



RESEARCH

University of North Carolina at Chapel Hill Subrecipient Letter of Intent

To be completed by Subrecipient

Legal Name: County of San Bernardino on behalf of Arrowhead Regional Medical Center

DUNS: 075100599

Lead PI: Reza Sadeghian, M.D.

Legal Name: The University of North Carolina at Chapel Hill

DUNS: 608195277

Lead PI: Dorothy Cilenti

Subrecipient Administrative Contact:

Name/Title: Gregory Young/Staff Analyst II

Address: 400 N Pepper Ave., Colton, CA 92324

Phone: 909.580.6133

Email: YoungGr@armc.sbcounty.gov

Sponsor Administrative Contact:

Name/Title: David Paul/Assistant Vice Chancellor

Address: 104 Airport Drive, Suite 2200
Chapel Hill, NC, 27599

Phone: 919-966-3411

Email: ResAdminOSR@unc.edu

Project Title: Supporting Providers and Families to Access Telehealth and Distant Care Services for Maternal Health

Prime Awarding Agency: HRSA Maternal and Child Health Bureau

RFA/RFP: Maternal Telehealth Access Project

Project Period: Start 10/1/2020 End 04/30/2021

UNC-CH Proposal Number: 20-4946

Choose as appropriate below:

☐ Federal Rate ☒ Sponsor Rate ☐ Other
Applicable F&A Rate: 0 %

Direct Costs: \$99,935.00

Indirect Costs:

Total Request: \$99,935.00

Human Subjects: ☐ Yes ☒ No

Animal Subjects: ☐ Yes ☒ No

Is your institution a participant of Federal Demonstration Partnership (FDP) Clearing House? ☐ Yes ☒ No

This LETTER OF INTENT confirms the appropriate program and administrative personnel have reviewed and approve the above referenced Solicitation/RFP/RFA. Further, the institution and its Principal Investigator certify that:

Information submitted within this application is true, complete, and accurate to the best of the institution's and PI's knowledge; any false, fictitious, or fraudulent statements or claims may subject the institution and PI to criminal, civil, or administrative penalties; PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made, and a mutually agreeable subcontract is executed as a result thereof.

- ☒ Subrecipient organization certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, "Promoting Objectivity in Research".
- ☐ Subrecipient does not have a compliant conflict of interest policy but will develop one prior to issuance of a subaward. A model policy is available at the [Federal Demonstration Partnership](#).
- ☐ Subrecipient does not have a compliant conflict of interest policy and agrees to be bound by the [conflict of interest policy](#) of the issuing institution.

Included: Statement of Work Budget

Subrecipient Principal Investigator: REZA SADEGHIAN

Date: 9/18/2020

Budget Justification Other:

Subrecipient Authorized Official:

Date: 9/11/20

Organizational Information

Name of Organization	County of San Bernardino on behalf of Arrowhead Regional Medical Center
Main Phone Number	(909) 580-1000
Organization's Website	https://www.arrowheadregional.org/
Provide links to your organization's social media: Twitter, LinkedIn, Instagram, Facebook, etc.	Facebook https://www.facebook.com/arrowheadregional/ Twitter https://twitter.com/ArrowheadRegional

Primary Contact Information

Name of Primary Contact (<i>acting project coordinator; responsible for all communications, reporting, evaluation activities; may be updated once funded</i>)	Dr. Reza Sadeghian
Title	Chief Medical Information Officer
Email	sadeghianr@armc.sbcounty.gov

Financial Contact: If the name of the person who will handle the contract and invoicing differs from the primary contact information, please put the information below.

Name of Contract/Invoicing Contact	Gregory Young
Title	Staff Analyst II
Email	YoungGr@armc.sbcounty.gov

Which of the following best describes your organization? (Select all that apply)

- ☐ Community-based organization/faith-based organization, or other 501C3 not-for-profit community agency/organization
- ☐ Private health care clinic
- ☐ Public health department, FQHC, free clinic
- ☐ For-profit hospital
- ☒ Academic Health Center
- ☒ Not-for-profit hospital
- ☒ Other

County hospital

How many employees, contractors or sub-contractors work for the organization?

