

Thursday, October 27, 2022

8:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

The meeting may be viewed online: <http://harrishealthtx.swagit.com/live>.

\*Notice: Some Board Members may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care and education.

**AGENDA**

- I. **Call to Order and Record of Attendance** Dr. Arthur Bracey 2 min
- II. **Approval of the Minutes of Previous Meeting** Dr. Arthur Bracey 2 min
  - Board Meeting – September 22, 2022
- III. **Announcements / Special Presentations** Dr. Arthur Bracey 12 min
  - A. **CEO Report Including Special Announcements – Dr. Esmail Porsa** (10 min)
    - New Senior Leadership Announcements and General Updates
    - Introduction of Strategy and Communication Consultants
    - Harris Health Tax Rate and Budget
  - B. **Board Member Announcements** Regarding Board Member Advocacy and Community Engagements (2 min)
    - Director Barbie Robinson, Appointed by Harris Health Board Chair as the Chair of the Compliance and Audit Committee
- IV. **Public Comment** Dr. Arthur Bracey 3 min
- V. **Executive Session** Dr. Arthur Bracey 30 min
  - A. **Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session** (10 min)  
**– Dr. Steven Brass and Dr. Yashwant Chathampally**

- B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. John Foringer** (10 min)
- C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report – **Dr. Otis Egins** (10 min)
- VI. Reconvene to Open Meeting** **Dr. Arthur Bracey** **1 min**
- VII. General Action Item(s)** **Dr. Arthur Bracey** **8 min**
  - A. General Action Item(s) Related to Quality: Medical Staff
    - 1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. John Foringer** (2 min)
    - 2. Consideration of Approval of Revised Harris Health System Cardiology, Gastroenterology and Radiology Clinical Privileges – **Dr. John Foringer** (2 min)
  - B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
    - 1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egins** (2 min)
    - 2. Consideration of Approval of Harris Health System Correctional Health Emergency Medicine, Family Medicine, Internal Medicine and Psychiatry Clinical Privileges – **Dr. Otis Egins** (2 min)
- VIII. New Items for Board Consideration** **Dr. Arthur Bracey** **13 min**
  - A. Consideration of Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund – **Ms. Victoria Nikitin** (3 min)
  - B. Consideration of Approval of the Proposed Harris Health Public Policy Platform for the Texas 88<sup>th</sup> Legislative Session – **Mr. R. King Hillier** (10 min)
- IX. Strategic Discussion** **Dr. Arthur Bracey** **30 min**
  - A. Harris Health System Strategic Plan Initiatives
    - 1. Presentation and Discussion Regarding Harris Health’s Programming of the New LBJ Hospital and LBJ Campus Planning, Including Consideration of Approval for Campus Location and Programming for LBJ Replacement Hospital Facility, Including Initiation of Schematic Design Activities – **Ms. Patricia Darnauer, Dr. Tien Ko and Mr. Teong Chai** (10 min)  
[Strategic Pillar 5: Infrastructure Optimization]
    - 2. Presentation and Discussion Regarding Harris Health Community Engagement – **Ms. Olga Rodriguez, Ms. Amanda Callaway and PPG Global** (10 min)  
[Strategic Pillar 2: People]

3. Update and Discussion Regarding Diversity, Equity and Inclusion Committee  
– **Professor Marcia Johnson, Dr. Jobi Martinez, Mr. Michael Hill and Mr. Derek Holmes**  
[Strategic Pillar 6: Diversity, Equity and Inclusion]

(10 min)

**X. Consent Agenda Items**

**Dr. Arthur Bracey 5 min**

**A. Consent Purchasing Recommendations**

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A47) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**  
**(See Attached Expenditure Summary: October 27, 2022)**

**B. New Consent Agenda Item(s) for Approval**

1. Consideration of Approval of an Interlocal Agreement, to be Effective Upon the Occurrence of Two Conditions Precedent, Between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health for Assistance in Referring and Providing Case Management Services to Certain Clients in the County’s Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Harris Program – **Dr. Amy Smith**
2. Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health that will Support the Community Violence Intervention Program – **Dr. Amy Smith**
3. Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health for Epic Licenses, Maintenance and Support Services to be Provided by Harris Health System – **Mr. Louis Smith**

**C. Consent Grant Agreement Recommendations**

1. Consideration of Approval of Grant Agreement Recommendations (Items C1 through C4)  
**(See Attached Expenditure Summary: October 27, 2022)**

**D. Consent Reports and Updates to Board**

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**
2. Harris Health System Council-At-Large July and September Meeting Minutes – **Dr. Jennifer Small**

*{End of Consent Agenda}*

**XI. Item(s) Related to the Health Care for the Homeless Program**

**Dr. Arthur Bracey 10 min**

- A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(8 min)

- HCHP October 2022 Operational Update
- B. Consideration of Approval of HCHP Consumer Advisory Report (1 min)  
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**
- C. Consideration of Approval of HCHP Bylaws (no revisions) (1 min)  
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**
- XII. Executive Session** **Dr. Arthur Bracey 70 min**
- D. Discussion Regarding Harris Health Strategic Pillar 1, Quality and Patient Safety, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002, and Possible Action Regarding this Matter Upon Return to Open Session – **Dr. Steven Brass**  
[Strategic Pillar 1: Quality and Patient Safety] (10 min)
- E. Discussion Regarding Cybersecurity, Pursuant to Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.089, and Tex. Health & Safety Code §161.032, and Possible Action Upon Return to Open Session – **Mr. Jeffrey Vinson**  
[Strategic Pillar 5: Infrastructure Optimization] (10 min)
- F. Discussion Regarding the Evaluation of Chief Executive Officer, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session – **Board of Trustees** (15 min)
- G. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms.Carolynn Jones** (5 min)
- H. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085 – **Ms. Sara Thomas and Mr. Louis Smith** (10 min)
- I. Consultation with Attorney Regarding Philanthropic Strategies, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Sara Thomas** (20 min)
- XIII. Reconvene** **Dr. Arthur Bracey 2 min**
- XIV. Adjournment** **Dr. Arthur Bracey 1 min**



**MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES**

**Board Meeting**

**Thursday, September 22, 2022**

**8:00 am**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order &amp; Record of Attendance</b>	<p>The meeting was called to order at 8:02 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>.</p>	<p><b>A copy of the attendance is appended to the archived minutes.</b></p>
<b>II. Approval of the Minutes of Previous Meeting</b>	<ul style="list-style-type: none"> <li>• Special Called Board Meeting – August 16, 2022</li> <li>• Board Meeting – August 25, 2022</li> </ul>	<p><b><u>Motion No. 22.09-118</u></b>  <b>Moved by Ms. Alicia Reyes seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</b></p>
<b>III. Announcements/ Special Presentations</b>	<p><b>A. CEO Report Including Special Announcements</b></p> <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19, noting a decline in the positivity rate at 7% across the Texas Medical Center (TMC). He reported a significant decrease in COVID-19 hospitalizations and positivity rate as well as a flattening in the wastewater positivity rate across the city of Houston. Dr. Porsa stated that Harris Health System (HHS) continues to see a slow but steady drop in number of COVID-19 patients seen for a peak of approximately 62.</p> <p>Dr. Porsa reported that year-to-date (YTD), HHS have tested over 165 patients for Monkeypox, of which eight (8) confirmed cases of patients who have been admitted with Monkeypox.</p> <p>Dr. Porsa provided a brief update regarding Harris Health’s Workforce Planning. He shared that the organization is very closely tracking data related to the total application submitted and total employees retired per year. He also noted that a monthly update is provided from Mr. Reid, Executive Vice President, Chief People Officer.</p> <p>Dr. Porsa delivered the following statement regarding the Harris Health Tax Rate:</p>	<p><b>As presented.</b></p>

I have one job and one job only, to ensure the success of Harris Health System in achieving its mission of improving the health of our community. Everything that I do and everything that I say in my role as the President and CEO of Harris Health System is and will always be painted with the color.

We in Harris Health System proudly serve the entire community of Harris County and City of Houston. All of it and not just the uninsured and the indigent. Our doors are open to every member of our community. In addition, we fulfil our role of serving our entire community by being the largest training site for our future physicians, nurse practitioners, physician assistants, nurses, radiology techs and other allied health workers and countless other health care professionals. We are one of only two adult level one trauma centers in the third largest county in the US.

As I have stated before in our last board meeting, our cost of care for the 24 month period before the end of our last fiscal year rose by 26% or \$420 million. \$420 million. The only reason we were able to absorb this, was the revenue fund provided to us by the Federal Government because of the COVID pandemic. This revenue stream stopped in March of this year.

At the end of this month and ahead of the start of our next fiscal year on October 1, Harris Health System is going to post \$437 million loss for the stub year period of March 1 of this year through the end of September. A No New Revenue (NNR) rate or the flat budget will have a significant negative impact on our operations for next year and a devastating negative impact on our operations in the following year.

For the next fiscal year, the NNR rate will guarantee an operational budget short fall of at least \$45 million dollars. We have every intention of closing this gap through reducing our cost of care wherever possible but focusing mainly on our contract labor costs. We are also postponing \$25 million worth of our strategic initiatives that were aimed at expanding our primary and specialty care services to reduce our unfortunately very long wait times and long wait lists. One of these initiatives was the expansion of our endoscopy capabilities at our newly renovated Quintin Mease building that is set to complete next summer. I am very sad to say that the NNR will not allow us to operationalize this facility. We will have a brand new facility to serve a great need in our community that will basically sit idle until and unless we are given enough funding to run this facility.

This is just one example of the impact of the NNR tax rate. If the measures that I previously mentioned fail to close our operational budget gap, we will have no choice but to look at reducing services. We will do whatever possible to avoid this.

Kicking the can down the road by maintaining a flat budget and forcing us to defer the \$25 million strategic initiatives to the future, will only exacerbate our operational budget short fall in FY24. We are currently looking at \$145 million budgetary short fall in that year that will have to be adjusted to \$170 million. No amount of cost cutting will close a gap that large. Our only option at that time is to take the draconian measure of reducing or eliminating services. This will undoubtedly touch every resident in Harris County where other hospital systems will be forced to provide additional services. This means longer wait times and higher insurance premiums for everyone when the cost of these additional services is passed on to insurance carriers who will undoubtedly pass them on to everyone with health insurance.

There has also been references to a large cash reserve that Harris Health System is hiding that we can tap into to address this short fall. I want to be very clear. Harris Health System has no cash reserve, no rainy day fund, not hidden savings account, no money set aside that is not currently being used to cover our day to day cost of operating the largest public health system in Texas that by the way receives the lowest tax support of any other large public hospital in Texas.

I know this has been a long statement but I felt it was necessary to ensure that there are no misunderstanding, no misperceptions and no miscommunications.

Board discussion ensued regarding the impacts of the NNR rate. Harris Health administration has been working on mitigating efforts in anticipation of this potential outcome. These efforts include:

- Reduction in contract labor cost
- Postponement of Harris Health’s strategic initiatives to FY24 (will increase Harris Health’s anticipated operational shortfall for FY24 to \$170 million)
- Reduction of outsourced medical services (only as last resort)

A copy of the presentation and CEO statement is available in the permanent record.

	<p><b>B. Special Announcement</b></p> <p>Dr. Bracey stated in line with the Board’s commitment to a Just and Accountable Culture, today we recognize a Harris Health employee who exemplifies and embodies that commitment. Her escalation, advocacy, and intervention demonstrates commitment to the care of the patient. The Board expressed their thanked and recognized Ms. Oyinna Ogbonna Agana, Senior Patient Liaison, Ben Taub Hospital, as the recipient of the Good Catch Award.</p>	
	<p><b>C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</b></p> <p>There were no Board member announcements.</p>	
<b>IV. Public Comment</b>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding AFSCME advocacy work on behalf of Harris Health employees. She mentioned that AFSCME will stand in solidarity to address Harris County Commissioner’s Court and to ensure that all entities receive the appropriate resources needed in order to survive. Ms. Cole shared a song titled “Love One Another” by Mr. Tito Jackson. She concluded by stating that she will continue to fight for her members and for Harris Health to continue to do the good work.</p>	
<b>V. Executive Session</b>	<p>At 8:34 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	
	<p><b>A.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<b>No Action Taken.</b>
	<p><b>B.</b> Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p>	<b>No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.</b>

	<p><b>C.</b> Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p>	<p><b>No Action Taken.</b></p>
<p><b>VI. Reconvene to Open Meeting</b></p>	<p>At 8:57 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p><b>VII. General Action Item(s)</b></p>	<p><b>A.</b> General Action Item(s) Related to Quality: Medical and Nursing Staff</p> <p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. John Foringer, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For September 2022, there were fifty (50) initial appointments, sixty (60) reappointments, one (1) change/add privileges and twenty-six (26) resignations/terms. Dr. Foringer noted that the credentialing report also includes robotic privileges for obstetrics &amp; gynecology as well as urology. A copy of the credentialing report is available in the permanent record.</p> <p>2. Review and Discussion Regarding the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance</p> <p>Dr. Jackie Brock, Executive Vice President &amp; Chief Nursing Executive, announced her participation in the Texas legislature where she addressed the Public Health Committee on opportunities to strengthen the state’s nursing workforce, residency programs and grants for innovation centered on education and retention.</p> <p>Dr. Brock led the discussion regarding the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance. She stated that the Texas Health and Safety Code requires hospitals to create staffing advisory committees in facilities where 60% of the registered nurses (RNs) spend at least 50% of their time conducting direct patient care. She noted that there is one staffing advisory committee per hospital in which the committee meets to discuss challenges related to staffing and to make recommendations to leadership regarding any changes. The staffing plan is reviewed by the Board twice a year to determine if it meets the elements required.</p>	<p><b>Motion No. 22.09-119</b></p> <p><b>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried. Dr. Arthur Bracey recused on this matter related to Baylor College of Medicine.</b></p> <p><b>As Presented.</b></p>

	<p>Ms. Patricia Wanza, Staffing Advisory Committee Chair, LBJ, stated that the RN to patient ratios are consistent with community and national standards. Unlicensed assistive personnel ratios vary based on census, the patient population served, and the needs of the patients. Ms. Wanza reported that the hospital’s staffing committee consists of thirteen (13) nurse clinicians and received a response rate of 100%. She stated that 90.1% of those respondents strongly agreed with the staffing plan and 9.9% disagreed. The element with the highest level of disagreement is that there is a general sense of adequate staffing. The committee reviewed avoidable hospital acquired pressure injuries and hours per patient days, noting that no correction was identified.</p> <p>Ms. Monica Manthey, Staffing Advisory Committee Chair, BTH, reported that the staffing committee consists of eighteen (18) nurse clinicians and received a response rate of 100%. She stated that 87.3% of those respondents strongly agreed with the staffing plans and 7.1% disagreed and 5.6% strongly disagreed. The element with the highest level of disagreement is that there is general sense of adequate staffing. In accessing quality outcomes, Ms. Manthey shared that the committee reviewed avoidable hospital acquired pressured injuries, where no trends were identified. A copy of the executive summary is available in the permanent record.</p>	
	<p><b>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</b></p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For September 2022, there was one (1) initial appointment. A copy of the credentialing report is available in the permanent record.</p>	<p><b><u>Motion No. 22.09-120</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</b></p>
	<p>2. Approval of Addition to Correctional Health Medical Staff Bylaws</p> <p>Dr. Ekins presented the addition to Correctional Health Medical Staff Bylaws. He stated that the Correctional Health Medical Executive Committee (MEC) approved the addition of Article IV – Categories of the Medical Staff to the Correctional Health Medical Staff Bylaws. The medical staff will be divided into two categories: Active Staff (individuals who meet the credentialing criteria) and Moonlighters (individuals who meet criteria but are still in training second year or greater). A copy of the Correctional Health Medical Staff Bylaws are available in the permanent record.</p>	<p><b><u>Motion No. 22.09-121</u></b>  <b>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</b></p>

<p><b>VIII. New Items for Board Consideration</b></p>	<p><b>A. Approval of Diversity, Equity and Inclusion Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members</b></p> <p>Dr. Bracey noted his appointment of the Diversity, Equity and Inclusion Committee of the Board of Trustees members as follows:</p> <ul style="list-style-type: none"> <li>• Professor Marcia Johnson, Chair</li> <li>• Ms. Mia Mends</li> <li>• Ms. Alicia Reyes</li> <li>• Ms. Jennifer Tijerina</li> </ul>	<p><b><u>Motion No. 22.09-122</u></b></p> <p><b>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracotis, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</b></p>
	<p><b>B. Approval of Governance Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members</b></p> <p>Mr. Finder noted an omission of the word “to” within the first paragraph of Governance Committee Charter. The charter should read as follows: <i>The Committee shall assist the Harris Health Board of Trustees to fulfill its fiduciary obligations related to Board governance.</i> Additionally, Mr. Finder recommended that the Committee consider the cost of Board continuing education opportunities and best use of resources. Dr. Ewan Johnson inquired regarding the need for a governance committee. Ms. Olga Llamas Rodriguez, Vice President, Community Engagement &amp; Corporate Communications, shared that it is best practice for a Board to have a Governance committee. She mentioned that the committee will assist with matters such as the Bylaws reviews and providing recommendations to the full Board on best practices. Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, elaborated by stating that the Board identified Board governance as a duty of the Board. She shared that the committee would make recommendations and work alongside herself and Ms. Rodriguez on matters related to governance. Extension discussion ensued. Director Barbie Robinson recommended that the charter further define how work comes forward before the full Board as well as defined roles and responsibilities of the Governance Committee. Dr. Bracey stated that the notion is to have this body not as an overarching final definitive decision making body but it is basically doing the work to present to the Board in terms of how the processes would come forth to the full Board.</p> <p>Dr. Bracey noted his appointment of the Governance Committee of the Board of Trustees members as follows:</p> <ul style="list-style-type: none"> <li>• Dr. Andrea Caracostis, Chair</li> <li>• Professor Marcia Johnson</li> <li>• Ms. Alicia Reyes</li> </ul>	<p><b><u>Motion No. 22.09-123</u></b></p> <p><b>Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and majority passed that the Board approve agenda item VIII.B. Motion carried.</b></p> <p><b>*Board member qualified their affirmative vote with a comment that the roles and responsibilities of the Governance committee be clearly defined.</b></p>

	<p>Dr. Bracey issued a roll call vote as follows:</p> <ul style="list-style-type: none"> <li>• Dr. Arthur Bracey - Aye</li> <li>• Dr. Ewan Johnson - Nay</li> <li>• Dr. Andrea Caracostis – Aye</li> <li>• Director Barbie Robinson – Aye *</li> <li>• Professor Marcia Johnson – Aye</li> <li>• Ms. Alicia Reyes – Aye*</li> <li>• Mr. Lawrence Finder – Aye</li> </ul> <p>(*) Board member qualified their affirmative vote with a comment that the roles and responsibilities of the Governance Committee be clearly defined.</p>	
	<p><b>C. Approval of Harris Health System Minority-and Woman-Owned Business Enterprise Program Policy</b></p> <p>Mr. Michael Hill, Executive Vice President, Chief Strategy &amp; Integration Officer introduced Mr. Derek Holmes, Administrative Director, Contracting Diversity, and Mr. Ryan Philips, Managing Partner &amp; President, A.O. Phillips &amp; Associates LLC. Mr. Holmes shared that he comes to Harris Health with vast MWBE experience working for the City of Houston as well as Harris County. Mr. Hill delivered a presentation of Harris Health System Minority and Woman – Owned Business Enterprise Policy. He shared that the program is tailored after Harris County’s program and is a culmination of a collaborated effort between Harris Health leadership, Harris County leadership and A.O. Phillips &amp; Associates LLC.</p> <p>Focused Areas of the Program Includes:</p> <ul style="list-style-type: none"> <li>• Internal resources to facilitate program</li> <li>• Goal setting</li> <li>• Monitoring of program compliance</li> <li>• Information Systems requirements</li> <li>• Interlocal Agreement with Harris County</li> <li>• Updates to Board of Trustees</li> <li>• Community Outreach</li> </ul> <p>Mr. Holmes addressed the focus areas of the program in addition to the programs status. Mr. Philips further touched upon previous and future community outreach initiatives. Professor Johnson expressed her thanks to Dr. Porsa and the team for their work done on implementing the MWBE program policy.</p>	<p><b><u>Motion No. 22.09-124</u></b>  <b>Moved by Professor Marcia Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</b></p>



	<p>Mr. Finder publicly thanked Professor Johnson, stating that if it wasn't for her efforts the Board would not be having this discussion today. A copy of the presentation is available in the permanent record.</p>	
	<p><b>D.</b> Approval of a Resolution Setting the Amount of the Mandatory Payment to be Invoiced During the Time Frame of September 23, 2022 through June 30, 2023 as up to 6.00 Percent of the Net Patient Revenue of an Institutional Health Care Provider Located in the District for the Harris County Hospital District Local Provider Participation Fund</p> <p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, stated that resolution is a process improvement as well as to align with other Local Provider Participation Fund's (LPPF) in Texas. Administration recommends the approval of the resolution authorizing Harris County Hospital District to set the amount of the mandatory payment to be invoiced during the time frame of September 23, 2022 through June 30, 2023 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the district. A copy of the resolution is available in the permanent record.</p>	<p><b>Motion No. 22.09-125</b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</b></p>
	<p><b>E.</b> Discussion Regarding the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget</p> <p>Ms. Nikitin delivered an update regarding the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget. She shared that Harris County Commissioners Court will hold a public hearing on September, 27, 2022 which includes the NNR budget and reductions/cuts associated with the operating budget. She emphasized that Harris Health will be operating at a \$45M deficit in FY2023. This deficit will be bridged by several mitigating strategies to achieve a break-even operating budget, including:</p> <ul style="list-style-type: none"> <li>• Labor Management: \$11.6M deficit reduction</li> <li>• Strategic Initiatives: \$24.7M deficit reduction</li> <li>• Purchased Clinical Services/Supplies: \$8.5M deficit reduction</li> </ul> <p>Dr. Porsa emphasized that Harris Health's focus is assessing where the system can reduce cost. Due to the deficit, Dr. Porsa shared that Harris Health will be forced to decrease and delay its strategic priorities which were meant to extend access of care and specialty services. Harris Health will be closely monitoring the developments and advising the Board and staff of any changes.</p>	<p><b>As Presented.</b></p>
<p><b>IX. Strategic Discussion</b></p>	<p><b>A.</b> Harris Health System Strategic Plan Initiatives</p>	

	<p>1. Update Regarding Harris County Hospital District Foundation Board Meeting</p> <p>Dr. Bracey stated that he alongside Dr. Porsa, Dr. Johnson, Ms. Tijerina and Mr. Hill attended the Harris County Hospital District Foundation Board Meeting on September 14, 2022. He shared that Harris Health thanked to the Foundation Board for their efforts to raise money, promote awareness for Harris Health’s mission, and for their work in supporting Harris Health’s ability to meet the growing healthcare needs of the residents of Harris County. Harris Health conveyed that its Board as an entity has the sole responsibility for setting the strategic direction of the health system and to make decisions that support the systems strategic goals and priorities. Harris Health noted that with the increasing demands on its System, it is important for Harris Health Board to consider ways to optimize its philanthropic strategies. Harris Health also addressed its concern regarding a sense of misalignment for the vision of Harris Health’s Board and the Foundation Board primarily given the restrictions applied the grants that were provided by the Foundation. Additionally, Harris Health shared with the Foundation that Dr. Porsa meets with their Executive Director monthly to discuss Harris Health’s most current plans and most critical needs. Dr. Bracey stated that the Board recommended collaboration between the Foundation’s operational staff and Harris Health executives to develop plans to best direct the Foundation support to areas where it is most needed. Dr. Bracey stated that it is his hope that the ongoing discussions between staff will create a clearer understanding of the collaboration that will in the end lead to success and achieving our mutual goal which is improving the health of those most in need. He expressed that overall it was a positive meeting and that the Board is hopeful that it will result in greater clarity and collaboration that will to help to maximize the Foundation efforts moving forward. Dr. Porsa stated that Harris Health administration will work with the Foundation to create a plan on how we are going about to raising funds and how the System will support the Foundation in their endeavors to raise the funds. Additionally, Dr. Porsa shared that Harris Health recognized the Foundations efforts by mentioning them in Harris Health’s annual plan.</p>	<p><b>As Presented.</b></p>
	<p>2. Update Regarding Harris Health Community Health Worker Home Visits</p> <p>Dr. Esperanza Hope Galvan, Interim Senior Vice President, Chief Health Officer, delivered an update regarding Harris Health Community Health Worker Home Visits. The program utilizes Community Health Workers (CHWs), lay health workers recruited from and assigned to the communities they come from or have close familiarity with, often with lived experiences of these same barriers and challenges.</p>	<p><b>As Presented.</b></p>

