

Thursday, April 25, 2024

9:00 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. Andrea Caracostis 1 min
- II. [Approval of the Minutes of Previous Meeting](#) Dr. Andrea Caracostis 1 min
 - [Board Meeting – March 28, 2024](#)
- III. Announcements / Special Presentations Dr. Andrea Caracostis 15 min
 - A. CEO Report Including Special Announcements – *Dr. Esmaeil Porsa* (10 min)
 - B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements (5 min)
- IV. [Public Comment](#) Dr. Andrea Caracostis 3 min
- V. Executive Session Dr. Andrea Caracostis 30 min
 - A. [Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health System Quality Review Councils and Ambulatory Surgical Center at LBJ and Harris Health Dialysis Center at Quentin Mease Health Center Biannual Summary Reports – Dr. Andrea Caracostis, Dr. Steven Brass and Dr. Yashwant Chathampally](#) (10 min)
 - B. [Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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. Martha Mims and Dr. Bradford Scott](#) (10 min)

- (10 min)
- C. [Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – Dr. Otis Egins](#)
- VI. Reconvene to Open Meeting Dr. Andrea Caracostis 1 min
- VII. General Action Item(s) Dr. Andrea Caracostis 4 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. Martha Mims](#) (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)
- VIII. New Items for Board Consideration Dr. Andrea Caracostis 10 min
- A. Consideration of Amendment of Appointments to the Dialysis Center at Quentin Mease Governing Body – **Board of Trustees** (5 min)
- Dr. Cody Pyke
 - Sima Ladjevardian
- B. [Consideration of Approval of a Resolution Committing Support by Harris Health System Board of Trustees and Administration for Level 1 Trauma Services Program at Ben Taub Hospital – Dr. Glorimar Medina](#) (5 min)
- IX. Strategic Discussion Dr. Andrea Caracostis 25 min
- A. [Harris Health System Strategic Plan Initiatives](#)
1. [Presentation Regarding Harris Health’s Employee Engagement Update – Mr. Omar Reid and Mr. Gary Marsh](#) (15 min)
- [Voices of Harris Health Survey](#)
[Strategic Pillar 2: People]
- B. [April Board Committee Meeting Reports:](#) (10 min)
- DEI Committee – **Ms. Marcia Johnson**
 - Quality Committee – **Dr. Andrea Caracostis**
- X. Consent Agenda Items Dr. Andrea Caracostis 5 min
- A. Consent Purchasing Recommendations
1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A9\) – Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office](#)
[\(See Attached Expenditure Summary: April 25, 2024\)](#)

- B. Consent Committee Recommendations
1. Consideration of Approval of the Harris Health System 2024 Quality Manual – **Dr. Steven Brass**
[Quality Committee]
- C. Consent Grant Recommendations
1. [Consideration of Approval of Grant Recommendation \(Items C1-C3\) – Dr. Jennifer Small and Ms. Amineh Kostov](#)
(See Attached Expenditure Summary: April 25, 2024)
- D. New Consent Items for Board Approval
1. [Consideration of Acceptance of the Harris Health System February 2024 Financial Report Subject to Audit – Ms. Victoria Nikitin](#)
 2. [Consideration of Approval of Taylor McMillan as Executive Director of the Harris Health Strategic Fund Board – Dr. Esmaeil Porsa](#)
 3. [Consideration of Approval to Amend an Owner Controlled Insurance Program Assistance Agreement between Alliant Insurance Service, Inc. and Harris County Hospital District d/b/a Harris Health System – Mr. Patrick Casey](#)
- E. Consent Reports and Updates to the Board
1. [Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – Mr. R. King Hillier](#)
{End of Consent Agenda}

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

Dr. Andrea Caracostis 20 min

- A. [Review and Acceptance of the Following Reports 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. Nelson Gonzalez](#)
 - [HCHP April 2024 Operational Update](#)
- B. [Consideration of Approval of the HCHP Change in Scope – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
- C. [Consideration of Approval of the HCHP 2023 Annual Progress Report – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
- D. [Consideration of Approval of the Revised HCHP 2024 Shelter-based Clinics List – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
- E. [Consideration of Approval of the HCHP Uniform Data System \(UDS\) Comparison Report – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)

(15 min)

- F. [Consideration of Approval of the HCHP Consumer Advisory Council Report – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
 - G. [Consideration of Approval of the HCHP 2023 Risk Management Report – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
 - H. [Consideration of Approval of the HCHP 2023 Service Area Analysis Report – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
 - I. [Consideration of Approval of a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and the Texas Department of State Health Services to Expand Services or Access to Care – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
 - J. [Consideration of Approval of the HCHP 2024 Carryover Budget – Dr. Jennifer Small, Ms. Tracey Burdine and Dr. Nelson Gonzalez](#)
- XII. Executive Session** **Dr. Andrea Caracostis 30 min**
- D. [Review of the Community Health Choice Financial Performance for the Two Months Ending February 29, 2024, Pursuant to Tex. Gov’t Code Ann. §551.085 – Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice](#) (10 min)
 - E. [Consultation with Attorney, Pursuant to Tex. Gov’t Code Ann. §551.071, Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Civil Action No. 3:22-cv-00406 in the U.S. District Court, Southern District of Texas – Mr. Michael Fritz](#) (10 min)
 - F. 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, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032 – Ms.Carolynn Jones (10 min)
- XIII. Reconvene** **Dr. Andrea Caracostis 10 min**
- XIV. Board Education** **Dr. Andrea Caracostis 45 min**
- A. [High Reliability Organizations \(HRO\) Training – Dr. Steven Brass and Dr. Yashwant Chathampally](#)
- XV. Adjournment** **Dr. Andrea Caracostis 1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, March 28, 2024

9:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 9:01 a.m. by Andrea Caracostis, MD, MPH, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Caracostis 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: http://harrishealthtx.swagit.com/live.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – February 29, 2024 	<p>Motion No. 24.03-34 Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of the February 29, 2024 meeting. Motion carried.</p>
III. Announcements/ Special Presentations	<p>A. CEO Report Including Special Announcements</p> <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), recognized the following executive leadership:</p> <ul style="list-style-type: none"> • Ms. Taylor McMillian, Senior Vice President, Chief Development Officer • Mr. Micah Rodriguez, JD, Vice President, Public Policy and Government Relations <p>Dr. Porsa delivered the CEO Report, including special announcements. He shared that Harris Health System held its grand opening of the Endoscopy Center at Quentin Mease Health Center. He mentioned that Harris Health representatives participated in the Greater Houston Business Procurement Breakfast where they provided an overview of Harris Health’s Contractor Diversity Program and introduced three (3) prime contractors related to the Lyndon B. Johnson (LBJ) Hospital expansion project. State Representatives Ron Reynolds and Yolanda Jones were also in attendance. Dr. Porsa announced that our very own Board Chair, Dr. Andrea Caracostis, was selected as one of “Houston’s 50 Most Influential Women of 2023” by the Houston Woman Magazine. A copy of the CEO Report is available in the permanent record.</p>	<p>As Presented.</p>

	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</p> <p>Dr. Cody Pyke announced that she was a featured speaker at the second meeting of the Harris County LGBTQIA+ Commission.</p>	As Presented.
V. Executive Session	At 9:10 a.m., Dr. Caracostis stated that the Board would enter into Executive Session for Items V. 'A-C' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§151.002 and 160.007.	
	<p>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 Possible Action Regarding this Matter Upon Return to Open Session</p>	No Action Taken.
	<p>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</p>	No Action Taken.
Item was moved to an Executive Session held later in the meeting.	<p>C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session</p>	No Action Taken.
VI. Reconvene to Open Meeting	At 9:19 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session.	
IV. Public Comment (Taken Out of Order)	Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding Harris Health's grievance policy.	As Presented.

VII. General Action Item(s)		
	<p>A. General Action Item(s) Related to Quality: Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For March 2024, there were twelve (12) initial appointments, forty (40) reappointments, eight (8) change/add privileges, seventy - one (71) resignations, twelve (12) applications for temporary privileges, and three (3) applications for urgent patient care need privileges. A copy of the credentialing report is available in the permanent record.</p>	<p>Motion No. 24.03-35 Moved by Ms. Ingrid Robinson, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</p>
	<p>2. Approval of Changes to the Nephrology Clinical Privileges</p>	<p>Motion No. 24.03-36 Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.</p>
	<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p> <p>1. Item Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p>	<p>Moved to after reconvening from Agenda Item XIII. Executive Session</p>
VIII. New Items for Board Consideration		
	<p>A. Approval of the Appointment of Dr. Cody Pyke, Ms. Sima Ladjevardian and Ms. Ingrid Robinson as Members of the Dialysis Center at Quentin Mease Governing Body</p>	<p>Motion No. 24.03-37 Moved by Mr. Jim Robinson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p>

<p>IX. Strategic Discussion</p>		
	<p>A. Harris Health System Strategic Plan Initiatives</p> <p>1. Presentation Regarding Innovative Partnership to Build Structures and Processes that Facilitate Timely Enrollment and Access to Care in the Harris Health System for Under-insured Adolescents and Young Adults with Chronic Illness</p> <p>Dr. Albert Hergenroeder, Professor of Pediatrics, Baylor College of Medicine (BCM), delivered a presentation regarding Innovative Partnership to Build Structures and Processes that Facilitate Timely Enrollment and Access to Care in the Harris Health System for Under-insured Adolescents and Young Adults with Chronic Illness. He stated that the goal is to decrease health inequities associated with lack of access to primary and specialty adult – based care for patients with life – threatening disease transitioning from Texas Children’s Hospital (TCH) to the Harris Health System (HHS) as they age out of pediatric care. He noted that the purpose is to build and evaluate structures and processes to facilitate enrollment in HHS services and enable timely access to subsequent primary and specialty care providers. Dr. Hergenroeder provided an overview of collaborative partnerships which includes HHS, TCH, BCM, the Episcopal Health Foundation, and Houston Health Department. Additionally, Dr. Hergenroeder touched upon the project deliverables, 2022 – 2023 renal patient flowchart from TCH to HHS, accomplishments and next steps toward sustainability. A copy of the presentation is available in the permanent record.</p>	<p>Ms. Afsheen Davis recused on this item related to Texas Children’s Hospital. As Presented.</p>
	<p>B. March Board Committee Meeting Reports</p> <p><u>Governance Committee</u> Dr. Cody Pyke stated that the Governance Committee met on March 19, 2024 and the following topics were covered:</p> <ul style="list-style-type: none"> • The Committee discussed Board Education: Texas Pension Review Board Training and recommended a deadline of June 1, 2024. • Ms. Maria Cowles, Chief of Staff, delivered an update regarding the Board Orientation Process and the Board Retreat. • Ms. Elizabeth Hurst, NRC Health, delivered a presentation regarding the 2023 Harris Health System Board Self – Assessment Survey Results. • Ms. Elizabeth Hanshaw Winn, Harris County Attorney’s Office, delivered a presentation and Board Education training regarding Motions Practice. <p><u>Quality Committee</u> Dr. Andrea Caracostis stated that the following highlights were covered in open session of the Quality Committee Meeting held on March 19, 2024:</p> <ul style="list-style-type: none"> • The monthly High Reliability Organization (HRO) Video “Human Factors – Approach to Patient Safety” was displayed. 	<p>As Reported.</p>

	<ul style="list-style-type: none"> • Nursing and Human Resources leadership reported the results of the most recent employee engagement survey. The results will showcase our continued commitment to creating a Just and Accountable Culture. • Harris Health System is in the window for the unannounced annual survey from DNV Health Care on or before June 2024. Planning for survey is an ongoing process that includes 3 phases: Pre-survey, During Survey, and Post Survey. <p><u>Joint Conference Committee</u></p> <p>Dr. Caracostis noted that the Joint Conference Committee met on March 21, 2024, and the following topics were covered:</p> <ul style="list-style-type: none"> • The Committee received an update from Dr. Martha Mims, Chair, MEB and Dr. Kunal Sharma, Vice Chair, MEB, regarding the Medical Executive Board. • The Committee received an update from Dr. Tien Ko, Chief of Staff, LBJ and Dr. Sandeep Markan, Chief of Staff, BT, related to the System pavilions. • The Committee received an update from Dr. Markan (in lieu of Dr. Fareed Khan) related to Ambulatory Care Services. • Ms. Jessey Thomas, Senior Vice President, Medical Affairs, and Ms. Maxia Webb from NRC Health presented on Harris Health’s Medical Staff Engagement Survey Results. • Mr. Ron Fuschillo, Senior Vice President, Chief Information Officer, and Mr. Aaron Velasquez, Director, Emergency Management provided an update regarding Technology Downtime Opportunity Review. • Dr. Mims presented recommendation of revisions to the Harris Health System Medical Staff Bylaws. • The Committee discussed the 2024 Joint Conference Committee Goals. 	
<p>X. Consent Agenda Items</p>		
	<p>A. Consent Purchasing Recommendations</p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A60)</p> <p>Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, noted that purchasing items A14, A16, and A38, are all contracts that are within their current term and are in the process of rebidding related to the Minority/Women-owned Business Enterprises (MWBE) participation goal. Mr. Dopslauf also shared that Harris County Commissioners Court approved the new purchasing manual. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><u>Motion No. 24.03-38</u> Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item X.A.1. Motion carried.</p>

	B. Consent Committee Recommendations	
	1. Acceptance to Adopt June 1st as an Internal Completion Deadline for the Texas Pension Review Board Training	Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.
	2. Approval of the 2024 Quality Committee Goals	Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.
	C. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health System January 2024 Financial Report Subject to Audit	Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.
	2. Approval to Enter into a New Interlocal Agreement with Harris County Department of Economic Equity and Opportunity (DEEO) to Provide Wage Rate Compliance Services for Harris Health System Construction Projects	Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.

	<p>3. Approval to Amend and Renew the Lease with Benjamin Wu for the Sunset Heights Clinic, Located at 1623 Airline, Houston, TX 77009</p>	<p>Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.</p>
	<p>4. Approval to Convey a Non-Exclusive Utility Easement and Right of Way to Crown Castle Fiber, LLC at Lyndon B. Johnson Hospital, 5656 Kelly St., Houston, TX 77026</p>	<p>Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.</p>
	<p>5. Approval to Amend the Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston</p>	<p>Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.</p>
	<p>6. Approval to Amend the Administrative Services Agreement Between Harris Health System and Community Health Choice, Inc. and Community Health Choice Texas, Inc.</p>	<p>Motion No. 24.03-39 Moved by Mr. Jim Robinson, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B.1. through X.C.6. Motion carried.</p>
	<p>D. Consent Reports and Updates to the Board</p>	<p>For Informational Purposes Only</p>
	<p>1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</p> <p><i>{End of Consent Agenda}</i></p>	

<p>XI. Item(s) Related to the Health Care for the Homeless Program</p>		
	<p>A. Review and Acceptance of the Following Reports 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</p> <ul style="list-style-type: none"> • HCHP March 2024 Operational Update <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, delivered a presentation regarding the Health Care for the Homeless Program March 2024 Operational Update including Patient Services, Patient Satisfaction Report and Quality Management Report. Ms. Burdine reported that there were 418 new adult patients, twenty (20) new pediatric patients, five (5) new telehealth patients, and twenty – eight (28) returning telehealth patients associated with the Program. She stated that for the month of February, HCHP served 1,939 unduplicated patients, of which 841 patients were seen for family practice services. She also noted that there were 2,105 completed visits for the month of February. Ms. Burdine presented the HCHP Patient Satisfaction Report, noting that they have seen significant improvements in patient satisfaction scores. Dr. Cody Pyke recommended that HCHP include sample size when presenting their goals and metrics. Ms. Jaden Jacobs, Quality Assurance Coordinator, Health Care for the Homeless Program, presented the HCHP Q4 Quality Management Report. She shared that the following Health Resources and Services Administration (HRSA) required quality metrics’ goal was not met for Q4 of 2023, which includes depression remission at 12 months and childhood immunization status. Ms. Jacobs stated that HCHP’s goal is to surpass both the Uniform Data System (UDS) benchmark and the program’s internal goals. The program has implemented corrective action plans and is continuously working to improve compliance on all quality metrics. Dr. Andrea Caracostis inquired whether the UDS Dashboard will be ready to present at the next Board meeting. Ms. Burdine stated that HCHP is working with Harris Health’s Information Technology team to update the UDS Dashboard and anticipates that it will be ready to present during the May 2024 Board meeting. A copy of the operational update is available in the permanent record.</p>	<p><u>Motion No. 24.03-40</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>
	<p>B. Approval of the HCHP Quality Management Report</p>	<p><u>Motion No. 24.03-41</u> Moved by Ms. Jennifer Tijerina, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>

	C. Approval of the HCHP Patient Satisfaction Report	Motion No. 24.03-42 Moved by Ms. Jennifer Tijerina, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.C. Motion carried.
XII. Executive Session	At 10:20 a.m., Dr. Andrea Caracostis stated that the Board would enter into Executive Session for items V. “C” and XII. “D through H” as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann., §551.071, Tex. Gov’t Code Ann. §551.074, and Tex. Gov’t Code Ann. §551.085.	
V.C. Moved from First Executive Session	C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session	No Action Taken.
XIII. (Cont’d)	D. Review of the Impact of Health and Human Services Commission’s Intent for Contract Announcement (STAR & CHIP) and Community Health Choice’s 2023 Financial Performance, Pursuant to Tex. Gov’t Code Ann. §551.085	No Action Taken.
	E. Consultation with Attorney, Pursuant to Tex. Gov’t Code Ann. §551.071, Regarding Civil Action No. 4:23-CV-03198, U.S. District Court, Southern District of Texas, and Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.
	F. Consultation with Attorney Regarding the Texas Commission on Environmental Quality (TCEQ) Approval for Texas Coastal Materials, LLC to Operate a Concrete Crushing Facility at 5875 Kelley Street, Houston, Texas and Possible Action Upon Return to Open Session, Including Consideration of Approval to Seek Judicial Review of the TCEQ Decision	No Action Taken.
	G. 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, Including Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032	No Action Taken.
	H. Review of Harris Health System Organization Structure and Compensation Reports per Article X, Section 1.c of Harris Health System Bylaws, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.

XIV. Reconvene	At 11:41 a.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present. The Board took action in open session on item VII. (B)(1) of the General Action Items and XII. (F) of the Executive Session agenda.	
VII. General Action Items (Taken out of order)	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>For March 2024, there were eight (8) initial appointments, four (4) reappointments, and one (1) resignation. A copy of the credentialing report is available in the permanent record.</p>	<p><u>Motion No. 24.03-43</u> Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
XII. Executive Session	F. Approval to Seek Judicial Review of the TCEQ Decision	<p><u>Motion No. 24.02-44</u> Moved by Ms. Afsheen Davis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XII.F. Motion carried.</p>
XV. Adjournment	There being no further business, the meeting adjourned at 11:42 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on March 28, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

Thursday, March 28, 2024

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 before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Afsheen Davis	Sima Ladjevardian
Dr. Andrea Caracostis <i>(Chair)</i>	
Carol Paret <i>(Secretary)</i>	
Dr. Cody M. Pyke <i>(Vice Chair)</i>	
Ingrid Robinson	
Jennifer Tijerina	
Jim Robinson	
Marcia Johnson	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Dr. Albert Hergenroeder <i>(Texas Children’s Hospital)</i>	Jerry Summers
Amy Smith	Jessey Thomas
Anna Mateja <i>(Community Health Choice, CFO)</i>	John Matcek
Anthony Williams	Dr. Joseph Kunisch
Binta Baudy	Laurie Levermann <i>(Community Health Choice, COO)</i>
Carolynn Jones	Louis Smith
Cherry Pierson	Maria Cowles
Chris Buley <i>(Community Health Choice, CLO)</i>	Dr. Martha Mims
Cynthia Cole <i>(AFSCME: Public Comment Speaker)</i>	Dr. Matasha Russell
Daniel Smith	Matthew Reeder
Derek Curtis	Matthew Schlueter
DeWight Dopslauf <i>(Harris County Purchasing Office)</i>	Micah Rodriguez
Ebon Swofford <i>(Harris County Attorney’s Office)</i>	Michael Fritz <i>(Harris County Attorney’s Office)</i>
Elizabeth Hanshaw Winn <i>(Harris County Attorney’s Office)</i>	Michael Hill
Dr. Esmaeil Porsa <i>(Harris Health System President & CEO)</i>	Dr. Michael Nnadi
Dr. Glorimar Medina	Mitch Mayon <i>(International Brotherhood of Electrical Workers, Local Union 716)</i>
Holly Gummert <i>(Harris County Attorney’s Office)</i>	Nicholas J. Bell
Jack Adger <i>(Harris County Purchasing Office)</i>	Olga Rodriguez
Dr. Jackie Brock	Omar Reid
Jaden Jacobs	Dr. Otis R. Egin
Dr. Jennifer Small	Patricia Darnauer

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Patrick Casey	Shawn DeCosta
R. King Hillier	Dr. Steven Brass
Ray Gutierrez (<i>Houston Construction Services</i>)	Taylor McMillan
Sam Karim	Dr. Tien Ko
Dr. Sandeep Markan	Tracey Burdine
Sara Thomas (<i>Harris County's Attorney's Office</i>)	Victoria Nikitin
Sarah Utley (<i>Harris County's Attorney's Office</i>)	Vivian Ho-Nguyen
Sarath Roy	

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.
 - 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.

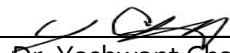
Three Minutes

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, April 25, 2024

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health System Quality Review Councils and Ambulatory Surgical Center at LBJ and Harris Health Dialysis Center at Quentin Mease Health Center Biannual Summary Reports.



Dr. Yashwant Chathampally


Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 19-20 Were Intentionally Left Blank -

Thursday, April 25, 2024

Executive Session

Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 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. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

- Pages 22-40 Were Intentionally Left Blank -

Thursday, April 25, 2024

Executive Session

Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.

Otis R. Ekins

Otis R. Ekins, MD, CCHP-P
Chief Medical Officer of Correctional Health

- Pages 42-45 Were Intentionally Left Blank -

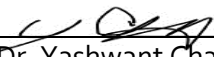
Thursday, April 25, 2024

Consideration of Approval Regarding Credentialing Changes for Member 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 April 2024.

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

Thank you.



Dr. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

Board of Trustees



April 2024 Medical Staff Credentials Report

Medical Staff Initial Appointments: 15

BCM Medical Staff Initial Appointments - 10

UT Medical Staff Initial Appointments - 3

HCHD Medical Staff Initial Appointments - 2

Medical Staff Reappointments: 53

BCM Medical Staff Reappointments - 24

UT Medical Staff Reappointments - 29

HCHD Medical Staff Reappointments - 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 5

BCM/UT/HCHD Medical Staff Resignations: 10

For Information

Temporary Privileges Awaiting Board Approval - 8

Urgent Patient Care Need Privileges Awaiting Board Approval - 1

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2

Medical Staff Initial Appointment Files for Discussion - 2

Thursday, April 25, 2024

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

Otis R. Ekins

Otis R. Ekins, MD, CCHP-P
Chief Medical Officer of Correctional Health

Board of Trustees



April 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 2

Medical Staff Reappointments: 6

Medical Staff Resigantions: 1

Medical Staff Files for Discussion: 0

Thursday, April 25, 2024

Consideration of Approval of a Resolution Committing Support by Harris Health System
Board of Trustees and Administration for Level 1 Trauma Services Program at
Ben Taub Hospital

Ben Taub Hospital is submitting herewith a Board Resolution in support of the trauma program. Ben Taub Hospital is preparing for its Level I re-designation survey with the American College of Surgeons which is scheduled to take place in October 2024. In preparation for the survey, there must be documentation of administrative commitment from the governing body of the hospital. This support must be reaffirmed every three years and must be current at the time of verification.



Glorimar Medina, MD, MBA, FACHE
Executive Vice President – Ben Taub Hospital

STATE OF TEXAS
COUNTY OF HARRIS

MOTION NO. _____

On April 25, 2024, 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
Andrea Caracostis, MD, MPH	Chair	<input type="checkbox"/>	<input type="checkbox"/>
Cody M. Pyke, MD, JD, LLM, FCLM	Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>
Carol Paret, BS	Secretary	<input type="checkbox"/>	<input type="checkbox"/>
Afsheen Davis, JD, MPH	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Ingrid Robinson, MBA	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina, MS	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Jim Robinson, MA, CFE	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson, JD	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Sima Ladjevardian, JD	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:

Resolution Committing Support by Harris Health System Board of Trustees and Administration for Level 1 Trauma Services Program at Ben Taub Hospital

_____ 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
Andrea Caracostis, MD, MPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cody M. Pyke, MD, JD, LLM, FCLM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carol Paret, BS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afsheen Davis, JD, MPH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingrid Robinson, MBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina, MS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jim Robinson, MA, CFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson, JD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sima Ladjevardian, JD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The adopted resolution reads as follows:

WHEREAS, the Harris Health System Board of Trustees and Administration resolve to continue to provide trauma services for the citizens of Houston and Harris County; and

WHEREAS, this commitment includes active participation in the Southeast Texas Regional Advisory Council (SETRAC); and

WHEREAS, be it resolved that the Board of Trustees and Administration support the efforts of the Harris Health System Medical Board to ask for a continuation of the Level I trauma care designation for Ben Taub Hospital; and

WHEREAS, be it further resolved that the staff of the Richard and Ginni Mithoff Level I Trauma Center at Ben Taub Hospital attended to over 78,500 emergency patient visits and over 8,200 trauma patient visits in 2023 and plays a vital role in improving the health of the residents of Harris County;

NOW THEREFORE, BE IT RESOLVED THAT
We, the members of the Board of Trustees and the Administration of the Harris Health System commit to continuing meeting the Level I trauma care standards as promulgated by the American College of Surgeons and the Texas Department of State Health Services.

PASSED AND APPROVED this 25 of April, 2024.

Andrea Caracostis, MD, MPH
Chair, Board of Trustees
Harris Health System

Esmail Porsa, MD, MBA, MPH, CCHP-A
President & CEO
Harris Health System

Attest:

Carol Paret, BS
Secretary, Board of Trustees
Harris Health System

Thursday, April 25, 2024

Support and Endorse the Ben Taub Trauma Program

Ben Taub Hospital has a long history of commitment to trauma care and functions as a Level I Trauma Center. The Harris Health System Medical Executive Board continues its commitment to support the Ben Taub Trauma Service as part of its mission on patient care.

The Harris Health System Medical Executive Board recommended the support and endorsement of the Ben Taub Trauma Program on April 9th, 2024.

