

**BOARD OF TRUSTEES**

**Diversity Equity and Inclusion (DEI) Committee**

Tuesday, July 11, 2023  
10:00 A.M.

BOARD ROOM  
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <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**

- |   |                                 |               |
|---|---------------------------------|---------------|
| <b>I. Call to Order and Record of Attendance</b>                      | <b>Professor Marcia Johnson</b> | <b>2 min</b>  |
| <b>II. Approval of the Minutes of Previous Meeting</b>                | <b>Professor Marcia Johnson</b> | <b>2 min</b>  |
| • DEI Committee Meeting – May 19, 2023                                |                                 |               |
| <b>III. Update Regarding Implicit Bias and Patient Care</b>           |                                 | <b>20 min</b> |
| – <i>Dr. Jobi Martinez</i>  |                                 |               |
| <b>IV. Presentation and Discussion Regarding Institutional Biases</b> |                                 | <b>35 min</b> |
| – <i>Mr. Omar Reid and Dr. Jobi Martinez</i>                          |                                 |               |
| <b>V. Adjournment</b>   | <b>Professor Marcia Johnson</b> | <b>1 min</b>  |

**HARRIS HEALTH SYSTEM**  
**MINUTES OF THE BOARD OF TRUSTEES**  
**DIVERSITY EQUITY AND INCLUSION COMMITTEE MEETING**  
**Friday, May 19, 2023**  
**10:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	Professor Marcia Johnson, Chair, called the meeting to order at 10:00 a.m. It was noted there was a quorum present and the attendance was recorded. Professor Johnson announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	
<b>II. Approval of the Minutes of the Previous Meeting – DEI Committee Meeting – April 21, 2023</b>		<b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously approved the minutes of the previous meeting.</b>
<b>III. Presentation Regarding Implicit Bias in Patient Care at Harris Health: Patient and Family Advisory Council (PFAC) Overview</b>	Mr. David Riddle, Administrative Director, Patient Experience, delivered a presentation regarding Implicit Bias in Patient Care at Harris Health and provided an overview of the Patient and Family Advisory Council (PFAC). He shared that the PFAC consists of patients and family members who have had recent experiences with Harris Health. He stated that PFAC members represent the voice of the patient by providing input to the pavilion leaders on programs, policies, procedures and processes that impact the patient experience. Dr. Jobi Martinez, Chief Diversity Officer, shared that PFAC assists with addressing systemic and institutional biases. Mr. Riddle delivered examples of PFAC agenda items such as the discharge planning folder, Corporate Communication’s marketing campaign and meal planning, tasting and selection. He delivered a report of the Patient Experience Survey Performance Results for 2021 – Q1 2023. Mr. Riddle shared identified biases, areas for improvement and strategies going forward. Extensive discussions ensued regarding how to establish trust among PFACs as it relates to implicit biases. The Committee discussed obtaining suitable resources to address the needs of the PFAC. The Committee also discussed opportunities for	<b>As Presented.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	improvement related to Harris Health’s Council-At-Large and the Health Care for the Homeless Program. A copy of the presentation is available in the permanent record.	
<b>IV. Update Regarding Harris Health’s Minority/Woman-owned Business Enterprises (MWBE)</b>	Mr. Derek Holmes, Administrative Director, Contractor Diversity, delivered an update regarding Harris Health’s Minority/Woman-owned Business Enterprise (MWBE) Program. He stated that the contractor diversity team is responsible for MWBE outreach and programs, contract goal setting and monitoring and data analysis and reporting. He touched on the various outreach initiatives implemented since February 2023, which include: MWBE outreach events, email blasts, focus groups, internal trainings and contractor diversity interviews. Mr. Holmes provided an overview of the FY22-23 eligible contract awards, contract awards broken down by ethnicity and gender, MWBE accomplishments and immediate and strategic objectives for the Program. Dr. Esmaeil Porsa, President & Chief Executive Officer, expressed his appreciation to Mr. Holmes and his team for the exceptional work accomplished in such short period of time. Committee discussions ensued regarding contract award exemptions from the MWBE Program related to Group Purchasing Organizations (GPOs). A copy of the presentation is available in the permanent record.	<b>As Presented.</b>
<b>V. Adjournment</b>	Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 11:07 a.m.	

I certify that the foregoing are the Minutes of the Meeting of the Diversity Equity and Inclusion Committee of the Board of Trustees of the Harris Health System held on May 19, 2023.

Respectfully submitted,

Marcia Johnson, Chair

Recorded by Cherry Pierson

Friday, May 19, 2023

**Harris Health System Board of Trustees Board Meeting – Diversity, Equity & Inclusion Committee 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.

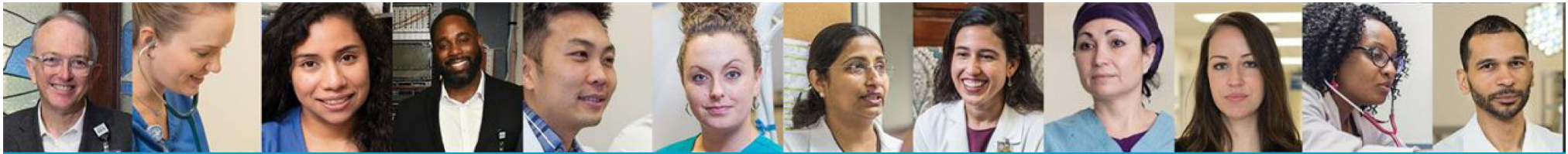
DE&I COMMITTEE BOARD MEMBERS PRESENT	DE&I COMMITTEE BOARD MEMBERS ABSENT
Professor Marcia Johnson ( <i>Chair</i> )	
Dr. Arthur W. Bracey ( <i>Ex-Officio</i> )	
Ms. Alicia Reyes	
Ms. Jennifer Tijerina	
EXECUTIVE LEADERSHIP	
Dr. Esmaeil Porsa, President & Chief Executive Officer	
Mr. Anthony Williams, Vice President, Chief Compliance Officer	
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital	
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive	
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services	
Dr. Jobi Martinez, Vice President and Chief Diversity Officer	
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer	
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	
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications	
Mr. Omar Reid, Executive Vice President, Chief People Officer	
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital	
Ms. Patrick Casey, Senior Vice President, Facilities Construction & System Engineering	
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital	
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	
ADDITIONAL GUESTS PRESENT	
Antoinette “Toni” Cotton	Jeff Baffour
Cherry Pierson	Jennifer Zarate
Daniel Smith	Jerry Summers
David Riddle	Maria De La Cruz
Derek Holmes	Randy Manarang
Ebon Swofford	Shawn DeCosta
Elizabeth Winn	Tai Nguyen



Tuesday, July 11, 2023

Presentation and Discussion Regarding Institutional Biases

---



# Assessing Implicit Bias

Jobi Martinez, Ph.D.  
Vice President & Chief Diversity Officer

**HARRISHEALTH** SYSTEM



**HARRISHEALTH SYSTEM**

# Implicit Bias Patient Care Update

## Respectful Maternal Care

Respectful Maternity Care (RMC) is an approach to care that emphasizes the fundamental rights of women, newborns, and families, promoting equitable access to evidence-based care while recognizing unique needs and preferences (Shakibazadeh et al., 2018). Attitudes and behaviors of health care providers are entrenched in cultural norms, and implicit and explicit bias may cause unintended harm during patient interactions (Howell et al., 2018). These factors may lead to harmful consequences and place patients at greater risk for not receiving appropriate attention to address individual concerns or quality of care, specifically in the intrapartum and postpartum periods (Levine & Lowe, 2015; Miller et al., 2016; Saluja & Bryant, 2021).





# Implicit Bias: Respectful Maternal Care

Free training between April – July 1, 2023, provided by March of Dimes

Provided to Ben Taub's Women & Infant Services and others

Designed to build on two-year initiative to address biases identified in maternal care

Interventions identified additional need for implicit bias interventions

System approach (Ben Taub, LBJ, ACS, & DEI) for additional training, research, interventions, strategic planning, etc., to address systemic barriers

Identified as potential 2024 system goal



## Texas SMM, 2020

In 2020, Black women were 2x more likely to experience critical health issues –

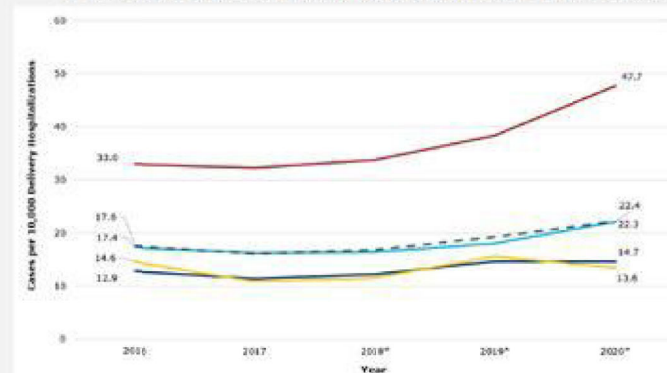
**1.7x** more likely to have hemorrhage-related health issues.