What are the main maternal health activities or roles your organization provides? (Select all that apply)

- ☒ Community Health Workers to provide education, outreach, and supports
- ☒ Breastfeeding/Lactation services
- ☒ Childbirth education services
- ☐ Doula services
- ☒ Nutrition services
- ☒ Mental or behavioral health services for maternal health populations
- ☒ Medical health services for maternal health populations (OB/GYN, family medicine, pediatrics)
- ☐ Other, please describe

Which maternal health populations do you currently work with? (Select all that apply)

- ☒ Women's preventative care
- ☒ Prior to pregnancy
- ☒ During pregnancy
- ☒ After pregnancy (up to 12 months)

Please indicate the insurance coverage of the population served by your organization. (The total should equal 100%, an estimate is sufficient)

Medicaid or Medicaid managed care insurance

Private insurance

Un- or under-insured

Other

Not Sure

Total

100

Please indicate the race/ethnicity of the population(s) served by your organization. (The total should equal 100%, an estimate is sufficient. We recognize there may be overlap in some of the categories.)

Non-Hispanic White

21

African American or Black

13

Hispanic or LatinX (any race)

62

Asian

1

Native American/American Indian and Alaskan Native

2

Native Hawaiians or Other Pacific Islander

0

Other

1

Total

100

Select the HRSA region where your services and supports are delivered.

- ☐ Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
- ☐ Region 2: New Jersey, New York, Puerto Rico, U.S. Virgin Islands
- ☐ Region 3: Delaware, Maryland, District of Columbia, Pennsylvania, West Virginia, Virginia
- ☐ Region 4: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
- ☐ Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
- ☐ Region 6: Texas, Oklahoma, New Mexico, Louisiana, Arkansas
- ☐ Region 7: Iowa, Missouri, Nebraska, Kansas
- ☐ Region 8: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
- ☒ **Region 9: Arizona, California, Hawaii, Nevada, American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau**
- ☐ Region 10: Alaska, Idaho, Oregon, Washington

Before COVID-19 what was your primary delivery method of supports or services?

- ☐ Virtual/online with video
- ☐ Telephone/online without video
- ☒ **In-person**

☐ Other

Currently during COVID-19 what is your primary method of supports or services?

☐ Virtual/online with video

☐ Telephone/online without video

☒ **In-person**

☐ Other

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Attachment 3B**Subrecipient Contacts**

Subaward Number:

Subrecipient Information for FFATA reporting

Entity's DUNS Name: County of San Bernardino on behalf of Arrowhead Regional Medical Center

EIN No.: Institution Type: County Government

DUNS: 075100599 Currently registered in SAM.gov: ☒ Yes ☐ NoExempt from reporting executive compensation: ☒ Yes ☐ No (if no, complete 3Bpg2)

Parent DUNS: 075100599

This section for U.S. Entities:

Zip Code [Look-up](#)

Place of Performance Address

Congressional District: 35

Zip Code+4:

92324

Arrowhead Regional Medical Center
400 N. Pepper Ave.
Colton, CA 92324

Subrecipient Contacts

Central Email:

Website:

Principal Investigator Name: Reza Sadeghian, MD,MBA,MSc,FAAP

Email: SadeghianR@armc.sbcounty.gov

Telephone Number: 909.387.0212

Administrative Contact Name: Greg Young

Email: younggr@armc.sbcounty.gov

Telephone Number: 909.580.6133

Financial Contact Name: Greg Young

Email: younggr@armc.sbcounty.gov

Telephone Number: 909.580.6133

Invoice/Payment Email: younggr@armc.sbcounty.gov

Authorized Official Name: Gary McBride

Email: gmcbride@cao.sbcounty.gov

Telephone Number: 909.387.5418

Legal Address:

Arrowhead Regional Medical Center
400 N. Pepper Ave.
Colton, CA 92324

Administrative Address:

Arrowhead Regional Medical Center
400 N. Pepper Ave.
Colton, CA 92324

Payment Address:

Arrowhead Regional Medical Center
400 N. Pepper Ave.
Colton, CA 92324

Attachment 3B-2
Highest Compensated Officers

Subaward Number:

Subrecipient:

Institution Name:

PI Name:

Reza Sadeghian, MD,MBA,MSc,FAAP

Highest Compensated Officers

The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received 80 percent or more of its annual gross revenues in Federal awards; and \$25,000,000 or more in annual gross revenues from Federal awards; and the public does not have access to this information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue Code of 1986.

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:

The following eligibility questions are required by HRSA to be answered during the RFA process.

