 8,091,387	\$ (1,629,630)	-20.1%
Year-to-Date	\$ 18,622,973	\$ 16,363,268	\$ (2,259,705)	-13.8%

The negative variances for the month are primarily in pharmaceuticals, surgery related medical supplies, blood & plasma supplies, and furniture & equipment; while majority of the positive variances for the month are primarily in GPO rebates, and laboratory supplies.

Purchased services

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,605,785	\$ 4,771,941	\$ 166,157	3.5%
Year-to-Date	\$ 9,227,051	\$ 9,461,964	\$ 234,913	2.5%

The major positive variances for the month are in laboratory services, other professional services, and laundry & dry cleaning services; while the major negative variance for the month is in other services.

Other expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 5,779,287	\$ 5,225,752	\$ (553,535)	-10.6%
Year-to-Date	\$ 11,548,943	\$ 10,900,615	\$ (648,328)	-5.9%

The major negative variances for the month are in patient transport services, risk management expenses, repairs & maintenance expense, rent expense.

Provider Assessment

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ -	\$ -	\$ -	0.0%
Year-to-Date	\$ -	\$ -	\$ -	0.0%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2023**

Depreciation

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 4,456,331	\$ 4,456,331	\$ (0)	0.0%
Year-to-Date	\$ 8,925,901	\$ 8,925,901	\$ (0)	0.0%

Total operating expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 73,167,140	\$ 71,968,351	\$ (1,198,789)	-1.7%
Year-to-Date	\$ 147,154,852	\$ 143,400,579	\$ (3,754,273)	-2.6%

Operating income (loss)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (13,493,598)	\$ (12,865,544)	\$ (628,054)	-4.9%
Year-to-Date	\$ (26,738,150)	\$ (25,558,270)	\$ (1,179,880)	-4.6%

Non-operating revenues (expenses)

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ 10,788,256	\$ 11,037,074	\$ (248,818)	-2.3%
Year-to-Date	\$ 23,731,078	\$ 23,497,430	\$ 233,648	1.0%

The major positive variances for the month are in grant revenues related to the retention and sign on bonus and investment/interest income while majority of the negative variances are in capital related grant revenues and local match related expenses.

Excess of revenues over expenses

	Actual	Budget	Variance	%Variance
Month-to-Date	\$ (2,705,342)	\$ (1,828,470)	\$ (876,872)	48.0%
Year-to-Date	\$ (3,007,072)	\$ (2,060,840)	\$ (946,232)	45.9%

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2023**

ASSETS

Cash and cash equivalents - Delivery system

Aug-23	Jun-23	Change	% change
\$ 202,309,763	\$ 241,938,972	\$ (39,629,209)	-16.4%

Cash and cash equivalents - Bond (restricted)

Aug-23	Jun-23	Change	% change
\$ 111,327,975	\$ 166,504,192	\$ (55,176,217)	-33.1%

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

Patient A/R, net of allowances

Aug-23	Jun-23	Change	% change
\$ 95,789,058	\$ 85,709,368	\$ 10,079,690	11.8%

Other receivables and prepaid items

Aug-23	Jun-23	Change	% change
\$ 51,848,407	\$ 44,710,334	\$ 7,138,073	16.0%

FY23 other receivables / prepaids includes:

\$16.2M in prepaids/deposits

\$12.1M in inventories

\$8.2M receivables from grants & research sponsors

\$3.4M due from other receivables (local match partners)

\$5.3M due from Health II program

\$2.4M in retail pharmacy receivable

\$2.3M due from Wellpartner/340B program

\$603K due from Home Assist Health

\$591K in Psych subsidy

\$358K due from other hospital - resident rotation

\$85K due from Health Foundation

Estimated amounts due from third party payors

Aug-23	Jun-23	Change	% change
\$ 59,701,055	\$ 50,543,304	\$ 9,157,751	18.1%

FY23 due from third party payors includes:

\$49.9M due from AHCCCS for GME - FY2023

\$8.8M due from AHCCCS & Medicare for GME - FY2024

\$278K due from First Things First

\$700K due from AHCCCS for DSH - FY2024

Due from related parties

Aug-23	Jun-23	Change	% change
\$ 22,991,496	\$ 1,645,314	\$ 21,346,182	1297.4%

FY23 due from related parties includes:

\$21.2M due from Maricopa County for tax levy collection

\$1.8M due from various HIV-related grants

Other Current Assets

Aug-23	Jun-23	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 August 31, 2023**

Capital Assets, net

Aug-23	Jun-23	Change	% change
\$ 786,703,565	\$ 775,682,595	\$ 11,020,970	1.4%

Deferred outflows

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

LIABILITIES AND NET POSITION

Current maturities of long-term debt

Aug-23	Jun-23	Change	% change
\$ 36,886,957	\$ 42,878,240	\$ (5,991,283)	-14.0%

FY23 current maturities includes:

\$34.7M in Bond current portion and interest payable

\$2.2M in current portion - Lease Liability

Accounts payable

Aug-23	Jun-23	Change	% change
\$ 72,560,056	\$ 69,449,309	\$ 3,110,748	4.5%

FY23 accounts payable includes:

\$34.5M in vendor related expense accrual

\$19.1M in vendor approved payments

\$19.0M 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

Aug-23	Jun-23	Change	% change
\$ 33,564,598	\$ 27,147,698	\$ 6,416,900	23.6%

Medical claims payable

Aug-23	Jun-23	Change	% change
\$ 16,185,195	\$ 16,852,228	\$ (667,033)	-4.0%

Due to related parties

Aug-23	Jun-23	Change	% change
\$ -	\$ 2,607,038	\$ (2,607,038)	-100.0%

Timing of tax levy revenue accrual and actual collection received.

**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
VALLEYWISE HEALTH (COMBINED CARE SYSTEM)
FINANCIAL STATEMENT HIGHLIGHTS
For the month ending August 31, 2023**

Other current liabilities

Aug-23	Jun-23	Change	% change
\$ 68,413,923	\$ 69,821,871	\$ (1,407,947)	-2.0%

FY23 other current liabilities includes:

\$21.6M in deferred income (Health Foundation)
\$18.4M in deferred income (MC ARPA)
\$6.9M in deferred income (FQHC)
\$6.0M in patient credit balances
\$5.6M in other deferred income (TIP, APSI)

\$5.0M in settlement reserved for Medicare
\$3.1M in deferred income for grants, research, & study residuals
\$762K in capitation payments
\$568K in other deferred income
\$440K in unclaimed/stale dated checks

Bonds payable

Aug-23	Jun-23	Change	% change
\$ 608,116,815	\$ 640,026,848	\$ (31,910,033)	-5.0%

Reclassified current maturities portion of Bond payable

Other long-term debt

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

Long-term portion of lease liability

Long-term liabilities

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

Pension liability per ASRS report - GASB68

Deferred inflows

Aug-23	Jun-23	Change	% change
\$ 18,778,412	\$ 18,778,412	\$ -	0.0%

Net position

Aug-23	Jun-23	Change	% change
\$ 178,360,973	\$ 181,368,044	\$ (3,007,072)	-1.7%



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	881,982.62	
	Bank interest income received - YTD	<u>84,589.11</u>	
			35,929,365.76
LESS:	Consulting services expense	(547,601.00)	
	Valleywise Health Foundation Funding	(5,250,000.00)	
	Bank charges - transfer fees	<u>(50.00)</u>	
			(5,797,651.00)
Ending balance as of August 31, 2023		\$	<u><u>30,131,714.76</u></u>



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 6.

Care Reimagined Update

September 25, 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



1,290 Design & Construction Professionals Engaged



7 Decommission sites



Expanding High Quality Care



Over **25,211** total views on The Vine

Completion to Date:

Valleywise Health Medical Center Campus	85%
Valleywise Behavioral Health Center Maryvale	100%
Ambulatory Peoria	100%
South Phoenix/Laveen	100%
North Phoenix	100%
Mesa	100%
West Maryvale	100%

*Approximately 14,097,775 Accumulative
Man Hours For All Projects*

Care Reimagined Program Dashboard

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

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

Valleywise Health Medical Center Campus

Budget alignment and escalation: Valleywise Health approved an alternate funding source for \$20M plus the cost of the additional beds. Industry material and labor shortages, and project changes have impacted the cost and schedule for the ACH, as well as future site and demolition work packages. The Go-Live date of 4/11/2023 has been established.

Valleywise Health Piper Pavilion

Technology projected budget overage. Mitigation plan is ongoing to reduce cost exposure.

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

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

Project Information:

The Medical Center Campus scope is comprised of many elements for hospital improvement that include replacing the existing Acute Care Hospital, Annex behavioral health air handling unit, and server accommodations. The new Central Utility Plant was built with an immediate connection to the existing site buildings for combined annual energy savings throughout the site construction duration.

Decommissioning of existing buildings, current Valleywise Health Medical Center, CAC (Administration Building), Hogan, and Central Energy Plant, to be phased post-Medical Center go-live. The laundry building decommissioning made way for the Piper Pavilion currently nearing completion (phased occupancy).

VHMC Acute Care & Ancillary Facilities Timeline

Final Design Completion	Dec 2020
Construction-Substantial Completion	Nov 29, 2023
Activation/Licensing	Sept. 2023-April 2024
"Go-Live"	April 11, 2024

CONSTRUCTION UPDATE:

- Punch walks began on 8/28 on level 4 and will continue on all floors
- Grossing station and lab equipment installation is complete
- Level 2 video integration installation will be complete prior to 10/1

EQUIPMENT & ACTIVATION UPDATE:

- Activation planning is ongoing and relocation planning is underway
- **NEXT 30 DAYS:**
- OFCI (owner furnished, contractor installed) installation of items continues
- Final med gas testing and certification is expected to be complete in September
- Overhead boom installation will commence on 9/26 in the IR/Angio/Cath lab

Estimate at Completion

\$612.7M

Paid to Date

\$489.8M

Billed to Date

\$505.5M

Percent Spent

82%

Days w/o Incident

842*

*without loss of time

Manhours

44,916

Percent Complete

97%*

85%**

* Construction Complete

**Overall Complete

Valleywise Health Medical Center Campus

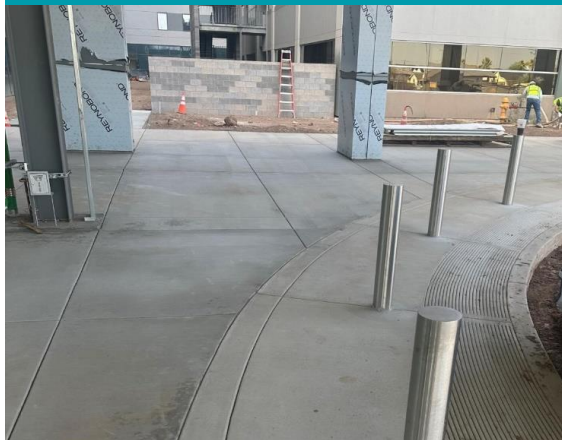
2601 E. Roosevelt St. Phoenix, AZ 85008



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

North Canopy Concrete Slab



Patient Transfer Sidewalk Grading



Southwest Site Overview



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Acute Care Hospital

- Major medical equipment continues to be delivered to the site.
- Air Test & Balance activities are underway on level 8 and have been completed in the basement, level 1 South, and levels 4-7.
- Cart wash Test & Balance (TAB) should commence on 9/18.
- Prep/place curbs/hardscape at Phase 2 canopy area is complete.

Level 3, CSPD Cart Wash



Level 3, Medivator



Level 3, BSL-3 Ante Room



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Level 5, Furniture Install



Level 3, Mobile Shelving



Giftshop Interior Glazing



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

West Café Millwork Installation



P-Tube Station Power On



Burn/ L&D Lobby



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Sally Port Exterior



Level 3, Locker Installation



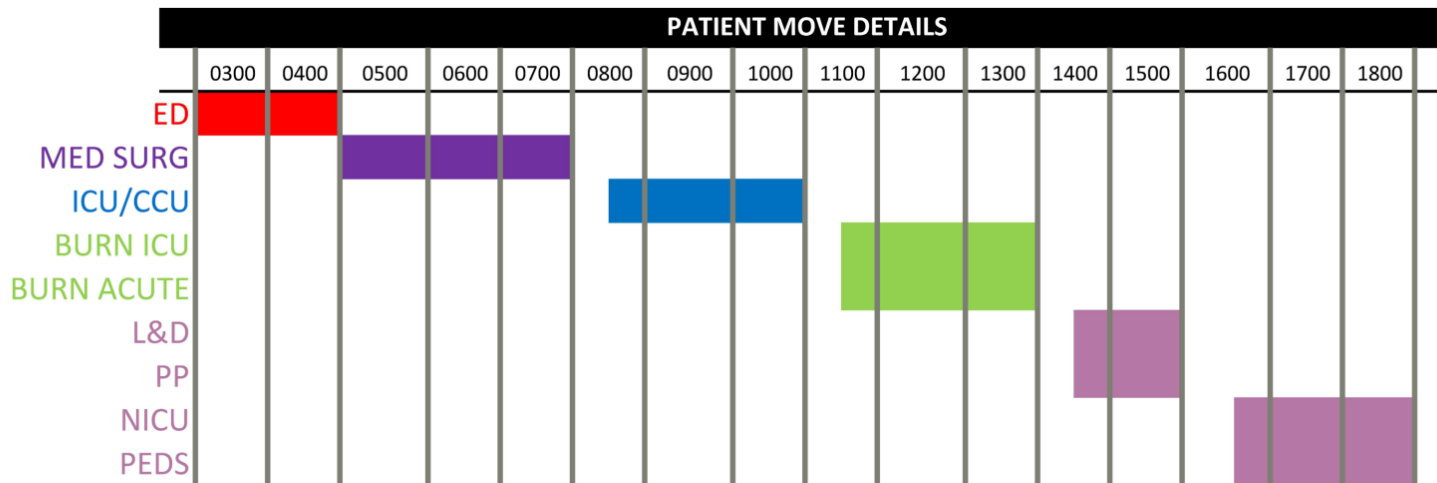
Level 3, Microbiology Lab



Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

PATIENT MOVE SCHEDULE



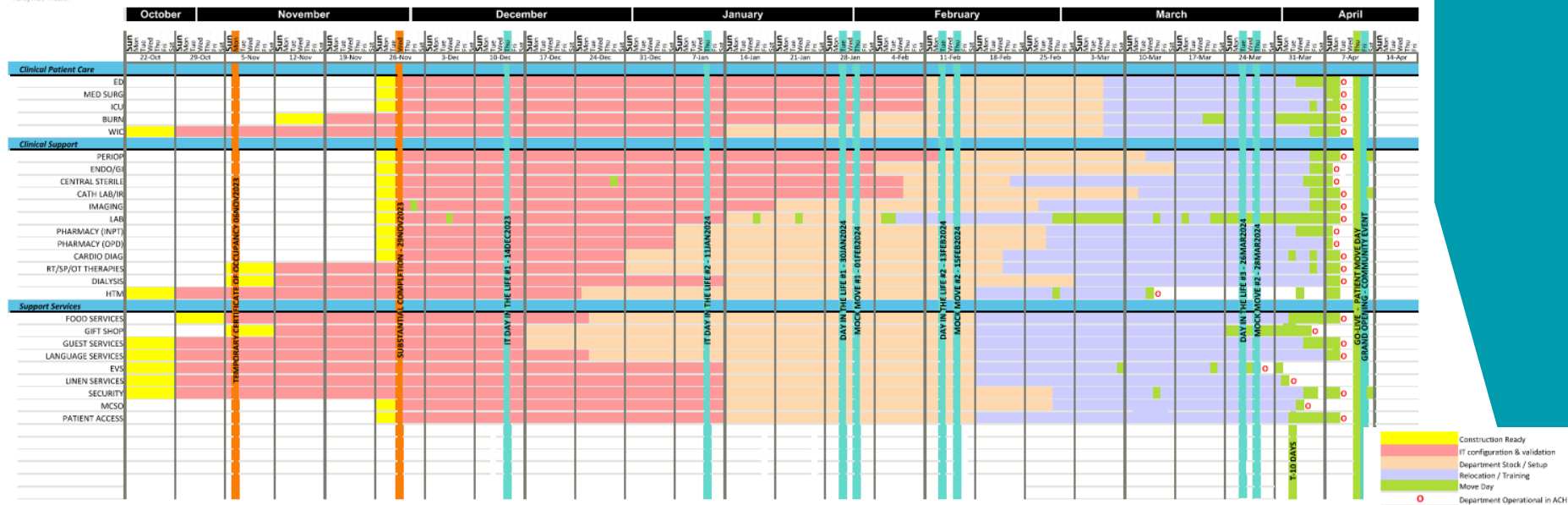
OPERATIONAL ASSUMPTIONS:

- Opening day activities will begin at 3:00am
- Support and Ancillary services will move prior to the Go-Live date and will be available to support dual operations through the duration of the patient move.
- Emergency Department (ED) services in the legacy MMC will close at 3:00 am while the Ed services in the Acute Care Hospital (ACH) will open at 3:00 am.
- Any ED patients will be moved over at 3:00am.
- The following departments will be open in the ACH and available to provide services as needed starting at 3:00am: ED, Burn ED, Perioperative, IR/Cath Lab, L & D, NICU, and Dialysis.
- The current assumption is that the inpatient move will take 13 hours. However, the patient move team will continue to validate staffing assumptions for the patient move, which may impact the move duration for each unit.

Valleywise Health Medical Center Campus

2601 E. Roosevelt St. Phoenix, AZ 85008

Overview of Move Schedule



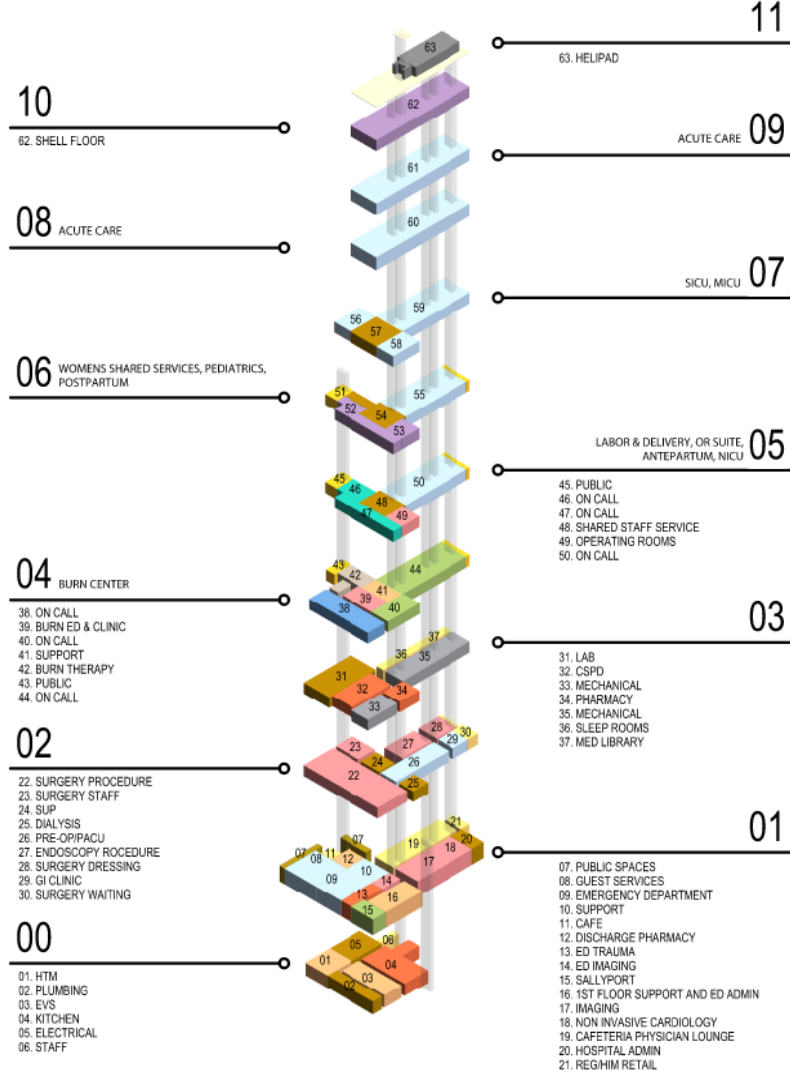
Current Substantial Completion (SC) date is 10/31/2023. Change Orders now in process are expected to push SC date to 11/29/2023 as shown above.

OPENING DAY ASSUMPTIONS:

- **Perioperative:** Emergent cases only during week leading up to Go-Live. 4 ORs will be operational in ACH at 3 am on Go-Live date (including Burn, Robotics, Trauma, and General Surgery); 7 ORs will continue to be operational at Legacy Tower (moves will follow last patient). Resume normal OR schedule on day after Go-Live.
- **Women's Services** will pause elective inductions during week leading up to Go-Live. One C-Section room will be operational in ACH at 3 am on Go-Live date with general OR as a back-up option.
- Endo will do emergent cases only on Go-Live date.
- Outpatient Pharmacy will temporarily operate in the CHC, with curbside pick up available, the week prior to Go-Live, when Outpatient Pharmacy opens in the ACH.
- Comprehensive code cart plan will be in place for move day to support patient relocations with code teams supporting dual operations in ACH and Legacy Tower.

Valleywise Health Medical Center Campus

Departmental stacking diagram



Blue Cottage Update

August 23	September 23	October 23	November 23	December 23	January 23
<ul style="list-style-type: none"> Continue ACH transition, activation schedule alignment, and patient move planning Continue Day in the Life (DIL)/Mock Patient Move planning Continue ACH/Piper Pavilion activation mtgs. Conduct meetings to finalize multidisciplinary decisions for RSVT 	<ul style="list-style-type: none"> Continue ACH transition and patient move planning Continue Day in the Life (DIL)/Mock Patient Move planning Continue ACH activation mtgs. Conduct meetings to finalize multidisciplinary decisions for RSVT 	<ul style="list-style-type: none"> Continue ACH transition and patient move planning Continue Day in the Life (DIL)/Mock Patient Move planning Continue ACH activation meetings 	<ul style="list-style-type: none"> Distribute orientation manuals Continue Day in the Life (DIL)/Mock Patient Move planning Continue ACH activation meetings 	<ul style="list-style-type: none"> Continue ACH activation meetings Continue Day in the Life (DIL)/Mock Patient Move planning 	<ul style="list-style-type: none"> Continue ACH activation meetings Conduct DIL Director/Evaluator Training Conduct DIL and Mock Patient Move #1 Support DIL and Mock Patient Move Debriefs and critical path item assignments

CURRENT

- Continue alignment with IT to support Epic and other technology "build"/planning and testing timelines for RSVT
- Conduct RSVT user groups meetings as needed as well as multidisciplinary meetings focused on outstanding operational decisions needed. Identify key pilot opportunities to implement and train current state as applicable.
- Develop patient move guidelines and validate plan for patient move sequence, timing for patient move, and staffing resources. 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 (PP)

GOALS FOR NEXT 60 DAYS

- Finalize remaining workflows and assumptions that operationalize future state processes for RSVT, continue focus on resolving key operational decisions, ensure alignment between clinical and system-wide operational planning
- Complete multidisciplinary focused planning meetings with ad hoc and combined user group meetings as needed to finalize outstanding operational decisions
- 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. Begin planning for mock moves to validate patient move plans testing travel paths, tools, processes, etc.
- Continue planning for DIL exercises, identify Directors and Evaluators for DIL scenarios
- Confirm direction and align activation schedules for operational planning activities and DIL testing to support successful go live
- Continue planning for ACH multidisciplinary monthly activation meetings

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: Cunningham 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

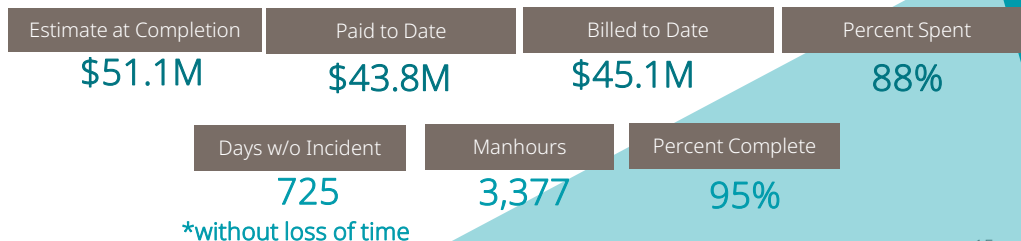
Final Design Completion	January 2021
Construction Completion	Nov 2023
Temporary Certificate of Occupancy (TCO) 1 st and 2 nd Floors	June 2023
Warehouse “Go Live”	June 2023
Temporary Certificate of Occupancy (TCO) 3 rd Floor	July 2023
Temporary Certificate of Occupancy (TCO) 4 th and 6 th Floors	August 2023
Activation	June –August 2023
Final Certificate of Occupancy (Completion of 5 th Floor)	November 2023

CONSTRUCTION UPDATE

- Temporary Certificate of Occupancy (TCO) has been received for all floors with the exception of level 5
- Construction Substantial Completion date is 11/3/23
- Installation of OFCI (owner furnished, contractor installed) items is complete on all levels with the exception of level 5
- All staff moving into Piper Pavilion have been relocated with the exception of level 5
- Punch list items continue on levels 3, 4, and 6

EQUIPMENT & ACTIVATION UPDATE:

- Activation activities are 98% complete on levels 3, 4 and 6
- **NEXT 30 DAYS:**
- Door installation to begin on level 5
- HVAC system start-up to occur on level 5
- Test & Balance to begin on level 5



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

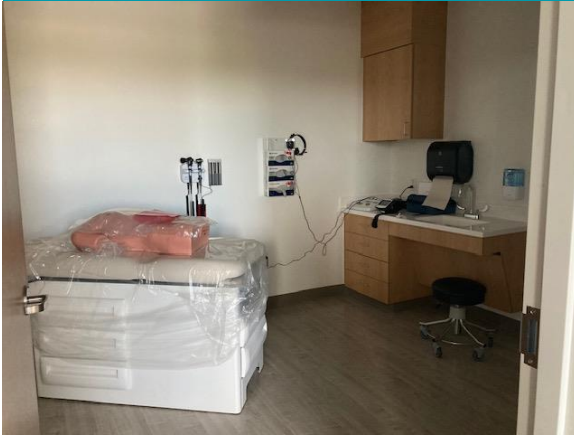
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Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

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SIM Center Exam Room



SIM Center Flex Room



SIM Center OR



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008

Grand Opening Set Up



SIM Center Corridor



Level 4, Furnished Lobby



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008

Level 4, Open Office



Main Lobby



Level 4, Classroom



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

2609 E. Roosevelt St. Phoenix, AZ 85008

Level 5, Conference Room Glass



Level 5, Ceiling Tile Install



Level 5, Staff Lounge



Valleywise Health – Virginia G. Piper Charitable Trust Pavilion

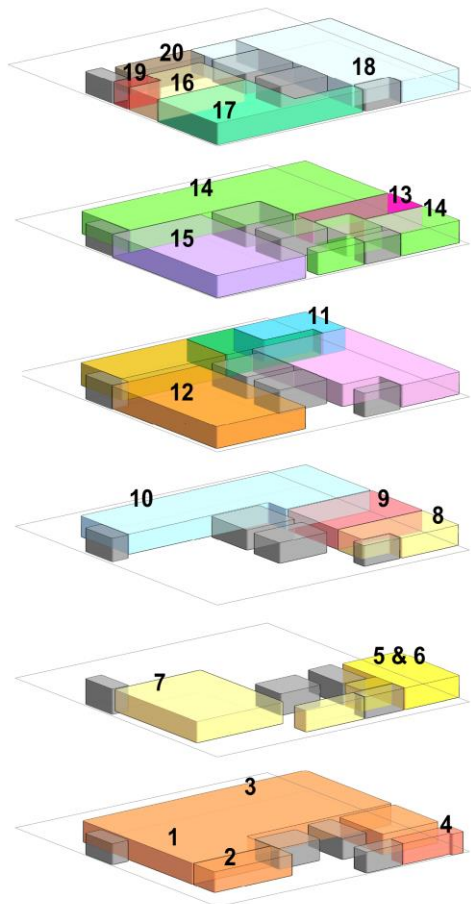
2609 E. Roosevelt St. Phoenix, AZ 85008

General Move Assumptions:

- All staff moves are complete on levels 1-4, and 6.
- Supply Chain, IT, and Service Delivery Warehouse moves are complete.
- Final move dates for Facilities are dependent on the completion of the TI space in Building 2611.
- Final move dates for Physician offices are anticipated for mid-Dec 2023. The final date is based on the completion of Piper Pavilion Level 5.

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

Conclusion – Discussion – Q&A – Next Steps





Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 7.

Updated Information

Chief Executive Officer's
Performance Goals
Fiscal Year 2024

Valleywise Health
FY24 CEO Performance Goals

			9/30/2023	12/31/2023	3/31/2024	6/30/2024
1 – Best Quality and Safety (Weighted Distribution: 20%)						
Objective: Decrease the overall % Encounters with any complications utilizing the Comparison Facilities: Vizient Quality and Accountability – Complex Care Medical Centers by 1%.						
FY23 Vizient Score ended at 3.36%						
	Minimum	3.36%				
	Midpoint	3.34%				
	Maximum	3.33%				
<i>*New objective for FY24</i>						
2 -Best Patient Experience (Weighted Distribution 20%. 2A 10%, 2B 10%)						
2A Objective: Objective: Increase the percentage of patients responding favorably to HCAHPS hospital satisfaction question regarding overall rating.						
FY 23 results: 68.3%						
	Minimum	69.0%				
	Midpoint	69.6%				
	Maximum	70.4%				
2B Objective: Increase the net promoter score for primary care in Federally Qualified Health Centers.						
FY 23 results: 72%						
	Minimum	72.72%				
	Midpoint	73.00%				
	Maximum	73.72%				

Valleywise Health
FY24 CEO Performance Goals

		9/30/2023	12/31/2023	3/31/2024	6/30/2024	
3 – Best People Engagement (Weighted Distribution 20%)						
Objective: Reduce Voluntary Turnover.						
FY 23 results: 21.42%						
	Minimum	21.42%				
	Midpoint	20.50%				
	Maximum	19.5%				
4 – Best Financial Performance (Weighted Distribution: 20%)						
Objective: Achieve FY24 budgeted earnings before interest, depreciation, and amortization (EBIDA).						
FY 23 results: \$3,858,908 (Preliminary until audit completed)						
	Minimum	(\$25,584,255)	(\$3,283,792)	(\$11,793,212)	(\$11,509,188)	\$1,001,937
	Midpoint	(\$25,084,255)				
	Maximum	(\$24,584,255)				

**Valleywise Health
FY24 CEO Performance Goals**

5 – Best Learning Environment (Weighted Distribution 10%)						
Objective: Improve Learner Retention: Increase the number of physicians, trained at Valleywise Health, that established clinical practice in Arizona. * FY 23 results: 24						
	Minimum	24				
	Midpoint	27				
	Maximum	30				
6 – Discretionary (Weighted Distribution 10%)						
Objective: The President & CEO's effectiveness in providing leadership, developing positive relationships, responsiveness to the Board of Directors, and reflecting the Valleywise Health Mission, Vision and Values. *						
FY 23 results: N/A						
	Minimum	Meets Expectations				
	Midpoint	Above Expectations				
	Maximum	Exceeds Expectations				



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 8.