	<p>Dr. Galvan stated the CHWs provide community-based intervention to address health disparities, prioritize, identify and resolve barriers to care and social needs. CHW home visits were further catalyzed by COVID-19 to improve outreach to at-risk patients, ensuring access and continuity of clinical and social resources. Ms. Denise LeRue, Director, Care Integration, provided a brief overview of the CHW program details. CHWs support disengaged patients with uncontrolled diabetes (HbA1c &gt;9) through home visits, in combination with telehealth and telephonic visits as well as a customized care plan.</p> <p><b>Care plans are developed through comprehensive assessment of:</b></p> <ul style="list-style-type: none"> <li>• Health-related social needs</li> <li>• Diabetes knowledge</li> <li>• Self-management behaviors</li> <li>• Barriers to care</li> <li>• Neighborhood and home barriers/facilitators</li> </ul> <p><b>Key Scorecard Metrics:</b></p> <ul style="list-style-type: none"> <li>• in Diabetes Knowledge IQ (18-item survey)</li> <li>• % of enrolled patients with updated HbA1c levels from baseline to endpoint</li> <li>• Change in HbA1c</li> <li>• Impact of system and community navigation (in progress)</li> </ul> <p>Dr. Galvan briefly touched upon the CHW Home Visits Service Areas, Outcomes of Success and Need-Driven Innovation. Discussion ensued regarding efforts to address other health disparities, social determinants of health as well as health screenings. A copy of the presentation is available in the permanent record.</p>	
	<p>3. Presentation Regarding Harris Health System Outpatient Specialty Care</p> <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, delivered a presentation regarding Harris Health System Outpatient Specialty Care. She stated that the strategic plan focuses on optimization of the five (5) specialties with the largest wait times and wait lists. The service lines include Cardiology, Endocrinology, Gastroenterology, Ophthalmology and Urology with a goal of 90 days on wait times. Dr. Small mentioned three (3) domains for improving ambulatory specialty performance, which includes process, people and performance. Additionally, Dr. Small addressed specialty initiatives by area of intervention as primary care strategic plan based on the Harris Health access sites. Discussion ensued regarding efforts of prioritization on wait times. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>

	<p>4. Discussion Regarding the Evaluation of Harris Health’s Security Force Structure and Capability</p> <p>Mr. Christopher Okezie, Vice President, System Operations, led the discussion regarding the Evaluation of Harris Health’s Security Force Structure and Capability. Harris Health Security Program are all licensed by the State of Texas under a single license and all share common uniforms, forms, policies, training, dispatching system, parking systems, equipment work order system, and a system access control and video management system. Mr. Okezie reported that Harris Health currently employs 258 full-time equivalents (FTEs), comprised of four levels ranging from Security Officer 1 up to Law Enforcement Officer (LEO) Supervisor. Beginning in 2006, with the installation of the first internet protocol security cameras and the replacement of a failing security system, the Security Department continually implemented and expanded an enterprise access control and video management system. Mr. Okezie stated that over the past six years, a mandatory annual review for security employees was implemented and International Association for Healthcare Security and Safety (IAHSS) certifications are now required for the Security Officer positions. He presented current and ongoing security initiatives some of which includes: 1) recently increased staffing in Emergency Centers (ECs) and high risk areas, 2) engaged with a workplace violence consultant in 2021 to review the program and provide recommendations, 3) adoption of discreet metal detectors for enhanced screening of high risk patients after completion of pilot in April 2022, and 4) participation in town hall meetings to address employee security concerns. Mr. Okezie further addressed the probability of crime at Harris Health locations, assaults reported to security since 2015 as well as identified opportunities for improvements. Mr. Lawrence Finder inquired whether Harris Health Administration and security officers have any law enforcement experience, taken a Texas Commission on Law Enforcement (TCOLE) approved course, or have the appropriate license to carry a firearm by the State of Texas. Additionally, Mr. Finder inquired regarding security at Harris Health’s high-risk areas, Harris County cap index scores in addition to ongoing security initiatives. Mr. Finder recommended facilitating a workgroup which consists of local law enforcement agencies who can provide expertise. Dr. Johnson recommended further discussion in Executive Session at a future Board meeting. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
<p><b>X. Consent Agenda Items</b></p>	<p><b>A. Consent Purchasing Recommendations</b></p> <p>1. Approval of Purchasing Recommendations (Items A1 through A64)</p> <p>Dr. Bracey noted that purchasing’s transmittals (B1 through B13) are not for approval. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><b>Motion No. 22.09-126</b>  <b>Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the</b></p>

		Board approve purchasing recommendations (Items A1 through A64). Motion carried. Director Robinson recused on purchasing item A64 related to Harris County.
	<b>B. New Consent Agenda Item for Approval</b>	
	1. Acceptance of the Harris Health System FY2022 Annual Report	<b><u>Motion No. 22.09-127</u></b> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda items X.B.1. and X.C.1.) Motion carried.
	<b>C. Consent Grant Agreement Recommendations</b>	
	1. Approval of Grant Agreement Recommendations (Items C1 through C4).	<b><u>Motion No. 22.09-127</u></b> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda items X.B.1. and X.C.1.) Motion carried.
	Dr. Bracey noted that Consent Agenda Items (X.D.1 – X.D.4) are reports and updates only and were presented in the Board packet for informational purposes only.	
	<b>D. Consent Reports and Updates to Board</b>  1. Harris Health System August Financial Report Subject to Audit 2. Annual Interest Rate Management Agreement Disclosure 3. Community Health Choice July Financial Performance 4. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System	<b>For informational purposes only - No action required.</b>

<p><b>XI. Item(s) Related to Health Care for the Homeless Program</b></p>	<p><b>A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</b></p> <ul style="list-style-type: none"> <li>• <b>HCHP September 2022 Operational Update</b></li> </ul> <p>Dr. Small delivered a presentation regarding the Health Care for the Homeless Program (HCHP) September 2022 Operational Update to include Patient Services, Change in Scope, Q2 Budget Report, Q2 Patient Satisfaction Report and Q2 Quality Management Report. For the month of August, Dr. Small reported 395 new adult patients, forty-nine (49) new pediatric patients, and three (3) new telehealth patients associated with the program. She shared that HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of month, HCHP served 4,648 unduplicated patients seen, approximately 48% of the program’s goal. Dr. Small stated that this is primarily attributed to few provider vacancies as well as a service linkage worker out on medical leave. Dr. Small is pleased to share that HCHP has engaged a few new nurse practitioner (NP) providers as well a dental provider that will help to better bridge the gap.</p> <p>Dr. Small presented the HCHP Q2 Budget Report. She stated that the program has approximately \$6.2M of its annual budget, which includes grant funding and Harris Health funding of the program. Overall, the program is expected to expense 76% of funds to fund the program and any excess funds will rollover for the ensuing calendar year. Dr. Small addressed the HCHP Patient Satisfaction Trending Data for Q2. She stated that the program has meet its target for half of the six (6) measures and the others they will continue to work on with its providers and staff.</p> <p>Dr. LaResa Ridge, Medical Director, Healthcare for the Homeless Program, presented the HCHP Q2 Management Report. She addressed the quality metrics in which the program has fell below target goal. She stated that the program is working to improve compliance on all five (5) quality measures. Dr. Ridge noted that the program has specifically elected to focus on improving the Cervical, Colorectal and Breast Cancer screening metrics. Dr. Caracostis recommended engaging in the Texas Association of Community Health Centers regarding best practices, conferences, and peer support. A copy of the operational update is available in the permanent record.</p>	<p><b><u>Motion No. 22.09-128</u></b>  <b>Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</b></p>
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<b>B. Approval of HCHP 2nd Quarter Budget Report</b>	<b><u>Motion No. 22.09-129</u></b> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.B. Motion carried.
	<b>C. Approval of HCHP 2nd Quarter Patient Satisfaction Report</b>	<b><u>Motion No. 22.09-130</u></b> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.C. Motion carried.
	<b>D. Approval of HCHP 2nd Quarter Quality Management Report</b>	<b><u>Motion No. 22.09-131</u></b> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.D. Motion carried.
<b>XII. Executive Session</b>	At 11:10 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov't Code §551.071, Tex. Gov't Code §418.183, Tex. Gov't Code §551.085, Tex. Gov't Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.	
	<b>D. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.</b>	<b>No Action Taken.</b>
	<b>E. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085.</b>	<b>No Action Taken.</b>

	<p><b>F.</b> Consultation with Attorney Regarding Philanthropic Strategies, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.</p> <p><i>The Harris Health Board of Trustees delegates authority to Administration to make necessary amendments to the strategic plan to modify sections related to the Hospital District Foundation in consultation with the Harris Health Board Officers.</i></p>	<p><b><u>Motion No. 22.09-132</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XII.F. Motion carried.</b></p>
<p><b>XIII. Reconvene</b></p>	<p>At 12:10 p.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present. He shared that the Board will take action on Item “F” of the Executive Session agenda.</p>	
<p><b>XIV. Adjournment</b></p>	<p>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:11 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on September 22, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson



**Thursday, September 22, 2022**

**Harris Health System Board of Trustees Board Meeting – Attendance**

**Note:** For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Arthur Bracey (Chair)	Ms. Mia Mends
Dr. Ewan Johnson (Vice Chair)	
Dr. Andrea Caracostis (Secretary)	
Mr. Lawrence Finder	
Professor Marcia Johnson	
Ms. Alicia Reyes	
Director Barbie Robinson	
Ms. Jennifer Tijerina	
EXECUTIVE LEADERSHIP	
Dr. Esmail Porsa, President & Chief Executive Officer	
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice	
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care	
Ms. Anna Majeta, Chief Financial Officer, Community Health Choice, Inc.	
Mr. Anthony Williams, Vice President, Compliance Officer	
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer	
Mr. Christopher Okezie, Vice President, System Operations,	
Mr. David Attard, Senior Vice President, Facilities, Construction and System Engineering	
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office	
Dr. Esperanza (Hope) Galvan, Interim Senior Vice President, Chief Health Officer	
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital	
Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital	
Mr. Jack Adger, Assistant Purchasing Agent, Harris County Purchasing Office	
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive	
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization	
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services	
Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer	
Dr. John Foringer, Chair, Medical Executive Board	
Dr. Joseph Kunisch, Vice President, Quality Programs	

Ms. Kari McMichael, Vice President, Controller
Ms. Kelli Fondren, Vice President, Chief Development Officer
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Markan Sandeep, Chief of Staff, Ben Taub Hospital
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Michael Nnadi, Senior Vice President, Chief Pharmacy & Lab Officer
Mr. Omar Reid, Executive Vice President, Chief People Officer
Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Mr. Sam Karim, Vice President, Project Management Office & Division Planning
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Alison Perez	Jerry Summers
Amanda Callaway	Katie Rutherford
Antoinette Cotton	LaDale George, Perkins Cole LLP
Antoinette (Toni) Cotton	LaResa Ridge, MD
Carole Lewis	Matthew Schlueter
Cherry Pierson	Monica Manthey
Cynthia Cole (AFSCME)	Nicholas J Bell
Daniel Smith	Patricia Wanza
Denise LaRue	Paul Lopez
Derek Curtis	Randy Manarang
Ebon Swofford	Ryan Phillips, A.O. Phillips & Associates
Elizabeth Winn	Tai Nguyen
Holly Gummert	Tracey Burdine
Jennifer Zarate	Zubin Khambatta, Perkins Cole LLP

Thursday, October 27, 2022

CEO Report Including Special Announcements

---

- New Senior Leadership Announcements
- Introduction of Strategy and Communication Consultants
- Harris Health Tax Rate and Budget



## From the Office of Louis Smith Senior Executive Vice President and Chief Operating Officer

# Amineh Kostov Selected as Vice President, System Service Lines

**Harris Health System is pleased to announce the promotion of Amineh Kostov, FACHE, CMAC, to Vice President, System Service Lines.**

In this new role, Kostov will serve as Harris Health's executive leader for service line structure, development, and operations. She will collaborate with the functional leaders and representatives of Baylor College of Medicine (BCM) and the University of Texas Health Science Center to provide overall operational oversight and daily communication to all departments to ensure quality patient care and comprehensive health services. Her scope will include linking current tactics to organizational strategies by communicating clearly, and actively broadening and developing relationships to facilitate smooth operations and standardization across campuses.

Kostov will report to Louis Smith, Senior Executive Vice President and Chief Operating Officer, and is working with Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, to determine her transition to her new role as leadership roles with the ambulatory platform are filled.



Kostov has held various leadership roles since joining Harris Health in 2018, serving as the Associate Administrator/Vice President, Business Operations & Strategic Initiatives at LBJ Hospital before her promotion to Vice President of Operations in 2020. During this time, she established a culture of trust between Harris Health, BCM, and UT enabling Harris Health Cardiology teams to share patients for the first time in system history and engaging multi-specialty medical directors to think as a system. She also implemented LBJ's bed management physician assignment process, enabling hospitalists to move from administrative roles to clinical roles. She also collaborated with the supply chain and infection prevention teams to clear the CMS immediate jeopardy for infection prevention at the LBJ warehouse.

Kostov graduated from Texas A&M University with a Bachelor's in Finance before earning a Master of Hospital Administration and a Master of Business Administration from the University of Houston- Clear Lake. She is a Fellow of the American College of Healthcare Executives (FACHE). She also holds a Case Management Administrator Certification from the National Board for Case Management and a Lean Six Sigma Yellow Belt.

**Congratulations, Amineh!**



## From the Office of Louis Smith Senior Executive Vice President and Chief Operating Officer

# Ron Fuschillo Named Chief Information Officer of Harris Health System

**Harris Health is pleased to welcome Ron Fuschillo as our new Senior Vice President and Chief Information Officer (CIO).**

Fuschillo is a strategic leader in healthcare information systems technology, business analytics, clinical informatics, and applications, with 20 years of experience resolving complex technology and process challenges. His formulation and execution of technology plans and initiatives have enabled more effective program administration, service delivery, and operations throughout his career.

Fuschillo joins Harris Health after serving as Senior Vice President and CIO at Methodist Le Bonheur Health System in Memphis, Tennessee, where he led an IT roadmap project ushering in an increase in IT service model maturity and additional technology investments across the organization. Before that role, Fuschillo served as Vice President and CIO at Renown Health in Reno, Nevada, where he transformed the system into an industry leader in information technology and medical bioinformatics. Fuschillo has also served as CIO and Vice President for Englewood Hospital and Medical Center in Englewood, New Jersey, and Rutland Regional Medical Center in Rutland, Vermont.



In his role, Fuschillo will be responsible for all aspects of Harris Health's information technology strategy, planning, deployment, and support. He will direct the system's information and data integrity process systems and will propose and evaluate strategic direction for information systems, telecommunications, business, clinical applications, decision support, and health information management. Fuschillo will start on October 24, 2022, and report to Louis Smith, Senior Executive Vice President, and Chief Operations Officer.

Fuschillo holds a Master of Business Administration from the University of Hartford and a Bachelor of Science in Computer Science from Central Connecticut State University. He is a certified Project Management Professional and Scrum Master and is Lean Six Sigma Green Belt certified.

**Please join me in extending Ron a warm welcome to Harris Health!**

## Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the [Public Comment](#) segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

### How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
  - 2a. A hard-copy may be scanned and emailed to [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org).
  - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

### Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

### Three Minutes

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

Thursday, October 27, 2022

Executive Session

---

Report Regarding Quality of Medical and Health Care, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occupations Code Ann. §160.007, and Tex. Occupations Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection With the Evaluation of the Quality of Medical and Health Care Services, Including the Harris Health System Quality and Safety Performance Measures, and Possible Action Regarding This Matter Upon Return to Open Session

- Pages 28 - 31 Were Intentionally Left Blank -



Thursday, October 27, 2022

Executive Session

---

Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff

- Pages 33 - 47 Were Intentionally Left Blank -

Thursday, October 27, 2022

Executive Session

---

Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report

- Pages 49 - 52 Were Intentionally Left Blank -

**Thursday, October 27, 2022**

**Consideration of Approval Regarding Credentialing Changes for  
Members of the Harris Health System Medical Staff**

---

The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for October 2022.

The Harris Health System Medical Executive Board requests the approval of the Board of Trustees.

# Board of Trustees Meeting



## October 2022 Medical Staff Credentials Report

### Medical Staff Initial Appointments: 20

BCM Medical Staff Initial Appointments-8 -----  
UT Medical Staff Initial Appointments - 12 -----

### Medical Staff Reappointments: 234

BCM Medical Staff Reappointments - 105 -----  
UT Medical Staff Reappointments - 121 -----  
Harris County Hospital District (Harris Health) Medical Staff Reappointments - 8 -----

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 10 ---

### Medical Staff Resignations: 30

BCM Medical Staff Resignations- 7 -----  
UT Medical Staff Resignations - 21 -----  
Harris County Hospital District (Harris Health) Resignations - 2 -----

### Other Business

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 3

Medical Staff Initial Appointment Files for Discussion - 1  
Medical Staff Reappointment Files for Discussion - 2

# Board of Trustees Meeting



## October 2022 Medical Staff Credentials Report Revisions to Clinical Privileges

The Medical Executive Board approved the revisions of the Cardiology Clinical Privileges, Gastroenterology Clinical Privileges, and Radiology Clinical Privileges.

### Cardiology Clinical Privileges

- Addition of Subcutaneous – Implantable Defibrillator (S-ICD) to the Clinical Cardiac Electrophysiology Core Procedures List
- Addition of Leadless Pacemaker (MICRA) to the Clinical Cardiac Electrophysiology Core Procedures List

### Gastroenterology Clinical Privileges

- Addition of Radiofrequency Ablation and Cryoablation to the Gastroenterology Core Procedures List

### Radiology Clinical Privileges

- Addition of TACK Endovascular System to the Vascular and Interventional Radiology Core Procedures List

Thursday, October 27, 2022

Consideration of Approval Regarding Credentialing Changes for Members of the  
Harris Health System Correctional Health Medical Staff

---



# Board of Trustees Meeting



## October 2022 Correctional Health Credentials Report

Initial Appointments: 14.....


Temporary Privileges: 37.....


Other Business


Files for Discussion: 1


# Board of Trustees Meeting



## October 2022 Medical Staff Credentials Report Revisions to Clinical Privileges

The Correctional Health Medical Executive Committee approved new clinical privileges for Emergency Medicine, Family Medicine, Internal Medicine, and Psychiatry.

The Correctional Health Medical Executive Committee requests the approval of the Board of Trustees.

**Record of Clinical Privileges Requested and Granted  
Correctional Health Emergency Medicine Service**

---

Page 1 of 4

**Applicant Name:** \_\_\_\_\_

**Initial Appointment**                       **Reappointment**

**Instructions**

*All new applicants must meet the following requirements as approved by the governing body effective: \_\_\_\_/\_\_\_\_/\_\_\_\_*

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair/Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

---

**Qualifications for Emergency Medicine**

***To be eligible to apply for core privileges in Emergency Medicine, the initial applicant must meet the following criteria:***

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)- accredited residency in emergency medicine.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA)- accredited residency in internal medicine, family medicine.

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada

OR

Has completed 1 year of residency of an approved ACGME- or AOA accredited residency-training program in family medicine, internal medicine, medicine-pediatrics or pediatrics and is in currently enrolled in such training program in good standing,

AND

DEA licensure

**Record of Clinical Privileges Requested and Granted  
Correctional Health Emergency Medicine Service**

---

Page 2 of 4

**Applicant Name:** \_\_\_\_\_

OR

**Emergency Medicine Core Privileges**

Assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis.

No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**Emergency Medicine Core Procedures List**

*This list is a sampling of procedures included in the core. This is not intended to be an all encompassing list but rather reflective of the categories/types of procedures included in the core.*

1. Abscess incision and drainage, including Bartholin's cyst
2. Arterial puncture and cannulation
3. Arthrocentesis
4. Bladder decompression and catheterization techniques
5. Chemical restraint of agitated patient
6. Defibrillation
7. Delivery of newborn, emergency
8. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
9. Electrocardiography interpretation
10. GI decontamination (emesis, lavage, charcoal)
11. Hernia reduction
12. Irrigation and management of caustic exposures
13. Intraosseous infusion
14. Management of epistaxis
15. Nail trephine techniques
16. Nasal cautery/packing
17. Nasogastric/orogastric intubation
18. Oxygen therapy
19. Perform history and physical exam
20. Preliminary interpretation of imaging studies
21. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
22. Removal of IUD
23. Repair of lacerations
24. Resuscitation
25. Slit lamp used for ocular exam, removal of corneal foreign body
26. Spine immobilization
27. Wound debridement and repair

 **Emergency Medicine Core Privileges Requested**

**Record of Clinical Privileges Requested and Granted  
Correctional Health Emergency Medicine Service**

Page 3 of 4

**Applicant Name:** \_\_\_\_\_

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Correctional Health Medical Staff policies applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant (If currently in a residency or fellowship training program)**

I attest that my work at Harris Health System Correctional Health will not impact my duties as part of my residency or training program, and am aware of applicable ACGME or regulatory duty hour limits.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chief Medical Officer/Medical Director**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Record of Clinical Privileges Requested and Granted  
Correctional Health Emergency Medicine Service**

---

Page 4 of 4

***Applicant Name:*** \_\_\_\_\_

I recommend that the above-named applicant be considered for the following category of the medical staff

\_\_\_\_\_

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chief Medical Officer/Medical Director**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

DRAFT

**Record of Clinical Privileges Requested and Granted  
Correctional Health/Family & Community Medicine Service**

---

Page 1 of 4

**Applicant Name:** \_\_\_\_\_

**Initial Application**

**Reappointment Application**

**INSTRUCTIONS**

All new applicants must meet the following requirements as approved by the governing body effective: \_\_\_\_/\_\_\_\_/\_\_\_\_.

If any scope of practice or specified service is covered by an exclusive contractual agreement, practitioners who are not a party to the agreement are not eligible to request the scope of practice or the specified service, regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

**Applicant:** Check off the "Requested" box for each scope of practice requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

**Department Chair/Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this document.

**Other requirements:**

- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining the qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR FAMILY PRACTICE**

**To be eligible to request Clinical Privileges in Family and Community Medicine, an applicant must meet the following minimum threshold criteria:**

- Basic Education: MD or DO
  - Minimum formal training: Successful completion of an ACGME- or AOA-accredited residency-training program in family medicine, internal medicine, medicine-pediatrics or pediatrics.
- OR
- Has completed 1 year of residency of an approved ACGME- or AOA accredited residency-training program in family medicine, internal medicine, medicine-pediatrics or pediatrics and is currently enrolled in such training program in good standing,
- AND
- DEA licensure

**Record of Clinical Privileges Requested and Granted  
Correctional Health/Family & Community Medicine Service**

---

Page 2 of 4

**Applicant Name:** \_\_\_\_\_

---

**Adult Family Medicine Outpatient and Urgent Care**

**Required previous experience:** Applicants must be able to demonstrate successful provision of care in an ambulatory setting.

**Core privileges for Adult Ambulatory Family Medicine:** Core privileges for Adult Family Medicine include being able to evaluate and treat patients at or above 16 years of age for common illnesses and injuries including disorders common to old age. Privileges include but are not limited to the following:

1. Arthrocentesis and joint injections
2. Local anesthetic techniques
3. Perform history and physical exam
4. Interpretation of electrocardiograms
5. Remove non-penetrating corneal foreign body, nasal foreign body
6. Abscess incision and drainage, including Bartholin's cyst
7. Arterial puncture
8. Arthrocentesis
9. Bladder decompression and catheterization techniques
10. Chemical restraint of agitated patient
11. Defibrillation
12. Delivery of newborn, emergency
13. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
14. Electrocardiography interpretation
15. GI decontamination (emesis, lavage, charcoal)
16. Hernia reduction
17. Irrigation and management of caustic exposures
18. Intraosseous infusion
19. Management of epistaxis
20. Nail trephine techniques
21. Nasal cautery/packing
22. Nasogastric/orogastric intubation
23. Oxygen therapy
24. Perform history and physical exam
25. Preliminary interpretation of imaging studies
26. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
27. Removal of IUD
28. Repair of lacerations
29. Resuscitation
30. Slit lamp used for ocular exam, removal of corneal foreign body
31. Spine immobilization
32. Wound debridement and repair

**Adult Family Medicine Outpatient and Urgent Care Core Privileges Requested**

---



**Record of Clinical Privileges Requested and Granted  
Correctional Health/Family & Community Medicine Service**

---

Page 3 of 4

**Applicant Name:** \_\_\_\_\_

**Telemedicine Privileges**

Telemedicine- Evaluate and diagnose patients, and provide treatment recommendations to an originating site physician(s), advanced practice professional(s), registered nurse(s), and technician(s) for patients with conditions listed in the provider's primary hospital privileges, using Harris Health System's approved telemedicine platform(s) for which the applicant has been trained.

---

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Correctional Health Medical Staff policies applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

---

**Applicant (If currently in a residency or fellowship training program)**

I attest that my work at Harris Health System Correctional Health will not impact my duties as part of my residency or training program, and am aware of applicable ACGME or regulatory duty hour limits.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**Chief Medical Officer/Medical Director**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

**Record of Clinical Privileges Requested and Granted  
Correctional Health/Family & Community Medicine Service**

---

Page 4 of 4

**Applicant Name:** \_\_\_\_\_

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for Family Medicine Privileges.

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chief Medical Officer/Medical Director**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

DRAFT

**Record of Clinical Privileges Requested and Granted  
Correctional Health Internal Medicine Clinical Privileges**

---

Page 1 of 4

**Applicant Name:** \_\_\_\_\_

**Initial Application**

**Reappointment Application**

**Instructions**

All new applicants must meet the following requirements as approved by the governing body effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair/Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements:**

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

---

**QUALIFICATIONS FOR INTERNAL MEDICINE**

**To be eligible to apply for core privileges in internal medicine, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

OR

- Has completed 1 year of residency of an approved ACGME- or AOA accredited residency-training program in family medicine, internal medicine, medicine-pediatrics or pediatrics and is currently enrolled in such training program in good standing,

AND

- DEA licensure

**Record of Clinical Privileges Requested and Granted  
Correctional Health Internal Medicine Clinical Privileges**

---

Page 2 of 4

**Applicant Name:** \_\_\_\_\_**Reappointment requirements:** To be eligible to renew core privileges in internal medicine, the applicant must meet the following maintenance of privilege criteria:**INTERNAL MEDICINE CORE PRIVILEGES**

Admit, evaluate, diagnose, treat, and provide consultation to patients 17 years of age and older with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. May provide care to patients in the medical infirmary setting in conformance with Correctional Health policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

**CORE PROCEDURE LIST**

This list is a sampling of procedures included in the core. This is not intended to be an all encompassing list but rather reflective of the categories/types of procedures included in the core.