2024 Strategic Pillar Reporting Schedule

Strategic Pillar	Executive Owner	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		2024	2024	2024	2024	2024	2024	2024	2024	2024	2024
Submission Deadline		3/13/24	4/10/24	5/15/24	6/12/24	7/10/24	8/14/24	9/11/24	10/9/24		11/20/24
Pillar 1: Quality & Patient Safety	Dr.Brass						X				
<i>Rollout of HRO Progress (Presented in Quality Committee)</i>	Dr.Brass	X									
<i>Physician Engagement Survey (Presented in Joint Conference Committee)</i>	Dr.Brass	X									
Pillar 2: People	Omar Reid/Jackie Brock								X		
<i>Employee Engagement Survey</i>	Omar Reid/Gary Marsh		X								
Pillar 3: One Harris Health	Louis Smith						X				X
Pillar 4: Population Health Management	Dr.Small/ Dr. Bachireddy							X			
<i>Community Health Worker Home Visit Program (Presented in Diversity Committee)</i>	Hope Galvan		X								
Pillar 5: Infrastructure Optimization	Louis Smith										X
<i>New LBJ Hospital and LBJ Campus Planning</i>	Louis Smith/Trish Darnauer			X							
<i>IT Technology Governance</i>	Louis Smith				X						
Pillar 6: Diversity & Inclusion	Omar Reid						X				
<i>Minority Women Owned Business Enterprise (Presented in Diversity Committee)</i>	Jobi Martinez		X								

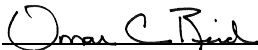
*Subject to Change
Revised: 4.16.24

Thursday, April 25, 2024

Presentation Regarding Harris Health's Employee Engagement Update

Update by Mr. Omar Reid, EVP and Chief People Officer, and Mr. Gary Marsh, VP Learning & Talent Management, on the Harris Health System Strategic Plan regarding:

- Voices of Harris Health Survey



Omar Reid

Executive Vice President & Chief People Officer

HARRISHEALTH SYSTEM

Voices of Harris Health

Focus Areas Across the System

Journey to Engagement 2024

Review Your Results

Complete Manager Training 101,
201, 301
November 2023-January 2024



Team Conversation
Share results with your team
January 24

Action Planning
All Teams Choose a Focus Area
February 2024



Follow up with team
Check progress of focus area and
document in Glint
Ongoing February thru July



**Voices of
Harris Health**
Pulse Survey of
employees on major
themes
August 2024





2023 System Themes



Feedback

- Two-way conversation
- Ask for specific feedback
- Give feedback as a team
- Thank people for feedback



Authenticity

- Improve trust in the team
- Create opportunities for connection
- Help employees be themselves at work
- Create a culture of inclusion



Inclusive Leaders

- Build a culture of belonging
- Create a culture of inclusion
- Show your team you value their input
- Cultivate inclusive leadership



Recognition

- Practice reflective recognition
- Share how we want to be recognized
- Make time for recognition in team meetings
- Send a weekly gratitude note

Top 10 Focus Areas Selected

FOCUS AREA	IMPACT ON ENGAGEMENT	SURVEY QUESTION	% LEADERS WHO SELECTED
Feedback	HIGH	My manager provides me with feedback that helps me improve my performance.	22%
Work Life Balance	HIGH	I am able to successfully balance my work and personal life.	16%
Empowerment	VERY HIGH	I feel empowered to make decisions regarding my work.	12%
Accountability	HIGH	Where I work, employees are held accountable for their work.	12%
Authenticity	VERY HIGH	I feel comfortable being myself at work.	11%
Recognition	HIGH	I feel satisfied with the recognition or praise I receive for my work.	11%
Resources	VERY HIGH	I have the resources I need to do my job well.	9%
Growth	VERY HIGH	I have good opportunities to learn and grow at Harris Health.	9%
Inclusive Leaders	VERY HIGH	Leaders at Harris Health value different perspectives.	7%
Values	VERY HIGH	People at Harris Health live the company values.	5%

*Calculated out of leaders who have chosen a focus area, n=389
 Bolded topics are system themes from the 2023 Voices of Harris Health survey

FOCUS AREA	EXAMPLES OF ACTION ITEMS
Feedback	<ul style="list-style-type: none"> • Routine climate checks to make sure the team feels supported by their leadership at all levels • Work with Ombuds to learn ways to providing feedback in a way that feels safe and effective
Work Life Balance	<ul style="list-style-type: none"> • Partner with HR to conduct focus groups to better understand employee concerns and solicit feedback • Establish Designated Quiet Spaces to give manager and team members a chance to rest and recharge
Empowerment	<ul style="list-style-type: none"> • Create decision worksheets for common decisions • Create environment where RN staff are empowered to provide care for our patient population feeling guided and supported
Accountability	<ul style="list-style-type: none"> • Hold Your Team Accountable with Compassion, Not Fear • Adopt a "See something-say something" mindset; discuss why it is important in providing safe and effective
Authenticity	<ul style="list-style-type: none"> • Create opportunities for connecting with the team. Ex: ice breaker activities assigned to each team member • Review issues for inauthenticity at work with all team members and receive feedback; meet with Ombuds for support
Recognition	<ul style="list-style-type: none"> • Use of all High 5 Quarterly acknowledgements; Recognition Connection e-cards 4/month • Make Time for Recognition in Team Meetings and Huddles
Resources	<ul style="list-style-type: none"> • Give staff an opportunity to share specifics on this focus so that meaningful changes can be made • Document workload and communicate where staffing issues exists
Growth	<ul style="list-style-type: none"> • Overview of scope and pathways to advancement within IT Education • Develop a career ladder proposal with specific delineation of roles and responsibilities for each level
Inclusive Leaders	<ul style="list-style-type: none"> • Share operational information so that the team is included in how decisions are made • Start having 1 on 1 meetings with all staff to hear their concerns and to make sure they are feeling valued
Values	<ul style="list-style-type: none"> • Consistent huddles to provide all information from leadership and to allow the team to give feedback or suggestions as needed • Explore ways to manifest 'living' the company values. Come up with a monthly/quarterly focus or theme activity

2024 Listening Campaign



Listening Campaign

- Host monthly events sharing resources and soliciting feedback on the core themes
- Provide summary sheets that share employee feedback and give recommendations for leaders



Leadership Support

- One-on-one support for leaders
- All HR teams are open for feedback
- Invite HR to your team meeting



Focus Groups

- Hosted by Employee Experience & DEI
- Solicit feedback from staff in a safe setting
- Share feedback and recommendations with leadership
- Offer support as needed



Check ins

- Employee Experience and HR leader rounding
- Care Cart rounding by pavilion
- Any team can schedule a visit with Employee Experience

What's next?

Work the Plan

Follow up on your goals. Leaders document in Glint

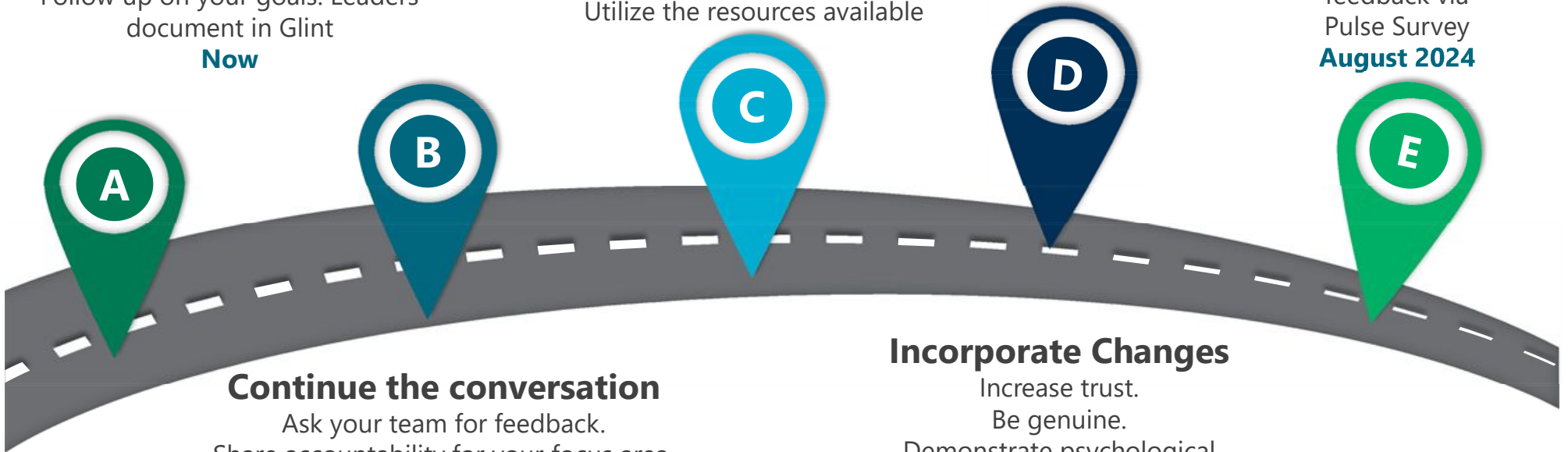
Now

Participate in the Listening Campaign

Utilize the resources available

Checking our Progress

All employees share feedback via Pulse Survey
August 2024



Continue the conversation

Ask your team for feedback.
Share accountability for your focus area.

Incorporate Changes

Increase trust.
Be genuine.
Demonstrate psychological safety.
Ensure confidentiality.
Ask for feedback.

Thursday, April 25, 2024

April Board Committee Reports

April Board Committee Meetings:

- DEI Committee – April 9, 2024
 - Harris Health’s Minority and/Woman-owned Business Enterprises (M/WBE) Program Update
 - Community Health Workers: Home Visits
- Quality Committee – April 9, 2024 ([Summary attached for your review](#))
 - HRO Safety Message – Video: Human Factors – Keeping Babies Safe/Security
 - Harris Health System 2024 Quality Manual

[Board of Trustees – Executive Summary](#)
[Patient Safety & Quality Programs – Open Session](#)
[April 25, 2024](#)

Please refer to the reports presented at the Quality Committee Executive Session on April 9, 2024 for additional details.

HRO Safety Message – Video: Human Factors – Keeping Babies Safe - Security

High-reliability Organizations (HROs) are those that successfully complete their missions despite massive complexity and high risk. Examples include the Federal Aviation Administration’s Air Traffic Control system, aircraft carriers, and nuclear power plants. In each case, even a minor error could have catastrophic consequences. Yet, adverse outcomes in these organizations are rare. Five principles of a High Reliability Organization (HRO) are: (1) Preoccupation with failure; (2) Reluctance to simplify interpretations; (3) Sensitivity to operations; (4) Commitment to resilience; and (5) Deference to expertise.

Harris Health System Quality Manual

The Quality Manual outlines Harris Health System’s organizational approach to monitoring and improving quality of care, patient safety, and overall satisfaction. The manual is reviewed annually to make updates to Quality Assessment and Performance Improvement (QAPI) requirements of the CMS Conditions of Participation (COP) and other changes or additions related to strategic goals and operational initiatives. 2024 Review/Update: Minor changes were made to the Manual to change the word Committee to Council.



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

April 05, 2024

Board of Trustees Office
Harris Health System

RE: Board of Trustees Meeting – April 25, 2024
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: April 25, 2024 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	General Datatech, L.P. (DIR-TSO-4167) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Annual Maintenance for the Cisco Network Hardware and Software - To provide hardware and software maintenance, as well as support services for the data and communication network on all existing services for Harris Health System. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Ratify Purchase Best quote meeting specifications April 01, 2024 through March 31, 2025	Mohammad Manekia		\$ 3,791,267
A2	SHI Government Solutions Inc. MWBE Goal: 100%	Microsoft 365 enterprise software licenses for Harris Health System - To provide Microsoft 365 enterprise software throughout Harris Health System. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Award Only quote One-year initial term with two (2) one-year renewal options	Michael Magera		\$ 2,742,828
A3	Hellmuth, Obata & Kassabaum, Inc. MWBE Goal: 24%	Professional Architectural and Engineering Services for Various Projects for Harris Health System - To provide architectural and engineering services for projects of various size and scope for Harris Health System. <i>Job No. 220099, Board Motion 23.12-176</i>	Additional Funds December 09, 2023 through December 08, 2024	Patrick Casey	\$ 1,000,000	\$ 1,500,000
A4	Siemens Industry, Inc. (GA-06735) MWBE Goal: N/A Contract was procured prior to MWBE program	Repair, Maintenance, and Testing of the Integrated Security System for Harris Health System - Additional funds are required due to the extended term to continue support and repair services for the security systems at Harris Health until the competitive procurement process is completed and a new agreement is in place. <i>Public Health or Safety Exemption, Board Motion 23.01-08</i>	Ratify Additional Funds Extension Public Health or Safety Exemption March 01, 2024 through February 28, 2025	Jon Hallaway	\$ 1,145,000	\$ 1,145,000
A5	Gowan - Garrett, Inc. MWBE Goal: 16%	Water Booster Pump Installation at Lyndon B. Johnson Hospital for Harris Health System - Installation of this new booster pump will ensure that the hospital maintains constant and acceptable water pressure. <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Purchase Low quote	Patrick Casey		\$ 680,924
A6	Livongo Health, Inc. (GA-06816) MWBE Goal: 0% Specialized, Technical, or Unique in Nature	Diabetes Management Program for Harris Health System - The extension and additional funds are required to provide for continued comprehensive diabetes and hypertension management programs that will increase member engagement and improve overall health and well-being at Harris Health System until the competitive procurement process is complete. <i>Job No. 160182, Board Motion 23.02-24</i>	Additional Funds Extension Best proposal meeting requirements May 19, 2024 through September 30, 2024	Michele Hunnicutt	\$ 1,800,000	\$ 675,000
A7	Stryker Neurovascular (HCHD-001176) MWBE Goal: Exempt Public Health or Safety	Neurointerventional Microcoil Embolics Products for the Harris Health System - To provide Harris Health System with Neurointerventional microcoil embolics products used for the treatment of neurovascular aneurysms. <i>Public Health or Safety Exemption</i>	Award Public Health or Safety Exemption One (1) year initial term with one (1) one-year renewal options	Charles Motley		\$ 653,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	DT Construction LP MWBE Goal: 25%	Renovation and Buildout of a Food Pharmacy and Kitchen at the Settegast Health Center for Harris Health System - To provide all labor, materials, equipment and incidentals for the renovation and buildout of a food pharmacy at the Settegast Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project Job No. 240032	Best proposal meeting requirements	Babak Zare		\$ 553,000
A9	A/W Mechanical Services, LP MWBE Goal: N/A Contract was procured prior to MWBE program	Job Order Contracting for HVAC and/or HVAC Related Projects for Harris Health System - The additional funds are required to continue provide heating, ventilation and air conditioning (HVAC) repair, renovation, or alteration services at various hospitals and clinics for Harris Health System until the competitive procurement process is completed and a new agreement is in place Job No. 180068, Board Motion 23.12-176	Additional Funds Extension May 13, 2024 through September 30, 2024	Kia Scales	\$ 1,150,000	\$ 460,000
					Total Expenditures	\$ 12,201,019
					Total Revenue	\$ (0)

Thursday, April 25, 2024

Consideration of Approval of Grant Recommendations (Items C1 through C3)

Grant recommendations:

C1. Harris County Public Health, funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A

- Term: March 1, 2024 – February 28, 2025
- Award Amount: \$2,459,254.77
- Project Owner: Dr. Jennifer Small

C2. United States Department of Health Resources and Services Administration (HRSA)

- Term: January 1, 2024 – December 31, 2024
- Award Amount: \$598,655.00
- Project Owner: Dr. Jennifer Small

C3. Texas Health and Human Services Commission (HHSC)

- Term: September 1, 2023 – August 31, 2025
- Award Amount: \$10,000.00
- Project Owner: Amineh Kostov

Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: April 25, 2024

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Harris County Public Health <i>(Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A)</i>	Consideration of Approval of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health, Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A, to Provide Primary Medical Care, Psychiatric Services, Obstetric and Gynecological Care and Local Pharmacy Assistance Program to HIV Positive Patients of Harris Health System <ul style="list-style-type: none"> The initial award amount is considered a partial award 	Interlocal Agreement	March 1, 2024 through February 28, 2025	Dr. Jennifer Small	\$ 2,459,254.77
C2	United States Department of Health Resources and Services Administration (HRSA)	Consideration of Approval to Ratify a Grant Award Increase from the United States Department of Health Resources and Services Administration (HRSA) to the Harris County Hospital District d/b/a Harris Health System, Funded by Part C of the Ryan White HIV/AIDS Treatment Extension Act of 2009 to Provide Early Intervention Primary Medical Care to HIV Positive Patients of Harris Health System. <ul style="list-style-type: none"> Initial award amount: \$256,567 Increased award amount: <u>\$342,088</u> Total award amount: \$598,655 	Ratification of a Grant Agreement	January 1, 2024 through December 31, 2024	Dr. Jennifer Small	\$ 598,655.00
C3	Texas Health and Human Services Commission (HHSC)	Consideration of Approval to Ratify 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 colorectal cancer treatment services under the Texas Colorectal Cancer Program. <ul style="list-style-type: none"> State Fiscal Year 2024 (September 1, 2023-August 31, 2024 Award Allocation: \$5,000.00 State Fiscal Year 2025 (September 1, 2024-August 31, 2025 Award Allocation: \$5,000.00 	Ratification of a Grant Agreement	September 1, 2023 through August 31, 2025	Amineh Kostov	\$ 10,000.00
TOTAL AMOUNT:						\$ 3,067,909.77

BOARD OF TRUSTEES

Meeting of the Board of Trustees



Thursday, April 25, 2024

Consideration of Acceptance of the Harris Health System February 2024
Financial Report Subject to Audit

Attached for your review and consideration is the February 2024 Financial Report.

Administration recommends that the Board accept the financial report for the period ended February 29, 2024, subject to final audit.

Victoria Nikitin

Victoria Nikitin
Executive Vice President – Chief Financial Officer



Financial Statements

As of the Month Ended February 29, 2024
Subject to Audit



Table of Contents



Financial Highlights Review.....3

FINANCIAL STATEMENTS

Income Statement.....4

Balance Sheet.....5

Cash Flow Summary.....6

Performance Ratios.....7

KEY STATISTICAL INDICATORS

Statistical Highlights.....9

Statistical Highlights Graphs.....10 – 21

Financial Highlights Review

As of February 29, 2024

Operating income for February was \$9.7 million compared to a budgeted income of \$14.8 million.

Total net revenue for February of \$205.0 million was \$12.8 million or 5.9% less than budget. The unfavorable variance was driven primarily by a \$15.5 million decrease in Medicaid Supplemental programs due to timing.

In February, total expenses of \$195.3 million were \$7.7 million or 3.8% less than budget. Total labor costs were \$1.6 million less than budget, total supplies were \$1.9 million less than planned, and total services had a favorable variance of \$6.0 million.

Also in February, total patient days and average daily census increased 7.5% compared to budget. Inpatient case mix index, a measure of patient acuity, was 1.7% lower than planned with length of stay 3.2% more than budget. Emergency room visits were 19.6% higher than planned for the month. Total clinic visits, including telehealth, were 2.4% higher compared to budget. Births were up 16.4% for the month.

Total cash receipts for February were \$693.6 million. The System has \$1,906.8 million in unrestricted cash, cash equivalents and investments, representing 307.4 days cash on hand. Harris Health System has \$172.0 million in net accounts receivable, representing 84.8 days of outstanding patient accounts receivable at February 29, 2024. The February balance sheet reflects a combined net receivable position of \$44.3 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$51.2 million, which is offset by ad valorem tax collections as received. Deferred ad valorem tax revenue is \$530.3 million, and is released as ad valorem tax revenue is recognized. As of February 29, 2024, \$852.6 million ad valorem tax collections were received and \$378.8 million in current ad valorem tax revenue was recognized.

Income Statement

As of February 29, 2024 and February 28, 2023 (in \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 55.8	\$ 59.5	-6.1%	\$ 308.1	\$ 291.8	5.6%	\$ 299.8	2.8%
Medicaid Supplemental Programs	52.5	68.0	-22.8%	276.0	340.2	-18.9%	283.5	-2.6%
Other Operating Revenue	12.1	10.0	21.8%	55.6	51.1	8.7%	50.8	9.3%
Total Operating Revenue	\$ 120.5	\$ 137.5	-12.3%	\$ 639.7	\$ 683.1	-6.3%	\$ 634.1	0.9%
Net Ad Valorem Taxes	77.4	74.7	3.6%	378.2	373.6	1.2%	347.7	8.8%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	9.5	-100.0%
Interest Income & Other	7.0	5.5	26.7%	27.1	27.7	-2.1%	24.7	9.8%
Total Nonoperating Revenue	\$ 84.5	\$ 80.3	5.2%	\$ 405.4	\$ 401.3	1.0%	\$ 382.0	6.1%
Total Net Revenue	\$ 205.0	\$ 217.7	-5.9%	\$ 1,045.1	\$ 1,084.4	-3.6%	\$ 1,016.0	2.9%
EXPENSE								
Salaries and Wages	\$ 77.8	\$ 77.8	-0.1%	\$ 390.8	\$ 397.6	1.7%	\$ 354.6	-10.2%
Employee Benefits	27.8	29.5	5.6%	138.1	147.4	6.3%	116.1	-18.9%
Total Labor Cost	\$ 105.6	\$ 107.2	1.5%	\$ 528.8	\$ 545.0	3.0%	\$ 470.8	-12.3%
Supply Expenses	23.5	25.4	7.7%	121.0	130.9	7.5%	121.3	0.2%
Physician Services	34.7	37.3	6.7%	173.6	186.3	6.8%	172.2	-0.8%
Purchased Services	23.3	26.8	13.1%	110.2	134.1	17.8%	102.0	-8.0%
Depreciation & Interest	8.1	6.2	-30.2%	42.6	37.2	-14.4%	35.9	-18.7%
Total Operating Expense	\$ 195.3	\$ 202.9	3.8%	\$ 976.2	\$ 1,033.4	5.5%	\$ 902.2	-8.2%
Operating Income (Loss)	\$ 9.7	\$ 14.8		\$ 68.9	\$ 51.0		\$ 113.8	
Total Margin %	4.7%	6.8%		6.6%	4.7%		11.2%	

Balance Sheet

February 29, 2024 and February 28, 2023 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,906.8	\$ 1,546.0
Net Patient Accounts Receivable	172.0	148.5
Net Ad Valorem Taxes, Current Portion	51.2	-
Other Current Assets	155.9	370.8
Total Current Assets	\$ 2,285.9	\$ 2,065.3
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 553.5	\$ 417.2
Construction in Progress	144.1	186.0
Right of Use Assets	41.0	43.7
Total Capital Assets	\$ 738.5	\$ 646.8
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 41.6	\$ 39.8
LPPF Restricted Cash	26.2	10.0
Capital Gift Proceeds	55.8	46.1
Other - Restricted	1.0	0.9
Total Assets Limited As to Use & Restricted Assets	\$ 124.6	\$ 96.8
Other Assets	45.4	35.2
Deferred Outflows of Resources	234.8	188.5
Total Assets & Deferred Outflows of Resources	\$ 3,429.2	\$ 3,032.7
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 215.9	\$ 642.4
Employee Compensation & Related Liabilities	154.3	140.3
Deferred Revenue - Ad Valorem	530.3	-
Estimated Third-Party Payor Settlements	22.5	14.4
Current Portion Long-Term Debt and Capital Leases	37.3	20.7
Total Current Liabilities	\$ 960.3	\$ 817.7
Long-Term Debt	283.4	317.0
Net Pension & Post Employment Benefits Liability	781.0	596.2
Other Long-Term Liabilities	6.9	7.9
Deferred Inflows of Resources	115.3	218.7
Total Liabilities	\$ 2,146.9	\$ 1,957.4
Total Net Assets	\$ 1,282.3	\$ 1,075.3
Total Liabilities & Net Assets	\$ 3,429.2	\$ 3,032.7

Cash Flow Summary

As of February 29, 2024 and February 28, 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 66.0	\$ 65.5	\$ 347.1	\$ 278.2
Medicaid Supplemental Programs	244.9	94.0	627.7	497.8
Net Ad Valorem Taxes	366.3	354.8	847.4	787.9
Tobacco Settlement	-	-	-	-
Other Revenue	16.3	10.9	90.3	95.9
Total Cash Receipts	\$ 693.6	\$ 525.2	\$ 1,912.6	\$ 1,659.7
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 110.8	\$ 109.3	\$ 533.7	\$ 537.4
Supplies	25.4	26.3	127.7	122.4
Physician Services	33.3	36.0	166.0	164.3
Purchased Services	20.4	19.7	107.7	90.5
Capital Expenditures	11.6	6.8	65.4	51.1
Debt and Interest Payments	4.6	17.4	5.7	18.7
Other Uses	7.3	(26.3)	12.2	(47.8)
Total Cash Disbursements	\$ 213.4	\$ 189.3	\$ 1,018.4	\$ 936.5
Net Change	\$ 480.1	\$ 336.0	\$ 894.2	\$ 723.2
Unrestricted Cash, Cash Equivalents and Investments - Beginning of year			\$ 1,012.6	
Net Change			894.2	
Unrestricted Cash, Cash Equivalents and Investments - End of period			\$ 1,906.8	

Performance Ratios

As of February 29, 2024 and February 28, 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	4.7%	6.8%	6.6%	4.7%	11.2%
Run Rate per Day (In\$ Millions)	\$ 6.5	\$ 6.8	\$ 6.2	\$ 6.6	\$ 5.8
Salary, Wages & Benefit per APD	\$ 2,417	\$ 2,569	\$ 2,429	\$ 2,611	\$ 2,293
Supply Cost per APD	\$ 538	\$ 609	\$ 556	\$ 627	\$ 591
Physician Services per APD	\$ 795	\$ 892	\$ 798	\$ 892	\$ 839
Total Expense per APD	\$ 4,468	\$ 4,862	\$ 4,485	\$ 4,951	\$ 4,393
Overtime as a % of Total Salaries	3.2%	2.8%	3.3%	2.9%	3.7%
Contract as a % of Total Salaries	4.2%	4.2%	4.6%	4.4%	5.3%
Full-time Equivalent Employees	10,345	10,344	10,327	10,159	9,835
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			2.4		2.5
Unrestricted Cash (In \$ Millions)			\$ 1,906.8	\$ 1,511.6	\$ 1,546.0
Days Cash on Hand			307.4	228.1	266.2
Days Revenue in Accounts Receivable			84.8	87.8	74.8
Days in Accounts Payable			50.1		49.5
Capital Expenditures/Depreciation & Amortization			184.0%		165.2%
Average Age of Plant(years)			10.3		11.3