Reports to the Board



Maricopa County
Special Health Care District

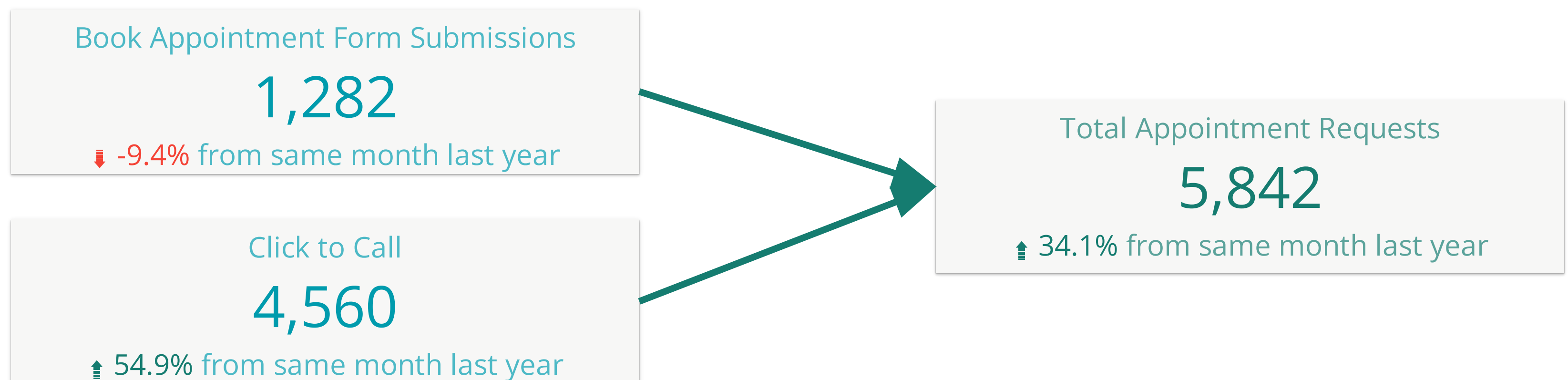
Board of Directors
Formal Meeting

September 27, 2023

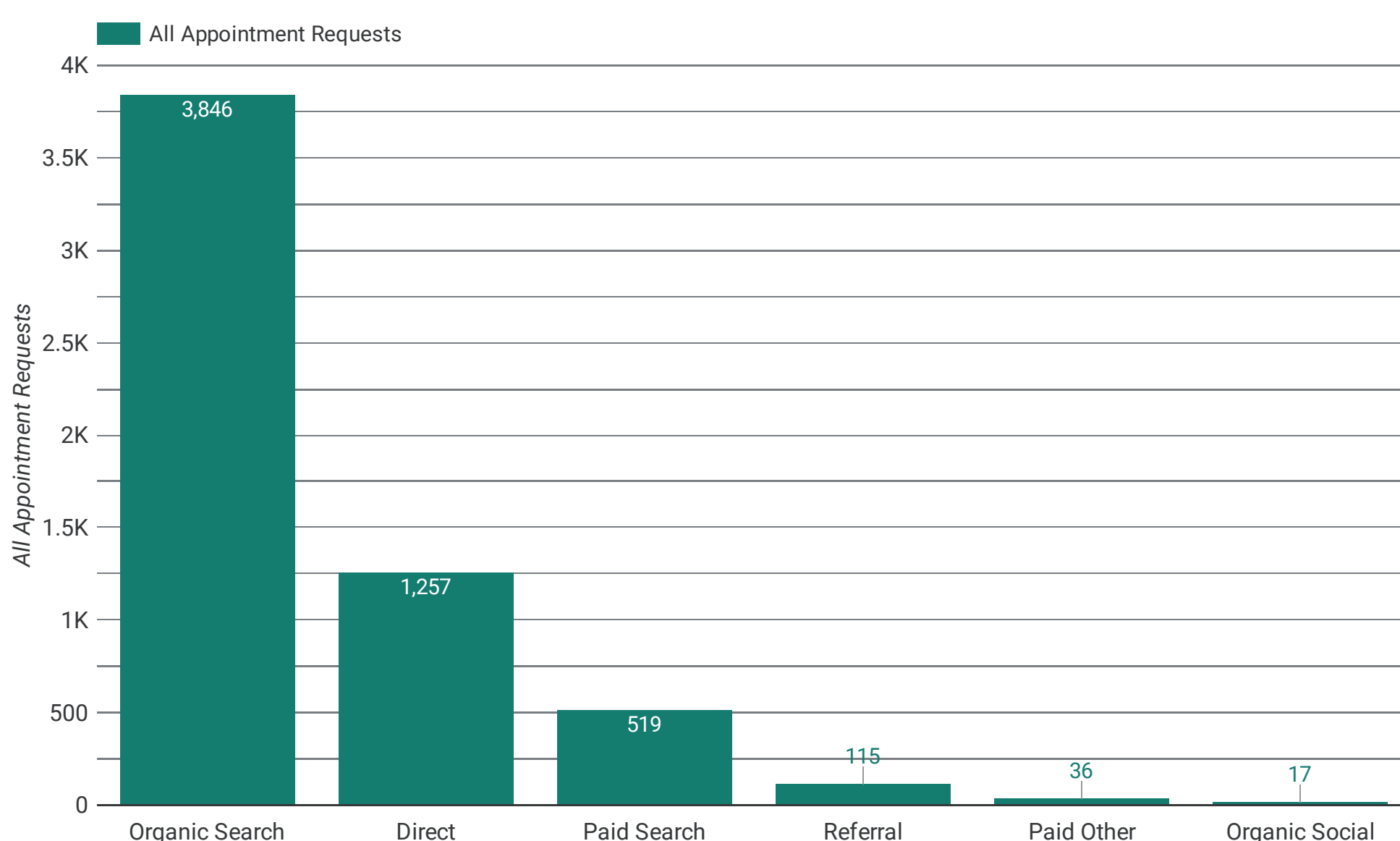
Item 8.a.

Reports to the Board
Marketing and Communications Report

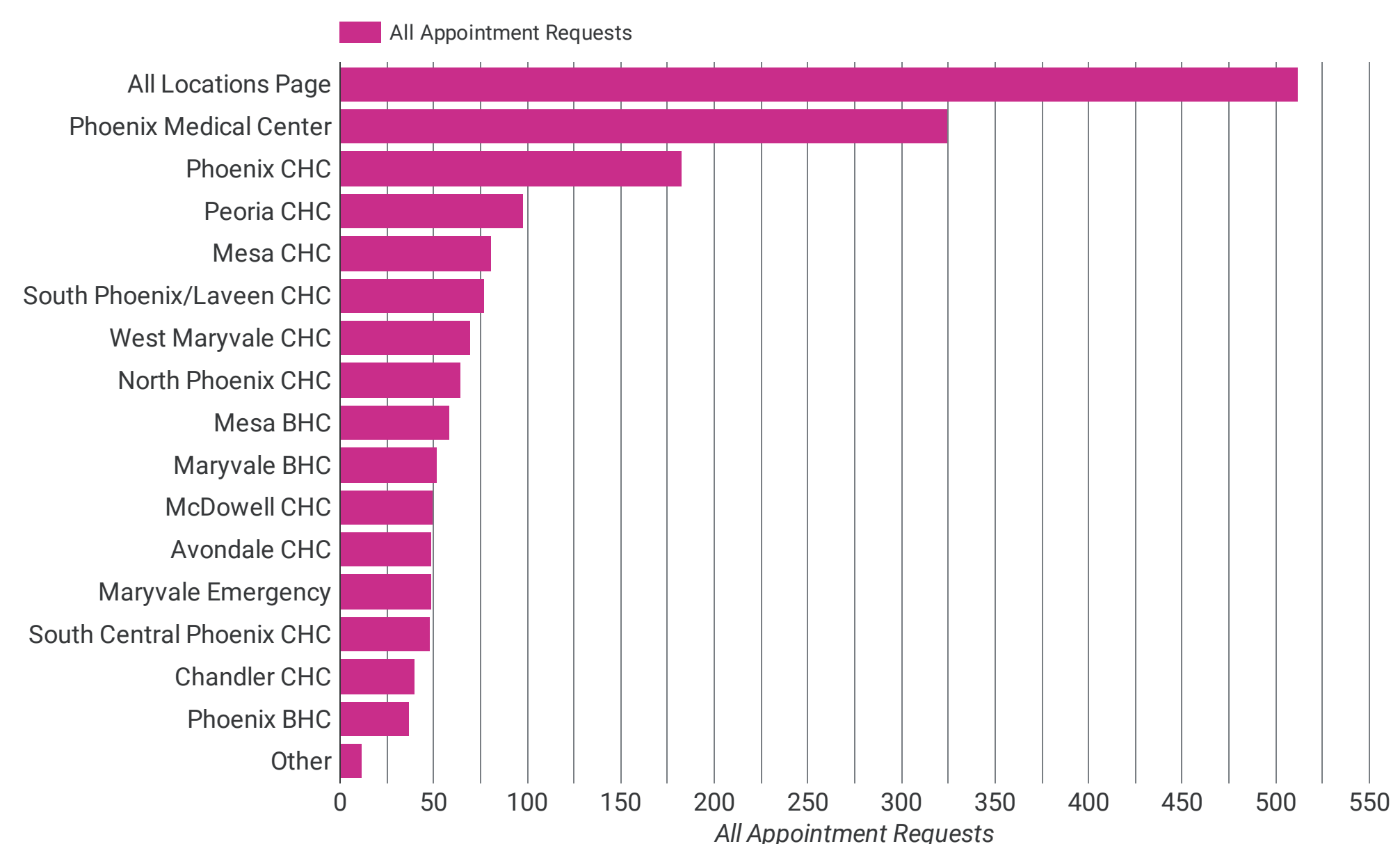
How Many People Are Visiting Valleywise



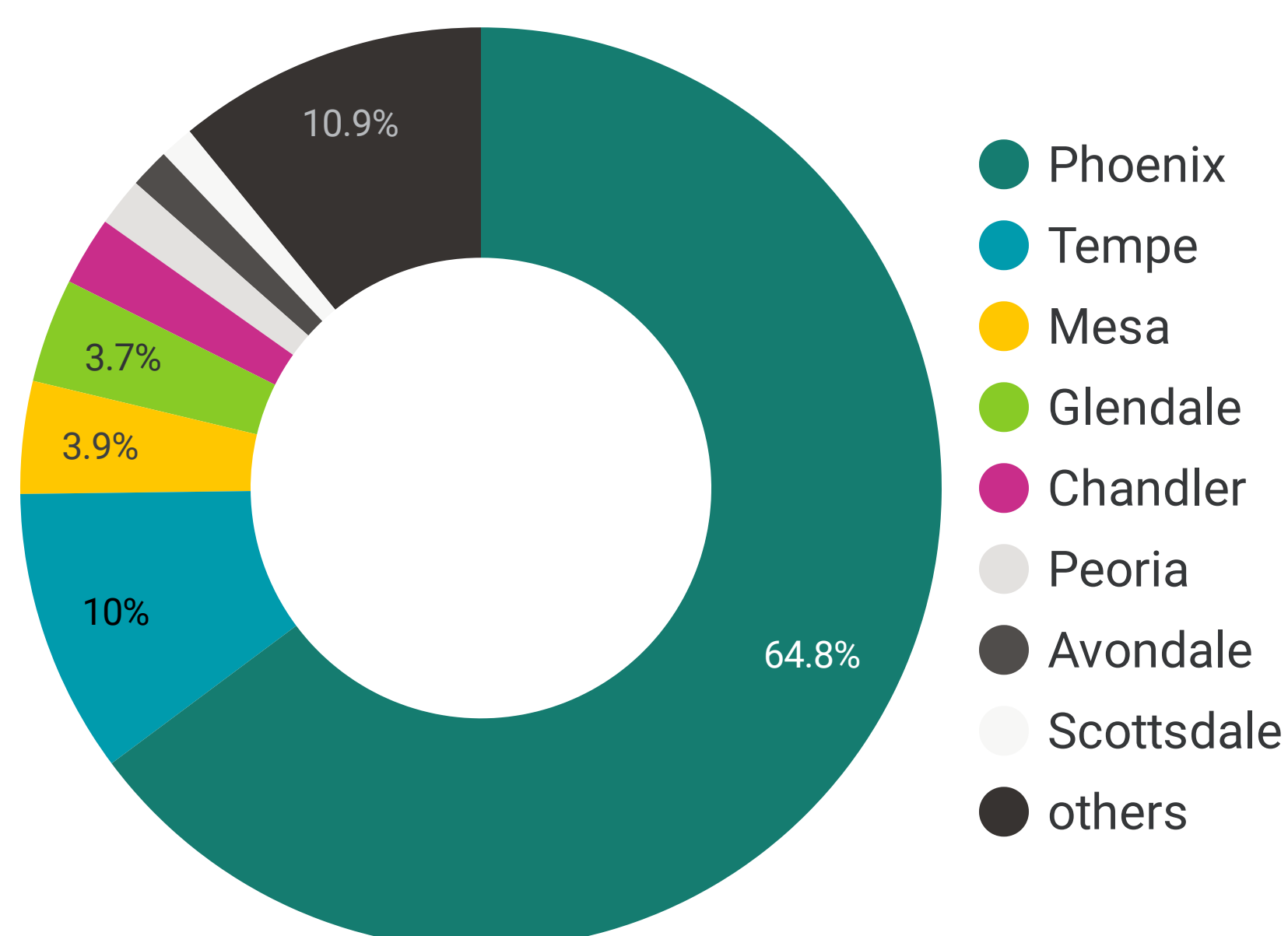
What Marketing Channels Are Driving Visits?



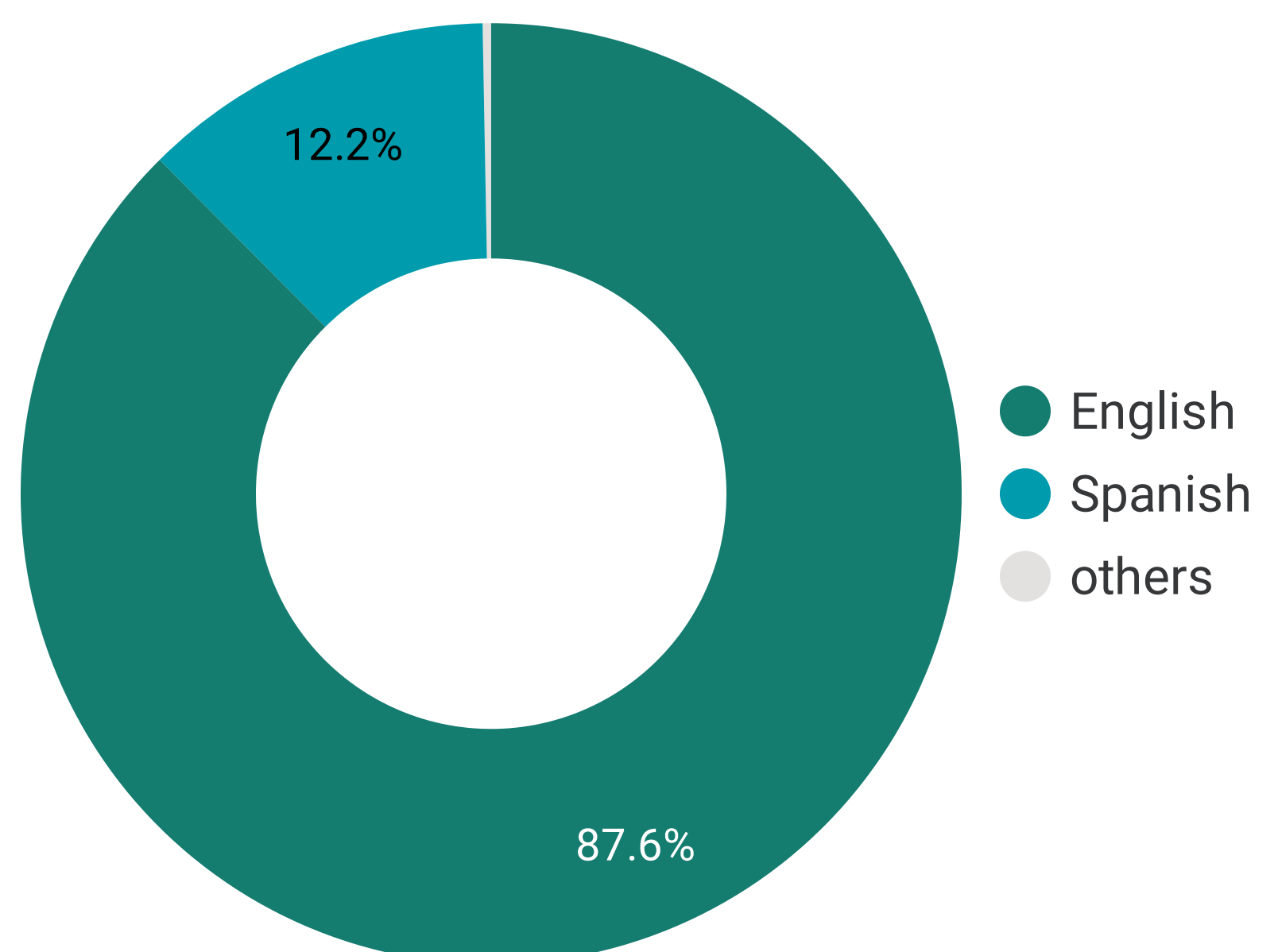
Location Pages Viewed Before Requesting an Appointment



Where Are People in Arizona Making Appointments From?

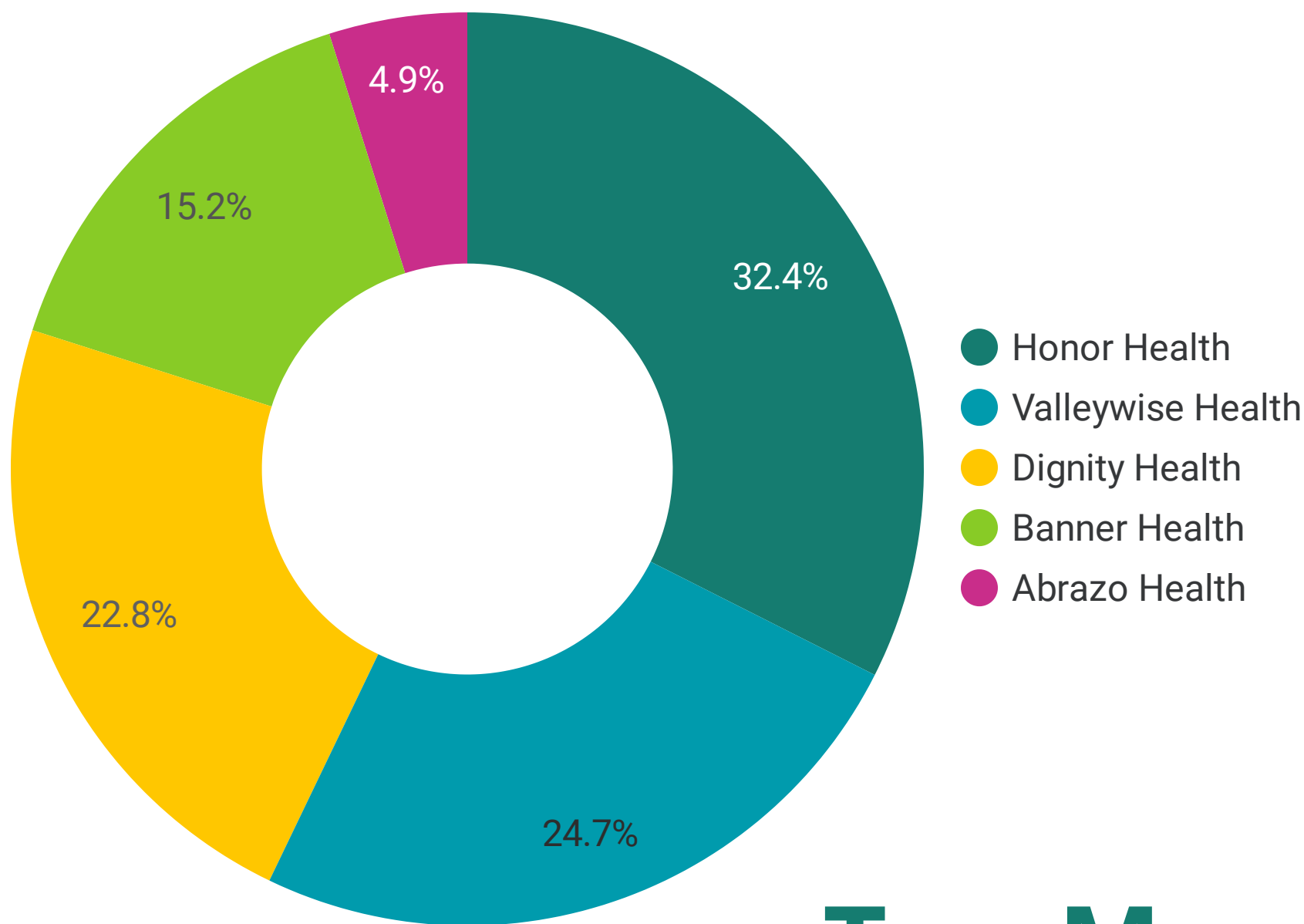


What Language Do They Speak?

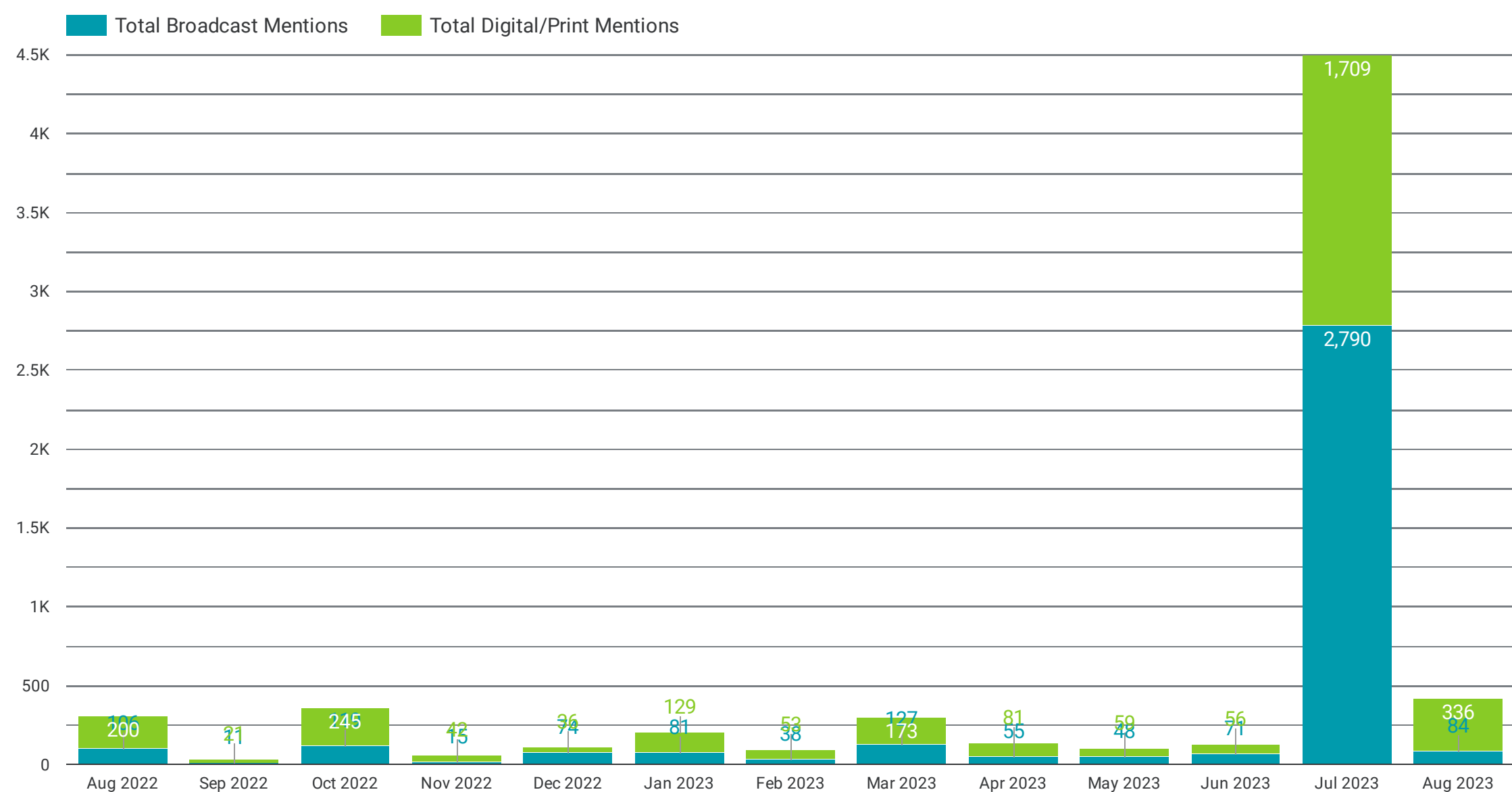


Aug 1, 2023 - Aug 31, 2023

Share of Voice

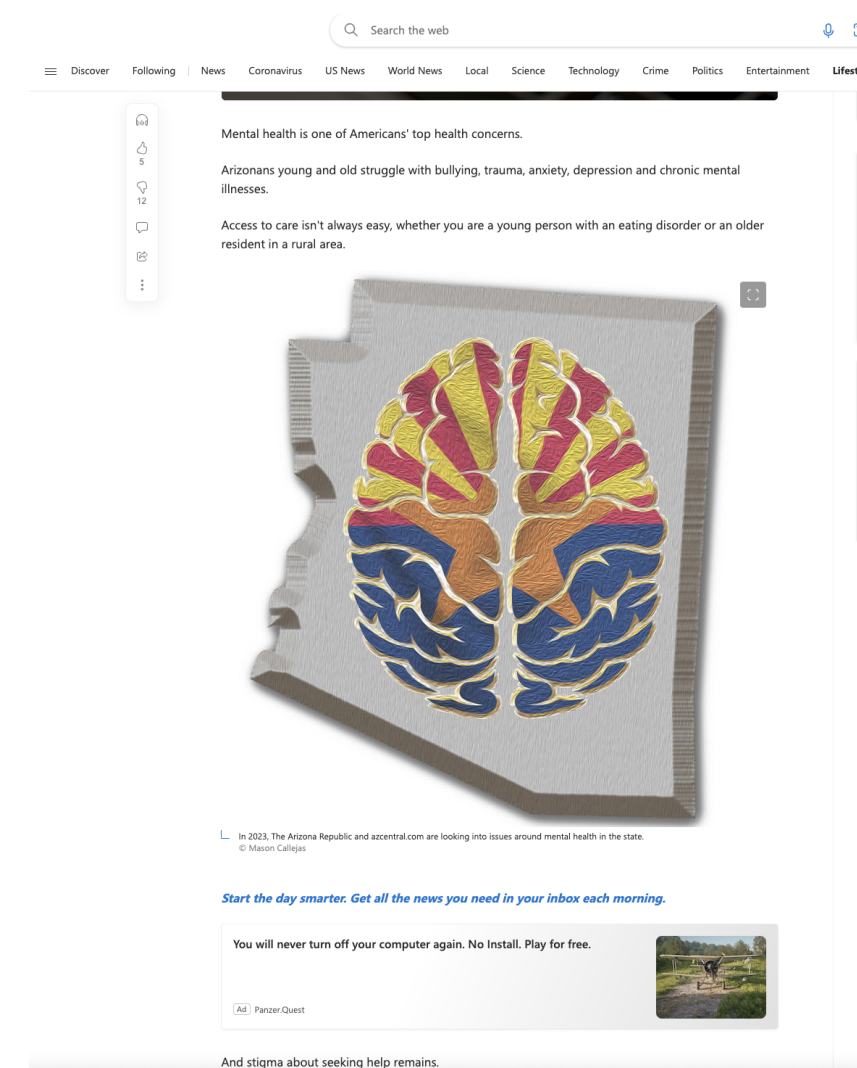
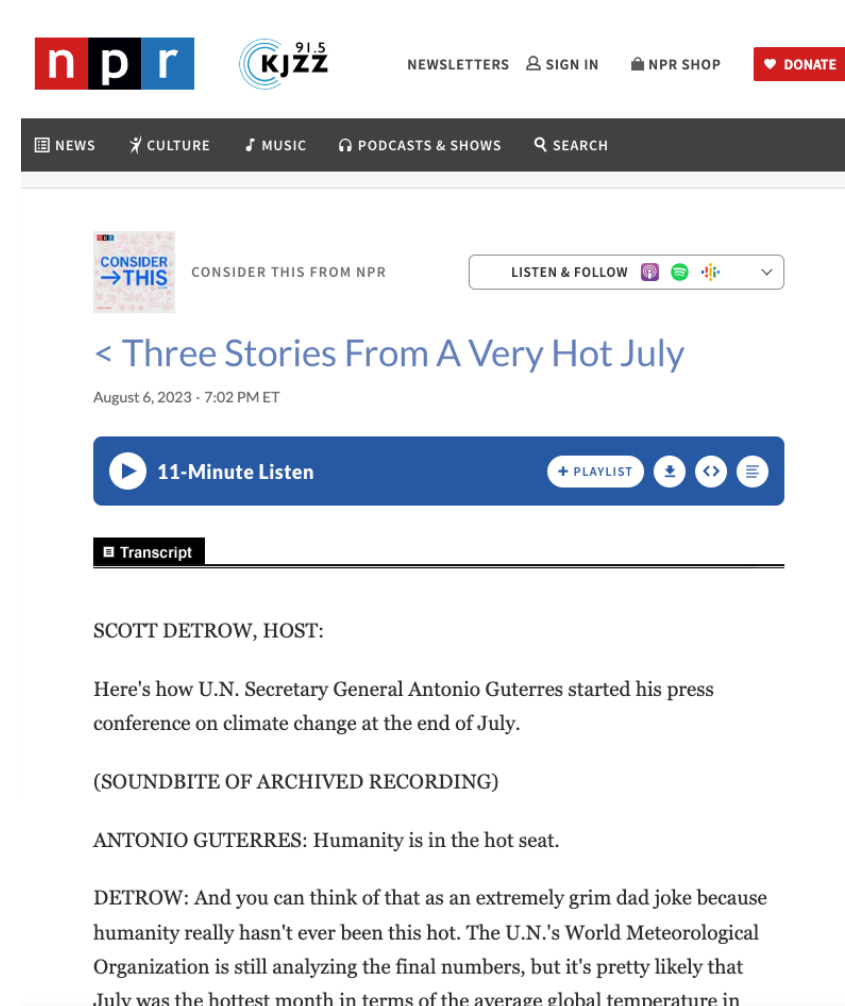
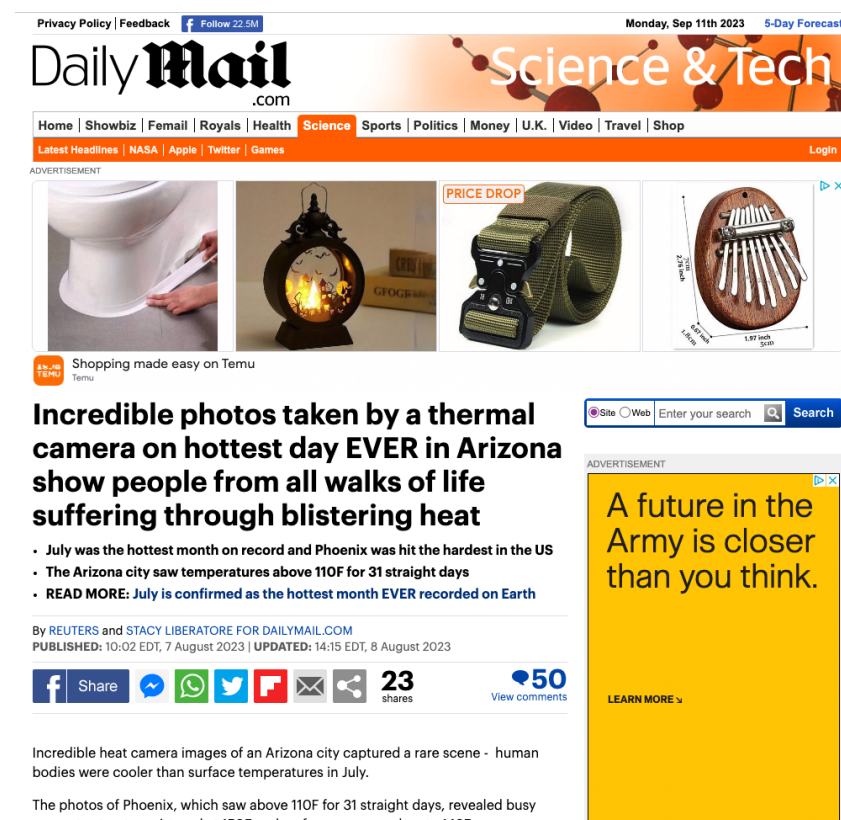