**Internal Medicine Core Procedures**

1. Arthrocentesis and joint injections
2. Local anesthetic techniques
3. Perform history and physical exam
4. Interpretation of electrocardiograms
5. Remove non-penetrating corneal foreign body, nasal foreign body
6. Abscess incision and drainage, including Bartholin's cyst
7. Arterial puncture
8. Arthrocentesis
9. Bladder decompression and catheterization techniques
10. Chemical restraint of agitated patient
11. Defibrillation
12. Delivery of newborn, emergency
13. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
14. Electrocardiography interpretation
15. GI decontamination (emesis, lavage, charcoal)
16. Hernia reduction
17. Irrigation and management of caustic exposures
18. Intraosseous infusion
19. Management of epistaxis
20. Nail trephine techniques
21. Nasal cautery/packing
22. Nasogastric/orogastric intubation
23. Oxygen therapy
24. Perform history and physical exam
25. Preliminary interpretation of imaging studies
26. Removal of foreign bodies, airway including nose, eye, ear, soft instrumentation/irrigation, skin or subcutaneous tissue
27. Removal of IUD
28. Repair of lacerations
29. Resuscitation
30. Slit lamp used for ocular exam, removal of corneal foreign body
31. Spine immobilization

**Record of Clinical Privileges Requested and Granted  
Correctional Health Internal Medicine Clinical Privileges**

---

Page 3 of 4

**Applicant Name:** \_\_\_\_\_

32. Wound debridement and repair

**INTERNAL MEDICINE CORE PRIVILEGES REQUESTED**

---

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Correctional Health Medical Staff policies applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant (If currently in a residency or fellowship training program)**

I attest that my work at Harris Health System Correctional Health will not impact my duties as part of my residency or training program, and am aware of applicable ACGME or regulatory duty hour limits.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

**Chief Medical Officer/Medical Director Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____

**Record of Clinical Privileges Requested and Granted  
Correctional Health Internal Medicine Clinical Privileges**

---

Page 4 of 4

**Applicant Name:** \_\_\_\_\_

4. \_\_\_\_\_

I recommend that the above-named applicant be considered for the Internal Medicine Privileges.

**Notes**

---

---

---

**Chief Medical Officer/Medical Director**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

DRAFT

**Record of Clinical Privileges Requested and Granted  
Correctional Health Psychiatry Clinical Privileges**

---

Page 1 of 4

**Applicant Name:** \_\_\_\_\_

**Initial Application**                       **Reappointment Application**

All new applicants must meet the following requirements as approved by the governing body effective: \_\_\_\_/\_\_\_\_/\_\_\_\_.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the department for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair/Chief:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Requirements**

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Continuity of Care Clause:**

**For the purpose of patient care coverage or to ensure continuity of care, a psychiatrist with core privileges may provide treatment for patients of all ages who may otherwise require the expertise of specialist psychiatrist (including Child and Adolescent and/or Geriatric) until the specialist becomes available.**

---

**QUALIFICATIONS FOR GENERAL PSYCHIATRY**

**To be eligible to apply for core privileges in general psychiatry, the initial applicant must meet the following criteria:**

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in psychiatry.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

OR

**Record of Clinical Privileges Requested and Granted  
Correctional Health Psychiatry Clinical Privileges**

---

Page 2 of 4

**Applicant Name:** \_\_\_\_\_

- Has completed 3 years of residency of an approved ACGME- or AOA accredited residency-training program in psychiatry and is currently enrolled in such training program in good standing,

AND

- DEA licensure

**Reappointment requirements:** To be eligible to renew core privileges in general psychiatry, the applicant must meet the following maintenance of privilege criteria:

**GENERAL PSYCHIATRY CORE PRIVILEGES**

Admit, evaluate, diagnose, treat, and provide consultation to adult patients presenting with mental, behavioral, addictive, or emotional disorders (e.g., psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunctions, and adjustment disorders). Privileges include providing consultation with physicians in other fields regarding mental, behavioral, or emotional disorders; addiction psychiatry; pharmacotherapy; psychotherapy; family therapy; behavior modification; consultation to the courts; substance abuse counseling and emergency psychiatry; as well as the ordering of diagnostic laboratory tests and the prescription of medications. Includes the performance of history and physical exams. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

**General Psychiatry Core Privileges Requested**

---

**BEHAVIORAL MODIFICATION THERAPY**

**Criteria:** Completion of three years of approved, verifiable graduate training in a program approved by the American Psychiatric and/or American Psychological Association in which the modality was specifically taught and/or must be supervised by a fully licensed psychologist or psychiatrist independently privileged in this area.

**Required previous experience:** Demonstrated current competence and evidence of the provision of behavioral modification therapy during the past 36 months.

**Behavioral Modification Therapy Privileges Requested**



**Record of Clinical Privileges Requested and Granted  
Correctional Health Psychiatry Clinical Privileges**

---

Page 3 of 4

**Applicant Name:** \_\_\_\_\_

---

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Correctional Health Medical Staff policies applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant (If currently in a residency or fellowship training program)**

I attest that my work at Harris Health System Correctional Health will not impact my duties as part of my residency or training program, and am aware of applicable ACGME or regulatory duty hour limits.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Record of Clinical Privileges Requested and Granted  
Correctional Health Psychiatry Clinical Privileges**

---

Page 4 of 4

**Applicant Name:** \_\_\_\_\_

---

**Chief Medical Officer/Medical Director Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for Psychiatry Privileges.

**Notes**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chief Medical Officer/Medical Director**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thursday, October 27, 2022

**Consideration of Approval of a Resolution Setting the Rate of Mandatory Payment  
for the Harris County Hospital District Local Provider Participation Fund.**

---

Please note, this is a repeat request for approval from the September Board meeting, as not all procedural requirements were met in order to implement the Board-approved rate. All affected Harris County Hospitals must be sent advance notice of the meeting at which the rate will be considered, which inadvertently did not occur before the September Board meeting.

Pursuant to Harris County Hospital District's Participation in a Local Provider Participation Fund, a mandatory payment may be required by the District from an institutional health care provider to fund certain intergovernmental transfers for supplemental Medicaid payment programs or Medicaid managed care rate enhancements.

Management recommends the approval of the attached Resolution Authorizing Harris County Hospital District to set the amount of the mandatory payment to be invoiced during the time frame of October 28, 2022 through June 30, 2023 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the district. This would grant Harris Health the flexibility to invoice any portion of this amount in installments at any point through the end of June 2023 (i.e. the authority to send invoices expires on July 1, 2023).

Enclosed is a copy of the Texas Health and Safety Code Chapter 299 which authorizes the Local Provider Participation Fund. Section 299.151(c) (highlighted for reference) allows the Board to assess up to 6.00 percent of net patient revenue from hospital services provided in the district.

## **Resolution Setting Rate of Mandatory Payment**

**WHEREAS**, pursuant to Chapter 299 of the Texas Health and Safety Code, the Board of Trustees (the “Board”) of Harris County Hospital District (the “District”) on June 27, 2019 authorized the District to participate in a Local Provider Participation Fund;

**WHEREAS**, the purpose of participation in a Harris County health care provider participation program is to generate revenue from a mandatory payment that may be required by the District from an institutional health care provider to fund certain intergovernmental transfers for a supplemental Medicaid payment program or Medicaid managed care rate enhancements;

**WHEREAS**, pursuant to Section 299 of the Texas Health and Safety Code, the Board on June 27, 2019 authorized the District to collect a mandatory payment from each institutional health care provider located in Harris County; and

**WHEREAS**, pursuant to Section 299.151(c) of the Texas Health and Safety Code, the Board must set the amount of the mandatory payment.

**Be it hereby resolved by the Board of Trustees of the Harris County Hospital District that:**

1. The District sets the amount of the mandatory payment to be invoiced during the time frame of October 28, 2022 through June 30, 2023 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the District.
2. The District may invoice any portion of the mandatory payment in installments, so long as the total rate invoiced during October 28, 2022 through June 30, 2023 does not exceed 6.00 percent.
3. This Resolution shall be in full force and effect from and after the date of its adoption.

PASSED AND APPROVED this 27<sup>th</sup> day of October, 2022.

187737

Thursday, October 27, 2022

Consideration of Approval of the  
Proposed Harris Health Public Policy Platform for the Texas  
88<sup>th</sup> Legislative Session

---

Harris Health System  
Proposed Public Policy Platform  
The Texas 88<sup>th</sup> Legislative Session

**Medicaid, CHIP and the Uninsured**

- Support the statutory provision allowing Medicaid beneficiaries to choose community provider-based plans.
- Support revisions and modifications to the Harris County Local Provider Participation Fund (LPPF) as an alternative to Inter Governmental Transfers (IGTs) for methods of financing Medicaid Supplemental Payment programs, i.e., Disproportionate Share Hospital (DSH), Directed Provider Payments (DPPs), Uncompensated Care (UC) payments; private Hospital Augmented Reimbursement Program (HARP) program and other rate enhancement Medicaid Supplemental Payments (MSPs) and coverage expansion initiatives.
- Support appropriate regionalization strategies through Health and Human Services Commission (HHSC) waivers that will maximize federal funds while providing commercial coverage for the uninsured persons who live and work in the region.
- Oppose any legislative, appropriations and/or regulatory mandates of intergovernmental transfers of local tax dollars for the purposes of funding Medicaid Disproportionate Share, Health Care Transformation and Quality Improvement Medicaid 1115 Waiver (UC or DPPs), or Medicaid Provider Rate Enhancements.
- Support equity in Medicaid supplemental payment methodologies that better target those payments to essential hospitals.
- Support legislation to simplify and expedite seamless enrollment across Medicaid, CHIP-Perinatal, and Healthy Texas Women to meet their interconception, preconception and postpartum needs for all Texas women.
- Support extension of Medicaid eligibility for pregnant women from 60 days postpartum to 12 months post-partum.
- Support access to community-based primary care, specialty care and women's health.

- Support legislation and appropriations for Medicaid, CHIP, and other programs for the uninsured that will address health inequities due to racial, social and health disparities including but not limited to programs expanding housing and recovery options, telehealth services, medical transportation, reducing food insecurity, and a broad spectrum of prevention and early intervention services.
- Support funding for continued provider-enabled innovation and value-based adaption to improve access and outcomes, including telehealth/telemedicine, audio only for non-behavioral health services and the hospital at home program.
- Oppose any legislative initiative that would negatively impact the 340B drug discount on public hospitals.
- Support legislation and appropriations to prevent the disenrollment of Medicaid beneficiaries following the ending of the Public Health Emergency.
- Support HHSC exceptional items for the following:
  - \$170 million for behavioral health and state hospitals;
  - \$87 million for items related to women’s health;
  - Funding Indirect Medical Education;
  - Maintain funding under Medicaid to maintain rates as well as provider add-ons such as trauma, rural, and safety net;
  - 12 months continuous eligibility for postpartum women; and
  - Support adding funding for a Food Pharmacy benefit under Medicaid Managed Care.

#### **Local Authority & Responsibility**

- Support local authority and decision-making for tax rates, use of taxes and ad valorem valuation and bond authority by Commissioners Court.

#### **Behavioral Health (Substance Abuse and Mental Health)**

- Support legislation that allows permitting physicians in hospitals and freestanding emergency medical care facilities to initiate a temporary hold or emergency detention of a patient who, due to a mental illness, is a danger to self or others.
- Support legislation and appropriations that would direct HHSC and other relevant state agencies to increase access to appropriate Substance Use Disorders (SUDs) treatments for Medicaid beneficiaries and the uninsured through state and federal funding sources.
- Support the maintenance of existing funding levels and increased funding allocations for all state agencies that provide behavioral health services.

- Support public and private initiatives on the local, state and federal levels that will ensure adequate behavioral health services in the Harris County region for those in a crisis management state or a chronic disease maintenance state.
- Support the integration of behavioral health services into the delivery of primary healthcare through the co-location of services, inclusion in the patient-centered medical home and the use of integrated health records.
- Support legislation that provides for the same health insurance coverage for mental illness and substance abuse disorders as for medical and surgical care.
- Support focusing publicly funded behavioral health services on comprehensive, diagnostic, therapeutic and recovery programs that are evidence-based, which create stability, while reducing the utilization of crisis emergency services, and the criminal justice system.
- Support expanded capacity for both forensic and civil beds in the state hospital system and the Harris County Psychiatric Center.
- Support continued investments in state's mental health workforce.
- Support continued funding of ongoing initiatives to increase psychiatric beds, including additional community, forensic, and state hospital beds.

#### **Graduate Medical Education**

- Support expansion of medical school loan repayment programs for physicians serving in a public hospital, in medical practices treating 50 percent or more Medicaid and uninsured patients, or in a county correctional health facility.

#### **Nursing and Health Professional Shortage Issues**

- Support legislative initiatives that address the current healthcare professional crisis in Texas, and ensure a sufficient healthcare and behavioral health workforce to meet the needs of vulnerable Texans.
- Support increasing funding for registered nurse and other healthcare professional and technical training programs by increasing access to clinical settings.
- Support the training of more nursing students on an annual basis and additional nursing faculty.
- Oppose efforts to establish and/or impose nurse-staffing ratios by non-hospital entities



- Support funding for programs addressing nursing and other health care professions workforce retention strategies, clinical training, and recruitment initiatives.
- Support grant funding for innovative partnerships between teaching hospitals and schools of nursing to increase the number of clinical sites to create training and retention pilots.
- Support legislation improving workplace safety and security.

### **Emergency Care and Trauma**

- Support maintaining Texas Trauma needs, at a minimum, at last biennium's level including the trauma, rural and safety-net add-ons.
- Support initiatives that match "state only" appropriated funds under the Medicaid program through provider rate enhancements while maintaining funds to train trauma surgeons and nurses at academic medical centers.
- Support funding for trauma/disaster preparedness, infrastructure development and targeting funds to maintain proficiency, quality and system readiness.
- Support additional funding to assist trauma hospitals caring for patients injured in a mass shooting or other terrorist act similar to the Office of Attorney General's Crime Victim Compensation Program.

### **Immunizations and Public Health**

- Support legislative initiatives that improve immunization rates in Harris County and Texas.
- Support efforts to enhance public health infrastructure in the areas of chronic diseases such as obesity, diabetes and asthma.

### **HIV**

- Support appropriate and equitable funding of the Texas HIV Medication Program, to maintain coverage at 200 percent of the federal poverty level, and follow current community standard treatment protocols.
- Support the expansion of HIV testing, early diagnosis and treatment policies statewide.
- Support new HIV Treatments: \$14.2 million if the legislature's intent is for DSHS to purchase the new HIV treatment Cabenuva for ADAP participants as requested by stakeholders. Cabenuva is an effective long-lasting medication which could increase annual cost by \$7 million.

- Support new Federal Policies: \$36.6 million and 5 FTEs if the legislature's intent is for DSHS to implement new HRSA guidelines that will loosen current processes for eligibility recertification. By changing current guidelines, DSHS would need additional staff to verify client eligibility before disenrolling them. DSHS would also expect increased medication costs if an annual recertification process replaces the current six-month process.

DRAFT

## Strategic Pillar Update

2022 - 2023 Board Meeting Strategic Discussion Timeline												
Strategic Pillar	Executive Owner	OCT 2022	NOV 2022	DEC 2022	JAN 2023	FEB 2023	MAR 2023	APR 2023	MAY 2023	JUN 2023	JUL 2023	AUG 2023
<b>Pillar 1: Quality &amp; Patient Safety</b>	Dr.Brass	X			X			X				X
<i>Quality &amp; Patient Safety and High Reliability Organization</i>	Dr.Brass	X										
<b>Pillar 2: People</b>	Omar Reid/Jackie Brock			X			X			X		
<b>Pillar 3: One Harris Health</b>	Louis Smith			X		X			X			
<b>Pillar 4: Population Health Management</b>	Dr.Small/Hope Galvan				X			X				X
<b>Pillar 5: Infrastructure Optimization</b>	Louis Smith	X					X			X		
<i>New LBJ Hospital and LBJ Campus Planning</i>	Louis Smith/Trish Darnauer	X										
<i>Cybersecurity</i>	Carolynn Jones	X										

Thursday, October 27, 2022

Discussion Regarding Harris Health's Programming of the New LBJ Hospital and  
LBJ Campus Planning

---



# LBJ Hospital 2028

Board of Trustees Presentation

October 2022

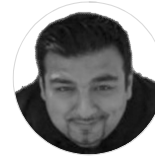
# Team



**Louis Smith**  
Senior EVP/Chief Operating Officer  
Harris Health System



**Trish Darnauer**  
Administrator/EVP  
Harris Health System



**Aown Syed**  
Hospital Vice President of  
Operations/ Pavilion COO  
Harris Health System



**Teong Chai**  
Admin Director  
Harris Health System



**Mark Harrison, SVP**  
Platform Leader;  
Program Manager  
JLL



**Chris Kay, SVP**  
Project Lead  
JLL



**Daina Pitzberger, RN**  
Clinical Design Planning;  
BD, Client Satisfaction  
JLL



**Alex Simpson, PM**  
Project Manager  
JLL



**Cynthia Huerta**  
Project Coordinator  
JLL



**Whitney Fuessel, AIA**  
Principal in Charge  
HKS



**Richard Rusksdassel, AIA**  
Sr. Project Manager  
HKS



**Michelle Jutt, RN**  
Operational Planner &  
Space Programmer  
HKS



**Saul Valentin**  
Principal Advisor/  
Associate Architect  
Collaborate



**Terry Smith**  
Principal/  
Associate Architect  
Smith & Company



**Sahira Abdool**  
Project Executive,  
Community Engagement  
PPG Global



**Darryl King**  
Sr. Project Executive,  
Community Engagement  
PPG Global

# Agenda

---

- Board Approved Actions & Directives
- Space Programming Summary
- Campus Master Site Plan
- LBJ Campus Planning Strategy
- Board Action Item / Next Steps

# Board Approved Actions & Directives

## **Board of Trustees initial planning action for the LBJ Campus September 2021:**

- The Board approved recommendations and campus priorities for re-development of the LBJ hospital and campus.

### **Service Priorities**

Interventional Cardiology  
Increased ICU Capacity

Interventional Neurology  
Flex Bed Space

Stroke Services  
GI (Endo) Lab

### **Throughput Priorities**

Bed Capacity

ED Volume Management

Perioperative Services

Psych Volume

## **Board Recommendation:**

- Prioritize the building of a New Replacement Facility, parking garage and central plant.

## **Harris Health System ongoing activities:**

- Initiated programming and development activities to support recommendations for a new hospital facility on the LBJ campus
- Performed physical site analysis and programming/ preconstruction activity to develop recommendations
- Initiated post occupancy opportunities for the existing hospital structure



# Space Programming Summary

LBJ Hospital Bed Capacity			
Licensed Beds	Current	New Hospital "Day One"	Future Outlook
Acute Care Beds	142	270 Universal Beds*	300 Universal Beds*
ICU	24	60	90
Post Partum / Ante Partum	27	30	30
NICU	22	30	30
<b>Total Capacity</b>	<b>215</b>	<b>390</b>	<b>450</b>

Observation Beds **	0	48	48
Shelled (Patient Room)	0	60	0

Treatment & Diagnostic			
	Current	New Hospital "Day One"	Future Outlook
Emergency Center (EC)	46	96	96
OB EC	0	12	12
Operative Room (OR)	8	16 (+4 Shell)	20
Cath/IR/Neuro Labs	0	6 (+1 Shell)	7
GI-Endo/Bronch Labs	3	6	6

Modalities***	Imaging Department Existing		New Hospital	
	Inpatient	Emergency Center	Inpatient	Emergency Center
X-Ray	3	2	3	3
Fluoro	3	0	3	0
CT	2	1	3	2
MRI	2	0	2	0
Ultrasound (Incl Vascular Ultrasound)	7	1	9	2
Nuc Camera	3	0	4	0
Spect CT	1	0	1	0
<b>Total</b>	<b>21</b>	<b>4</b>	<b>25</b>	<b>7</b>

- All Patient rooms will be private and 390 will be programmed as Universal\*
- In Emergency conditions universal rooms can be used as double occupancy
- 450 Bed Capacity / Day One accounting for 390 Beds and 60 Shelled
- Facility designed with expansion zone for future capacity needs

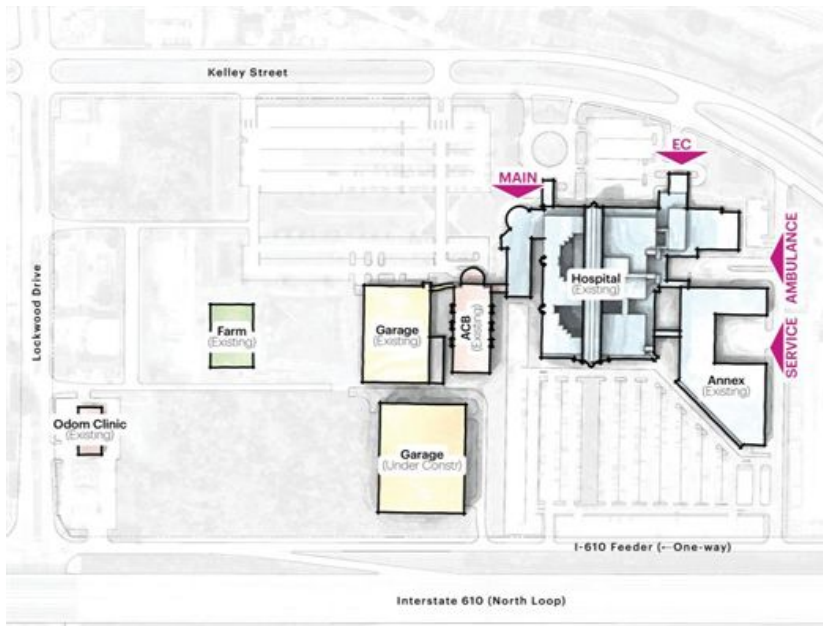
\* Universal Beds: provide flexibility (Med/Surg bed and ICU are interchangeable based on our need)

\*\* Observation Beds: New capacity to manage observation patients vs managing in inpatient beds.