Harris Health System Key Indicators



Statistical Highlights

As of February 29, 2024 and February 28, 2023

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	43,698	37,279	17.2%	217,672	206,950	5.2%	205,803	5.8%
Outpatient % of Adjusted Volume	64.1%	60.5%	6.0%	61.8%	60.7%	1.9%	60.3%	2.5%
Primary Care Clinic Visits	47,520	47,053	1.0%	218,576	224,219	-2.5%	218,024	0.3%
Specialty Clinic Visits	21,750	19,838	9.6%	99,951	99,236	0.7%	99,434	0.5%
Telehealth Clinic Visits	10,240	10,753	-4.8%	48,052	54,659	-12.1%	53,913	-10.9%
Total Clinic Visits	79,510	77,644	2.4%	366,579	378,114	-3.1%	371,371	-1.3%
Emergency Room Visits - Outpatient	11,939	10,040	18.9%	57,137	53,606	6.6%	53,968	5.9%
Emergency Room Visits - Admitted	1,915	1,540	24.4%	9,095	8,074	12.6%	8,962	1.5%
Total Emergency Room Visits	13,854	11,580	19.6%	66,232	61,680	7.4%	62,930	5.2%
Surgery Cases - Outpatient	948	861	10.1%	4,659	4,168	11.8%	4,475	4.1%
Surgery Cases - Inpatient	799	833	-4.1%	4,033	4,242	-4.9%	4,003	0.7%
Total Surgery Cases	1,747	1,694	3.1%	8,692	8,410	3.4%	8,478	2.5%
Total Outpatient Visits	126,827	125,275	1.2%	597,828	615,234	-2.8%	607,160	-1.5%
Inpatient Cases (Discharges)	2,442	2,368	3.1%	13,027	12,974	0.4%	13,246	-1.7%
Outpatient Observation Cases	889	924	-3.8%	4,651	4,504	3.3%	3,987	16.7%
Total Cases Occupying Patient Beds	3,331	3,292	1.2%	17,678	17,478	1.1%	17,233	2.6%
Births	418	359	16.4%	2,186	2,279	-4.1%	2,346	-6.8%
Inpatient Days	15,691	14,739	6.5%	83,059	81,326	2.1%	81,685	1.7%
Outpatient Observation Days	3,123	2,755	13.3%	15,845	12,538	26.4%	12,781	24.0%
Total Patient Days	18,814	17,494	7.5%	98,904	93,864	5.4%	94,466	4.7%
Average Daily Census	648.7	603.2	7.5%	650.7	617.5	5.4%	625.6	4.0%
Average Operating Beds	696	702	-0.9%	696	702	-0.9%	681	2.2%
Bed Occupancy %	93.2%	85.9%	8.5%	93.5%	88.0%	6.3%	91.9%	1.8%
Inpatient Average Length of Stay	6.43	6.22	3.2%	6.38	6.27	1.7%	6.17	3.4%
Inpatient Case Mix Index (CMI)	1.665	1.694	-1.7%	1.679	1.694	-0.9%	1.689	-0.6%
Payor Mix (% of Charges)								
Charity & Self Pay	42.5%	44.3%	-4.0%	44.3%	44.3%	0.1%	45.7%	-3.1%
Medicaid & Medicaid Managed	18.7%	22.7%	-17.3%	19.7%	22.7%	-13.2%	23.2%	-15.0%
Medicare & Medicare Managed	12.0%	11.4%	5.4%	11.9%	11.4%	4.1%	11.2%	6.1%
Commercial & Other	26.8%	21.7%	23.4%	24.2%	21.7%	11.4%	19.9%	21.2%
Total Unduplicated Patients - Rolling 12				247,576			248,116	-0.2%
Total New Patient - Rolling 12				89,311			86,846	2.8%

Harris Health System

Statistical Highlights

February FY 2024

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,331	3,292	3,057

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
17,678	17,478	17,233

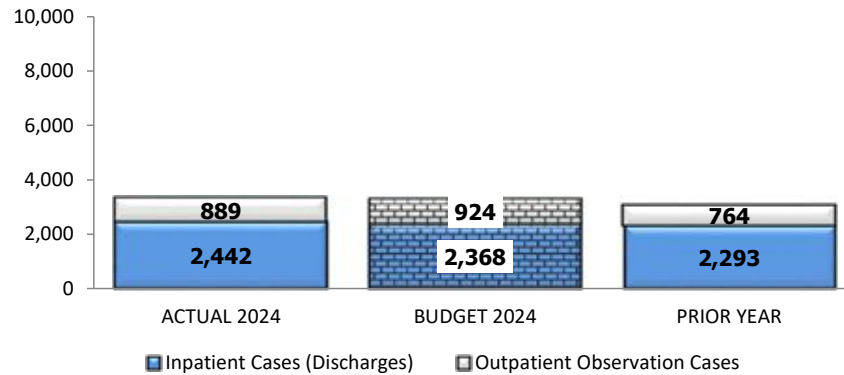
Emergency Visits - CM

Actual	Budget	Prior Year
13,854	11,580	11,915

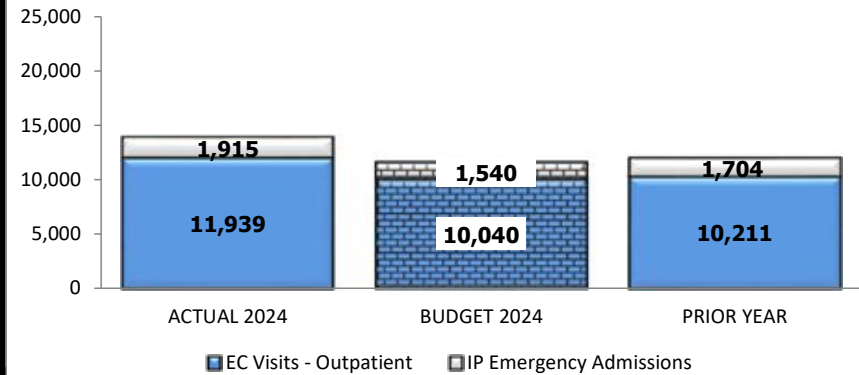
Emergency Visits - YTD

Actual	Budget	Prior Year
66,232	61,680	62,930

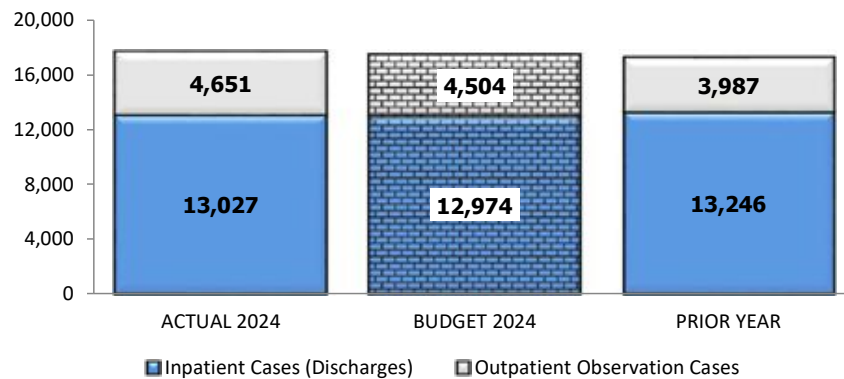
Cases Occupying Beds - Current Month



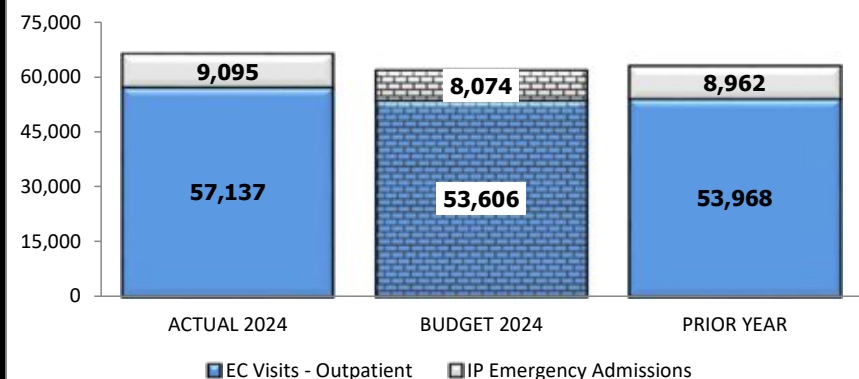
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

February FY 2024

Surgery Cases - CM

Actual	Budget	Prior Year
1,747	1,694	1,733

Surgery Cases - YTD

Actual	Budget	Prior Year
8,692	8,410	8,478

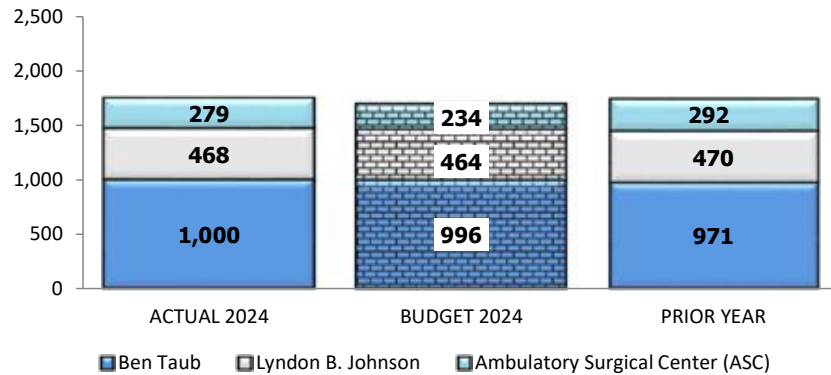
Clinic Visits - CM

Actual	Budget	Prior Year
79,510	77,644	73,051

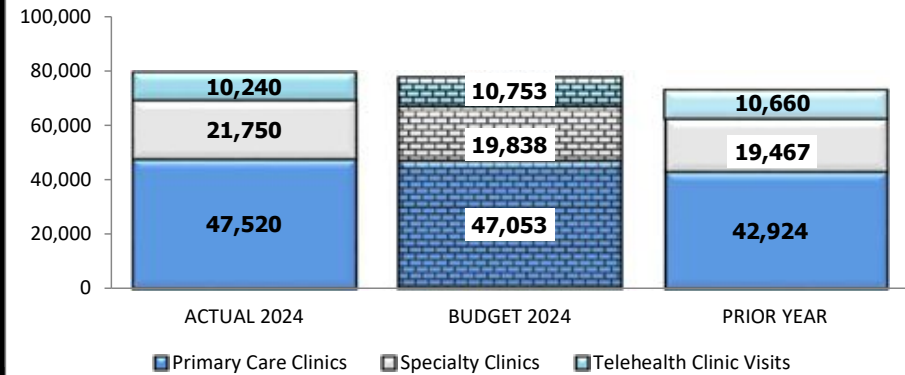
Clinic Visits - YTD

Actual	Budget	Prior Year
366,579	378,114	371,370

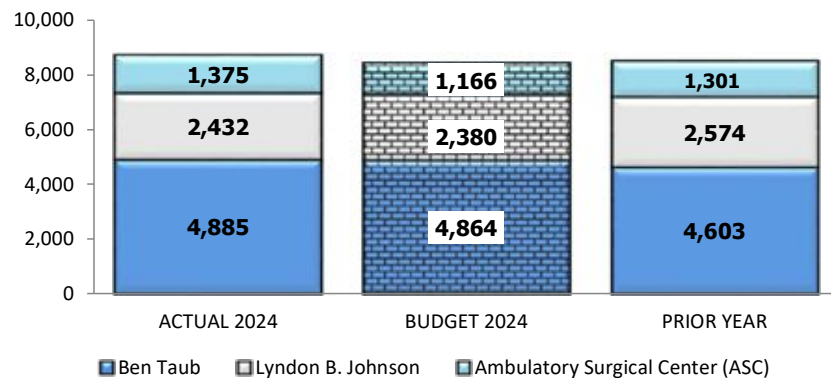
Surgery Cases - Current Month



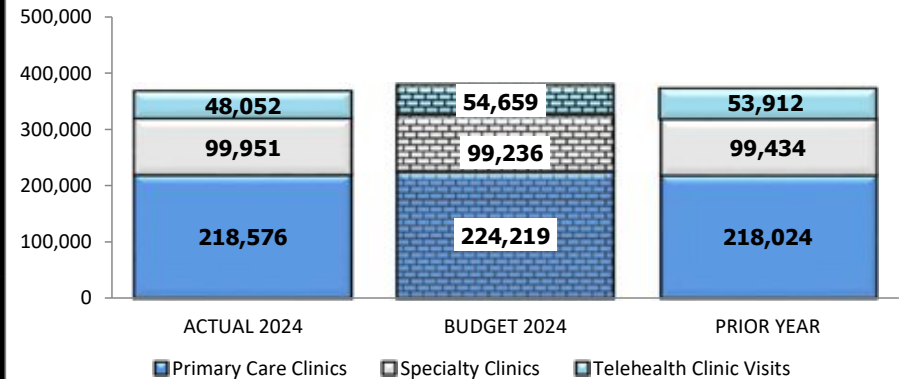
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

February FY 2024

Adjusted Patient Days - CM

43,698

Adjusted Patient Days - YTD

217,672

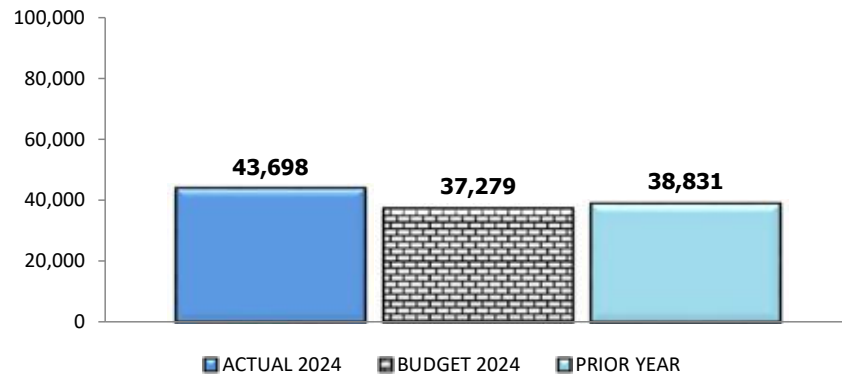
Average Daily Census - CM

648.7

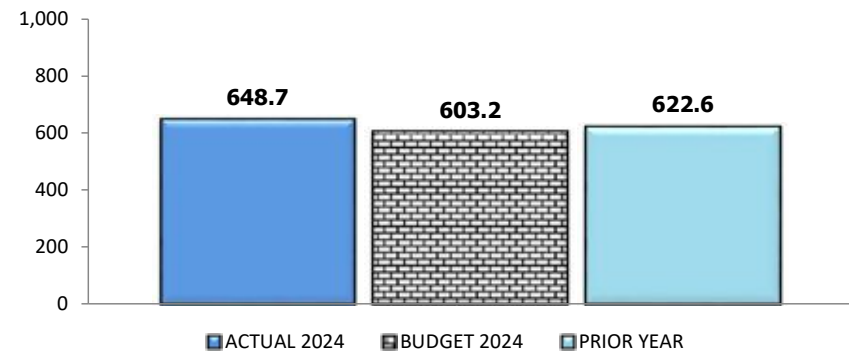
Average Daily Census - YTD

650.7

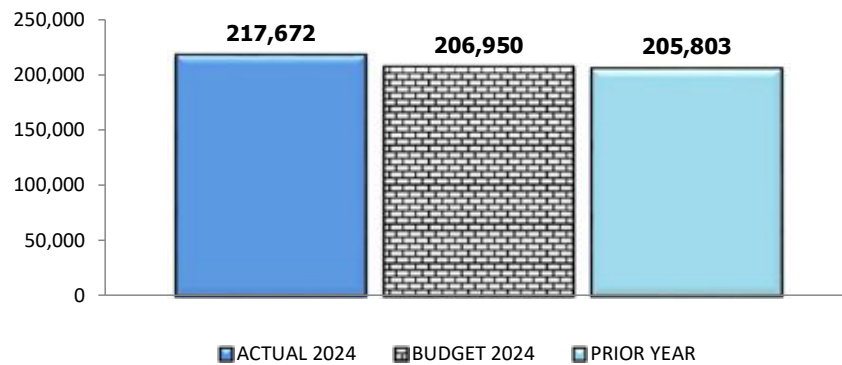
Adjusted Patient Days - Current Month



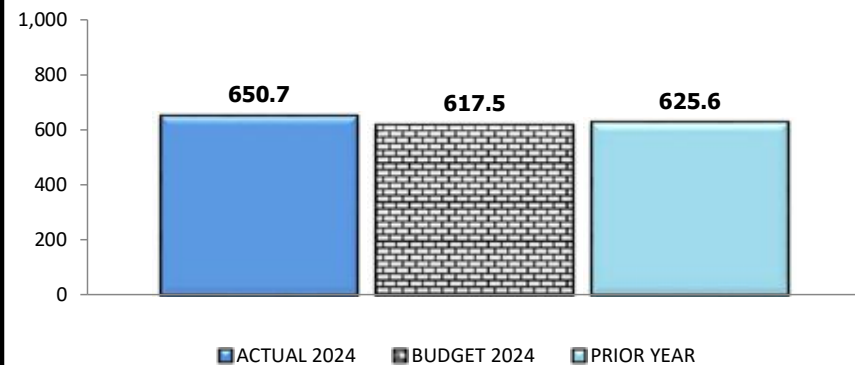
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

February FY 2024

Inpatient ALOS - CM

6.43

Inpatient ALOS - YTD

6.38

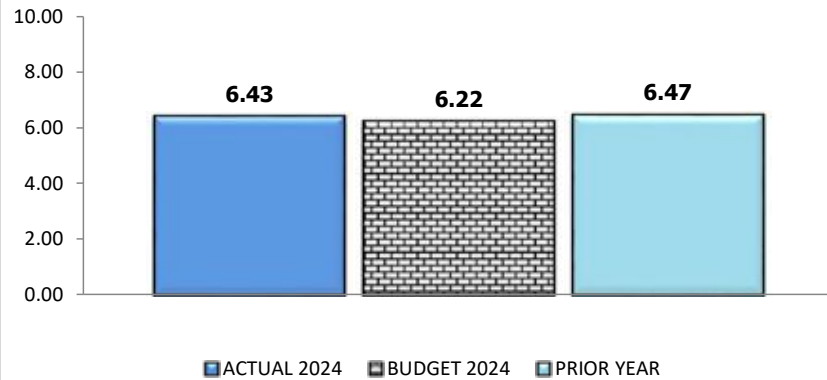
Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.665	1.829

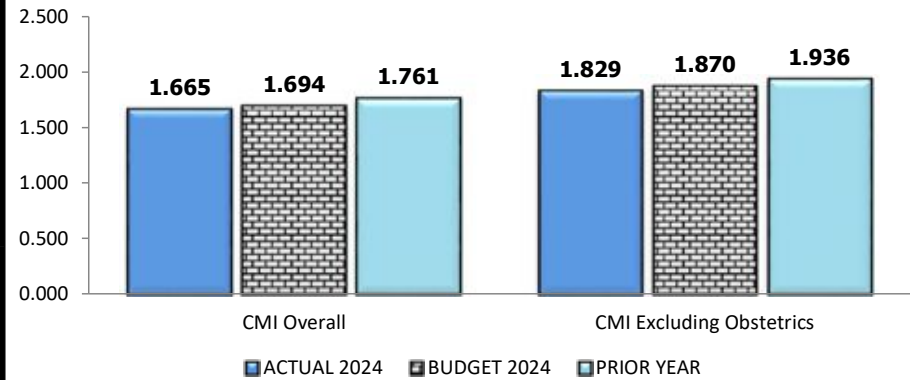
Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.679	1.853

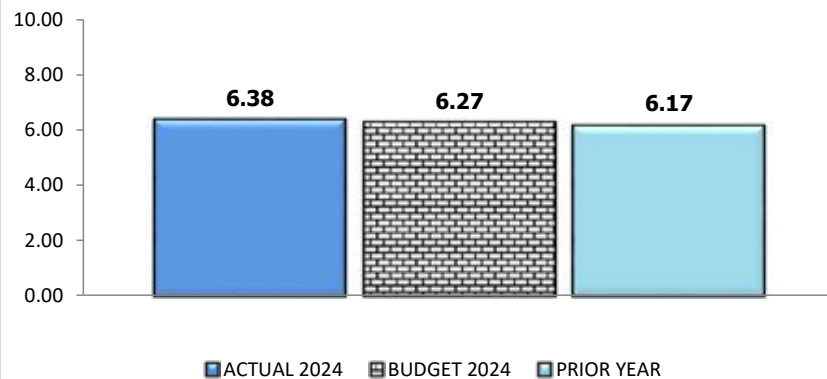
Inpatient ALOS - Current Month



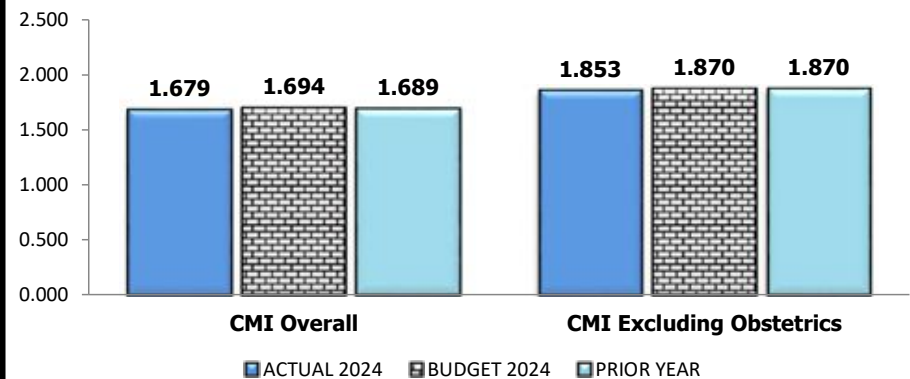
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD

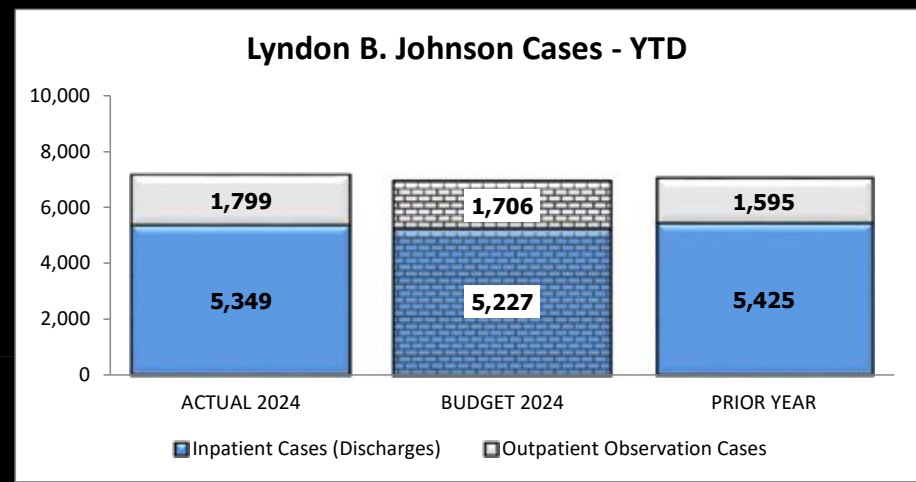
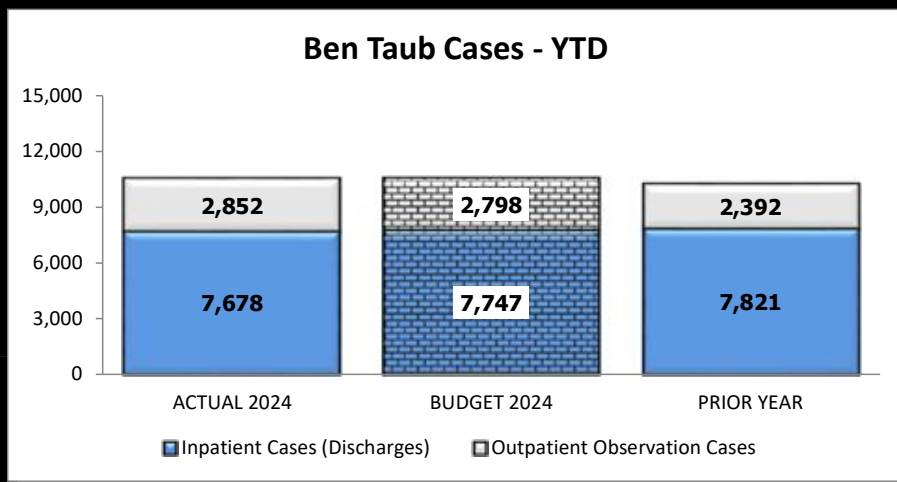
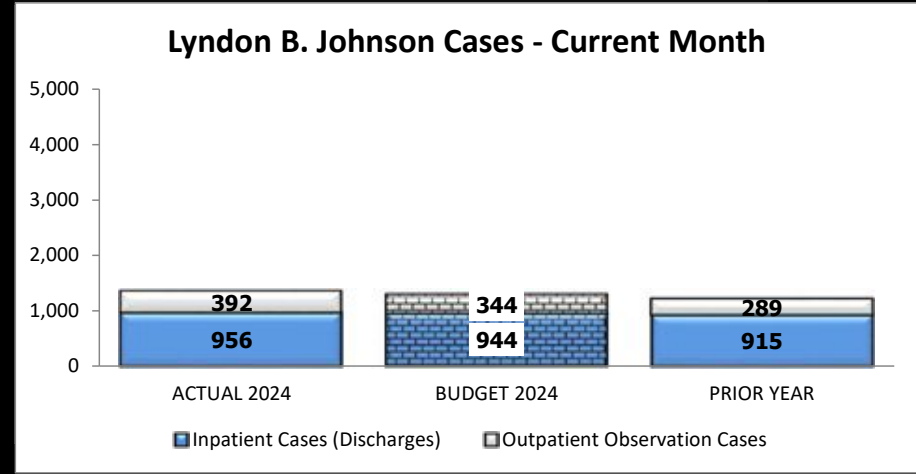
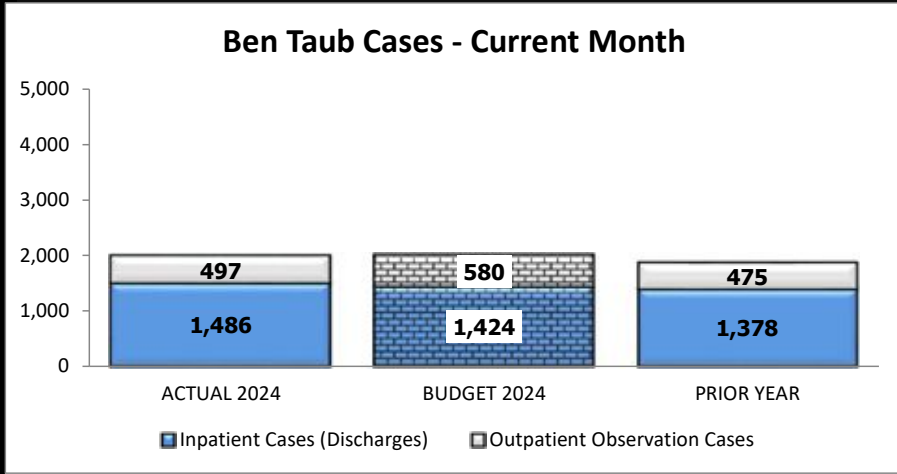