Total News Mentions by Month



Top Mentions in the News

Date ^	Media Outlet	Local/National	Topic
Aug 1, 2023	Yahoo	National	The hottest July: Inside Phoenix's brutal 31 days of 110-degree heat
Aug 8, 2023	Daily Mail	International	Incredible photos taken by a thermal camera on hottest day EVER in Arizona
Aug 9, 2023	NPR	National	Three Stories From A Very Hot July
Aug 24, 2023	MSN	National	Mental health: How COVID reshaped the landscape in Arizona — and what's next



How People Are Engaging with Our Newsletters

Community E-News

Open Rate
25.5%

↑ 7.18% from previous month

Family Resource Center

Open Rate
29.6%

↓ -1.39% from previous month

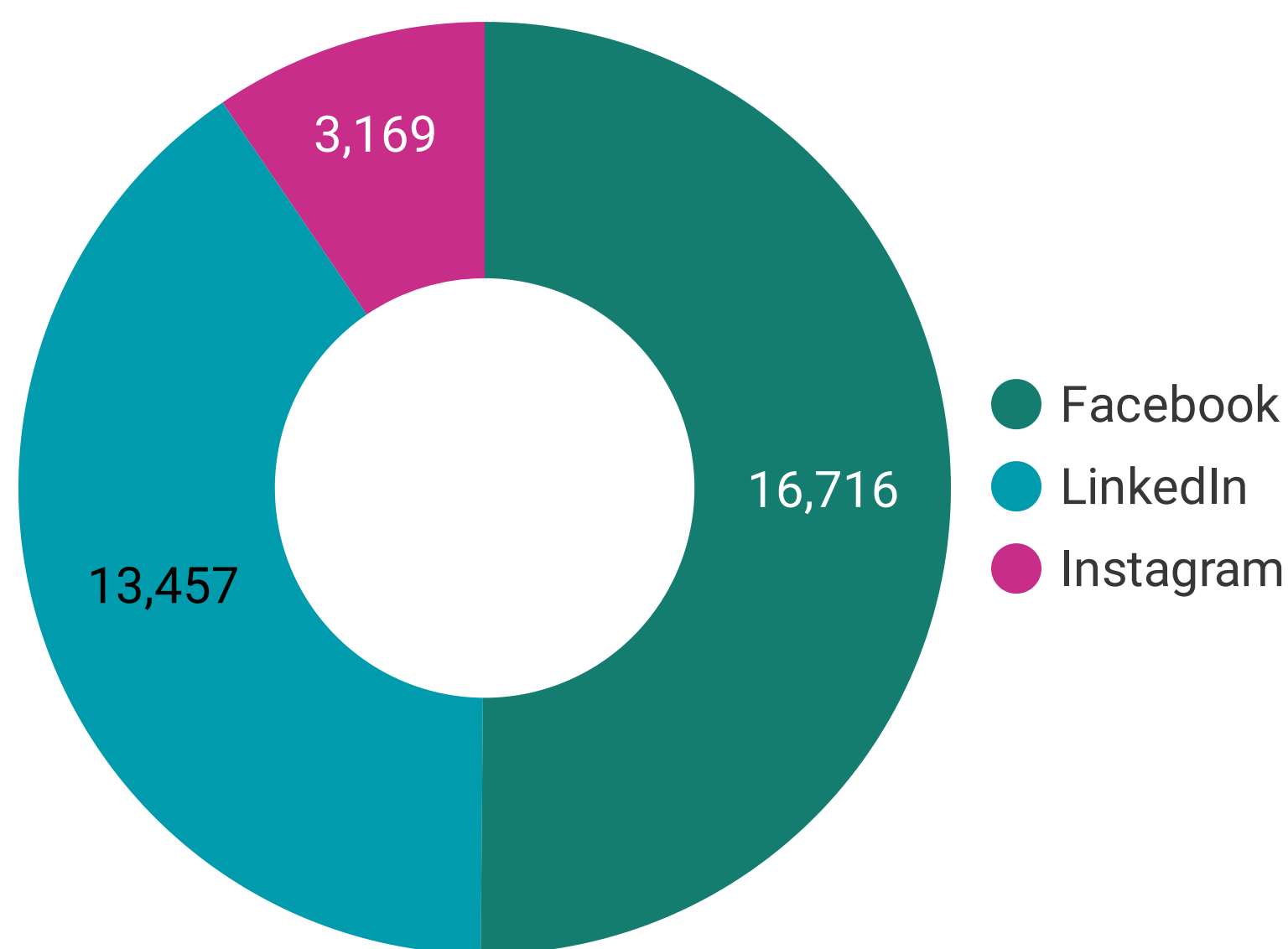
McDowell Clinic

Open Rate
25.3%

↑ 2.07% from previous month

Social Media

Total Followers



Valleywise Health celebrated five incredible team members at the 2023 [Phoenix Business Journal](#) Healthcare Heroes Awards!

Dr. Daniela Cocco, a breast surgeon in our Breast Clinic, won Physician of the Year for her exceptional dedication to patients with breast cancer, many of whom are immigrants lacking insurance and struggling to navigate the complex US healthcare system.

Danika Hines, a physical therapist at the Arizona Burn Center - Valleywise Health, won in the Non-Physician category for trading in her scrubs for hiking gear last year to support 12-year-old burn survivor Isabella McCune in climbing Mount Kilimanjaro in a show of strength and resilience.

Lastly, Jose Luis Madera won in the Mental Health category for his commitment to breaking barriers to behavioral health treatment by rapidly expanding our programs from a single provider to a robust team of over 50.

Drs. Beth Darling, psychiatrist and medical director at Valleywise Health, and Pam Stelzer, [Valleywise Health Foundation](#) Board Vice Chair, received well-deserved recognition as finalists in the Education and Philanthropy categories.

We're so proud to have such selfless and dedicated people who choose to pour their efforts into our community every day. Congratulations to all!



Valleywise Health
August 14 at 1:25 PM · 🌐

The [Virginia G. Piper Charitable Trust](#) Pavilion is the first new building on Valleywise Health's Roosevelt campus in 30 years. The grand opening of the building held last week marks yet another milestone in opening our new and improved facilities.

The Piper Pavilion is 106,000 square feet and features a medical simulation center (OR, ICU, Acute Care competencies) that will help train the next generation of healthcare heroes, along with Valleywise Health administration, suppl... [See more](#)



valleywisehealthfoundation and valleywise_az

[valleywisehealthfoundation](#) Thunderbirds Charities donated \$500,000 to support the new Thunderbirds Charities Pediatric Burn Unit located within the new Diane and Bruce Halle Arizona Burn Center! Opening its doors in 2024, this cutting-edge facility will provide exceptional care and comfort to pediatric patients and their families throughout their journey to recovery.

"We are fortunate to fund outstanding organizations helping people in need each year. Seeing the new facilities and technology and meeting families who will directly benefit from this care was humbling. Talking with 5-year-old Westyn, an aspiring cowboy in kindergarten and 12-year-old Leah, who just earned a spot on her middle school cheer team, helped reinforce our excitement for this unique project. Despite the difficult situations they've been through and treatments they still face, these



Community Outreach

Partner
Engagement

Meetings
11

Participants
202

Guadalupe Partnership Council
Maricopa County Public Health – Building Bridges to Health Committee
MesaCAN
West Valley Human Alliance
Wilson Coalition

Business
Development

Meetings
4

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



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 8.b.

Reports to the Board
Care Reimagined Capital
Purchase Report



Northwest Elevation



Northeast Elevation



Care Reimagined – Spend report (August 2023)

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
Functional Area - Outpatient Health Facilities					
ABBOTT RAPID DIAGNOSTICS	19-930				\$ 1,870
ADVANCED STERILIZATION	19-930				\$ 140,587
Advanced Testing	19-930				\$ 10,605
Airpark Signs	19-930				\$ 184,498
ALLEGIANCE CORP	19-930				\$ 40,417
ALTURA	19-930				\$ 204,410
AMICO	19-930				\$ 5,648
ARC Products LLC	19-930				\$ 3,699
Arizona Department of Health	19-930				\$ 300
ARIZONA PUBLIC SERVICE	19-930				\$ (32,545)
Armstrong Medical	19-930				\$ 8,955
ARTHREX	19-930				\$ 64,558
B BRAUN	19-930				\$ 180,457
BAYER HEALTHCARE	19-930				\$ 86,500
Baxter Health	19-930				\$ 4,995
BONNY PIONTKOWSKI	19-930				\$ 7,720
BPG Technologies	19-921				\$ 174,467
BPG Technologies	19-930				\$ 16,080
CAPSULE TECH	19-930				\$ 164,493
CARDINAL HEALTH	19-930				\$ 2,070
CAREFUSION	19-930				\$ 269,605
CDW Government	19-930		\$ (806)		\$ 296,946
CENTURYLINK	19-930				\$ 12,532
CHEMDAQ	19-930				\$ 21,874
City of Peoria					\$ 80,987
CME	19-930				\$ 1,731,072
COOPER ATKINS	19-930				\$ 33,020
COOPER SURGICAL	19-930				\$ 11,787
COVIDIEN	19-930				\$ 83,550
CROSSPOINT COMMUNICATIONS	19-930				\$ 18,657
Cushman and Wakefield of Arizona					\$ 4,000
C-SCAN TECHNOLOGIES	19-930				\$ 230
DAAVLIN DISTRUBITING	19-930				\$ 7,000
DAN GWILLIAM CONSULTING					\$ 300
DANIELS MOVING	19-930				\$ 23,133
Davis Enterprises	19-930				\$ 14,807
DATA INNOVATIONS LLC					\$ 14,285

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
DATEX OHMEDA					\$ 387,508
DEPUY SYNTHES	19-930				\$ 48,170
DIBBLE ENGINEERING					\$ 12,570
ELITECHGROUP INC	19-930				\$ 16,895
EXTENDATA	19-930				\$ 60,844
FILLMASTER	19-930				\$ 1,494
FOLLETT	19-930				\$ 1,690
E3 DIAGNOSTICS	19-930				\$ 7,319
GE	19-930				\$ 4,264,076
GE PRECISION HEALTHCARE LLC	19-930				\$ 42,646
GLOBAL SURGICAL	16-930				\$ 14,442
Goodmans	19-930				\$ 898,159
GRAINGER					\$ 19,076
GRAYBAR ELECTRIC					\$ 630
HELMER					\$ 137,145
Henry Schein	19-930				\$ 404,003
HILL ROM	19-930				\$ 49,105
Hobbs and Black Associates Inc					\$ 3,224,039
Hobbs and Black Associates Inc	19-930				\$ 35,773
Hologic	19-907				\$ 673,682
HP INC	19-930				\$ 134,737
Hye Tech Network					\$ 1,015,724
INTELLIGENT HEARING	19-930				\$ 4,185
INTERMETRO INDUSTRIES					\$ 147,669
J AND J HEALTHCARE SYSTEMS	19-930				\$ 32,013
KRONOS	19-930				\$ 23,505
Lanmor	19-930				\$ 664
LEICA MICROSYSTEMS	19-930				\$ 28,107
LPIT SOLUTIONS					\$ 10,500
Mar Cor Purification	19-930				\$ 205,641
Maricopa County Environmental Services	19-930				\$ 2,515
Maricopa County Planning and Development	19-930				\$ 571,470
MDM COMMERCIAL	19-930				\$ 43,692
MEDIVATORS					\$ 8,982
MEDTRONIC	19-930				\$ 12,909
MIZUHO ORTHOPEDICS	19-930				\$ 2,347
MONOPRICE INC	19-930				\$ 757
NATUS MEDICAL	19-930				\$ 35,088

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
NCI INC					\$ 9,262
Ninyo and Moore Geotechnical and Environment					\$ 131,484
NUAIER	19-930				\$ 13,123
OIEC MEDICAL SYSTEMS	19-930				\$ 250,893
Okland Construction Company	19-930				\$ 43,421,603
Olympus	19-930				\$ 592,862
OWENS AND MINOR	19-930				\$ 1,683
O&M HALYARD INC	19-930				\$ 11,441
PARKS MEDICAL	19-930				\$ 710
PARTS SOURCE	19-930				\$ 1,761
PATRIOT PURVEYORS					\$ 29,499
PENTAX MEDICAL	19-930				\$ 122,737
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		\$ (3,760)		\$ 387,839
Stryker Communications	19-921				\$ 683,239
Stryker Communications	19-930				\$ 8,397
STRYKER SALES CORPORATION	19-930				\$ 300,593
TBCX					\$ 156,758
THUNDERBIRD GRANT	19-930				\$ (187,982)
THE BAKER CO.	19-930				\$ 14,485
THE CBORD GROUP	19-930				\$ 21,623
THE CLOROX SALES	19-930				\$ 44,800
THE GRAPHICS MEDICAL	19-930				\$ 6,550
Thomas Printworks	19-930				\$ 5,204
TRANSONIC SYSTEMS					\$ 24,389
UTECH PRODUCTS					\$ 47,600
VERATHON	19-930				\$ 14,620
Vizient Inc					\$ 379,135
WAXIE SANITARY SUPPLY	19-930				\$ 84

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
West Valley Fidelity National Title - Land Purchase (Grand Ave/Cotton)					\$ 5,595,598
West Valley Fidelity National Title (escrow)					\$ 75,000
AS SOFTWARE INC					\$ 9,500
GF HEALTH PRODUCTS INC					\$ 5,519
INVIVO CORPORATION					\$ 53,865
TOTAL West Valley Specialty Center (WVSC)		\$ -	\$ (4,566)	\$ -	\$ 69,114,959
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		\$ (7,179)		\$ 36,138
ALTURA COMMUNICATIONS	19-944				\$ 18,826
CENTURYLINK	19-944				\$ 19,853
CITY OF MESA	19-944				\$ 92,022
GE PRECISION HEALTHCARE	19-944				\$ 34,138
GE HEALTHCARE IITS USA CORP	19-944				\$ 134,394
CME	19-944				\$ 139,688
COOPER ATKINS CORPORATION	19-944				\$ 6,560
CAPSULE TECH INC	19-944				\$ 55,920
SPEEDIE AND ASSOC	19-944				\$ 3,600
DAVES CONSTRUCTION	19-944				\$ 72,981
DIBBLE ENGINEERING	19-944				\$ 8,256
DWL ARCHITECTS + PLANNERS INC	19-944				\$ 1,027,447
DANIELS MOVING & STORAGE	19-944				\$ 15,825
HELMER INC	19-944				\$ 18,323
HP INC	19-944				\$ 23,058
HOLOGIC INC	19-944				\$ 349,945
HYE TECH NETWORK AND SECURITY SOLUTIONS	19-944				\$ 143,092
FILLMASTER	19-944				\$ 1,494

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
INTERMETRO INDUSTRIES	19-944				\$ 13,859
JENSEN HUGHES	19-944				\$ 7,031
Maricopa County - Envionmental Services Dept	19-944				\$ 1,485
Maricopa County Planning	19-944				\$ 64,615
MDM COMMERCIAL	19-944				\$ 6,997
MONOPRICE	19-944				\$ 335
OKLAND CONSTRUCTION	19-944	\$ (8,752)			\$ 9,987,979
THE CBORD GROUP INC	19-944				\$ 2,826
TEMP ARMOUR	19-944				\$ 9,947
THE GRAPHS MEDICAL PHYSICS	19-944				\$ 2,450
SCRIPTPRO USA	19-944				\$ 104,544
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)		\$ (8,752)	\$ (7,179)	\$ -	\$ 16,171,508
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					\$ 759,710
TOTAL Central Phoenix FHC (PHXM)		\$ -	\$ -	\$ -	\$ 4,960,336
DIBBLE ENGINEERING	19-929				\$ 6,904

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
ABBOTT RAPID DIAG	19-929				\$ 190
ALLEGIANCE CORP	19-929				\$ 1,591
ALTURA COMMUNICATION	19-929				\$ 52,314
BONNY PIONTKOWSKI	19-929				\$ 1,645
BPG TECHNOLOGIES	19-929				\$ 28,099
CAPSULE TECH	19-929				\$ 57,185
CITY OF PHOENIX	19-929				\$ 1,262
COOPER ATKINS	19-929				\$ 9,754
CROSSPOINT COMMUNICATION	19-929				\$ 8,138
DANIELS MOVING	19-929				\$ 11,266
DWL ARCHITECTS + PLANNERS INC	19-929				\$ 942,593
CDW G	19-929				\$ 21,797
CME	19-929				\$ 162,064
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				\$ 17,086
Hye Tech Network	19-929				\$ 152,885
INTERMETRO INDUSTRIES	19-929				\$ 11,756
Jensen Hughes	19-929				\$ 8,788
LOVITT & TOUCHE	19-929				\$ 8,196
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-929				\$ 51,093
MDM COMMERCIAL	19-929				\$ 4,339
OFFSITE OFFICE EQUIPMENT STORAGE	19-929				\$ 250
OLYMPUS	19-929				\$ 1,232
SCRIPTPRO	19-929				\$ 104,544
SMITHCRAFT SIGNS	19-929				\$ 99,956
SPEEDIE AND ASSOC	19-929				\$ 11,910
SALT RIVER PROJECT	19-929				\$ 4,265
SPHERE COMMERCE	19-929				\$ 797
Stryker Communications	19-929				\$ 12,626
Sundt Construction Inv	19-929				\$ 9,303,374
THE GRAPHS MEDICAL PHYSICS, INC.	19-929				\$ 700
TEMP ARMOUR	19-929				\$ 9,897
TRANSACT COMMERCIAL	19-929				\$ 279,878
THE CBORD GROUP	19-929				\$ 2,794

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
AMAZON					\$ 136
EXTENDATA SOLUTIONS					\$ 11,706
MONOPRICE INC					\$ 513
PAL-WW NORTHERN STORAGE JV LLC					\$ 106,121
RICOH AMERICAS CORPORATION					\$ 140
THOMAS PRINTWORKS					\$ 71
VANIR CONSTRUCTION MANAGEMENT INC					\$ 1,561,667
TOTAL North Phoenix FHC (19AV)		\$ -	\$ -	\$ -	\$ 15,716,278
Cox Communications	19-928				\$ 4,489
Cox Communications					\$ (1,699)
ABBOTT RAPID DIAG	19-928				\$ 238
ALTURA	19-928				\$ 50,192
ALLEGIANCE CORP	19-928				\$ 10,318
AZ Dept of Env Quality	19-928				\$ 100
BONNY PIONTKOWSKI	19-928				\$ 1,645
BPG Technologies	19-928				\$ 28,048
CAPSULE TECH	19-928				\$ 56,193
CDW GOVERNMENT INC	19-928		\$ (884)		\$ 21,760
Centurylink	19-928				\$ 24,539
CITY OF PHOENIX	19-928				\$ 218,063
CME	19-928				\$ 184,168
COOPER ATKINS	19-928				\$ 6,576
CROSSPOINT COMMUNICATION	19-928				\$ 8,008
Daniels Moving	19-928				\$ 11,441
DIBBLE ENGINEERING	19-928				\$ 7,168
DWL ARCHITECTS + PLANNERS INC	19-928				\$ 1,152,163
EXTENDATA	19-928				\$ 11,102
Fidelity National Title (escrow) - South Mountain	19-928				\$ 721,482
FILLMASTER SYSTEMS	19-928				\$ 1,494
GE HEALTHCARE	19-928				\$ 502,285
GRAINGER	19-928				\$ 978
HELMER	19-928				\$ 20,426
HP INC	19-928				\$ 12,772
Hye Tech Network	19-928		\$ (87,869)		\$ (23,292)
INTERMETRO INDUSTRIES	19-928				\$ 19,591
JENSEN HUGHES	19-928				\$ 11,464
LOVITT & TOUCHE	19-928				\$ 3,144
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-928				\$ 51,046

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
MDM COMMERCIAL	19-928				\$ 5,429
MONOPRICE	19-928				\$ 526
NATUS	19-928				\$ 2,130
OFFSITE OFFICE	19-928				\$ 395
OLYMPUS AMERICA	19-928				\$ 1,229
Ricoh	19-928				\$ 132
SCRIPTPRO USA INC	19-928				\$ 104,544
SMITHCRAFT SIGNS	19-928				\$ 100,570
Speedie and Associates	19-928				\$ 15,670
SPHERE COMMERCE	19-928				\$ 795
SRP	19-928				\$ 13,775
Sundt Construction Inc	19-928				\$ 9,083,290
Stryker Communications	19-928				\$ 12,626
TEMP ARMOUR	19-928				\$ 6,448
THE CBORD GROUP	19-928				\$ 2,794
THE GRAPHICS MEDICAL	19-928				\$ 700
TRANSACT	19-928				\$ 280,739
THOMAS PRINTWORKS	19-928				\$ 326
VANIR CONSTRUCTION MANAGEMENT INC					\$ 1,295,734
TOTAL South Phoenix FHC (SPHX)		\$ -	\$ (88,753)	\$ -	\$ 14,043,754
CDW GOVERNMENT INC	19-946				\$ 56,372
ADVANCE INNOVATIVE SOLUTIONS	19-946				\$ 4,623
ALLEGIANCE CORP	19-946				\$ 920
ALTURA COMMUNICATIONS	19-946				\$ 33,123
ABBOTT RAPID DIAGNOSTICS INFORMATICS INC	19-946				\$ 96
BPG Technologies	19-946				\$ 757
BONNY POINTKOWSKI	19-946				\$ 1,645
CAPSULE Tech	19-946				\$ 56,272
CARDINAL HEALTH	19-946				\$ 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
HYE Tech	19-946				\$ 153,091
HP INC	19-946				\$ 15,173
INTERMETRO INDUSTRIES	19-946				\$ 15,951
JENSEN HUGHES	19-946				\$ 9,999
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-946				\$ 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
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
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)		\$ -	\$ -	\$ -	\$ 14,585,651

\$	(8,752)	\$	(100,497)	\$	-	\$	135,863,574
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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
Airclean Systems	19-912				\$ 4,457
Allscripts Healthcare	18-913				\$ 5,760

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
Allscripts Healthcare	19-909				\$ 225,345
Altura Communications	19-909				\$ 477,526
Altura Communications	19-939				\$ 91,807
Altura Communications	18-913				\$ 1,340
Amazon	19-909				\$ 1,080
AMT Datasouth	19-912				\$ 4,124
ARC Products LLC	19-912				\$ 58,715
ARIZONA DEPT OF HEALTH	19-939				\$ 150
Arizona Lock and Safe					\$ 1,025
Armstrong Medical	19-912				\$ 36,470
Arrington Watkins Architects					\$ 301,274
Arrow International	19-912				\$ 610
Baxter Healthcare Corp	19-912				\$ 5,368
Bayer Healthcare	18-920				\$ 74,376
BEL-Aire Mechanical					\$ 40,215
Burlington Medical	19-912				\$ 3,028
CAPSA SOLUTIONS	19-909				\$ 5,936
CAPSA SOLUTIONS	19-912				\$ (25)
Capsule Tech	19-912				\$ 143,422
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
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
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	\$ (7,100)			\$ 144,487

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
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
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
Philips Healthcare	18-921				\$ 38,523
Physio Control	19-912				\$ 19,458
Progressive Roofing	19-931				\$ 84,628
PRONK TECHNOLOGIES INC					\$ 3,040
PRONK TECHNOLOGIES INC	19-912				\$ 16
QRS Calibrations	19-912				\$ 7,151
Radiation Physics and Engineering	18-917				\$ 1,250
Radiation Physics and Engineering	18-920				\$ 1,600
RAY-BAR	18-913				\$ 4,905
RETAIL MANAGEMENT SOLUTIONS					\$ 5,961
RICOH AMERICAS CORPORATION					\$ 29,892
Ruiz Custom Upholstery	19-912				\$ 53,718
SCOTTSDALE RESTAURANT SUPPLY					\$ 5,391
Signodtics	19-912				\$ 22,460
Smiths Medical	19-912				\$ 9,253
SOFT COMPUTER CONSULTANT INC					\$ 89,550
Smithcraft Signs	18-913				\$ 10,266
Speedie and Associates					\$ 17,823
SALT RIVER PROJECT	18-913				\$ (23,852)
Standard Textile	19-912				\$ 4,464
Stryker Communications	19-910				\$ (14,174)
Stryker Communications	19-910				\$ 5,103
Stryker Communications	19-920				\$ 9,072
Steris Corp					\$ 13,950
Stryker					\$ 175,192
TBJ Inc	19-912				\$ 5,654
TD INDUSTRIES	19-924				\$ 460,415
The Cbord Group	19-909				\$ 26,421
THYSSENKRUPP ELEVATOR CORP	19-912				\$ 587,346
Translogic	19-912				\$ 3,931
Tucson Business Interiors	19-912				\$ 3,000
Tucson Business Interiors	19-923				\$ 34,193
Tucson Business Interiors	19-926				\$ 335,704
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
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)		\$ (7,100)	\$ -	\$ -	\$ 79,088,185
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		\$ 4,000		\$ 394,767
BUREAU VERITAS	19-936				\$ 28,125
Engineering Economics	19-936			\$ 44,000	\$ 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
VANIR CONSTRUCTION MANAGEMENT INC					\$ 631,930
TOTAL Annex HVAC Replacement (RSVT)		\$ -	\$ 4,000	\$ 44,000	\$ 9,776,304
		\$ (7,100)	\$ 4,000	\$ 44,000	\$ 88,864,489
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
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
Balloon Pumps	16-920				\$ 149,197
Zeiss - Cirrus HD opthal 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
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 X-Ray unit and Sensors (Panoramic Digital AND Nomad digital)	16-917				\$ 63,217
chandler Dental Digital Radiology - Panoramic x-ray	16-915				\$ 63,564
chC - Digital Panoramic x-ray	16-916				\$ 60,419
chC Dental Replace chairs Lights, Compressor and Deliverey Units	18-905				\$ 127,642
chC Cost for new equipment and cost of moving existing to Avondale X-Ray	16-921				\$ 83,327
Avondale- Replace all flooring.	17-904				\$ 72,635
Temperature Monitoring - FQHC Depts	17-909				\$ 82,219
McDowell Dental	16-918				\$ 15,990
CHC Internal Medicine Clinic Renovation - Increase the number of exam rooms to accommodate 1st, 2nd & 3rd 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
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
Vanir Construction Management (Planning Phase)	17-915				\$ 749,971
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)	17-916				\$ 4,580,656
Vanir Construction Management (Planning Phase)	16-923	\$ 389,596		\$ 369,127	\$ 1,286,190
IPMO Modular Building	17-902				\$ 329,631
Dickenson Wright PLLC	16-923				\$ 181,495
GE HEALTHCARE	19-918				\$ (32,261)
Sims Murray 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		\$ 389,596	\$ -	\$ 369,127	\$ 92,162,645

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
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				\$ 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					\$ 7,581,117
Sims Murrar LD					\$ 30,441
Sims Murrar LD	19-955				\$ 9,433
Vanir Construction Management (\$48M) (\$48,300,501 - Entire Project)					\$ 16,382,307
World Wide Technology Co Inc					\$ 452,252
Zurich North America	16-923				\$ 47,500
AFFILIATED ENGINEERS INC					\$ 38,348
BALLARD SPAHR					\$ 288,544
BLUETREE NETWORK INC					\$ 178,563
CARAHSOFT TECHNOLOGY CORPORATION					\$ 143,344
CDW GOVERNMENT INC					\$ 555,016
CENTURYLINK					\$ 170,013
CORPORATE TECHNOLOGY SOLUTIONS LLC					\$ 178,552
DEVENNEY GROUP LTD					\$ 530,623
DWL ARCHITECTS + PLANNERS INC					\$ 272,318
EPIC SYSTEMS CORPORATION					\$ 554,536
FITCH RATINGS					\$ 120,000
GRAYBAR ELECTRIC					\$ 17,357
GREENBERG 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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
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
WALMART.COM					\$ 549
WOODRUFF CONSTRUCTION					\$ 17,015
TOTAL Enterprise		\$ -	\$ -	\$ -	\$ 39,735,604
Adams and Wendt	19-935				\$ 32,697
APS	19-935				\$ (335,303)
Affiliated Engineers Inc	19-935				\$ 1,587,215
Affiliated Engineers Inc	19-935		\$ 14,144		\$ 2,068,896
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
GOODMANS	19-935				\$ 12,143
HYE TECH	19-935		\$ 11,513		\$ 2,060,999
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

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
Speedie and 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	\$ 4,730			\$ 5,749
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)		\$ 4,730	\$ 25,657	\$ -	\$ 63,522,293
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		\$ 34,924
ARMSTRONG MEDICAL	19951		\$ 2,151		\$ 2,151
AMICO ACCESSORIES	19951		\$ 7,255		\$ 7,255
HYE TECH NETWORK	19-947				\$ 2,953,494
HYE TECH NETWORK	19-951				\$ 14,702
ADAMS AND WENDT	19-953				\$ 5,460
ADAMS AND WENDT	19-948				\$ 2,596
AFFILIATED ENGINEERS	19-948				\$ 396,165
AFFILIATED ENGINEERS	19-954				\$ 2,142
ANCO SANITATION	19-948				\$ 1,450
ATLANTIC RELOCATIONS	19-948				\$ 49,125
ABBOTT LABORATORIES INC	19-947				\$ 178,515
ADVANCED INSTRUMENTS	19-947	\$ 30,605			\$ 30,605
ALLEGIANCE CORPORATION	19-947	\$ 13,299			\$ 13,299
BAKER SERVICES	19-947	\$ 1,650		\$ 1,300	\$ 4,250
BUNNELL INC	19-947				\$ 82,940
BPG Tech	19-948				\$ 182,186
BPG TECh	19-947				\$ 7,339
BPG TECh	19-951				\$ 23,013

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
CABLE SOLUTIONS	19-947	\$ 569,700	\$ 336,311	\$ 978,938	\$ 6,493,724
CABLE SOLUTIONS	19-951	\$ 144,532	\$ 217,278	\$ 30,623	\$ 926,966
CARAHSOFT TECHNOLOGY CORPORATION					\$ 2,520
C-SCAN Technologies	19-947				\$ 7,105
CAPSULE Tech	19-951				\$ 8,708
CDW G	19-947	\$ 6,300	\$ 119,924	\$ 30,516	\$ 536,675
CDW G	19-951				\$ 1,024
CENTRAK INC.	19-947	\$ 2,495			\$ 722,617
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			\$ 1,379	\$ 7,046
CME	19-947			\$ 258,550	\$ 415,676
Cunningham Architect	19-947			\$ 158,894	\$ 31,776,365
Cunningham Architect	19-951	\$ (16,200)			\$ 32,640
Cunningham Architect	19-937				\$ 73,619
CLIMATEC LLC	19-947				\$ 8,322
CONNECTIVITY WIRELESS	19-948	\$ 65,608	\$ 54,261	\$ 47,692	\$ 1,521,688
DANIELS MOVING	19-948		\$ 27,880		\$ 27,880
Devenney Group LTD					\$ 18,756
DYNAMIC INSTALLATION	19-948				\$ 23,932
DYNAMIC INSTALLATION	19-951				\$ 501
DISTRICT MEDICAL GROUP	19-948				\$ 89,356
ECD SYSTEMS	19-947	\$ 99,179	\$ 17,000	\$ 11,000	\$ 1,473,965
ENGINEERING ECONOMICS	19-951			\$ 28,410	\$ 358,274
ENDOSOFT LLC	19-947	\$ 73,920			\$ 73,920
EPIC SYSTEMS CORPORATION					\$ 5,000
EXCESSIVE CARTS	19-948				\$ 23,182
FISHER HEALTHCARE	19-947				\$ 179,524
FC HOSPITALITY	19-948				\$ 216,732
Follett	16-923	\$ (20,723)			\$ 96,165
GOODMANS	19-951				\$ 131,257
GOODMANS	19-951	\$ 210,901	\$ 43,901	\$ 180,389	\$ 714,814
GRAINGER	19-947	\$ 49,141	\$ 6,854	\$ 22,996	\$ 84,660
GETINGE	19-947		\$ 280,076	\$ 441,243	\$ 721,318
GE MEDICAL SYSTEM	19-947				\$ 81,132
GE PRECISION HEALTHCARE	19-947			\$ 123,072	\$ 123,072