	Yes	No
a. Does your organization have the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received?	☒	☐
b. Does your organization maintain internal controls to assure that it manages US Federal awards in compliance with applicable laws, regulation and the provision of contracts and grants?	☒	☐
c. Does your organization comply with all applicable law and regulations?	☒	☐
d. Is your organization able to prepare appropriate financial statements, including the schedule of expenditures on federal awards?	☒	☐
e. Does your organization have any outstanding audit findings which would impact agreement costs? If there are findings, submit a copy of the most recent report that describes the findings and steps to be taken to correct the findings: folami_cook@med.unc.edu	☐	☒
f. Is your organization and/or any participating individuals presently debarred, suspended, proposed for debarment, or declared ineligible for US Federal contracts?	☐	☒
g. Is your organization and/or any participating individuals presently indicted for, or otherwise criminally or civilly charged, by a government entity?	☐	☒
h. Has your organization and/or any participating individuals, within three (3) years, preceding this offer, had one or more contracts terminated for default by any US Federal agency?	☐	☒
i. Has your organization and/or any participating individuals, within the last three (3) years, preceding this proposed agreement, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, state, or local government) contract or subcontract; violated US Federal or State antitrust statutes relating to the submission of offers; commissioned embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property?	☐	☒

←

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**DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY**

FROM

10/1/2020

THROUGH

4/30/2021

List PERSONNEL (Applicant organization only)

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
No personnel requested	PD/PI							0
								0
								0
								0
								0
								0
								0
								0
SUBTOTALS						0	0	0

CONSULTANT COSTS

No consultant costs requested

EQUIPMENT (Itemize)

No equipment costs requested

SUPPLIES (Itemize by category)

618 fetal doppler monitors @ \$70.00 each, totaling \$43,260 and 618 blood pressure monitors @\$35.00 each totaling \$21,630 with an additional \$35,000 for license for telehealth for 1 clinic

99,890.00

TRAVEL

No travel requested

INPATIENT CARE COSTS No inpatient care costs requested

OUTPATIENT CARE COSTS Supplies will be used for outpatient care costs

ALTERATIONS AND RENOVATIONS (Itemize by category)

No alterations and renovations requested

OTHER EXPENSES (Itemize by category)

No other expenses requested

CONSORTIUM/CONTRACTUAL COSTS

DIRECT COSTS

SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)

\$ 99,890

CONSORTIUM/CONTRACTUAL COSTS

FACILITIES AND ADMINISTRATIVE COSTS

0

TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD

\$ 99,890

**BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY**

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD (from Form Page 4)	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: <i>Salary and fringe benefits. Applicant organization only.</i>	0	0	0	0	0
CONSULTANT COSTS	0	0	0	0	0
EQUIPMENT	0	0	0	0	0
SUPPLIES	99,890.00	0	0	0	0
TRAVEL	0	0	0	0	0
INPATIENT CARE COSTS	0	0	0	0	0
OUTPATIENT CARE COSTS	0	0	0	0	0
ALTERATIONS AND RENOVATIONS	0	0	0	0	0
OTHER EXPENSES	0	0	0	0	0
DIRECT CONSORTIUM/ CONTRACTUAL COSTS	0	0	0	0	0
SUBTOTAL DIRECT COSTS (Sum = Item 8a, Face Page)	0	0	0	0	0
F&A CONSORTIUM/ CONTRACTUAL COSTS	0	0	0	0	0
TOTAL DIRECT COSTS	99,890.00	0	0	0	0
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD					\$ 99,890

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.

618 fetal doppler monitors @ \$70.00 each, totaling \$43,260 and 618 blood pressure monitors @ \$35.00 each totaling \$21,630 with and additional \$35,000 for license for telehealth for 1 clinic.

CHECKLIST**TYPE OF APPLICATION** (Check all that apply.)☒ **NEW application.** (This application is being submitted to the PHS for the first time.)☐ **RESUBMISSION** of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)☐ **RENEWAL** of grant number: _____
(This application is to extend a funded grant beyond its current project period.)☐ **REVISION** to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)☐ **CHANGE** of program director/principal investigator.

Name of former program director/principal investigator: _____

☐ **CHANGE** of Grantee Institution. Name of former institution: _____☐ **FOREIGN** application ☐ Domestic Grant with foreign involvement List Country(ies)
Involved: _____**INVENTIONS AND PATENTS** (Renewal appl. only) ☐ No ☐ YesIf "Yes," ☐ Previously reported ☐ Not previously reported**1. PROGRAM INCOME** (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)
	No anticipated income	

2. ASSURANCES/CERTIFICATIONS (See instructions.)In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the [NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates](#). If unable to certify compliance, where applicable, provide an explanation and place it after this page.**3. FACILITIES AND ADMINISTRATIVE COSTS (F&A)/ INDIRECT COSTS.** See specific instructions.☐ HHS Agreement dated: _____ ☒ No Facilities And Administrative Costs Requested.☐ HHS Agreement being negotiated with _____ Regional Office.☐ No HHS Agreement, but rate established with _____ Date _____**CALCULATION*** (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
b. 02 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
c. 03 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
d. 04 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
e. 05 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00

Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%) TOTAL F&A Costs \$ **0.00**

*Check appropriate box(es):

☐ Salary and wages base☐ Modified total direct cost base☐ Other base (Explain)☐ Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):

Tell us the following information about your organization. (Up to 350 words)

- The organization's mission
- Current supports or services offered
- Strengths of the organization
- Current challenges for the organization
- How equity is centered in your work

Include specific information that relates to maternal health, telehealth, and populations affected by COVID-19

With a mission of learning and innovation, Arrowhead Regional Medical Center (ARMC) serves their diverse community with high quality compassionate care. As the county hospital of the largest county in the contiguous United States, ARMC serves the low-income, medically underserved, minority population of San Bernardino County (County) for over thirty years.

ARMC's strengths include a 456-bed university-affiliated teaching hospital licensed by the State of California Department of Public Health and operated by the County. ARMC operates a regional burn, primary stroke, level II trauma, stand-alone behavioral health, five primary care centers, four off-site family health centers, and more than 60 outpatient specialty services. ARMC was named one of the nation's 'Best Maternity Care Hospitals' in a national ranking compiled by Newsweek Magazine (July, 2020). As an academic medical center, ARMC is ensuring there are future generations of health care professionals serving the medically underserved throughout the region. ARMC is led by a leadership team that is committed to the highest quality of care for the residents of the County.

ARMC understands that over 54% of the residents of the County are Latinx and make the hiring of individuals that represent the community served a high priority. The County is comprised of diverse residents and is in need of a diverse pool of health care professionals. ARMC has hired Dr. Doton Ogunyemi as the Designated Institutional Official. Dr. Ogunyemi previously served as the Chief Equity, Diversity and Inclusion Officer, California School of Medicine.

San Bernardino County has not fared well in regard to COVID-19. On 9/1/2020, County health officials reported 366 new cases of coronavirus and seven additional virus-related deaths. The County is reporting the fourth-highest number of coronavirus cases and deaths in the state. This continues to be a challenge to maternal health. Pregnant women are reluctant to come to ARMC for their prenatal care. Many women have to travel hours via public transportation to attend their prenatal visits. While ARMC is utilizing telemedicine for consultations, funding for maternal health equipment would allow patients to utilize telemedicine when key appointments are needed, thus improving health outcomes.

**To get to know your organization, please either upload a short 2 - 4 minute video*
OR write 2 – 3 paragraphs that highlight the following:**

1. Why your organization should receive funding for maternal telehealth supports or services?
2. What makes your organization stand out?
3. Anything else you would like to share?

ARMC serves individuals living in poverty and those who are uninsured within the County. With the most recent data reflecting an increase in uninsured residents for the first time in seven years, ARMC is in need of additional funding for maternal telehealth support for services. In 2018, 8.7% of San Bernardino County residents were uninsured, an increase of more than one percentage point from 2017 when 7.6% of residents were uninsured (U.S. Census Bureau, 2018-most recent data). While many other health care providers serve individuals within traveling distance to their primary point of care, ARMC serves the medically underserved who are living in poverty, who often reside multiple hours away from high quality prenatal care. Without support for the cost of devices to monitor key indicators via telehealth, pregnant women lacking transportation or who are residing throughout the remote regions of the County will not be able to afford themselves and their babies critical prenatal maternal health care.

At 20,105 square miles, the region served by ARMC is larger than each of the nine smallest states, larger than the four smallest states combined, and larger than 71 different sovereign nations. At 14.9%, the County's poverty rate far exceeds that of 12.8% for California. Some cities, especially in the more rural areas have poverty rates surpassing 40% (U.S. Census Bureau, 2018). In 2011, the City of San Bernardino was deemed as the second "poorest large city next to Detroit" by the U.S. Census Bureau. ARMC is challenged on a daily basis with addressing the extremely low-income residents of this vast county. By providing pregnant women with access to equipment needed to monitor the baby's health and mother's health, ARMC will be able to address the substantial barrier to care for low-income pregnant women—transportation.

ARMC is a safety net hospital with the primary mission of providing quality healthcare, a basic necessity of humankind, to the residents of San Bernardino County. ARMC continuously strives to improve the health of the communities we serve and to become the provider of choice for healthcare delivery and education.

