

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

304



FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
3/27/09

SUBJECT: Acceptance of Grant Award from California Healthcare Foundation (CHCF) to support up-front costs associated with joining and implementing California Hospital Assessment and Reporting Taskforce Project (CHART)

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Authorize the Chairperson to accept, on behalf of the Board, a \$70,000.00 grant award from CHCF; and
- 2) Authorize the Chairperson to execute the Grant Agreement with CHCF; and
- 3) Approve and direct the Auditor-Controller to make the budget adjustments on the attached Schedule A.

BACKGROUND:

California hospitals and health plans have combined to implement the California Hospital Assessment and Reporting Task Force (the CHART Project), the goal of which is to collect uniform data and report about the performance of California hospitals through a publicly disseminated report card describing each individual hospital's performance as compared to appropriate benchmarks.

DB: cm

Douglas D. Bagley

Douglas D. Bagley, Hospital Director

FINANCIAL DATA

Current F.Y. Total Cost:	\$ 50,000.
Current F.Y. Net County Cost:	0
Annual Net County Cost:	0

In Current Year Budget:	
Budget Adjustment:	
For Fiscal Year:	08/09

NO
YES
08/09

SOURCE OF FUNDS:

California Healthcare Foundation Grant Funding

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input checked="" type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: TAWNY LIEU
DATE: 3/31/09

FISCAL PROCEDURES APPROVED
ROBERT E. BYRD, AUDITOR-CONTROLLER
DATE: 4/8/09
Department of Finance
BY: ANA GARCIA-BOCANEGA

Dep't Recomm.: Consent Policy
Per Exec. Ofc.: Consent Policy

Prev. Agn. Ref.:

District:

Agenda Number:

3.30

SUBJECT: Acceptance of Grant Award from California Healthcare Foundation (CHCF) to support up-front costs associated with joining and implementing California Hospital Assessment and Reporting Taskforce Project (CHART)

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BACKGROUND (cont.):

RCRMC is committed to quality, patient safety, outstanding customer service and transparency of national measures that make comparative data available to the public hospital quality data to the public through CMS, The Joint Commission, and OSHPD programs. RCRMC would like to expand the hospital's commitment to transparency by joining CHART to provide additional hospital quality information to our communities. This request is to approve the Grant Agreement and accept the Grant Award from CHCF to support the implementation costs associated with joining CHART.

FINANCIAL IMPACT:

FYE 08/09 is in the amount of \$50,000.

FYE 09/10 is in the amount of \$20,000.

Total Grant funding in the amount of \$70,000

Schedule A

Increase Estimated Revenues:

Fund	Dept ID	Account	Description	Dollar Amount
40050	4300100000	781850	Grants-Nongovtl Agencies	\$ 50,000.00

Increase Estimated Expenses

Fund	Dept ID	Account	Description	Dollar Amount
40050	4300100000	523220	Licenses And Permits	\$ 9,500.00
40050	4300100000	527840	Training-Education/Tuition	\$ 12,000.00
40050	4300100000	510040	Regular Salary	\$ 25,000.00
40050	4300100000	523100	Memberships	\$ 3,500.00
				<u>\$ 50,000.00</u>



CALIFORNIA
HEALTHCARE
FOUNDATION

GRANT AGREEMENT AND CONDITIONS

This grant from the California HealthCare Foundation (CHCF), a California nonprofit public benefit corporation, is for the purposes described below and is subject to your acceptance of the conditions specified below. This Agreement will be effective when signed by a properly authorized representative of your organization and returned to CHCF.

Grant Number: 08-1874

Grantee: Riverside County Regional Medical Center

Award Amount: \$70,000

Period of Grant: March 1, 2009 through May 1, 2010

Project: CHART Implementation Support

Project Director: Ms. Lynda Wills

Phone: (951) 486-4684

Fax: (951) 486-4675

Purpose:

To support participation of public hospitals in the California Hospital Assessment and Reporting Taskforce project.

CHCF Staff Assigned to this Grant: Maribeth Shannon, Director Market and Policy Monitor Program

Report Schedule:*

Date Due	Type of Report
March 1, 2009	Signed Agreement
May 30, 2009	Finalize Business Associate Agreement with UCSF
November 1, 2009	Publicly reported measures on CalHospitalCompare.org
February 1, 2010	Publicly reported measures on CalHospitalCompare.org
May 1, 2010	Publicly reported measures on CalHospitalCompare.org and budget proposal for remaining funding
June 10, 2010	Final Financial Report for the period March 1, 2009 through May 1, 2010

* It is the Grantee's responsibility to submit deliverables and reports on time and to alert CHCF if problems arise that impact the grant reporting schedule.

All financial reporting must be submitted on CHCF Financial Report Forms, which can be downloaded from our Web site www.chcf.org under *Grants and RFPs, Grantee Resources*. For manuscripts or other reports for potential publication, please use CHCF's Report Guidelines and Stylesheet, which can also be downloaded from this same section of our Web site.