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid JUN'23	Amount Paid JUL'23	Amount Paid AUG'23	Amount Paid Cumulative Total
GE HEALTHCARE	19-947		\$ 10,200		\$ 334,726
HELMER INC	19-947				\$ 45,972
HILL ROM	19-951	\$ 4,015			\$ 16,453
HILL ROM	19-947		\$ 42,583		\$ 125,223
HOLOGIC INC.	19-947			\$ 4,000	\$ 4,000
HOME DEPOT - Buyers Log	19-948				\$ 587
HYE TECH NETWORK	19-947		\$ 418,651		\$ 782,645
Innerface Architectural Signage	19-948				\$ 13,927
Innerface Architectural Signage	19-951				\$ 833
INTERMETRO INDUSTRIES CORPORATION	19-947			\$ 253,079	\$ 253,079
JENSEN HUGHES	19-947	\$ 620	\$ 568	\$ 931	\$ 82,763
JENSEN HUGHES	19-951	\$ 3,627	\$ 564		\$ 41,127
KITCHELL	19-947	\$ 13,947,202		\$ 8,128,632	\$ 286,816,311
KITCHELL	19-937				\$ 667,452
KITCHELL	19-948				\$ 11,930,527
KITCHELL	19-951	\$ 2,427,394		\$ 1,222,655	\$ 32,553,637
KITCHELL	19-954				\$ 8,373
KRONOS INC	19-947	\$ 6,444			\$ 6,444
LANMOR	19-947	\$ 292,589			\$ 833,283
LANMOR	19-948				\$ 4,547
LANMOR	19-951	\$ 14,676			\$ 78,458
LEVEL 3 AUDIO VISUAL	19-947				\$ 865,002
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-951				\$ 289,918
MARICOPA COUNTY PLANNING AND DEVELOPMENT	19-947	\$ 9,006			\$ 2,044,437
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			\$ 11,584	\$ 13,995
MDM COMMERCIAL	19-947	\$ (5,087)			\$ 34,730
MINDRAY DS USA INC	19-947		\$ 52,876		\$ 264,042
MOBILE COMMUNICATIONS AMERICA INC	19-947				\$ 5,738
NATUS MEDICAL INC	19-947	\$ 21,892			\$ 60,912
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
PAC-VAN	19-947				\$ 7,220

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
POHLE NV CENTER INC	19-948				\$ 11,904
PERRY BAROMEDICAL CORPORATION	19-947				\$ 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					\$ 146,800
SKYTRON	19-947	\$ (196,303)	\$ 1,681	\$ 1,636,200	\$ 1,651,661
Smithcraft Signs	19-947				\$ 34,085
Smithcraft Signs	19-951				\$ 4,650
SPEEDIE AND ASSOC	19-947			\$ 13,110	\$ 257,903
SPEEDIE AND ASSOC	19-951	\$ 5,184		\$ 49,738	\$ 105,867
STERIS	19-947	\$ 307,882	\$ (299,171)	\$ 970	\$ 4,926,077
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				\$ 16,793
SRP	19-947				\$ 500
UTILITY ALLOCATION	19-947	\$ 65,000			\$ 1,068,000
THOMAS PRINTWORKS					\$ 4,190
THOMAS PRINTWORKS	19-947			\$ 43	\$ 353
THE BAKER COMPANY	19-947				\$ 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
MIHS/VH PAYROLL		\$ 211,106	\$ 172,822		\$ -
SKYLINE BUILDERS AND RESTORATION INC					\$ 122,769
STRYKER SALES CORPORATION		\$ 1,317,792	\$ 47,747	\$ 24,972	\$ 1,775,208
TEMPE DIABLO LLC					\$ 33,132
TRANSACT COMMERCIAL INTERIOR				\$ 15,157	\$ 15,157

VALLEYWISE HEALTH

Care Reimagined - Expenditure Report

Description	CER Number	Amount Paid	Amount Paid	Amount Paid	Amount Paid
		JUN'23	JUL'23	AUG'23	Cumulative Total
TUCSON BUSINESS INTERIORS INC					\$ 447,192
VANIR CONSTRUCTION MANAGEMENT INC					\$ 12,385,010
WORLD WIDE TECHNOLOGY HOLDINGS CO LLC					\$ 35,500
Misc expenses/reclass/recon/allocation			\$ 300	\$ 1,029	\$ 5,694
TOTAL Roosevelt Campus Site Development Plan (RSVT)		\$ 19,663,445	\$ 1,579,172	\$ 13,677,102.03	\$ 413,240,872.89

\$ 20,057,771	\$ 1,604,830	\$ 14,046,229	\$ 608,661,415
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Bond Proceeds received to date:

\$935,805,959

TOTAL MONTHLY SPENT AMOUNT

\$ 20,041,919	\$ 1,508,332	\$ 14,090,229	\$ 833,389,478
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REMAINING Cash for disbursement

\$ 118,015,042	\$ 116,506,710	\$ 102,416,481	\$ 102,416,481
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Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 8.c.

Reports to the Board
Quality Management Council
Meeting Minutes



Meeting Minutes

Quality Management Council

08/07/23 • 3:30 PM – 4:30PM • WebEx

A = Absent E = Excused G = Guest P = Phone

CHAIR/FACILITATOR	Dr. White and Sherry Stotler, CNO							
MEMBERS/ATTENDEES	Christelle Kassis, MD		Dorinne Gray, RN	P	Mary Harden, RN	P	Tony Dunnigan, MD	A
	Christina Smarik Snyder, MD		Susan Willars	P	Michael White, MD	A	Gene Cavallo	P
	Crystal Garcia, RN	P	Heather Jordan, RN	P	Amanda De Los Reyes	P	Claire Agnew, CFO	A
	Dale Schultz	P	Jo-el Detzel	P	Nelson Silva-Craig, RN	P	Martha Steiner, RN	P
	Dan Hobohm, MD	P	Kelly Summers	P	Sherrie Beardsley, RN	P	Lia Christiansen. CAO	P
	Jeffrey Stowell, MD	A	LT. Slaughter Jr.	A	Sherry Stotler, RN	P	Carol Olsen, MD	A
	David Wisinger, MD	A	Michelle Barker	P	Steve Purves, CEO	P		
	Paul Pugsley, MD	A						

PURPOSE: Quality and Patient Safety Improvement

CALL TO ORDER

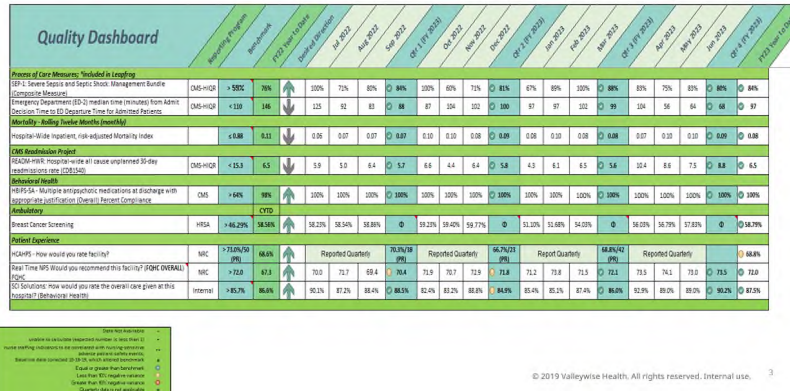
Topic	Findings/Discussion	Conclusion/Action	Responsible
Approval of Minutes	June Meeting Minutes	Minutes were Approved	Committee
Consent Agenda	Motion Approval for consented agenda items	Consent agenda items were approved	Committee

II. Standing Reports

Topic	Findings/Discussion	Conclusion/Action	Responsible
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- Slide shows progress and potential for improvement.
- Hand hygiene improves through continuous efforts and education.
- Total ventilator associated events and infection related in a later associated conditions, exceed. The rates are set by expectations, and will continue to collaborate with the teams to align our expected values.
- Total ventilator associated increased from 38 in July to December, with a spike and decline in the next two quarters.
- Associated conditions, the expected to see were 13 and seen 35. Focused on first quarter, show significant downward numbers and alignment, indicating progress in the right direction.



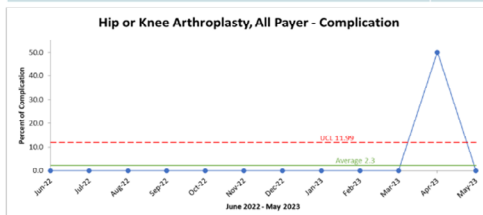
- Slide shows progress, the hospital enhances HCAHPS through the ACCEPT program and focusing on patient experience.
- Our goal is to be at 73% and we are at 68.8%.
- Unit-based work within medical centers due to unique categories impacting numbers.

Patient Safety
Officer Report

PERIOPERATIVE

Perioperative Service: Measure Not meeting Benchmark

Measure	Benchmark	May 2023	FY23 Q3	FYTD 2023
Period: CDBR 1828 Hip or Knee Arthroplasty, All Payer – Complication Rate	≤ 2.4%	0.0%	0.00	6.5%*



* CDBR 1828: 2 events FY 23 (2/31)

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Analysis: No cases in May 2023.
FYTD 2023 running above
benchmark.

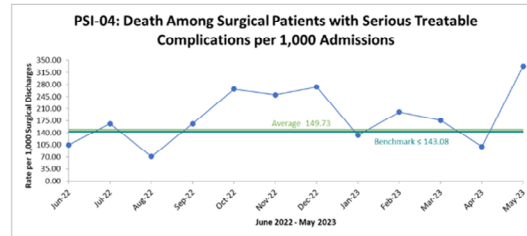
Action: Not a trend. Continue to monitor.

- Slide shows the month of April not a good start, no trends and continues monitor will continue.

Crystal Garcia

Measure *Not* meeting Benchmark

Measure	Benchmark	May 2023	FY23 Q3	FYTD 2023
PSI - 04: Death Among Surgical Patients with Serious Treatable Complications per 1,000	≤ 143.08 (overall)	333.33	162.16	194.24*



* PSI-04: 27 events FY 23 (27/139)

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- Death Among Surgical Patients with Serious Treatable, for fiscal year to date 194.24 and our goal is 143.80.

Measure *Not* meeting Benchmark

Measure	Benchmark	May 2023	FY23 Q3	FYTD 2023
PSI - 04: Death Among Surgical Patients with Serious Treatable Complications per 1,000	≤ 143.08 (overall)	333.33	162.16	194.24*

Analysis: 4 cases in May

- 58 y.o. Perforated gastric adenocarcinoma with sepsis. Family placed patient on comfort care.
- 52 y.o. Stab wounds, burns, necrosis deep into chest, bowel in discontinuity. Patient undergone multiple procedures including several abdominal explorations. Family placed patient on comfort care.
- 73 y.o. Acute respiratory failure with hypoxia and a-fib. Multifocal pneumonia, signs of infection started on CAP coverage. Patient became tachypneic and was hypoxic. Family placed patient on comfort care.

- 71 y.o. CT identified submucosal lesion along gastric outlet with stomach distention. Worsened lactic acidosis, arrested, ROSC was achieved. Exploratory laparotomy discovered colon necrotic from the ileum to the left colon. PEA arrest and bilateral chest decompression w/out response.

Action: No opportunity identified as three patients were placed on comfort care.

* PSI-04: 27 events FY 23 (27/139)

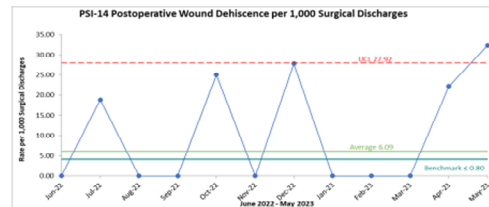
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- A review by surgeons and personnel within the organization found no improvement opportunities in these cases with multiple factors at admission and during the admission process.

Measure *Not* meeting Benchmark

Measure	Benchmark	May 2023	FY23 Q3	FYTD 2023
PSI-14: Postoperative Wound Dehiscence rate per 1,000	≤ 0.80	32.26	0.00	12.02*



Analysis:
1 case in May – 52 y.o. Stab wounds, burns, necrosis deep into chest, bowel in discontinuity. Patient undergone multiple procedures including several abdominal explorations. Patient found to have dehiscence wound and taken into surgery.

Action: Events provided to Peer Review. Develop actionable items.

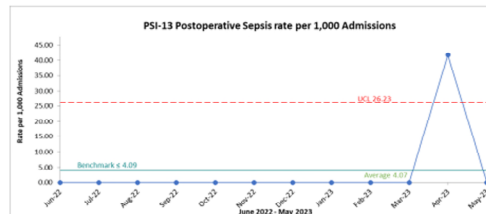
* PSI-14: 5 events FY 23 (5/416)

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- Postoperative Wound Dehiscence rate per 1,000, In May, 1 case underwent peer review for action plans, but no trends were identified.
- Dr. Hollingsworth enlists a small group of surgeons to address high rates of cases, developing action plans.

Measure *Not* meeting Benchmark

Measure	Benchmark	May 2023	FY23 Q3	FYTD 2023
PSI-13: Postoperative Sepsis rate per 1,000 Admissions	≤ 4.09	0.00	0.00	5.29*



Analysis: No cases in May 2023. FYTD 2023 running above benchmark.

Action: Not a trend. Continue to monitor.

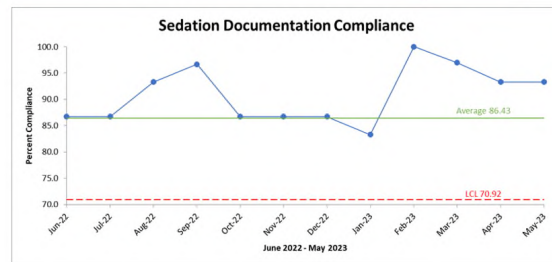
* PSI-13: 1 event FY23 (1/189)

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- Postoperative Sepsis, Sepsis team found no trends in cases regrouped after a spike in April and a drop in May.

Measure *Not* meeting Benchmark

Measure	Benchmark	May 2023	FY23 Q3	FYTD 2023
Sedation Documentation Compliance	100%	93%	93%	91%



Analysis:
May 2023 at 93% compliance.
• Two Providers – Post sedation note missing elements

Action:
Sedation documentation training for Emergency Medicine.

- Sedation Documentation Compliance, Team implemented changes to improve, reaching 100% goal in February and 91% fiscal year to date. Any issues are addressed by discipline.



Measures Meeting Benchmark

Measure	Benchmark	MAY 2023	FY23Q3	FYTD
HBIPS-2a: Hours of physical restraint use per 1,000 patient hrs (CMS)	< 0.30	0.00	0.15	0.57
HBIPS-3a: Hours of seclusion use per 1,000 patient hrs (CMS)	< 0.29	0.07	0.23	0.27
HBIPS-5a: - Multiple antipsychotic medications at d/c with appropriate justification (Overall) Percent Compliance (CMS)	≥ 64.0%	100%	100.0%	100%
SUB-2a: Alcohol use brief intervention received (CMS) (does NOT include pts that refused screening)	≥ 72%	83%	93%	95%
SUB-3: Alcohol/Drug use treatment provided or offered at d/c (CMS) (includes pts that refused screening)	> 75%	92%	95%	96%
SUB-3a: Prescription or referral received at discharge (CMS) (does NOT include pts that refused screening)	> 63%	92%	95%	96%
SCI Solutions: Assessment of patient experience of care (Tonic Survey) (Internal) (how would you rate the overall care given at this hospital)	> 85.7%	89.0%	86.0%	87.4%

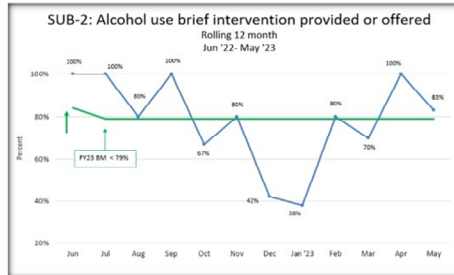
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- Inpatient Behavioral Health, the fiscal year performance at 0.57 physical restraint uses per 1,000 patient hours.

Measures Meeting Benchmark with Ongoing Action Items

Measure	Benchmark	MAY 2023	FY23Q3	FYTD
SUB-2: Alcohol use brief intervention provided or offered (CMS) (includes pts that refused screening)	≥ 79%	83%	61%	71%



Open Action Items / Barriers

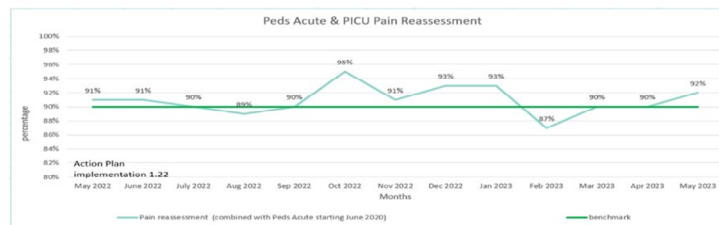
- Review all required items to meet measure at the next nursing staff meeting
- Reviewing social determinants in EPIC for data
- Audit C score to flow into providers admission with answers or refusal

- May exceeded benchmark, fiscal year to date at 71%.

PEDIATRICS

Measure meeting Benchmark

Measure	Benchmark	May 2023	FY2023 Q4	FYTD 2023
Peds Acute & PICU Combined Pain Reassessment	≥90%	92%	91%	90%



- Pain Reassessment, Department aims for 90% goal, with February dip and steady increase, fiscal year to date at 90%.

Measures Meeting Benchmark

Measure	Benchmark	May 2023	FY2023 Q4	FYTD 2023
PC-02: Nulliparous, Term, Singleton, Vertex NTSV Cesarean Sections (% Compliance)	< 23.6%	22.0%	22.0%	20.9%
PC-03: Antenatal Steroids for Very Low Birth Weight (VLBW) Babies (% Compliance)	> 90%	100%	100%	99%
PC-05: Exclusive Breast Milk Feeding (% Compliance)	≥ 20%	25%	25%	24%
Episiotomy Percent	< 5.0%	2.3%	1.9%	1.0%
Newborn Bilirubin Screening at Discharge (% Compliance)	> 90%	100%	100%	100%
Appropriate DVT Prophylaxis for Cesarean Sections (% Compliance)	> 90%	96%	98%	98%

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- Women's and Infants, department achieves metrics consistently.

Measures Meeting Benchmark

Measure	Benchmark	May 2023	FY2023 Q4	FYTD 2023
Hemorrhages with Cesarean Sections Percent	< 20.4%	1.9%	7.5%	10.6%
Hemorrhages with Normal Spontaneous Vaginal Deliveries (NSVD) Percent	< 8.9%	3.9%	3.8%	3.0%
Transfusions for Postpartum Hemorrhage Percent	1.0-2.0%	0.5%	1.1%	1.9%
Antihypertensive Medication Administered within 30 minutes Percent	> 80%	86%	89%	93%
NICU Self-Extubation / Unplanned	≤ 2/100 Vent Days	0.00	0.00	0.02

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- Women's and Infants, department achieves metrics consistently.



Measures *Not* meeting Benchmark

Measure	Benchmark	FY2023 Q1	FY2023 Q2	FYTD
PSI-03: Pressure Ulcer Rate (Stage 3+)	≤ 0.59	0.68	0.00	0.69
PSI-06: Iatrogenic pneumothorax rate	≤ 0.23	0.50 (1 patient)	0.00	0.33

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. Zero cases during Q2 FY23.

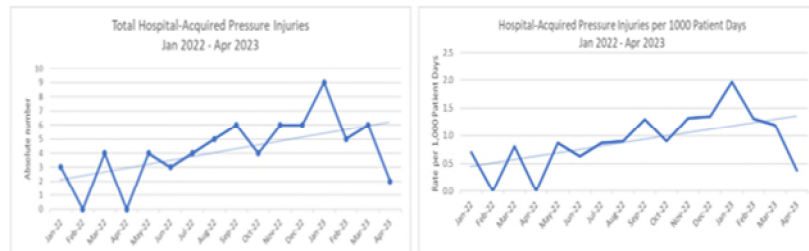
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- Pressure Ulcers and Iatrogenic pneumothorax, Quarter 1 and fiscal year slightly above.
- Quarter 1 had one case, quarter 2 had none, causing us to be a bit over.

Hospital-Acquired Pressure Injuries

Inpatient HAPIs



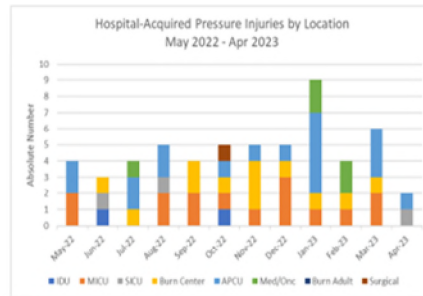
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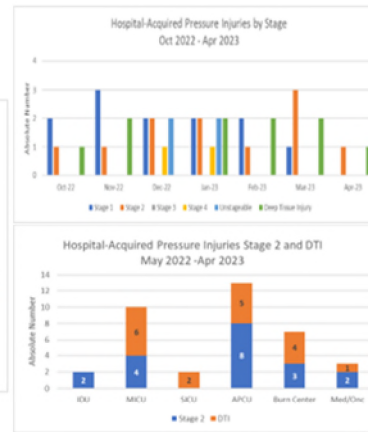
- In March and April, the slide shows a decline in cases, with nurses reviewing wound and ostomy cases and examining

hospital acquired per one thousand patient days.

Inpatient HAPIs



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- Slide shows a graph displaying units' viewing area and staging.

Inpatient HAPIs

Analysis:

- Healthcare-acquired pressure injuries are trending up in rate. Total number of HAPI fell in April 2023.

Action:

- Action Plan has been provided by Wound Care team (5/8/23), reflecting work in progress.
- Re: wound cleanser products: will be moving towards Vashe as wound cleanser. Materials Management to coordinate.
- Barrier cream (moisture prevention) has been approved by IP. As of 5/1, only the barrier ointment has been implemented. The lotion, zinc cream, soaps, and antifungal barrier are going to be discontinued by Medline. Warehouse will be working with Medline re: alternatives. This item's tentative date is 12/31/23.
- Re: foam products (dressing): being reviewed by wound care and PT leadership. Projected date is 8/1/23.
- Education relative to the above: educators will be meeting with WOCN to create educational materials on 5/5/23. Projected date is 7/31/23.
- Re: standardization of off-loading devices: PT leadership is currently reviewing with Wound care nurses. Projected date is 7/31/23.

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Assessment Recommendations:

- Complete work on the action plan, to include all the stakeholders
- 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
- Have accountability to ensure all patients have Mepilex hearts on their sacrum area

- Slide displays nursing action plan for wound and ostomy, transitioning to Vashe cleaner products.
- A third nurse was hired for wound and ostomy care.
- Educators collaborate with wound and ostomy department to create education material, project goal is by 07/31/23.

Falls

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Inpatient Falls per 1,000 Patient days



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26

- Slide displays inpatient falls across various units.
- Burn department decreased in April, burn center increased with 1 fall in March, and IDU increased with 2 and 1 fall in April, with no harm.

Inpatient Falls per 1,000 Patient Days



- Slide displays inpatient falls across various units.
- Break down issues into higher ones, such as toileting, and collaborate with leaders to develop action plans and implement them.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 8.d.

Reports to the Board
Semi-Annual Creighton University Arizona
Health Education Alliance Report

Creighton Alliance *FY23 Highlight*

July 1, 2022 – June 30, 2023

ADMINISTRATION UPDATES

FY23 Closed with favorable budget variance overall, 4% ahead of budget.

The Creighton Alliance master Agreement was completed, approved by the Board of Directors, and executed in October 2022.

Concluded national search for Associate Dean, Graduate Medical Education and Designated Institutional Official. Dr. Daniel Castellanos joined Creighton Alliance in February 2023.

GRADUATE MEDICAL EDUCATION

Sponsoring Institution

Creighton University School of Medicine–Phoenix was awarded Initial Accreditation as Sponsoring Institution of the ACGME-accredited residency and fellowship programs operated under the Alliance.

Where are our graduates going next?

107 completed their training in 2023 – 46% are remaining in Arizona to continue training or enter clinical practice.

- 12 fellows, *2/3 staying in AZ for clinical practice with half of the graduating fellows working for Creighton Alliance members.*
- 17 prelims, *6 continuing residency in AZ with 4 of those 6 within Alliance related-members*
- 78 residents, *27 entering fellowship training.* Top Fellowship Specialties graduates entered: Pulmonary/Critical Care, Neuroradiology (2 with BNI), Cardiology, MSK and Surgical/Critical Care.

63 graduates entering clinical practice:

- 75% of graduates will begin clinical practice in a hospital-based physician setting
- 51% will remain in the state of Arizona, of those 32% practicing with an Alliance-affiliated site:
- 11 – Valleywise/District Medical Group: 5 Behavioral Health, 2 Emergency Medicine U/S, 2 Internal Medicine, 1 Family Medicine, 1 Women's Health
- 4 – Dignity Health: 2 Family Medicine, 1 Women's Health, 1 Internal Medicine

Match Day 2023

Over 12,500 applications and approximately 1,200 interviews for our 115 open spots in residency and fellowship programs.

Matched 118 New Residents (82 categorical, 20 prelims) and Fellows

- 16 Fellows (2 current CU PHX residents continuing into our fellowships)
- 12 of the incoming residents are Creighton University School of Medicine graduates who completed their M3 and M4 years in Phoenix.
 - 3 Diagnostic Radiology (Class of 2024)*
 - 1 Family Medicine
 - 2 Internal Medicine Prelim*
 - 2 Internal Medicine Categorical
 - 1 Psychiatry
 - 4 Surgery Categorical

**one individual is doing their prelim year with IM and going into Radiology in 2024*

34% of the incoming residents completed their medical school training in Arizona, and 80% of new residents are U.S. medical school grads.

19 of the 60 medical student graduates from the Phoenix Regional Campus of the Creighton University School of are staying in Arizona for their residency training. 12 of the 19 matched in the Creighton PHX programs.

6 Creighton Medical Students from the Omaha campus matched into Arizona-based residency programs, with 4 being with Creighton Phoenix GME programs within Alliance partner sites.

Welcomed new Program Directors this year:

- Robert Roberts, MD – Cardiovascular Disease, effective August 1, 2022
- Dane Van Tassel, MD – Radiology, effective Nov 7, 2022
- Justin Reynolds, MD – Gastroenterology, effective May 1, 2023
- Sri Boddupalli, MD – Internal Medicine, effective July 1, 2023

Secured ACGME initial accreditation for Cardiovascular Disease Fellowship, matched 4 new fellows for the first cohort starting July 1, 2023.

Celebrated our residents and fellows the week of February 20th for Housestaff Appreciation Week. Over 100 residents participated in coffee/food truck events throughout the week at both partner hospitals.

Conducted integrated GME-UME Strategic Planning Sessions with stakeholders across partner sites to develop a 2023-2024 work plan for each residency and fellowship program.

Program Coordinator professional development retreat held in June to promote collaboration, sharing of best practices, and leadership development.

Hosted the following Medical Education Grand Rounds:

- *Residents as Teachers* by Randy Richardson, MD
- *Transitions of Care and Fatigue Management* by Jennifer Glatt, MD and James Mankin, MD
- *Event Reporting and Patient Safety* by Ashwini Arjuna, MD, Bill Alcock, and Michael White, MD
- *Research Principals*, by Jeffrey Curtis, MD, MPH and Kristina Chapple, PhD
- *Sex Trafficking and Sexual Exploitation: What you Need to Know as a Health Care Professional* by Dominique Roe-Sepowitz, PhD
- *Reducing Risk with Appropriate Documentation* presented by MICA
- *Town Hall: Introducing Dr. Castellanos* & resident listening session
- *Diversity, Inclusion and Belonging in Medicine* by Jaya Raj, MD

PHYSICIAN WELLBEING

Worked together with the American Medical Association to participate in the Transformation Practice Project. The collaboration consisted of administering the Mini-Z and the Mini-Res to collect data within various wellness domains. Data stored and analyzed in the AMA Data Lab, we will be able to compare where our programs rank nationally among other GME programs and receive evidence-based recommendations on how to improve our data.

Balint group sessions are facilitated quarterly utilizing a variety of themes to create space for reflection and processing.

Office hours were offered at each partner site to allow residents, faculty, and staff to remain connected to Creighton Alliance Wellbeing as well as receive internal and external resources for mental health care as needed.

QPR (Question, Persuade, Refer) was presented at various partner sites to bring awareness to Suicide Prevention and increase discussion around the steps that can be taken if someone shares suicidality with a peer, colleague, or with program leadership.

Inaugural Wellness Summit on November 4, 2022, with students from the Creighton School of Medicine making up close to half of the attendees. The event agenda consisted of physician leadership sharing their wellness journeys, and small group discussions regarding the topics of how to increase opportunities for growth at work, connection and community, and work-life harmony. In addition, suicide prevention and breakout sessions on the topics of professional development, mindfulness and gratitude, and overall well-being also were facilitated.

An initiative for interdisciplinary wellness initiatives is being established by the Alliance Wellness Committee. A shared document will be utilized to capture the wellness efforts of each program and indicate if the initiative is open for residents of other programs to attend to promote connection and community among various disciplines.

Recruited new Director of Wellbeing to start August 2023.

ACADEMIC SUCCESS AND FACULTY DEVELOPMENT

Consistent one-on-one support for resident physicians, focusing on annual In-Training Exams (ITE), academic success plans, and the development of CVs, resumes, and personal statements.

The Jesuit Academic Development and Education (JADE) website, with learner and faculty education material, continues to be a resource for all Creighton health sciences professionals.

Executed over 25 Interdisciplinary Faculty Development Sessions

Many residents applied and interviewed for 2023 fellowships starting next fall. One-on-one support continues for resident physicians, focusing on annual In-Training Exams (ITE), academic success plans, and the development of CVs, resumes, and personal statements.

STUDENT OPERATIONS UPDATE

Departments across Alliance partners are continuing to evaluate M3 student volumes and pause some rotations from other medical schools to allow for Creighton medical student priority. 4th year elective and sub-internship rotations will still be made available for all medical schools.

Completed needs assessment for M4 clinical placements. Develop a plan to steadily add courses over the next two years to meet the student-to-course selection ratio.

Alliance Members met 80% of Creighton College of Nursing student rotations in Phoenix. Most rotations outside Alliance members focus on a specific setting not readily provided by members, i.e., skilled nursing facility.

Collaborated with Creighton SPAHP and St. Joseph's Rehabilitative Services leadership to execute a definitive clinical placement plan that will expand in relationship to the needs of the program. The number of clinical placements granted to Creighton OT, PT, and Pharmacy students is steadily increasing.

Streamlined the medical and PA student onboarding at SJHMC, allowing students to access materials, guidelines, training videos, and instructions via an online platform. Reducing the number of emails sent and creating consistency in messaging.