Harris Health System

Statistical Highlights - Cases Occupying Beds

February FY 2024

<u>BT Cases Occupying Beds - CM</u>			<u>BT Cases Occupying Beds - YTD</u>			<u>LBJ Cases Occupying Beds - CM</u>			<u>LBJ Cases Occupying Beds - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,983	2,004	1,853	10,530	10,545	10,213	1,348	1,288	1,204	7,148	6,933	7,020

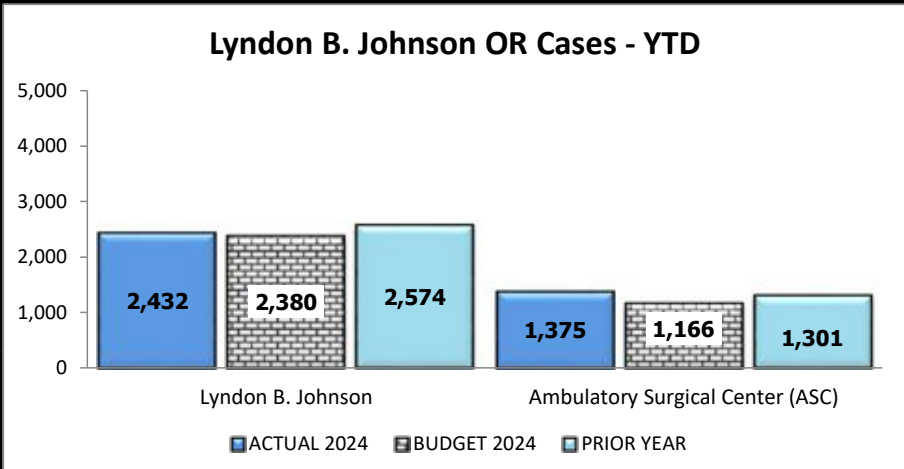
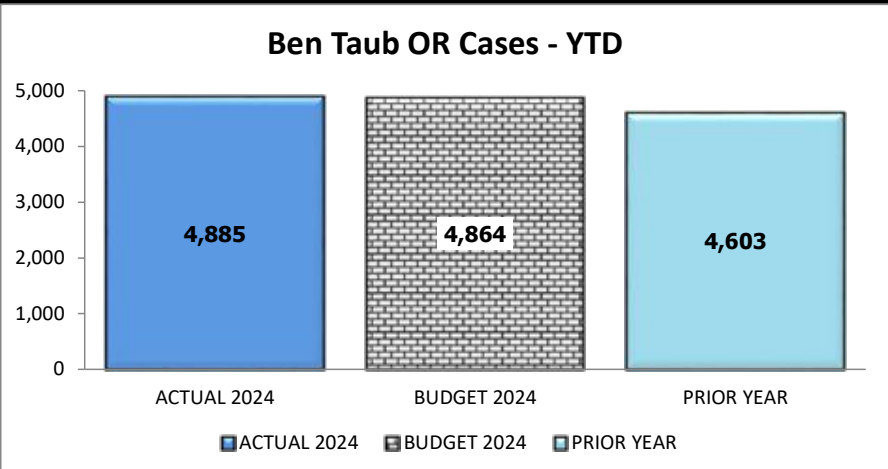
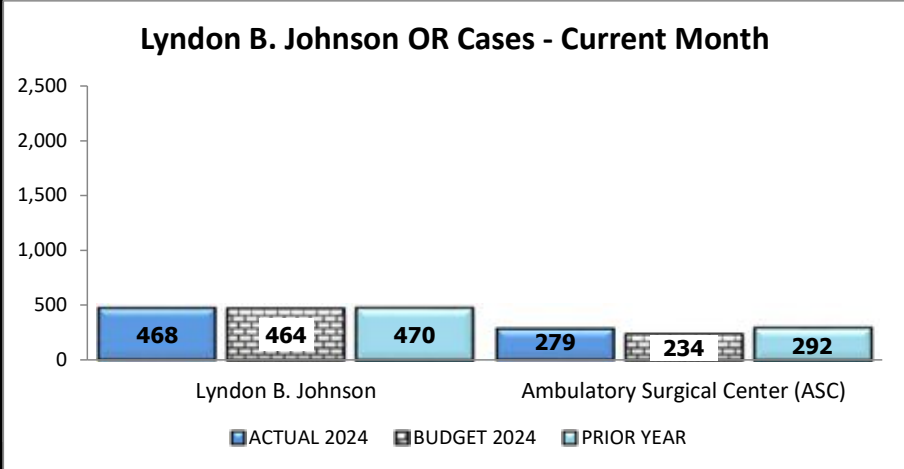
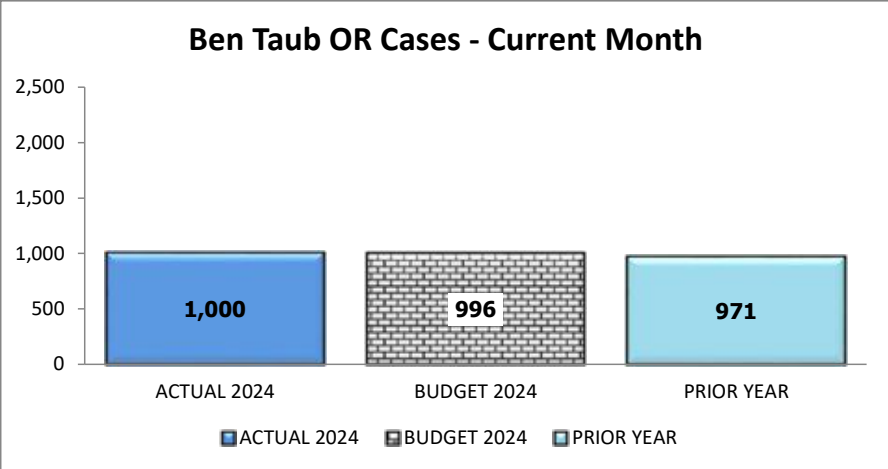


Harris Health System

Statistical Highlights - Surgery Cases

February FY 2024

<u>BT Surgery Cases - CM</u>			<u>BT Surgery Cases - YTD</u>			<u>LBJ Surgery Cases - CM</u>			<u>LBJ Surgery Cases - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,000	996	971	4,885	4,864	4,603	747	698	762	3,807	3,546	3,875



Harris Health System

Statistical Highlights - Emergency Room Visits

February FY 2024

BT Emergency Visits - CM

Actual	Budget	Prior Year
6,673	5,692	5,814

BT Emergency Visits - YTD

Actual	Budget	Prior Year
34,255	30,187	30,619

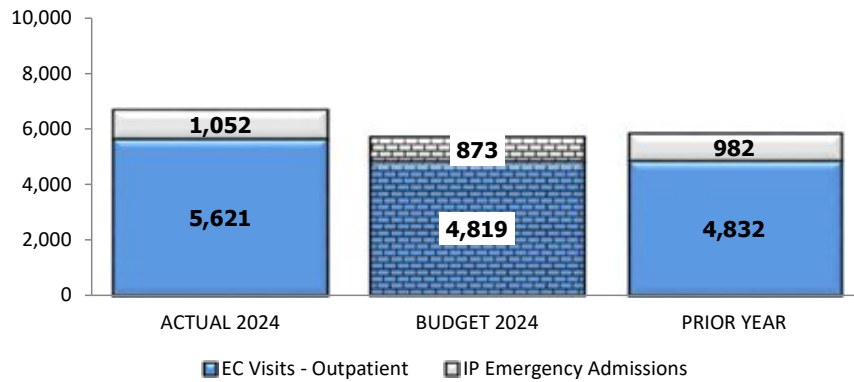
LBJ Emergency Visits - CM

Actual	Budget	Prior Year
7,181	5,888	6,101

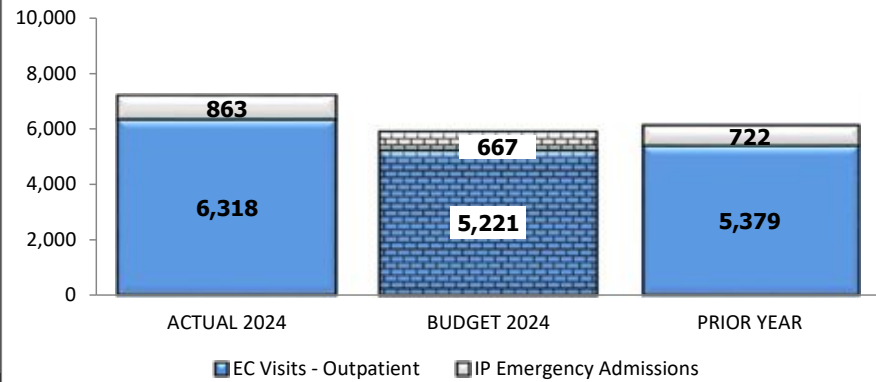
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
31,977	31,493	32,311

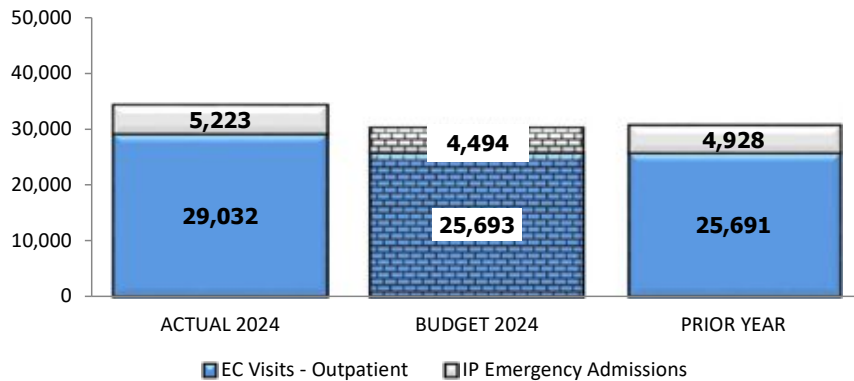
Ben Taub EC Visits - Current Month



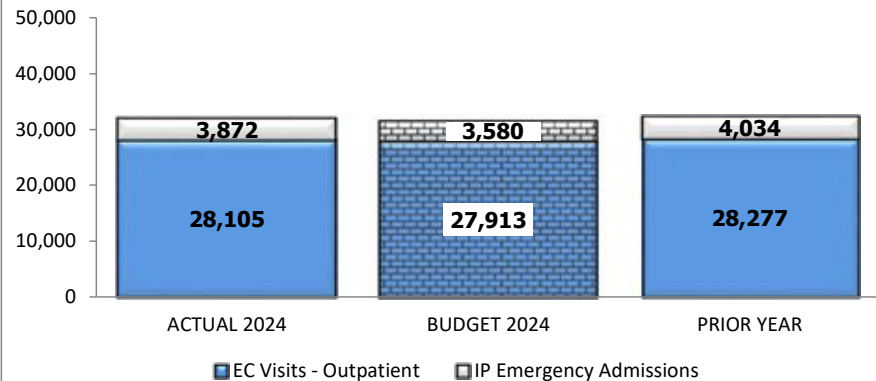
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD

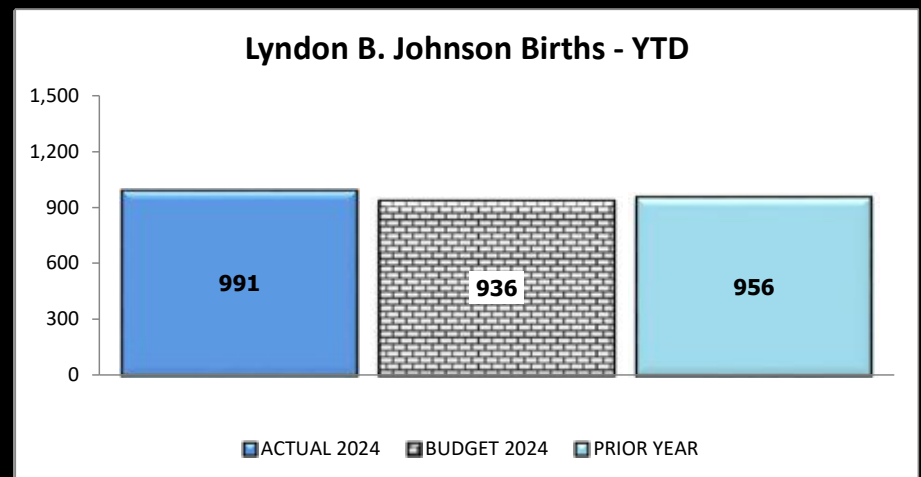
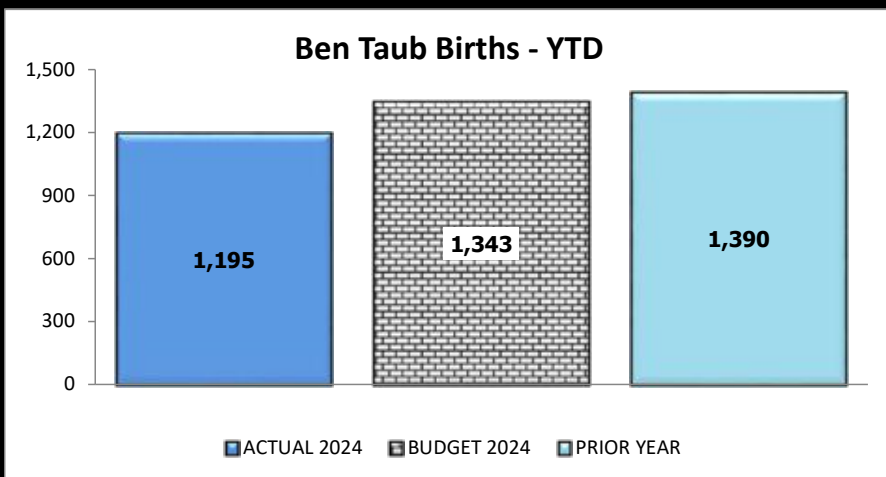
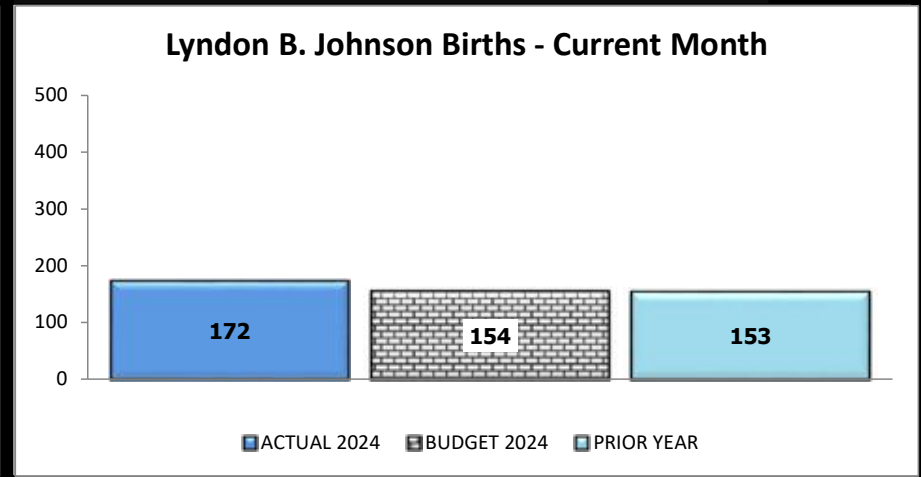
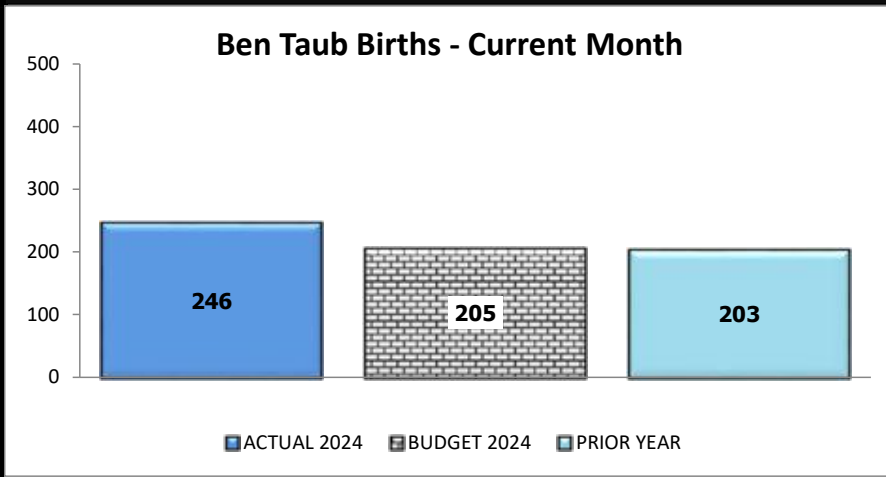


Harris Health System

Statistical Highlights - Births

February FY 2024

<u>BT Births - CM</u>			<u>BT Births - YTD</u>			<u>LBJ Births - CM</u>			<u>LBJ Births - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
246	205	203	1,195	1,343	1,390	172	154	153	991	936	956



Harris Health System

Statistical Highlights - Adjusted Patient Days

February FY 2024

BT Adjusted Patient Days - CM

22,123

BT Adjusted Patient Days - YTD

108,721

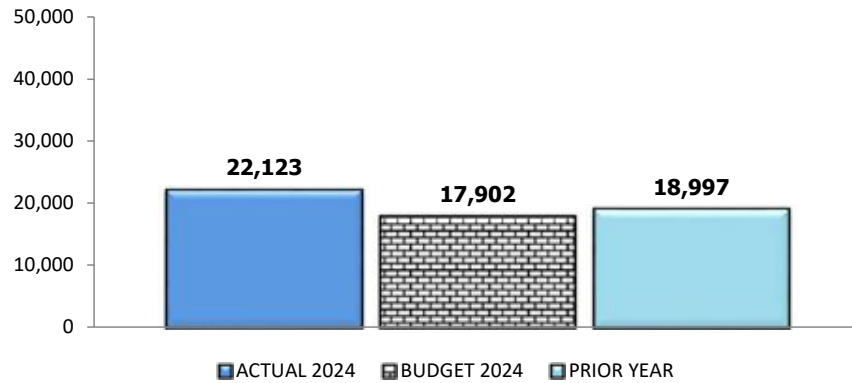
LBJ Adjusted Patient Days - CM

12,369

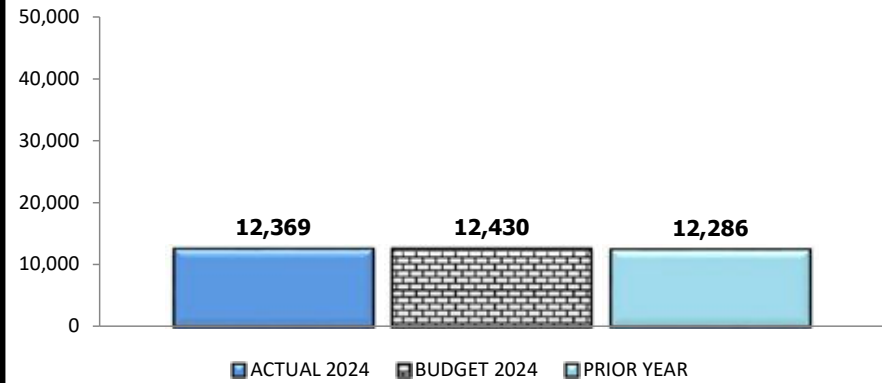
LBJ Adjusted Patient Days - YTD

66,025

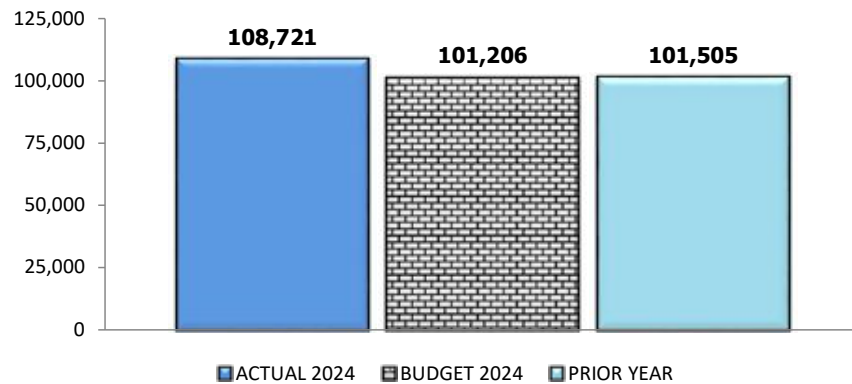
Ben Taub APD - Current Month



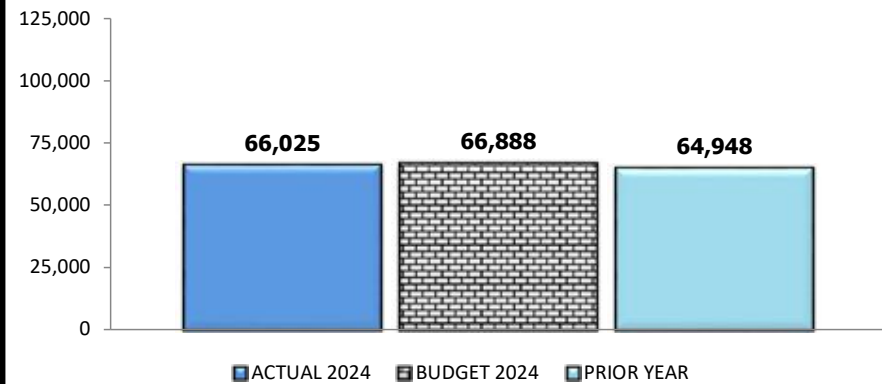
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

February FY 2024

BT Average Daily Census - CM

428.9

BT Average Daily Census - YTD

424.9

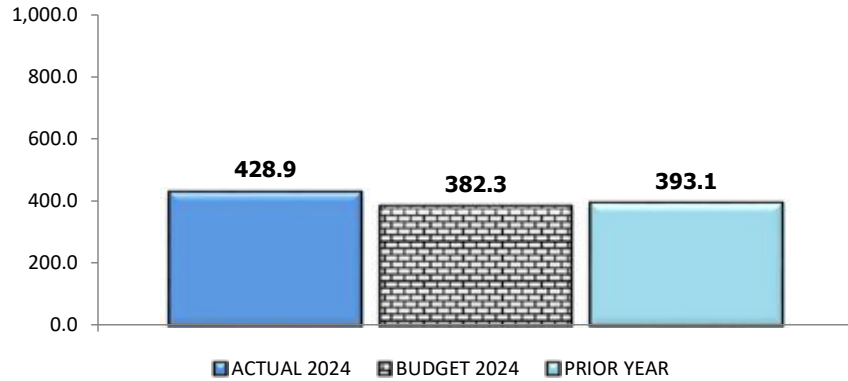
LBJ Average Daily Census - CM

219.8

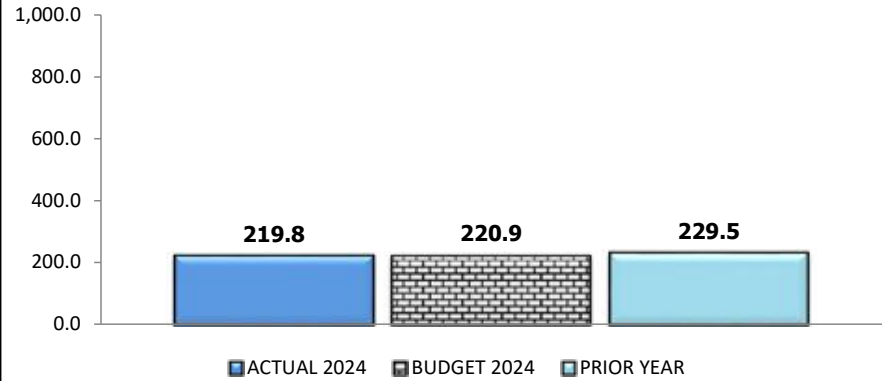
LBJ Average Daily Census - YTD

225.8

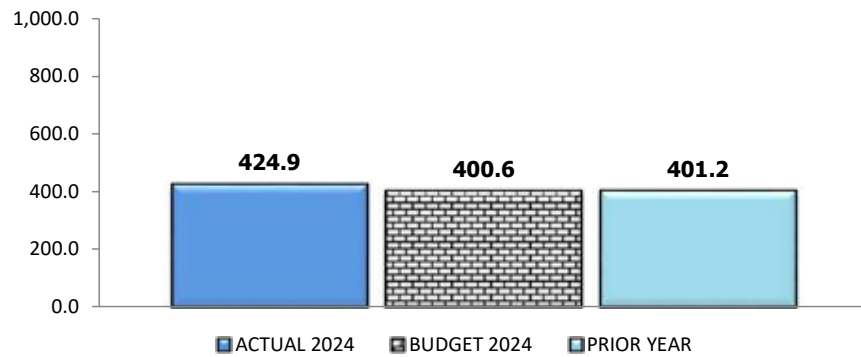
Ben Taub ADC - Current Month



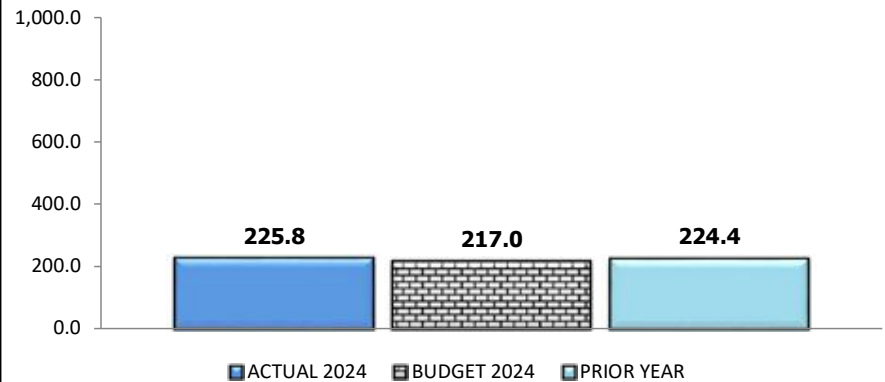
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