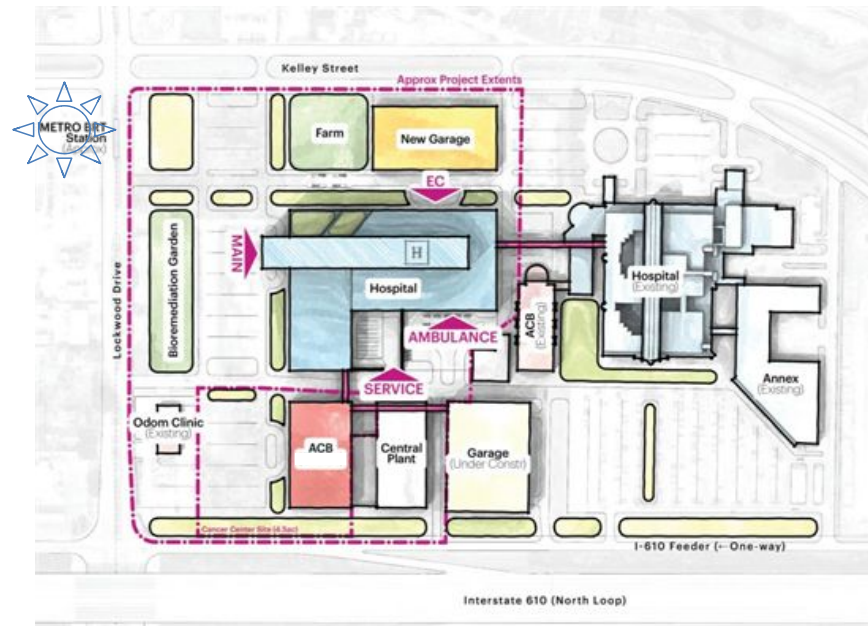
\*\*\* Outpatient Imaging in existing LBJ Hospital

# Campus Master Site Plan

## Existing Campus



## Proposed New Campus 2028



- 1.2 Million SF Including new central plant
- 1 New Parking structure on the North of New Hospital
- 2 Bridge Connectors: From New Hospital to existing Hospital and from Garage (Under Construction) to Ambulatory Care Building (ACB).
- Metro Accessibility on Lockwood Drive

# LBJ Campus Planning Strategy

## Exploratory Discussions Clinical Support:

Psychiatry, Urgent Care, Outpatient Radiology

## Harris Health System Support Opportunities:

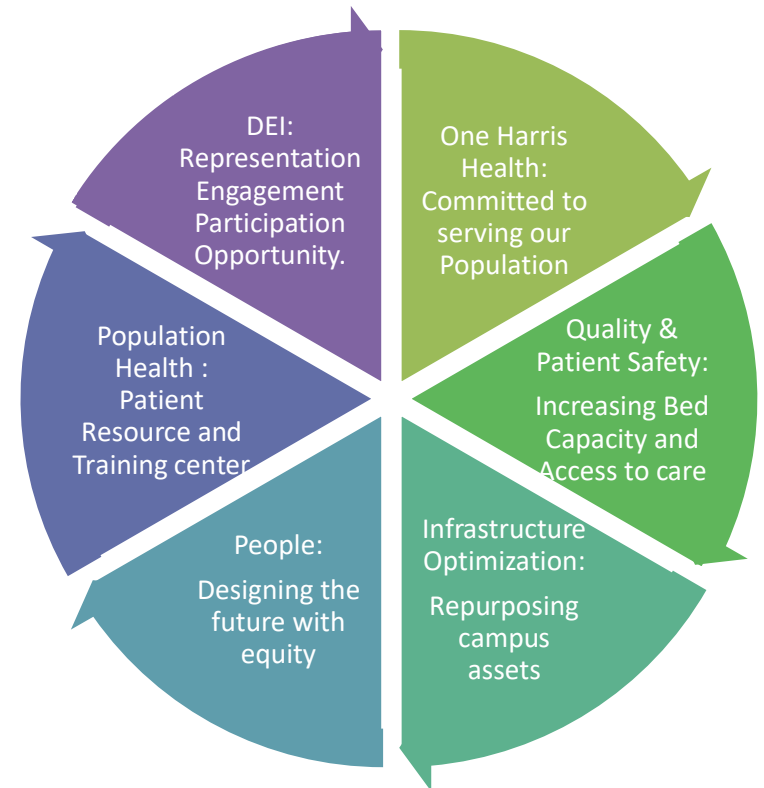
Laboratory, Pharmacy, Supply Chain

## Administrative and Outpatient Departments

Outpatient Rehabilitation, Occupational Health, Emergency Medical Services (EMS) Administration/Fleet

## Pathways for Retention, Development and Recruitment:

Example: Community and HISD Partnerships. Onsite Daycare (Externally Managed)



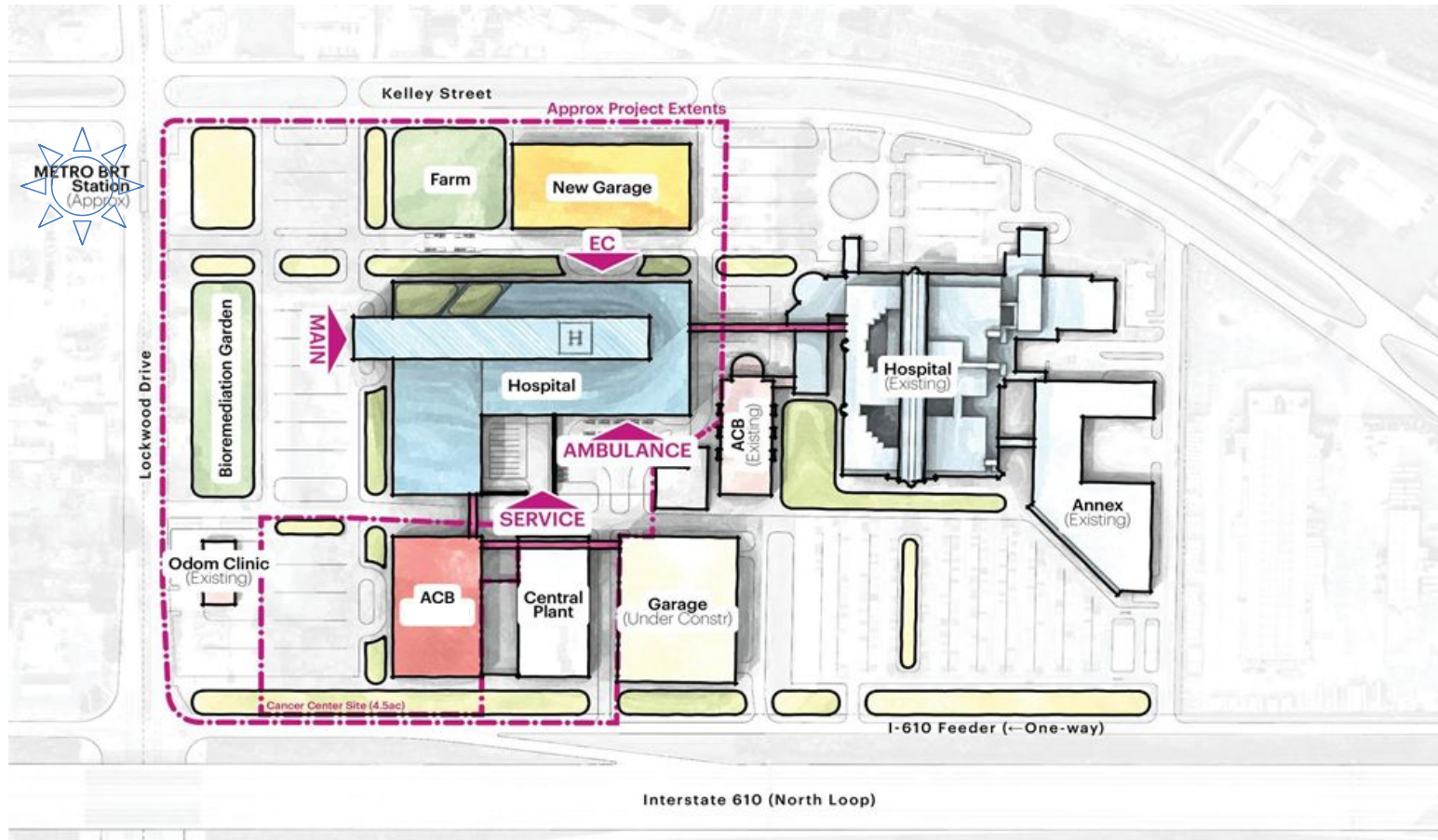
## **Board of Trustees Action Item:**

Approve recommendations for Campus location and Programming for LBJ replacement hospital facility including initiation of schematic design activities.

## **Administration's Next Steps:**

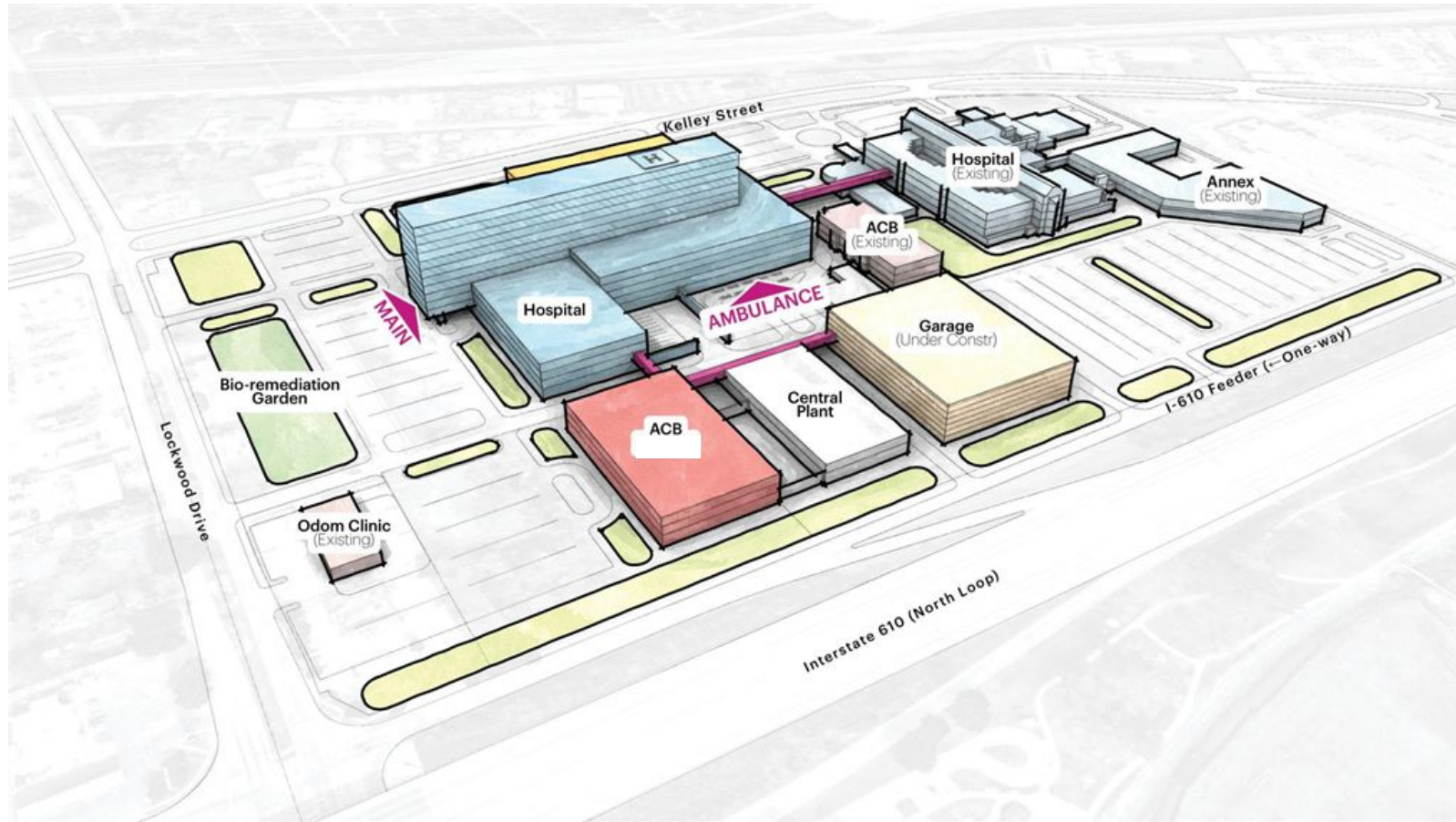
- Continue physical site programming and design activities to refine detailed recommendations for Board of Trustee update.
- Continue to develop post occupancy opportunities for the existing hospital structure for Board of Trustees approval.

# Campus Master Site Plan

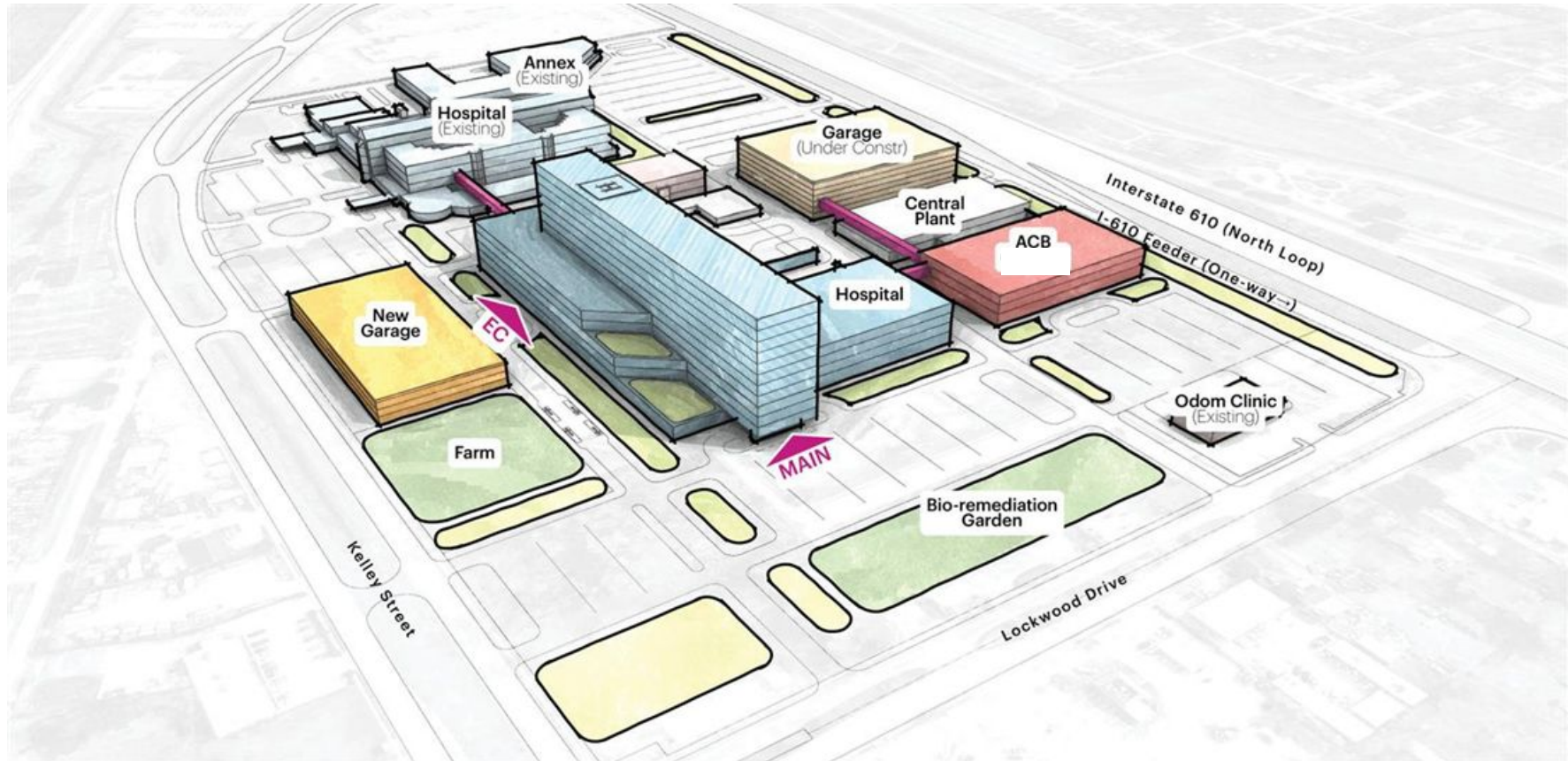




# Campus Master Site Plan



# Campus Master Site Plan



Thank You!



BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, October 27, 2022

Update Regarding Harris Health Community Engagement

---



**HARRISHEALTH SYSTEM**

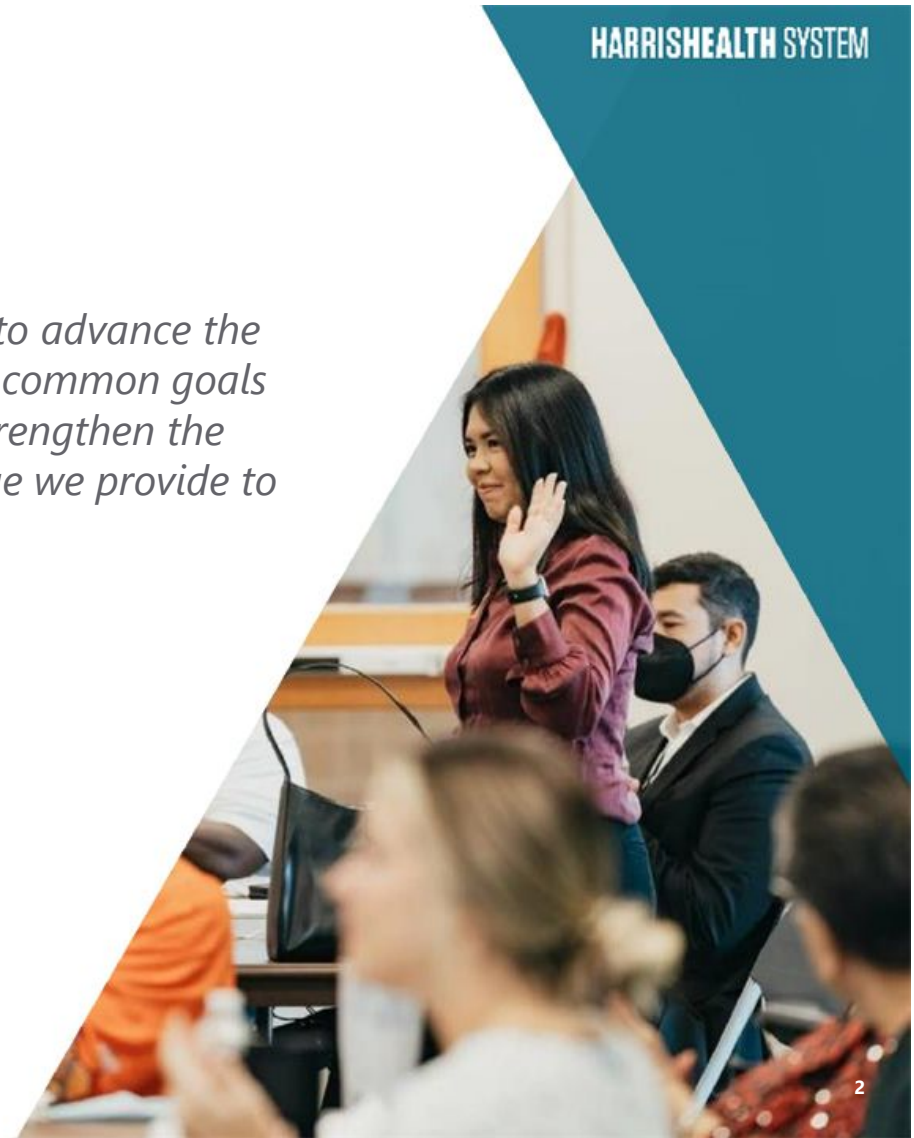
# COMMUNITY ENGAGEMENT UPDATE

Board of Trustees Meeting  
October 27, 2022

# Purpose

*To engage and connect with the community in order to advance the mission of Harris Health and work toward advancing common goals with stakeholders. We seek to educate, elevate and strengthen the community's perception of Harris Health and the value we provide to our community.*

- \* Greater Houston Partnership
- \* Antioch Missionary Baptist Church
- \* El Centro de Corazon Health Center
- \* Harris Healthy System Speakers Bureau





# 90- Day Glance

**539** Total Participants & Attendees

**5** Focus Group Meetings  
Acres Home - 62 participants, Fifth Ward- Trinity/Kashmere Gardens - 133 participants, and Denver Harbor/East End - 74 participants and Patient Experience - 9 participants

**4** Neighborhood bus tours  
Acres Home, Fifth Ward- Trinity/Kashmere Gardens, and Denver Harbor/East End - Collab with METRO

**1,448** Listings  
Project Stakeholder Registry

**88** Bus Tours Participants  
Participants from the community and community leaders rode alongside members from the project team and Harris Health leadership

**161** Surveyed

**995** Calls via LBJ Project Contact/Call Center

**68%** Agreed or Strongly Agreed with building a w LBJ Hospital

**1** Town Hall Meeting  
Hosted by State Representative Senfronia Thompson (100 Attendees)





**De Wight Dopslauf, C.P.M., CPPO  
Harris County Purchasing Agent**

October 11, 2022

Board of Trustees Office  
Harris Health System

**RE: Board of Trustees Meeting – October 27, 2022  
Budget and Finance Agenda Items**

The Office of the Harris County Purchasing Agent recommends approval of the attached procurement actions. All recommendations are within the guidelines established by Harris County and Harris Health System.

Sincerely,

*DeWight Dopslauf*

DeWight Dopslauf  
Purchasing Agent

JA/ea  
Attachments



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: October 27, 2022 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Morris & Dickson Co., L.L.C. (GA-06132) <sup>1</sup>	<b>Pharmacy Pharmaceutical Wholesaler for Harris Health System</b> - The term is being extended to continue providing prime distribution services for pharmaceutical products until the competitive proposal process is complete and a new Agreement has been executed. Additional funds are required to cover the extended term.  <i>Job No. 140249, Board Motion 22.03-40</i>	Additional Funds Extension  July 01, 2015 through December 31, 2022	Michael Nnadi	\$ 632,152,205	\$ 71,959,729
A2	HKS, Inc. <sup>5</sup>	<b>Professional Architectural and/or Engineering Services for the New Lyndon B. Johnson Hospital for Harris Health System</b> - The additional funds provides for the remaining design & construction administration for the new Lyndon B. Johnson Hospital.  <i>Job No. 21/0413</i>	Additional Funds Funding	Dave Attard	\$ 3,118,545	\$ 37,379,042
A3	Signature Healthcare Services, LLC dba Houston Behavioral Healthcare Hospital (HCHD-475) <sup>5</sup>	<b>Psychiatric Services for Patients of Harris Health System</b> - To continue to provide for the orderly transfer of psychiatric patients from Ben Taub and Lyndon B. Johnson Hospitals to Houston Behavioral Healthcare Hospital for inpatient psychiatric treatment.  <i>Professional Services Exemption, Board Motion 21.05-55</i>	Ratify Renewal Professional Services Exemption  July 10, 2022 through July 09, 2023 with one (1) one-year renewal options	Amy Smith	\$ 6,700,000	\$ 7,000,000
A4	Acumed LLC (PP-OR-1706) <sup>1</sup> Zimmer Biomet (PP-OR-1763) <sup>1</sup> Smith & Nephew, Inc (PP-OR-1761) <sup>1</sup> Stryker Orthopedics (PP-OR-1762) <sup>1</sup>	<b>Orthopedic Trauma Implants, Joints and Reconstruction Products</b> - To provide orthopedic trauma implants, joints and reconstruction products used for various operating procedures.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)  One (1) year initial term with five (5) one-year renewal options	Doug Creamer		\$ 5,120,128
A5	Cardinal Health 200, LLC (AD-OR-1964) <sup>1</sup>	<b>Custom Procedure Trays</b> - To continue providing Harris Health System with custom and standard procedure trays, bulk non-sterile components and pack management software.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.02-20</i>	Funding Yr. 2  January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 2,572,346	\$ 2,700,963
A6	Clean Harbors Environmental Services, Inc. (GA-07375) <sup>1</sup>	<b>Integrated Medical Waste Services for Harris Health System</b> - To continue managing contracted aspects of medical and hazardous waste management, including collection, transport, sorting, disposal and regulatory compliance for sharps, pharmaceutical, regulated medical, hazardous, universal waste and emergency spill response services.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.09-86</i>	Renewal  December 01, 2022 through November 30, 2023	David Attard	\$ 2,242,000	\$ 2,242,000
A7	The Brandt Companies, LLC <sup>5</sup>	<b>Job Order Contracting for Small and Large Plumbing and/or Plumbing Related Projects for Harris Health System</b> - To provide plumbing and/or plumbing related projects at various hospitals and clinics for Harris Health System. The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.  <i>200138</i>	Second Renewal Second Renewal  November 06, 2022 through November 05, 2023	Kia Scales	\$ 2,543,000	\$ 1,750,000



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	Roche Diagnostics Corporation (GA-07715) <sup>5</sup>	<b>Automated Real Time Polymerase Chain Reaction (PCR) System including Analyzer(s), Reagents, Consumables, Supplies and Services for Harris Health System</b> - To provide for continued automated real time PCR testing of Harris Health System patients.  <i>Job No. 140060, Board Motion 21.10-101</i>	Renewal  November 05, 2022 through November 04, 2023	Michael Nnadi	\$ 1,532,713	\$ 1,532,713
A9	HP, Inc. <sup>2</sup>	<b>Technology Refresh of Desktop Computers for Harris Health System</b> - To provide replacement of desktops computers seven years or older and defective equipment to Harris Health System. HP is the standard brand for desktop computers.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Tai Nguyen		\$ 1,341,894
A10	Johnson & Johnson Healthcare Systems Inc. <sup>5</sup>	<b>Orthopedic Trauma Implants, Joints &amp; Reconstruction Products</b> - To provide orthopedic trauma implants, joints and reconstruction products used for various operating procedures.  <i>Public Health or Safety Exemption</i>	Award Public Health or Safety Exemption  One (1) year initial term with five (5) one-year renewal options	Doug Creamer		\$ 1,238,451
A11	Resource Corporation of America (GA-07402) <sup>5</sup>	<b>Certification of Pending Medicaid Cases and Other Related Third Party Sources for Harris Health System</b> - To certify patients for Medicaid benefits and other third party resources to enhance pending Medicaid, Self Pay or Charity accounts.  <i>Job No. 180051, Board Motion 21.10-101</i>	Renewal  November 09, 2022 through November 08, 2023	Victoria Wiltz	\$ 1,200,000	\$ 1,200,000
A12	Diasorin Inc. (GA-07432) <sup>5</sup>	<b>Fully Automated or Semi-Automated Infectious Disease and Serology Testing Analyzer(s), including Reagents, Consumables and Service for Harris Health System</b> - To provide for continued infectious disease and serology testing of Harris Health System patients as well as Tuberculosis testing for Harris Health System employees.  <i>Job No. 170024, Board Motion 21.10-101</i>	Renewal  November 30, 2022 through November 29, 2023	Michael Nnadi	\$ 457,038	\$ 1,123,250
A13	Classic Chevrolet, Inc. <sup>5</sup>	<b>Ambulance Vehicles for Harris Health System</b> - To provide four (4) additional ambulances due to the increased demand.  <i>Public Health or Safety Exemption</i>	Ratify Purchase Public Health or Safety Exemption	Chris Okezie		\$ 1,036,800
A14	Abbott Laboratories Inc. (HCHD-424) <sup>3</sup>	<b>iSTAT Point of Care Products for Harris Health System</b> - To continue providing products for existing iSTAT point of care blood analyzers.  <i>Sole Source Exemption, Board Motion 21.06-65</i>	Renewal Sole Source Exemption  November 19, 2022 through November 18, 2023	Michael Nnadi	\$ 844,738	\$ 929,708
A15	Becton Dickinson and Company (AD-NS-1409) <sup>1</sup>	<b>PICC and Midline Access Products</b> - To continue providing Harris Health System with peripherally-inserted central venous catheters (PICC), midline catheters, sheaths, dilators and kits.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101</i>	Funding Yr. 3  December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 760,679	\$ 760,679

