

Commissioner

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE COMMISSIONER

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March 22, 2019

His Excellency, Governor Christopher T. Sununu and the Honorable Council State House Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$960.00 as follows:

Institution:

Southern New Hampshire University

2500 North River Rd Hooksett, NH 03106

Course Title(s):

Healthcare Management and Finance

Course Date(s):

Begin: 05/06/2019

End: 06/30/2019

Employee:

Ana Ivosevic

Funding Source:

05-95-95-953010-56770000-066-500544

Total Cost of Course(s):

\$960.00

State Share:

\$960.00

Source of Funds:

Employee Training, 100% General

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EXPLANATION

This course, Healthcare Management and Finance, will benefit the Department and Ms. Ivosevic by allowing Ms. Ivosevic to bring innovative ideas, backed by research and evidence based practices, to her work in improving management strategies, promoting safety and morale of employees, and increasing the quality of care for residents of the Glencliff Home. The course will focus on the concepts, principles, tools, finances, and strategies used in managing operations within a performance improvement model. Problem solving, decision making, palling, organizing, reporting and improving quality and performance of resources will all be discussed. Healthcare finance accounting and budgeting process will also be reviewed.

Ana Ivosevic has been employed by the Department of Health and Human Services (DHHS) for over one year and is currently a Registered Nurse III in the Glencliff Home. Her duties include utilizing all components of the nursing process, including nurse's notes, plan of care, admission assessment, and Medication Administration Reviews (MARs), to provide care for assigned residents with psychological diagnosis. As an RN II, Ms. Ivosevic must exercise considerable judgment in monitoring, assessing, and implementing medical and nursing interventions of residents within her assigned unit to ensure quality skilled nursing care. She is also responsible for counseling residents regarding the components of their plan of care, reporting routine and unusual facts and situations to the nurse coordinator, and giving report to on-coming shift staff, to provide for continuity of care. She participates with physicians in evaluating and 'assessing residents' physical and emotional state, administers prescribed medication and makes notations of effects. Ms. Ivosevic also supervises the nursing staff assigned to her unit and assumes responsibility as charge nurse in the absence of the nurse coordinator.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. Successful completion of the program will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted

Jeffrey A. Meyers Commissioner



THE STATE OF NEW HAMPSHIRE **EDUCATIONAL TUITION AGREEMENT**

Agreement dated this 7th day of February 2019 by and through the Department of Health and Human Services (hereinafter referred to as the "State) and Ana Ivosevic (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- 1. The State shall pay to the named institution the sum of \$960.00, which monies shall be used for the purpose of enrolling the Recipient in: Healthcare Management and Finance (course name), which course(s) is being offered by Southern New Hampshire University and which course(s) shall commence on May 6, 2019 and terminate on June 30, 2019.
- 2. The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
- 3. Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
- 4. Upon the satisfactory completion of the courses named in paragraph 1; the Recipient shall continue in the employ of the courses named in paragraph 1. of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
- 5. The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
- 6. Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
- 7. The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
- 8. Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal

ed agreement Ana Ivosevic 4-2-19

liability, and the Recipient, have hereunto set their hands on t	he date first above written.
RECIPIENT And ROSEVIC	(printed name) Ana Ivosevic
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NOTARY State of New Hampshire, County of 6	Paftan:
On this the 7 Th day of Teb, 20 19, before me, John Tha Tha seric (recipient) known to me (or satisfactorily)	proven) to be the person whose name is subscribed to the
within instrument and acknowledged that he/she executed the	same for the purposes herein contained.
In witness whereof I hereunto set my hand and official seal.	Notan Public/Justice of the Peace Contres
	Notary Publicifustice of the Peace
THE STATE OF NEW HAMPSHIRE	may 30
(signature) WOULLUW (date) _	325.19
(printed name, title) LOTI WECULA, ASSOCIAL	

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