February FY 2024

BT Inpatient ALOS - CM

7.07

BT Inpatient ALOS - YTD

7.05

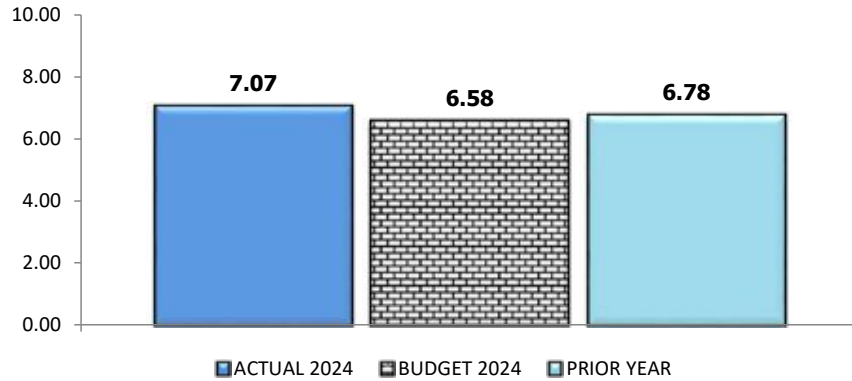
LBJ Inpatient ALOS - CM

5.42

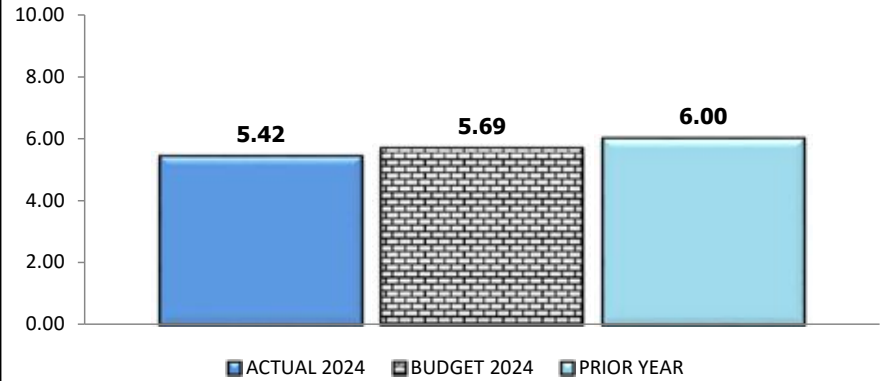
LBJ Inpatient ALOS - YTD

5.41

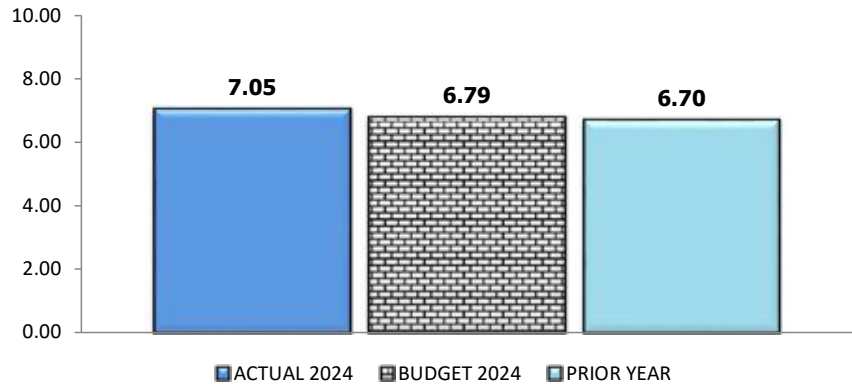
Ben Taub ALOS - Current Month



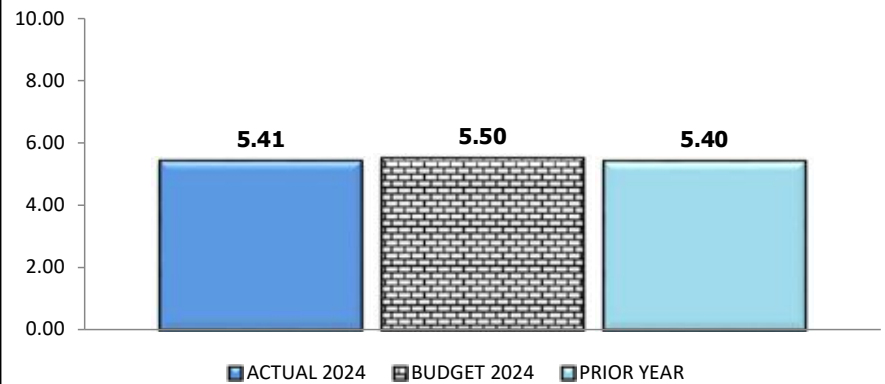
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

February FY 2024

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.759	1.934

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.790	1.974

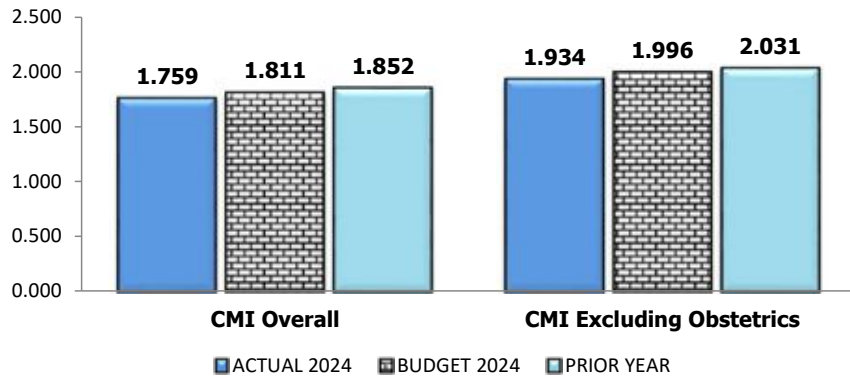
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.518	1.664

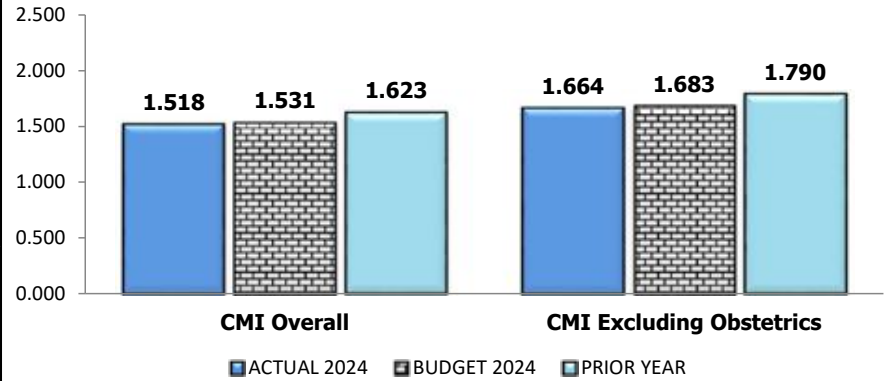
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.520	1.675

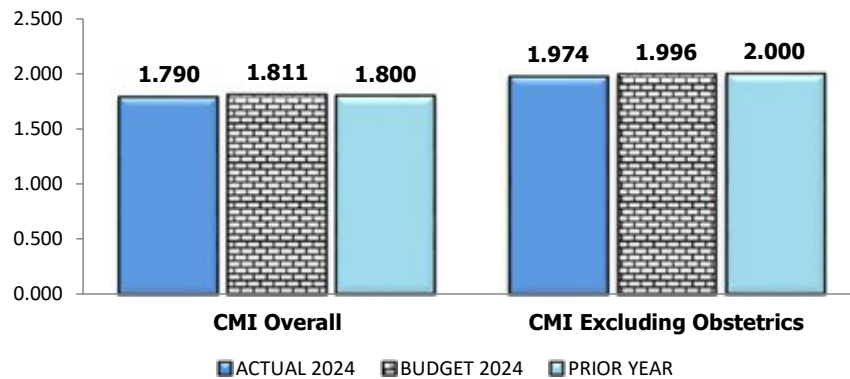
Ben Taub CMI - Current Month



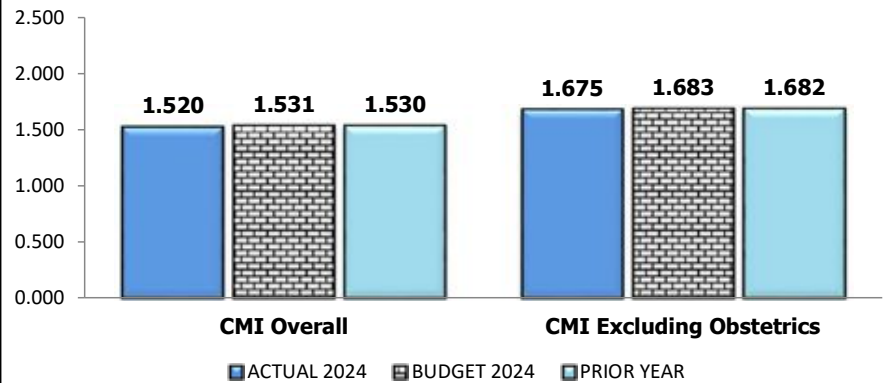
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, April 25, 2024

Consideration of Approval of Taylor McMillan as Executive Director of the
Harris Health Strategic Fund Board

Pursuant to section 5.13 of the Harris Health Strategic Fund (Strategic Fund) Bylaws, the Executive Director (other named position) of the Strategic Fund shall be a Harris Health employee assigned to the Strategic Fund, who directly reports to the Strategic Fund Board with responsibility for general and active management of the business of the Strategic Fund.

The Strategic Fund Board of Directors has selected Taylor McMillan for the position of SVP Chief Development Officer and Executive Director. Pursuant to Section 5.14 of the Strategic Fund Bylaws, the Harris Health Board of Trustees reserves final approval of the Strategic Fund's selection.

The Strategic Fund board requests that the Harris Health Board of Trustees consider final approval of Taylor McMillan as SVP, Chief Development Officer.



Beth Robertson, Board Chair
Harris Health Strategic Fund

Taylor H. McMillan
SVP, Chief Development Officer
Executive Director, Harris Health Strategic Fund



Taylor is a strategic, agile, and results-focused leader with 20 years of successful development experience. She has a track record of effective leadership in multi-million-dollar fund development, organizational management, building and leading empowered staff teams, and effectively managing priorities.

As the founding Executive Director at the Harris Health Strategic Fund, she is responsible for providing philanthropic leadership and managing the affairs and operations of the Fund. She leads the fundraising team spearheading the \$100M capital campaign. In her role, she also serves as the development leader of the Harris Health System executive team.

She previously served as National Vice President, Individual Giving & Foundation Relations at the National Multiple Sclerosis Society. During her almost two-decade tenure at the organization, Taylor provided leadership and expertise as a member of the organization's Development Leadership Team; she was responsible for securing \$180 million annually through an integrated operational plan and budget. Her experience at the MS Society ranges from fundraising events and donor engagement to major gifts and planned giving.

Taylor holds a B.A. in English with a minor in Public Relations from Texas A&M University. She presented at the Association of Fundraising Professionals' national ICON conference in 2023 and 2022.

Thursday, April 25, 2024


Consideration of Approval to Amend an Owner Controlled Insurance Program Assistance Agreement between Alliant Insurance Service, Inc. and Harris County Hospital District d/b/a Harris Health System

Request: Administration requests approval to amend the Owner Controlled Insurance Program Assistance Agreement between Alliant Insurance Service, Inc. and Harris County Hospital District d/b/a Harris Health System. The Agreement contains the same terms and provisions as the previous Agreement approved by this Board except as addressed below.

Overall Purpose: Patrick Casey, SVP, Facilities Construction & Systems Engineering is requesting an amendment to the Owner Controlled Insurance Program Assistance Agreement between Alliant Insurance Service, Inc. and Harris County Hospital District d/b/a Harris Health System to authorize an increase in the limitation of funding to include payment for the initial phase of insurance premiums associated with owner-controlled insurance for the LBJ Hospital Expansion Project. This amendment is urgently needed to avoid construction delays.

Amendment: The proposed amendment would modify the limit of appropriations provision to include additional funding in the sum of \$11,007,378.00 needed to pay the initial OCIP premiums as described in detail in the attached financial summary document for the LBJ Expansion Project. A future request for additional funds to provide insurance premium payments for additional coverages, including, but not limited to, builder's risk and aggregate stop-loss.

Recommendation: Administration recommends approval of the Amendment to the Owner Controlled Insurance Program Assistance Agreement between Alliant Insurance Service, Inc. and Harris County Hospital District d/b/a Harris Health System.



Patrick Casey
Senior Vice President – Facility Construction & Systems Engineering

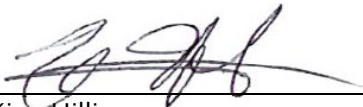
Harris Health LBJ Expansion Project - \$1,136,000,000 Construction Values
FINANCIAL SUMMARY - OCIP Premiums
April 1, 2024 to April 1, 2029

Zurich - Primary GL/WC (\$250K Deductible Option)		
General Liability/Workers Compensation	\$	1,255,867
Loss Escrow	\$	21,003
Fixed Premium:	\$	1,276,870
Umbrella/Excess Liability - \$200MM Limits		
Primary \$10MM Umbrella (Zurich)	\$	1,408,800
\$15MM xs \$10MM (AWAC)	\$	785,000
\$25MM xs \$25MM (AXA/XL)	\$	763,586
\$50MM xs \$50MM (Chubb/Starr/Sompo)	\$	850,000
\$100MM xs \$100MM (London-Syndicates/Companies)	\$	944,010
Fixed Premium for \$200MM Limits:	\$	4,751,396
Ancillary Lines of Coverage		
OCIP Pollution – \$100MM Limit (included SL taxes - excludes TRIA)	\$	464,112
OCIP (Owners Professional) – \$100MM Limit (includes SL taxes – excludes TRIA)	\$	4,500,000
Early Works (Builders Risk)	\$	15,000
Total	\$	11,007,378

Thursday, April 25, 2024

Harris Health System Legislative Initiatives

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



King Hillier

V.P., Public Policy & Government Relations

April 25, 2023
Board of Trustees Monthly Report

Federal Update

The latest funding package to keep the federal government open all but ensures that the most pressing political issues for hospitals in Washington, D.C. – including site-neutral payment reforms and 340B drug transparency provisions will be tabled at least until the “lame duck” session of Congress following the 2024 election.

The Senate approved the omnibus spending package Saturday, March 23 and President Joe Biden quickly signed it into the following day, keeping the government open through the remainder of the fiscal year (until September 30). Amended site-neutral payment policies for health care services were not included as part of the funding agreement. Site-neutral policies mandate that payment rates for care remain at the lowest rate available regardless of the setting for that care, despite the fact that hospitals generally treat sicker patients and more complex cases than independent physician offices and face a higher regulatory burden.

The House Energy and Commerce Subcommittee on Health met on April 10 to discuss the CONNECT for Health Act, which would expand the use and scope of telehealth services for patients and remove barriers for health systems to meet the needs of their communities. This legislation includes the hospital at home program.

The hearing entitled “[Legislative Proposals to Support Patient Access to Telehealth Services](#)” is focused on making pandemic-era telehealth flexibilities permanent for Medicare beneficiaries and providers and considered numerous other pieces of telehealth legislation. These bills will likely become part of an end of year legislative package along with 340B, site neutral payment reforms and price transparency.

State Update

Community Health Workers and House Bill 1575 – 88(R) Stakeholder Meeting on 3.25.24: Stakeholders convened to discuss implementation of House Bill 1575 – 88(R). As part of this legislation, certain services for eligible pregnant women provided by community health workers and doulas are now reimbursable by Medicaid. Community Health Workers employed by an organization must be individually credentialed with a managed care organization to be part of the program, but the organization itself can bill collectively for all individually credentialed community health workers it employs.

The Texas Health and Human Services Commission will seek additional stakeholder feedback to produce standardized screening questions to determine high risk pregnancies and thus eligibility for the services.

In attendance were representatives from numerous public and private organizations, including the Texas Health and Human Services Commission, the Texas Association of Health Plans, the Texas Association of Promotores & Community Health Workers, the Episcopal Health Foundation, and St. David's Foundation.

Managed Care Contracting for Community Health Plans – House Bill 2401 – 88(R): House Bill 2401 would have repealed Section 533.004 of the Texas Government Code which requires the Texas Health and Human Services Commission to award Medicaid managed care contracts to managed care organizations owned by public hospital districts. The bill passed the Texas House but stalled, and ultimately died in the Texas Senate.

Certain private for-profit stakeholders and lawmakers who supported House Bill 2401 in the 88th Regular Session are actively pushing the issue again in preparation for the 89th Regular Session which begins in January 2025. In addition to repealing Section 533.004, these stakeholders advocate for a system whereby the Commission would award contracts to any plan in a service delivery area applying for the work and meeting minimum criteria—known as an Application State Initiative. Some also seek to have the most recent managed care procurement retroactively postponed until after the 89th Regular Session concludes.

Accordingly, Harris Health and its allies are preparing in the event legislation enacting an Application State Initiative or repealing Section 533.004 of the Texas Government Code begins to move through the legislative process in 2025.

Texas Workforce Commission Meeting on Nursing Staff and Psychiatric Technicians: Omar Reid and Dr. Jackie Brock met with the Texas Workforce Commission's Chairman, Bryan Daniels, and key commission staff regarding workforce challenges and solutions at Harris Health. The commission is seeking proposals on growing the health care workforce, and Harris Health personnel provided the chairman and commission staff with frameworks and data for upskilling entry level Harris Health employees into licensed nurses and psychiatric technicians.

Proposals included support for additional nurse preceptor pay and innovative programs to train nurses and psychiatric technicians from existing Harris Health employees. By upskilling Harris Health employees already in our community, we can help ensure these newly minted health care workers stay in the community.

The chairman and commission staff are actively considering these proposals and how they fit into the commission's mission and authority as expressed in statute, administrative code, and the biennial state budget.

Texas Medical Board Rulemaking on Exceptions to Abortion – 22 TAC §§165.7 - 165.9: Pursuant to litigation and a petition for rulemaking, the Texas Medical Board has proposed new rules concerning Medical Records for an exception to an abortion. The rules aim to clarify statutory language found in Chapter 170A of the Texas Health and Safety Code. Advocates hoped the proposed rules would clarify three critical questions:

1. At what point in a medical emergency can a physician perform an abortion?
2. How can physicians ensure their medical judgments meet the statutory standard of *reasonable medical judgment*?
3. What constitutes legally sufficient evidence to demonstrate an abortion was or wasn't necessary?

Many advocates do not feel the proposed rules provide sufficient clarity, though the board chair did say in public remarks—from the board's perspective—a pregnant person's life or major bodily function need not be in imminent danger for an exception to apply.

The board is currently accepting written public comment and plans to hold a stakeholder meeting before finally adopting any proposal. Harris Health is working with the Texas Hospital Association reading the Associations written comments.

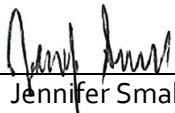
Thursday, April 25, 2024

Review and Acceptance of the Following Report 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 review and acceptance:

- **HCHP Operational Updates**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report 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.



Jennifer Small

Executive Vice President / Ambulatory Care Services

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – April 2024

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
 - Change in Scope
 - 2023 Annual Progress Report
 - UDS Comparison Report
 - Consumer Advisory Report
 - 2023 Risk Management Report
 - Service Area Analysis
 - Texas Department of State Health Services Grant
 - 2024 Carryover Budget

Patients Served

Telehealth Visits

- Telehealth New Patients: 29
- Telehealth Return Patients: 47

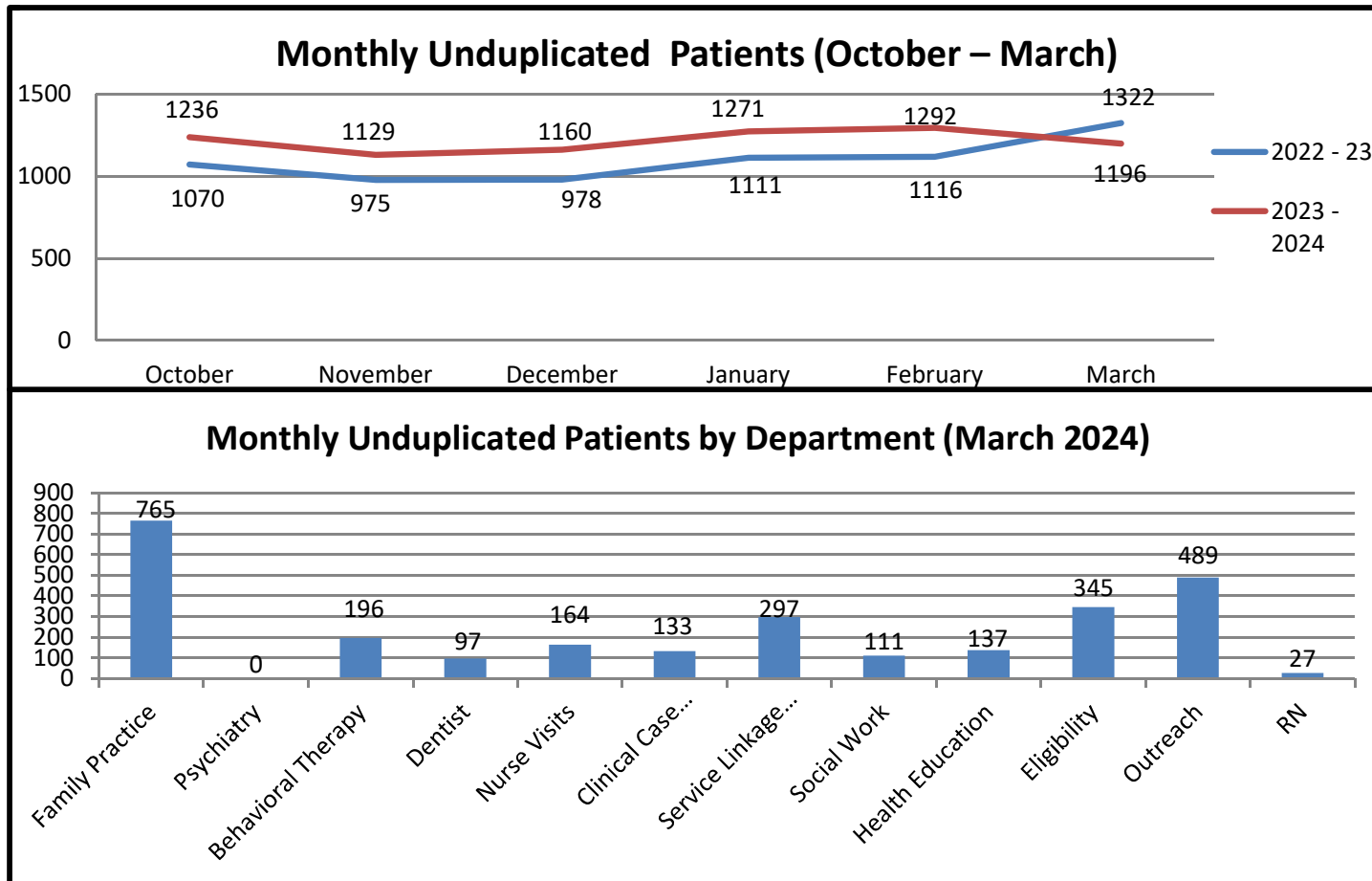
New Patient Visits

- Adult New Patients: 392
- Pediatric New Patients: 18

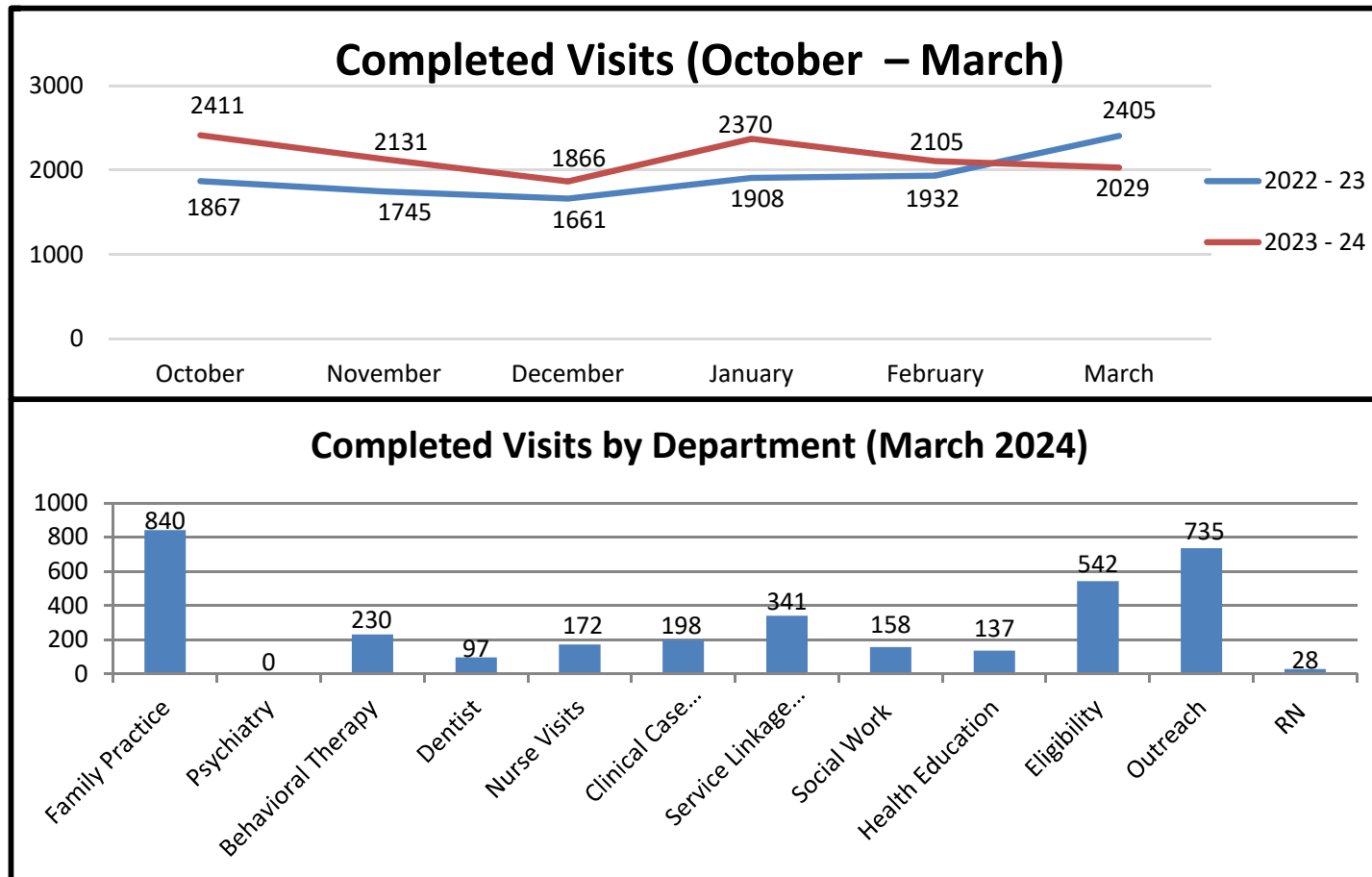
HRSA Target: 9775

- Unduplicated Patients: 2,561
- Total Complete Visits: 5,287

Operational Update



Operational Update



Operational Update

Change In Scope

1) Change of address for the medical mobile unit at 5656 Kelley St, Houston, TX 77026 to 3550 Swingle Rd, Houston, TX 77047.