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A16	Edwards Lifesciences, LLC <sup>3</sup>	<b>Cardiac Output Monitors</b> - To provide new cardiac output monitors including non-invasive measurement capability for Ben Taub and Lyndon B. Johnson Hospitals.  <i>Sole Source Exemption</i>	Purchase Sole Source Exemption	David Attard		\$ 736,400
A17	CDW Government, LLC. <sup>1</sup>	<b>Mobile Computing Carts for Harris Health System</b> - To replace seventy-five (75) outdated mobile computing carts used in the clinical environments throughout Harris Health System. Replacement parts are no longer available.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Tai Nguyen		\$ 694,406
A18	Sysmex America, Inc. (HCHD-253) <sup>1</sup>	<b>Hematology Analyzers, Automation Reagents, Consumables and Service</b> - To continue providing reagents, consumables, supplies and services for hematology analyzers at Ben Taub and Lyndon B. Johnson Hospitals and Ambulatory Services Clinics.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.08-77</i>	Ratify Funding Yr. 2  August 01, 2022 through July 31, 2023	Michael Nnadi	\$ 661,975	\$ 661,975
A19	HP, Inc. <sup>2</sup>	<b>Technology Refresh of Laptops and Tablets for Harris Health System</b> - To replace five hundred (500) laptops that have reached their end of life and to provide one hundred (100) tablets for the eConsent project. Employees throughout the entire organization use these devices. HP is the standard brand for laptops and tablets.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Tai Nguyen		\$ 653,040
A20	Intelligent Retinal Imaging Systems, LLC (IRIS)(HCHD-817) <sup>5</sup>	<b>Retinal Imaging Systems and Retinal Specialist Services at Harris Health System</b> - To provide retinal imaging and specialist services for the screening of Harris Health System's diabetic patient population.  <i>Professional Services Exemption</i>	Purchase Professional Services Exemption  One (1) year initial term with two (2) one-year renewal options	Louis Smith		\$ 602,000
A21	Siddons Martin Emergency Group, LLC <sup>5</sup>	<b>Ambulances for Harris Health System</b> - On March 24, 2022, the Board of Trustees approved an award to purchase two (2) ambulances for Harris Health System. According to the selected Vendor, the ambulances have not been delivered yet due to lack of parts available to assemble the vehicles. Vendor accepted to cancel the purchase order with no cost to Harris Health and a new vendor, which has parts available, will be awarded to assemble	Rescind Award	Chris Okezie		\$ 556,082
A22	Government Scientific Source, Inc. (TXMAS-21-4 9301) <sup>5</sup>	<b>Quantiferon TB Gold Plus Collection Tubes, Reagents and Controls for Harris Health System</b> - To provide testing supplies required for Tuberculosis testing on the Liaison® XL.  <i>Texas Multiple Award Schedule (TXMAS) Cooperative Program</i>	Ratify Purchase Only quote	Michael Nnadi		\$ 430,500
A23	UpToDate, Inc. (GA-07111) <sup>5</sup>	<b>On-Line Clinical Resource Information Annual Subscription Renewal for Harris Health System</b> - To provide access to the UpToDate clinical information database, which is a medical reference guide for all of our physicians.  <i>Job No. 130236, Board Motion 22.01-06</i>	Renewal  November 01, 2022 through October 31, 2023	George Hickman	\$ 402,163	\$ 422,270



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A24	<b>Best Care EMS, LTD</b> <sup>4</sup>  <b>Medway Air Ambulance, LLC</b> <sup>5</sup>	<b>Air Transportation Services for Harris Health System</b> - To provide air ambulance services for patient repatriation throughout Harris Health System.  <b>Professional Services Exemption</b>	Award Professional Services Exemption  One (1) year initial term with four (4) one-year renewal options	Amy Smith		\$ 400,000
A25	<b>Telehealth Services, a Division of Telerent Leasing Corporation (GA-07693)</b> (assignor) <sup>3</sup>  <b>Avidex Industries, LLC.</b> (assignee) <sup>3</sup>	<b>DirectTV Digital Programming Services for Harris Health System.</b> - To continue providing digital television programming services needed for the upgrade of the existing core infrastructure from analog to digital signal format.	Ratify Renewal Assignment Sole Source October 01, 2022 through September 30, 2023	George Hickman	\$ 388,936	\$ 388,936
A26	<b>Roche Diagnostics Corporation (GA-07432)</b> <sup>5</sup>	<b>Immunohistochemistry Staining and Special Staining Systems including Analyzers, Reagents, Consumables and Service for Harris Health System</b> - To provide for continued immunohistochemistry staining and special staining testing of Harris Health patients.  <b>Job No. 150220, Board Motion 22.02-20</b>	Renewal  December 13, 2022 through December 12, 2023	Michael Nnadi	\$ 346,808	\$ 381,488
A27	<b>Connection</b> <sup>1</sup>	<b>Technology Refresh of Monitors for Harris Health System</b> - To replace two-thousand (2000) monitors that have reached their end of life. HP is the monitors' standard brand for the organization.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	Tai Nguyen		\$ 362,060
A28	<b>Siddons Martin Emergency Group, LLC</b> <sup>5</sup>	<b>Ambulances for Harris Health System</b> - On January 28, 2021, the Board of Trustees approved an award to purchase two (2) ambulances for Harris Health System. According to the selected Vendor, the ambulances have not been delivered yet due to lack of parts available to assemble the vehicles. Vendor accepted to cancel the purchase order with no cost to Harris Health and a new vendor, which has parts available, will be awarded to assemble	Rescind Award	Chris Okezie		\$ 356,682
A29	<b>Clean Harbors Environmental Services, Inc. (GA-07375)</b> <sup>1</sup>	<b>Integrated Medical Waste Services for the Harris Health System</b> - Additional funds are needed due to an increase in Regulated Medical Waste, Sharps Waste, Hazardous Waste and Universal Waste generated.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.09-86</b>	Additional Funds  September 01, 2021 through November 30, 2022	David Attard	\$ 1,900,000	\$ 342,000
A30	<b>Global Healthcare Exchange, LLC (GHX) (GA-04638)</b> <sup>1</sup>	<b>Subscription for MetaTrade, Procure, Provider Exchange, Contract Center Xpert, Trading Net, Provider Intelligence and Lumere Software for Harris Health System</b> - To provide for the continued use of MetaTrade, a fax-based ordering program; Procure allows requisitioning of approved and contracted items maintaining accurate pricing; Provider Exchange, an EDI connection for electronic ordering; Contract Center Xpert, provides price validation; TradingNet consolidates EDI orders to vendors and Provider Intelligence measures and tracks SCM metrics.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101</b>	Renewal  November 07, 2022 through November 06, 2023	Douglas Creamer	\$ 113,783	\$ 305,368

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A31	<b>STERIS Corporation (GA-06885)</b> <sup>5</sup>	<b>Support Services for Sterilization Equipment for Harris Health System.</b> - The term is being extended until the competitive procurement process is completed and a new agreement is executed. Additional funds are required to cover services during the extended term.	Ratify Additional Funds Extension Public Health or Safety Exemption  October 01, 2021 through September 30, 2022	David Attard	\$ 238,448	\$ 255,794
A32	<b>College of American Pathologists (CAP) [GA-06032]</b> <sup>5</sup>	<b>External Proficiency Testing Provider and Services for Harris Health System</b> - The term is being extended to provide external proficiency testing for the CAP 2023 program year. Additional funds are required to cover the extended term.  <b>Job No. 130351, Board Motion 21.12-113</b>	Additional Funds Extension  December 31, 2021 through December 30, 2022	Michael Nnadi	\$ 164,462	\$ 238,116
A33	<b>Stryker Corporation (PP-OR-1764)</b> <sup>1</sup>  <b>Aesculap, Inc. (PP-OR-1765)</b> <sup>1</sup>	<b>Neurosurgical Products</b> - To continue providing Harris Health System with neurosurgical products that are utilized for patients undergoing craniotomy and neurosurgical procedures.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101</b>	Funding Yr. 3  December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 188,130	\$ 188,130
A34	<b>Elekta, Inc (GA-04943)</b> <sup>3</sup>	<b>Maintenance and Support for the MONACO Treatment Planning System (TPS) for Harris Health System</b> - To continue providing maintenance and support for the MONACO Treatment Planning System (TPS) which is a part of cancer treatment used to control and kill malignant cells. Maintenance and support includes technical support, patch fixes and version upgrades.  <b>Sole Source Exemption, Board Motion 21-10-101</b>	Renewal Sole Source Exemption  October 29, 2022 through October 30, 2023	George Hickman	\$ 173,489	\$ 173,489
A35	<b>Elekta, Inc. (GA-04943)</b> <sup>3</sup>	<b>Maintenance and Support for the Oncology Information System (OIS/MOSAIQ) for the Harris Health System.</b> - To continue providing maintenance and support for the Oncology Information System (OIS) for the Elekta linear accelerators at Smith Clinic.  <b>Sole Source Exemption, Board Motion 21.08-77</b>	Ratify Renewal Sole Source Exemption  August 28, 2022 through August 27, 2023	George Hickman	\$ 170,905	\$ 170,905
A36	<b>McCoy Rockford (TXMAS 19-7111)</b> <sup>5</sup>	<b>Furniture for Quentin Mease</b> - To provide Quentin Mease Renovation project with cubicles for basement level and levels 2-4 in need of new furniture.  <b>Texas Multiple Award Schedule (TXMAS) Cooperative Program</b>	Ratify Award Only quote	David Attard		\$ 166,936
A37	<b>LeTourneau Interests Inc (PP-FA-859)</b> <sup>1</sup>	<b>Furniture and Systems, Casegoods, Seating and Accessories</b> - To provide furniture for Ben Taub NPC level 3 and 4 renovation.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	David Attard		\$ 164,281
A38	<b>Houston Chronicle Publishing Company (HCHD-17)</b> <sup>5</sup>	<b>Advertising Space in Publications for Harris Health System</b> - To increase advertising activity for Harris Health System.  <b>Job No. 190026, Board Motion 22.05-67</b>	Additional Funds  July 26, 2022 through July 25, 2023	Amanda Callaway	\$ 360,000	\$ 155,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A39	WCH HTX LLC dba zTrip <sup>5</sup>	<b>Supplemental Non-Emergency Transportation Program Providers for Harris County RIDES, the Medical Transportation Program and ADA Complimentary Paratransit Program for the Harris County Community Services Department.</b> - To provide patient and package transportation services to and from various Harris Health System facilities and clinics as well as other locations. The County Attorney's Office is preparing an Agreement for Harris Health utilization of these services. The award is subject to execution of the Agreement.  <b>Job No. 210385</b>	Utilization  One (1) year initial term with four (4) one-year renewal options	Chris Okezie		\$ 139,824
A40	Advanced Sterilization Products Services, Inc. (ASP) [HCHD-163] <sup>5</sup>	<b>Maintenance and Service of Sterilizers for the Harris County Hospital District dba Harris Health System.</b> - To provide continued preventative maintenance and repair services for ASP STERRAD Sterilizers and EVOTECH Endoscopic Cleaners and Reprocessor Systems at Ben Taub and Lyndon B. Johnson Hospitals.  <b>Public Health or Safety Exemption, Board Motion 21.10-101</b>	Renewal Public Health or Safety Exemption  November 13, 2022 through November 12, 2023	David Attard	\$ 133,760	\$ 137,750
A41	National Office Furniture, Inc. (PP-FA-859) <sup>1</sup>	<b>Furniture and System, Casegoods, Seating and Accessories</b> - To continue providing Harris Health System with furniture and systems, casegoods, seating and accessories.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Funding Yr. 2  January 01, 2023 through December 31, 2023	Doug Creamer	\$ 131,803	\$ 131,803
A42	Bard Peripheral Vascular (AD-NS-1215) <sup>1</sup>  Becton, Dickinson and Company (AD-NS-1214) <sup>1</sup>	<b>Procedure Trays and Needles</b> - To provide Harris Health System with bedside procedure trays such as lumbar puncture, soft tissue biopsy, arthrogram, thoracentesis trays, and procedure needles  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best Contract(s)  July 01, 2022 through June 30, 2023	Douglas Creamer		\$ 129,585
A43	Sedgwick Claims Management Services, Inc. (GA-07153) <sup>5</sup>	<b>Worker's Compensation Third Party Administration and Associated Services for Harris Health System</b> - To provide for continued comprehensive Worker's Compensation claims management, medical cost containment, and a Risk Management Information System and its associated services for Harris Health System.  <b>Job No. 170196, Board Motion 22.04-56</b>	Renewal  January 01, 2023 through December 31, 2023	Donna McKee	\$ 127,520	\$ 127,520
A44	Insight Direct USA, Inc. <sup>1</sup>	<b>Information Technology Service Management Software (ITSM) Support for Harris Health System</b> - To provide for the continued support to the Cherwell Service Management software. This system allows IT to support service delivery, as well as software, and hardware asset management.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer  December 28, 2022 through December 27, 2023	George Hickman		\$ 118,591
A45	Philips Healthcare <sup>1</sup>	<b>Ferromagnetic Detection Systems</b> - To provide three (3) Ferrogaurd® Assure MRI ferromagnetic detection systems for the Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	David Attard		\$ 104,640

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A46	<b>Kronos Incorporated</b> <sup>5</sup>	<b>Time, Attendance, and Scheduling System for Harris Health System</b> - Additional funds are required to provide for licenses to onboard employees into the System.  <b>OMNIA Partners, Public Sector Cooperative Purchasing Program</b>	Additional Funds  June 24, 2022 through June 23, 2023	Victoria Nikitin George Hickman	\$ 746,912	\$ 102,000
A47	<b>The Harris Center for Mental Health and IDD (The Harris Center) [HCHD-309]</b> <sup>5</sup>	<b>Laboratory Services Agreement</b> - To continue providing clinical laboratory testing services for The Harris Center.	Renewal Interlocal Agreement  November 15, 2022 through November 14, 2023	Michael Nnadi	\$ (65,000)	\$ (65,000)
Total Expenditures					\$	147,112,928
Total Revenue					\$	(65,000)

- 1 Premier GPO - Diversity vendor not available for award
- 2 Technology purchase
- 3 Sole Source procurement
- 4 MWBE participation awarded
- 5 MWBE participation N/A

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: October 27, 2022 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Identity Theft Guard Solutions, Inc. dba ID Experts (GA-07349) <sup>5</sup>	<b>Ad Hoc Data Breach Services for Harris Health System</b> - To continue to monitor and protect the integrity of Harris Health System's network and web services.  <i>Job No. 170242</i>	Renewal  October 01, 2022 through September 30, 2023	Carolyn Jones	\$ 0	\$ 100,000
B2	A.O. Phillips and Associates LLC (HCHD-863) <sup>4</sup>	<b>M/WBE Consulting Services for Harris Health System</b> - To provide consulting services for effective strategies to help Harris Health System develop and implement a M/WBE program.  <i>Personal Services Exemption</i>	Purchase Personal Services Exemption  August 01, 2022 through July 31, 2023 with five (5) one-year renewal options	Mike Hill		\$ 100,000
B3	Canon Medical Informatics, Inc. fka Vital Images, Inc. (GA-05791) <sup>5</sup>	<b>Technical Support and Maintenance for Radiological Imaging Post-Processing Applications System for Harris Health System</b> - To provide for continued technical support and maintenance services for the Vitrea® Advanced Visualization enterprise-wide post-processing system for Ben Taub and Lyndon B. Johnson Radiology departments. The post-processing system allows clinicians to view radiological images in 3D.  <i>Job No. 130320</i>	Renewal  November 21, 2022 through November 20, 2023	George Hickman	\$ 99,293	\$ 99,293
B4	Covidien Sales LLC (AD-OR-1947) <sup>1</sup>	<b>Tracheostomy Tubes and Related Products</b> - To continue providing Harris Health System with tracheostomy tubes, laryngectomy tubes, holders, plugs, cannulas, kits and speaking valves.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 95,389	\$ 98,251
B5	Gaumard Scientific Co., Inc. (20/051SG-04) <sup>5</sup>	<b>Simulator, User Training and Support Services for the Harris Health System</b> - To provide advanced multipurpose simulator to be used in the Simulation Program for nursing education.  <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Award Only quote	Maureen Padilla		\$ 97,223
B6	Becton, Dickinson and Company DBA BD Biosciences (GA-06598) <sup>5</sup>	<b>Automated Flow Cytometry Testing System including analyzer(s), Reagents, Consumables and Services for the Harris County Hospital District dba Harris Health System</b> - The current Agreement will term on September 30, 2022. Per the Agreement, Harris Health System is buying the equipment at 20% of the total equipment value.  <i>Job No. 14/0061</i>	Purchase	Michael Nnadi Patricia Damauer George Gaston Georgia Vega		\$ 95,626
B7	TEQSYS, Inc. <sup>4</sup>	<b>Enterprise Vault Cloud Folder Sync for Harris Health System</b> - To support the migration of the Harris Health System's archived email that is currently hosted in our data centers to the cloud.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	George Hickman		\$ 93,135

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B8	Teleflex (PP-NS-1546) <sup>1</sup>	<b>Emergency Medicine Products</b> - To provide Harris Health System with products used for unscheduled patients with illnesses or injuries requiring immediate medical attention.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  August 01, 2022 through July 31, 2023	Doug Creamer	\$ 91,703	\$ 91,703
B9	Edward Don & Company (PP-DI-1734) <sup>1</sup>	<b>Meal Tray Delivery Carts</b> - To provide five (5) meal tray delivery carts for the Harris Health System.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Christopher Okezie Jamie Hons		\$ 88,640
B10	Office Pavilion <sup>1</sup>	<b>Furniture and Systems, Casegoods, Seating and Accessories</b> - To provide Casa de Amigo - Phase 1 with furniture.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	David Attard		\$ 88,550
B11	FireTron, Inc. <sup>5</sup>	<b>Fire Alarm Panel and Related Equipment for the Acres Home Clinic</b> - To replace the Fire Alarm Notification and Initiation Devices at the Acres Home Clinic.  <i>The Interlocal Purchasing System (TIPS)</i>	Purchase Lowest quote meeting specifications	David Attard		\$ 82,974
B12	Letourneau Interests, Inc. <sup>1</sup>	<b>Furniture and Systems, Casegoods, Seating and Accessories</b> - To provide Casa de Amigos - Phase 1 with furniture.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	David Attard		\$ 75,991
B13	Foster Fence, Ltd <sup>5</sup>	<b>Northwest Health Center Fence and Gate Project</b> - To provide new fencing which will connect to the existing fence on the east and west side of the property.  <i>Texas Association of School Boards (TASB) BuyBoard Cooperative Program</i>	Purchase Lowest quote meeting specifications	David Attard		\$ 73,112
B14	General Datatech, L.P. <sup>2</sup>	<b>Cisco Wi-Fi Telephones for Harris Health System</b> - To provide for 100 Cisco Wi-Fi telephones as an effort to build inventory after the manufacturer announced the End of Sales for this model. These telephones are heavily used by Clinicians throughout the organization. This purchase includes hardware and maintenance.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Eric Hidalgo		\$ 72,787
B15	Stance Healthcare, Inc. (PP-FA-861) <sup>1</sup>	<b>Furniture and Systems, Casegoods, Seating and Accessories</b> - To continue providing Harris Health System with furniture and systems, casegoods, seating and accessories.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  January 01, 2023 through December 31, 2023	Doug Creamer	\$ 72,104	\$ 72,104
B16	Lumen Technologies, Inc. <sup>2</sup>	<b>Internet Circuit Services for Harris Health System</b> - To provide internet circuit services required at the FiberTown - Bryan Data Center for 36 months. The amount is reduced due to utilizing the local circuit (Metrolink), resulting in cost savings. The County Attorney's Office is preparing an Amendment for this purchase. This purchase is subject to the execution of the Amendment.  <i>NA</i>	Corrected Amount Cooperative Purchasing Program	George Hickman		\$ 71,717
B17	Philips Healthcare (PP-NS-1480) <sup>1</sup>	<b>Vital Sign Monitors</b> - To add vital sign monitors required to meet the operational needs for the new Quentin Mease Clinic.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	David Attard		\$ 67,110

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B18	Siemens Healthcare Diagnostics, Inc. <sup>3</sup>	<b>Informatics Sale and Licensing Agreement for UniPOC Middleware for Harris Health System</b> - UniPOC middleware is needed to connect existing Point of Care devices to EPIC Beaker, Harris Health's Laboratory Information System.  <i>Sole Source Exemption</i>	Purchase Sole Source Exemption  One (1) year initial term with four (4) one-year renewal options	Reginald Jean- Jacques		\$ 64,656
B19	Key Solutions, Inc.(GA-07067) <sup>3</sup>	<b>Information Technology Tracking System for Human Research Operations for Harris Health System</b> - To continue to provide maintenance and support for eProtocol Institutional Review Board (IRB) software which is a web-based platform for creating, managing, and reviewing human subject research (HSR) protocols in an efficient and timely manner.  <i>Sole Source Exemption</i>	Renewal Sole Source Exemption  October 01, 2022 through September 30, 2023	Julia Thompson,	\$ 62,400	\$ 64,272
B20	Energizer Battery Company (PP-FA-949) <sup>1</sup>  Duracell Industrial Operations, Inc. (PP-FA-948) <sup>1</sup>  S2S Global (PP-FA-950) <sup>1</sup>	<b>Batteries and Battery Products</b> - To continue providing Harris Health System with batteries and battery products.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  December 01, 2022 through November 30, 2023	Doug Creamer	\$ 62,109	\$ 63,972
B21	Steelcase, Inc. (PP-FA-862) <sup>1</sup>	<b>Furniture and Systems, Caseloads, Seating and Accessories</b> - To continue providing Harris Health System with furniture and systems, caseloads, seating and accessories.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  January 01, 2023 through December 31, 2023	Doug Creamer	\$ 58,319	\$ 58,319
B22	Texas Outhouse, Inc. <sup>5</sup>	<b>Rental of restroom trailer for Ben Taub Hospital</b> - To provide Ben Taub with a portable trailer at the Emergency Center during the six-month renovation period.	Purchase Public Health or Safety Exemption  October 07, 2022 through April 14, 2023	Mark Fury		\$ 53,969
B23	Penrad Technologies, Inc. (HCHD-809) <sup>3</sup>	<b>Mammography Software System for the Harris Health System</b> - Additional funds are required to provide for two (2) mammography software licenses, deployment, and server migration services for the Acres Home Health Center and Baytown Health Center.  <i>Sole Source Exemption</i>	Additional Funds Sole Source Exemption  April 01, 2022 through March 31, 2023	Reginald Jean- Jacques	\$ 42,000	\$ 27,000
					Total Expenditures	\$ 1,800,404
					Total Revenue	\$ (0)

1 Premier GPO - Diversity vendor not available for award

2 Technology purchase

3 Sole Source procurement

4 MWBE participation awarded

5 MWBE participation N/A

Tuesday, October 27, 2022

**Consideration of Approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for the Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Harris program.**

---

Management requests approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for Participation in the ACCESS Harris Program.

The ACCESS Harris program is a County program that is expected to improve the health, well-being, sustained recovery, and self-sufficiency of up to 700 County residents, including certain Harris Health patients with complex needs. The ACCESS Harris program will focus its initial efforts on minors who are involved with the juvenile justice system or enrolled in HCPH's Community Violence Prevention Program. These minors will be eligible to receive comprehensive case management services and appropriate referrals from a care coordination team that is composed of professionals from various County departments and local government agencies, including Harris Health System and The Harris Center.

Harris Health's primary responsibility under the proposed Interlocal Agreement is to hire an onsite nurse case manager who will identify and obtain appropriate permissions (e.g., consent or authorization) from eligible minors for referral to the ACCESS Harris Program. This nurse case manager will also have the duty to contribute to the development of a client care plan, attend weekly meetings with the previously identified case management team, follow-up on client care needs, and provide input on a data hub to be created and managed by HCPH. Harris County Public Health has agreed to cover the full-cost of the nurse case manager's salary and benefits, which will be set at \$118,703.

Given the highly regulated nature of the subject matter and ongoing discussions with HCPH on the topic, management will return to the Board of Trustees at a later date with a recommendation regarding Harris Health's participation in the HCPH data hub known as IBM Watson Care Manager.



Tuesday, October 27, 2022

**Consideration of Approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for the Community Violence Interruption Program (CVIP) program.**

---

Management requests consideration of approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) that will support the Community Violence Intervention Program (CVIP).

The CVIP is a County program, administered by HCPH, that offers a community-based solution to reducing gun violence. The CVIP operates outside of law enforcement and utilizes credible public health messengers to interrupt violence and defuse immediate tensions to create a safer community for everyone. Because emergency rooms are one of the most common destination(s) for victims of serious violent injuries, HCPH approached Harris Health with a request to hire a credible messenger that could meet victims, their families, and other individuals involved in the victim's care at their hospital bedside to assess and intervene in the event of retaliatory activity.

Harris Health System's primary duty under the proposed interlocal agreement with Harris County Public Health is to employ a social worker who will interact with victims of violent injuries after presenting to Ben Taub Hospital's Emergency Center. This social worker will inform victims of the CVIP and, if the victim consents to participation, will engage with HCPH so that its CVIP can aid in the victim's recovery beyond discharge. Harris County Public Health has agreed to provide funding for the full salary and benefits of the Social Worker, which are estimated to be approximately \$86,000. This amount is subject to change but corresponds with the current average salary of the Social Worker Care Manager I at Harris Health System.

Thursday, October 27, 2022

**Consideration of Approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for Epic Licenses, Maintenance and Support Services to be provided by Harris Health System**

---

Management requests approval of a new Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health (HCPH) for the purpose of allowing HCPH to utilize EpicCare through a program known as Epic Community Connect.

This agreement replaces the 2016 agreement entered between the parties, and outlines Harris Health's responsibility for securing EpicCare licenses and providing maintenance and support for the software to HCPH. In consideration of the services to be performed, Harris County Public Health will compensate Harris Health in the amount of approximately \$ 819,170.00 during the first year. This amount covers the actual cost to Harris Health of providing the services, including the personnel, and obtaining the necessary licenses.