**3.2x** more likely to have preeclampsia-related health issues.

**2.3x** more likely to have sepsis-related health issues.

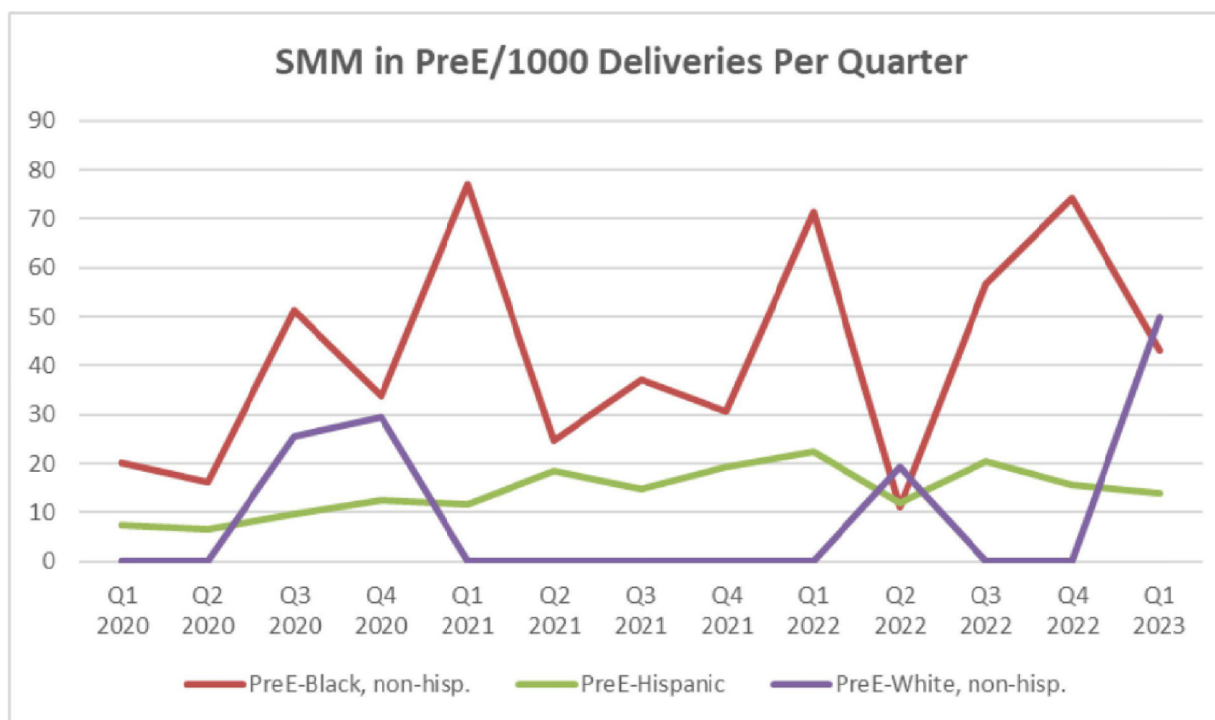
## SMM\* and SMM Disparities Among People with Preeclampsia

Rate of Delivery Hospitalizations Involving SMM in Texas Associated with Preeclampsia, by Race and Ethnicity, per 10,000 Delivery Hospitalizations, 2016-2020.



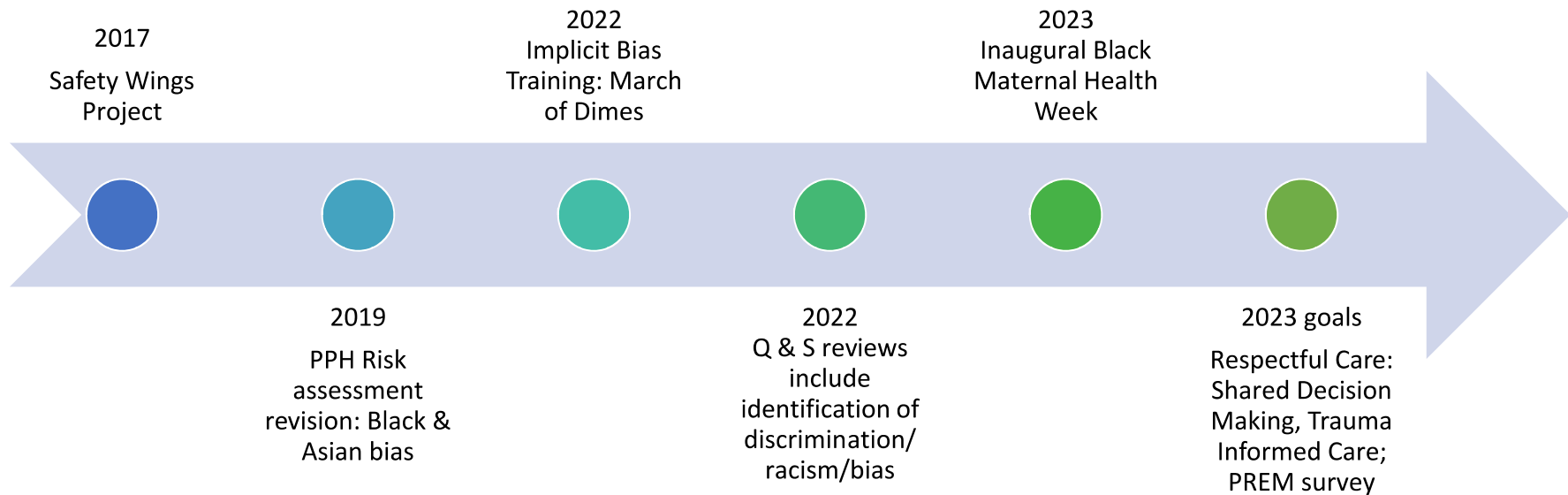
\*SMM – Severe Maternal Morbidity

PREPARED BY: MCHES, CHL Division, DSHS. DATA SOURCE: Hospital Inpatient Discharge Research Data File, 2016-2020; Birth Files, 2016-2020; CHS, DSHS. NOTES: \*2018-2020 Birth Files are provisional. SMM was calculated using the Updated AIM SMM Code List, October 2021. The SMM National Workgroup recently advised calculating SMM using SMM indicators while excluding blood transfusion-only cases. Previously reported SMM rates may not be comparable. See Federally Available Data Resource Document. See also, [saferbirth.org/aim-data/resources/](https://saferbirth.org/aim-data/resources/).



Goal: “Reduce the rate of HTN-associated SMM for Non-Hispanic black women by 10%; from baseline of 195 (per 1000) to 175 (per 1000)”

# Ben Taub Maternal Program: Equity Initiative





# Respectful Maternal Care Goals

## Birth Equity Initiatives

- AIM: By September 2024, complete key strategies aimed to provide safe and equitable care for birthing and postpartum women and their infants
  - Key Strategies:
    - Implement patient-centered training to all care providers that promotes respectful care and active listening while addressing implicit bias.
    - Implement an approach for respectful care practices that includes a survey to patients prior to discharge on their care experiences of inequitable or disrespectful care (using the PREM tool).
    - Include inclusive language, shared decision making, trauma informed support, and respectful care standards in written departmental policies, guidelines, and protocols.
  - b. Currently in place:
    - Hospital-level maternal health quality data is stratified by race, ethnicity, language, and financial status. Data is reviewed to identify disparities and opportunities for improvement.
    - Maternal QAPI case reviews include identification of discrimination/racism/bias.
    - Implicit Bias Training for nursing and providers: sponsored by March of Dimes.

# Implicit Bias Education

Developing Harris Health centered training and education, requires outcome and impact planning.