a. Delete medical mobile unit at 5656 Kelley St, Houston, TX 77026 from the scope.

b. Add the following Medical Mobile units to scope at 3550 Swingle Rd, Houston, TX 77047:

- Medical Mobile Unit #1
- Medical Mobile Unit #2
- Medical Mobile Unit #3
- Specialty Medical Mobile Unit

c. Each Mobile Unit will operate 32 hours a week

Operational Update

Highlights of 2023 Annual Progress Report

- The HCHP completed the HRSA budget period report application with no findings and secured renewed funding for the 3rd year of a three-year period. The award was for \$4,412,560 for 2024.
- Received 6 HRSA Community Health Quality Recognition Badges including: Access Enhancer, Addressing Social Risk Factors, Advancing Health Information Technology for Quality, Health Disparities Reducer, Health Center Quality Leader Silver (top 20%), and Patient Centered Medical Home Recognition.
- The patient satisfaction average score for all sites in 2023 was 83.6% compared to 76.1% in 2022.
- HCHP received three new medical mobile units purchased with funds from the HRSA American Rescue Plan Act Funding for Health Centers grant.
- HCHP was awarded the HRSA COVID-19 Bridge Access Program grant in the amount of \$67,448.
- HCHP was awarded the Ending the HIV Epidemic-Primary Care HIV Prevention grant in the amount of \$57,114.
- HCHP passed the 2023 HRSA operational site visit without any findings

Uniform Data System (UDS) Comparison Report Summary

Medical Services: Increased by 455 visits from 2022 to 2023

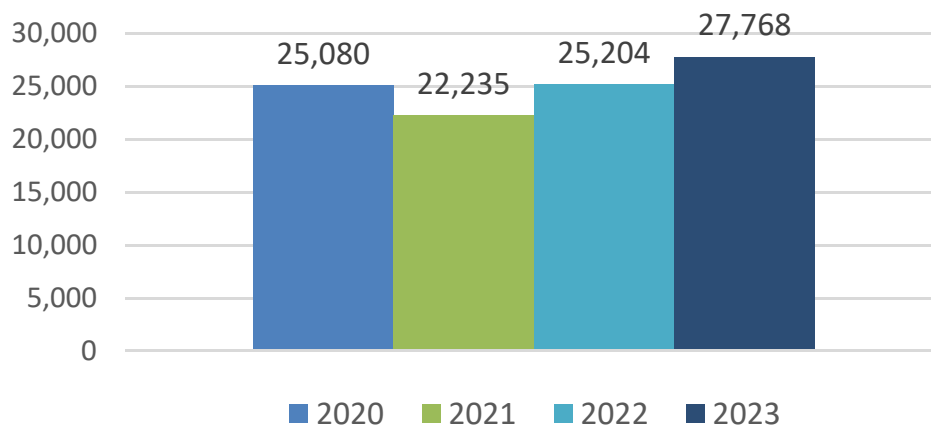
Dental Services: Increased by 1079 visits from 2022 to 2023

Mental Health Services: Decreased by 1189 visits from 2022 to 2023

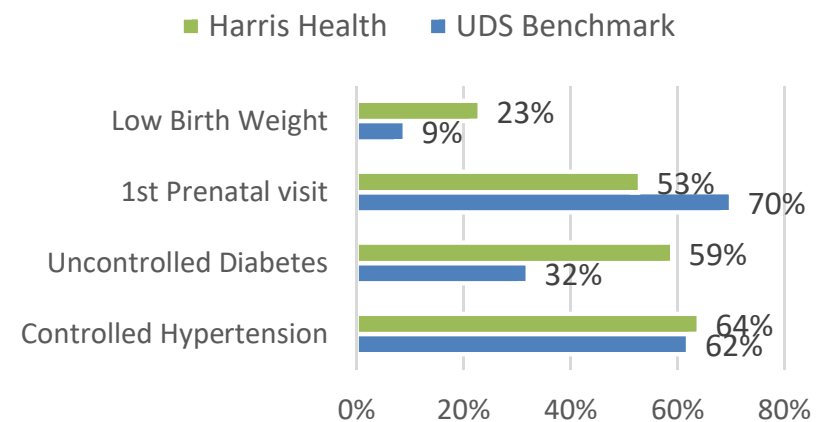
Substance Abuse: Increased by 521 visits from 2022 to 2023

Enabling Services: Increased by 1685 visits from 2022 to 2023

Annual Visit Comparison



2023 Health Outcomes



Operational Update

Consumer Advisory Council

Highlights of Council Activities from November 2023 – January 2024

- The council was informed that the program received three new medical mobile units. A council member attended the ribbon-cutting event.
- The council was informed of the HRSA funding received for 2024. Council members were informed of the service area competition application process to take place in 2024 for funding for a three-year grant period.
- The council was informed of the approved change in grant scope to use renovation funds at Open Door Mission and to purchase equipment for multiple clinics.

Operational Update

HCHP 2023 Risk Management Report

As a Federally Qualified Health Center (FQHC) funded by the Health Resources and Services Administration (HRSA) the Harris Health System Health Care for the Homeless Program (HCHP) is required to have a governing board that maintains appropriate authority and oversees the operations of the program.

Highlighted Risk Management Activities for 2023:

- Completed annual health care risk management training for health center staff.
- Daily clinic patient service huddles and weekly risk management assessments such as infection prevention, environment of care rounds, patient experience rounds, and safety monitoring and hand hygiene inspections.
- Monthly chart audits completed by the Medical Director and quality assurance coordinator.
- Monthly Compliance and Performance Improvement Committee meetings.

Areas of Improvement:

- Unsecured Sharps and Syringes
- Expired Patient Supplies
- Separation of Clean and Dirty Activities

Operational Update

2023 Service Area Analysis

At the end of every calendar year, Federally Qualified Health Centers (FQHCs) are required to report patient utilization, including zip code of residence and primary payor for services. This report highlights the key findings of the service area analysis covering the reporting period from January 1, 2023 to December 31, 2023.

- The clinics are located in the majority of areas where people experiencing homelessness congregate, primarily in Downtown Houston
- The top four zip codes are areas where HCHP continues to provide primary care services:
 - 77051 (Star of Hope Cornerstone)
 - 77002 (Downtown area/multiple clinics)
 - 77007 (Salvation Army Adult Rehabilitation and Harmony House)
 - 77004 (Third Ward Area/Lord of the Streets)
- HCHP is the dominant health center, based on 2023 UDS Mapper data for the following zip codes:
 - 77002
 - 77004
 - 77007
 - 77011
 - 77018
 - 77051
 - 77087
 - 77536

Operational Update

Federally Qualified Health Center Incubator Project Based Program

- Texas Department of State Health Services has awarded the Harris Health System's Health Care for the Homeless Program a grant in the amount of \$650,000.00
- The purpose of this grant is to expand services or access to care at existing FQHCs and FQHC Look-alikes under the Federally Qualified Health Center (FQHC) Incubator Project Based Program.

Operational Update

HARRIS HEALTH SYSTEM
HEALTHCARE FOR THE HOMELESS PROGRAM
Texas Department of State Health Services
Federally Qualified Health Center Incubator Program
TERM: March 1, 2024 through August 31, 2025

EXPENSES	STATE	NON-STATE
EQUIPMENT		-
Dental Mobile Unit	\$643,916.00	-
Computer Equipment	\$6,084.00	-
Total Equipment	\$650,000.00	-

2024 Carryover Request

HARRIS HEALTH SYSTEM

HEALTH CARE FOR THE HOMELESS PROGRAM

HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health System

H80CS00038

January 1, 2024 through December 31, 2024

EXPENSES	FEDERAL
Personnel	\$ 852,420
Fringe	\$ 204,581
Supplies	\$ 450,516
Other	\$ 79,215
Travel	\$ 10,063
Total Direct Charges Estimate	\$ 1,596,794

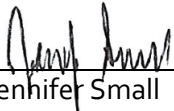
Thursday, April 25, 2024

Consideration of Approval of the HCHP Change in Scope

Attached for consideration of approval:

- **HCHP Change in Scope**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jennifer Small
Executive Vice President / Ambulatory Care Services



Health Care for the Homeless Program

Change in Scope

Executive Summary

1. Change of address for the medical mobile unit at 5656 Kelley St, Houston, TX 77026 to 3550 Swingle Rd, Houston, TX 77047.
 - a. Delete medical mobile unit at 5656 Kelley St, Houston, TX 77026 from the scope.
 - b. Add the following Medical Mobile units to scope at 3550 Swingle Rd, Houston, TX 77047:
 - Medical Mobile Unit #1
 - Medical Mobile Unit #2
 - Medical Mobile Unit #3
 - Specialty Medical Mobile Unit
 - c. Each Mobile Unit will operate 32 hours a week

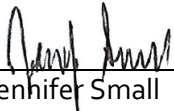
Thursday, April 25, 2024

Consideration of Approval of the HCHP 2023 Annual Progress Report

Attached for consideration of approval:

- **HCHP 2023 Annual Progress Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jennifer Small
Executive Vice President / Ambulatory Care Services



Health Care for the Homeless Program

2023 Annual Progress Report to Harris Health System Board of Trustees

Executive Summary

As a Federally Qualified Health Center (FQHC) funded by the Health Resources and Services Administration (HRSA) the Harris Health System Health Care for the Homeless Program (HCHP) is required to have a governing board that maintains appropriate authority and oversees the operations of the program. This annual report informs the board of program activities and accomplishments during the 2023 year, including productivity, clinical outcomes, and a list of the sites where services are provided.

Highlights of 2023:

Throughout 2023, our Health Care for the Homeless Program (HCHP) demonstrated a substantial increase in service delivery, with 7250 unduplicated individuals experiencing homelessness receiving assistance, compared to 6170 served in the previous year. This expansion was notably driven by improved access to medical care, facilitated by the reduction in COVID-19 related clinic closures.

However, we faced challenges in mental health services as the absence of our psychiatrist due to maternity leave, compounded by the termination of the contract with Baylor College of Medicine, led to a decrease in mental health visits. To address this, we are actively seeking solutions to ensure continued access to mental health support for our clients.

On a positive note, the addition of a chemical dependency counselor to our program resulted in a notable increase in substance abuse services, both in terms of patient intake and visits. This demonstrates our commitment to addressing the multifaceted needs of our clientele.

Moreover, our dental services experienced significant growth, with no contract issues reported compared to the previous year. We effectively utilized the Harmony House Dental Satellite Clinic when our dental van was undergoing repairs and maintenance, ensuring uninterrupted access to dental care for our beneficiaries.

To address areas of lower productivity and quality indicators, we have implemented targeted corrective action plans, aiming to improve efficiency and service effectiveness across all facets of our program.

Furthermore, our diligent cost management efforts yielded positive results, with cost measures decreasing and remaining markedly below the national average. This demonstrates our commitment to fiscal responsibility while maintaining the highest standards of care for those we

serve. In summary, despite facing challenges, our HCHP continues to evolve and adapt, striving to meet the evolving needs of individuals experiencing homelessness while maintaining a steadfast focus on quality, accessibility, and cost-effectiveness

- The HCHP completed the HRSA non-competing continuation grant application with no findings and secured renewed funding for the third year of our three-year grant period. The funding amount secured for the 2024 fiscal year totals \$4,412,560. This renewed support underscores the confidence our funders have in our mission and the impactful work we are doing within our community.
- Provider productivity reports were analyzed monthly by the HCHP management team to determine whether resources should be reallocated within the direct care delivery system. Corrective action plans were created for each provider as necessary. The management team conducted monthly analyses of patient productivity reports to assess the efficiency of our direct care delivery system. Based on these assessments, decisions regarding resource allocation were made to optimize service delivery. In instances where improvements were deemed necessary, individual corrective action plans were developed for each provider to address areas requiring attention and enhance overall performance. This proactive approach ensures continuous improvement and alignment with our organizational goals and standards of care.
- HCHP passed the 2023 HRSA operational site visit without any findings.
- HCHP was awarded the HRSA COVID-19 Bridge Access Program grant in the amount of \$67,448.
- HCHP was awarded the Ending the HIV Epidemic-Primary Care HIV Prevention grant in the amount of \$57,114.
- HCHP received three new medical mobile units purchased with funds from the HRSA American Rescue Plan Act Funding for Health Centers grant.
- HCHP management met quarterly with shelter management to address productivity and performance improvement strategies.
- In addition to reporting to the Ambulatory Care Services - Quality Review Council, HCHP also has a compliance and performance improvement committee that met monthly to address program and grant productivity and quality needs.
- HCHP management met monthly with the HCHP consumer advisory council.
- Recognized by HRSA with Community Health Quality Recognition Badges including: Access Enhancer, Addressing Social Risk Factors, Advancing Health Information

Technology for Quality, Health Disparities Reducer, Health Center Quality Leader Silver (top 20%), and Patient Centered Medical Home Recognition.

- The patient satisfaction average score for all sites was 83.6 compared to 76.1 in 2022.

Attachments:

- Shelter site list with schedules
- UDS comparison report, including clinical performance measures

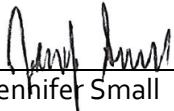
Thursday, April 25, 2024

Consideration of Approval of the HCHP 2024 Shelter-based Clinics List

Attached for consideration of approval:

- **HCHP 2024 Shelter-based Clinics List**

Administration recommends that the Board approve the Healthcare for the Homeless Program List 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.



Jennifer Small
Executive Vice President / Ambulatory Care Services

Health Care for the Homeless Program

SHELTER LOCATIONS	SERVICES	SHELTER LOCATIONS	SERVICES
<p style="text-align: center;">Harmony House Respite Center 602 Girard St., Houston, Texas 77007 713-223-8104 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical • Eligibility • Dental 	<p style="text-align: center;">Star of Hope Cornerstone 2575 Reed Rd., Houston, TX 77051 832-369-3260 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Tuesdays 7:30am - 4:30pm</p>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
<p style="text-align: center;">Lord of the Streets 3401 Fannin St., Houston, Texas 77004 713-526-0311 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical • Eligibility • Dental 	<p style="text-align: center;">Star of Hope Mission Men's Development Center 1811 Ruiz St., Houston, Texas 77002 713-227-8900 Medical Clinic Hours of Operation: TUESDAYS, THURSDAYS & FRIDAYS (7:30am - 4:30pm) Eligibility: Thursdays 1:00pm - 4:30pm</p>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
<p style="text-align: center;">Open Door Mission 5803 Harrisburg Blvd., Houston, Texas 77011 713-921-7520 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical/Lab • Eligibility • Dental 	<p style="text-align: center;">Salvation Army Adult Rehabilitation Center 2118 Washington Ave., Houston, Texas 77007 713-869-3551 Medical Clinic Hours of Operation: MONDAYS & WEDNESDAYS (7:30am - 4:30pm) Eligibility: Mondays & Wednesdays 7:30am - 4:30pm</p>	<ul style="list-style-type: none"> • Medical • Eligibility • Dental
<p style="text-align: center;">Navigation Center 2903 Jensen Drive Houston, Texas 77026 713-497-0966 Medical Clinic Hours of Operation: MONDAYS - FRIDAYS (7:30am - 4:30pm) Eligibility: Mondays - Fridays 7:30am - 4:30pm</p>	<p>* Open Access</p> <ul style="list-style-type: none"> • Medical/Lab • Eligibility • Dental 	<p style="text-align: center;">Mobile Dental Outreach 832-986-0358</p>	<ul style="list-style-type: none"> • Dental
		<p style="text-align: center;">Mobile Medical Outreach 832-547-4381</p>	<ul style="list-style-type: none"> • Medical

* Open Access: Services are open to all people experiencing homelessness (regardless of their shelter status), based on appointment, and then those on a 'first come, first served' basis.

ALL SITES ARE CLOSED: 3rd WEDNESDAY OF THE MONTH FROM 1:30pm - 4:30pm FOR STAFF MEETING

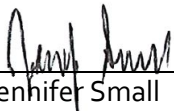
Thursday, April 25, 2024

Consideration of Approval of the HCHP 2020-2023 Uniform Data System (UDS)
Comparison Report

Attached for consideration of approval:

- **HCHP 2020-2023 Uniform Data System (UDS) Comparison Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jenhifer Small

Executive Vice President / Ambulatory Care Services

Health Care for the Homeless Program

Comparison of 2020 – 2023 UDS Reports

Productivity Measures	2020	2021	2022	2023
Total Consumers	8,335	4,174	6,170	7,250
Medical Patients	4,862	4,086	4,732	6,111
Medical Visits	12,796	13,393	13,892	14,347
Dental Patients	93	82	67	766
Dental Visits	272	138	67	1,146
Mental Health Patients	2,208	2,103	2,268	1,975
Mental Health Visits	4,018	4,724	6,403	5,214
Substance Abuse Services Patients	26	15	15	399
Substance Abuse Services Visits	1,069	622	303	824
Enabling Services Consumers	5,759	1,407	2,313	3,809
Enabling Services Visits	6,925	3,358	4,539	6,224
Total Visits	25,080	22,235	25,204	27,768

Quality of Care Indicators	UDS Benchmark (2022)	2020	2021	2022	2023
Childhood Immunization	36%	5%	4%	4%	8%
Cervical Cancer Screening	48%	52%	60%	60%	69%
Breast Cancer Screening	48%	42%	40%	40%	46%
Weight Assessment & Counseling for Children & Adolescents	66%	80%	93%	87%	90%
Adult Weight Screening & Follow Up	57%	85%	46%	76%	96%
Tobacco Use Screening and Cessation Intervention	79%	83%	96%	99%	98%
Statin Therapy	76%	66%	69%	78%	81%
IVD: Aspirin or Another Antiplatelet	78%	78%	47%	75%	83%
Colorectal Cancer Screening	37%	43%	42%	44%	43%
HIV Linkage to Care	82%	80%	80%	33%	71%
HIV Screening	58%	91%	92%	96%	95%
Patients Screened for Depression & Follow-Up Plan	65%	44%	79%	75%	75%
Depression Remission at Twelve months	17%	13%	0%	0%	3%
Dental Sealants for Children between 6-9 Years	60%	N/A	N/A	N/A	N/A

Health Outcomes & Disparities	UDS Benchmark (2022)	2020	2021	2022	2023
Controlled Hypertension	62%	56%	58%	60%	64%
Diabetes: Hemoglobin A1c Poor Control	32%	50%	47%	43%	59%
First Prenatal Visit in 1 st Trimester	70%	32%	31%	26%	53%
Low Birth Weight: < 2,500 grams	9%	N/A	0%	0%	23%

Cost Measures	UDS Benchmark (2022)	2020	2021	2022	2023
Total accrued cost per total patient	\$1,911	\$491	\$1,053	\$752	\$736
Medical cost per medical patient	\$1,156	\$448	\$604	\$642	\$518

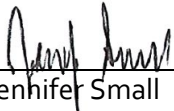
Thursday, April 25, 2024

Consideration of Approval of the HCHP Consumer Advisory Report

Attached for consideration of approval:

- **HCHP Consumer Advisory Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jennifer Small

Executive Vice President / Ambulatory Care Services

HCHP Consumer Advisory Council Report

Highlights of Council Activities from November 2023 – January 2024:

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP).
- Members reviewed reports related to quality and performance improvement, productivity, and patient satisfaction, with corresponding corrective action plans.
- The council was updated on staff changes and recruitment strategies.
- The council suggested new areas to conduct outreach services.
- The council received updates on the various grant projects.
- The council was informed that the program received three new medical mobile units. A council member attended the ribbon-cutting event.
- The council was informed of the HRSA funding received for 2024. Council members were informed of the service area competition application process to take place in 2024 for funding for a three-year grant period.
- The council was informed of the approved change in grant scope to use renovation funds at Open Door Mission and to purchase equipment for multiple clinics.
- The council received information on the various quality badges that the program was awarded by HRSA.
- The council received a presentation on the outcomes of the 2023 needs assessment and report, including on patient needs, community barriers, and an action plan.
- The chair shared information from the council-at-large meetings.

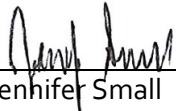
Thursday, April 25, 2024

Consideration of Approval of the HCHP 2023 Annual Risk Management Report

Attached for consideration of approval:

- **HCHP 2023 Annual Risk Management Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jennifer Small

Executive Vice President / Ambulatory Care Services



**Health Care for the Homeless
Program
2023 Annual Risk Management Report to Harris Health System Board of Trustees**

Introduction

The purpose of this report is to provide an account of Harris Health’s Health Care for the Homeless Programs’ annual performance relative to the risk management plan and evaluate the effectiveness of risk management activities aimed to mitigate risks and respond to identified areas of high risk. Topics presented include high-risk and quarterly risk assessments, adverse event reporting, risk management training, risk and patient safety activities, and claims management. Each topic includes:

Risk Management Highlights of 2023:

- Completed annual health care risk management training for health center staff.
- Contracts reviewed by the compliance and legal departments.
- Daily clinic patient service huddles and weekly risk management assessments such as infection prevention, environment of care rounds, patient experience rounds, and safety monitoring and hand hygiene inspections.
- Participation of HCHP in the Harris Health Safety Committee.
- HCHP management conducted a workplace violence program gap analysis.
- HCHP management met quarterly with shelter management to address risk management and safety concerns in addition to productivity and performance improvement strategies.
- Training on, reporting, and tracking of incident reporting for clinically related complaints and “near misses.”
- Supervision of nurse practitioners by medical doctors.
- Monthly chart audits completed by medical doctors and by the quality assurance coordinator.
- Monthly review of medication reconciliation reports.
- Monthly Compliance and Performance Improvement Committee meetings.

- Participation in Ambulatory Care Services Quality Review Council.
- Assignment of a Harris Health infection prevention nurse to support the HCHP.

Risk Management Training

The Health Center Program Compliance Manual requires risk management training for all staff members and documentation that all appropriate staff complete training at least annually. Risk management education and training are critical for clinical and nonclinical staff to improve safety and mitigate risk related to patient care. The risk manager identifies areas of highest risk within the context of the health center's risk management plan and selects risk management training topics

Risk Activity Focus Area/Measure	Summary Description of Assessment
HRO Safety Sharing Alerts	Providing HRO Safety Sharing alerts with the Harris Health, Health Care for the Homeless team during the daily morning huddle.
Quality Management Program	The quarterly trainings are designed to address the unique challenges and needs of homeless individuals accessing healthcare services. These trainings encompass a comprehensive approach, focusing on enhancing healthcare providers' competencies in culturally sensitive care, mental health support, substance abuse intervention, and navigating social services. Quality management includes: Biweekly leadership meetings, meeting with UDS IT team.
Workplace Violence Assessment	<p>Healthcare for the Homeless workplace violence training is structured to equip healthcare professionals with the necessary knowledge and skills to mitigate and manage instances of violence within their work environments. The training covers topics such as recognizing early warning signs, de-escalation techniques, crisis intervention strategies, and post-incident support protocols. Through interactive simulations, case studies, and discussions, participants learn to identify potential risk factors and develop proactive approaches to ensure the safety and well-being of both staff and patients.</p> <ul style="list-style-type: none"> • Safety issues in the clinics with EOC rounding • Monthly assessments of employee safety • Leadership participates in workplace violence task force • SABA Training

Risk and Patient Safety Activities

Hand Hygiene Observations

Personal Responsible	Measures	Goal	Q1	Q2	Q3	Q4	Annual Total
	Wash-in	100%	98.8%	98.8%	98.6%	98.8%	98.6%
	Wash-out	100%	99.0%	99.0%	98.7%	98.9%	98.7%

Activity Focus Area	Summary Description of Assessment
Environment of Care Rounds	<p>Areas of concern that have improved: a) Sharps and syringes not secured. b) Expired patient supplies. c) Clean and dirty separation.</p> <p>Limitations include the structural upkeep of shelter sites – examples, electrical cable management and appearance of floors and ceiling tiles.</p> <p>Proposed future activities: Operations and nursing leadership to provide training and coaching to staff regarding policies and procedures. Increased leadership rounding each week and disciplinary actions as necessary for trending behaviors.</p>
Adverse Event Reporting	<p>Fifty-two incidents reported in 2023 on the Electronic Incident Reporting System, including:</p> <ul style="list-style-type: none"> a) Eleven unanticipated intra-facility transfers to higher level of care. b) Eleven unexpected changes in patient condition. c) Eight emergency services/response - activation of internal or external emergency plan. d) Seven suicide crises. e) Three fall/slip/trip. f) Two medication/documentation errors. g) One good catch. e) Nine other varied situations. <p>Proposed future activities: Education.</p>

SWOT Analysis

Strengths	Weaknesses	Opportunities	Threats
1. Leadership infrastructure 2. ACS & HRSA guidance	1. Lack of standardized processes at each clinic 2. Shelter-based clinics 3. Target population with multiple barriers to access healthcare	1. Three new medical mobile outreach units 2. Grant for new mobile dental unit 3. Collaboration with population health	1. Competing local FQHC programs

Risk Management Dashboard

Personal Responsible	Measures/ Key Performance Indicator	Goal	Q1	Q2	Q3	Q4	Annual Total
Risk Assessment							
HCHP Leadership	HRO Safety Sharing Alert	100%	-	-	-	100%	100%
	Quality Management (80% positive compliance rate with quality metrics)	80%	65%	86%	86%	86%	80.5%
	Satori Alternatives to Managing (SAMA)	100%	-	-	-	100%	100%
Training and Education							
	Annual Mandatory Training	100%	-	-	-	100%	100%
	National Healthcare for the Homeless Training	100%	-	-	-	100%	100%
Risk and Patient Safety Activities							
Nursing Leadership	Wash-in	100%	98.8%	98.8%	98.6%	98.8%	98.6%
	Wash-out	100%	99.0%	99.0%	98.7%	98.9%	98.7%
	Time-out Procedures	100%	98%	100%	100%	100%	99.5%
Dashboard Key – Performance Threshold							
Improved/exceeded expectations (green shading or *)							
Acceptable/needs improvement (yellow)							

shading or **)						
Not meeting target, action needed (red shading or ***)						

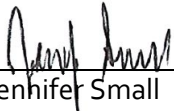
Thursday, April 25, 2024

Consideration of Approval of the HCHP 2023 Service Area Analysis Report

Attached for consideration of approval:

- **HCHP 2023 Service Area Analysis Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jennifer Small
Executive Vice President / Ambulatory Care Services

Health Care for the Homeless Program

2023 – Service Area Analysis

The Health Care for the Homeless Program (HCHP) serves the City of Houston area through its shelter-based clinics and mobile outreach (medical and dental) units. The clinics are located in the majority of areas where people experiencing homelessness congregate, primarily in Downtown and the surrounding area. The service area analysis covers the reporting period from January 1, 2023 to December 31, 2023. The top five zip codes are areas where HCHP has clinics as well as areas served through the mobile units.