The agreement has a two-year initial term and three optional renewal terms of two years each.

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report  
Grant Agreement Summary: October 27, 2022**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Texas Health and Human Services Commission (HHSC)	Consideration of Approval to Ratify an Amendment to a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Fund Integrated Family Planning Opioid Response Pilot Project Services in the amount of \$500,000 for a Total Award of \$1,500,000.	<b>Ratification of Amendment to a Grant Agreement</b>	October 1, 2022 through September 30, 2023	Dr. Jennifer Small	\$ 500,000.00
C2	Baylor College of Medicine	Consideration of Approval to Ratify a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to Fund the Randomized Controlled Trial of Mail-Self Stamped HPV Testing to Increase Cervical Cancer Screening Participation Among Minority/Underserved Women in an Integrated Safety Net Healthcare System Project in the Amount of \$112,285 for a Total Award of \$574,485.	<b>Ratification of the Third Amendment to a Grant Agreement</b>	January 1, 2021 through December 31, 2021	Dr. Jennifer Small	\$ 112,285.00

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C3	Baylor College of Medicine	Consideration of Approval to Ratify a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to Fund the Randomized Controlled Trial of Mail-Self Stamped HPV Testing to Increase Cervical Cancer Screening Participation Among Minority/Underserved Women in an Integrated Safety Net Healthcare System Project in the Amount of \$234,591 for a Total Award of \$809,076.	<b>Ratification of the Fourth Amendment to a Grant Agreement</b>	January 1, 2022 through December 31, 2022	Dr. Jennifer Small	\$ 234,591.00
C4	Texas Office of the Governor	Consideration of Approval of a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and the Texas Office of the Governor to Fund Forensic Nursing Services for an Amount not to Exceed \$43,222.28.	<b>Grant Agreement</b>	September 1, 2022 through August 31, 2023	Dr. Maureen Padilla and Pamela Russell	\$ 43,222.28
<b>TOTAL AMOUNT:</b>						<b>\$ 890,098.28</b>

STATE OF TEXAS  
COUNTY OF HARRIS

MOTION NO. \_\_\_\_\_

On October 27, 2022, the Harris County Hospital District d/b/a Harris Health System (Harris Health) Board of Trustees convened in regular session at its regular meeting place. The following members of the Board were present:

		Present	Absent
Arthur Bracey, MD	Chair	<input type="checkbox"/>	<input type="checkbox"/>
Ewan D. Johnson, MD, PhD	Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>
Andrea Caracostis, MD	Secretary	<input type="checkbox"/>	<input type="checkbox"/>
Lawrence D. Finder	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Mia Mendis	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Alicia Reyes	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Barbie Robinson	Board Member	<input type="checkbox"/>	<input type="checkbox"/>

The Board determined that a quorum was present. Among other business, a resolution on the following matter was considered:

*Consideration of approval of a Texas Office of the Governor Grant Application Submission and Award for Grant Project Number 3942104  
(Texas Office of the Governor – Criminal Justice Division (CJD))*

\_\_\_\_\_ introduced the resolution and made a motion that it be adopted. \_\_\_\_\_ seconded the motion for adoption. The motion, carrying with it the adoption of the resolution, prevailed by the following vote:

	Yes	No	Abstain	Absent
Arthur Bracey, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ewan D. Johnson, MD, PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andrea Caracostis, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawrence D. Finder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mia Mendis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alicia Reyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbie Robinson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The adopted resolution reads as follows:

**WHEREAS**, the Board of Trustees of the Harris Health System (“Board”) finds it in the best interest of the citizens of Harris County, Texas that the Enhancement of a Community SAFE-Ready Facility project be operated for Fiscal Year 2023; and

**WHEREAS**, the Board agrees to provide applicable matching funds for the said project as required by the Texas Office of the Governor – Criminal Justice Division (CJD) grant application; and

**WHEREAS**, the Board agrees that in the event of loss or misuse of the Office of the Governor funds, the Board assures that the funds will be returned to the Office of the Governor in full.

**WHEREAS**, the Board designates Harris Health System’s President and Chief Executive Officer as the grantee’s authorized official. The authorized official is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency.

**NOW THEREFORE, BE IT RESOLVED** that the Board approves submission of the grant application for the Enhancement of a Community SAFE-Ready Facility project to the Office of the Governor.

PASSED AND APPROVED this 27<sup>th</sup> of October, 2022.

Attest:

\_\_\_\_\_  
Dr. Arthur W. Bracey, Chair

\_\_\_\_\_  
Dr. Andrea Caracostis, Secretary

Thursday, October 27, 2022

Harris Health System Legislative Initiatives

---

Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System.

# HARRIS HEALTH SYSTEM

## Board of Trustees Legislative Update

### October 27, 2022

#### Federal Update

**Frontline Hospital Alliance Update:** In 2018 Harris Health joined 8 other national health systems to form a collaborative of “super” safety net hospitals to pursue a federal designation recognizing the systems providing significant levels of care to the uninsured and under insured. There are less than 80 hospitals nationwide that meet these criteria and only 7 in Texas. This designation would translate to a more equitable distribution of Medicare and Medicaid supplemental payments and ensure the 340B program is maintained for this class of hospital. During the COVID-19 pandemic Frontline assisted in targeting Provider Relief Fund payments to these facilities, including Harris Health. The following is an update on where the legislative process stands:

- **Senator Sherrod Brown Health Equity Bill-** Senator Brown (D-OH) has indicated to Frontline that its definition will be included in the health equity bill he plans to introduce. The bill is expected to be introduced in November or December. The likelihood of passage will be dependent on the outcome of the mid-term elections.
- **Center for Medicare and Medicaid Innovation (CMMI) demonstration bill-** Frontline members have been working with Congressman Brendan Boyle’s (D-PA-2) office to introduce this bill in the House. Senator Michael Bennet’s (D-CO) office has indicated a willingness to introduce a companion bill in the Senate. Frontline will begin talks in both chambers with potential Republican co-sponsors early next year.

**Federal Government Funding:** The Senate passed a short-term spending on September 29 to avoid a government shutdown. The House passed the measure the following day. The new fiscal year began on October 1 and Congress has passed 6 of the 12 annual appropriations bills. This short-term Continuing Resolution (CR) lasts until mid-December when congressional action will be needed during a lame duck session to fund the government through the remainder of the fiscal year in the form of an omnibus spending package.

The CR included \$12 billion in security and financial assistance for Ukraine and disaster relief for Alaska flooding and the Jackson, MS water crisis. The bill did not include the Biden administration’s request for additional COVID or monkeypox funding.

**End of Year Funding Package:** Telehealth issues will now be taken up in 2023 along with broader measures related to mental health. There are temporary measures and the current Public Health Emergency declaration that will maintain existing waivers for these programs. There has also been a 151-day extension which should carry these programs into the end of 2023. Also note there are several bills in both the House and Senate that have been filed related to telehealth and hospital at home initiatives.



The Senate Finance Committee is working on a separate proposal that will address provider and hospital workforce issues. More to come.

**MENTAL HEALTH:** Senate Finance has issued a discussion draft of legislation to address mental health in late September. This bi-partisan backed legislation is an attempt to address mental health in the country by the following:

- Support 400 new Medicare–funded residency slots a year for training psychiatrists in an effort to address the mental health workforce shortage;
- Provide Medicare Part B coverage for family and marriage therapists and mental health counselors;
- Support for expanding social worker services and making it easier for patients to see psychologists trainees;
- Expand Medicare’s Health Professional Shortage Area Physician Bonus Program; and
- Expand Medicaid to increase the capacity and number of mental health care providers under the program.

**340B:** A D.C. federal court ruled in late September that cuts from the CMS to 2022 reimbursement for drugs under the 340B Drug Pricing Program must stop immediately. This ruling would require CMS to increase the current ASP from -22.5% reimbursement rate to ASP +6% for the remainder of the year. This decision follows the US SCOTUS ruling in June that CMS overstepped its authority in cutting 340B reimbursement for hospitals in 2019 and 2020. The ruling equates to a \$1-2 million cost recovery for Harris Health.

## **State Update**

**1115 Waiver Update:** HHSC is forming equity working groups to review supplemental payment system reform under the Directed Provider Payments and the Medicaid Disproportionate Share Hospital (DSH) program. Harris Health has appointed four members to these work groups. The goal is to better align payments for the state’s hospital districts and to gain parity/equity with private hospitals in the Medicaid program.

Group meetings began in October.

**88<sup>th</sup> Legislature Priorities:** Given the expected \$30 + billion surplus many legislators are looking at one time infrastructure projects, pension benefit payments and property tax cuts. From a policy perspective, likely priorities include COVID and monkeypox response, the electrical grid, school safety and the Dobbs decision.

The Legislature will once again debate lowering hospital district Voter Approval Rate (VAR) from the current 8% increase down to 3.5% which will have a significant impact on budgets across the state during periods of high inflation in the health care sector. There will also be considerable debate regarding property tax appraisals and appraisal districts along with more restrictions on public debt instruments i.e. Certificates of Obligation.

Health care policy debates will include workforce issues, 12 month continuous Medicaid coverage for postpartum women, Medicaid mandatory contracting for hospital district affiliated MCO’s,

telehealth/telemedicine, Food Rx, Medicaid MCO procurements, Local Provider Participation Fund renewals, workforce violence prevention, Emergency Detention Orders, and trauma funding.

**House Public Health Committee Testimony:** Dr. Jackie Brock presented testimony on behalf of Teaching Hospitals of Texas before the House Public Health Committee on workforce issues. Her testimony is attached.

[Here's the video](#) from that Public Health committee hearing. Dr. Brock's testimony begins at 4 hrs. And 40 minutes and lasts about 10 minutes if you are interested in watching it. (Click on link then roll the video over to the 4hour and 40 min. mark.)

The committee seemed to express support for clinical training and preceptor needs as well as the grant program for innovation. Dr. Brock was able to convey to the committee the innovative work that Harris Health is doing to retain and grow its workforce.



**THOT MEMBERS**

- AUSTIN  
Central Health  
Dell Seton Medical Center at  
The University of Texas
  
- CORPUS CHRISTI  
Nueces County Hospital District
  
- DALLAS  
Children’s Health System of Texas  
Parkland Health & Hospital System  
The University of Texas Southwestern  
Medical Center
  
- EL PASO  
University Medical Center of El Paso
  
- FORT WORTH  
JPS Health Network
  
- GALVESTON  
The University of Texas Medical Branch
  
- HOUSTON  
Harris Health System  
The University of Texas M.D. Anderson  
Cancer Center
  
- LUBBOCK  
UMC Health System of Lubbock
  
- MIDLAND  
Midland Health
  
- ODESSA  
Medical Center Health System
  
- SAN ANTONIO  
University Health
  
- TYLER  
The University of Texas Health Science  
Center at Tyler
  
- GME Affiliate**
  
- RIO GRANDE VALLEY - EDINBURG  
Doctors Hospital at Renaissance
  
- Policy Affiliate**
  
- AUSTIN  
Dell Medical School at the University of  
Texas Austin

**COMMITTEE: Public Health**  
**TIME & DATE: 10:00 AM, Wednesday, September 14, 2022**  
**PLACE: E2.010 CHAIR: Rep. Stephanie Klick**

**RE: Examine existing resources and available opportunities to strengthen the state’s nursing and other health professional workforce, including rural physicians and nurses.**

Good morning, Chair Klick and Members of the Committee. My name is Jackie Brock and I’m the Chief Nurse Executive at Harris Health System in Houston, Texas.

Harris Health, with a workforce that exceeds 15,000 inclusive of Baylor College of Medicine and UT Health Houston affiliated medical staff, is the public essential healthcare system that champions better health for the entire community, with a focus on low-income uninsured and underinsured patients, through acute and primary care, wellness, disease management and population health services.

I’m here today representing the Teaching Hospitals of Texas.

Thank you for the opportunity to provide recommendations on improving and strengthening the state’s nursing workforce. To grow, support and retain Texas’ nurse workforce, we ask that the Legislature fund clinical sites for nursing students, support post graduate clinical residencies for new nursing graduates, invest in nurse retention strategies and provide grant funding to clinical sites to create training and retention pilots.

Historically, there has been little to no state or federal support provided directly to clinical sites for training nursing students and nursing graduates as they transition to work as nurses. Yet nurse faculty continue to identify lack of access to clinical training as a primary obstacle to expanding class size in Texas’ nursing programs.<sup>i</sup> The Higher Education Coordinating Board also highlighted the need for clinical capacity and partnerships,<sup>ii</sup> and a recent Texas Future of Nursing Summit cited a need for improved clinical capacity and coordination. That group of nurse executives and nursing education leaders recommended increased coordination between

**Healing, Teaching, Leading:**  
*Essential for the Health of Texas*

academic programs and clinical practice to ensure graduating nurses entering the workforce have the clinical training and skills they need to provide quality care for patients.<sup>iii</sup>

In addition to clinical support for students, after graduation, nurses need clinical site support as they transition to full independent practice.<sup>iv</sup> However, nursing residency or transitional clinical training, unlike graduate medical education (GME) for physician residencies,<sup>v</sup> have limited or no ongoing, dedicated federal or state funding.<sup>vi</sup> To increase Texas' nurse workforce, we ask that the Legislature invest in clinical site training support similar to its investments in GME.

Current nurse workforce funding largely focuses on the educational component, which—though necessary—is not sufficient to train a competent nurse workforce. Equally necessary and critical, but as yet unsupported, is clinical capacity for clinical site training. Hospitals provide the primary setting for the bulk of nurse students' clinical training.<sup>vii</sup> Hospitals financially support clinical training for students based on arrangements and affiliations with educational institutions, as allowed by a given hospitals' workforce and budget. Direct state support to hospitals for increased clinical capacity will help expand student class sizes and further facilitate those students' transition to full practice.

Retaining our current nurses will also be key to sustaining and growing our workforce. With a new generation of nurses, the pressures of the pandemic on workload, salary inequities between staff and contract nurses, and increased challenges to provide adequate support for current nurses, funding for Nurse Retention strategies is needed to retain our current, trained nurse workforce—not only to staunch the loss of nurses from the workforce—but also to support their resilience in today's challenging nursing environment.

Lastly, THOT also supports one time funding such as hospital-based grant programs to develop, implement, and test innovative approaches to increasing clinical capacity, clinical training, and nurse retention.

Thank you for your consideration of these recommendations and I am happy to answer any questions.

Jackie Brock, DNP, RN, NEA-BC, TCRN  
Chief Nurse Executive/Executive Vice President, Harris Health System  
Phone: 346-426-0175

---

<sup>i</sup> [https://dshs.texas.gov/chs/cnws/NEPIS/2020/2021\\_Faculty\\_Trends.pdf](https://dshs.texas.gov/chs/cnws/NEPIS/2020/2021_Faculty_Trends.pdf)

See page 14 in this School of Nursing Faculty Trends Report from the Center.

<sup>ii</sup> <https://reportcenter.highered.texas.gov/meeting/committee-supporting-documents/10-20-evaluation-of-nursing-shortage-reduction-program-report/> See e.g., page iv.

---

<sup>iii</sup> The Future of Nursing in Texas: Stakeholders Moving Toward Alignment (sponsored by the Texas Board of Nursing and the Texas Organization for Nursing Leadership:  
[https://www.bon.texas.gov/pdfs/publication\\_pdfs/The%20Future%20of%20Nursing%20in%20Texas\\_Stakeholders%20Moving%20Towards%20Alignment\\_2020.pdf](https://www.bon.texas.gov/pdfs/publication_pdfs/The%20Future%20of%20Nursing%20in%20Texas_Stakeholders%20Moving%20Towards%20Alignment_2020.pdf)

<sup>iv</sup> Onboarding and time to acclimate to independent practice in clinical settings was identified as a key retention factor by University Medical Center El Paso.

<sup>v</sup> The federal Medicare program funds an important but limited amount of the costs for GME; the THECB has an important grant program created by the Legislature to support GME residency costs; and Texas' Medicaid program using local tax dollars also supports some of the costs of GME in Texas.

<sup>vi</sup> With the exception of a \$15M healthcare apprenticeship program that TWC is developing, current funding targets educational institutions and not the hospital partners providing clinical capacity. COVID-19 has reduced clinical access in some programs, and increased demand for nurses causing even more needs for clinical capacity, clinical training, and clinical preceptors at Texas hospitals.

<sup>vii</sup> On average about 78% of nursing students' clinical training is spent in an acute care setting (e.g., hospitals). On average, nurse students receive about 6% of their clinical training in long term care settings; and about 13% in community settings. The 2021 Nursing Education Program Information Survey; The Texas Center for Nursing Workforce Studies, in collaboration with the Texas Board of Nursing. See page 7.  
[https://dshs.texas.gov/chs/cnws/NEPIS/2021/2021\\_RN\\_ProgramCharacteristics.pdf](https://dshs.texas.gov/chs/cnws/NEPIS/2021/2021_RN_ProgramCharacteristics.pdf)

Thursday, October 27, 2022

Harris Health System Council-At-Large Meeting Minutes

---

- July 11, 2022
- September 12, 2022

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>I. Call to Order</b></p>	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p><b>Council Members in Attendance:</b></p> <ul style="list-style-type: none"> <li>• Acres: Bennie Baker</li> <li>• Casa: Daniel Bustamante</li> <li>• Gulfgate: Patricia Shephard, Teresa Recio</li> <li>• Homeless: Ross Holland</li> <li>• LBJH: Velma Denby</li> <li>• MLK: Fadine Roquemore</li> <li>• Thomas Street: Josh Mica</li> <li>• Vallbona: Cynthia Goodie</li> </ul> <p><b>Harris Health System Attendees:</b> Louis Smith, Sunny Ogbonnaya, Jon Hallaway, Dr. Mohammad Zare, Omar Reid, Lydia Rogers, Leslie Gibson, Sarah Rizvi, Kissie Joubert, Dwanika Walker, Teong Chai, Dr. Matasha Russell, Kiara Olmeda, Mary Jo Hobbs, San Juanita Franco</p> <p><b>Board Members in Attendance:</b> Alicia Reyes</p>	
<p><b>II. Moment of Silence</b></p>	<p>Moment of Silence observed.</p>	
<p><b>III. Approval of Minutes</b></p>	<p>The minutes from June 13, 2022 were approved as written. Josh Mica – Thomas Street 1<sup>st</sup> motioned; Daniel Bustamante 2<sup>nd</sup>.</p>	
<p><b>IV. Council Reports</b></p>	<p><b>Acres Home – Fadine Roquemore on behalf of Bennie Baker</b></p> <ul style="list-style-type: none"> <li>• Not home to give report; will only be able to listen to the meeting today</li> </ul> <p><b>Baytown – No representative</b></p> <p><b>Casa de Amigos – Daniel Bustamante</b></p> <ul style="list-style-type: none"> <li>• The Council did not have a meeting in June, the staff was dealing with other issues. No report at this time. Construction is proceeding along and staff are diligently working with all the barriers doing great job.</li> </ul> <p><i>Mrs. Roquemore thanked Mr. Bustamante for his report.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**


AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Report (continued)</b></p> <p><b>Gulfgate – Patricia Shephard</b></p> <ul style="list-style-type: none"> <li>• The Council had a meeting today. One vacant for Family Practice Provider position.</li> <li>• Working on National Health Center Week on August 7<sup>th</sup> – 13<sup>th</sup>, at that time the council will be trying to recruit patients for membership</li> <li>• Harris Health is launching the MyHealth platform</li> <li>• In June, there was a concern addressed regarding the eligibility of patients. In today’s meeting the concerns were the eligibility process and the \$95 charges. Would like to acknowledge the council met with the Harris Health System eligibility representative along with the Gulfgate Administrator and patient manager explained, and responded to all of questions and had concerned for. It was very well informed better satisfied then before, it was explained very thoroughly in regards to the process for eligibility.</li> <li>• Asked Ms. Roquemore when can get a copy of what she is promoted for recruitment for volunteers for council.</li> </ul> <p><i>Mrs. Roquemore thanked Ms. Shephard for her report and will get that to her and explain to everyone what she is speaking of when she presents her report.</i></p> <p><b>Homeless – Ross Holland</b></p> <ul style="list-style-type: none"> <li>• The monthly meeting was on July 5<sup>th</sup>. We went over productivity scores of all the different clinics and there were some clinics that needs some areas of improvement and the management team has already developed a plan to improve the productivity scores.</li> <li>• Unfortunately, I am the only active council member. We do have one potential member but haven’t been able to bring him on board yet and glad to be a part of today’s council meeting.</li> </ul> <p><i>Mrs. Roquemore thanked Mr. Holland for his report</i></p>	