- Nurse Residency Program
- Physician Annual Education
- Intercultural Communication for Nurses
- Board Governance DEI Training

**HARRISHEALTH SYSTEM**

**S** **SPECIFIC.** Clear and focused **DETAILS** describing what will be done.

**M** **MEASURABLE.** Progress is assessed using **DATA** that is tracked over time.

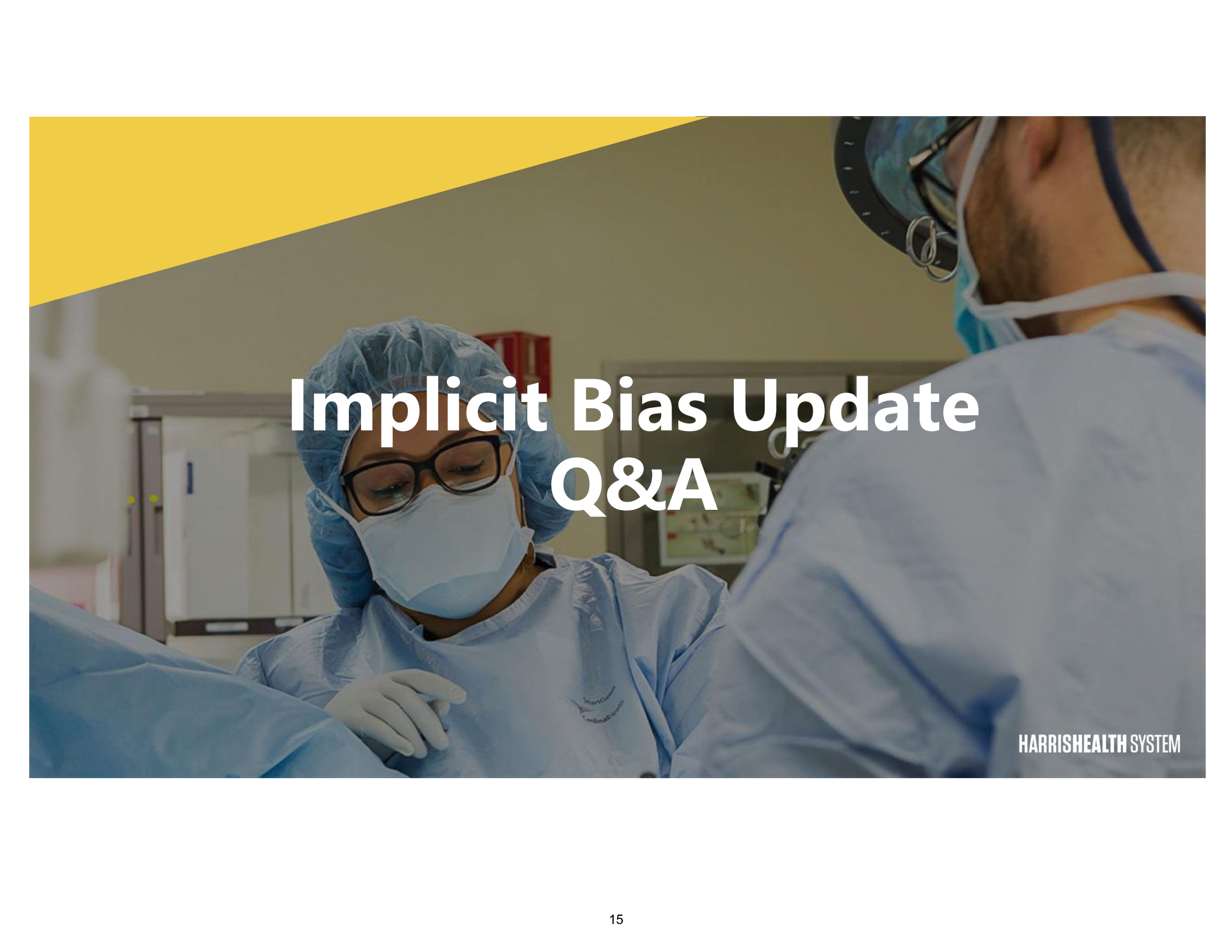
**A** **ATTAINABLE.** The team is **ABLE** and **AGREES** to accomplish the goal as written.

**R** **RELEVANT.** The goal is **MEANINGFUL** and aligned with values and outcome statements.

**T** **TIME-BOUND.** Clear **START** and **END** date to achieve completed work.

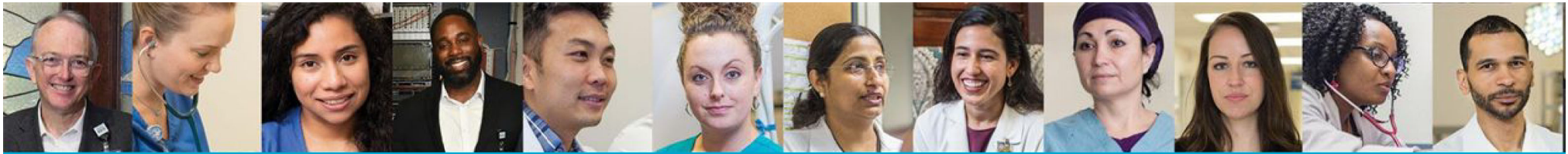
**I** **INCLUSIVE. INCLUDES** setting the conditions for sharing power, collective policymaking, and data-informed decision-making with traditionally marginalized people.

**E** **EQUITABLE.** Elements of **FAIRNESS** and **JUSTICE** that addresses systemic inequity and oppression.



# Implicit Bias Update Q&A

HARRISHEALTH SYSTEM



# Harris Health System Board of Trustees: Implicit Bias Review

**HARRISHEALTH** SYSTEM

# Approach: Textual Analysis

- Textual Analysis helps us understand and have a detailed idea about how people communicate their ideologies and thoughts and experiences through texts.
- Textual analysis is a method of studying a text in order to understand the various meanings by identifying the who, what, when, where, why, and how of a text.
- This qualitative methodology examines the structure, content, and meaning of a text, and how it relates to the historical and cultural context in which it was produced.

# Methodology



Meetings – reviewed January – June 2023 meeting recordings



Agendas & Minutes – analyzed agendas & minutes from January – June 2023



Board Packets – analyzed board packets from January – June 2023



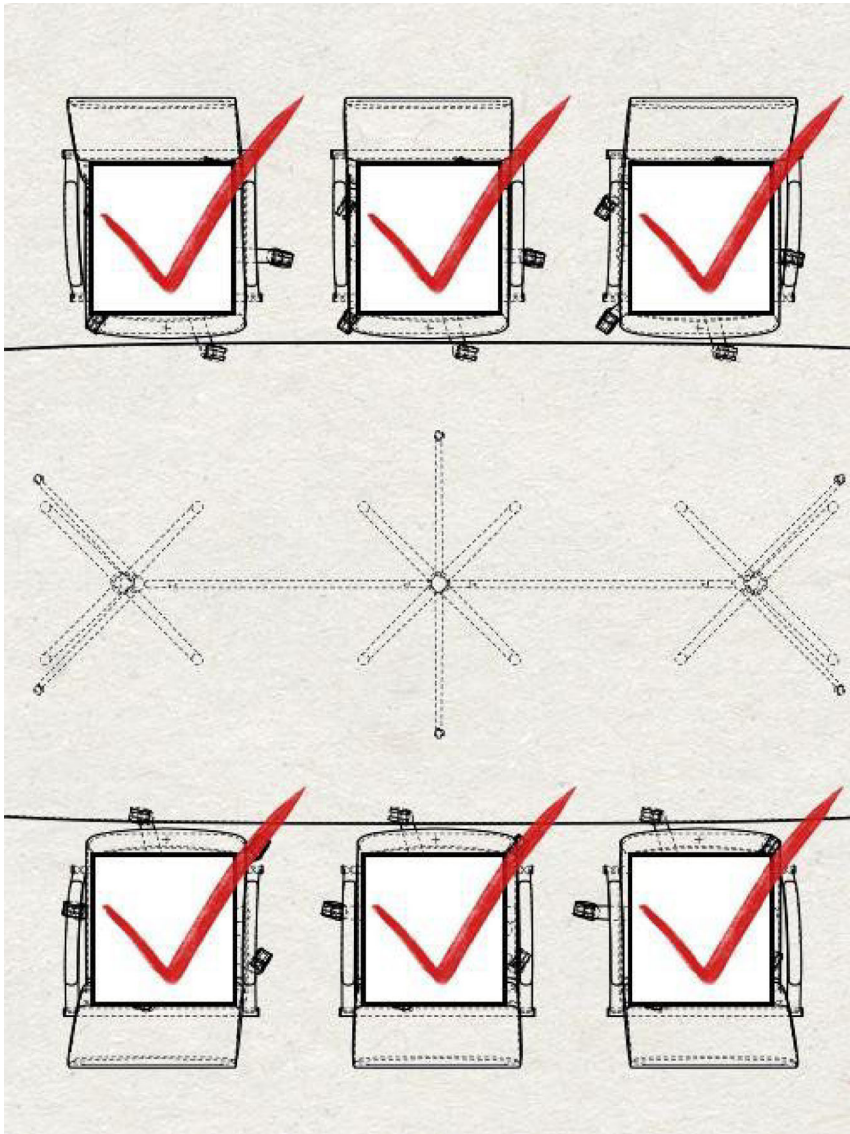
Board Interviews – 6 board members interviewed

## Researcher Bias Acknowledgment

As the Chief Diversity Officer, I possess certain biases that may have influenced the analysis of the available data. Therefore, it was decided to include board interviews to serve as a mitigation strategy. However, that does not limit potential biases from the analysis or interpretation of findings.







