

STATE GRANT COMPLIANCE REPORTING

Report Template B: Please use this reporting template for the END OF YEAR report

1. Organization:	
Organization Name:	Nash UNC Health Care Foundation
Organization Tax ID #:	31-1802814
Project/Activity Title:	Directed Grant-Community Paramedic Program
Reporting Period:	July 1, 2021 through June 30, 2022
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	2460 Curtis Ellis Drive Rocky Mount, NC 27804
Phone Number (area code + number):	252-962-8583
Fax Number (area code + number):	N/A
Contact Person:	Kathleen Fleming
Contact Person Title:	Foundation Director
E-Mail Address:	Kathleen.fleming@unchealth.unc.edu

2. Preparer: [PLEASE INDICATE WHO PREPARED THIS INFORMATION BY CHECKING]		<input checked="" type="checkbox"/> Employee	<input type="checkbox"/> CPA/Accountant
Name of Preparer: Kathleen Fleming			
Phone Number: 252-962-8583			

3. Please provide a list of the Organization's Board Members. [ADD ADDITIONAL PAGES, IF NEEDED]	
Name of Board Member	Board Member Title
Board list attached	

4. What restrictions are placed upon the grant by the grant award document? If the grant award document does not identify specific restrictions, please identify the intended use of the grant funds as included in the award document.			
<u>Restrictions:</u> Funds are to be used for the Nash UNC Health Care Community Paramedic Program			
5. Does the organization have a Conflict of Interest policy?		<input checked="" type="checkbox"/> yes	<input type="checkbox"/> no
6. Is the organization a for profit entity?		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no

7. Did the organization subgrant or pass down any funds to another organization?			
		<input type="checkbox"/> yes	<input checked="" type="checkbox"/> no
If yes, answer the following:			
a. Name of Subgrantee	b. Program Name	c. Amount Subgranted	

8. Program Activities and Accomplishments:
Recipient must complete and submit a separate Program Activities and Accomplishments Report, detailing the program name, the original goals of each program, and a brief narrative of program accomplishments for each funded program. This information is required of all recipients of state funding in an amount greater than or equal to \$25,000.

SCHEDULE OF RECEIPTS AND EXPENDITURES

Report Template C: Please use this reporting template for the END OF YEAR report

9. Organization:	
Organization Name:	Nash UNC Health Care Foundation
Organization Tax ID#:	31-1802814
Organization Fiscal Year End:	June 30, 2022
Mailing Address (street, city, state, zip code):	2460 Curtis Ellis Drive Rocky Mount, NC 27804
Phone Number (area code + number):	252-962-8583
Fax Number (area code + number):	N/A
Contact Person:	Kathleen Fleming
Contact Person Title:	Foundation Director
E-Mail Address:	Kathleen.fleming@unchealth.unc.edu

a. Receipts		
Funding State Agency	Grant Title	Total Receipts
NCDHHS	Directed Grant-Community Paramedic Program	\$225,000
b. Expenditures		
Category	Dollar Amount	
Personnel	\$8,167.56	
Contracted Services	\$0	
(a)Total Personnel/Contracted Srvcs Costs:	\$8,167.56	
Office Supplies & Materials		
Service Related Supplies		
(b)Total Supplies & Material Costs:		
Travel		
Communications & Postage		
Utilities		
Printing & Binding		
Repair & Maintenance		
Meeting/Conference Expense		
Employee Training (no travel)		
Classified Advertising		
In-State Board Meeting Expenses		
(c)Total Non-Fixed Operating Expense:		
Office Rent (Land, Buildings, etc.)		
Furniture Rental		
Equipment Rental (Phones, Computers, etc.)		
Vehicle Rental		
Dues & Subscriptions		
Insurance & Bonding		
Books/Library Reference Materials		
Mortgage Principal, Interest and Bank Fees		
(d)Total Fixed Charges & Other Expenses:		
Buildings & Improvements		
Leasehold Improvements		
Furniture/Non-Computer Equip., \$500+ per item		
Computer Equipment/Printers, \$500+ per item		
Furniture/Equip., under \$500 per item		
(e)Total Property & Equipment Outlay:		

Purchase of Services	
Contracts with Service Providers	
Stipends/Scholarships/Bonuses/Grants	
(f)Total Services/Contracts:	
Food	
Other (provide description here): Goods Expense (vehicle, equipment, uniforms, Zoll monitor, EPOC Monitor, dual monitors	\$99,620.57
Other (provide description here): Patient assistance, transportation assistance, pulse ox meters, BP cuffs, scales, glucose monitors	\$4,733.77
Other (provide description here):	
Other (provide description here):	
(g)Total Other Expenses:	\$104,354.34
Total Expenditures (sum a through g)	\$112,521.90

Unexpended cash balance (do NOT use with reimbursement grants)

Beginning of the year cash balance	\$225,000
End of the year cash balance	\$112,478.10

NOTE: If total receipts, expenditures, beginning or ending unexpended grant balance available for expenditures is \$500,000 or more, an audit is required by G.S. 143C-6-23.