The analysis of patients by the top five zip codes:

1. **77051**: 809 patients (Sunnyside area/Star of Hope Cornerstone Community)
2. **77002**: 547 patients (Downtown area/multiple clinics)
3. **77004**: 334 patients (Third Ward area/Lord of the Streets)
4. **77007**: 204 patients (West of Downtown/Salvation Army Adult Rehabilitation Center & Harmony House)
5. **77011**: 150 patients (Magnolia Park-East End/Open Door Mission).

UDS Report - 2023

Table Patients by ZIP Code

ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
77002	234	182	70	61	547
77003	100	0	12	0	112
77004	186	72	32	44	334
77006	61	0	0	0	61
77007	117	39	7	41	204
77008	55	0	2	0	57
77009	84	0	1	0	85
77011	101	25	11	13	150
77012	53	0	0	0	53
77014	54	0	0	0	54
77015	61	0	1	0	62
77016	73	0	8	0	81
77017	64	0	0	0	64
77018	59	0	2	0	61
77020	69	0	11	0	80
77021	97	0	16	0	113
77022	67	0	13	0	80
77023	17	0	4	0	21
77026	50	1	8	11	70
77028	67	0	2	0	69
77029	57	0	2	0	59
77030	92	0	14	0	106
77032	55	0	1	3	59
77033	67	0	7	7	81
77034	56	0	2	2	60
77035	57	0	1	4	62
77036	68	0	3	4	75
77039	56	0	1	3	60
77041	61	0	3	4	68
77042	53	0	1	1	55
77044	56	0	2	2	60
77045	63	0	4	4	71

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
77047	55	0	2	2	59
77048	64	0	2	5	71
77049	54	0	2	0	56
77051	220	524	19	46	809
77053	64	0	2	2	68
77054	74	0	1	8	83
77055	79	0	8	11	98
77057	58	0	0	3	61
77060	57	0	1	2	60
77061	58	0	0	3	61
77063	60	0	1	1	62
77065	55	0	1	0	56
77067	56	0	3	2	61
77071	54	0	2	3	59
77072	58	0	0	1	59
77073	55	0	1	2	58
77074	54	0	0	3	57
77075	54	0	0	4	58
77076	56	0	1	0	57
77077	64	0	1	6	71
77078	79	0	10	17	106
77080	62	0	0	2	64
77081	56	0	2	3	61
77082	59	0	1	5	65
77083	57	0	1	3	61
77084	53	0	0	1	54
77086	53	0	1	2	56
77087	82	0	6	10	98
77088	68	0	4	8	80
77089	56	0	2	0	58
77090	60	0	0	2	62
77091	76	0	3	3	82
77092	59	0	0	5	64
77093	75	0	5	5	85
77096	57	0	0	0	57
77099	54	0	1	3	58
77346	55	0	0	2	57
77373	57	0	0	2	59
77379	55	0	0	0	55
77396	57	0	1	0	58
77429	57	0	0	0	57
77489	54	0	2	4	60
77502	58	0	0	0	58
77504	58	0	0	5	63
77520	60	0	0	6	66

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
77536	65	0	1	3	= 69
77587	53	0	0	4	= 57

Other ZIP Codes

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
Other ZIP Codes	131	0	25	38	194
Unknown Residence	88	0	0	0	88
Total	5,613	843	353	441	7,250

Comments

:

Thursday, April 25, 2024

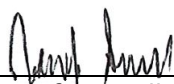
Consideration of Approval of a Grant Agreement Between Harris County Hospital District
d/b/a Harris Health System and the Texas Department of State Health Services to Expand
Services or Access to Care

This agreement between the Harris County Hospital District d/b/a Harris Health System and the Texas Department of State Health Services to provide expansion of services or access to care at existing Federally Qualified Health Center's (FQHC) and FQHC Look-alikes under the FQHC Incubator Project Based Program.

The funds will be used to purchase a new dental mobile unit that will have a wheelchair accessibility lift and will be equipped with dental operatory equipment such as two dental chairs, panoramic X-ray machine with bolted chair, two portable handheld X-ray machines, internet system router and antennas, including installation costs to connect to the electronic health record.

- The amount of the grant award is \$650,000.00.
- The term of this agreement is March 1, 2024 through August 31, 2025.

Administration recommends that the Board approve the Grant Agreement 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.



Jenhifer Small

Executive Vice President / Ambulatory Care Services

Harris Health System
BUDGET NARRATIVE
Texas Department of State Health Services
Federally Qualified Health Center Incubator Program
Open Enrollment #HHS0014260
2024 through August 31, 2025

Budget Categories		
Staffing		Total
	Personnel	\$0.00
	Fringe Benefits	\$0.00
Staffing Grand Total		0
Enrichment Activities		
	Conferences	\$0.00
	Trainings	\$0.00
	Webinars/Workshops	\$0.00
	Recruitment	\$0.00
	Legal Services	\$0.00
	Consulting	\$0.00
	Other (<i>specify</i>)	\$0.00
Enrichment Grand Total		0
Capital Improvement		
	Equipment	\$650,000.00
	Architect/Engineering Fees	\$0.00
	Construction	\$0.00
Capital Improvement Grand Total		\$650,000.00
FQHC Funding Total		650000

Description: \$643,916 in funds will be used to purchase a new dental mobile unit that will have a wheelchair accessibility lift and will be equipped with dental operatory equipment such as two dental chairs, panoramic X-ray machine with bolted chair, two portable handheld X-ray machines, internet system router and antennas, including installation costs to connect to the electronic health record. \$6,084 in funds will be used to purchase computer equipment, including: 3 workstations (3 PCs/3 monitors/3 wireless keyboards/3 mice), 1 multi-function color printer, 2 eSignature pads, 1 scanner, 1 palm scanner, 3 webcams, and 3 headsets.

These are the breakdown of costs:

1. Individual Cost of Dental Mobile Unit: \$643,916
2. Costs Related to Computer Equipment: \$6,084
 - \$2,625 - 3 Workstations (3 PCs/3 Monitors/3 Wireless Keyboards/Mice)
 - \$368 - 1 Printer Color MFP
 - \$699 - 2 eSignature Pads
 - \$990 - 1 Fujitsu/Ricoh Scanner
 - \$750 - 1 Palm Scanner
 - \$189 - 3 Webcams
 - \$463 - 3 Cisco 532 Headsets

3. Installation and Operational Costs: \$0

Total = \$650,000

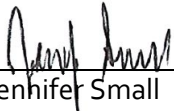
Thursday, April 25, 2024

Consideration of Approval of the HCHP 2024 Carryover Budget Report

Attached for consideration of approval:

- **HCHP 2024 Carryover Budget Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Jenhifer Small
Executive Vice President / Ambulatory Care Services

HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health System

H80CS00038

BUDGET NARRATIVE

2024 Carryover Request from 2023 Funds for Use in January 1, 2024 to December 31, 2024

REVENUE:

	Carryover
	Federal
FEDERAL GRANT REQUEST	\$ 1,596,794
TOTAL REVENUE	\$ 1,596,794

EXPENSES:

	Carryover
PERSONNEL	Federal
ADMINISTRATION	\$ 33,285
MEDICAL STAFF	\$ 781,292
FACILITY PERSONNEL	\$ 31,872
DENTAL STAFF	\$ 5,971
TOTAL PERSONNEL	\$ 852,420

	Carryover
	Federal
FICA @ 7.65%	\$ 65,210
Retirement/401K match @ 5%	\$ 42,621
Insurance @ 11.35%	\$ 96,750
TOTAL FRINGE @ 24%	\$ 204,581

	Carryover
TRAVEL	Federal
Hotel for Mobile Health Care Conference for 3 staff members. \$250 per night X 4 nights X 3 individuals = \$3,000	\$ 3,000
Travel related meals for Mobile Health Care Conference for 3 staff members. \$70 per day X 5 days X 3 individuals = \$1,050	\$ 1,050
Mileage to conference city for travel to Mobile Health Care Conference for 3 staff members. 247 miles x 2 ways X .655 cents per mile x 2 staff = \$648	\$ 648
Airfare to the National Health Care for the Homeless Council Annual Conference for 2 staff members. \$900 per individual X 2 individuals = \$1,800	\$ 1,800
Airfare to the US Conference on HIV/AIDS for 2 staff members. \$250 per individual X 2 individuals = 500	\$ 500
Hotel for US Conference on HIV/AIDS for 2 staff members. \$250 per night X 4 nights X 2 individuals = \$2,000	\$ 2,000
Mileage to airport for travel to US Conference on HIV/AIDS for 2 staff members. members. 40 miles x 2 ways X .655 cents per mile x 2 staff = \$105	\$ 105
Airport transfers for travel in conference city for US Conference on HIV/AIDS for 2 staff members. \$40 per trip X 2 trips X 2 individuals = \$160.	\$ 160
Airport parking for US Conference on HIV/AIDS 2 staff members. \$10 per day X 5 days X 2 individuals = \$100	\$ 100
Travel related meals for US Conference on HIV/AIDS for 2 staff members. \$70 per day X 5 days X 2 individuals = \$700	\$ 700
TOTAL TRAVEL	\$ 10,063

HARRIS COUNTY HOSPITAL DISTRICT dba Harris Health System

H80CS00038

BUDGET NARRATIVE

2024 Carryover Request from 2023 Funds for Use in January 1, 2024 to December 31, 2024

SUPPLIES	Carryover
	Federal
Covid Vaccines: 9 months X \$2,000 of Covid-19 vaccines = \$18,000	\$ 18,000
Pharmaceuticals: \$3,476/month x 12 months= \$41,712	\$ 41,712
Medical Supplies: \$11,700/month x 12 months = \$140,400	\$ 140,400
Dental Supplies: \$15,000/month x 12 months = \$180,000	\$ 180,000
Office Supplies: \$5,867/month x 12 months = \$70,404	\$ 70,404
TOTAL SUPPLIES	\$ 450,516

EQUIPMENT	Carryover
	Federal
TOTAL EQUIPMENT	\$ -

OTHER	Carryover
	Federal
Cost of maintenance for portable toilet pump 600.00 per month (200.00 monthly per unit X 3units) X 12months = \$7,200	\$ 7,200
Repairs for multiple mobile units	\$ 70,015
Registration fee for 2 staff members to attend the Mobile Health Care Conference. \$1,000 per individual X 2 individuals = \$2,000.	\$ 2,000
TOTAL OTHER	\$ 79,215
TOTAL DIRECT CHARGES	\$ 1,596,794

Thursday, April 25, 2024

Executive Session

Review of the Community Health Choice Financial Performance for the Two Months Ending February 29, 2024, Pursuant to Tex. Gov't Code Ann. §551.085.



Anna Mateja
CFO, Community Health Choice

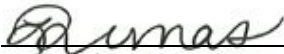
- Pages 147-151 Were Intentionally Left Blank -

Meeting of the Board of Trustees

Thursday, April 25, 2024

Executive Session

Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071, Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Civil Action No. 3:22-cv-00406 in the U.S. District Court, Southern District of Texas.




Sara Thomas
Chief Legal Officer

- Pages 153-154 Were Intentionally Left Blank -

Thursday, April 25, 2024

High Reliability Organizations (HRO) Training



Dr. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

OUR HIGH RELIABILITY ORGANIZATION JOURNEY

HARRISHEALTH SYSTEM

**Preoccupation
with
Failure**

**Sensitivity
to
Operations**

**Reluctance
to
Simplify**

**Commitment
to
Resilience**

**Deference
to
Expertise**



Learning Outcomes

1. Define HRO.
2. List the five principles of an HRO.
3. Verbalize HRO communication tools.
4. Implement HRO communication tools into practice.
5. Understand how HRO implementations aligns with the quintuple aim of Healthcare.

High Reliability Organization (HRO) Definition

HROs operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents.

Managing the Unexpected

Weick & Sutcliffe

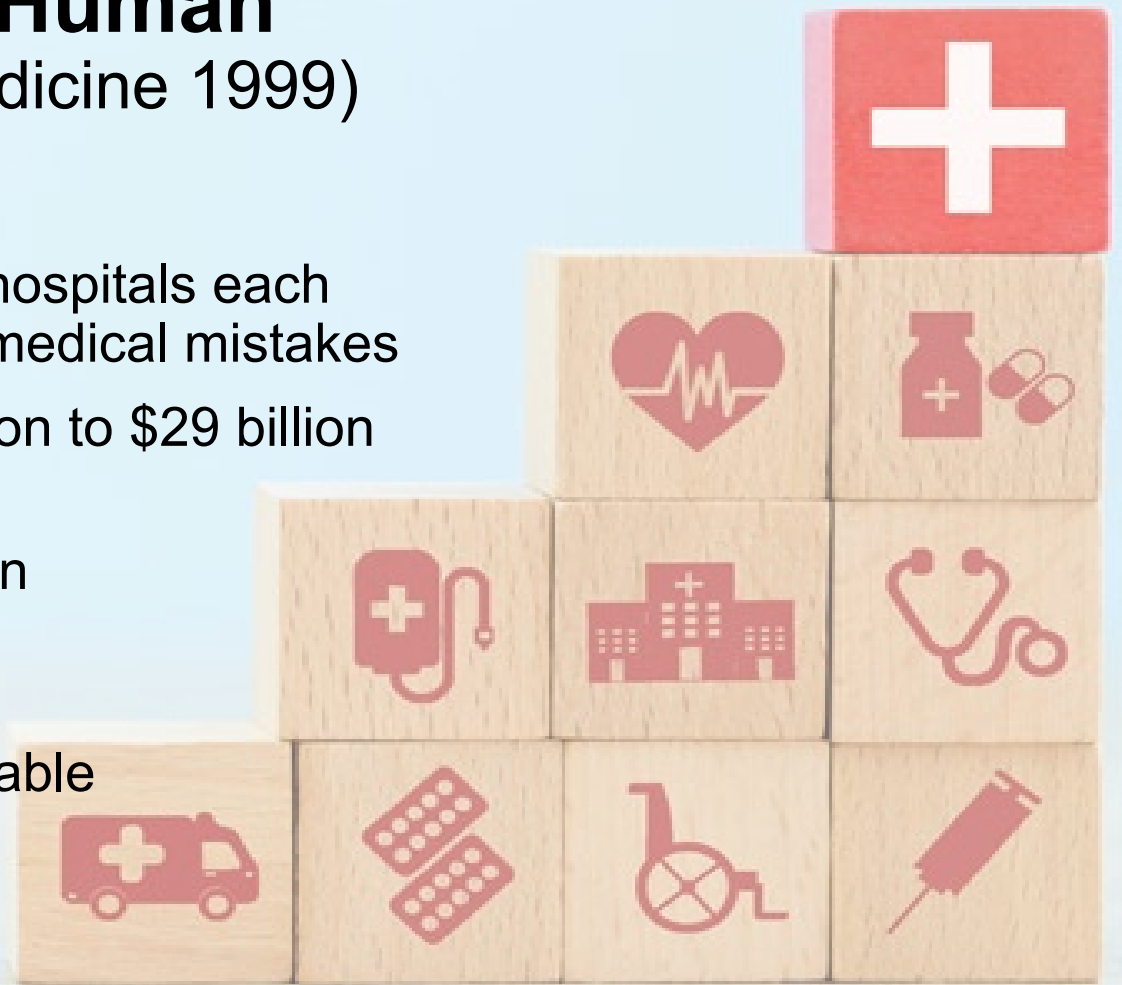


To Err is Human

(Institute of Medicine 1999)

Reported that:

- 44,000 to 98,000 people die in hospitals each year as a result of preventable medical mistakes
- Mistakes cost hospitals \$17 billion to \$29 billion yearly
- Individual errors are not the main problem
- Faulty systems, processes, and other conditions lead to preventable errors



Our “Why” for the HRO Journey

1. To support our mission, vision, and values at Harris Health.
2. At the patient level: health outcomes and patient experience.
3. At the employee level: psychological safety, partnership, respect, and employee experience.
4. At the organization level: shared leadership, better outcomes, and improved health for our community.
5. To meet the goals of the Quintuple Aim for Healthcare Improvement: Improving population health, enhancing the care experience, reducing costs, addressing clinician wellbeing, advancing health equity.

Have you or a loved one been harmed in a healthcare setting?



Classic Examples of HRO



Nuclear Power Plants

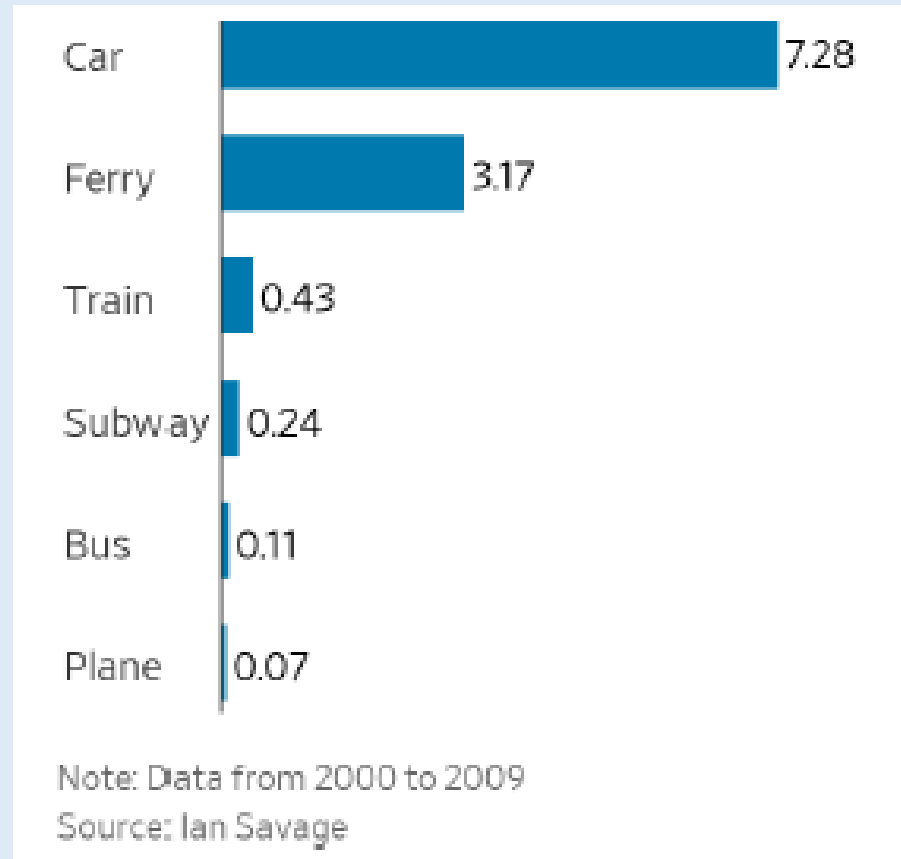


Air Traffic Control



Aircraft Carriers

Passenger Fatalities per Billion Miles



HIGH RELIABILITY MODEL FOR HEALTHCARE



Leadership

**Commitment
to zero harm**



Safety Culture

**Empowering staff
to speak up**



**Robust Process
Improvement**

**Systematic, data drive
approach to complex
problem solving**

Chassin MR, Loeb JM. High-Reliability Health Care: Getting There from here. MILB Q 3;91(3):459-90

US Safety Board Determines DC Metro Crash Was Failure of Both Track Circuits and Safety Culture
 By Robert Charette
 Posted 29 Jul 2010 | 16:07 GMT

NTSB blames poor safety culture to deadly Amtrak crash
 BY MELANIE ZANONA - 11/14/17 04:15 PM EST

Asiana Airlines seeks cockpit culture changer after U.S. crash
 SEQUIL Mon Feb 10, 2014 2:48am EST

Veterans Affairs Chief Calls Culture Change Key to Health Care
 The New York Times
 By JADA F. SMITH NOV 6, 2014

THE WALL STREET JOURNAL. GM Takes Blame Vows Culture Shift

BP Oil Spill: Engineering Experts Attack Industry Safety Culture
 By SETH BORENSTEIN | 12/14/11 01:35 PM ET | AP

Our Goal - Zero



Preventable Harm

Five Principles of High Reliability Organizations



1 Preoccupation with Failure

- HROs focus on failure.
- They focus on anomalies that could be symptoms of a larger problem.
- They look deeper into incidents to find underlying causes.
- Encourage EIRS Reporting



- HROs do not assume that the outcomes will be the same as planned.
- HROs pay close attention to operations and maintain awareness of what is and what is not working.
- HROs do not make assumptions.
- HROs ask questions.
- HROs use data to make decisions and track outcomes.



2 Sensitivity to Operations





3
**Reluctance
to Simplify**

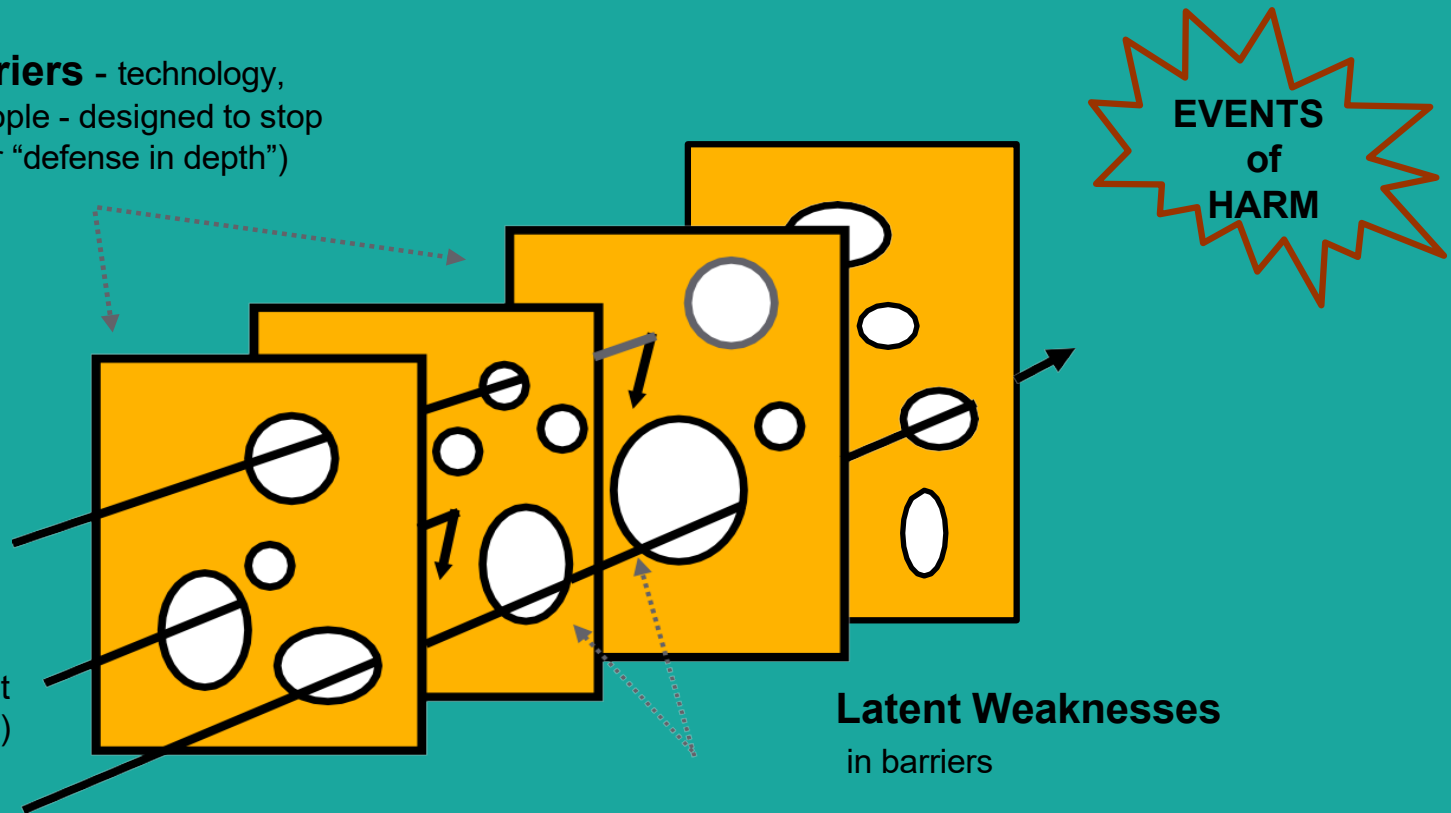
- Simple processes are good, but simplistic explanations for why things work or fail are risky.
- Avoiding overly simple explanations of failure is essential to understand the true reasons patients are placed at risk.
- Look for the “Swiss Cheese”



The Swiss Cheese Effect

Multiple Barriers - technology, processes, and people - designed to stop active errors (our "defense in depth")

Active Errors
by individuals result
in initiating action(s)



Adapted from James Reason, *Managing the Risks of Organizational Accidents* (1997)

- HROs are adaptable, learning organizations.
- Do not let failure disable your operations.
- React appropriately, even under unanticipated conditions.
- Recognize emerging anomalies by keeping an open mind.