## DEI & Board Governance (Literature Review)

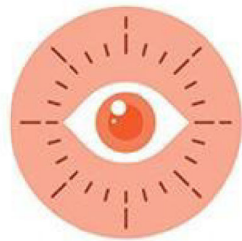
- DEI focus is predominantly on composition
- Diverse members often do not influence DEI outcomes
- Diverse boards often engage in “introductory” or awareness aspects of DEI but not application or programmatic outcomes
- Diverse boards often limit inclusion because of lack of opportunities in board meeting structures
- A diverse board does not guarantee a better performing board or organization operations

# Legacy DEI Board Research vs Harris Health



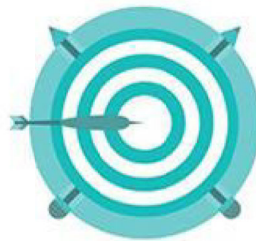
## Purpose

Why I / we do this



## Vision

Where we want to go



## Mission

What we do now and in the future



## Values

What behaviors we uphold



## Principles

What beliefs guide our behavior

# Textual Analysis Findings

Meeting recordings, agendas & minutes, & board packets

## Governance

---

- Board meetings are focused on Strategic Pillars (goals, tactics, and success indicators): This includes:
  - Certifications (1,2,3, & 5)
  - Credentialing (1,2,3, & 5)
  - Contracts or Agreements (1-5)
  - Expansion or building (1-5)
  - Policies (1-5)
  - Programs (1-5)

## DEI (People or Communities)

---

- MWBE (Pillar 6)
- Homeless Program (bylaws, policies, agreements, MOU)
- Food Farmacy (Pillar 3)
- Employee Safety (1,2,3,5 & 6)

# Textual Analysis Findings: Bias

Meeting recordings, agendas & minutes, & board packets

Assumptions about the communities we serve	Findings
<ul style="list-style-type: none"> <li>• Media Literacy</li> <li>• Linguistic Literacy</li> <li>• Access               <ul style="list-style-type: none"> <li>• Location</li> <li>• Time</li> <li>• Language</li> </ul> </li> <li>• Relatable agenda items/topics</li> <li>• Representing communities we serve</li> </ul>	<ul style="list-style-type: none"> <li>• Community engagement is limited (possible correlation to assumptions about literacy)</li> <li>• Bias that communities can access and understand how to engage (public comment request and registration process)</li> <li>• Opportunity to discuss community needs (includes patients and staff) is limited</li> <li>• Conversations on communities we serve (includes patients and staff) shared during meetings are not captured in minutes; only on recordings</li> <li>• Community concerns (includes patients and staff) primarily voiced in DEI committee</li> <li>• Quality committee includes community concerns; however, focus seems to be on policy and practice</li> </ul>

# Interview Findings

- **Selection bias** – the selection of individuals, groups, or data
- **Group think** – practice of thinking or making decisions within a group to achieve harmony or conformity
- **Authority bias** – attribute greater accuracy to the opinion of authority figures or those perceived to possess expertise in a particular domain
- **Status quo bias** – preference for the maintenance of one’s current or previous state of affairs; preference not to undertake any action that leads to change
- **Confirmation bias** – tendency to search for, interpret, favor, or recall information in a way that confirms or supports one’s belief or values
- **Affinity bias** – the tendency to favor people who share similar interests, backgrounds, and experiences with us
- **Reporting bias** – the selective disclosure or withholding of information by parties involved in the dissemination of information

# Interview Findings

- Community engagement is limited
  - Limitations: location, time, room size, permissions, online executive sessions, media, & language
- Perception that board member engagement is limited to a few individuals
- Perceptions surrounding the agenda process and what is placed on the agenda
- Perception that presentations are limited to staff reports
- Belief that dialogue is discouraged by structure of meetings
- Limited discussions on “who we want to be, trends, or other important topics; we focus too much on the operational”
- Limited time or opportunity for discussion or learning
- Lack of knowledge on board member appointees (this includes how they were selected and why)
- Perceived bias against board members not in the medical field/industry
- Perceived gender bias – who gets recognized to speak

# Interview Findings

- Hybrid meeting structure calls for efficiency and limits dialogue – viewed as “not ideal”
- “The desire for efficiency limits our ability to be inclusive of other board members or the community”
- Meeting structure limits diverse ideas and a full discussion
- During meetings, focus is perceived to be on the chat for comments or questions; therefore, limiting time for discussion to engage all
- Perception that meeting discussions primarily center on hospitals and inadvertently neglect the clinics or clinic care
- “Ms. Reyes does a great job of reminding us about our clinics”
- “COVID changed how we do things”
- Request for more dialogue, more transparency, and more “vision thinking” engagement
- Overall sentiment that HH BOT public meetings should engage more opportunities for the public and dialogue on public concerns/issues

# Recommendations

## From Board Members

- Let's get to know each other
- Board retreat
- Talk about "what are we doing and where are we going?"
- Become a bigger part of our community – not just the hospitals
- Continue to develop governance committee
- Have committees make recommendations on agenda items

## General Recommendations

- Provide training on board governance
- Provide training on how to foster diversity, equity, and inclusion through board governance
- Provide continued learning opportunities about the communities we serve
- Continue to advance the restructured onboarding process as previewed by the Governance Committee effective 2023
- Co-develop opportunities for discussions on "bigger picture" items
- Explore ways to make meetings more accessible for all communities



## What we do Great!

- We (Harris Health) continue to focus on delivering excellence
- Administration continues to take feedback and ideas from the board and make changes or adjustments
- “We (Harris Health) focus on overall health and not just fixing people” (population health and social determinants of health)
- We (Harris Health) have individuals committed to health equity
- New leadership has created a new vision
- Our (board) diversity
- Harris Health’s Strategic Plan

# GOVERNANCE

- How effectively does the board document and communicate the expectation that its members will practice inclusive behaviors in the boardroom and govern through an inclusion lens?
- How aligned are board members on their definitions of “diversity” and “inclusion”?
- How effectively do the board’s norms and practices within the boardroom organically promote inclusive behaviors and outcomes?
- How regularly does the board discuss with management the success of current efforts and the pursuit of new efforts to improve the organization’s diversity and inclusive culture?

*How boards can...*



**STRATEGY**

...help management define a **common vision** for what inclusion means and embed it directly into the **business strategy**.



**GOVERNANCE**

...operate with an **inclusion lens** and demonstrate **inclusive governance practices**.



**TALENT**

...embody **inclusive leadership traits** among their own members and hold management accountable for developing **talent that demonstrates inclusive behaviors**.



**INTEGRITY**

...hold the board and organization accountable for setting the tone and **putting inclusion values into practice** both inside the organization and in the marketplace.



**PERFORMANCE**

...hold the entire organization—itsself, management, and all employees—accountable for **high performance in inclusion**.

*A board at this inclusion governance maturity level...*

- 1 COMPLIANT** ...seeks to **avoid legal risks** and does not pursue an inclusion strategy with management or actively promote inclusive boardroom behaviors.
- 2 EMERGENT** ...recognizes the importance of diversity and inclusion but believes they fall entirely under the purview of management. **An inclusion strategy may be in place, but the board has little or no influence** and does not actively oversee it.
- 3 EMBRACING** ...sees the value of inclusion governance but may not currently govern in such a way or actively seek to do so. **The board values the inclusion strategy but sees it as separate from its business strategy.**
- 4 INTEGRATED** ...understands the importance of inclusion governance, demonstrates ability to practice it, but may not have explicitly documented expectations on how to carry it out. **The board governs the inclusion strategy as core to the business strategy.**
- 5 INCLUSIVE** ...formally embeds inclusion expectations in the board's governance policies and charters, **consistently governs through an inclusion lens**, and regularly challenges and supports management in enhancing the organization's diversity and inclusion efforts and progress.



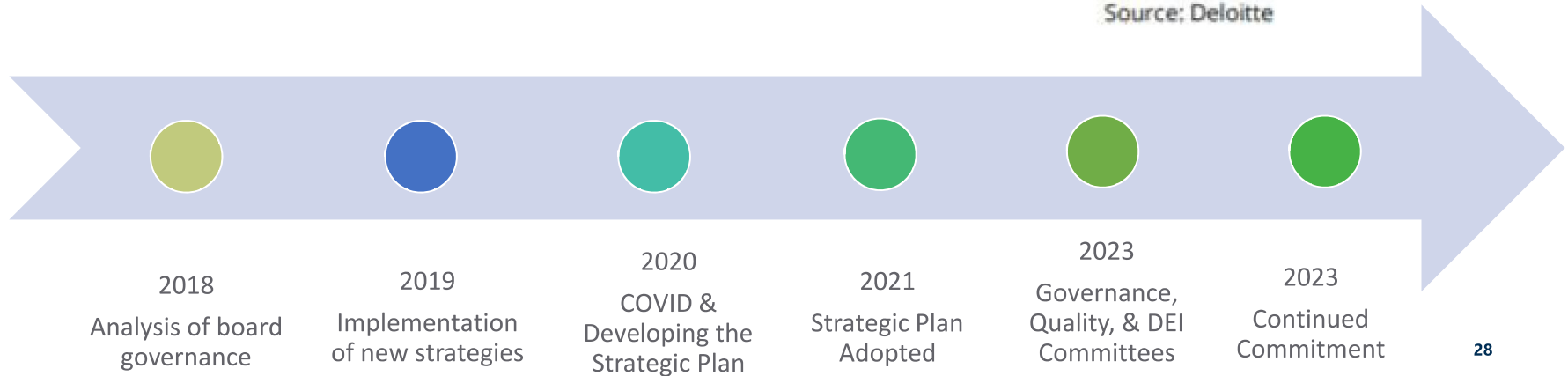
“We could have very diverse boards but still not get to better answers and better outcomes for organizations and our society unless we create a really inclusive boardroom and inclusive governance.”