Finalizing plans for the first Student Coordinator Retreat in July 2023.

SCHOLARLY ACTIVITY

Welcomed the new Research Program Manager in November 2022.

Expanded Research Interest Groups: The number of research interest groups in Phoenix grew from three to eleven, making them accessible to all Creighton medical students. This expansion promotes collaboration and diverse research opportunities among our learners.

Strengthening Faculty Mentorship: Continuously updated the active Faculty Mentor List and facilitated over 130 students in providing faculty mentors and received over 80 proposed student research project forms. We are actively ensuring the mentor list remains current to enhance faculty-student mentor relationships.

Empowering Research Administration: Our collaboration with research administration departments in Alliance partners led to the development of an IRB onboarding process. We presented this achievement at the monthly virtual "Research Round-Up" series, benefiting our medical students, residents, and fellows.

Enhancing Scholarly Activity Visibility: Updated the public, online Creighton Alliance web page for Scholarly Activity, incorporating resource links for interested Creighton learners. A SharePoint site was created specifically designed for residents and fellows.

Supported events for Creighton learners participation included: Creighton Research Week, University of Arizona College of Medicine Academic Excellence Day, and GME Quality Improvement/Patient Safety Forum.

Creighton University School of Medicine – Phoenix, residents and fellows participated in the University of Arizona's Academic Excellence Day on May 3, 2023. Many took home awards including:

First Place - Fellow Research Oral

Kendal Smith, MD PGY6, Child & Adolescent Psychiatry

"Eating Disorders and Common Comorbidities in Psychiatrically Hospitalized Adolescents Before and During the COVID-19 Pandemic"

Third Place - Case Report Research Poster from a Resident

Charden Wood, MD PGY3, General Surgery

"Rare Extracutaneous Manifestation of Calciphylaxis in the Colon Causing Bleeding: A Case Report"

Tied for Fourth Place - Research/QI from a Resident

Christine Erie, MD PGY2, Family Medicine

"The Role of the Electronic Health Record Systems in HPV Vaccination Within Maricopa County, AA"

Nicole Segaline, MD PGY2, Obstetrics & Gynecology

"A Comparison of the Hepatitis C in Refugee Women Compared with Non-refugee Women in Phoenix, Arizona"

QUALITY IMPROVEMENT/PATIENT SAFETY

Continued to refine the Research and QIPS Subcommittee monthly meetings, providing a platform to implement quality improvement and patient safety measures.

Collaborated and participated in the 9th Annual GME QI Symposium demonstrated our dedication to education, evidence-based care, addressing healthcare disparities, and healthcare value. The following residents and faculty were recognized for their valuable contributions. Pleased to share the following winners from Phoenix:

Best Overall Presentation awarded to **Chelsea Azevedo, MD PGY2** Internal Medicine
"Timely Labs for Rheumatology Patients"

Best High-Value Care Poster was awarded to **Hadiatou Barry, MD, MPH PGY6** Gastroenterology
"Quick Response (QR) Code and YouTube Instructional Videos Decrease Barriers to Optimal Colonoscopy Bowel Preparation in Safety Net Hospital: A Quality Improvement Project"

MARKETING AND COMMUNICATIONS

Creighton Alliance social media performs above Creighton social media standards on all platforms. This is due to the community our platforms have created, which fosters engagement and encourages sharing of content with the Valleywise and St Joe's marketing teams. Additionally, we continue to focus on sharing content that authentically demonstrates our mission and vision.

Social media performance from 7/1/22 – 6/30/23
Total followers: 2,153 +27.5% vs. FY22
Total posts: 791 +18.8% vs. FY22
Total impressions: 220,993 +56.3% vs. FY22
Average engagement rate: 6.9% +34% vs. FY22
Total engagement: 15,304 +109.3% vs. FY22

Creative projects have focused on high-impact pieces such as the impact booklet. By focusing our attention on high-impact projects, we have been able to create branded materials that we can use through a variety of projects and build a thread of continuity in our collateral.

Website Audit Overview - What did we do?

- Decreased page count from 494 to 382 pages
- Content and brand updates to 100+ CUSOM PHX GME pages
- UCOM web team invested 45 hours on web updates

Highlights

- Content is now appropriately organized and updated
- Pages are enhanced for user experience
- More users stay on pages for longer; less bounce-back clicking
- Decreasing overall page count and optimizing content across Alliance web pages has increased organic traffic to our pages. Ongoing content strategy work will likely yield continued growth.

Web performance from 7/1/22 – 6/30/23

48,045 active users / 41,447 are *new* users
184,024 page views
66,464 sessions
2.77 pages per session
The average session duration is 4:26 mins.



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 8.e.

Reports to the Board
Valleywise Health Nurse Staffing Plan
for Fiscal Year 2024



Valleywise Health Nursing Staffing Plan FY 2024

*Nursing is a Profession at Valleywise
Health:
Safe Staffing and Quality Services*

Nursing Division Staffing Plan

Overview

The Inpatient Staffing Plan for the Nursing Division at Valleywise Health is a document that assists in determining the correct quantity and quality of nursing staff required to maintain the budgeted positions based on Average Daily Census, Nurse to Patient Ratios, Patient Acuity, and appropriate staff mix. The Staffing Matrix does not determine the amount of nursing staff based upon patient acuity or the appropriate skill mix. Valleywise Health utilizes an acuity system completed by unit nurses to determine the correct number of nursing staff to maintain the health and safety of the patients at Valleywise Health.

Tools Used to Ensure Adequate Staffing:

- Recommendations from professional organizations in specialty areas
- Staffing Matrices based upon Average Daily Census
- Nurse to patient ratios.

Kronos® Scheduler Extension: Kronos Scheduler Extension is a comprehensive, real-time workforce management solution, incorporating patient classification, turnover, census trends, forecasting tools, and reporting to drive optimal staffing decisions. Scheduler Extension's unique EMR and Professional Judgment Methodology is a data-driven and nursing-centric approach to patient classification. The unique hybrid model combines the time savings of automation with the benefits of a workload system that is statistically valid and reliable.

Leveraging EMR Data in Real Time

The charge nurse, operating within customized unit guidelines, can update the acuity, incorporating nursing intangibles. Scheduler Extension provides an accurate, holistic measure of workload in time to make actionable staffing decisions.

- Kronos Analytics Scheduler Extension Patient Classification Methodology
- Productivity Reports
- Valleywise Health Budget
- Monthly Operating Reports
- Position Control
- Scheduler Extensions Staffing Enterprise/EPIC BOARD

What Does this Document Cover?

The purpose of this document is to provide the necessary knowledge and information to ensure adequate staffing for the nursing units within Valleywise Health.

Objectives

- To assist nursing units and the Staffing Office with a tool to quickly and easily identify the appropriate number of staff needed to meet the minimum staffing requirements as the initial step before adding acuity.
- Provide guidelines for staffing up or flexing down based upon HPPD and volumes.
- Gain understanding of budgetary needs.
- Staffing and Quality Risk Assessment.
- Clinical Competency/Education Program.

Audience

This Inpatient Staffing Plan is designed to communicate to Senior Leadership, key stake holders, regulatory and accrediting organizations, and as a reference for the Valleywise Health Staffing Office and Nursing Leadership.

Staffing Basics

The appropriate allocation of staffing resources to meet the clinical needs of the patients is a primary function of nursing leadership, especially unit-based leadership. Unit based leadership is responsible for continuously assessing the unit and staff; making critical decisions regarding the need to reduce resources (flexing down); or increase the work force (flexing up), based upon the clinical needs of the patient and in line with the established budget, based upon hours per patient day. Nursing leadership can increase the number of staffing resources when the patient volume or acuity increases and the need for additional resources are apparent. In addition, nursing leadership continually assesses the acuity of the patient population, and the skill mix of the professional and paraprofessional staff rendering care.

Nurse Staffing Measure	Definition
Nurse to patient ratio	Number of patients cared for by one nurse typically specified by job category (RN, Care Partner, BHT, PSA, and HUC); this varies by shift and nursing unit; some researchers use this term to mean nurse hours per inpatient day.
Total nursing staff or hours per patient day (HPPD)	All staff or all hours of care including RN and support personnel. counted per patient day (a patient day is the number of days any one patient stays in the hospital, i.e., one patient staying 10 days would be 10 <u>patient days</u>).
RN FTEs per patient day RN	Full-time equivalents per patient day (an FTE is 2,080 hours per year and can be composed of multiple part-time or one full-time <u>individual</u>).
Nursing skill (or staff) mix	Nursing has established a targeted number of employed FTEs by skill level to patient volume per department or specialty area - basically, a plan for authorized positions at the budgeted workload volume. As patient census increases or decreases, employed FTEs by skill will also increase or decrease. This will become the department's flexible employment plan for full- and part-time staff by skill.
Patient Acuity	Categorizing the patient according to an assessment of the illness acuity, severity of symptoms, nursing dependency, and/or nursing interventions required. Once the patient has been classified, prediction of the number and kind of personnel needed to produce the volume and quality of nursing care required can be determined. The acuity system provides documentation to support the fact that a sufficient number of Registered Nurses were on duty at all times to give patients the specialized care according to the number of patients, care setting, references to characteristics of patients, and established goals.

Dept #

		FY2020	FY2021	FY2022	FY 2023	FY 2024
104101	SICU	21.20	21.35	21.35	23.070	19.5
104102	MICU	22.86	19.86	20.5	22.934	20
104104	PICU	21.75	21.78	21.77	23.39	27.39
104105	NICU	14.76	15.65	15.65	15.11	15.10
104201	Burn Adult 7 th Floor	12.71	12.73	13.09	13.90	13.1
104202	Burn Peds 7 th Floor	14.03	21.12	21.12	19.5	18.00
104203	Burn ICU 1st	22.11	25.30	25.3	25.3	25.30
104401	Surgical Trauma	11.45	10.81	11.45	10.78	10.30
104404	Medicine Oncology Ortho	11.12	10.31	11.12	10.79	10.30
104406	Progressive Care	13.99	13.01	13.01	13.12	12.20
104400	4 East Med Surg	11.58	10.58	N/A	10.67	9.00
104500	Postpartum	7.71	8.01	8.01	8.012	8.78
104602	Peds Acute	12.45	13.54	Closed	Closed	9.99
105411	Labor & Delivery	37.19	41.59	41.59	39.0	40.09
105431	Operating Room	0.10	0.10	0.11	0.11	0.11
105434	Preop Services / PACU combined	5.65	5.20	5.20	5.65	5.65
105437	PACU	NA	Combine	Combine		Combined
105482	Adult ED	3.317	3.25	3.25	3.25	3.25
105484	Peds ED	2.63	3.02	Closed	closed	Combined
805482	Maryvale ED	N/A	3.2	3.01	3.2	3.20
105475	Infusion Center	N/A		6.5	0.821	0.89 (retiring April 2024)

*Based on Vizient Action OI Benchmarks

Dept #	Department	Annual Worked Hours Per Stat						
		2013	2014	2015	2016	2017	2018	2019
104101	SICU NS 44	23.00	22.33	21.00	20.09	20.64	21.39	21.33
104102	MICU NS 52	22.00	22.37	21.00	20.80	20.33	21.12	21.33
104104	PICU NS 34	22.45	20.77	22.41	22.30	20.81	20.81	21.75
104105	NICU NS 25	14.02	14.26	13.58	13.72	13.72	14.05	14.76
104201	Burn Adult NS 71	17.75	13.56	13.34	12.90	12.33	12.90	14.00
104202	Burn Peds NS 72	13.34	13.28	12.99	12.10	12.10	13.29	14.00
104203	Burn Center NS 43	27.86	21.33	20.96	21.00	20.09	21.62	24.00
104401	Med/Surg/Trauma NS 42	13.21	12.65	11.68	12.20	12.34	12.08	11.93
104404	Med/Onc NS 61	12.45	12.04	11.58	10.93	10.99	11.43	11.28
104406	Step Down Unit NS 51	17.00	15.61	14.25	13.74	14.13	14.75	13.99
104500	Postpartum NS 22	15.30	15.83	14.05	13.64	12.65	8.32	8.12
104602	Peds Acute NS 32	13.72	12.91	12.63	12.33	12.12	11.98	12.00
105411	Labor & Delivery NS 21	31.40	31.61	29.96	30.84	33.41	36.44	39.00
105431	Operating Room	0.12	0.12	0.11	0.11	0.11	0.11	0.11
105434	Preop Services	X	X	X	2.97	2.29	2.39	2.38
105437	PACU	0.04	0.04	0.04	0.04	0.05	0.05	4.69
105482	Adult Emergency	3.56	3.30	3.10	3.01	3.03	3.54	3.50
105484	Pediatric Emergency	3.02	2.88	2.90	2.99	2.72	2.80	3.00

X = intentionally left blank

Beds Available per Unit and Nurse Patient Ratios

Nursing Station	Cost Center	Bed Capacity	Nurse Ratio	Floor (will)
Burn ICU	104203 NS 43	19	1-4:1	1 (4)
Labor and Delivery	105411 NS 21	20	1-3:1	2 (5)
Postpartum	104500 NS 22	27	3:1 (mom/baby 6:1)	2 (6)
NICU	104105 NS 25	31(CCC cribs available for use)	2:1	2 (5)
		8-10	4:1	3 (6)
Pediatric Acute	104602 NS 32			
		7	2:1	3 (6)
PICU	104104 NS 34			
Surgical	104401 NS 42	33	4-5:1	4 (9)
4East	104400 NS 4E	13	3-4:1	4 (9)
SICU	104101 NS 44	13	2:1	4 (7)
MICU South	104102 NS 52	11	2:1	5 (7)
APCU	104406 NS 51	23	3-4:1	5 (9)
MICU West	104406 NS 50	9	ICU or Stepdown overflow	5 (9)
Medical	104404 NS 61/62	38	4-5:1	6 (8)
Burn Adult	104201 NS 71/73	23	4:1	7 (4)
Burn Peds	104202 NS 72	5	3:1	7 (4)
IDU 1	104301	12	2:1	1 (Retired)
IDU 3	104303 NS 32	30	1-5:1	3 (Retired)
Infusion Center	105475 Lombardi	3 Chairs	3:1	6 (Retired)

Valleywise Health Administrative Policy & Procedure

Effective Date: 03/06

Reviewed Dates: 03/08, 12/09, 11/11, 07/12, 09/14, 02/15, 04/17

Revision Dates: 03/08, 12/09, 11/11, 07/12, 09/14, 02/15, 04/17, 09/17, 05/18, 08/18, 02/19, 02/21, 03/23

Policy #: 29051 T

Policy Title: Behavioral Health: Psychiatry Staffing Levels and Acuity Plan

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

Purpose:

To identify the minimum staffing requirements for the Psychiatric Hospitals operated by the Valleywise Health Department of Psychiatry.

Definitions:

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

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

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

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

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

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

Nursing Personnel: Personnel reporting to nursing services include Registered Nurses, Licensed Practical Nurses (LPNs), Behavioral Health Technicians (BHTs) and Mental Health Workers (MHWs). LPNs, BHTs, and MHWs under the direction of Registered Nurses are utilized to function within the full scope of their practice and job description.

Staff Member: An individual who is employed by or under contract with a licensee to provide behavioral health services to an agency's clients, and who is a behavioral health professional, Behavioral Health Technician, or behavioral health para-professional.

Staffing Grid: A matrix that identifies the appropriate number of direct care staff members required to meet the treatment needs of average acuity patients based on the number of patients present on the unit.

Policy:

The Valleywise Health Department of Psychiatry ensures that the hospital has staff members and employees to provide, at all times, the behavioral health services the hospital is authorized to provide as outlined in the scope of service and the treatment needs identified in each patient's care plan. Staffing levels are adequate to ensure the health, safety, and welfare of a patient on the premises and while the patient is receiving behavioral health services or ancillary services off the premises.

Procedure:

- A. The Valleywise Inpatient Behavioral Health staffing levels are based on unit census and patient acuity. Patient acuity is determined by the number of patients who require additional nursing care or staff supervision to prevent harm to the patient, other patients, and staff members.
- B. Valleywise Health aims to have a sufficient number of staff members present to provide general patient supervision and treatment and to provide ancillary services to meet the scheduled and unscheduled needs of each patient.
- C. The acuity plan lists minimum numbers of direct care staff members based on patient volume and includes the ability to overlay additional staffing resources based on the acuity of the patients.
 - The staffing grid is based upon the number of patients present on the unit at the beginning of each shift and how many nurses and Behavioral health Technicians would be required to provide nursing services if all those patients had average acuity.
 - Patients considered to be of average acuity generally include those patients who do not require a level of precaution that requires continuous observation.
 - Examples of this category of patient includes:

- Court Ordered Evaluation Patients (COE)
 - Court Ordered Treatment Patients (COT)
 - Patients on Standard Behavioral Precautions
 - Voluntary Patients
 - Aspiration Precautions
 - Assault Precaution Level II (AP 2)
 - Elopement Risk (ER)
 - Fraternization Risk (Frat Risk 2)
 - Suicide Risk Level II (SR 2)
- Higher than average acuity takes many forms in the behavioral health units, but examples seen most frequently include those patients who require continuous monitoring to prevent occurrences of self-injury, harm to others, and medical decompensation.
 - The Registered Nurses on each unit provide input into the number and mix of licensed personnel and Behavioral Health Technicians required to meet the needs of each patient. This number and skill mix of staff members is based on nursing assessments that considers the level of required nursing interventions and the behavioral presentation of each patient. This also includes those patients who require arm's length or line of sight monitoring for non-behavioral reasons (e.g., extreme fall risk) and those who cannot meet their own personal care and/or personal hygiene needs.
 - Nursing House Supervisors are present at all times around the clock on all campuses (Mesa, Phoenix, and Maryvale campuses) and they conduct frequent rounds on the patient care units to assess current, real time patient care needs. Based on input from the Registered Nurses providing nursing services directly to the behavioral health patients, the Nursing House Supervisors adjust the staffing levels to meet the care needs of the patients.
- D. Staffing resources are deployed in conjunction with the changing needs of the department.
- E. The actual number of Registered Nurses, Licensed Practical Nurses, and Behavioral Health Technicians scheduled to work on each of the inpatient psychiatric units is documented on a staffing shift form. The number of patients who had higher than average acuity on each unit is also recorded on this document.
- F. Variances in the number or mix of recommended staff are tracked and documented.
- G. The on-duty Nursing House Supervisor will verify the accuracy of the staffing mix by signing the single zone report, which depicts the names and title of staff assigned to all units.
- H. At least one administrative staff member and one physician is on-call and available to come to the hospital if needed.
- I. Schedules are maintained on the premises for at least 12 months after the last date on the documentation. These schedules include:
- The date, scheduled work hours, and name of each staff member assigned to work, including on-call staff members.
- K. The following steps will be taken to fill the gaps in staffing:
- Full-time and part-time staff members are assigned to a unit based on the identified skill needs.
 - PRN pool staff will be assigned to units based on identified skill needs.
 - PRN pool staff, part-time, and full-time staff not scheduled to work will be called in

- to fill needs as appropriate.
 - Contracted travelers that have completed an orientation process within inpatient Behavioral Health will be utilized when appropriate.
 - RNs primarily assigned to the Medical Center and cross trained to work in inpatient Behavioral Health will be called in to fill needs as appropriate.
 - The on-call Nurse Manager and Director of Nursing, or designee, will be notified of critical staffing issues.
- L. The following steps will be followed in the event that demand exceeds capacity.
- The impacted unit would go on diversion due to lack of capacity, either beds or staffing. Staffing can be impacted by volume and/or acuity of the patients to be served. If the acuity of the patients requires additional staff to provide safe care, and that staff is not available, the organization would follow the process of securing additional staff internally or externally by working with Central Staffing. The organization would also engage medical staff and leadership to activate admission diversion, and assess patients for potential safe discharges, etc.
 - Involve medical staff to determine if any patients are discharge ready.
 - Notify VP of BH Nursing & Clinical Care, Sr. VP Behavioral Health Services, BH Department Chair, Sr VP Chief Nursing Officer, and Executive VP & Chief Clinical Officer of capacity issues.

Staffing Grid

Day shift 7am-7pm & Night Shift 7pm-7am Staffing Requirements for Average Acuity Patients					
Number of Patients on Unit	RNs	LPNs May Only Work on units with 2 or more RNs scheduled	Total Licensed Nurses	BHTs/MHWs	Total Direct Care Staff
1-3	1	N/A	1	1	2
4-9	1	N/A	1	2	3
10-16	2	N/A	2	2	4
17-18	2	N/A	2	3	5
19-24	2 or 3	0 or 1	3	3	6

- The anticipated acuity of each patient to be admitted is carefully assessed to determine the most appropriate assignment within all the units/facilities.
- Patients determined to be an extreme fraternization risk, such as history of sexual offenses and acting out sexually, are placed on the appropriate unit with the appropriate level of precaution.
- Additional BHTs must be assigned to monitor patients who require arm's length or line of sight precautions.
- LPNs are not permitted to work on a unit without a supervising Registered Nurse.
- If needed, additional licensed nurses will be added when three or more patients on one unit have complex, but not critical medical needs, or when the direct care nursing staff reports the need for additional nursing support.
 - Examples of complex medical needs include PICC lines, tube feedings, and comprehensive wound care.

Reference:

Policy #29051 T Title: Behavioral Health: Psychiatry Staffing Levels and Acuity Plan Page 4 of 6
03/23 Supersedes 2/21

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Arizona Administrative Code: R9-10-214

Policy #29656 T Behavioral Health: Standard and Special Behavioral Precautions for monitoring of patients on Special Behavioral Precautions

Valleywise Health Administrative Policy & Procedure

Effective Date: 09/03

Reviewed Dates: 09/13, 01/20

Revision Dates: 09/16, 01/08, 09/12, 03/13, 10/15, 12/17, 06/20, 06/22

Policy #: 50505 MD

Policy Title: Nursing/General: Patient Classification/Acuity System

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

Purpose:

To provide guidelines on using the patient classification system at Valleywise Health during normal operations and or declared pandemic.

Definitions:

Acuity means: "a patient's need for hospital services based on the patient's medical condition" -according to Arizona Administrative Code." R9-10-201.

Facility request for statute and rules waiver during a declared emergency by the Governor:

R-9-10-214(C) (3) Nursing Services
R9-10-214 (C) (2) (a) Nursing Services

Policy:

Valleywise Health will use an organized acuity system to ensure sufficient staffing for patient volume and acuity. The acuity system will reflect the unique needs of the patients on the various units.

Procedure:

The appropriate allocation of staffing resources to meet the clinical needs of the patients is a primary function of nursing leadership, especially unit-based leadership. Unit based leadership is responsible for continuously assessing the unit and staff and making critical decisions regarding the need to reduce the resources (flexing down) or increasing the work force (flexing up) based upon the clinical needs of the patient and in line with the established budget based upon hours per patient day. Nursing

leadership is able to increase the number of staffing resources when the patient volume or acuity increases and the need for additional resources are apparent. In addition, nursing leadership continually assesses the acuity of the patient population, and the skill mix of the professional and paraprofessional staff rendering care.

In the event that there is a staffing shortage every effort is made to get additional staff. Employees who are off duty are called and asked to work and a request for Registry or On Call staff is made via the staffing office. In the event no additional staff can be found, the delivery of care will be modified to meet the needs of the patients. This may include using Team Nursing or other care delivery methods.

The CRL/Charge nurse will notify the following:

1. Manager
2. Director
3. VP of Acute and Emergency Services or VP of Specialty Services, Quality, and Safety
4. CNO/Administrator on call.

I. Inpatient / Observation Status

Valleywise Health currently uses an electronic system for classifying all inpatient areas according to acuity system. The acuity system does not replace nursing judgment and is utilized to ensure the adequate numbers of nurses are assigned to ensure safe practice. Each area created a patient acuity/classification system specific to each nursing unit. For most units, there are four levels of acuity: Low, Medium, High, and Extreme. Every patient who has been on the unit at any time during the shift receives an acuity classification (contact census). Each acuity level has a numeric value associated with it. Consequently, a unit's acuity adjusted census could be higher or lower than the actual number of patients.

II. Emergency Department

Valleywise Health uses the Emergency Severity Index (ESI) five-level triage system for classification of emergency department patients. The ESI uses patient acuity (stability of vital signs, degree of distress, as well as expected resource intensity and timeliness, to define the five categories. The acuity is documented in the electronic health record at time of triage. The five levels are:

- 1 = Immediate – Life threatening conditions which require immediate aggressive interventions.
- 2= Emergent – High risk conditions, including immediate life/organ threat and high liability risk, which require high resource intensity

- 3= Urgent – Conditions that have the potential for complications or increase in severity, which require medium resource intensity. May be associated with significant discomfort or affect ability to function or do activities of daily living.
- 4= Less urgent - Conditions that have low potential for deterioration or complications, which require low resource intensity.
- 5= Non-urgent - Conditions that are very unlikely to progress in severity or result in complications, which require minimal resource intensity.

III. Labor & Delivery

Labor and Delivery utilizes the AWHONN Staffing Guidelines.

Triage patients are staffed at a 1:3 ratio.

Antepartum patients are staffed at a 1:3 ratio. Patients with higher acuity will decrease the nurse to patient ratio.

Labor Patients are staffed at a 1:2 in early labor or 1:1 in active labor or with higher acuity or co-morbidities.

During Delivery there is an RN dedicated to the mother and an RN dedicated to the Infant who is capable of initiating newborn resuscitation.

OR and PACU Patients are staffed at a 1:1 ratio.

Postpartum Couplets are staffed at a 1:3 ratio dependent on acuity and complicating factors.

If the mother/baby couplet is divided and the mothers and babies are cared for by separate nursing providers, the ratio is 1:6 postpartum mothers and 1:6 infants.

IV. MAIN OR and PACU

- 1. OR patients are staffed 1:1:1
 - a. 1 RN per patient per OR in the role of the RN Circulator and 1 Scrub person per patient per room; may be RN, surgical technologist, or LPN.
 - b. Additional staff members, with appropriate competencies, may be used as appropriate for the following:
 - i. Complex surgical procedures and patients with compound needs may require an additional RN circulator(s) and scrub person(s)
 - ii. Technological demands (e.g., lasers, robotics, audiovisual equipment, auto transfusion device)
- 2. PACU patients are staffed 1:1 or 2:1.
 - a. Staffing should reflect patient acuity. A PACU patient should remain in a 1:1 ratio until critical elements have been met, which include:
 - i. Patient has a stable and secure airway
 - ii. Patient is hemodynamically stable
 - iii. Patient is free from agitation, restlessness, & combative behaviors

- iv. Initial assessment is complete
- v. Report has been received from the anesthesia care provider
- vi. The RN has accepted the care of the patient
- b. Once PACU patients have met the critical elements, they may be placed in a 2:1 ratio (2 patients per 1 RN). Examples of a 2:1 ratio would include the following types of patients:
 - i. Two conscious patients, stable and free of complications, but not yet meeting the discharge criteria
 - ii. Two conscious patients, stable, 8 years of age and under, with family or competent support team members present, but not yet meeting discharge criteria
 - iii. One unconscious patient, hemodynamically stable, with a stable airway, over the age of 8 years and one conscious patient, stable, and free of complications
- c. In rare circumstances, a 1:2 (1 patient per 2 RNs) ratio may be warranted when a patient is critically ill and unstable.

V. Under Pandemic Conditions

1. State mandated ratios within the critical care areas may require adjustments related to lack of qualified or experienced nurses to care for critical care patients.
 - a. Unit Leadership will develop a staffing plan to address patient needs during nursing shortage
 - i. May require holding patients in the ED until able to transfer out of the facility to ensure ICU ratios maintained. Minimum staffing requirement 1:2.
 - b. Staffing Plan will be shared with direct care staff for knowledge and input.
2. Classification or Staffing guidelines for ED, PACU, OR, L&D may require adjustments related to lack of qualified or experienced nurses
 - a. Unit Leadership will develop a staffing plan to address patient needs during the nursing shortage
 - b. Staffing Plan will be shared with direct care staff for knowledge and input.
3. Staffing Guidelines for patients classified as acute or within behavioral health setting may require adjustments related to lack of qualified or experienced nurses to care for patients
 - a. Unit Leadership will develop a staffing plan to address patient needs during the nursing shortage
 - b. Staffing Plan will be shared with direct care staff and input encouraged

References:

American Nurses Association. (2017). *Defining staffing: workforce management patient classification and acuity systems the request for proposal process.*

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https://www.nursingworld.org/~497e37/globalassets/practiceandpolicy/work-environment/nurse-staffing/website-staffing-and-acuity-systems-pdf-final_2017.pdf

American Society of PeriAnesthesia Nurses. (2020). *2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. ASPAN, pp. 40-42.

Association of PeriOperative Registered Nurses [AORN]. (2020). *AORN position statement on perioperative safe staffing and on-call practices*.
<https://www.aorn.org/guidelines/clinical-resources/position-statements>

Association of Women's Health, Obstetric and Neonatal Nurse. (2021). *Staffing standards executive summary*. <https://www.awhonn.org/education/staffing-exec-summary/>

Arizona State Rules and Regulations – during a declared emergency by the Governor

R9-10-214 (C) (2) (a) Nursing Services

R9-10-214 (C) (3) Nursing Services

Flex Matrices Based on Patient Volumes and Skill Mix:

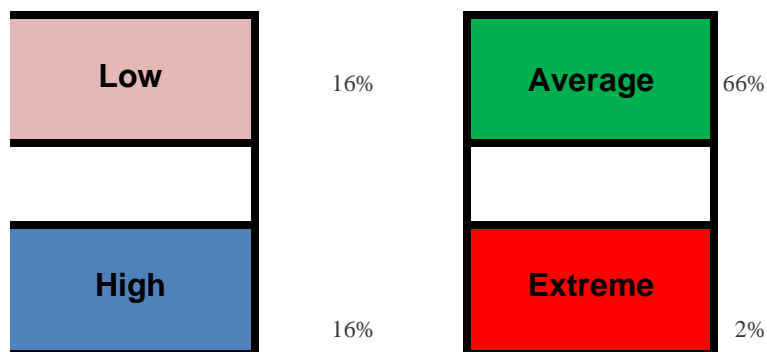
As volume increases, additional resources are needed to ensure quality care for the patients being served. When volume increases, the following tables indicate how the staffing resources should be increased and conversely decreased to meet the demands of volume. In addition, the following tables indicated the staffing mix (professional/paraprofessionals required for the specific units).

Numerous factors influence the hospital census or number of patients such as RSV season, economic and political factors, etc. This necessitates the nursing leadership to utilize **FLEX** staffing. Flexing means to increase or decrease the number of staff to meet the needs of the patient population. The following grids do not account for patient acuity. Patient acuity may increase or decrease the number of staff required to meet the medical needs of the patients being served.

Patient Acuity

Valleywise Health currently uses the Kronos®Scheduler Extension system for classifying patients according to an acuity system. The acuity system does not replace nursing judgment and is utilized to ensure the adequate numbers of nurses assigned to ensure safe practice. Each area created a patient acuity/classification system specific to each nursing unit. For most units, there are four levels of acuity: Low, Medium, High, and Extreme. Every patient who has been on the unit at any time during the shift receives an acuity classification (contact census). Each acuity level has a numeric value associated with it. Consequently, a unit's acuity adjusted census could be higher or lower than the actual number of patients. Statistics show that, over time, patients fall into an expected distribution which is seen below. The medium level of acuity or the “average” patient for any unit should reflect about 66% of the total patient population.

“Average” is budgeted HPPD (Hours per Patient Day)



The benefits of which are:

1. Enabling assignments to be made in a more evenly distributed manner;
2. Matching nursing resources to patient needs;
3. Recording all patients' acuity levels;
4. Providing real-time actionable data;
5. Projecting staffing needs;
6. Capturing staffing effectiveness data; and
7. Justifying staffing levels.