**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (<i>continued</i>)</b></p> <p><b>Martin Luther King – Fadine Roquemore</b></p> <ul style="list-style-type: none"> <li>• At last meeting I sat, explained and gave out information as they came into the clinic. Letting them know we have a council and what responsibilities are asked of the council members. From that, I was able to recruit one new member. Her name is Patricia Lewis, I do have her address. Pleased that out of two weeks, I was able to get one new member.</li> <li>• Will pass information on as to what was done and of course it did take going every day, sitting at a table and passing out information pertaining to what we did and how we assist with the Health Center.</li> </ul> <p><b>Thomas Street – Josh Mica</b></p> <ul style="list-style-type: none"> <li>• A couple of updates for the council. We did meet and decided on Thanksgiving and Toy Drive dates. November 17<sup>th</sup> will be Thanksgiving Feast that we offer to all patients at Thomas Street, that come in and Toy Drive will be December 20<sup>th</sup>.</li> <li>• Also have something Tuesday and Thursday, hoping to re-launch lunch bags. We are excited about that. Hopefully by the 1<sup>st</sup> Tuesday in August. We are currently looking for volunteers.</li> <li>• Congratulations to Ian on accepting a new position within the company. He’s going to be a fantastic person at LBJ but going to miss him as the Volunteer Manager.</li> <li>• Ask if someone knows who the new Volunteer Manager is, need to see if can possibly get some volunteers to help us out to run the lunch program until we can find own volunteers.</li> <li>• Excited about the Quentin Mease update, real excited that Thomas Street will be a part of the history at Quentin Mease.</li> <li>• Asking that if pictures of people who have made a difference at Thomas Street be at Quentin Mease.</li> </ul> <p><i>Mrs. Roquemore asked for the meetings at Thomas Street that’s going to be at Quentin Mease, have the dates been set?</i></p> <p><i>Mr. Mica replied no ma’am, it’s going to be moved to Summer 2023.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (<i>continued</i>)</b></p> <p><b>Vallbona – Cynthia Goodie</b></p> <ul style="list-style-type: none"> <li>• I would like to ask everyone to say a prayer for me and my special needs sister, please.</li> <li>• As for the reports, everything is basically the same, nothing has really changed for Vallbona.</li> </ul> <p><i>Mrs. Roquemore thanked Ms. Goodie for her report.</i></p> <p><b>Ben Taub Hospital – No representative</b></p> <p><b>Lyndon B. Johnson Hospital – Velma Denby</b></p> <ul style="list-style-type: none"> <li>• <i>Somehow was dropped from the call; will come back.</i></li> </ul>	
<p><b>V. Old Business</b></p>	<p><b>No Old Business to review.</b></p>	
<p><b>VI. Updates</b></p>	<p><b>No Updates at this time.</b></p>	
<p><b>VII. Community Medicine</b></p>	<p><b>Dr. Matasha Russell</b></p> <p><b><i>Primary Care Operations Scorecard (see attached):</i></b></p> <ul style="list-style-type: none"> <li>• Medical Home No Show rate, still below 20%, so doing well in the green</li> <li>• Average Cycle Time is also in the green, with average cycle time is below 75 minutes</li> <li>• 3<sup>rd</sup> New Appointment Availability continues to be in green, except for the Telephonic Visits which are basically the telephone visits, that availability is a little bit in the red there</li> <li>• 3<sup>rd</sup> Return Appointment Availability is a bit outside of our goal for our Medical Home slot and Telephonic slot; do have some vacancies that are needing to be filled which would explain some of those red areas</li> </ul>	<p style="text-align: center;">             Primary Scorecard            June 2022.pdf         </p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Administration</p>	<p><b>Community Medicine (continued)</b></p> <p><b>HEDIS Scorecard Data Reporting Period (see attached):</b></p> <ul style="list-style-type: none"> <li>Overall we are doing well with our HEDIS scorecard except in areas that have been some trouble which are Colorectal Cancer Screening, Hypertension Control and Diabetic Control but there are multiple quality improvement initiatives that are underway that we're really working hard to really help improve those measures and seeing some gains in Blood Pressure Control, will continue to work on that; flat-lined a little bit with Diabetes goal but we're going to really try to work to get those improved along with our Colorectal Cancer Screening</li> </ul> <p><b>HIV Quality Report (see attached)</b></p> <ul style="list-style-type: none"> <li>For the HIV Screening Testing grand total for this month is a bit over 15,000 and of that particular number, the breakdown includes over 10,000 HIV screening test have been done in our clinic and the rest of that score is made up through the HIV testing that is done in our emergency center which is over 4,000, really doing well with that.</li> <li>Viral Load Suppression getting close to that goal, look in the month of June, the goal is 90% and getting close to that you see make steadily gain at 87%</li> <li>Recommend Provider, this is our patient satisfaction goal which is 87.8%, getting close to that about 2 points off for the month of June we're at 85.6%. The team at Thomas Street are really working hard trying to get close to all of their goals.</li> </ul> <p><b>Questions/Comments:</b> None.</p> <p><b>Esmail Porsa, President &amp; CEO</b></p> <ul style="list-style-type: none"> <li>Not present.</li> </ul>	<p> HEDIS May22.pdf</p> <p> HIV-CAL 7-22.pdf</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b></p> <p><b>Lydia Rogers, Administrative Director of Clinical Operations on behalf of Dr. Jennifer Small, Executive Vice President of Ambulatory Care Service</b></p> <ul style="list-style-type: none"> <li>• In keeping up with the CDC recommendations, Harris Health is now offering patients ages 6 months to 4 years dosages of the COVID Pfizer vaccine.</li> <li>• Partnering with Houston Metro and UT School of Public Health to identify transportation barriers and challenges for patients at Harris Health. The goal is to identify resources and programs that will help the transportation issues so patients won't miss their appointments. We will have more to come regarding this collaboration this upcoming month.</li> <li>• ACS Nursing Leadership has formally initiated their application for Pathway to Excellence designation. Over the next month, the ACS Nursing team will prepare the submission package for designation with the goal to achieve Pathway to Excellence designation in the fall of 2023.</li> </ul> <p><b>Questions/Comments - None.</b></p> <p><b>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</b></p> <ul style="list-style-type: none"> <li>• In the month of June, Filled 175,000 prescriptions, 76.9% of them at total 134,107 prescriptions were delivered to patient homes.</li> <li>• We thank all of our patients who are giving us the opportunity to provide this home delivery service. We wish to encourage all of our patients to please take advantage of our prescription home delivery service for its convenience and continuity of care.</li> <li>• Received and processed 43,477 prescription refill request from MyHealth, this number represents 54.5% of all of the prescription request received for the month of June.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b></p> <ul style="list-style-type: none"> <li>We thank all of our patients for using MyHealth in requesting their prescription refill; we wish to also encourage all of our patients to please use MyHealth in request their prescription and to please request your prescription refill 7-10 days before your medicine runs out, that way the prescriptions are refilled and delivered to your home for convenience and continuity of care.</li> <li>Also add in the month of August around the 18<sup>th</sup>, our Central Field Technology will go through an upgrade. That upgrade may result in a one day downtime. We are going to be sending out flyers to all of our patients and encouraging everyone to please call in their refill by August 15<sup>th</sup>. That way the prescription are filled and home delivered in order to avoid any interruptions. There will not be any interruption of service because we are going to leverage order sites for the one day the system may be down in August.</li> <li>You will be able to receive your medication, the Central Field which is our workhorse where most of the prescriptions are usually processed will be down for one day. We are going to use all order sites to process the prescriptions and still deliver them.</li> </ul> <p><i>Mrs. Roquemore thanked Dr. Ogbonnaya for his report.</i></p> <p><b>Questions/Comments – None.</b></p> <p><b>Jon Hallaway, Program Director, Department of Public Safety</b></p> <ul style="list-style-type: none"> <li>The level of COVID casing is increasing across the city, which is a concern. Security staff has been asked to assist with visitors that are not in compliant or if there is any problem with visitor control. Security staff will assist because we want to keep this controlled as best as we can.</li> <li>Many have of you probably heard about the security alert that went off at Ben Taub a few weeks ago. I want to share, that this is standard protocol. If ever we think there is any kind of risk at any of our sites, we’ll go ahead and send out an alert and lockdown the facility and have staff shelter in place until we feel the security alert is clear.</li> </ul>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b> We are very much concerned for our employees and our visitors in case there is an external security threat.</p> <p><i>Mrs. Roquemore thanked Mr. Hallaway for his report.</i></p> <p><b>Questions/Comments – None.</b></p> <p><b>Teong Chai, Administrative Director, Program Management on behalf of David Attard, SVP, Facilities, Construction and Systems Engineering</b></p> <ul style="list-style-type: none"> <li>• Two Project Updates; Quentin Mease project as mentioned early, construction is moving along smoothly. Looking at substantial completion around March or April 2023, the move in approximately May to June 2023. Will make sure to update the council once we get up-to-date in terms of a completion date.</li> <li>• Casa de Amigos as mentioned earlier containments are going up now. We are just waiting on the demolition permit to get approval. Hopefully this week from the city and the construction permit from the city. We’re looking at mid-August for approval.</li> </ul> <p><i>Mrs. Roquemore thanked Mr. Chai for his report.</i></p> <p><b>Omar Reid, Senior Vice President, Human Resources</b></p> <ul style="list-style-type: none"> <li>• Following up on what Mr. Hallaway said about the increase of COVID cases across our community. We are also seeing that among our employees; on Friday we had 112 employees in quarantine. We certainly need to follow those protocols both inside our facilities and outside of our facilities so that we can try to control the spread of COVID.</li> </ul> <p><i>Mrs. Roquemore thanked Mr. Reid for his report.</i></p> <p><b>Questions/Comments – None.</b></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>IX. New Business</b></p>	<p>Mrs. Roquemore asked Alicia Reyes to speak to the council.</p> <p>Ms. Reyes – Glad everyone is on the call today and getting information from Administration. She thanked everyone for sharing what’s going on at the Health Centers.</p> <p><i>Dr. Russell – Regarding the heat, folks really need to make sure to stay hydrated; the City of Houston has cooling centers for those who may have issues with their air condition. Please stay hydrated; really try to stay out of the heat during the middle of the day as much as you can. If you have to do any activities, if possible try to keep it to the early mornings and the late evenings when the sun is a little bit lower. Reiterate that those COVID numbers are indeed going up, so please continue to do the masking. I know we are tired of the mask but it does help keep down the spread, do your social distancing and washing your hands as well.</i></p> <p>Mr. Bustamante asked Dr. Russell a question: Can you briefly give the symptoms of heat stroke?</p> <p><i>Dr. Russell: You can have dizziness, nausea, may notice you have stopped sweating and if you stop sweating that is a really bad sign. Exhausted people will feel so fatigue. It can happen so quickly, especially when we had that 104 degrees, it can feel like it is 110. You can be out there for 5 – 10 minutes and really feel exhausted. Please be careful out there.</i></p> <p>Mr. Bustamante: Immediate first aid would be to get into a cool spot. Get in a cool spot and try to get your fluid intake in as quickly as you can.</p> <p>Alicia Reyes asked Louis Smith: We’ve had participation from several members of our Council at Large on the Strategic Plan for Ambulatory. I was wondering if administration could give an update perhaps in September, maybe discuss with Mrs. Roquemore; do something with detail. I know that this meeting is dedicated to the council report and there won’t have a meeting scheduled in August. But something with some depth in it so that the council are alerted to what is going on. I think that will be a good topic.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>New Business (continued)</b></p> <p><i>Louis Smith responded, yes Mrs. Reyes. Actually, Dr. Small and I have spent time with Mrs. Roquemore and a couple of the officers to have some discussion around that and talk about when we might get in front of the Council at Large. I know there is still some conversation if whether we will call a special Council at Large and talk through that or cycle it at a regular meeting. So Mrs. Roquemore, Dr. Small and I will be following up with you to see your preference but that is the plan Ms. Reyes and thank you for bringing it up to have an opportunity to prepare the board in terms of the ability of having the conversation on the expression of how we continue to leverage our ambulatory platform to the widest extent possible to our communities we serve, so more to come on that but appreciate that.</i></p> <p>Teresa Recio stated: I was a member of the Strategic Plan and I do not know if still a member. I know that when we get the notices of the meeting it says Strategic Plan and it gives a phone number but I do not join because I do not know if I am still a member. I was a member two years ago but I have not been aware or contacted if I am still a member of the Strategic Plan. Could you check that for me?</p> <p><i>Dr. Russell: I am sure we can definitely take that information back and look into that for you. I know there was some work initially to make sure we had community buy in as we were getting the Strategic Plan together, so I'm not sure but I am thinking the meetings you may be talking about probably have already resolved because the Strategic Plan has already been set and put in place; and so I think with the update that Louis is talking about with Louis and Dr. Small coming back that you will be heavily involved with that.</i></p> <p>Mrs. Roquemore asked if there was any other comments or any other statements. Was everyone able to login?</p>	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**July 11, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>New Business (continued)</b></p> <p>Ross Holland stated he did receive the email however the WebEx link was put on an attachment, was unable to click on it instead of putting it into the body of the email where I could actually login into the WebEx. Will notify Ms. Rangel, the one who sent the packet to include the WebEx login in the body of the email so I can properly view the meeting.</p> <p>Mrs. Roquemore asked if there were any other comments, suggestions, or questions.</p> <p>Daniel Bustamante asked a question: I don't know if anyone has the same issue but are we still going to receiving physical copies of the agenda and attachments that we get via email or is it going to be just via email?</p> <p><i>Lydia Rogers: Yes you will, if you request to receive a hard copy. The packets were overnighted and because of the holiday, there may have been a delay and we do apologize for that but yes you will continue receive a hard copy if you have request one.</i></p> <p>Teresa Recio: Request a packet</p> <p><i>Lydia Rogers: We met with the Operations Manager and we do have a list of our council members who request both the email and packet.</i></p>	
<p><b>X. Adjournment</b></p>	<p>Motion to adjourn the meeting granted at 5:37pm.</p>	<p><b>Next Meeting: September 12, 2022</b></p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<b>I. Call to Order</b>	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p><b>Council Members in Attendance:</b></p> <ul style="list-style-type: none"> <li>• Acres: Bennie Baker, Sheila Taylor</li> <li>• Casa: Daniel Bustamante</li> <li>• Gulfgate: Teresa Recio</li> <li>• LBJH: Velma Denby</li> <li>• MLK: Fadine Roquemore</li> <li>• Thomas Street: Josh Mica</li> <li>• Vallbona: Cynthia Goodie</li> </ul> <p><b>Harris Health System Attendees:</b> Louis Smith, Sunny Ogbonnaya, Amineh Kostov, Jon Hallaway, Dr. Fareed Khan, Lydia Rogers, Leslie Gibson, Sarah Rizvi, David Attard, Kiara Olmeda, Akansha Saragoi, Candace Jones, Craig Johnson, Dawn Jenkins, Olevia Brown, Tracey Burdine, Nina Jones</p> <p><b>Board Members in Attendance:</b> Alicia Reyes</p>	
<b>II. Moment of Silence</b>	<p>Moment of Silence observed.</p>	
<b>III. Approval of Minutes</b>	<p>Motion to approve July’s minutes in October meeting.</p>	<p>Approval deferred to October meeting.</p>
<b>IV. Council Reports</b>	<p><b>Acres Home – Sheila Taylor</b></p> <ul style="list-style-type: none"> <li>• Acres now has two bike routes.</li> <li>• Food Pharmacy is very successful. Diabetic patients are able to go and get food. There are classes to teach you how to cook food properly.</li> <li>• New Optical Shop that will be opening up soon.</li> <li>• The Pharmacy numbers have increased from 5700 patients to servicing 6000 patients. Which is up 78%.</li> <li>• There is going to be a Pediatric treat box for children. It will be geared toward healthy eating.</li> </ul>	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Report (continued)</b></p> <ul style="list-style-type: none"> <li>• Pathway to Excellence, everything is improving every month.</li> <li>• Carnival was successful.</li> <li>• October 22<sup>nd</sup> there will be Cancer screening. They are also offering mammograms.</li> <li>• Social Service says visits have increased.</li> <li>• Patient Educator Natalie is going to be a part of the Diabetic Walk that will be held in October.</li> <li>• Medical Records is able to process same day request on Mondays.</li> <li>• Dental is down to one Dentist.</li> <li>• Security will be adding a new officer. The lock system has been upgraded.</li> <li>• OVAC treatment program now is available.</li> <li>• Flu Shots will be starting in October.</li> <li>• EVS is doing well. They receive a 100% rating.</li> <li>• Pharmacy is also trying to get patients to get the freestyle Dexcom Diabetic testing kit.</li> <li>• Acres has hired one RN. One of the PCT's has moved into a MA position. There are two LVN &amp; one RN position open.</li> <li>• Lactation Station for moms who are breastfeeding is available.</li> </ul> <p><i>Mrs. Roquemore thanked Ms. Taylor for her report.</i></p> <p><b>Baytown – No representative</b></p> <p><b>Casa de Amigos – Daniel Bustamante</b></p> <ul style="list-style-type: none"> <li>• I had a family funeral to attend the week of council meeting and I was not back the day of the meeting. It was postponed.</li> <li>• The clinic seems to be running well with the construction going on and their thankful for what's going on.</li> </ul> <p><i>Mrs. Roquemore thanked Mr. Bustamante for his report.</i></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (continued)</b></p> <p><b>Gulfgate – Teresa Recio</b></p> <ul style="list-style-type: none"> <li>• The Council met today. We have 1.85 vacant Family Practice position.</li> <li>• This week we are celebrating Environmental Service week.</li> <li>• Harris Health is relaunching the MyHealth platform.</li> <li>• In August, we celebrated National Health Center Week and it was excellent. There were two patient events and two employee events.</li> <li>• We recruited three new council members.</li> </ul> <p><i>Mrs. Roquemore thanked Ms. Recio for her report.</i></p> <p><b>Martin Luther King – Fadine Roquemore</b></p> <ul style="list-style-type: none"> <li>• I am very concerned about patients arriving on time for their appointment. I make sure I call patients on Friday to remind them of their appointment for the following week.</li> </ul> <p><b>Thomas Street – Josh Mica</b></p> <ul style="list-style-type: none"> <li>• Sad news to report. Mark Chatman use to be head of the Council, has passed away.</li> <li>• We are still moving forward with our plans to host Thanksgiving and our Toy Drive. We are meeting with Caterers (3) and will start interviewing on tomorrow.</li> <li>• We will be launching our Brown Bag lunch service two days a week (Tuesdays &amp; Thursdays). We have secured our volunteers. Thomas Street has been providing this service for over 10 years.</li> </ul> <p><i>Mrs. Roquemore thanked Mr. Mica for his report.</i></p> <p><b>Vallbona – Cynthia Goodie</b></p> <ul style="list-style-type: none"> <li>• We are in the negative of 46 under MH. For Video visits we are in the green. In Adult, we are in the negative (79).</li> <li>• On the Harris Health website there are changes about the insurance from the month of March. I don't know if they are going to keep it on there. I believe it needs to be updated.</li> </ul> <p><i>Mrs. Roquemore thanked Ms. Goodie for her report.</i></p>	


**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Council Reports (continued)</b></p> <p><b>Ben Taub Hospital – No representative</b></p> <p><b>Lyndon B. Johnson Hospital – Velma Denby</b></p> <ul style="list-style-type: none"> <li>• Compiling information to make recommendations to our team for improvement. Everything is running as smooth as possible.</li> </ul> <p><i>Mrs. Roquemore thanked Ms. Denby for her report.</i></p>	
<p><b>V. Old Business</b></p>	<p><b>No Old Business to review.</b></p>	
<p><b>VI. Updates</b></p>	<p><b>Daniel Bustamante</b> – There’s a lot of question in the community about the Harris Health System Bond election. I would encourage Harris Health to do their very best to reach the grassroots in the community with good information.</p>	
<p><b>VII. Community Medicine</b></p>	<p><b>Dr. Fareed Khan</b></p> <p><b>Primary Care Operations Scorecard (see attached):</b></p> <ul style="list-style-type: none"> <li>• Our No Show rate has been stubborn at some sites. A lot of clinics are below the 20% threshold. There are some best practices that are working.</li> <li>• Cycle Time for most centers are under 75 minutes. Casa has special circumstances because of construction.</li> <li>• OB has plenty of availability.</li> <li>• At some sites we have a challenge with Pediatric return appointments.</li> <li>• Medical Home (established patients) we are running over our 30 days.</li> </ul> <p><b>HEDIS Scorecard Data Reporting Period (see attached):</b></p> <ul style="list-style-type: none"> <li>• Breast Cancer screening continues to improve. Cervical Cancer screening us above the goal of 70%. Colorectal Cancer Screening has always been a challenge. But what I hear from my colleagues at Harris Health is that as soon as Quentin Mease comes on and GI department can do more. We will be up to the challenge. Adult BMI Assessment is doing well. We are close to 100%. Childhood Immunization is doing well.</li> </ul>	<p> PCOS 2022-08.xlsx</p> <p> HEDIS 9-22.pdf</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Community Medicine (continued)</b></p> <p>Adolescent Immunization we do really well. Diabetes in June and July we beat our goal. Hemoglobin A1C poor control, we would like this number to be lower. We have change formulary numbers and increased education. We would like this number below 9. Blood Pressure Control in Diabetic’s goal is 77%. We are above our goal in Diabetes Foot and Eye exams. We are screening for Kidney disease very well. Colon Cancer Screening and Controlled High Blood Pressure is another challenge. Last year we were 59.6%. We have gone up to 63%.</p> <p><b>Questions/Comments</b></p> <p>Mrs. Reyes asked about the data supporting food pharmacies. Do you have any thoughts about adding those in all of our health centers considering the role it plays in diabetes control?</p> <p><i>Dr. Khan replied, he was not aware of it. He stated, we know that our patients who interact with our food pharmacy do better. The data is there. I would wait for one of the Administrators to respond. I think this is a stated goal that we need to get to all of the clinics.</i></p> <p>Mrs. Reyes stated I was encouraged by Ms. Taylor’s report from Acres Home. Patients need that information/education.</p> <p>Mr. Bustamante commented in the community you hear a lot of people saying they can’t afford or don’t have access to quality food. I would encourage Harris Health to do everything in its power to expand this program to all of the clinics.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Questions/Comments (continued)</b></p> <p>Louis Smith responded we started with the food pharmacy in a much focused area in order to get the process understood. It will be expanded to five more sites and our ultimate goal is to take it to its full capability.</p> <p>Sheila Taylor encouraged everyone to visit the food pharmacy at Acres Home. Stating the program is very beneficial.</p> <p>Mrs. Recio asked if children were being included.</p> <p><i>Mrs. Taylor responded I know they are taking a family approach and patients are encourage to have their families eat what their eating. They've learned how to cook in a safe and healthy manner.</i></p> <p>Mrs. Rogers stated she can ask the Population Health Team to come next month meeting and provide information about the food pharmacy program.</p> <p>Dr. Khan informed the council that children exams are done on evidence based and a state guided mandate which is Texas Health Steps. At every age we measure BMI's (not in infants). We also talk to parents about junk food and healthy diets. Along with the Nutritionist.</p> <p><b>HIV Quality Report - Dawn Jenkins (see attached)</b></p> <ul style="list-style-type: none"> <li>• HIV Testing Statistics for July and August. Over 10,000 patients test. There were 60 new diagnoses. We are pushing for the goal of having zero infections.</li> <li>• Viral Load Suppression is very low. The national goal is 90%. We went from 86 to 87, improvement.</li> </ul>	<p>The Council agreed to have Population Health attend the next CAL meeting.</p> <p style="text-align: center;">   HIV-CAL  9-22-pdf.pdf </p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>VIII. Administration</b></p>	<p><b>Amineh Kostov VP Ops/Assoc. Administrator on behalf of Dr. Jennifer Small, Executive Vice President of Ambulatory Care Service</b></p> <ul style="list-style-type: none"> <li>• Flu Vaccines will begin on September 15<sup>th</sup>.</li> <li>• We are expecting the new COVID Vaccine Booster to be available in late September. More communication to come. If eligible, you are urged to receive the newer version because it does provide a broader coverage. Again, we will get that communication to you once it's available.</li> <li>• Harris Health is offering the Monkey Pox vaccine for eligible patient populations. The volume of patients affected by this are much lower compared to COVID at the time it emerged. It is being offered at Thomas Street and Northwest Health Center.</li> <li>• Mobile Mammography Van is being replaced at the end of the month.</li> </ul> <p><b>Questions/Comments - None.</b></p> <p><b>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</b></p> <ul style="list-style-type: none"> <li>• In the month of August we filled 187,726 prescriptions. 76% (140,799) were delivered to our patient's home. We thank all of our patients who are giving us the opportunity to provide this home delivery service. We wish to encourage all of our patients to please take advantage of our prescription home delivery service for its convenience and continuity of care.</li> <li>• We received and processed 46,154 prescription refill request from MyHealth, this number represents 66% of all of the prescription request received for the month of August.  We thank all of our patients for using MyHealth in requesting their prescription refill. We wish to also encourage all of our patients to please use MyHealth to request their prescription and to please request your prescription refill 7-10 days before your medicine runs out, that way the prescriptions are refilled and delivered to your home for convenience and continuity of care.</li> </ul>	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE  
September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b></p> <ul style="list-style-type: none"> <li>We thank you for your patience, understanding and the opportunity to complete our Central Field Technology upgrade in the month of August.</li> </ul> <p><i>Mrs. Roquemore thanked Dr. Ogbonnaya for his report.</i></p> <p><b>Questions/Comments</b></p> <p>Josh Mica mentioned he does get the refill alerts. However, it doesn't tell you which medication needs refilling. It will be helpful if it would let you which medication needs refilling.</p> <p><i>Dr. Ogbonnaya responded, Pharmacy is implementing new technology that will identify which prescription needs refill. It is currently in piloting. I will take your feedback to the vendor as we implement this program. There may be some compliance and HIPPA impact in terms of sending notification and certifying which medication a patient needs to receive. We will put this into consideration as we work on the new technology that we are implementing. Thank you for your feedback.</i></p> <p><b>Jon Hallaway, Program Director, Department of Public Safety</b></p> <ul style="list-style-type: none"> <li>Rebadging has changed the design of the ID badges. At some point the Advisory Council will also receive new badges. We're working with Ms. Rogers and she'll be getting with the Operations Manager to help coordinate that.</li> <li>Security upgrade; were looking at all clinics. We will be checking all perimeters and making improvements. Locking doors electronically. If there's a weakness where they lose security and power failure, were working to get that corrected. Quentin Mease and Casa De Amigos will have brand new setups.</li> </ul> <p><b>Questions/Comments – None.</b></p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><b>Administration (continued)</b></p> <p><b>David Attard, SVP, Facilities, Construction and Systems Engineering</b></p> <ul style="list-style-type: none"> <li>• We're moving into a new fiscal year. Closing out the existing capital programs from last year and moving forward with existing construction projects.</li> <li>• Quentin Mease should be ready to open June 2023.</li> <li>• Casa de Amigos; we finally got the approval from the City Permitting Department. We should have the permit in a couple of weeks</li> </ul> <p><b>Questions/Comments</b></p> <p>Mr. Bustamante asked Mr. Attard if he thinks anything else may come up. Do he think everything will be cleared with the city?</p> <p><i>Mr. Attard responded the construction was approved at the Planning Commission meeting, so we're a go with the variance. It was the final approval and not the conditional preliminary approval. Moving forward we will also be requesting from Commissioner's court procurement of the two corner lots. Commissioner Garcia and his team has been very active with supporting this project.</i></p> <p>Louis Smith stated this will be David Attard last Council At Large meeting. Mr. Attard will be leaving Harris Health organization and moving to the east coast. We will be working to find someone to in the same role. But certainly appreciate his incredible talents and abilities as it relates to our ambulatory network.</p> <p>Mr. Bustamante stated, Thank you Mr. Attard for God giving you the will. We appreciate everything you've done.</p> <p>Mr. Attard stated an opportunity came up which allows me to retire from Harris Health and gets me closer to my dad.</p> <p>Mr. Roquemore thanked Mr. Attard for working with the Council At Large.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE**  
**September 12, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p><b>IX. New Business</b></p>	<p>Josh Mica – Thomas Street Advisory Council has the opportunity to have a member that is Spanish speaking only. I’m not sure if Harris Health has a system to provide us with translation.</p> <p><i>Dawn Jenkins responded we can accommodate translation service.</i></p> <p>Ms. Rogers apologize to the council. She stated the access code was incorrect and moving forward we will make sure the correct code is in the packets.</p>	
<p><b>X. Adjournment</b></p>	<p>Motion to adjourn the meeting granted at 6:24pm</p>	<p><b>Next Meeting: October 10, 2022</b></p>

Thursday, October 27, 2022

Consideration of Approval of the Following Reports for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

---

Operational Update for Review and Discussion

- **HCHP October 2022 PowerPoint**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.