- Conversation about the board’s role in influencing inclusion across the organization is rare in the boardroom.
- In 2019, Deloitte reviewed board committee charters at more than 100 of the largest US-based companies and found that while 65 percent of charters mentioned diversity and inclusion, the references most often only pertained to demographic composition (diversity).

BOARD INCLUSION MATURITY SPECTRUM



Source: Deloitte



# Healthcare Board Responsibilities

## QUALITY OF CARE

- Legal responsibility for ensuring quality of the health care delivered within Harris Health.
- Board ensures effective systems exist for evaluating and improving the delivery of high quality care including regularly reviewing reports of quality indicators.
- Oversight over approval of medical staff bylaws, medical staff appointments and reappointments.

## FINANCE

- The Board’s duty is to provide financial oversight for the organization. Boards must protect and enhance organization’s financial resources, and must ensure effective use of resources to achieve organizational goals.

## COMPLIANCE

- The Board is responsible for ensuring that there is a strong and effective Compliance Plan.

## CEO SELECTION & RETENTION

- The Board has a duty to select, oversee and evaluate a CEO who directs the affairs of the system effectively.

## STRATEGIC PLANNING

- The Board must ensure that a strategic plan is in place and ensuring achievement of strategic direction.

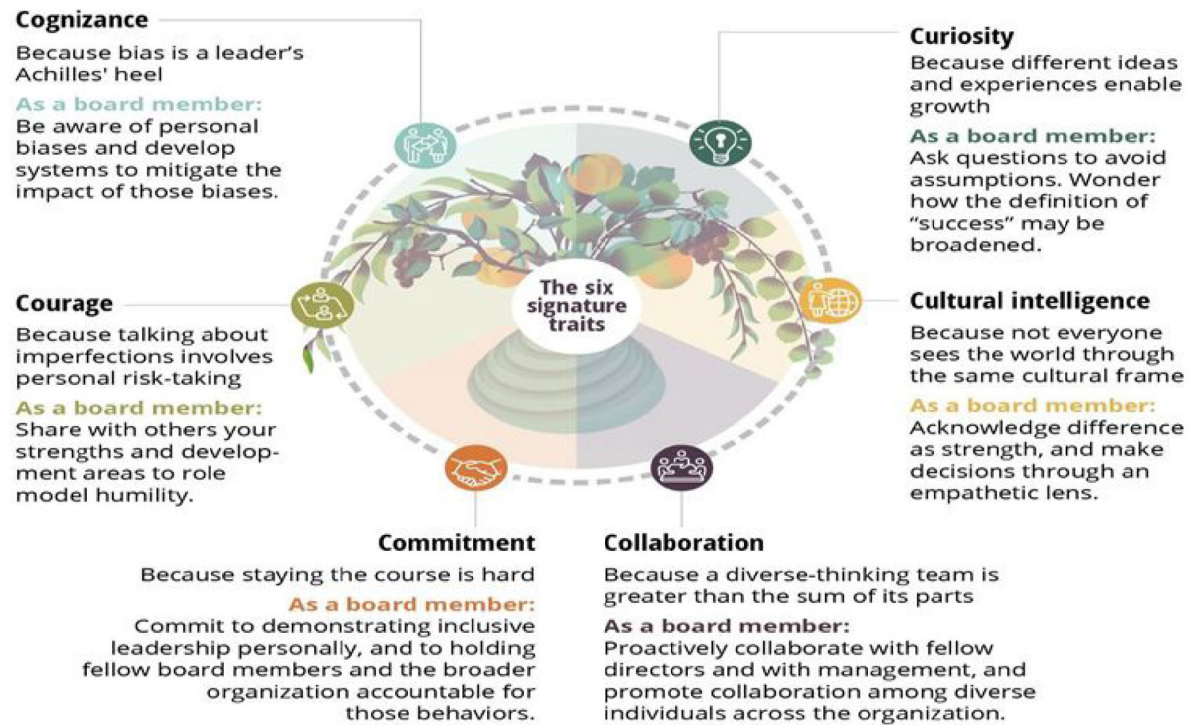
## SELF - GOVERNANCE

- The Board must create and maintain all the processes of self-governance and self-evaluation.

Equity & Inclusion

FIGURE 3

### Inclusive leadership for board members



Sources: Juliet Bourke and Bernadette Dillon, *The six signature traits of inclusive leadership: Thriving in a diverse new world*, Deloitte Insights, April 14, 2016; Deloitte analysis.

Deloitte Insights | [deloitte.com/insights](https://deloitte.com/insights)



## Considerations

- Articulate the current state of the board's approach to inclusion governance.
- Define a vision for governing inclusion across all five key areas and assess the board's current state against that vision.
- Identify what can be done to achieve inclusive governance goals.
- Implement the changes necessary to accomplish those goals and measure progress.



From:	To:	From:	To:
Shareholder capitalism and short-term performance	Stakeholder capitalism and long-term value	DEI policies and procedures	DEI embedded in long-term-value drivers
Insufficient dialogue on race	Informed, regular, meaningful dialogue on race	DEI training	DEI skills and results
Listening	Hearing and responding	Generic "best practice" DEI programs	Company-specific, enterprise-wide DEI programs aligned to corporate purpose, culture and long-term value
Employees and jobs	People and skills	Executive compensation focused on financial performance	Executive compensation based on stakeholder capitalism, inclusive of RDEI
Employees as an expense	People as an asset	Talent pipeline constraints	Modern and strategic talent sourcing
DEI as only a management issue	DEI as a board and management issue	Knowing what's right	Practicing what's right and dealing with what's not right
DEI in our values	DEI in our values and behavioral expectations clear in goals and incentives	Unfounded optimism/pessimism about social justice and racial equality	Clear understanding about social injustice and racial inequality, anchoring pragmatic hope
DEI as a compliance issue	DEI as a strategic issue		
Non-deliberate workforce makeup	A workforce that mirrors all stakeholders		
DEI targets	Behavioral targets		

# Limitations

---

- Availability of board members
- Board member turnover
- Time to conduct study
- Researcher/CDO Bias
- Institutional knowledge

**RESEARCH LIMITATIONS**

Research limitations refer to the potential weaknesses inherent in a study. All studies have limitations of some sort.

**OVERVIEW**

Rarely is a study perfect. Researchers have to make trade-offs when developing their studies, which are often based upon practical considerations such as time and monetary constraints, weighing breadth of participants against depth of insight, and choosing one methodology or another.

**EXAMPLES**

- Time constraints
- Resource intensiveness
- Risk of attrition
- Lack of generalizability
- Lack of depth and content
- Ethical limitations
- Risk of survey error
- Researcher bias
- Participant bias

HELPFULPROFESSOR.COM

# DEI & Board Governance



Continued Education on

- Board Governance
- Diversity, Equity, and Inclusion
- Implicit Bias
- Inclusive Leadership

*Thank You!*

**BOARD OF TRUSTEES**  
**Governance Committee**

Tuesday, July 11, 2023  
11:00 A.M.

BOARD ROOM  
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <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**

- |   |                              |               |
|---|------------------------------|---------------|
| <b>I. Call to Order and Record of Attendance</b>  | <b>Dr. Andrea Caracostis</b> | <b>2 min</b>  |
| <b>II. Approval of the Minutes of Previous Meeting</b>  | <b>Dr. Andrea Caracostis</b> | <b>2 min</b>  |
| • Governance Committee – May 9, 2023  |                              |               |
| <b>III. Update Regarding Board Member Orientation Process</b><br>– <i>Ms. Maria Cowles</i>  |                              | <b>15 min</b> |
| <b>IV. Presentation and Possible Recommendation to the Board</b><br>Regarding Nomination Process – <i>Ms. Elizabeth Winn</i>  |                              | <b>20 min</b> |
| <b>V. Discussion Regarding Best Practices for Making Parliamentary</b><br><b>Motions to Request Documentation, Reports or Other Post-</b><br><b>meeting Actions – <i>Ms. Elizabeth Winn</i></b> |                              | <b>20 min</b> |
| <b>VI. Adjournment</b>  | <b>Dr. Andrea Caracostis</b> | <b>1 min</b>  |

