GENERAL FACT SHEET

BRIEF TITLE	APPROVAL DEADLINE	REASON
City/County Agreement With BryanLGH Medical Center	April 21, 2008	Continuing care & services for workplace testing and treatment, at a discount & with better terms

DETAILS

POSITIONS/RECOMMENDATIONS

DETAILS		POSITIONS/RECOMMENDATIONS
The Risk Management Division of Personnel is requesting approval of a City/County agreement with BryanLGH Medical Center to obtain discounted fees and extended terms for Blood borne Pathogens testing and discounted fees and extended terms for the treatment of Workers Compensation injuries and illnesses. This agreement would run for a four year term from January 1, 2008 through December 31, 2012.	Sponsor Personnel Dept/ Risk Mgmt Div.	Recommend approval.
	Program Departments, or Groups Affected	All City Departments
	Applicants/ Proponents	Applicant Bill Kostner/Don Taute City Department Personnel Department Other NA
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals None known. Basis of Opposition NA
	Staff Recommendations	X For ❏ Against Reason Against
	Board or Commission Recommendation	BY NA ❏ For ❏ Against ❏ No Action Taken ❏ For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	❏ Pass ❏ Pass (As Amended) ❏ Council Sub. ❏ Without Recommendation ❏ Hold ❏ Do not Pass

DETAILS	POLICY/PROGRAM IMPACT	

	POLICY OR PROGRAM CHANGE	X NO ☐ YES This is an existing program
	OPERATIONAL IMPACT ASSESSMENT	This should improve employee care & reduce costs.
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: $ various COST of this Ordinance/ Resolution $savings
		RELATED annual operating Costs $NA
		INCREASE REVENUE EXPECTED/YEAR savings TBD
	SOURCE OF FUNDS	CITY [Approximately] _____$_____%_____ _____$_____%_____ _____$_____%_____ NON CITY [Approximately] _____$_____%_____ _____$_____%_____ _____$_____%_____
	BENEFIT COST ☐ Front Foot ☐ Square Foot	Average Assessment $_____ $_____

APPLICABLE DATES: Introduce April 14, 2007

FACT SHEET PREPARED BY: Bill Kostner, Risk Manager

REVIEW BY: [signature]

REFERENCE NUMBER