Unit Guidelines

(in Kronos Workforce Extensions-Scheduler Extension)

VALLEYWISE HEALTH: Nursing Burn Adult

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection.
- Interventions: Routine assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- O2 Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- LS: Independent or need 1-person assistance
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: History of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection.
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr.
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op
- Telemetry monitoring
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel.
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed.
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered.
- Education: Greater than 30mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple.
falls, 24hrs post fall w/ injury.
- Interventions: Assessments, VS Q 2, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2

- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes.
- Patients who ingest foreign objects, 1:1 sitter or BHT
- PCA requiring frequent adjustments/interventions.
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Respiratory/ostomy care with nursing interventions more frequent than q4hrs
- Restrained, agitated, combative requiring nursing interventions.
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr, wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs,
- VAC dressing changes greater than 30 minutes by nursing

EXTREME ACUITY

- ADLS: End of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations.
- Chest Pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury.
- Interventions: Rapid response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing Burn Center

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection.
- Interventions: Routine assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- O2 Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance.
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Central telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection.
- Interventions: Shift assessment, VS Q 4, I/O Q 4, Neurovascular checks Q 2-4hrs
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr.
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op/Routine discharge/transfer
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care, blood products 1-2u with NO adverse reaction.

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel for ambulation, total dependency on nursing staff for ADL
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Bedside telemetry monitoring, telemetry with cardiac concern, electrolyte/acid-base imbalance requiring intervention q 2hrs.
- Education: Greater than 30mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury.
- Interventions: Assessments, VS Q 2, I/O Q 2

- Medications: 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift), multiple titratable drips, IV or IM medications q 2 hrs.
- O2 Requirements: Increased respiratory needs, new trach care, continuous pulse ox with intervention, ventilator stable, non-intubated inhalation injuries
- Procedural Sedation during shift
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification, unaccompanied pediatric patient
- Respiratory/ostomy care with nursing interventions more frequent than q2hrs
- Sepsis: SIRS criteria 2 or greater
- Treatments: Complex/major dressing changes >1 hr., continuous bladder irrigation, high output drain/ostomy, CBI, ostomy care more than Q 4hrs, bedside procedures, blood products >2u with NO adverse reaction
- DNR with death expected, emotional support to family and postmortem care.
- Unstable post-op requiring frequent monitoring and interventions, uncontrolled. pain/nausea/etc.,
- Burn: circumferential burns requiring neurochecks/doppler checks Q 1-2 hours, TBSA >10% with preexisting condition
- Extreme MDRO requiring 1:1 with progressive/acute level of care.

EXTREME ACUITY

- 5 or more high acuity items
- Unstable to the point of life-threatening condition that will result in immediate interventions.
- Cardiac: code blue, <24 hours post code, multiple pressors, emergent ACS protocol
- Fluid resuscitation first 48 hours post burn
- Interventions: Off unit transport with RN > 1 hr., mass transfusion, complex dressing >4hrs
- Medications: IV/IM medications q 30 mins prn
- Respiratory: Unstable airway/patient actively decompensating or requiring frequent interventions, roto-bed, allergic reaction w/ respiratory distress, intubated pediatric patient.
- Ventilated prone patient with burn injury.
- RASS > +2 with weaning ventilator in conjunction with weaning continuous sedation and pain
- CRRT
- Bedside OR
- Extreme MDRO requiring 1:1 with ICU level care.

VALLEYWISE HEALTH: Nursing Burn Peds

LOW ACUITY

- Antibiotics oral
- IV access
- No dressing changes.
- Observation patient
- Routine Admission
- Routine Discharge
- Self-care/ambulatory
- Stable

AVERAGE ACUITY

- Education: Simple or reinforced
- Hemodynamically stable, VS Q4hrs, routine assessment
- Reinforcement of emotional needs
- Routine care with minimal assistance
- Routine discharge/transfer
- Routine medications PO and 1 or less IM/IV med
- Routine vital signs
- Simple dressing
- Sleeps/rests entire shift requires only visual checks.

HIGH ACUITY

- Bedside procedures
- Blood product 2 units or less with NO reactions
- Complex dressing >2hrs
- Education: New diagnosis or teaching, instructions to parents or guardian
- High risk of falls
- IV or IM medications q4hrs PRN
- Monitoring of JP drains, Foley, tubes, drains
- Total assist with ADLs

- Unaccompanied Pediatric Patient
- Uncontrolled pain, nausea, etc.
- Unaccompanied pediatric patient

EXTREME ACUITY

- Code
- Respiratory Distress
- Transfer to higher level of care

VALLEYWISE HEALTH: Nursing Surgical Trauma

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection.
- Interventions: Routine assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- O2 Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance.
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection.
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr.
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op
- Telemetry monitoring
- Treatments: simple skin/wound care, uncomplicated dressing changes, central line care, vitals q4hrs, AccuChek ac/hs and/or q6hrs, continuous pulse
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel.
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed.
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered.
- Education: Greater than 30mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury.
- Interventions: Assessments, VS, neurochecks Q 1-4 hours, doppler checks Q 2hr
- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes.
- Patients who ingest foreign objects, 1:1 sitter or BHT
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Respiratory/ostomy care with nursing interventions more frequent than q4hrs
- Restrained, agitated, combative requiring nursing interventions.
- Sepsis: SIRS criteria 2 or greater
- SPCU stats 4:1 ratio
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs
- VAC dressing changes greater than 30 minutes by nursing

EXTREME ACUITY

- ADLS: End of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations.
- Chest Pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury.
- Interventions: Rapid response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing 4 East

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: simple discharge, up to 15mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection.
- Interventions: Assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- Oxygen Requirements: RA; minimal O2 &/or no distress
- Psychosocial: no assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance.
- Behavior: camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection.
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr.
- Psychosocial: patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/stable post op
- Telemetry monitoring
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel.
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/ Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed.
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered.
- Education: greater than 30 mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury.
- Interventions: Assessments, VS Q 2, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2

- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrsVAC dressing change greater than 30 minutes by nursing

EXTREME ACUITY

- ADL: End of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations.
- Chest pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: n/a
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury.
- Interventions: Rapid Response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR > 40)
- Treatment: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing Med Oncology

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes, no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: Simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection.
- Interventions: Assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- Oxygen Requirements: RA; minimal O2 &/or no distress
- Psychosocial: No assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance.
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest Pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection.
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr.
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Stable admission/Stable post op

- Telemetry monitoring
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care.

HIGH ACUITY

- ADLS: Assist requiring 3 or more personnel.
- Behavior: Non-Violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed.
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered.
- Education: Greater than 30 mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury.
- Interventions: Assessments, VS, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2
- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes.
- Patients who ingest foreign objects, 1:1 sitter or BHT
- PCA requiring frequent adjustments/interventions.
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Respiratory/ostomy care with nursing interventions more frequent than q4hrs
- Restrained, agitated, combative requiring nursing interventions.
- Sepsis: Sepsis protocol initiated
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex drsg change >30 min, >3 blood products w/o ADR
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q. 4hrs.

EXTREME ACUITY

- ADL: Total Care and end of life patient
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations.
- Chest Pain: EKG with ischemia/abnormalities, transfer to higher level care
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall risk: Fall Risk: Fall on shift with new injury.
- Interventions: Rapid response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside

VALLEYWISE HEALTH: Nursing Step Down

LOW ACUITY

- ADLs: Independent or minimal assistance
- Behavior: No acute episodes; no security assistance
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Chest Pain: None
- Education: simple discharge, up to 15 mins required
- ETOH: No active WD
- Fall Risk: Standard without redirection.
- Interventions: Assessments, VS, neurochecks Q shift
- Medications: Routine meds PO with less than 2 PO/IM/IV PRN meds per shift, IV-SL or TKO
- Oxygen Requirements: RA; minimal O2 &/or no distress
- Psychosocial: no assistance needed
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: simple dressings (<30 minutes total), no more than one medication needed for dressing change, monitoring low output drains, selfcare ostomy

AVERAGE ACUITY

- ADLs: Independent or need 1- person assistance.
- Behavior: Camera monitoring, reinforcement of emotional needs, no security needed
- Cardiac/Arrhythmias: Telemetry, no cardiac IV medications, stable
- Chest pain: Hx of chest pain, no acute issues, stable
- Education: 15-30 mins required
- ETOH: AWS Level 3
- Fall Risk: Standard or high without redirection.
- Interventions: Shift assessment, VS Q 4, I/O Q 4
- Medications: Q 4hr with Q 4hr PRN meds, PCA pump, continuous IVF, up to 3 IVPB per shift, 1 IV start per shift
- O2 Requirements: NC, established trach care, continuous pulse ox, suction Q 4hr.
- Psychosocial: Patient with adequate social support system
- Sepsis: Patient stable, no mental status changes
- Treatments: simple skin/wound care (< 1hr), wound care requires less than 2 medications to complete the dressing), central line care, AccuChek ac/hs and/or q6hrs, foley, ostomy care

HIGH ACUITY

- ADLs: Frequent assist requiring 3 or more personnel.
- Behavior: Violent restraints; frequent security calls to the unit
- Cardiac/Arrhythmias: Telemetry monitoring with concern, STAT EKG workup performed.
- Chest Pain: Chest pain/pressure with EKG workup, or nitro administered.
- Education: Greater than 30 mins required, new condition education
- ETOH: AWS Level 2
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors; multiple falls, 24hrs post fall w/ injury.
- Interventions: Assessments, VS Q 2, neurochecks Q 2-4 hours, doppler checks Q 2hr, I/O Q 2
- Medications: 2 or more IV starts per shift, 4 or more IVPB per shift, IVF greater than 300 ml/hr. and 2 or more IV boluses per shift, complex PCA (ETCO2 alarming, pain remains uncontrolled, change syringe >2x per shift)
- O2 Requirements: Simple mask, new trach care, continuous pulse ox with intervention
- Patient safety--requires frequent rounding, i.e., q15-30 minutes.
- Patients who ingest foreign objects, 1:1 sitter or BHT

- PCA requiring frequent adjustments/interventions.
- Procedural Sedation during shift
- Psych - COT or COE flight risk- AMA/Medical hold/camera/with orders for dedicated monitoring personnel
- Psychosocial: Complex social issues requiring team intervention; Authorities involvement APS/DCS/RISK/Legal notification
- Sepsis: SIRS criteria 2 or greater
- Total dependency on nursing staff for ADL needs--complete bath/feeds
- Treatments: Complex/major dressing changes >1 hr., wound care requires more than 2 medications to complete the dressing, high output drain/ostomy, CBI, ostomy care more than Q 4hrs,
- VAC dressing changes greater than 30 minutes by nursing

EXTREME ACUITY (3:1s)

- ADL: End of life patient
- Arrhythmias: unstable, possibly deteriorating into life threatening situations.
- Behavior: Violent restraints, patient destruction of property or actively suicidal/homicidal with attempt, Code Grey
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations.
- Education: n/a
- ETOH: Uncontrolled with maximum medication orders, APCU/MICU transfer
- Fall Risk: Fall on shift with new injury.
- Interventions: Rapid Response, Code Blue
- Medications: Code Blue/ACLS
- O2 Requirements: Unstable airway/patient decompensating, NRB mask
- Psychosocial: Successful AMA Hold elopement, campus search and authorities' notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)
- Treatments: STAT Chest Tube placement at bedside
- DKA: Mild/Moderate DKA with no additional organ dysfunction cared for on Progressive Care, Severe DKA transfer/admit to the ICU.

VALLEYWISE HEALTH: Nursing MICU

LOW ACUITY

- Possible transfer to lower level of care
- Simple treatment (uncomplicated dressing changes, chest tube, trach care)
- Stable medications, Accu-Cheks, VS
- Stable skilled assessments, VS, neuro checks, CVP readings

AVERAGE ACUITY

- Blood product up to 3 units with no reactions
- CAPD with 6 exchanges or cyclor
- Cardioversion
- Dialysis new treatment
- DNR/Palliative care meeting with family
- Invasive hemodynamic monitoring
- Lumbar drain - Not monitored.
- On ventilator requiring suctioning, trach care.
- Restrained requiring frequent checks.
- Teaching: Patient and family requiring greater than 60 minutes on a shift
- Uncontrolled pain, frequent medications, PCA CDAD pump
- Unmonitored EVD
- Vasoactive Medication, drips, titration

HIGH ACUITY

- 1:1 care required outside the department greater than 1 hour
- 5 or more average items
- Balloon pump
- Bedside procedure - EGD, Perc trach Perc. Peg, EVD placement
- Complex dressing changes, leech, and magnet therapy
- Complex family dynamics
- CRRT
- Danger to self-requiring suicidal or homicidal patient
- Hypothermia Protocol
- Medication desensitization (ASA, PCN)
- Roto Bed
- Unstable multiple titrations to achieve and maintain stability – actively titrating.
- Unstable respiratory - requiring vent changes lab draw suction >2 hrs.
- Ventriculostomy monitor - frequent interventions

EXTREME ACUITY

- 5 or more high items
- Code Blue
- Danger to self-requiring suicidal or homicidal patient
- Mass transfusion
- Open abdominal bedside surgery
- Unstable to the point of life-threatening condition that will result in immediate interventions.

VALLEYWISE HEALTH: Nursing SICU

LOW ACUITY

- Simple treatment (uncomplicated dressing changes, chest tube, trach care)
- Stable medications, Accu-Chek, VS
- Stable skilled assessments, VS, neuro checks, CVP readings
- Waiting for transfer to lower level of care

AVERAGE ACUITY

- Blood product up to 3 units with no reactions
- CAPD with 6 exchanges or cyclor
- Cardioversion
- Dialysis new treatment
- DNR/Palliative care meeting with family
- Invasive hemodynamic monitoring
- Lumbar drain - Not monitored.
- On ventilator requiring suctioning, trach care.
- Restrained, requiring frequent checks.
- Teaching: Patient and family requiring greater than 60 minutes on a shift
- Uncontrolled pain, frequent medications, PCA CDAD pump
- Unmonitored EVD
- Vasoactive Medication, drips, titration

HIGH ACUITY

- 1:1 care required outside the department greater than 1 hour
- Balloon pump
- Bedside procedure - EGD, Perc trach Perc. Peg, EVD placement
- Blood products/platelets greater than 3 units
- Complex dressing changes, leech, and magnet therapy
- Complex family dynamics
- CRRT
- Danger to self-requiring suicidal or homicidal patient
- Medication desensitization (ASA, PCN)
- Roto Bed
- Unstable multiple titrations to achieve and maintain stability.
- Unstable respiratory - requiring vent changes lab draw suction >2 hrs.
- Ventriculostomy monitor - frequent interventions
- Wean from vent.

EXTREME ACUITY

- Code Blue
- Danger to self-requiring suicidal or homicidal patient
- Mass transfusion
- Open abdominal bedside surgery
- Unstable to the point of life-threatening condition that will result in immediate interventions.

VALLEYWISE HEALTH: Nursing Labor & Delivery

LOW ACUITY

- Low intervention antes and couplets that can be 1:2 or 1:3.

AVERAGE ACUITY

- Normal Laboring patients with or without an epidural. High intervention antes.

HIGH ACUITY

- Pts who are 1:1 for the shift. Pts on Magnesium and Pitocin or high risk or with multiple social issues

EXTREME ACUITY

- ICU status patients or those that require an RN at the bedside for the shift.

VALLEYWISE HEALTH: Nursing Postpartum

LOW ACUITY

- ADL: independent, self-care with oral meds
- Formula fed baby/independent.
- Waiting for discharge and or transfer

AVERAGE ACUITY

- ADLs: Independent, stable, routine assessments, post-delivery care
- Antepartum patient with NST
- Blood or blood products administration up to 2 units on shift with NO adverse reaction
- Breast feeding assistance/feeding support.
- Complex family dynamics/CPS
- Complex medication administrations/multiple antibiotics
- Complex teaching/emotional support
- Couplet (mom and baby)
- Discharge /transfer (includes discharge teaching and paperwork) routine.
- Frequent Accu-Cheks
- GYN postop patients
- Insulin and diabetic teaching/reinforcement
- Language barriers (Spanish)
- Multiple routine medications; greater the 4 PRN administrations per shift
- PIH (pregnancy induced hypertension): stable.
- Postpartum C-section
- Postpartum hemorrhage: Stable
- Postpartum vaginal delivery
- Psych issues requiring more instructions and time spent at bedside/sitter needed.
- Teaching instructions to patient/family requiring less than 30 minutes per shift.

HIGH ACUITY

- Active postpartum hemorrhage
- ADLs; Needs assistance (1 staff required)
- Blood administration greater than 2 units

- Communication and/ or emotional needs requiring frequent interventions.
- Complex antepartum, postpartum or GYN patient/PCA
- Eclamptic seizures/preeclamptic protocols
- Heparin infusion
- Isolation
- Language Barrier (other than Spanish)
- PIH (pregnancy induced hypertension) requiring treatment and monitoring.
- PPH (postpartum hemorrhage)
- Psych patient with BHT/sitter
- Teaching instructions to patient/family requiring greater than 30 minutes per shift.
- Unstable blood sugar with insulin

EXTREME ACUITY

- Bedside procedures requiring significant nursing support.
- Code BLUE (cardiac or respiratory arrest)
- Code Pink
- HELLP syndrome
- Unstable magnesium patient/1:1 situation

VALLEYWISE HEALTH: Nursing NICU

LOW ACUITY

- Feeder grower preemies without IV support
- Hyperbilirubinemia with phototherapy
- Infants requiring PO/gavage feedings every 3-4 hrs.
- R/O sepsis with saline lock for antibiotic therapy
- Stable admission/discharge
- Stable, vital signs Q 3-4 hrs., temp controlled, in open crib
- Waiting for discharge
- Waiting for transfer to another inpatient unit

AVERAGE ACUITY

- Complex extensive teaching: 2+ hours per shift, language barrier, catastrophic diagnosis, adolescent mother (11-16 years)
- Congenital malformations of respiratory, cardiac, renal, or neurological systems, that are not currently life threatening or requiring significant interventions.
- Discharge Instruction: Complex
- Drug withdrawal responsive to treatment
- Family dynamics: impeding the delivery of care, may require multidisciplinary resources.
- Feedings (oral requiring maximum support). May require extended feeding time or observation.
- Growing preemie, multiple apnea/bradycardia episodes requiring intervention.
- Infant death aftercare
- Infant requiring isolation
- Mentally/physically challenged mother, infant poor prognosis, infant with multiple anomalies.
- Multiple medications and peripheral IVs
- Nursing interventions requiring 31-60 minutes per shift.
- Threatening or requiring significant interventions

- Ventilatory support including conventional ventilator, nasal CPAP, ram cannula, high flow nasal prongs, nasal prongs, oxygen hood.

HIGH ACUITY

- Blood product administration/frequent lab draws.
- Central lines, frequent medications/complex titrated meds
- Complex admission
- Complex procedures/LIP assisted procedures on the unit, invasive procedures.
- Procedures/surgeries
- Drug withdrawal unresponsive to treatment
- Less than 750 grams or extremely premature responding to treatment
- Neonate with congenital malformations that impede feeding, elimination, and/or oxygenation.
- New admissions with multi-line placements or procedures for first 3-4 hours, then reassessed for status.
- Nursing interventions requiring greater than 60 minutes per shift.
- Out of the unit when nurse accompanies patient.
- Post-operative patients until stabilized
- Small baby protocol babies for first 24 hours
- Stabilizing infant for transport
- Unstable responsive to frequent interventions
- Unstable ventilator/Jet or Oscillator Ventilator
- Unstable, ventilator with multiple interventions to maintain oxygenation.

EXTREME ACUITY

- Hemodynamically unstable requiring immediate/constant intervention; life threatening
- Neonatal Code

VALLEYWISE HEALTH: Nursing Peds Acute

LOW ACUITY

- ADLS: Independent or minimal assistance
- Behavior: No acute episodes
- Cardiac/Arrhythmias: None; monitored or unmonitored
- Education: Simple discharge, <30 mins required, reinforcement teaching only
- Fall Risk: Standard without redirection.
- Interventions: Assessments, VS, neurochecks Q shift, Accuchecks with/without correction Q4-6 hrs.
- Medications: Meds PO, IM/IV meds; 1-2 Q shift
- Oxygen Requirements: RA; no O2 required.
- Psychosocial: No assistance needed; parent/guardian present
- Sepsis: No positive SIRS criteria with no signs of decompensation
- Treatments: Simple dressings & monitoring

AVERAGE ACUITY

- ADLS: Independent or need 1-person assistance.
- Behavior: Camera monitoring, reinforcement of emotional needs
- Cardiac/Arrhythmias: New onset, telemetry, no cardiac IV medications
- Chest Pain: Hx of or positive chest pain but negative work-up: stable
- Education: 15-30 mins required
- ETOH: Active WD, AWS Level 2 score 2-5, assessment Q 2 hrs.

- Fall Risk: Standard or high without redirection.
- Interventions: Assessments, VS, neurochecks Q 4-6 hrs.
- Medications: Both PO/IV; Accuchecks with/without sliding scale Q 2-4 hrs.
- Oxygen Requirements: Stable CPAP/Bi-Pap, HiFlo O2; trach capped/mask/suction Q 2-4 hrs.
- Psychosocial: Patient with adequate support system
- Sepsis: SIRS criteria x2 hemodynamically stable
- Treatments: Non-tunneling, non-draining wounds, blood products 1-2/shift, Hgb >6 and hemodynamically stable
- Up with assistance

HIGH ACUITY

- ADLS: Frequent assist requiring 3 or more personnel.
- Behavior: Non-violent restraints; 1:1 or 2:1 monitoring, up to 2 security calls to unit
- Cardiac/Arrhythmias: New onset with continuous cardiac drip; hemodynamically unstable
- Chest Pain: Unstable chest pain, positive troponins and ECG changes, non-ST/STEMI
- Education: Greater than 30 mins required, new condition education
- ETOH: Active WD; AWS Level 1, AWS 6 or greater, MICU consult
- Fall Risk: High fall risk requiring frequent redirection impulsive/aggressive behaviors.
- Interventions: Assessments, VS, neurochecks Q 1-4 hrs.
- Medications: Q 1-2 hrs., routine/PRN/IV/IM/PO; accuchecks Q 1-4 hrs.
- O2 Requirements: Ventilators, trach collar with suctioning Q 1-2 hrs.
- Patient/family education > 1 hour
- Procedure with sedation
- Psychosocial: Complex social issues requiring team intervention
- Sepsis: SIRS criteria 2 or greater; requiring O2 >40% and or volume expanders
- Stable SICU transfer
- Treatments: Complex/major dressing changes >1 hr., Hgb <4, potential or actual hemodynamic instability
- Vital signs q 2 hr. or greater

EXTREME ACUITY

- ADLS: Total care and end of life patient
- Behavior: Violent restraints, frequent security calls to the unit
- Cardiac/Arrhythmias: Unstable, possibly deteriorating into life threatening situations.
- Chest Pain: Unstable, active MI, transfer to Cath Lab and/or MICU
- Education: N/A
- ETOH: Uncontrolled with maximum medication orders, MICU transfer
- Fall Risk: Multiple falls, 24 hrs. post fall with injury.
- Interventions: Rapid Response and MICU consult, Code Blue
- Medications: Cardiac medications to stabilize unstable patient; Code Blue
- O2 Requirements: Unstable airway/patient decompensating, >Q1 hr. nursing/RT interventions
- Psychosocial: Authorities involvement APS/DCS/RISK/Legal notification
- Sepsis: Rapid Response, deteriorating patient (<90 SBP, HR 150, RR >40)

VALLEYWISE HEALTH: Nursing PICU

LOW ACUITY

- Apnea/bradycardia patients
- Asthma patient with Q3-4hrs SVN
- EEG for seizure patients
- Simple treatment (uncomplicated dressing changes, chest tube, trach care)
- Stable medications, Accu-Cheks, VS Q4
- Stable skilled assessments, VS, neuro checks
- Waiting for transfer to lower level of care

AVERAGE ACUITY

- Asthma patient with continuous or Q 1 to 2-hour SVN
- Blood product up to 2 units with no reactions
- DNR/Palliative care meeting with family
- External shunt
- Invasive hemodynamic monitoring, on ventilator requiring suctioning, trach care Q 2 hours.
- Restrained requiring frequent checks.
- S/P Head injury requiring Q1 to 2-hour check/redirection.
- Sedation drips
- Stable DKA
- Stable Hi- Flow, RAM cannula
- Stable septic patient
- Stable Ventilated patient
- Teaching: Pt and family requiring greater than 60 minutes on a shift
- Uncontrolled pain, frequent medications, PCA (this could be either average or high depending on the severity for the uncontrolled pain)
- VS Q2, assessments Q2

HIGH ACUITY

- 1:1 care required outside the department greater than 1 hour/1:1 patient
- Bedside procedure (line placements, intubations)
- Blood products/platelets greater than 2 units
- Complex dressing changes (trauma, Burn)
- Complex family dynamics (CPS, police, abuse)
- DKA Unstable/newly diagnosed.
- EVD/ICP monitoring
- New Dialysis patient
- New Trach placement
- Q 1-hour pain medication/sedation
- RAM Cannula, unstable patient
- Septic unstable
- Specialized vent (oscillator)
- Stable CRRT patient
- Strict/respiratory isolation (pertussis, drug resistant TB)
- Unstable asthma patient– 15 mg Albuterol continuous
- Unstable Hi-Flow – multiple labs/ gases (Q1 hour or more frequent)
- Unstable respiratory patient – frequent vent changes, multiple labs/gases (Q1 hour or more frequent)
- Unstable seizure patient with continuous EEG monitoring
- Ventriculostomy/lumbar drain VS Q 1 with assessments

EXTREME ACUITY

- Code CRRT
- Donor Patient
- New CRRT
- Red trauma first 24 hours
- Respiratory distress
- Unstable multiple titrations to achieve and maintain stability (Epi drip, Vasopressors)

Note: IDUs staffing dependent on resource need of the patients this is an ever-changing process (Acuity Metrics used as a benchmark when assessing patient's needs). The nursing leadership reviews all the IDUs for resource needs to meet patient clinical needs



Nursing Division

Valleywise Health Staffing Plan 2023-2024

*Nursing is a Profession at Valleywise Health:
Safe Staffing and Quality Services*

ADMISSION GUIDELINES

Treatments & conditions	OB Triage/ L&D/Antepartum	NICU (Level III, II, I)	Antepartum/ Postpartum/Couplet Care	Pediatrics	PICU	Peds ED	Maryvale (all ages)
Nitric Oxide	NO	YES	NO	NO	YES	YES	NO
Fetal Monitoring	YES	NO	YES	NO	NO	NO	NO
ICP Monitoring	NO	YES	NO	NO	YES	NO	NO
Hemodynamically Unstable	YES	YES	NO	NO	YES	YES	YES
Endotracheal Intubation	YES	YES	NO	NO	YES	YES	YES
Invasive Monitoring & hemodynamics	YES	YES	NO	NO	YES	YES	YES
Peritoneal Dialysis	NO	YES	NO	NO	YES	NO	NO
Tracheal Ventilator	NO	YES	NO	NO	YES	YES	YES
Duramorphs	YES	NO	YES	NO	YES	YES	YES
Epidurals	YES	NO	YES	NO	YES	YES	NO
Umbilical Line Placement	NO	YES	NO	NO	YES	LIMITED	LIMITED
Chemotherapy	NO	NO	NO	YES	YES	NO	NO
High Risk Obstetrical Services	YES	NO	YES	NO	NO	NO	NO
Insulin Drip with 1 hr. checks	YES	YES	NO	NO	YES	YES	YES
GYN Services	YES	NO	YES	YES	YES	YES	YES
Palliative/Bereavement care	YES	YES	YES	YES	YES	YES	YES
Cardiac (monitored)	YES	YES	NO	YES	YES	YES	YES
Dopamine	YES	YES	NO	NO	YES	YES	YES
Magnesium Sulfate - IV	YES	YES	YES *pp pt. only	NO	YES	YES	YES
Calcium Channel Blockers - IV (i.e., Labetalol)	YES	YES	NO	NO	YES	YES	YES
High Risk Neonatal Services	YES	YES	NO	NO	YES	NO	NO
Thrombolytics - excluded clearing lines	YES	NO	YES	NO	YES	NO	YES
TPN/Lipids	YES	YES	YES	YES	YES	NO	NO

Vaso-active drips requiring titration or monitoring	YES	YES	NO		NO		YES	YES	YES		
Thermoregulation	YES	YES	YES		YES		YES	YES	YES		
Neuro (neuro checks more often than every 2 hrs.)	YES	YES	NO		NO		YES	YES	YES		
Treatments & conditions	OB Triage/L&D/Antepartum		NICU		Nursery		Pediatrics	PICU	Peds ED	Antepartum/ Postpartum/ Couplet Care	Maryvale – serves all ages
Age Specific	Menarche		≤ 14 days old		≤ 14 days old		24 Hours up to 18 yrs. unless followed by physician other than pediatrician	24 Hours up to 18 yrs. unless followed by physician other than pediatrician	24 Hours up to 18 yrs.	24 Hours meet criteria to be on the unit per physician order	24 Hours (mixed ED – adult / peds)

Limitations: Currently have limited coverage for Peds CRRT; will depend on Adult/Burn staff's availability.

Situation	Unit(s)	Limitation
Chemotherapy	Pediatrics, PICU, Peds ED	Limited all areas
Peritoneal Dialysis	Peds ED	Dependent on availability of qualified personnel
Tracheal Ventilator	NICU, PICU, Peds ED	Short term prior to transfer to long term facility for NICU
Endotracheal Intubation	Antepartum	Dependent on availability of qualified personnel
Palliative/Bereavement Care	PP	May return to PP room if previously cared for on the unit
GYN Services	PP	Clean GYN patient dependent on bed availability
Cardiac Monitor	Transition	Short term during transition
Dopamine Drip	L&D	Dependent on availability of qualified personnel
Magnesium Sulfate	L&D triage	Short term until bed available in L&D
Calcium Channel Blockers IV	PICU	
Thrombolytics (excluding clearing lines)	PICU, Peds, Peds ED	
Vaso Active Drips requiring Titration	L&D	Dependent on availability of qualified personnel

Safety Questions

Is the patient potentially infectious?
Does the patient need a heart monitor?
Does the mother feel safe in the hospital?
Does the patient need to be near the desk?