**HARRIS HEALTH SYSTEM**  
**MINUTES OF THE BOARD OF TRUSTEES**  
**GOVERNANCE COMMITTEE MEETING**  
**Tuesday, May 9, 2023**  
**11:00 AM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	Dr. Arthur Bracey, Presiding Officer, called the meeting to order at 11:00 a.m. It was noted there was a quorum present and the attendance was recorded. Dr. Bracey announced that while some Board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	
<b>II. Approval of the Minutes of the Previous Meeting</b> Governance Committee – April 11, 2023		<b>Moved by Professor Marcia Johnson, seconded by Dr. Arthur Bracey, and unanimously approved the minutes of the previous meeting. Motion carried.</b>
<b>III. Update Regarding Mandated Board Training</b>	Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, provided an update regarding mandated Board training. She noted that in 2013, the 83rd Texas Legislature mandated that the Texas Pension Review Board (PRB) establish a Minimum Educational Training (MET) Program for trustees and system administrators of Texas public retirement systems. To ensure compliance with the state mandate, the Harris Health System Board of Trustees is required to participate in a MET Program. Ms. Rodriguez stated that participation in the MET Program will ensure that the Board fulfills its roles and responsibilities to implement the best governance practices related to the pension and retirement of Harris Health employees. She mentioned that the Pension Review Board recently launched a new Minimum Educational Training website. The PRB's new educational training site can be accessed directly through <a href="http://education.prb.texas.gov">education.prb.texas.gov</a> .	<b>As Presented.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>The new website allow participants to:</p> <ul style="list-style-type: none"> <li>• <i>track their progress through a course</i></li> <li>• <i>see which PRB courses they've completed on the site, and</i></li> <li>• <i>view, save, and print completion certificates</i></li> </ul> <p>Ms. Rodriguez presented the MET Program requirements as follows:                      All new trustees and administrators must complete at least seven (7) credit hours of training in the core content areas within the first year of service.</p> <p><b>Core content areas include:</b> Fiduciary Matters, Governance, Ethics, Investments, Actuarial Matters, Benefits Administration, and Risk Management.</p> <p>Existing trustees and administrators must complete at least four (4) credit hours of continuing education in either core or non-core content areas every two years following their first year of service.</p> <p><b>Non-core content areas include:</b> Compliance, Legal and Regulatory Matters, Pension Accounting, Custodial Issues, Plan Administration, Texas Open Meetings Act, and Texas Public Information Act.</p> <p>Professor Marcia Johnson inquired regarding potential consequences for failure to comply with the training requirement. Ms. Rodriguez stated that she will inquire with PRB and provide feedback. Discussions ensued regarding mandated training. A copy of the presentation will be available in the permanent record.</p>	
<p><b>IV. Discussion Regarding Recommended Next Steps from 2022 Board Self-Assessment and Priority Focus Areas</b></p>	<p>Ms. Elisabeth Hurst, Member Success Manager, The Governance Institute, delivered a presentation regarding the 2022 Board Self-Assessment. She provided an overview of the three (3) fiduciary duties and seven (7) responsibilities of the Board. She reported there was a response rate of 100%, with 8 out of 8 respondents participating in the survey. The Board received an overall effectiveness rating of 5.5 compared to the national average of 8.3; the Board had an engagement experience rating of 6.8 and an influence rating of 6.8.</p>	<p><b>Moved by Professor Marcia Johnson, seconded by Dr. Arthur Bracey, and unanimously approved the minutes of the previous meeting. Motion carried.</b></p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Ms. Hurst outlined both the highest and lowest performing assessment items. She touched on two key areas: 1) strategic planning and 2) fiduciary duties and responsibilities. She mentioned that The Governance Institute has various resources available for advancing governance such as: publications, e-newsletters, case studies, white papers, leadership conferences and webinars and e-learning modules. Committee discussions ensued regarding the fluidity of the Board in prioritizing the strategies and initiatives of Harris Health’s 2021 – 2025 Strategic Plan.</p> <p>The Governance Committee presented the following recommendations:</p> <ol style="list-style-type: none"> <li>1) To cross reference Committee materials to ensure that they are not duplicated in the Board packets; and</li> <li>2) To empower Committees to do the work and to bring recommendations to the full Board for support and approval.</li> </ol> <p>A copy of the presentation is available in the permanent record.</p>	
<p><b>V. Discussion Regarding Future Agenda Items</b></p>	<ul style="list-style-type: none"> <li>• Potential Revisions to Board Standard Operating Procedures</li> <li>• Healthcare Governance Core Curriculum</li> <li>• Nomination Function Performed by Governance Committee for September 2023 Officer Election</li> <li>• Continuing Education</li> </ul>	<p><b>For Informational Purposes Only</b></p>
<p><b>VI. Adjournment</b></p>	<p>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 12:08 p.m.</p>	

I certify that the foregoing are the Minutes of the Meeting of the Governance Committee of the Board of Trustees of the Harris Health System held on May 9, 2023.

Respectfully submitted,

Arthur W. Bracey, Presiding Officer

Recorded by Cherry Pierson



Tuesday, May 9, 2023

**Harris Health System Board of Trustees Board Meeting – Governance Committee 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.

GOVERNANCE COMMITTEE MEMBERS PRESENT	GOVERNANCE COMMITTEE MEMBERS ABSENT	ADDITIONAL BOARD MEMBERS PRESENT
Dr. Arthur Bracey ( <i>Ex-Officio</i> )	Dr. Andrea Caracostis ( <i>Chair</i> )	Dr. Ewan D. Johnson
Ms. Alicia Reyes		Ms. Jennifer Tijerina
Ms. Marcia Johnson		

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Mr. Anthony Williams, Vice President, Chief Compliance Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Jackie Brock,
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Dr. Martha Mims, Chair, Medical Executive Board
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Dr. Michael Nnadi, Senior Vice President, Chief Pharmacy & Lab Officer
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Mr. Omar Reid, Executive Vice President, Chief People Officer
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Ms. Patrick Casey, Senior Vice President, Facilities Construction & System Engineering
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

**ADDITIONAL GUESTS PRESENT**

Antoinette "Toni" Cotton	Jerry Summers
Cherry Pierson	John Matcek
Daniel Smith	Katie Rutherford ( <i>Harris County Attorney's Office</i> )
David Riddle	Matthew Schlueter
Derek Curtis	Nicholas Bell
Ebon Swofford ( <i>Harris County Attorney's Office</i> )	Randy Manarang
Elizabeth Hurst ( <i>The Governance Institute</i> )	Shawn DeCosta
Elizabeth Winn ( <i>Harris County Attorney's Office</i> )	Tai Nguyen
Jennifer Zarate	Tiffani Dusang

Tuesday, July 11, 2023  
Update Regarding Board Member Orientation Process

---

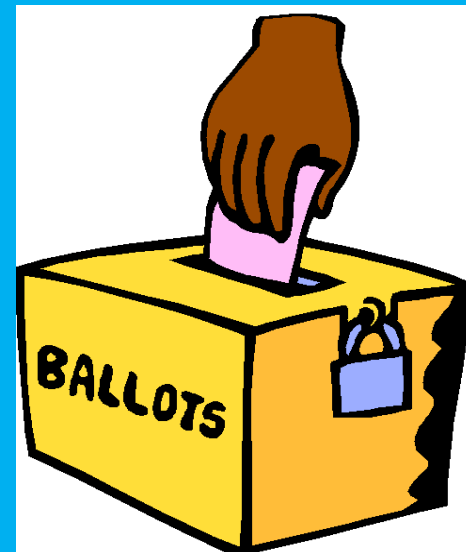
**Tuesday, July 11, 2023**

**Presentation and Possible Recommendation to the Board Regarding Nomination Process**

---

# Effective Nominations Process

**By Elizabeth Hanshaw Winn,  
Assistant Harris County Attorney  
Harris Health Legal Team**



# Process in Robert's Rules

- Options for Nominating Officers (RR 46:3):
  - By Chair
  - By Committee
  - Any board member can make a motion for nominations.

RECOMMENDATION – Formalize nominations process

# **RECOMMENDATIONS**

## **USE COMMITTEE PROCESS**

**EITHER BY:**

**1. Create a new Nominations/Executive Committee (Standing)**

**OR**

**2. Add nominations process as duty of an existing Committee (Governance, Compliance, etc.) via Charter amendment**

# Option 1 : Create a New Committee

- Draft Charter language for new Nominations Committee;
- Place approval of new Committee Charter on Board Agenda;
- Appoint members of the committee, including chair.



# Option 2: Add Nominations Functions to an Existing Committee

- Add duties to existing committee charter for final Board approval.

# Nominations process

1. The Chair of the Committee with nominations function will solicit interest in Board officer positions (“Officers”).

2. The solicitation should include (at a minimum):

- Board Officer positions available;
- Description of Offices and list of duties; and
- Deadline to notify Chair of interest in the Officer position.

## Nominations Process Cont'd.

3. After the deadline, the Nominations Committee will meet to discuss the list of board members interested in each position.
4. If there are offices without a candidate by the deadline, the Committee members will reach out to board members to solicit interest.

## Nominations process Cont'd.

5. Nominations Committee will present the slate of candidates to the board members prior to the meeting (via email) and also via the Nominations Chair's committee report at the regular board meeting held at applicable Committee meeting and subsequent Board meeting during the month before the meeting in which the actual election takes place.

## Conduct of Election

1. At the next Board meeting, the actual election takes place in open meeting.
2. At the meeting at which the election is held, another report is given by Nominations Committee chair where the slate is again announced. RR 46:15
3. After the report is given, the floor is turned back over to the Board Chair, who will conduct the actual election.