**an unedited video taken with your smart phone or tablet is sufficient.*

- Submit a video
- Write 2- 3 paragraphs

Describe how this funding will allow your organization to increase or initiate maternal telehealth supports or services. (Up to 200 words)

Pregnant women served by ARMC face substantial barriers to care but during the COVID-19 pandemic and the “stay at home” order, the ability for ARMC to increase maternal health supports and services has been greatly compromised.

ARMC began a telehealth obstetric care program to reduce in-person points of contact from >10 during a pregnancy to 5 or fewer. The infrastructure to conduct bi-directional audio-visual virtual visits, and electronically ordered prescriptions and laboratory work is in place.

However, ARMC is unable to provide comprehensive telehealth obstetric care in a safe fashion without also incorporating tele-monitoring of maternal blood pressure and fetal heart rate. These two physiological parameters are of utmost importance ensuring the health of the mother and baby. The devices to accomplish home monitoring are readily available; however, the cost is prohibitive for all of our patients. ARMC seeks to provide these devices to patients who cannot otherwise access regular care, or who are constrained by COVID exposures, quarantine, or live in remote areas of the county. This project will provide ARMC with the capability to perform safe and comprehensive obstetric care, by funding device procurement for remote tele-monitoring of the mother and her baby.

What is the single most important need that this funding could address, using telehealth, to reduce maternal mortality or morbidity? (Up to 150 words)

As the SB County safety net provider, ARMC is in need of funding to purchase tele-monitoring equipment for mothers and babies thus reducing maternal mortality and

morbidity. Utilizing telehealth combined with tele-monitoring of fetal Doppler and blood pressure will reduce the need for the number of in-person visits by approximately seven. By providing pregnant women with the tools to monitor their blood pressure and the heart rate of their baby, and to meet with their physician via telehealth visits instead of in-person, it is expected that there will be an increase in compliance with scheduled visits. By increasing compliance with scheduled visits, it is expected there will be a reduction in maternal mortality and morbidity.

Scope of Work

Upload a **PDF** of no more than 2-pages, single-spaced in 12-point font

Provide a detailed Scope of Work (SOW), as required by HRSA. The SOW should describe the main 1 - 3 activities your organization aims to implement to increase maternal telehealth supports or services by April 30, 2021. Ensure your SOW aligns with your proposed budget. Include specific information that relates to maternal health, telehealth, and populations affected by COVID-19.

For each activity, provide the following details:

- 1. Description of each activity, including where, how, when, by whom and for whom.**
- 2. The number of people who will be reached with the supports or services; supplies or materials distributed; outreach and advocacy events; etc. Please note: If the population you propose to serve with these funds, differs significantly from your current population, please describe.**
- 3. Describe how equity will be centered in the activities that your organization is proposing.**
- 4. Identify any barriers or challenges you foresee with the activity(ies) and how the organization will address these.**
- 5. How success/impact will be measured.**

The following document provides examples of activities that may be suitable options as the organization develops their Scope of Work. [Telehealth Sample Activities for RFA](#)

County of San Bernardino, Arrowhead Regional Medical Center Maternal Telehealth Access Project								
Activity	Where	How	When	By Whom	For Whom	# Reached	Barriers/Challenges	Success/Impact
Grant Award Announcement via Countywire and press release	ARMC	To SB County PIO, Press	10/1/20	PI	Public Announcement	20,000	SB County employees not reading Countywire	Newspaper article published
Contract with UNC approved	SB CAO	Approved by CAO	10/1/20	Administrator	Administration	N/A	None	Contract approved
Telemedicine license acquired	ARMC	Purchasing research	10/20/20	Purchasing	PI	N/A	None	License received
Fetal dopplers and blood pressure monitors vendors sought	ARMC Purchasing	Purchasing research	10/20/20	Purchasing	PI	N/A	None	Vendor selected
Fetal dopplers and blood pressure monitors ordered	ARMC Purchasing	Order verified by PI	10/20/20	PI	Administration	N/A	Models not available	Orders placed
Fetal dopplers and blood pressure monitors received	ARMC Receiving	Order verified by PI	12/1/20	Receiving	PI	N/A	Backorders	Telemonitoring supplies received
Patient training materials developed	ARMC OB	PI works with OB physicians	12/1/20	PI	Patients	N/A	None	Training materials for a diverse patient population completed
Distribution of fetal dopplers and blood pressure monitors to patients begins	ARMC OB	Physicans identify patients in need of monitors	12/1/2020 to 4/30/2021	OB Physician	Patients	618 patients	Lack of patients	618 patients minimize risk of COVID-19 by utilizing telemonitoring supplies