If there are any questions, please contact the Contract Administrator.

PROGRAM ACTIVITIES AND ACCOMPLISHMENTS REPORT
Report Template D: Please use this reporting template for the END OF YEAR report

Recipient Name:	Nash UNC Health Care Foundation
Recipient Tax ID #	31-1802814
Project/Activity Title:	Directed Grant-Community Paramedic Program
Recipient's Fiscal Year End:	June 30, 2022
Report Completion Date:	July 13, 2022
Preparer of This Report:	Kathleen Fleming

1. What were the original goals and expectations for the activity supported by this grant?

The Community Paramedic Program is designed to help patients better manage their chronic diseases, make sure they follow up with a Primary Care Provider and keep the individuals out of the emergency department and hospital, thus saving the patient money and improving health outcomes. The goal for once all 4 full time Community Paramedics were hired and trained was:

- 120 enrolled patients per month on average
- 480 total visits per month on average
- 85% of enrolled patients do not readmit to the hospital within 30 days post discharge
- Hospital 30 day all cause, all payer readmission rate of 11.05% for FY 23

2. If applicable, how have those goals and expectations been revised or refined during the course of the project?

At this time the goals and expectations have not been revised or refined.

3. What has the activity accomplished with these grant funds? Please include specific information including facts and statistics to support conclusions and judgments about the activity's impact.

The fourth Community Paramedic was hired in May. After training was completed he had his own patient load starting in June. Thanks to this, as well as the part time position, the number of enrolled patients started to increase. The number of enrolled patients in June was 168 (compared to a goal of 120) and 498 visits were completed (compared to a goal of 480). Readmission data for June is not available yet because it cannot be calculated until 30 days past month end. May data is still being finalized but as of right now 86% of patients enrolled in the Community Paramedic Program did not readmit to the hospital within 30 days post discharge. The goal for this metric was 85%. In May the program was not fully staffed. We believe that the goal of 85% will be reflected once the June numbers are released. Again, the hospital 30 day all cause, all payer readmission rate for June has not been released yet. May is still being reviewed but preliminary data is indicating that it will below the 11.05% goal for total readmission.

4. If the activity is a continuing one, briefly summarize future plans and funding prospects.

The activity will be continuing on thanks to the support of the grant dollars. Community Paramedics will continue to complete on average 480 patient visits a month with an average of 120 patients enrolled each month. Plans are in place to add additional protocols and more interventions with patients to decrease the rate of readmissions even more.

If there are any questions, please contact the Contract Administrator.

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Brigadier General Arnold Gordon- Bray (Alane) <i>Retired</i> 3808 Winchester Rd Rocky Mount, NC 27804 Email: arnoldngb@gmail.com Mobile: (757) 660-5515/ (757) 944-1258	Tashanna Pulley <i>Director of Nursing, CPSU</i> <i>Nash UNC Health Care</i> 900 W. Beulah Rd Nashville, NC 27856 Email: Tashanna.Pulley@unchealth.unc.edu Mobile: (252) 469-8763 Birthday: April 13
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<p>Adam Hodges, (Sydney) <i>Director of Operations</i> Crown LSP Group a distribution solutions company 7527 Mattie Road Rocky Mount, NC 27803 Email: ahodges@crownlspgroup.com Office: (252) 985-1070 x1501 Mobile: (252) 883-7195 Fax: (252) 985-3226 Board Vice Chair- Executive Committee</p>	<p>Harris Walker (Isabella) <i>Director of Government Affairs & Stakeholder Engagement</i> National Nuclear Security Administration 125 Steeple Chase Rd. Rocky Mount, NC 27804 Email: w.harris.walker@gmail.com Mobile: (252) 904-2636 Office: (202) 586-8929 Birthday: November 28</p>
<p>L. Lee Isley, Ph.D, FACHE (Melissa) <i>President & CEO</i> Nash UNC Health Care 2460 Curtis Ellis Drive Rocky Mount, NC 27804 Email: lee.isley@unchealth.unc.edu Office:(252) 962-8070 Mobile: (919) 691-3307</p>	<p>Alex Warren, MD, FACEP (Kelly) <i>Wake Emergency Physicians</i> 3808 Hawthorne Road Rocky Mount, NC 27804 Email: ajwarren05@gmail.com Mobile: (252) 904-0958 Birthday: May 5</p>
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