## Conduct of Election Cont'd

4. The Board Chair will then ask if there are any nominations from the floor. This would be done for each position, and the Board Chair will close the nominations after asking (I recommend 3 times) for floor nominations for each office.

5. Special Notes relating to nominating from the floor:

- Nominations from the floor would not have to be seconded;
- The person nominated would need to accept or reject the nomination;
- A person can nominate themselves.

## Conduct of Election Cont'd

6. Once you have a final ballot including any candidates nominated from the floor, the election will take place with the Board Chair calling for a vote by Officer position. RR 46:18-21, RR 46: 37 & 44

Alternate Option: nominate, close nominations, then vote for each office separately. This will allow a cleaner option to allow individuals to run for more than one office. RR 46:32.

## Conduct of Election Cont'd

### Handling a Tie Vote:

- The board chair votes to break the tie.
- If a tie vote remains after chair votes, another election must be held.

Note; if all board members attend the meeting, a tie vote should not occur unless a board member abstains.



# Open Discussion – Next Steps

- Make a recommendation to the Board for nominations process:
  - Nominations Committee
  - OR
  - Add functions to existing Committee

***Any Questions?***

**Tuesday, July 11, 2023**

**Discussion Regarding Best Practices for Making Parliamentary  
Motions to Request Documentation, Reports or Other Post meeting Actions**

---

# Best Practices for Making Requests through Parliamentary Motions

By Elizabeth Hanshaw Winn,  
Assistant Harris County Attorney  
Harris Health Legal Team

# REMINDER OF THE BENEFITS OF PARLIAMENTARIAN PROCEDURES

- **Working together effectively and smoothly.**
- **Opportunity for all members to be heard.**
- **Helps accomplish meeting purpose.**
- **Forces handling 1 item at a time.**

# CONTENT OF REQUEST

- Make sure the request you are making is within the scope of the agenda item.
- Be clear and concise on what you are requesting.
- Provide a timeline for receiving the information.

# SAMPLE MOTIONS

- Example 1: I move that the Board Members receive a copy of an analysis providing the differences between the contract we are approving today and the contract we approved last year for the same services prior to our next board meeting.
- Example 2: I move that X Department present information on how the MWBE percentage was calculated for the clinic facilities contract during our next board meeting.

# NEED GUIDANCE ON MOTION LANGUAGE

- Let meeting chair know you need assistance in forming the motion language.
- Ask the chair for a recess to allow time for assistance with motion language.



***Any Questions?***

## BOARD OF TRUSTEES

### Quality Committee

Tuesday, July 11, 2023

12:00 P.M.

*(or immediately following the Governance Committee)*

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <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. Andrea Caracostis | 1 min    |
| II. Approval of the Minutes of Previous Meeting  | Dr. Andrea Caracostis | 2 min    |
| • Quality Committee Meeting – May 9, 2023  |                       |          |
| III. Video Regarding 2023 Zero Harm Awards – <i>Dr. Steven Brass</i>   |                       | 5 min    |
| IV. Video Regarding Closed Loop Communication: Three Way Repeat Back – <i>Dr. Jackie Brock</i>   |                       | 5 min    |
| V. Consideration of Acceptance of the Ambulatory Surgical Center (ASC) at LBJ Status Report – <i>Mr. Matthew Reeder</i>  |                       | 5 min    |
| VI. Consideration of Acceptance of the Riverside Dialysis Center Status Report – <i>Mr. Matthew Reeder</i>   |                       | 5 min    |
| VII. Executive Session   | Dr. Andrea Caracostis | 65 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 in Connection with the Evaluation of the Quality of Medical and Healthcare Services – <i>Dr. Steven Brass and Dr. Yashwant Chathampally</i> |                       | (55 min) |

- 
- B.** Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Texas Health & Safety Code §161.032, and Possible Action Regarding this Matter Upon Return to Open Session – ***Ms.Carolynn Jones***

(10 min)

**VIII. Reconvene**

**Dr. Andrea Caracostis 1 min**

**IX. Adjournment**

**Dr. Andrea Caracostis 1 min**

**HARRIS HEALTH SYSTEM**  
**MINUTES OF THE BOARD OF TRUSTEES**  
**QUALITY COMMITTEE MEETING**  
**Tuesday, May 9, 2023**  
**12:00 PM**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order and Record of Attendance</b>	Dr. Arthur W. Bracey, Presiding Officer, called the meeting to order at 12:09 p.m. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey announced that while some Board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	
<b>II. Approval of the Minutes of Previous Meeting</b> Quality Committee Meeting – April 11, 2023		<b>Moved by Ms. Alicia Reyes, seconded by Dr. Arthur Bracey, and unanimously approved the minutes of the previous meeting.</b>
<b>III. Harris Health Safety Message: Informed Consent Done Right</b>	Dr. Steven Brass, Executive Vice President & Chief Medical Executive, delivered a Minute for Medicine video series related to Informed Consent Done Right. Copies of the video series and the presentation are available in the permanent record.	<b>As Presented.</b>
<b>IV. Presentation Regarding Safety Culture Survey</b>	Ms. Tiffani Dusang, Vice President, Patient Safety & Risk Management, delivered a presentation regarding Harris Health’s Safety Culture Survey. Ms. Dusang provided a brief overview of the safety culture survey statistics, including response rates by population, survey demographics and system – level strengths and opportunities. System – level strengths Include: 1) Job satisfaction, 2) Safety Climate and 3) Teamwork Climate. System – level Opportunities Include: 1) Stress Recognition 2) Working Conditions and 3) Perceptions of Management. Ms. Dusang concluded by reporting on the implementation of action plans by domain and next steps as it relates to opportunities for improvement. A copy of the presentation is available in the permanent record.	<b>As Presented.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p><b>V. Presentation Regarding Patient Experience</b></p>	<p>Dr. Jackie Brock, Executive Vice President, Chief Nursing Executive, delivered a presentation regarding Patient Experience. Dr. Brock shared Harris Health’s inpatient performance data, noting that it exceeded its goal for “doctors listened carefully”, but fell short of its goals regarding “nurses listened carefully” and “care transitions.” She mentioned that there are action plans and initiatives in place to address these high priority areas. Dr. Brock shared Harris Health’s outpatient data and noted that performances are above goal for the “doctors listened carefully”, “nurses listened carefully”, “good communication between nurses &amp; providers” and “waited more than 15 minutes” categories. Dr. Brock mentioned the Commit to Sit Seating Initiative and presented the following 2023 tactics:</p> <ol style="list-style-type: none"> <li>1. Assemble Baylor and UT Doctors Listening Champion Committees for both Inpatient and ACS</li> <li>2. Expanding enhanced Discharge Folders to Outpatient Surgery</li> <li>3. Revitalizing Service Recovery Program</li> <li>4. Strengthen leadership/patient experience rounding nursing communication and whiteboard use</li> <li>5. Explore expanding commit to sit seating throughout inpatient units</li> <li>6. Reconvene Patient Experience Collaborative to build on and monitor established initiatives</li> </ol> <p>A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
<p><b>VI. Executive Session</b></p>	<p>At 12:35 p.m., Dr. Arthur Bracey stated that the Quality Committee of the Board of Trustees would go into Executive Session for items “A and C” as permitted by law under Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002.</p>	
	<p><b>A.</b> Report Regarding Harris Health System Correctional Health 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</p>	<p><b>No Action Taken.</b></p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p><b>B.</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 in Connection with the Evaluation of the Quality of Medical and Healthcare Services</p>	<p><b>No Action Taken.</b></p>
	<p><b>C.</b> Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Texas Health &amp; Safety Code §161.032, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>
<p><b>VII. Reconvene</b></p>	<p>At 1:35 p.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>VIII. Adjournment</b></p>	<p>Moved by Ms. Alicia Reyes, seconded by Dr. Arthur Bracey, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 1:35 p.m.</p>	

I certify that the foregoing are the Minutes of the Meeting of the Quality Committee of the Board of Trustees of the Harris Health System held on May 9, 2023.

Respectfully submitted,

Arthur W. Bracey, M.D., Presiding Officer

Recorded by Cherry Pierson

Tuesday, May 9, 2023

**Harris Health System Board of Trustees Board Meeting – Quality Committee 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.