Payment Schedule:

- \$50,000** Within 30 days of receipt of fully-executed grant agreement,
- \$10,000** Within 30 days of completion of 3 quarters of data publicly reports on CalHospitalCompare.org and budget proposal for remaining funding due by May 1, 2010
- \$10,000** Within 30 days of receipt and approval of the final financial report due by June 10, 2010

Objectives/Scope of Work:

The objective of this project is to publicly report quality improvement measures through the California Hospital Assessment and Reporting Taskforce (CHART) project to allow for display on CalHospitalCompare.org. The grantee agrees to:

- Active and timely participation in the CHART project including collection of all needed measures;
- Continued participation in CHART throughout 2009 and 2010.

Evaluation:

UCSF, as the administrator for the CHART program, will certify that the hospital has met all participation requirements.

Special Conditions: None.

Type of Organization* (Check one)

_____ **Private Foundation**

_____ **501(c)3 organization**

_____ **Other nonprofit organization** **TYPE:** **501(c)** _____

**Documentation Required*

GRANT CONDITIONS

1. Political Activities

Grant funds may not be used for any of the following purposes: to carry out propaganda, or otherwise attempt to influence legislation; to influence the outcome of any specific public election or to carry on directly or indirectly any voter registration drive; to make any grants that do not comply with the rules for individual grants and organizational grants in Section 4945 of the Internal Revenue Code; or to undertake any activity for a non-charitable purpose.

2. IRS Determination

A copy of the determination letter from the Internal Revenue Service should be submitted to CHCF as an attachment to this Agreement. *(Public agencies are exempt from this requirement.)*

3. Reporting

For Reports that may be required as a condition of this grant (see "Report Schedule" on page 2 of this agreement for the specific requirements of this grant), the Grantee should follow CHCF's guidelines and forms available on its Web site (www.chcf.org/grantinfo/grantees). These reports include Interim and Final Financial Reports, Progress Reports (narrative), Final Narrative Reports, and reports and manuscripts for potential CHCF publication. If the Grantee is unable to download these guidelines and forms, the Grantee may contact the CHCF staff assigned to this grant and request for these materials to be mailed.

4. Expenditure of Funds

This grant is to be used in accordance with the Grantee's approved program and budget. Permission to make any major changes in program objectives, implementation strategy, key personnel, timetable, or in the approved budget (line items added or deleted or transfers among line items, amounting to \$1,000 or 10 percent of the approved line item amount, whichever is larger), must be requested in writing, and CHCF's approval obtained before such changes are implemented.

Grantees are encouraged to deposit grant funds in insured interest bearing accounts. Interest funds accrued during the course of the grant may be used to benefit project activities with prior approval of CHCF staff assigned to the project. Any funds (including interest accrued) not expended or committed for the purposes of the grant within the grant period (or any authorized extension of the grant period) must be returned to CHCF within 60 days of the close of the grant.

5. Payments

All payments under this grant will be made in accordance with the specific requirements described under the "Payment Schedule." Payments contingent on progress reports listed under the "Report Schedule" will be issued within thirty (30) days of receipt and approval of the reports. Reference: page 2 of this agreement.

6. Financial Records

The Grantee is expected to maintain complete books and records of revenues and expenditures for the project, which should be made available for inspection at reasonable times if deemed necessary by CHCF. CHCF, at its expense, will periodically audit a selected number of its grants. If your grant is selected, you will be expected to provide all necessary assistance in connection with such audit. Records must be kept for at least three (3) years after completion of the grant.

7. Acknowledgment and Publicity

CHCF may periodically issue a general press release announcing grant awards. If the Grantee wishes to issue a press release regarding this grant, CHCF requires review and final sign-off of the text by its Publishing and Communications Department.

Any publication produced by the grantee that refers or results from this grant should include an acknowledgment of CHCF that reads: *Supported by a grant from the California HealthCare Foundation, based in Oakland, California.*

8. Grant Termination

CHCF, at its sole option, may terminate the grant at any time if, in CHCF's judgment, the grantee becomes unable to carry out the purposes of the grant, ceases to be an appropriate means of

accomplishing the purposes of the grant, or fails to comply with any of the conditions of the grant award.

9. Limitation

It is expressly understood that CHCF has no obligation to provide other or additional support for this or any other project or purposes.

Acceptance of Terms and Conditions. This document is to be signed by an official authorized to sign for your organization and by the project director,* signifying that your organization agrees to comply with all the terms and conditions of the grant specified above. If the project director is authorized to sign for the institution, the same person may sign in both capacities.

The above terms and conditions of the grant are hereby accepted and agreed to as of the date specified:

For: _____
Grantee Institution

By: _____
Signature of Authorized Official

Signature of Project Director

Name

Name

Title

Title

Date

Date

*The project director is the individual directly responsible for developing the proposed activity, its implementation, and day-to-day direct supervision of the project.

Please return a signed copy of this document to:

**Sari Weis, Program Assistant
California HealthCare Foundation
1438 Webster Street, Suite 400
Oakland, CA 94612**