# HARRIS HEALTH SYSTEM

---

## **Health Care for the Homeless Monthly Update Report October 2022**

Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services

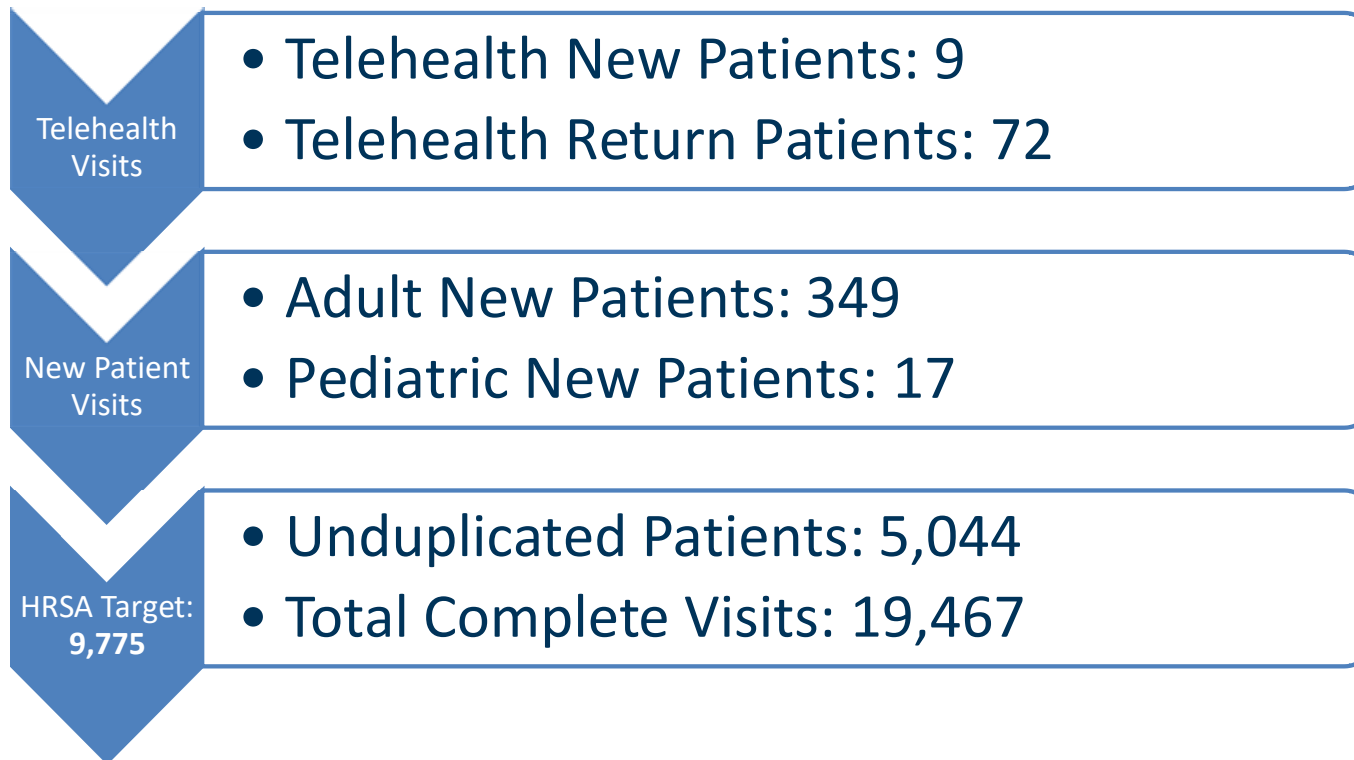
Tracey Burdine, Director, Health Care for the Homeless Program

---

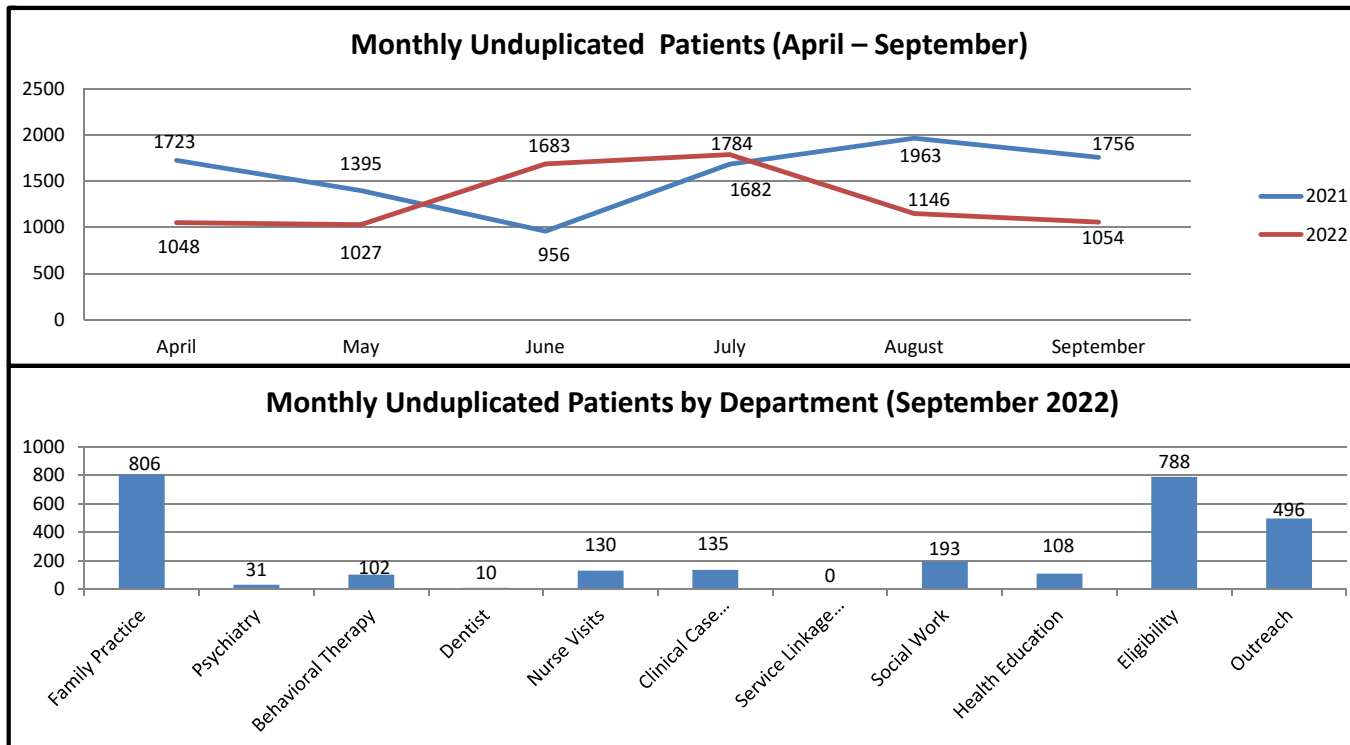
# Agenda

- Operational Update
  - Patient Services
  - HCHP Consumer Advisory Report
  - HCHP Bylaws

## Patients Served

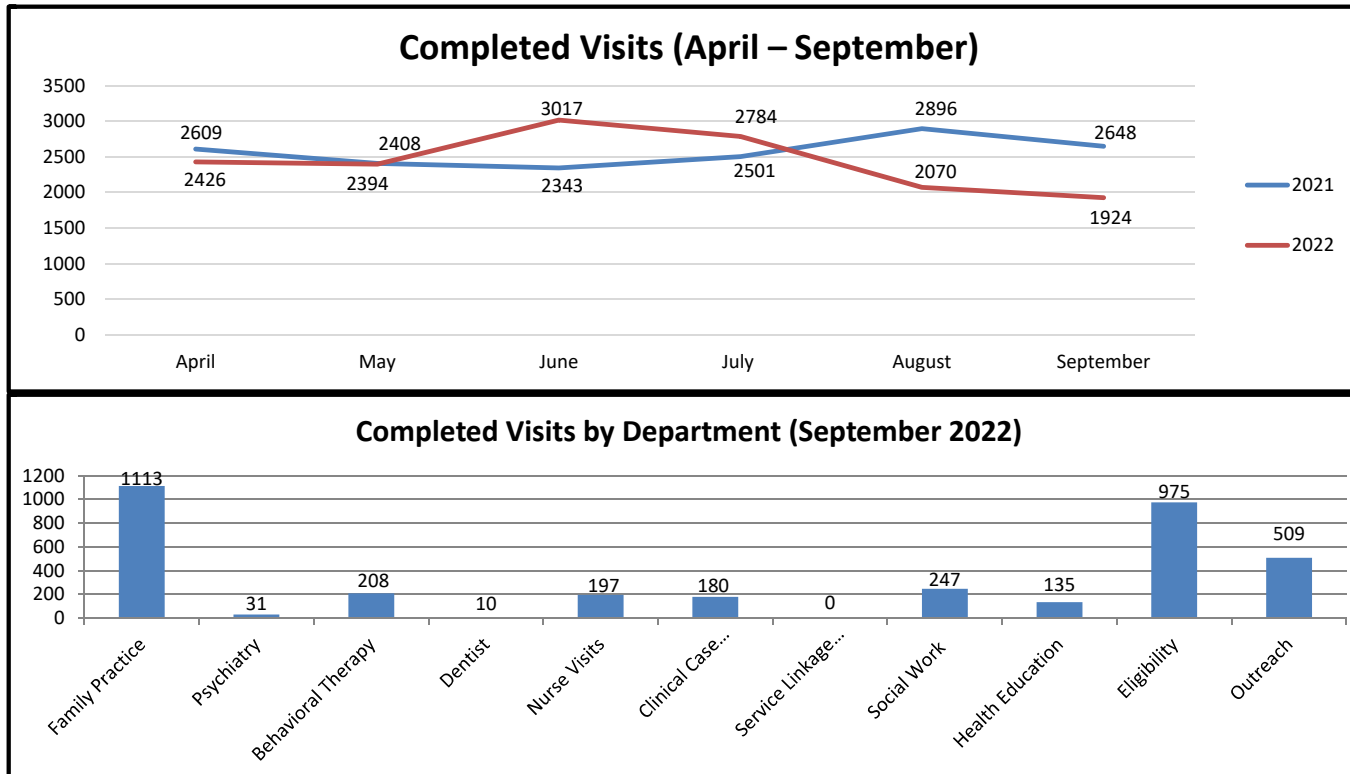


# Operational Update





# Operational Update



---

# Operational Update

## Consumer Advisory Council

### Highlights of Council Activities from June 2022 – August 2022

- Members were informed of the increase in COVID-19 cases in shelter settings and how HCHP is educating shelter management on prevention strategies.
- The council was informed that the DNV accrediting organization conducted site visits at Salvation Army Adult Rehabilitation Center and at Star of Hope Men’s Development Center and that HCHP received positive feedback with no negative findings.
- The council approved the funding request - Health Resources and Services Administration (HRSA) grant “American Rescue Plan Uniform Data System Patient-Level Submission.”
- The chair shared information from the council-at-large meetings.
- The council was informed of the non-competing continuation budget period report to HRSA

---

# Operational Update

## Summary of HCHP Bylaws

- Meet monthly and document deliberations, key actions, and decisions
- Approve selection and termination/dismissal of HCHP director and evaluate annually
- Review and evaluate financial, operational, and quality reports
- Adopt, review, and update policies, scope (locations/hours/services), contracts, and bylaws

---

# Operational Update

## Summary of HCHP Bylaws

- Approve budgets, grant applications, eligibility policy, sliding scale, and changes in scope
- Ensure new board members receive orientation and training
- Develop bylaws which specify the responsibilities of the board
- Assure that HCHP is operated in compliance with applicable Federal, State, and local laws and regulations.
- Evaluate annual and long-term goals

Thursday, October 27, 2022

**Consideration of Approval of the Following Reports for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act**

---

Attached for consideration of approval:

- **HCHP Consumer Advisory Report**

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.

# HCHP Consumer Advisory Council Report

---

## **Highlights of Council Activities from June 2022 – August 2022:**

*Meetings were held via WebEx and teleconference due to the COVID-19 pandemic.*

- Members received updates of ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP) because of the COVID-19 pandemic. Updates on locations for testing and vaccinations for people experiencing homelessness were shared.
- Members reviewed reports related to medical services, dental care, outreach, social work, case management, psychiatry, behavioral health, patient registration/eligibility, HIV testing, health education, outreach services, procedures clinic, patient satisfaction, quality and performance improvement.
- Members provided updates on new encampment areas in which to conduct outreach services.
- Members were informed of the increase in COVID-19 cases in shelter settings and how HCHP is educating shelter management on prevention strategies.
- The council was informed that the DNV accrediting organization conducted site visits at Salvation Army Adult Rehabilitation Center and at Star of Hope Men’s Development Center and that HCHP received positive feedback with no negative findings.
- The council approved the funding request - Health Resources and Services Administration (HRSA) grant “American Rescue Plan Uniform Data System Patient-Level Submission.”
- The chair shared information from the council-at-large meetings.
- The council was informed of the non-competing continuation budget period report to HRSA.

Thursday, October 27, 2022

Consideration of Approval of the Following Reports for the Healthcare for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

---

Attached for consideration of approval:

- **HCHP Bylaws** (No Revisions)

Administration recommends that the Board approves the Healthcare for the Homeless Program Reports as required by the United States Department of Health and Human Services which provides funding to the Harris County Hospital District d/b/a/ Harris Health System to provide health services to persons experiencing homelessness under Section 330 (h) of the Public Health Service Act for the Homeless Program.

**EXHIBIT A**

**HEALTH CARE FOR THE HOMELESS PROGRAM BYLAWS**

**ARTICLE I**

**MISSION OF THE HEALTHCARE FOR THE HOMELESS PROGRAM**

We are dedicated to the health and well-being of homeless individuals and families entrusted to our care.

**ARTICLE II**  
**PURPOSE**

Harris County Hospital District d/b/a Harris Health System (“Harris Health”), as a designated Health Center (“Health Center”), receives Federal funding under Section 330(h) of the Public Health Service Act, to provide services to a special medically underserved population composed of individuals:

1. Who lack housing (without regard to whether the individual is a member of a family);
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
3. Who reside in transitional housing; and/or
4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations.

**ARTICLE III**  
**NAME**

The name of the program shall be the Health Care for the Homeless Program.

**ARTICLE IV**  
**GENERAL POWERS**

The Health Center including the Health Care for the Homeless Program (“the Program”) shall be under the management, direction, and control of a governing board for the Health Center which shall be the Harris Health Board of Trustees (the “Board”). The Board shall have full power and authority to oversee and provide direction regarding the affairs of the Health Center and the Program, including the authority to adopt and approve policies that support financial management and accounting, and personnel policies and procedures. In exercising this power, the Board may take any action that is consistent with Harris Health’s enabling statute; these Bylaws; and federal, state and local law, including, but not limited to, Section 330 of the Public Health Service Act (42 U.S.C. § 254b, as amended), applicable Health Resources and Services Administration (HRSA) requirements for health centers serving special medically underserved populations for the homeless (“HRSA Requirements”) and Medicare, Medicaid, and state licensure requirements. No individual, entity, or committee (including, but not limited to, an executive committee authorized by the Board) shall have



approval authority or veto power over the Health Center Board with regard to the Board's required authorities and functions. If the Health Center would collaborate with other entities in fulfilling the Health Center's HRSA-approved scope of project, such collaboration or agreements with other entities shall not restrict or infringe upon the Health Center Board's required authorities and functions. The Board shall be specifically responsible for:

1. Holding regularly scheduled monthly meetings where a quorum is present and maintaining records and minutes that verify Board attendance and document the Board's deliberations, key actions, and decisions (where geography or other circumstances make monthly, in-person participation in Board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communications where all parties can both listen and speak to all other parties subject to the Texas Open Meetings Act);
2. Attending to any matter that it determines is in the best interest of the Program, and is within the purposes and objectives of the Program, and taking all necessary steps to ensure the achievement of the purposes and objectives of the Program;
3. Hiring, annually evaluating, suspending, appointing and/or reappointing, removing, and dismissing or terminating a person from the position of Director for the Health Care for the Homeless Program or his/her equivalent in accordance with the personnel policies and other procedures established by Harris Health and such Director or his/her equivalent shall be directly employed by the Health Center;
4. Reviewing and evaluating the Program's financial and operational reports; quality data, patient satisfaction surveys and minutes from the Consumer Advisory Council meetings; and other activities, including but not limited to, service utilization patterns, productivity, and achievement of project objectives;
5. Ensuring that the Program activities are conducted in compliance with applicable federal, state and local laws, including but not limited to, the HRSA Requirements;
6. Adopting, reviewing, and updating when needed the Program health care policies, including scope and availability of services (including decisions to subaward or contract for a substantial portion of the services), location and hours of services at Health Center sites, and quality of care (QI/QA) audit policies;
7. Evaluating the Program achievements as far as meeting its annual and long-term goals, and using the knowledge gained to revise its mission, goals, objectives, plans and budgets as may be appropriate and necessary; and evaluating the Program periodically for efficiency, effectiveness and compliance with all the HRSA Requirements;

8. Ensuring the new Board members receive orientation and training regarding the duties and responsibilities of being a Board member of an organization that is subject to the HRSA Requirements and satisfying the educational and training needs of existing Board members;
9. Monitoring the financial status of the Health Center by approving the selection of the independent auditor and officially accepting the annual audit report to make certain that the Program takes corrective actions to address all findings, questioned costs, and reportable conditions, as applicable;
10. Establishing, maintaining, and updating when needed general personnel policies and procedures for Health Center employees who provide services for the Program (*unless* already established by Harris Health as the designated recipient of the Federal award), including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, equal opportunity practices and codes of conduct;
11. Adopting and updating when needed policies for financial management practices and a system to ensure accountability for Health Center resources (*unless* already established by Harris Health as the designated recipient of the Federal award), including periodically reviewing the financial status of the Health Center and the results of the annual audit to ensure appropriate follow-up actions are taken;
12. Adopting and approving policies that support financial management and accounting and personnel policies and review such policies every three years, and, as needed *unless* Harris Health has applicable policies in place to address these areas in which case, applicable Harris Health policies will be utilized;
13. Approving Program Services, including selection of services beyond those required by law to be provided by the Program, and determining the location and mode of delivery of these services;
14. Reviewing and approving the project grant application, as well as all applications related to the Program, including grant designation applications and other HRSA requests regarding scope of project and document approval in the Board minutes;
15. Adopting, evaluating at least once every three years, and updating as needed, the policy governing eligibility for Health Center services, including criteria for partial payment schedules, the sliding fee discount program and related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts. The Health Center will make and continue to make every reasonable effort to secure payment for services from patients, in accordance with Health Center fee schedules and corresponding schedule of discounts;
16. Establishing, evaluating at least once every three years, and updating as needed, the policy for billing and collections and assuring that any fees or payments required by

the Health Center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services;

17. Utilizing Board-approved policies, as well as operating procedures, that include the specific circumstances when the Health Center will apply the criteria for a partial payment schedule or waive or reduce fees or required payments due to any patient's inability to pay. The Board shall evaluate these policy(ies) at least once every three years, and approve updates as needed;
18. Establishing an ongoing quality improvement/assurance (QI/QA) system that includes clinical services and clinical management and maintains the confidentiality of patient records. The Health Center shall have Board-approved policy(ies) that addresses the quality and utilization of Health Center services; patient satisfaction and patient grievance processes; quality-of-care audit procedures; and patient safety, including adverse events. The Board shall evaluate these policy(ies) at least once every three years, and approve updates as needed;
19. Reviewing and approving an annual budget for submission to HRSA, also referred to as a "total budget," that is consistent with Federal Cost Principles and any other requirements or restrictions on the use of Federal funding and includes all other non-Federal revenue sources that will support the Program project(s);
20. Directing the Health Center in developing its overall plan for the Health Center Program project;
21. Establishing a system(s) for monitoring Program performance to ensure (i) oversight of the operations of the Federal grant supported activities in compliance with applicable Federal requirements; (ii) performance expectations as described in the terms and conditions of the Federal award are being achieved; and (iii) areas for improvement in program outcomes and productivity [efficiency and effectiveness] are identified. "Federal award" shall have the meaning set forth in the 2018 HRSA Health Center Program Compliance Manual as updated;
22. Conducting and providing direction for long-range/strategic and financial planning to be performed at least once every three years, which at a minimum identifies Health Center priorities and addresses financial management and capital expenditure needs;
23. Ensuring that the Health Center complies with Federal procurement standards, including a process for ensuring that all contract procurement costs directly attributable to the Federal award are allowable and consistent with Federal Cost Principles and applicable requirements specified in the Federal award (including those found in section 330 of the Public Health Act, implementing program regulations and grant regulation in 45 C.F.R. Part 75); and
24. Reviewing these bylaws annually and update as needed.

**ARTICLE V**  
**POWERS AND DUTIES OF INDIVIDUAL BOARD MEMBERS**

- A. **Power of Individual Board Members.** No individual Board member shall be authorized to speak or act independently for the Board unless he or she has been specifically authorized by the Board to do so.
- B. **Duties of Individual Board Members.** In addition to other common law and statutory duties and any other obligations arising from their position, the Board members shall be responsible for:
1. **Compliance with Legal Requirements, and the Program Policies.** Each Board member shall comply with the enabling statutes creating Harris Health; these Bylaws; and federal, state and local law, including but not limited to Section 330 of the Public Health Service Act (42 U.S.C. § 254b, as amended), applicable HRSA Requirements, and Medicare, Medicaid, and state licensure requirements (collectively the “Legal Requirements”), and all policies adopted by the Board.
  2. **Avoiding Conflicts of Interest.** Each Board member shall comply with Harris Health’s Board of Trustee Member Conflict of Interest Policy. No Board member shall:
    - a) Be an employee of the Health Center or an immediate family member of an employee.
    - b) Have a substantial interest or substantial ownership in a firm that supplies, or knowingly seeks to supply goods or services to the Program.
    - c) Engage in outside business ventures which would conflict with their duties as Board members.
    - d) Solicit or accept gratuities, favors, or anything of monetary value from contractors or parties to agreements.
  3. **Verification of Compliance.** The Health Center will verify periodically during selection or renewal of Board member terms that the Board does not include members who are currently employees of the Health Center, or immediate family members of current Health Center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage); and that no conflict of interest exists which would prohibit serving on the Board.
  4. **Disclosure Statement.**
    - a) Board members will be required to complete a disclosure statement verifying compliance with this Article V, including such information, in such form, and at such times as may be required by the Board from time to time.
    - b) Board members must execute a disclosure statement at the time of their appointment and reappointment, and at least annually thereafter and at such time(s) when a conflict of interest is identified. The Board Office will maintain

current disclosure statements for each Board member.

## **ARTICLE VI**

### **BOARD COMPOSITION AND QUALIFICATIONS**

#### **A. Selection and Removal**

1. The Harris County Commissioner's Court appoints members of the Health Center Board who serve without compensation for two (2) year staggered terms. The terms of four (4) members expire on November 1<sup>st</sup> of odd years and the terms of five (5) members expire on November 1<sup>st</sup> of even years. Members continue to serve until their successors are appointed. The Harris County Commissioner's Court fills the remainder of any un-expired term and the person so selected serves until such un-expired term terminates and until a successor is appointed and qualified.
2. Board members may be removed from the Harris Health Board of Trustees by Harris County Commissioner's Court in accordance with Texas Local Government Code Chapter 178. Such removal from the Harris Health Board of Trustees shall also be considered a removal from the Health Center Board.
3. The Health Center has obtained from HRSA for good cause shown a waiver of the requirement that a majority [at least 51%] of the Health Center Board members must be patients served by the Health Center.

#### **B. Requirements**

1. Members of the Health Center Board are representative of the community served by the Health Center or the Health Center's service area. Additionally, members are selected to provide relevant expertise and skills such as:
  - a) Community affairs;
  - b) Local government;
  - c) Finance and banking;
  - d) Legal affairs;
  - e) Trade unions and other commercial and industrial concerns; and
  - f) Social services.
2. No more than one-half (50%) of Board members can derive more than ten percent (10%) of their annual income from the health care industry. The Health Center may determine how "health care industry" is defined and the percentage of annual income of each Board member derived from the health care industry; and
3. Health Center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be Health Center Board members.

#### **C. Documentation of Board Composition and Other Considerations.** The Health Center will maintain documentation that the Board is composed of:

1. At least 9 and no more than 25 members;

2. A patient majority (at least 51%) of the Board members are patients served by the Health Center who has received at least one service in the past 24 months that generated a Health Center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project and, as a group, represent the individuals who are served by the Health Center in terms of demographic factors, such as race, ethnicity, and gender (*unless* a HRSA-approved waiver has been obtained); and
3. Board members shall:
  - a) Be representative of the community in which the Health Center is located, either by living or working in the community, or by having a demonstrable connection to the community;
  - b) Have relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community; and
  - c) Of whom no more than fifty percent (50%) earn more than ten percent (10%) of their annual income from the health care industry.

**D. HRSA-approved waiver**

In consideration that the Health Center has obtained from HRSA a waiver of the requirement that a majority [at least 51%] of the Health Center Board members must be patients served by the Health Center, the Board minutes or other documentation shall demonstrate how homeless special population patient input is utilized in making Board decisions in key areas, including, but not limited to: selecting Health Center services; setting hours of operation of Health Center sites; defining budget priorities; evaluating the Health Center's progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program.

**ARTICLE VII**  
**OFFICERS**

**A. Designation and Selection of Officers**

The governance and management of the affairs of the Board shall be entrusted to the following representatives: Chairperson, Vice Chairperson, Secretary, and to the extent and at such time as needed, an Assistant Secretary. Selection of Officers and term of office shall be in accordance with the bylaws of the Harris County Hospital District d/b/a Harris Health, as amended.

**B. Duties and Responsibilities of Officers**

The duties and responsibilities of the Officers shall be the same as described in the bylaws of the Harris County Hospital District d/b/a Harris Health, as amended.

**ARTICLE VIII**  
**MEETINGS**

**A. Regular Meetings**

There shall be regularly scheduled meetings of the Board provided that meetings are held not less than monthly. All meetings of the Board shall be open to the public, except that the Board may hold Executive Sessions in accordance with the Texas Open Meetings Act.

**B. Quorum**

The presence of the majority of the Board shall constitute a quorum for the transaction of business, and a lesser number may recess a meeting until a later specified date when a quorum shall be present. Except as otherwise provided by these Bylaws or as may be required by applicable law, all matters before the Board shall be decided by an affirmative vote of the majority of the Board members present and voting at a meeting at which a quorum exists. Each Board member shall be entitled to one (1) vote.

**C. Records of the Meeting**

Minutes of all meetings of the Board shall be retained by the Board Office in advance of the next scheduled Board meeting at which the minutes will be reviewed.

Thursday, October 27, 2022

**Executive Session**

---

Discussion Regarding Harris Health Strategic Pillar 1, Quality and Patient Safety, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002, and Possible Action Regarding this Matter Upon Return to Open Session



- Pages 169 - 175 Were Intentionally Left Blank -

Thursday, October 27, 2022

**Executive Session**

---

Discussion Regarding Cybersecurity, Pursuant to Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, and Tex. Health & Safety Code §161.032, and Possible Action Upon Return to Open Session

- Pages 177 - 180 Were Intentionally Left Blank -