Treatments & conditions	MICU	SICU	APCU	Surgical	4East	Medical	BURN Adult	BURN Peds	BURN IC Adult	BURN IC Peds	Adult ED	Maryvale (all ages)
Intra-aortic balloon pump	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
ICP Monitoring	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Hemodynamically Unstable	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Endotracheal Ventilator	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Invasive Monitoring & hemodynamics	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
CRRT	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO
Tracheal Ventilator	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES
Duramorphs	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Epidural/Nerve Block Catheters (managed by anesthesia)	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO
Peritoneal dialysis	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES	NO	NO
Chemotherapy	Limited	Limited	Limited	Limited	Limited	YES	NO	NO	Limited	Limited	NO	NO
Obstetrical Services	Limited	Limited	Limited	NO	Limited	NO	Limited	Limited	Limited	Limited	NO	LIMITED
Insulin Drip with 1 hrs. check	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
GYN Services	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Hospice/comfort care	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Cardiac (monitored)	YES	YES	YES	Limited	YES	YES	YES	YES	YES	YES	YES	YES
Dopamine/Dobutamine	YES	YES	Limited	NO	NO	NO	NO	NO	YES	YES	YES	YES
Beta Blockers - IV	YES	YES	YES	Limited	YES	Limited	NO	NO	YES	YES	YES	YES
Calcium Channel Blockers - IV	YES	YES	YES	NO	YES	NO	NO	NO	YES	YES	YES	YES
Nitro – IV	YES	YES	Limited	NO	NO	NO	NO	NO	YES	YES	YES	YES
Thrombolytics - excluded clearing lines	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
II/IIIb inhibitors	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Vaso-active drips requiring titration or monitoring	YES	YES	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES
Vaso-active drips with stable dose >4 hrs.	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES
Minnesota tube	YES	Limited	NO	NO	NO	NO	NO	NO	Limited	Limited	NO	NO
Neuro (neuro checks more often than every 2 hrs.	YES	YES	Limited	Limited	Limited	NO	YES	YES	YES	YES	YES	YES
Massive Transfusion Protocol	YES	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	YES
Abdominal Washouts	Limited	YES	NO	NO	NO	NO	NO	NO	YES	NO	YES	NO
Hypothermia Protocol	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES
Epoprostenol (Veletri) Protocol – self managed or staff managed	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
			YES – MICU West as ICU									

Treatment and Conditions	MICU	SICU	APCU	Surgical	4East	Medical/Onc	Burn	Peds Acute	AED	Maryvale
Age Specific	≥18 (≥14 yrs. May be placed in area based on medical condition)	≥18 (≥14 yrs. May be placed in area based on medical condition) Trauma definition for care	≥18 (≥14 yrs. May be placed in area based on medical condition)	≥18 (≥14 yrs. May be placed in area based on medical condition)	≥18 (≥14 yrs. May be placed in area based on medical condition)	≥18 (≥14 yrs. May be placed in area based on medical condition)	NO Limit – Burn primary diagnosis for placement on one of the units)	<18 (unless followed by physician other than pediatrician)	>14(Followed by Adult Emergency Medicine physician) During COVID-19 Departments combined – all ages served	No limits – all ages served
Situation		Unit(s)		Limitation						
Hemodynamically Unstable		L&D		L&D can only take patient's that are obstetrical patients						
Tracheal Ventilator		ICU		ISCU can only take a Trach Ventilator patient if the patient is a chronic ventilator patient.						
Duramorphs		ICU		These units can take duramorphs, but it is dose & agent dependent. The Nursing staff requires special education to care for patients with duramorphs.						
Chemotherapy		All units		All units except for L&D and Peds can take patients on chemotherapy. Arrangements must be made for a chemo certified RN to be available for the patient on units other the Medical/Oncology						
Obstetrical Services		ICU, Tele		These units will only provide services to obstetrical patients when delivery is not imminent, and the patient needs a service available on this unit that is not available on L&D or Women's Services.						
Hospice/comfort care		L&D		These units can only do hospice care or palliative care for maternal or fetal demise						
Dopamine/Dobutamine		ICU		Renal dose dopamine can be given on APCU and is not to be titrated. Dobutamine dose at fixed rate only.						
Nitro – IV		ICU, Tele		Must be at a stable dose for more than 4 hours and cannot be titrated. Must also be a 5 mcg/min or less. The Patient cannot be having active Chest Pain						
Vaso-active drips requiring titration or monitoring		L&D		L&D can only take patient's that are obstetrical patients						
Neuro (neuro checks more often than every 2 hrs.		APCU/4East		APCU can take patients requiring frequent neuro checks, however, it is not suggested on a long-term basis, and should be utilized only if other more suitable beds are not available.						
Epidural/Nerve Block Catheters (managed by Anesthesia)		Medical/ Surgical, Burn		Only if qualified personnel are available (requested by Anesthesia to be limited to certain areas); just in time training as determined by Nursing Director.						

Safety Questions

Is the patient potentially infectious?
Does the patient need a heart monitor?
What is the patient's #1 safety risk?
Does the patient weigh more than 250 pounds
Does the patient need to be near the desk?
Does the patient need care for a chronic condition that may complicate the course of treatment for the primary diagnosis? (I.e., peritoneal dialysis)

Medical Surgical 42/61 (limited-standard) (Remote Tele Available)	Adult Progressive Care Unit 51/4East (limited-standard) (Remote Tele Available)	Medical Intensive Care Unit 52 (limited-standard)
Assessment q4-8h ↓	Assessment q2-4h ↓	Assessment q1h ↓
VS q4h - q Shift	VS q1-4h (non-invasive BP monitoring)	Invasive hemodynamic monitoring
	Neurochecks/Vascular checks q1-4h	
	Accu-Cheks q1-6h	
Suctioning q4-6h	Suctioning q1-4h	Suctioning >q1h
Routine labs	Serial Lab draws q4-12h	Serial labs PRN provider
ETOH WD: Initial AWS Level 2-3 (score 0-5); (consider transfer to HLOC if AWS score 2-5 >4hrs	ETOH WD: AWS Level 2 (score 2-5) >4hrs or initial AWS score of 6	ETOH WD: AWS Level 1 (score 6 or greater) >4hrs
No post Cath patients	Yes, post Cath patients; no femoral sheath in place or removal; and no temporary pacers	Cath lab: s/p Cath; femoral arterial sheath still in place (Cath Lab staff or provider will remove); yes, transcutaneous or transvenous pacing
Airway: stable trach tube (capped; trach mask)	Airway: stable trach tube (capped; trach mask; mechanical ventilation)	Airway: up to Endotracheal tube to mechanical ventilation
CP: initial cardiac workup negative (-troponin; NO ECG changes)	CP: cardiac workup positive (+troponin; ECG changes-non-ST)	CP: cardiac workup positive (+troponin; ECG changes-ST; IABP)
Sepsis: meets two SIRS criteria; hemodynamically stable	Sepsis: meets ≥ 2 SIRS criteria; requiring oxygen ≥ 40% and/or volume expander	Sepsis: meets ≥ SIRS criteria; SBP <90 after bolus of NS 20ml/kg or LA >4mmol/L
Bipap: no longer on Med/Surg	Bipap: Continuous w/active respiratory failure; Weaning process; Rescue Bipap	Bipap: Continuous with active respiratory failure in obtunded patient unable to protect airway
Seizures: controlled with medications IV/PO	Seizures: requiring frequent IV medications Q1-2hrs	Seizures: Status Epilepticus
Afib/flutter: controlled with PO medications	Afib/flutter: requiring IV medications IVP/gtt	Afib/flutter: hemodynamically unstable
Toxic Ingestions/OD: patient A&Ox2-3; VSS	Toxic Ingestions/OD: patient obtunded; unstable VS	Toxic Ingestions/OD: unable to protect airway; unstable VS
Anaphylaxis: stable patient; maintain airway	Anaphylaxis: stable patient; minimal swelling/airway compromise	Anaphylaxis: unstable patient; airway compromise

Bed Placement within the Medical Center

The Patient Logistic Center (PLC) responsible for bed assignment and or transferring of patients from lower to higher, higher to lower, or lateral transfers within the Medical Center. The Patient Flow Administrator (PFA) is responsible for the assessment and placement of patients based on needs within the acute medical center. The PFA utilizes the Admission Guidelines (see policy #01040 S that aligns services available for each unit within the medical center, as well as takes into consideration the age and gender of the patient for bed placement.

The PFA collaborates closely with the unit CRL/Charge Nurse to determine the best bed placement for the patient. The PFA and CRL/Charge Nurse takes into consideration the age and or gender of the patient for bed placement. For Arizona Burn Center (1st Floor) has identified six beds to be used for pediatric placement within the unit. With the placement of pediatric patients within the Arizona Burn Center the PFA and CRL/Charge Nurse must ensure that an adult and pediatric patient are not in connecting rooms, if the need exist to place a pediatric and adult patient in connecting rooms the bathroom door must be secured on one side and the patient without access to bathroom would be provided a bedside commode, if appropriate. In addition, any alert patient under law enforcement control would be moved to the 7th Floor or other appropriate site, as possible.

For the open bay Adult ICUs, if a patient 14 years and older requires placement in the area due to medical / surgical condition the pediatric patient will be placed as distanced as possible from adult patients within the unit. For the acute / stepdown floors a patient 14 years and older requiring placement would be placed in a single room, or second bed would be blocked for use during the pediatric admission to the room.

Managing Increased and Decreased Staffing Demands

Patient Surge

Due to increased patient volume, acuity, or vacant positions there are times when there is a need to increase staffing resources. Although every effort is being made to reduce reliance on per-diem employees, overtime and other premium forms of labor, the organization is prepared to adjust staffing when required to meet the needs the patients and avoid closure of any portion of a service line.

See **Surge Protocol #46150** (located on the Vine under Policies/Procedures)

See **Code Lavender Policy #31251-S** (located on the Vine under Policies/Procedures)

See **Respiratory Virus Surge Staffing Plan #06639** (located on the Vine under Policies/Procedures)

Internal Resource Pool

Valleywise Health has an internal resource pool of Registered Nurses and other non-licensed medical personnel. These individuals are paid at a higher rate based upon skill mix, certifications, and ability to work in multiple areas within the hospital. Individuals who choose to be in the internal resource pool are contracted to work a minimum of four shifts per month and maintain educational, certification, and licensing requirements. The IRP staff are evaluated, scheduled, and deployed by the central staffing office. Personnel records and annual evaluations are maintained by the Valleywise Health staffing office.

Strategic Sourcing of Contract Labor Agencies

Vaya partners with Valleywise Health and other providers in the market to identify labor needs and aggregate purchasing power, creating a competitive process among agencies to drive down unit price. Vaya uses powerful technologies to manage your contract utilization while also verifying invoice accuracy and hours worked. Unlike other companies, Vaya offers a proven, vendor-neutral, provider-centric, and analytically rigorous sourcing process.

Vendor Management Services

Vaya works with Valleywise Health to define contract nurse quality standards as well as acceptable agency service-level parameters. Vaya identifies agencies that can fill multiple needs across various units. Ongoing management of contracts and agency relationships

- Ongoing measurement of contract compliance
- Application of contract utilization metrics
- Contract updates as market conditions change.

Vendor Management Technology

Vaya provides a vendor-neutral, Web-based technology that enables Valleywise Health to lock in contracted savings and ensure nurse quality through active monitoring and tracking of staff credentials and performance. This technology was specifically designed as an end-to-end solution for the unique requirements and challenges of the clinical staffing environment.

Vaya's labor technology arms staffing professionals with the tools needed to effectively manage all aspects of the nurse contract labor process. The technology facilitates:

- Job requisition creation
- Candidate evaluation and hiring
- License and certification evaluation
- Vendor performance assessment
- Reverse invoicing
- Financial metrics and compliance reporting.

Vaya's' labor technology generates an invoice to be submitted to a staffing agency based on amount of contract staff used and hours worked. It eliminates the traditional, error-prone invoicing process, which is costly and time-consuming.

The technology also provides an easy-to-use dashboard that assigns roles and responsibilities to all users and allows individuals to view only that part of the staffing process relevant to their job function. For example, a staffing coordinator might be permitted to review, hire, and check in a nurse candidate, but not approve the candidate's timecard or create an invoice.

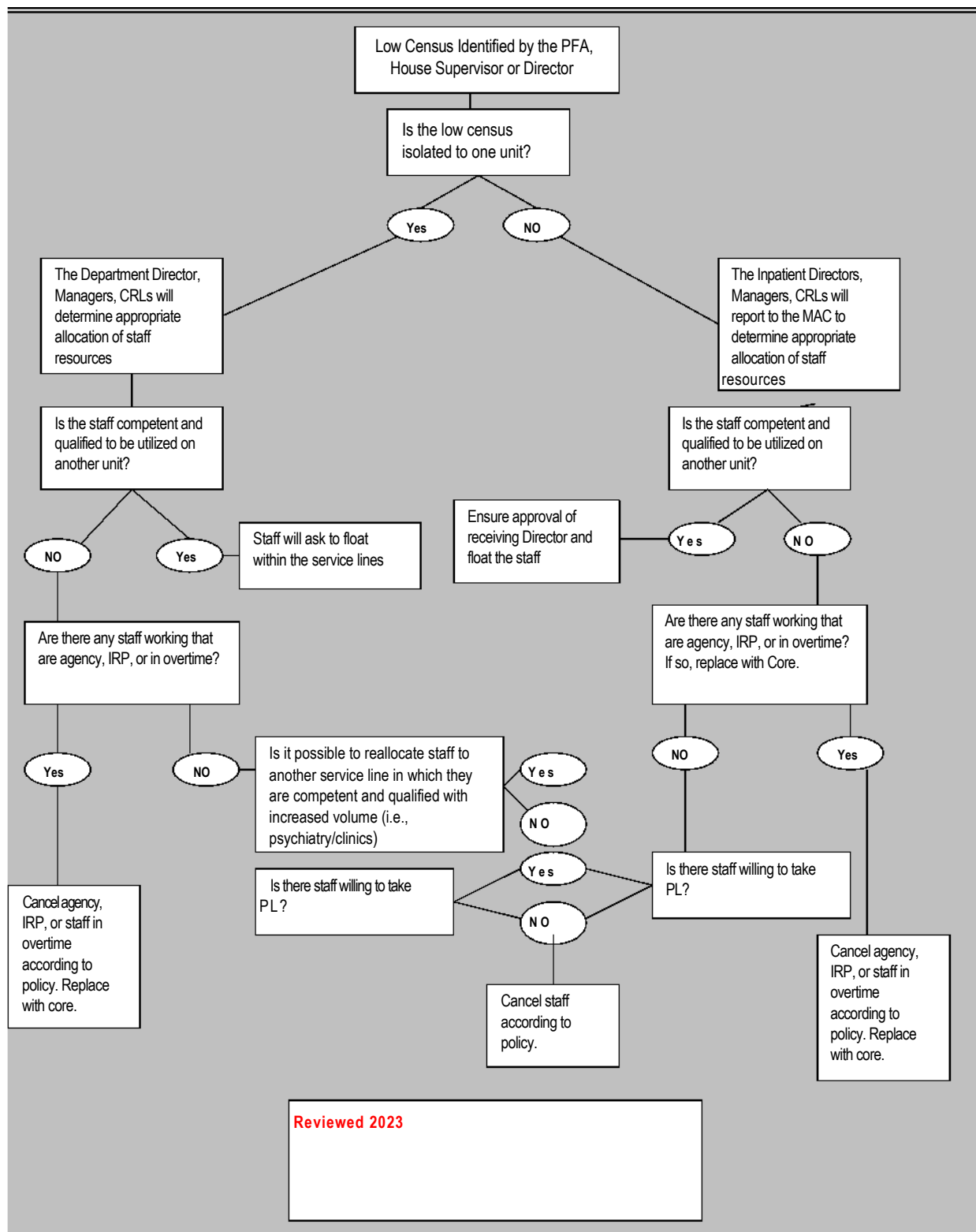
The software functions as a stand-alone application and can also complement your existing payables and scheduling software applications. The result is a reduction in operating expenses, a decreased hiring time cycle, and improved quality, compliance, and reporting.

Internal Recruitment for Staffing Needs:

Algorithm:

- A. Core Staff
- B. Unit Based Pool
- C. IRP Staff
- D. Float/Cross-Trained Staff
- E. Agency
- F. Clinical Resource Leaders (CRLs)
- G. Clinical Practice Educators (CPEs)
- H. Managers

Low Census Plan



CLINICAL EDUCATION PLAN

FY2024

July 1, 2023- June 30, 2024

Center for Clinical Excellence

EDUCATION PLAN

INTRODUCTION

This document provides a summary of the education process used by the Center for Clinical Excellence (CCE) team to assess, plan, implement, and evaluate clinical education. The results of the annual education process include the summary of the learning needs assessments and plans for annual education.

The Center for Clinical Excellence

The Center for Clinical Excellence (CCE) is a department of the Valleywise Health, Nursing Division. The CCE focuses on the support of professional development needs of clinical staff. CCE supports the Valleywise Health Mission, Vision, Values, and the Nursing Division strategies and goals and uses these in addition to discussion with staff and leaders to define annual priorities for professional development.

Using innovative and transformational strategies, the CCE supports the professional development of clinical staff by providing high-quality, relevant educational programs which promote intellectual, cultural, and personal growth. Programs and learning activities are designed to support our Nursing Professional Practice Model and our focus on caring, safety, quality, and evidence-based patient care. The CCE will be regarded as a community leader in providing progressive, high quality, evidence-based education in a unique transformational learning environment which supports the promotion of professional development and commitment to clinical excellence.

Working within the CCE, Clinical Practice Educators (CPE) provide education to a variety of clinical disciplines that provide direct patient care. The learners include new hires, new graduate nurses, established employees, and employees that transfer within the organization.

The disciplines include:

- Registered Nurses
- Licensed Practical Nurses
- Nurse Externs
- Certified Nurse Assistants
- Patient Care Technicians
- Behavioral Health Technicians
- Burn Technicians
- Emergency Department Technicians
- Surgical Technicians
- Medical Assistants
- Radiology Technicians
- Respiratory Technicians
- Health Unit Coordinators
- Other clinical disciplines as assigned.

Clinical education of leadership is offered on an as-needed basis, when required, or by individual request or interest.

CCE EDUCATION & PARTNERSHIP PHILOSOPHY

Nursing practice relies on a decision-making process derived from a blend of knowledge and experience in the arts and science of nursing. Commitment to professional development is essential for a nurse to be able to deliver safe and effective health care (Chicoine, et al., 2021).

The American Nurses Association's (ANA, 2021) Standards of Practice make it clear that a nurse's education continues for as long as the nurse continues to practice.

Nursing: Scope and Standards of Practice (ANA, 2021) highlights professional responsibility to commit to lifelong learning. The standards also emphasize individual responsibility to:

- identify learning needs,
- participate in education and learning experiences,
- maintain and develop professional and clinical skills and knowledge.

As partners in the educational process, it is the responsibility of the leadership team, educators, and clinical staff to work as a collaborative group. Acceptance and respect of each other's views supports a collaborative effort to assess the needs of the staff, as well as the entire organization. Attributes of interdisciplinary collaboration include working as a team, trust, knowledge, mutual respect, effective communication, cooperation, coordination, and shared responsibility (Simons, et al., 2022).

PURPOSE OF THE EDUCATION PLAN

The Valleywise Health Annual Clinical Education Plan provides a structured outline for the development, implementation, and evaluation of educational opportunities for clinical staff across the health care system.

Valleywise Health strives to advance knowledge, skills, practices, and professional development in the workplace. The CCE team supports this by creating an environment that encourages and stimulates lifelong learning, which subsequently improves patient safety, outcomes, satisfaction and maintains high-quality safe patient care (Graebe, et al., 2022).

ASSUMPTIONS

In developing an educational plan for Valleywise Health the following assumptions serve as a framework for efforts in defining the educational requirements and expectations of all healthcare staff at Valleywise Health. These assumptions provide the foundation for an educational plan that holds in high regard the utilization of the most up to date-evidence, interdisciplinary partnerships, personal accountability, and professionalism.

The assumptions include the following:

- Continued education for healthcare staff is recognized as having a positive impact on patient safety, patient care outcomes, and patient experience.
- The responsibility for continued competence for practice is shared between the individual, their profession, their workplace, and regulatory entities.
- Educators and management partner in all educational efforts and support the tenet that personal accountability is a requisite factor in achieving optimal outcomes.
- Healthcare staff strives to provide and promote the highest quality of care while working within their scope of practice and utilizing available resources.

- The most up-to-date, best evidence is utilized in the provision of all clinical educational offerings.
- Adult learning principles are incorporated when developing and implementing education.
- Learning outcomes are essential and are clearly outlined for all educational modules and level of competence is measured fairly.
- The subject matter for educational offerings and for required competence is collaboratively identified by interdisciplinary means and is subject to revision to adapt to the dynamic nature of healthcare.

THE EDUCATION PROCESS

ASSESSMENT

The process for educational planning at Valleywise Health begins with an assessment of learning needs for the clinical disciplines that provide direct patient care. A formal learning needs assessment (LNA) is used as a decision-making tool to identify the areas that need additional professional development and education (Jung, et al., 2020) and is a basic element of an effective educational plan (Al-Ismael, et al., 2023; Li, et al., 2022). The first step in analyzing a LNA is to gather data.

This data can be collected from a variety of sources, such as surveys, interviews, focus groups, and performance reviews. Whatever tool is used it should be versatile enough to be used by an individual employee, group, department, or other entities to identify organizational learning needs (Marfell, et al., 2022). Education needs may also be based on low-volume and high-risk procedures/skills, new procedures or skills, electronic medical record needs, regulatory requirements, quality audits, quality improvement projects, risk management reports, changes in policy, guidelines, or protocols, and staff requests.

PLANNING

Once the LNA is complete the next step is to prioritize the learning needs. Not all needs can be solved by education; therefore, a clear distinction needs to be made defining what are truly educational issues versus communication or other issues not related to education (see Annual Education Plan diagram below). Not all learning needs are created equal. Some learning needs are more critical than others, and some are more urgent than others. The data will be assessed to determine whether the need represents a single individual or area, can be broken into subgroups, or are applicable to a large audience. This will enable the sorting of data into categories and help distinguish whether the education will be global for the organization or isolated to specific areas. CPEs and leadership will collaborate so that universal agreement of topics can be achieved, priorities set, and a plan for implementation initiated. This design wholly supports the organizational mission and vision for transformational leadership.

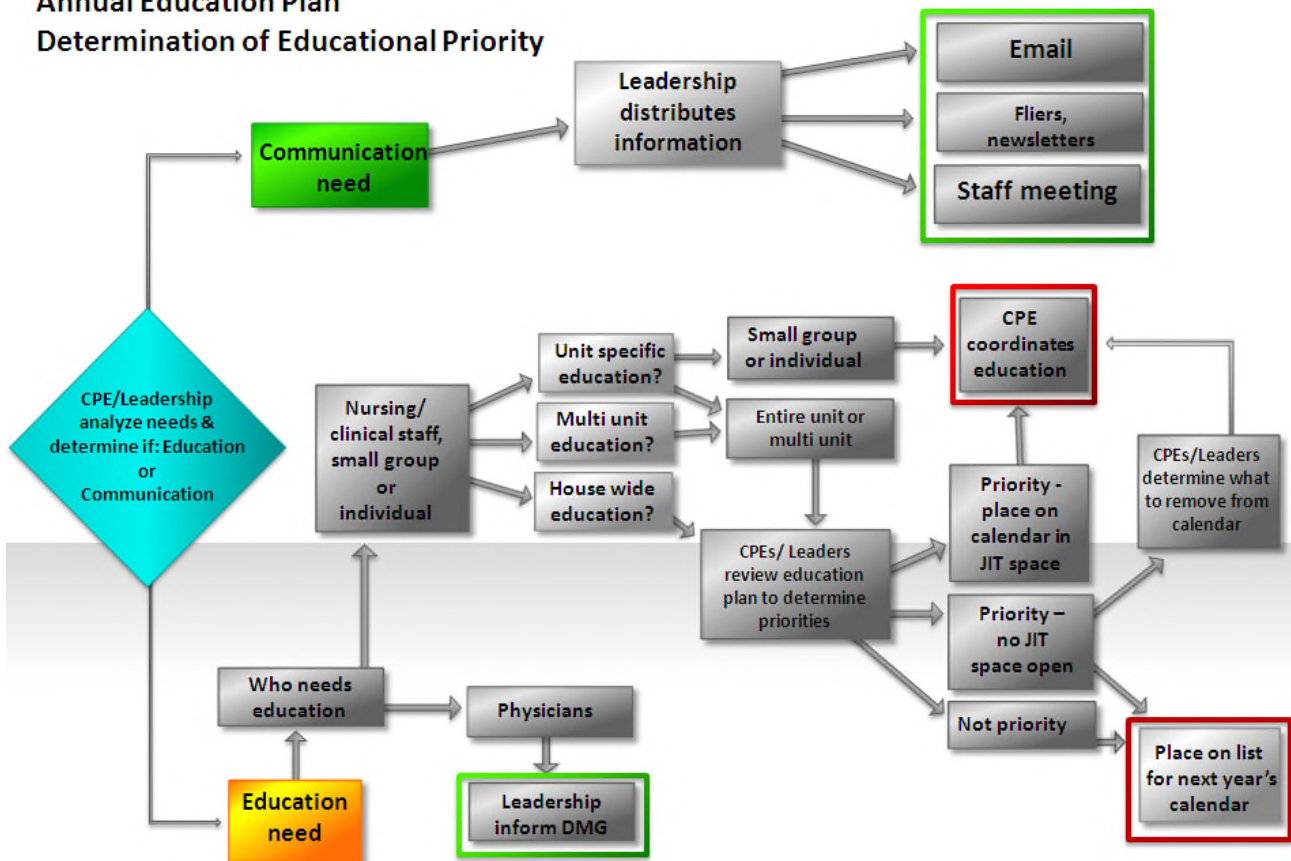
After educational topics are identified, how the material will be presented needs to be agreed upon by the collective entities. Establishing the desired learning outcome and incorporating learning domains are critical in planning the delivery of education.

The CCE embraces the principles of adult learning. Learning is an active process and adult learners need to be involved in the planning and evaluating of their learning (Stokes & Berlacher, 2022). Adult learners are thought to learn best with active involvement via multiple sensory pathways (Stokes & Berlacher, 2022). In addition, consideration must be given to the learner's experience level. Benner's novice-to-expert continuum is the most widely utilized model and categorizes the learner into designated groups based on experience (Benner, 1982).

An education plan for the fiscal year is developed once the needs and methods for delivery have been collaboratively agreed upon. The CPEs, in collaboration with the leadership team, will plan the course of events for the fiscal year as they relate to the individual service areas and the entire organization. The plan will incorporate

Annual Education Plan

Determination of Educational Priority



Education is designed to facilitate the professional growth and skill development of the staff member. Delivery of education largely determined by the topic being presented and the objectives to be met. Methods include, but are not limited to, the following: computer-based lessons, classroom lecture, self-study modules, simulation events, return demonstration, small group discussions, story board postings, case studies, education fairs, and one-on-one education as needed. Determination of which method is best to present the given education should be done by consensus of the CPEs and the leadership team as aspects of budget and staff availability must be considered.

Program evaluation is essential to measuring if the program was implemented as meant, establishing benchmarks, and continued improvement of the educational program (Allen, et al., 2022). Most evaluation methods produce either quantitative or qualitative data. Quantitative methods are generally more suitable for moderate to large

groups where information can be standardized. Qualitative approaches provide information in respect to real perspectives, perceptions, or behaviors.

There are two types of evaluations that occur. The formative evaluation process is used to evaluate each program offering or learning activity while it is occurring, so results can be used to improve the performance, adjust program instruction, or learning outcomes before the course has ended (Padmadewi, et al., 2022). This type of evaluation works effectively for educational programs such as a Nurse Residency and can be either a quantitative or qualitative format. Summative evaluations are generally quantitative in nature and are the most frequently utilized method for collecting data where the focus is on the whole event and whether objectives and outcomes were met (Padmadewi, et al., 2022). This type of evaluation is typically administered directly after the educational offering (Padmadewi, et al., 2022). Two types of summative evaluations that can be used are process evaluation and impact evaluation. Process evaluation evaluates the actual process or delivery of education/training and gathers information about the participant's experience of the event (Padmadewi, et al., 2022). Impact evaluations measure the effectiveness of the program (Croke, et al., 2022). The transfer of knowledge that has occurred between the participant and their area of work and may consist of post-exams, clinical skill assessment on the work unit, or observing change in trend data from Quality, Risk, or Regulatory.

Many types of evaluation instruments are available to elicit information depending on the nature of the learning activity. The instrument should be appropriate to what is being evaluated, easy to use, time efficient, cost-effective, valid, and reliable. Results are interpreted and reported to the stakeholders so analysis of the findings can be done to identify the following: any continued problems, new needs, successes, recommendations for improvement or discontinuation of a program, or proposal for a new program. The information gained will help determine if the identified learning needs were met and provide structure for the next fiscal year education plan.

The CPE and leadership will meet periodically throughout the year to review the education plan to ensure that the plan is effective and that the learning needs are being met. The education plan will be updated to reflect current needs.

CCE ANNUAL PLANNING PROCESS & TIMELINE

The annual planning process and timeline used by the CCE to develop the next fiscal year's education plan is depicted below. The planning process is designed to achieve the following goals:

- Standardize the timing of the learning needs assessment process.
- Facilitate partnership between Center for Clinical Excellence and Leadership regarding the provision of clinical education.
- Provide an organized and systematic method for educational review.

In addition to the annual planning process, ongoing assessment of education related needs based on new procedures, practices, equipment, services, or quality trends is conducted by CPEs for their areas of responsibility. Education is planned and implemented to meet needs.

Projected Timeline	Action	Responsible
April - May	<ul style="list-style-type: none">• Conduct Learning Needs Assessment for upcoming fiscal year.• Analyze and prioritize learning needs with department leadership.	Clinical Practice Educators, Professional Development Manager & Department leadership.

Projected Timeline	Action	Responsible
	<ul style="list-style-type: none"> Finalize Education Plan for the upcoming fiscal year (July 1- June 30) as agreed upon between CPE and department leadership. 	
June	Publish Fiscal Year Education Plan -Organization wide and department specific	Professional Development Manager
July through June	<ul style="list-style-type: none"> Implement Education Plan Add just in time and new clinical initiative education needs at least quarterly and as needed. Evaluate learning process / outcomes. Quarterly review of Education Plan status with department leadership. Ongoing completion of departmental End of Year Education Report 	Clinical Practice Educators, Professional Development Manager & Department leadership.
July through June	Publish Clinical Education Programs , as appropriate. -from Education Plan -Just in Time -New initiatives, etc.	Clinical Practice Educators & Professional Development Manager

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FY2024

**Education Plans
by Department / Service Line**



Arizona Burn Center- St. 43, St. 71, St. 72, Burn ED, & Burn Clinic FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: 4/18/23 – 4/28/23

Staff Surveyed: X HUC X CNA X RN X CRL X Manager X Dept. Director

CPE Responsible: Regina Villa, MSN, RN; Agina Jaramillo, BSN, RN

Date Plan Completed: 5/7/2023.

Results

Percentage of Staff Surveyed: 99/99 100% Percentage of staff responses: 11/99 11%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
ARDS	M	Classroom and PowerPoint	CCNR & September	
Wound Management: Healing/ Scaring/ Contractures	H	Demo/Return Demo	Onboarding and ongoing (monthly)	
Ultrasound PIV	L	Classroom	June & January	
Skin / Dermal Substitutes	M	Classroom and PowerPoint	Intro to Burn & May	
Code Orange / Decontamination	H	Simulation	April	
Urinary Catheter Insertion / Maintenance	M	Skills Fair	M/S Skills Fair and Critical Care Skills Fair	
Burn ED Class	H	Classroom	Ongoing (monthly)	
Burn Sepsis	M	Classroom	Ongoing (monthly: Intro to Burn Class and Burn ED Class	
Burn Foundation Involvement	L	Weekly Newsletter	March	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Cyclosporine Administration	M	PowerPoint	August	
ACLS and PALS	H	RQI / PowerPoint	Quarterly	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Ventilator – Review different Modes	H	Classroom / Skills Fair	CCNR and Critical Care Skills Fair	
MRI Infusion Pumps	L	Skills Fair	M/S Skills Fair and Critical Care Skills Fair	
PCA Pumps	M	Skills Fair	M/S Skills Fair and Critical Care Skills Fair	
Metabolic Carts	L	Skills Fair	M/S Skills Fair and Critical Care Skills Fair	
Feeding Tubes/ Bridle/ Cortrack	M	Demo/Return Demo	M/S Skills Fair	

CRRT	H	Classroom	November and June	
Flotrak /Argos	M	In-Service/ Classroom	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair	
Hemosphere	M	In-Service/ Classroom	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Wound Infections	H	Classroom / Apex	Introduction to Burn Nursing Class & Yearly Module	
EKG Interpretation	M	Classroom / Demo / Return Demo	Onboarding; Basic ECG Class; October	
Moderate Sedation	M	Classroom / PowerPoint	Moderate Sedation Class/ July	
Pediatric Medications	H	Simulation / Classroom	Pediatric Class	
Compliance 360	L	Weekly Newsletter	May	
Pain Scoring for Pediatric Patients	M	Simulation / Classroom	Pediatric Class	
PICC/ CVC/ A-Line – Care and Management	H	Classroom / PowerPoint	NGR, CCNR, & September	
Lab Collection Process	M	Weekly Newsletter	February	
De-Escalation of Psych Patients	H	EVE Class / Apex / Poster	Onboarding; December	

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Jennifer Granger 5/4/2023

Department Director Approval: Tiffany Hockenberry 5/4/2023

Cath Lab/IR

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☐ CNA ☒ Tech ☒ Dept. Supervisor, Manager ☒ Dept. Director

CPE Responsible: Diane McCord

Date Plan Completed: 5/23/2023.