QUALITY COMMITTEE BOARD MEMBERS PRESENT	QUALITY COMMITTEE BOARD MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Arthur W. Bracey ( <i>Ex-Officio</i> )	Dr. Andrea Caracostis ( <i>Chair</i> )	Ms. Marcia Johnson
Dr. Ewan D. Johnson		Ms. Jennifer Tijerina
Ms. Alicia Reyes		
EXECUTIVE LEADERSHIP		
Dr. Esmail Porsa, President and Chief Executive Officer		
Mr. Anthony Williams, Compliance Officer		
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital		
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive		
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services		
Dr. Joseph Kunisch, Vice President, Quality Programs		
Dr. Martha Mims, Chair, Medical Executive Board		
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services		
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer		
Dr. Michael Nnadi, Senior Vice President, Chief Pharmacy Officer		
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications		
Mr. Omar Reid, Executive Vice President, Chief People Officer		
Dr. Otis Reggie Ekins, Chief Medical Officer, Correctional Health		
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital		
Mr. Patrick Casey, Senior Vice President, Facilities, Construction, & System Engineering		
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital		
Dr. Steven Brass, Executive Vice President & Chief Medical Executive		
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital		
Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety		
ADDITIONAL GUESTS PRESENT		
Antoinette “Toni” Cotton		Katie Rutherford
Cherry Pierson		Matthew Schlueter
Daniel Smith		John Matcek
David Riddle		Nicholas Bell
Derek Curtis		Randy Manarang
Ebon Swofford		Shawn DeCosta
Jennifer Zarate		Tai Nguyen
Jerry Summers		Tiffani Dusang

BOARD OF TRUSTEES

Quality Committee

HARRISHEALTH  
SYSTEM

Tuesday, July 11, 2023

Video Regarding 2023 Zero Harm Awards

---





**2023 Zero Harm Awards**

**Steven Brass, MD, MPH, MBA  
EVP, Chief Medical Executive**

**Board of Trustees Quality Committee  
July 11, 2023**



Video:

- [Zero Harm Awards 2023 – YouTube](#)

Tuesday, July 11, 2023

Video Regarding Closed Loop Communication: Three Way Repeat Back

---

**HARRISHEALTH SYSTEM**

**Closed Loop Communication:  
Three Way Repeat Back**

**Jacqueline Brock, DNP, RN  
EVP, Chief Nurse Executive**

**Board of Trustees Quality Committee  
July 11, 2023**



## Video:

- Closed Loop Communication – Three Way Repeat Back  
<https://youtu.be/nXcuj6xuCU>

Tuesday, July 11, 2023

**Consideration of Acceptance of the Ambulatory Surgical Center (ASC) at LBJ Status Report**

---

As part of the Governing Body Bylaws of the Ambulatory Surgical Center, the Governing Body is to report biannually to the Board of Trustees. Please find the biannual report attached.

**HARRIS HEALTH SYSTEM**  
**Board of Trustees**  
**Executive Summary of Performance – June 2023**

The Ambulatory Surgical Center  
Matthew Reeder, MSN, BS, RN, CNOR, NEA-BC  
Administrator, Ambulatory Surgical Center at LBJ

**Summary of Findings:**

The Ambulatory Surgical Center (ASC) has been licensed and operational since June 2014 and was re-accredited by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) in July 2022. The ASC continues to care for about 3,500 patients each year. The COVID-19 pandemic changed the way we conduct business in regards to volumes but we are seeing a gradual return to a new normal as we continue to care for our surgical patients.

Overall, the ASC has continued to perform favorably for patient falls, wrong site, side, patient, procedure, or implant(s), normothermia, hospital visits for general, urology, and orthopedic patients, and patient satisfaction. The following represents strategies the team has implemented to maintain favorable performance with these measures: ensuring patients are wearing non-skid footwear while in the ASC, providing multiple points of patient verification and redundancy, providing warmth both prior to entering the operating room (OR), while in the OR, and after the surgery to maintain normothermia; and treating each customer as we would our own family.

Patient Burns (per 1,000 admissions) has trended favorably since February 2023. Strategies implemented to reestablish zero burns include minimization of incorrect usage of surgical devices and communication and education with team members on proper handling of heat-generating equipment and instrumentation.

All Cause Transfers/Admissions Visit Within One Day of Discharge (per 1000 admissions) trended favorably in March 2023. In November and December 2022, and February 2023 the metric was unfavorable. The ASC reviewed data that indicated three patients of 1,654 admissions from November 2022 to April 2023 were transferred to the emergency department. Strategies implemented to decrease transfers include case reviews by the ASC at leadership meetings, discussions in physician meetings hosted by surgeons, and service-line peer reviews.

In January 2023, Wrong site, side, patient, procedure, or implant (per 1,000 patients) was added to the ASC Quality Scorecard. The measure was approved to be an indicator monitored by the Centers for Medicare and Medicaid Services (CMS) and as a result it has been added to the ASC Quality Scorecard. The ASC has trended favorably since January 2023 with the measure.

Unplanned Anterior Vitrectomies (UAV) (per 1,000 admissions) has trended favorably since January 2023. The ASC reviewed data that indicated 1 patient of 295 phacoemulsification cases from November 2022 to April 2023 had a UAV procedure. Strategies implemented to reestablish zero UAV cases include extensive anatomical examination of the lens of patients for possible UAV complications and well as communication with patient on the possible need for an anterior vitrectomy during a phacoemulsification.

All Cause Emergency Department Visit Within One Day of Discharge (per 1,000 patients) overall has been trending in a negative direction from November 2022 to April 2023. The ASC reviewed data that indicated 15 patients of 1,654 admissions from November 2022 to April 2023 visited the emergency department within 24 hours of discharge. In an attempt to elicit a downward trend, the ASC has partnered with the Ask My Nurse team to create an improved process of communication between the physician teams and the patients. We continue to expand the project to an increasing number of surgical services. We have seen an overall downward trend but we have not reached our goal yet.

The ASC has achieved favorable patient satisfaction rankings, which have trended from the 35th percentile to the 100th percentile based on nationally-distributed NRC Health patient satisfaction questionnaires since inception. From November 2022 to April 2023 we were able to maintain an average score in the 90<sup>th</sup> percentile.

All Cause Unplanned Hospital Admissions Within One Day of Discharge (per 1000 admissions) trended favorably in December 2022 and March through April 2023 but in November 2022 and January and February 2023, the metric was unfavorable. The ASC reviewed data that indicated six patient of 1,654 admissions from November 2022 to April 2023 was admitted to LBJ hospital. Strategies implemented to decrease admissions include case reviews by the ASC at leadership meetings, discussions in physician meetings hosted by surgeons, and service-line peer reviews.

We continue collaborating with Ben Taub Hospital, LBJ Hospital, and Harris Health System leadership to develop a long-term process to manage our surgical backlogs. The overall goal is to establish a process in which patients receive timely treatment within any of the three facilities.



Tuesday, July 11, 2023

**Consideration of Acceptance of the Riverside Dialysis Center Status Report**

---

As part of Harris Health System's goals, the Riverside Governing Body is to report biannually to the Board of Trustees. Please find the biannual report attached.

**HARRIS HEALTH SYSTEM**  
**Board of Trustees**  
**Executive Summary of Performance – June 2023**

Riverside Dialysis Center  
Lori A. Timmons, RN, NEA-BC  
Director, Riverside Dialysis Center

**Summary of Findings:**

Riverside Dialysis Center received certification from the Centers for Medicare and Medicaid Services (CMS) in November 2009 and licensed by the Texas Department of State and Health Services (DSHS) in September 2008. The facility provides quality care for patients with Chronic End-Stage Renal Disease (ESRD). Harris Health System's Riverside Dialysis Center helps to close the gaps in access to care for areas most vulnerable population needing dialysis. Riverside Dialysis Center is open Monday through Saturday from 5:00am to 9:00pm.

In June 2023, the facility will relocate to the newly renovated Quentin Mease Health Center. The new facility, named Harris Health System Dialysis Center at Quentin Mease, will have twenty-nine hemodialysis stations and five peritoneal dialysis training rooms. Additionally, the site will have backup generator capability and potable water support in the event of service disruptions or disaster situations.

As of April 2023, the facility has provided 5,296 in-center hemodialysis treatments and home program patients conducted a total of 4,307 self-administered peritoneal dialysis treatments. The facility has twenty-two chronic hemodialysis stations and two home peritoneal dialysis training rooms. The Riverside team, in collaboration with Transitions and Post-Acute Care, Ben Taub, and LBJ hospitals developed a system-wide patient and healthcare professional educational initiative aimed at expanding the existing home

therapy program. This effort is expected to further increase access to dialysis care and health equity in Harris County.

The facility has 5 Diamond Status designation for its promotion of fostering a culture of safety. Additionally, Riverside Dialysis continues to meet and exceed quality indicators established by CMS for hospital admission and readmission rates, nutritional albumin, and dialysis adequacy.

While improving, achieving recommended vascular access rates for permanent dialysis fistulas and grafts continues to be a challenge due to the high catheter usage rates; currently above 19%. The national goal is less than 10%. To address this fallout, Vascular Surgeon, Dr. Adel Irani, leads a Dialysis Vascular Access Task Force, which meets monthly, to manage surgical intervention for Riverside Dialysis patients to increase placements of permanent hemodialysis accesses. Riverside Dialysis Center is a member of the Harris Health System Dialysis Quality Assurance and Improvement Performance Committee that was developed to standardize and improve the quality, patient safety, and educational training programs at each pavilion.

Tuesday, July 11, 2023

Executive Session

---

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 in Connection with the Evaluation of the Quality of Medical and Healthcare Services

- Pages 20-46 Were Intentionally Left Blank -