Results

Number of staff surveyed: 20

Number of Responses Received: 6

Response Rate: 3%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
ICP	M	Simulation	Skills fair	
Halo	M	Simulation	Skills fair	
Minnesota Tube	L	video	Sept	
Esophageal Cooling	L	Apex/video	October	
Penumbra	M	In-Service	November	
R heart Setup/PA Cath	H	In-Service	August	
Rapid Infuser	L	In-Service	October	
MTP	M	In-service/poster	September	
PleurX	L	In-Service	July	
EP equipment	M	In-Service	October	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Blood Specimen collection/banding	H	In-Service	July	
RQI requirements	L	Email	July	
Sedation documentation	H	Email/read/sign	August	
Sterile technique	H	In-service	July	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Lab collection	H	Read/sign	July	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name: Andrea Prado_____ Date__5/25/20223__

Endoscopy

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: May 2022

Staff Surveyed: ☒ RN ☐ CNA ☒ Tech ☒ Dept. Manager, CRL ☒ Dept. Director

CPE Responsible: Diane McCord

Date Plan Completed: 5/25/2023.

Results

Number of staff surveyed: 20

Number of Responses Received: 3

Response Rate: 2%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Mock Code	M	In-service	Sept	
Sedation refresher	M	Skills fair	November	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Blood Specimen collection/banding	H	Skills fair	November	
RQI requirements	M	Staff mtg	July	
Malignant hyperthermia drill	H		August	
Fire drill	M		September	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Scope Cleaning		In-service	November	
Overstich		In-service	November	
Lyko Lift Education		apex	November	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name _Andrea Prado Date 5/2k5/23

Internal Resource Pool

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☐ LPN ☒ Nurse Extern ☒ CAN/PCT ☒ Dept. Manager ☐ Dept. Director

CPE Responsible: Erma Neal, RN

Date Plan Completed: 5/15/2023.

Results

Number of staff surveyed: 102 Number of Responses Received: 18 Response Rate: 6%

A. Staff Areas of Interest

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
Communication between all staff	M	Skills Fair	July	
Heparin drips	M	APEX	September	
Cosigning meds (checking math)	M	Skills Fair	August	

B. Low Volume / High Risk

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
Review of Quality Info (blood banding, pain)	M	Huddles Dept Mtgs	June, Oct, Feb	
Policies	M	Dept Mtgs	August	

C. Equipment

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
Scanning Medications	M	Skills Fair	October	
Ventilators	M	Skills Fair	June (ICU), Oct	
Equipment for patient care	M	Dept Mtgs	October	
Bed Alarms	M	Skills Fair	July	

D. Department Problems / Concerns / Occurrences

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
PSA protocol with patients (SI, belongings)	M	Huddles Dept Mtgs	June	
Charting of techs/CAN's	M	Huddles	October	
Teamwork	M	Huddles Dept Mtgs	June, July, August	
Easier way to find policies	M	Huddles	October, Feb	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name Hope Martinez_ Date_5/18/2023____

Department Director Approval: Name Marie Maya_ Date_5/18/2023____

Medical-Surgical

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☐ LPN ☒ Nurse Extern ☒ CNA/PCT ☐ Tech (ED, Scrub, BH) ☒ Dept. Manager

☒ Dept. Director

CPE Responsible: Erma Neal, RN

Date Plan Completed: 5/15/23.

Results

Number of staff surveyed: 120

Number of Responses Received: 45

Response Rate: 38%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
IV medications	M	APEX	August	
Policy (4) Procedure (1) (Update) (4)	M	Dept Mtg	January	
Safety Education 3	M	Dept Mtg	July	
Tracheostomy (3)	M	Skills Fair	March	
Chest tubes (3) Dressing Change	M	Skills Fair	September	
Blood Admin	M	APEX	June	
Epic Documentation (3)	M	APEX	November	
Wounds	M	Skills Fair	March	
Falls	H	Dept Mtg	June	
Access		(APEX)		

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Wound Vac	M	Skills Fair	September	
IV Pumps (Alaris)	M	APEX	October	
Atrium (Chest Tubes)	M	APEX/Skills Fair	September	
Zoll (In Code)	M	Rounding/Rover	Monthly	
CPAP, BiPAP, Vents	M	Skills Fair	March	
Beds	M	Skills Fair	September	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Blood Banding	M	Skills fair	September	
Epidurals	M	Huddles or small group	February	
Foley catheter insertion	M	Skills fair	September	
Restraints	M	Huddle	June	

***Priority:** H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name Heather Nielsen Date__5/17/2023_____

Department Director Approval: Name Marie Maya_ Date__5/17/2023_____

Ambulatory

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☒ MA ☒ Tech ☒ CRL ☒ Dept Manager ☒ Dept Director

CPE Responsible: Diane DeVoll MS, RN, Marva Billy MSN, RN, CEN, CPEN

Date Plan Completed: 5/25/2023.

Results

Number of staff surveyed: 177

Number of Responses Received: 74

Response Rate: 42%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Review common OB/GYN procedures	M	In-service	Jan-March	
Sterile Procedures (South Central)	M	In-service	September	
Review Referral Process	L	Class	October	
POC controls (Guadalupe)	M	Demonstration, return demo	July	
Blood pressure assessments	L	Demonstration, return demo	September	
Wound care and terminology	M	Classroom	October	
Rooming - requirements	L	In-service	February	
Scheduling imaging	L	Class	October	
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	L	In-service	February	
Care Coordinator Role, triage nurse, other RN roles that work from home - differences between roles and titles. (Amb. Float Pool RN)	L	In-service	February	
Review Rhogam Protocol	L	In-service	Jan	
Review STD and treatment	L	Classroom	May	
Review Diabetic Medications	L	In-service	May	
Ear Lavage	L	Demonstration, return demo	June	
Review MA Rooming Process	L	Classroom	September	
Review Annual Wellness Visit	L	Classroom	March	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Access Porta Cath/PICC lines	M	Demonstration, return demo	September	
IV insertion and Alaris Pump Set Up	H	Demonstration, return demo	July	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
MedSled, Stryker Chair (PXC)	M	Demonstration	Sept-Nov	

Sarah Steady Chair (Surgery Clinic PXC)	L	Demonstration, return demo	September	
EKG machine Mac-7	L	Demonstration	September	Throughout the year
Mandatory Annual POCT	H	Demonstration, Apex	March-May	Throughout the year
Dialysis Annual Restraint	H	Demonstration, Apex	March	
Dialysis Annual BP Measurement	H	Demonstration, return demo	March	
Liko Lift-PEC	M	Demonstration, return demo	August	
Trophon (PEC Primary Care)	M	Demonstration, return demo	July	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Orthostatic BP – WCC now has OB Cardiology once a month (PXC)	H	Inservice, return demo	July	
Mock Codes -(PXC)	H	Inservice, sim	August-May	Throughout the year
Vaccine Class - All	H	Classroom	July-Dec	
Dialysis: EKG Review (Main)	M	Classroom	January	
Dialysis: Mock Code BLS/ALS, Review Zoll Defibrillator (Main/PEC)	M	Inservice	August	
Medication Injection Sites	H	Classroom	August	
Standardization Telephone Triage Protocol	H	Classroom	February	
Splinting and Casting	M	Demonstration, return demo	July	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name __Christie Blanda_____ Date____Need
Date_____

Department Manager Approval: Name __Nelson Silva-Craig_____ Date____Need
Date_____

Department Manager Approval: Name __Martha Teeman_____ Date____Need
Date_____

Department Manager Approval: Name __Melody Williams_____ Date____Need
Date_____

Progressive Care/ Short Stay
FY2024 Learning Needs Assessment Results & Education Plan
Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☐ LPN ☒ Nurse Extern ☐ CNA/PCT ☐ Tech (ED, Scrub, BH) ☐ Dept. Manager
☐ Dept. Director

CPE Responsible: Agina Jaramilo, RN

Date Plan Completed: 5/22/2023.

Results

Number of staff surveyed: 25 Number of Responses Received: 19 Response Rate: 76%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
DKA Process	H	Skills class, tip sheet, education board, 1:1	August, bi-monthly APCU skills 1	
Hyperkalemia	M	Tip sheet	December	
Cortrak training	M	In service, skills fair	November	
Trach Care	H	Education board, tip sheet	September, bi-monthly APCU skills 1	
Ventilators	M	Tip sheet, education board	December, bi-monthly APCU skills 1	
BiPAP	M	Tip sheet, education board	October, bi-monthly APCU skills 1	
Medication drip calculations	M	Skills class, tip sheet	January, bi-monthly APCU skills 1	
Restraints violent vs non-violent	H	Tip sheet, huddle	July	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
DKA process	H	Skills class, tip sheet, education board, 1:1	August, bi-monthly APCU skills 2	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Cortrak	M	In service,	November	
Bipap	M	Tip sheet, education board, bi-monthly APCU skills 1	October	

Ventilators	M	Tip sheet, education board, bi-monthly APCU skills 1	December	
Zoll	H	In unit, skills class, tip sheet, bi-monthly APCU skills 1	February	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Restraints violent vs non-violent	H	Tip sheet, huddle, read and sign	July	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name ____Tammy Gabel____ Date____5/22/2023____

Department Director Approval: Name ____ Marie Maya ____ Date____5/22/2023____

Maternal-Child Departments: L&D, Postpartum, NICU, WCC and ATC

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: April 5, 2023, to April 30, 2023

Staff Surveyed: ☒ RN ☒ CNA ☒ Scrub Tech ☒ Lactation ☒ CRL ☒ Dept. Manager ☒ Dept. Director
☒ NNP.

CPE Responsible: Joy Atkinson

Date Plan Completed: May 20, 2023

Results

Number of staff surveyed: 100%

Number of Responses Received: 61

Response Rate: 28%

A. Staff Areas of Interest

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
Small Baby Care	M	Skills Fair, class, simulation	monthly	
Basic NICU Cares	L	Skills Fair, class, simulation	monthly	
Magnesium	H	Skills Fair, class, simulation	July, Nov, Feb	
Preeclampsia with/without features	H	Skills Fair, class, simulation	July, Nov, Feb	
Compatible vs. noncompatible fluids	L	Newsletter, Huddle	1 st /3 rd quarter	
Bilirubin guideline update	L	Newsletter, R&S	July/3 rd quarter	
Donor Breastmilk Process in PP	L	Onboarding, newsletter	1 st /3 rd quarter	
Transition role for PP RN	M	Class, cross-training	July, Nov, Feb	
Gestation Diabetes, insulin admin	L	Class, poster, CLC	July, Nov, Feb	

B. Low Volume / High Risk

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
Procedures in NICU	M	Skills Fair, class, simulation	monthly	
IV antibiotics in baby	L	Skills Fair, inservice	Nov, April	
OB Emergencies	L	Class, newsletter	July, Nov, Feb	
Massive Transfusion Protocol	L	Class, simulation, CLC	July, Nov, Feb	

C. Equipment

Requests	Priority*	Planned Education Method	Planned Month	Updates OCT, FEB, JUN
Nipple Education	M	Protocol, feeding program	Nov/May	
Ventilator – Covidien PB980	M	Skills Fair, vendor	Nov/3 rd quarter	
Monica	L	Vendor, inservice	Nov/3 rd quarter	
Cystoscope	L	Vendor, inservice	Nov/3 rd quarter	
Bakri Balloon	L	Skills Fair, inservice	Nov/May	
Neptune	L	Vendor, inservice	Aug/Feb	
Bladder scanner	L	Skills Fair, vendor	Nov/3 rd quarter	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Policy Change updates	L	Electronic, poster, R&S	ongoing	
How to attach lines w/multiple solutions	M	Skills Fair, newsletter	Nov/Feb	
Communication between departments	M	Class, staff meetings	July, ongoing	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name

Sandra Hamilton MSN

Date

5/8/2023

MICU/SICU

FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: 4/17/23 – 4/28/23

Staff Surveyed: ☐HUC ☐CNA ☒RN ☒CRL ☒Manager ☒Dept. Director

CPE Responsible: Regina Villa, MSN, RN

Date Plan Completed: 5/5/2023.

Results

Number of staff surveyed: 99%

Number of Responses Received: 15

Response Rate: 20%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Stroke NIH	L	Apex and PowerPoint	March	
IO	L	Apex, Demo/Return Demo	February	
Swan Ganz	M	Skills Fair	CCNR, Skills Fair	
Esophageal Cooling application	H	Skills Fair, Simulation	Fall	
Codman monitoring	H	Simulation	CCNR, Equipment Class-Quarterly	
EVD- Becker monitoring	H	Simulation	CCNR, Equipment class-Quarterly	
Abdominal Pressure set up	M	Simulation	CCNR, Equipment class- Quarterly	
BiVent- basic overview for Nursing	H	Skills Fair	Summer skills fair	
Code Documentation	M	Classroom, SIM	Summer/Fall	
Balloon Pump	M	Apex, SIM	April	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Swan insertion and intermittent cardiac output monitoring	M	Skills Fair,	CCNR, Skills Fair	
Balloon Pump	M	Apex, SIM	April	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Flotrak /Argos	M	In-Service/ Classroom	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair	
Hemosphere	M	In-Service/ Classroom	CCNR, Critical Care Equipment Class, and Critical Care Skills Fair	
Codman	H	Sim	CCNR, Equipment Class-Quarterly	
Ventilator- for BiVent settings	H	Sim, in unit	CCNR, Summer	
Balloon Pump	M	Apex, SIM		
IO	L	Apex, Demo/Return Demo	Fall/Winter	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
POC Statstrip scanning	M	Posterboard, huddle	July	
PICC/ CVC/ A-Line – Care and Management	H	Tip sheet, in unit education	CCNR, & September	
E-sCo2 module care	M	Read and sign	July	
Lab Collection Process	M	Friday flash, read and sign	July and ongoing	

*Priority based on staff and leader feedback

H=High: Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Sara Reynolds, MSN, RN, CCRN 5/6/2023

Department Director Approval: Shaunlee Wall, MSN, RN, CEN, TCRN 5/6/2023

Peri-Op Department
FY 2024 Learning Needs Assessment Results & Education Plan
Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: May 3, 2023, to May 24, 2023

Staff Surveyed: ☒ RN ☐ CNA ☒ Scrub Tech ☒ Dept. Manager ☒ Dept. Director

CPE Responsible: Lorna Tan

Date Plan Completed: May 24, 2023

Results

Number of staff surveyed: 50

Number of Responses Received: 38

Response Rate: 76%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Policies	Low	In-service	Monthly	
Fire Drill Review 2x per year	Low	In-service	November	
ENT Cases	Low	Cross training	Annual	
Eye Cases	Low	Cross training	Annual	
Code cart contents	Low	Review images	New Hire/skills fair annual	
Docking daVinci	Low	Cross training & Modules	Annual/ New hire	
Microscope Draping	Low	Cross training	Annual	
Wellness topics	Low	Tip Sheets	Annual	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Internal paddles	High	Hands on	New hire/Annual	
Erbe	Low	Inservice	New Hire/ Annual	
Mock Code	High	Hands On	TBA	
MH	High	MH drill	March	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Fracture Table	Low	Vendor/video	November	
OSI/ trios	Low	Vendor/video	February	
Stille Table	Low	Vendor/video	November	
Belmont	High	Hands on	July	
TruClear	Low	Vendor/ Tip sheet	Annual	
Scope cleaning	Med	Demonstration	February	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Hand off	Med	Form	August	
Blood Log	Med	Checklist	June	
Skills Fair	Low	Various	April	
Room Cleaning	Low	Video/Checklist	August	
Sterile Technique	Low	Inservice/auditing	August	
Hand Cleaning	Med	Inservice/Vendor/Video	September	
SPM	Med	Handout/ SPM Manager	June	
Blood banding	Med	Hands on / sign off	July	

***Priority:** H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name _Nicole Jones__ Date _____ May 23, 2023

Unit/Department: PACU
FY2024 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education for July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☐ LPN ☐ Nurse Extern ☒ CNA/PCT ☐ Tech (ED, Scrub, BH) ☒ Dept. Manager
☒ Dept. Director

CPE Responsible: Lorna Tan

Date Plan Completed: May 23, 2023

Results

Number of staff surveyed: 27

Number of Responses Received: 18

Response Rate: 66%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Policies	Low	Weekly	New Hire/quarterly	
Blood Administration	Low	Hands on	July	
Mock Code	High	Hands On	June/July	
IR procedures	Low	Teams' topic	November	
Cath lab procedures	Low	Teams' topic	December	
EPIC Charting recovery	Low	Flyer	Nov/Dec	
Handoff	Med	Form	June/July	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Code Documentation	Med	Visual Review	May	
Epidural	Med	Policy/checklist	Aug	
Ventriculostomy	Med	Visual poster	Aug	
Fire Drill	Low	Fill in blanks	Aug	
Belmont	Low	Hands on	July	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Ventriculostomy	Med	Hands on	Aug	
Accu-check	Low	Hands on	Feb	
Restraints	Low	Hands On	Feb	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
5 Lead	Low	Hands on	March	
ECG Review	Low	Hands on	March	
ABG Review	Low	Hands On	March	
Blood log	Low	Hands on	May	
Self Eval	Low	Hands on	March	

Blood Banding	Med	Hands On	July	
Hair Clipping	Med	Hands On	May	

***Priority:** **H=High:** Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Name _Nicole Jones_____ Date 5/23/2023

Unit/Department: Peoria OR
FY2024 Learning Needs Assessment Results & Education Plan

Staff & Manager Requested Education for July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☐ LPN ☐ Nurse Extern ☐ CNA/PCT ☒ Tech (ED, Scrub, BH) ☐ Dept. Manager
☐ Dept. Director

CPE Responsible: Lorna Tan

Date Plan Completed: May 23, 2023

Results

Number of staff surveyed: 11

Number of Responses Received: 3

Response Rate: 27%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Equipment	Low	Hands on	June	
Rhythm review	Low	Hand out	July	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Fire Drill	Med	Review	June	
MH	Med	Review	June	
Blood documentation	Med	Hands on	June	
Mock Code	Med	Hands on	November	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Stryker Table	Med	Vendor	July	
TruClear	Med	Hands on	July	
Ophthalmic equipment	Med	Vendor	August	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Policy Review	Med	Review	Ongoing	
Surgicount plus	Med	Vendor	June	
Accu-check	Med	Hands on	August	
Restraints	Med	Hands on	August	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name __Melody Williams Date 5/23/2023

PICU/Peds Acute
FY2024 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: 5/1/23 – 5/31/23

Staff Surveyed: ☒ RN CNA ☒ Dept. Manager ☒ Dept. Director

CPE Responsible: Kali Davis Date Plan Completed: 5/23/23.

Results

Number of staff surveyed: 15 Number of Responses Received: 4 Response Rate: 4%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Orientation for transition nurse role	H	Orientation on unit	Ongoing	
Peds sepsis	H	Poster, small group discussion	TBD- EPIC upgrade to finish	
Dr Quan present tox for peds	L	Presentation/WebEx	TBD- Dr. Quan schedule	
Trauma topics	H	Skills fair	November	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Burn dressings	L	Skills fair	November	
Blood admin	H	Skills fair	November	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Bladder pressure	L	Skills fair	November	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Annual Restraints	H	On-unit check off	March	
Annual Glucose	H	On-unit check-off	April	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name Aline Castillo Date 5/24/2023

Department Director Approval: Name Sandy Hamill Date 5/24/2023

ED/MVLE ED Adult & Pediatric
FY2024 Learning Needs Assessment Results & Education Plan
 Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Assessment Dates: 5/1/2023 – 5/31/2023

Staff Surveyed: ☒ RN ☐ CNA ☒ ED Tech ☒ Dept. Manager ☒ Dept. Director

CPE Responsible: Jeremy Janulis, CPE; Kali Davis, CPE

Date Plan Completed: May 31, 2023

Results

Number of staff surveyed: 73 Number of Responses Received: 8 Response Rate: 9%A. Staff

Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
ENPC	H	ENA class	Ongoing	
Ultrasound IVs	L	AmyLou/Regina program	TBD	
JTIPS	L	Newsletters, on unit education	Ongoing	
All peds	H	Skills, on unit, newsletters	Ongoing	
Deep suctioning	H	Skills, on unit, newsletters	October	
ETT suctioning	H	In-service	November	
Vents/BiPap/CPaP/trouble shooting	H	In-service	November	

E. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Art lines	L	In-service	January	
Central lines- difference between types, what you can and can't use/flush	L	Newsletter	TBD	

F. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Belmont	H	In-service	October	
Crib orientation	L	Inservice	TBD	
IV light- peds	H	On unit	Ongoing	

G. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
EKG testing- annual in January. 3 or 4 dates.	H	In person, classroom	January	
Annual ESI training- ENA class	H	ENA online module	August	
Pediatric collaborative class	H	Classroom/SIM	Offered monthly	
Annual Restraints	H	Hands-on check off	March	
Annual glucose	H	Hands-on check off	April	
Ortho class	H	Classroom/SIM	Offered PRN	

***Priority: H=High:** Must Provide **M=Medium:** Important/Preferred **L=Low:** If Time Permits

Department Manager Approval: Name Jennifer Barron Date_5/31/2023__

Department Manager Approval: Name _Diane Argentino_ Date_5/31/2023__

Department Director Approval: Name _Shauna Wall_ Date_5/31/2023__

Behavioral Health
FY2024 Learning Needs Assessment Results & Education Plan
Staff & Manager Requested Education July 1, 2023, through June 30, 2024

Staff Surveyed: ☒ RN ☒ LPN ☒ Nurse Extern ☒ HUC ☒ BHT ☒ MHW.
☒ Recreational Therapist ☒ Care Management ☒ Dept. Manager ☒ Dept. Director
CPE's Responsible: Martin McDevitt, Lori Hutchison, Alain de la Cruz
Date Plan Completed: 5/26/23.

Results

Number of staff surveyed: 710 Number of Responses Received: 100 Response Rate: 14%

A. Staff Areas of Interest

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Symptoms of mental illness	L	Classroom, Apex, Individual Training	BiWeekly NEO	
Memory Loss/Dementia	L	APEX, NEO	BiWeekly NEO	
Transgender Issues	L	APEX, NEO	BiWeekly NEO	
Computer Skills/Documentation	L	NEO, Classroom	BiWeekly NEO	
Therapeutic Communication	H	Classroom, Remediation, Skills Fair, NEO, APEX, Staff Meetings	Bi- Weekly Neo, Monthly	
Phlebotomy	M	Online Modules, Individual Training, Simulation	Monthly	
Cultural competency	L	APEX, NEO	BiWeekly NEO	
CNA Skills	M	Lippincott, Skills Fair, Individual Training, Skills Fair	Nov, BiWeekly NEO	

B. Low Volume / High Risk

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
De-Escalation Training/CPI/Behavioral Codes	H	Classroom, Remediation, Skills Fair,	BiWeekly NEO	

		NEO, APEX, Staff Meetings		
Code White/Blue	H	Mock Code, NEO, APEX, Skills Fair	BiWeekly NEO, Nov	
Restraint/Seclusion	H	Classroom, Remediation, Skills Fair, NEO, APEX, Staff Meetings	BiWeekly NEO, Monthly	
Wound Care	M	Individual Training, Skills Fair, APEX	Nov	
Fall	H	APEX, NEO, Staff Meetings	Monthly	
Suicide Prevention	H	APEX, NEO, Remediation	BiWeekly NEO, Monthly	

C. Equipment

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
EKG	M	Individual Training, APEX	Annual	
Hoyer Lift	M	Individual Training, Inservice, Skills Fair	Nov	
Alaris Pump	M	Individual Training, Skills Fair, APEX	Nov	
Nova Stat Strip	M	Individual Training, Skills Fair, APEX, NEO	Nov	
Code Cart	M	Individual Training, Skills Fair, APEX	Nov	
Observsmart	H	Individual Training, APEX, Classroom	BiWeekly NEO	
Bladder Scanner	M	Individual Training, Skills Fair	Nov	
RQI Mannequin	M	Individual Training, Tip Sheet	Nov	

Vitals Machine	M	NEO, Individual Trainings	BiWeekly NEO, Nov	
Foley Catheter	M	Individual Training, Skills Fair	Nov	

D. Department Problems / Concerns / Occurrences

<i>Requests</i>	<i>Priority*</i>	<i>Planned Education Method</i>	<i>Planned Month</i>	<i>Updates OCT, FEB, JUN</i>
Employee Relations	L	Staff Meetings, Individual	Monthly, As needed	
Compassion Fatigue	L	Staff Meetings, Individual	Monthly, As needed	
Teamwork	L	Staff Meetings, Individual	Monthly, As needed	

*Priority: H=High: Must Provide M=Medium: Important/Preferred L=Low: If Time Permits

Department Manager Approval: Name Martha Steiner Date 5/26/23

Valleywise Health Medical Center

Nurse Staffing Risk Assessment

FY2023

For FY23 the clinical environment continues to experience challenges with securement of core staffing in the acute environments of Valleywise Health. The Nursing Leadership continues to assess the work environment to ensure that staff has the support, training, and resources to meet the patients' clinical needs. In addition, leadership strives to provide staff recognition, work life balance, professional autonomy and decision making for the practice with the goal to achieve quality and safe care for our patients. The programs used across the organization for staff recognition are:

- Daisy Nursing Award
- One Can Make a Difference for clinical and nonclinical team members.
- Limelight used for all team members.
- Monthly Grab and Go Breakfast Treats rotating across the Phoenix and Peoria CHC, three Behavioral Health and Medical Center facilities.

Even with the high use of travelers the employee engagement scores continue to be at benchmark or above benchmark for the clinical areas. During FY23 a Sign On and Retention (SOAR) Incentive Program was rolled out with the goal to help retain our current personnel and at the same time recruit candidates to our organization. We have seen some success in several clinical areas; however, we continue to struggle with recruitment for the following areas: Behavioral Health, Perioperative Services, Emergency Departments, and Burn Services. The feedback from current staff and potential new staff on why these areas struggle with recruitment range from lack of interest in working holidays, weekend, required call requirements, acuity of patients, and increase in workplace violence.

For FY2023 the Behavioral Health and Medical Acute teams met or have exceeded expectations for the following metrics medication management (i.e., critically timed mediations, scanning of patients and medications), Hospital Acquired Infections (i.e., Catheter Association Infections, Central Line Bloodstream Infections, Ventilator Associated Occurrences, etc.), Blood Banding of patients, Pain Assessment, Falls with injuries, and Pressure Ulcers. In addition, the Nursing Leadership has worked hard to ensure alignment with acuity to staffing is a daily focus and necessary steps taken to ensure achieved 95% of the time or higher. (Appendix 1 & 2 Data for FY23)

The major focus this year has been workplace violence. The Workplace Violence Committee is comprised of clinical and nonclinical members. This team has been able to roll out a number of initiatives such as signage on the zero tolerance for violence, new reporting tool to allow for the collection of additional pertinent information for the trending and development of action steps to reduce the occurrence, easy identification of patients with recent history of violence towards healthcare personnel, Crisis Prevention Institute (CPI) training, and the development of reports that are presented at monthly Workplace Violence Committee, Patient Care and Safety, and Quality Management Council. In addition, one of the strategic goals for the organization is reducing workplace violence. The work and data on workplace violence is reported up through the organization ultimately reaching the Board of Directors.

The Nursing Leadership continues to work on the refinement of the nursing clinical care model to support the care teams and patients to achieve patient positive outcomes and experience scores. It is more important than ever to enhance the multidisciplinary team approach to the delivery of healthcare to our patients.

Appendix 1: Nursing Dashboard for July 2022 to June 2023

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				
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	9.48	10.33	10.30	10.03	9.76				
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	1.63	1.52	1.79	1.64	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	3.68	3.53	3.44	3.55	3.58				
Healthcare Associated Infections; *ind. in Leapfrog																									
Hand Hygiene Compliance (Percent)	LF	≥ 97%	97%	↑	90%	91%	95%	92%	96%	96%	96%	96%	96%	96%	96%	96%	96%	95%	97%	96%	95%				
Central Line Associated Blood Stream Infection (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	0.000	0.000	0.000	0.000	0.240				
Standardized Infection Ratio (SIR) Hospital- acquired CLABSI	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	0.750	0.000	0.000	0.259	0.262				
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	0.750	0.000	0.000	0.259	0.262				
MRSA Bacteremia (SIR); HO-MRSA BSI Events	CMS-VBP	≤ 0.726	2.895	↓	Report Semi-annually							0.000	Report Semi-annually							0.000	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				0.311	Reported Quarterly				0.311	0.502
Surgical Site Infections (SSI) - Colon Surgery (SIR)	CMS-VBP-HIQR-HAC	≤ 0.717	0.434	↓	Report Semi-annually							0.420	Report Semi-annually							0.425	0.423				
Surgical Site Infections (SSI) - Abdominal Hysterectomy (SIR)	CMS-VBP-HIQR-HAC	≤ 0.738	*	↓	Report Semi-annually							*	Reported Semi-annually							*	*				
Total Ventilator Associated Event (SIR) ≤ 1.000	DNV	≤ 1.000	1.60	↓	1.150	1.030	1.466	1.207	0.812	1.836	1.461	1.321	0.733	0.709	0.698	0.710	0.725	*	*	1.588	1.158				
Infection Related Ventilator Associated Condition (SIR) ≤ 1.000	DNV	≤ 1.000	1.91	↓	2.089	2.535	2.874	2.496	0.675	2.745	2.858	2.013	0.000	0.000	1.672	0.573	0.899	*	*	2.636	1.867				
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%	83%	75%	83%	80%	84%				
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	104	56	64	68	97				

Appendix 2: Occurrences Reported for July 2022 to June 2023

Indicator	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Total
CHEQ-IT EVENTS FOR VHMC	156	168	141	142	145	188	140	137	192	134	139	135	1817
Falls	18	14	15	14	6	18	11	9	12	16	15	13	161
Blood or Blood Product	4	9	3	2	2	1		1	2	1	4	3	32
Perinatal	8	11	11	11	13	5	8	3	2	7	6	2	87
Infection Prevention & Control	13	9	5	10	10	15	11	12	17	9	10	8	129
Behavioral Event	29	45	42	34	34	50	34	42	53	46	47	35	491
Dialysis			1										1
Device or Medical/Surgical Supply	6	6	4	5	4	6	6	8	2	5	4	4	60
Health Information Management	9	6	7	11	3	3	8	4	7	8	7	6	79
Medication or Other Substance	24	29	17	14	23	44	21	17	30	21	15	24	279
Skin breakdown / Pressure Injury	8	9	6	9	9	11	10	7	12	3	8	13	105
Specimen Handling/Lab Testing	17	17	13	16	24	16	15	16	25	5	13	18	195
Surgery / Invasive Procedure / Anesthesia												1	1
PATIENT RIGHTS	3												3
Medical Imaging			1								1		2
SAFETY AND SECURITY	17	13	16	16	17	19	16	18	30	13	9	8	192



Maricopa County
Special Health Care District

Board of Directors
Formal Meeting

September 27, 2023

Item 9.
No Handout

Concluding Items