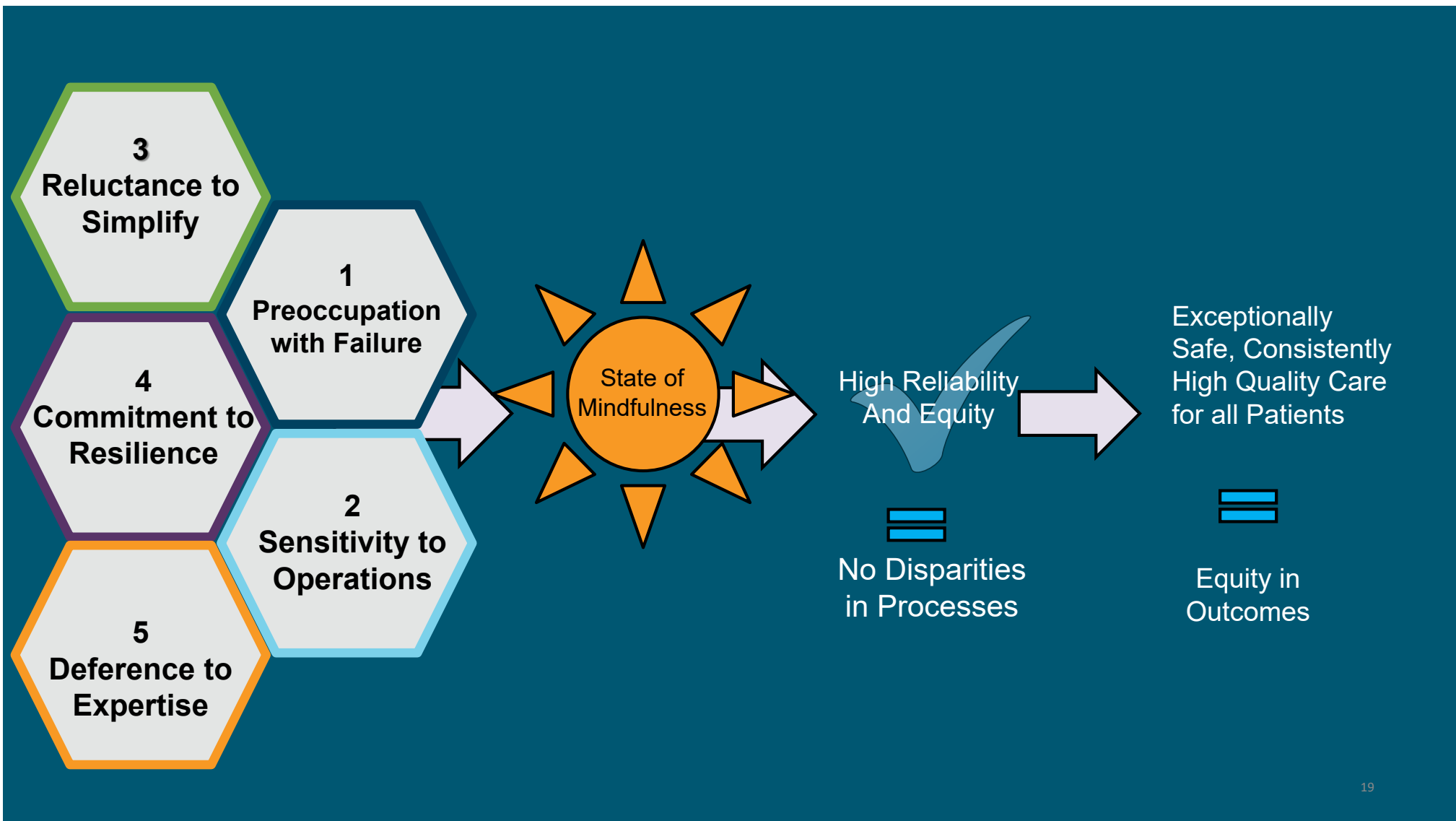


4
Commitment to Resilience

5 Deference to Expertise

- The “expert” is the person with hands-on knowledge of the operation at the point of failure.
- Give your experts access to upward reporting.
- Leaders must listen to those experts, regardless of seniority.



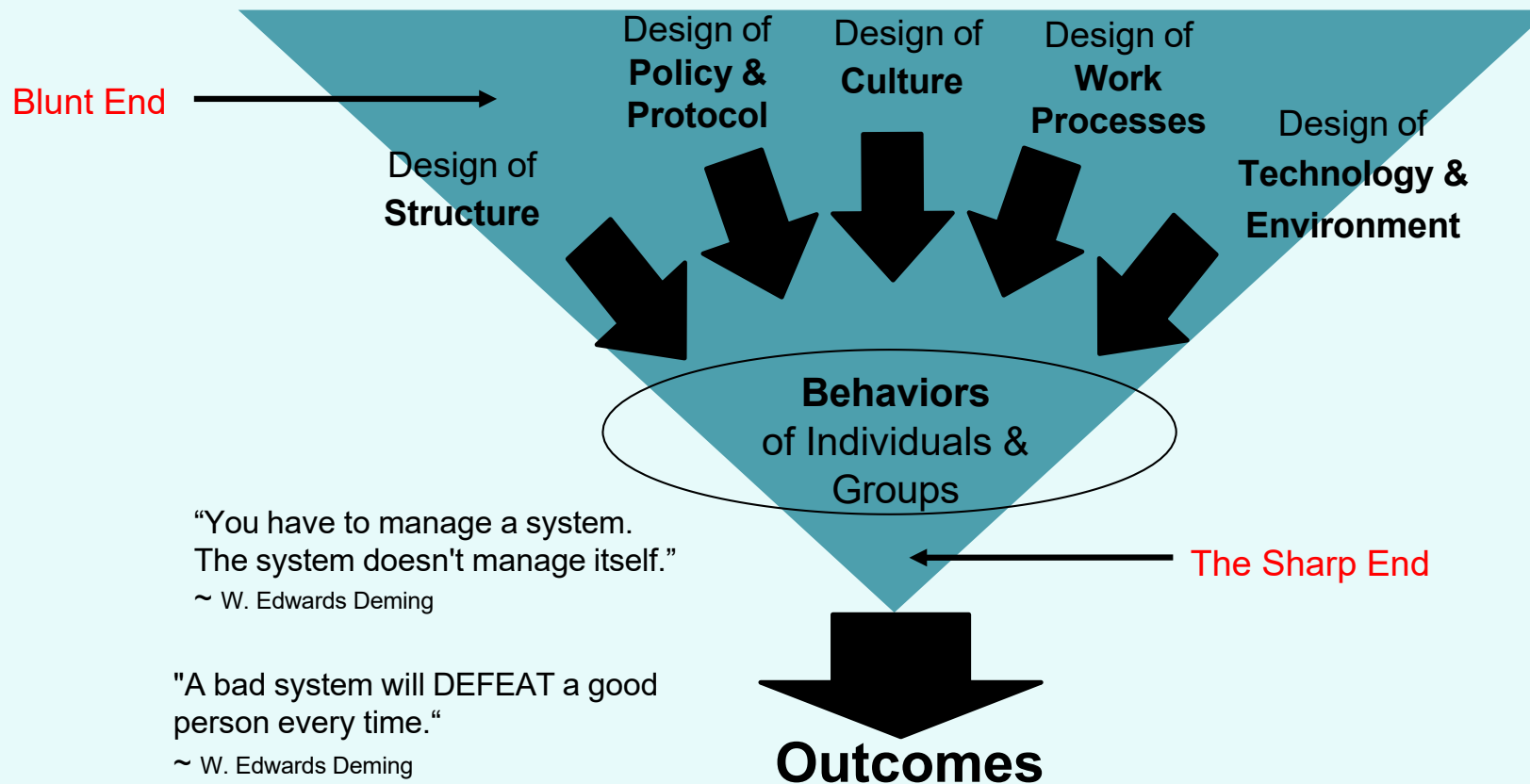


Integration of HRO and Just and Accountable Culture

Clear lines are drawn between human error, at-risk, and reckless behaviors.

Human Error <i>Product of our current system design.</i>	At-Risk Behavior <i>A Choice. Risk believed insignificant or justified.</i>	Reckless Behavior <i>Conscious disregard of unjustifiable risk.</i>
Manage through changes to:	Manage through	Manage through
<ul style="list-style-type: none"> • Processes • Procedures • Training • Design • Environment 	<ul style="list-style-type: none"> • Removing incentives for at-risk behaviors • Creating incentives for healthy behaviors • Increasing situational awareness 	<ul style="list-style-type: none"> • Remedial action • Disciplinary action
Accept and Console	Coach	Disciplinary Sanction

Systems also contribute to human error



Adapted from R. Cook and D. Woods, *Operating at the Sharp End: The Complexity of Human Error* (1994)

© 2006 Healthcare Performance Improvement, LLC. ALL RIGHTS RESERVED.



Sharp end: Safety is up to us

"At the sharp end, there is almost always a discretionary space into which no system improvement can completely reach. Systems cannot substitute the responsibility borne by individuals within that space." ~ Sidney Dekker

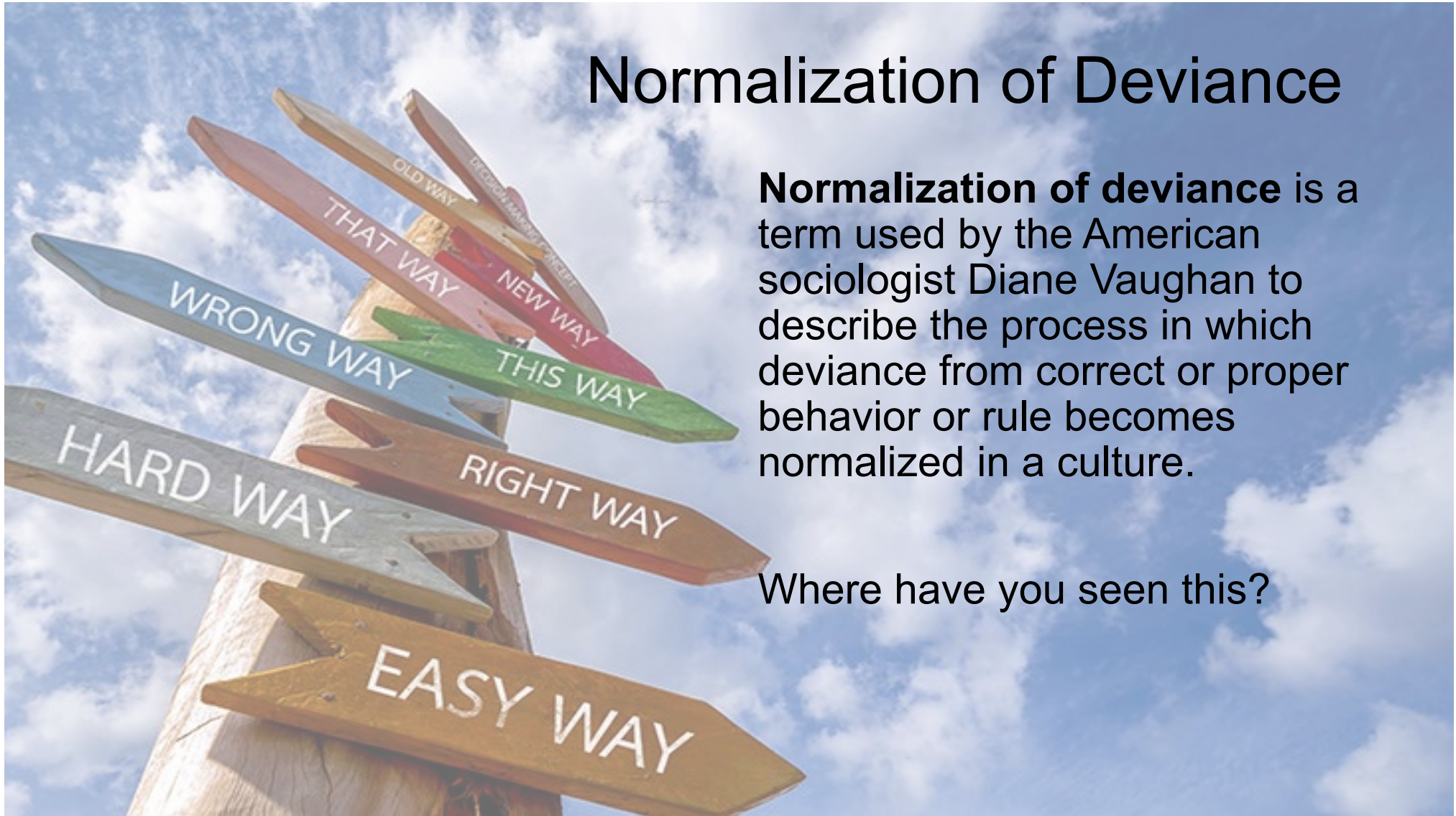
Just Culture: Balancing Safety &
Accountability

(2007)

Normalization of Deviance

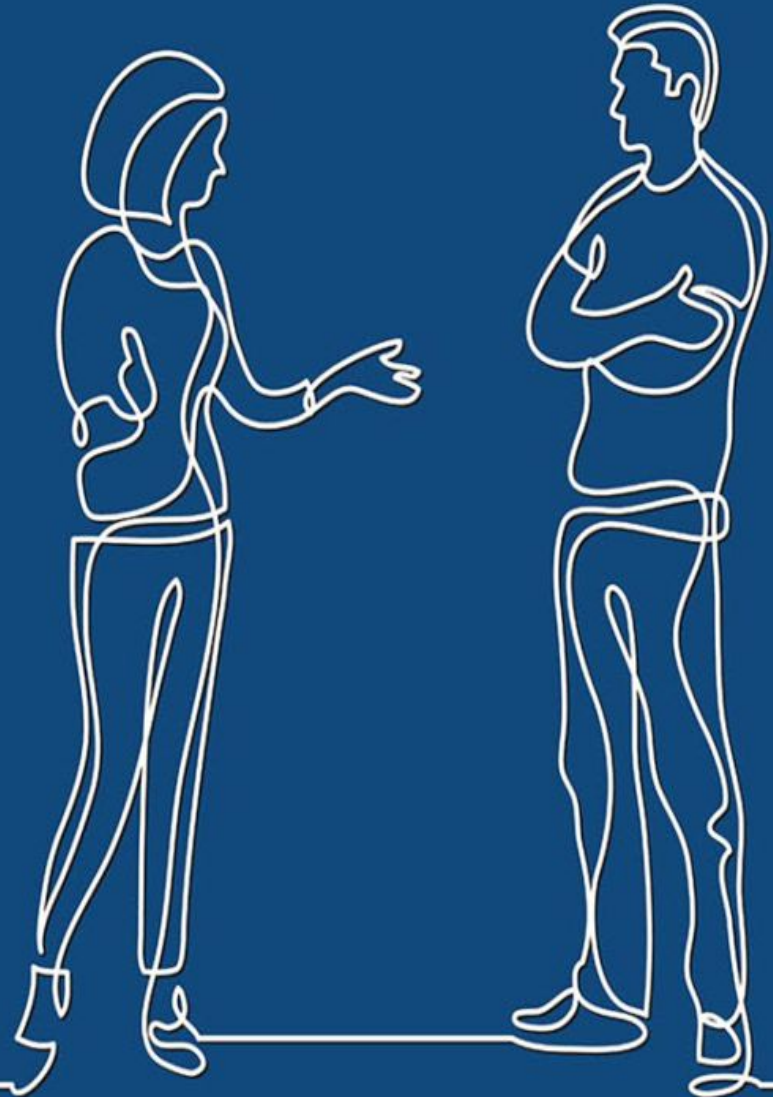
Normalization of deviance is a term used by the American sociologist Diane Vaughan to describe the process in which deviance from correct or proper behavior or rule becomes normalized in a culture.

Where have you seen this?

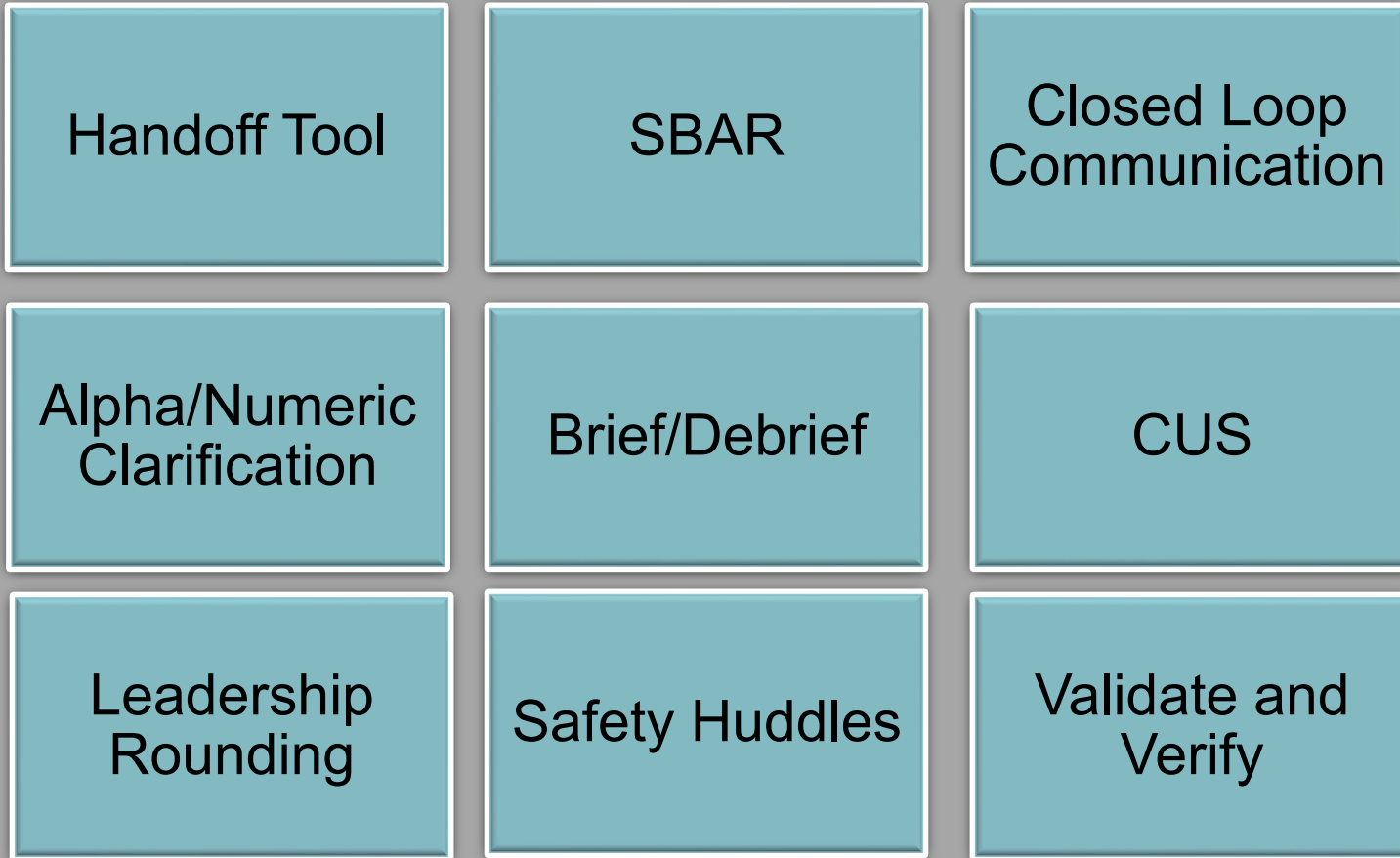


Communication

- Communication is the response you get from the message you sent regardless of its intent.
- According to **Sentinel Event** data compiled by the Joint Commission, **ineffective communication** was identified as the root cause of **66%** of reported errors.
- Communication is the lifeline of a well-functioning team.



HRO Tools



Handoff Tools

A handoff is a standardized method for transferring information, along with authority and responsibility, during transitions in patient care. They include the transfer of knowledge and information.

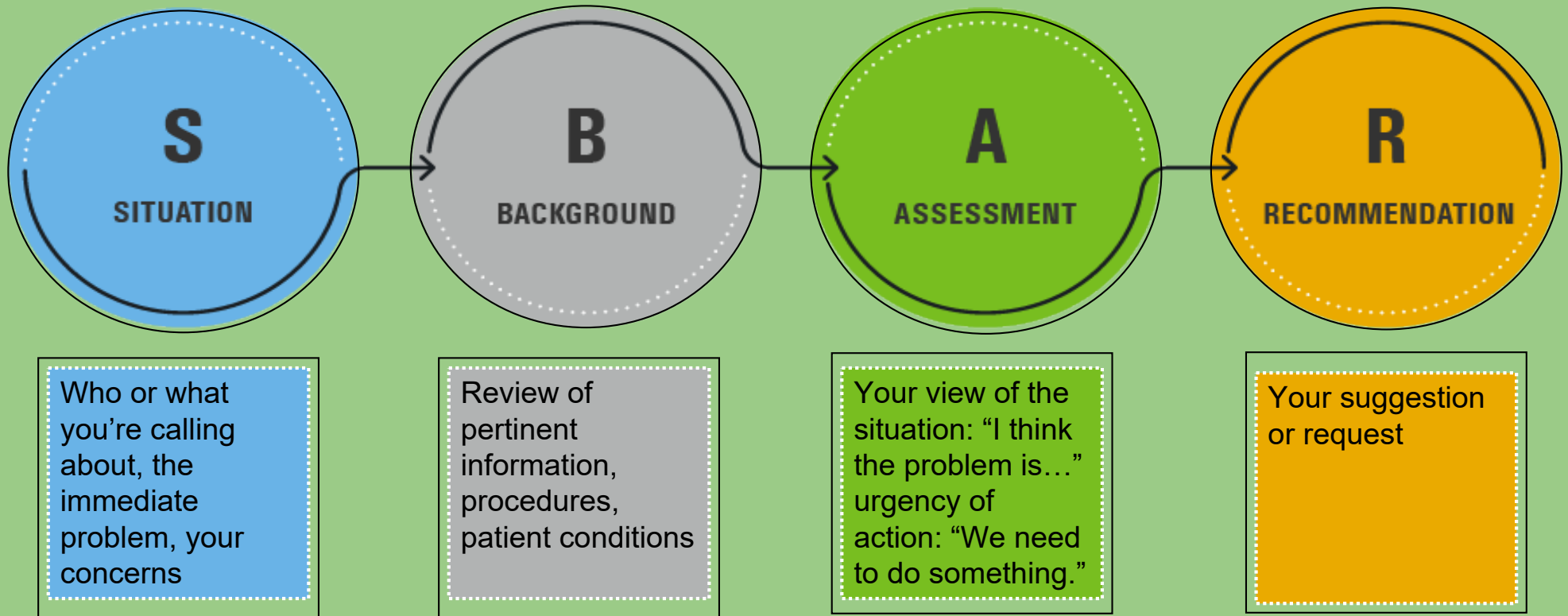
A proper handoff includes:

- Transfer of responsibility and accountability
- Clarity of information
- Appropriate communication of information

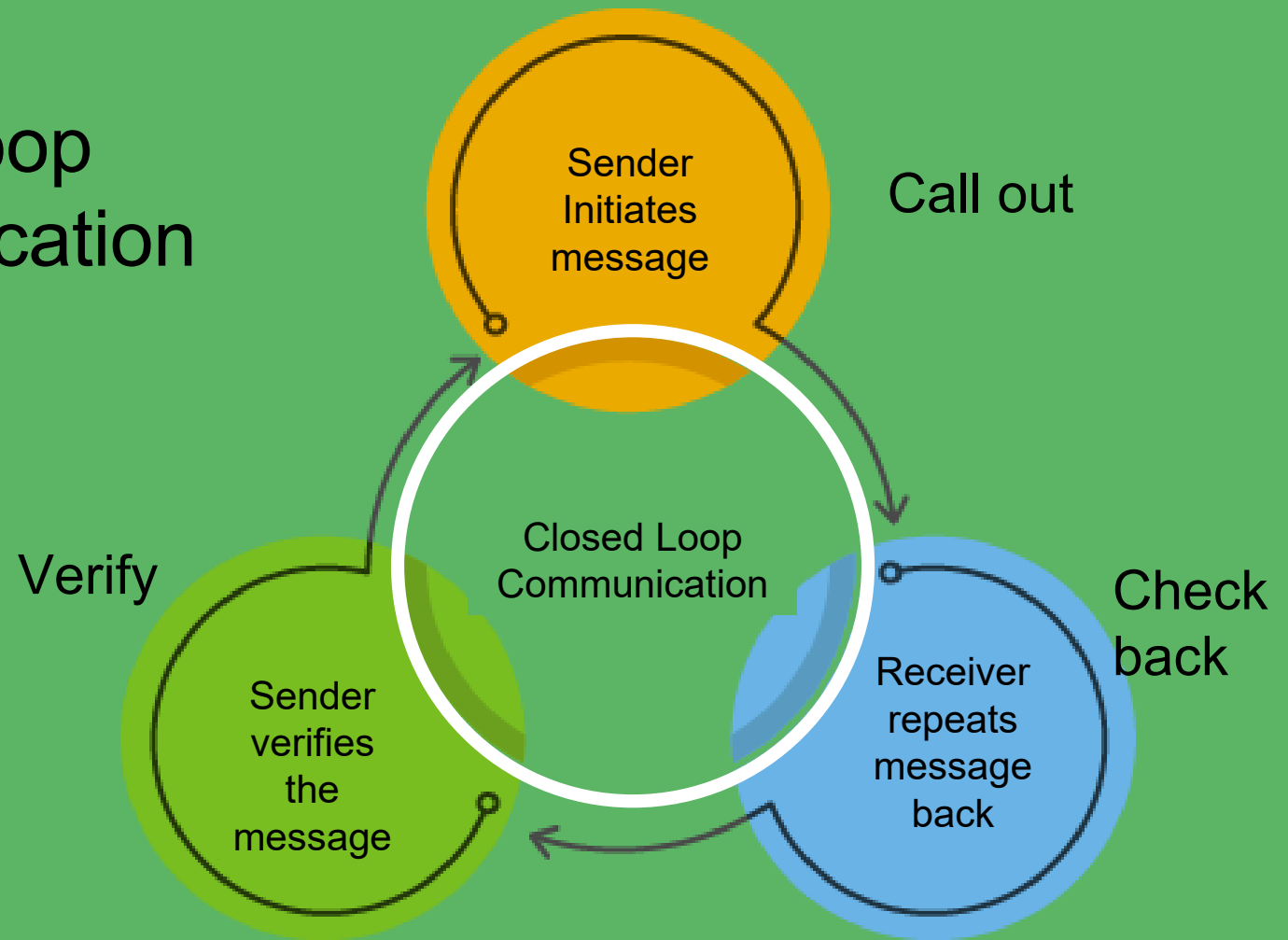
A proper handoff includes:

- Acknowledgement by receiver
- Opportunity to ask questions and review

SBAR



Closed Loop Communication



Alpha/Numeric Clarification

For *sound alike words*, say the letter followed by a word that begins with the letter.

For example:

A Alpha	J Juliet	S Sierra
B Bravo	K Kilo	T Tango
C Charlie	L Lima	U Uniform
D Delta	M Mike	V Victor
E Echo	N November	W Whiskey
F Foxtrot	O Oscar	X X-Ray
G Golf	P Papa	Y Yankee
H Hotel	Q Quebec	Z Zulu
I India	R Romeo	

For *sound alike numbers*, say the number and then speak each digit of the number.

For example:

15...that's one five

50...that's five zero

Brief/Debrief



BRIEF

Routinely before the start of a shift, a planned procedure or an emergent event, a brief can help bring everyone up to speed on responsibilities, expectations and contingencies. Develop a checklist for your team to go over responsibilities, expectations, resources, contingencies and any lingering questions during the brief.



DEBRIEF

Coming together can help the team process what happened and identify what went well, what could be improved and one thing to do differently next time.

CUS

A responsibility we have to protect in a manner of mutual respect. Use the lightest touch possible.



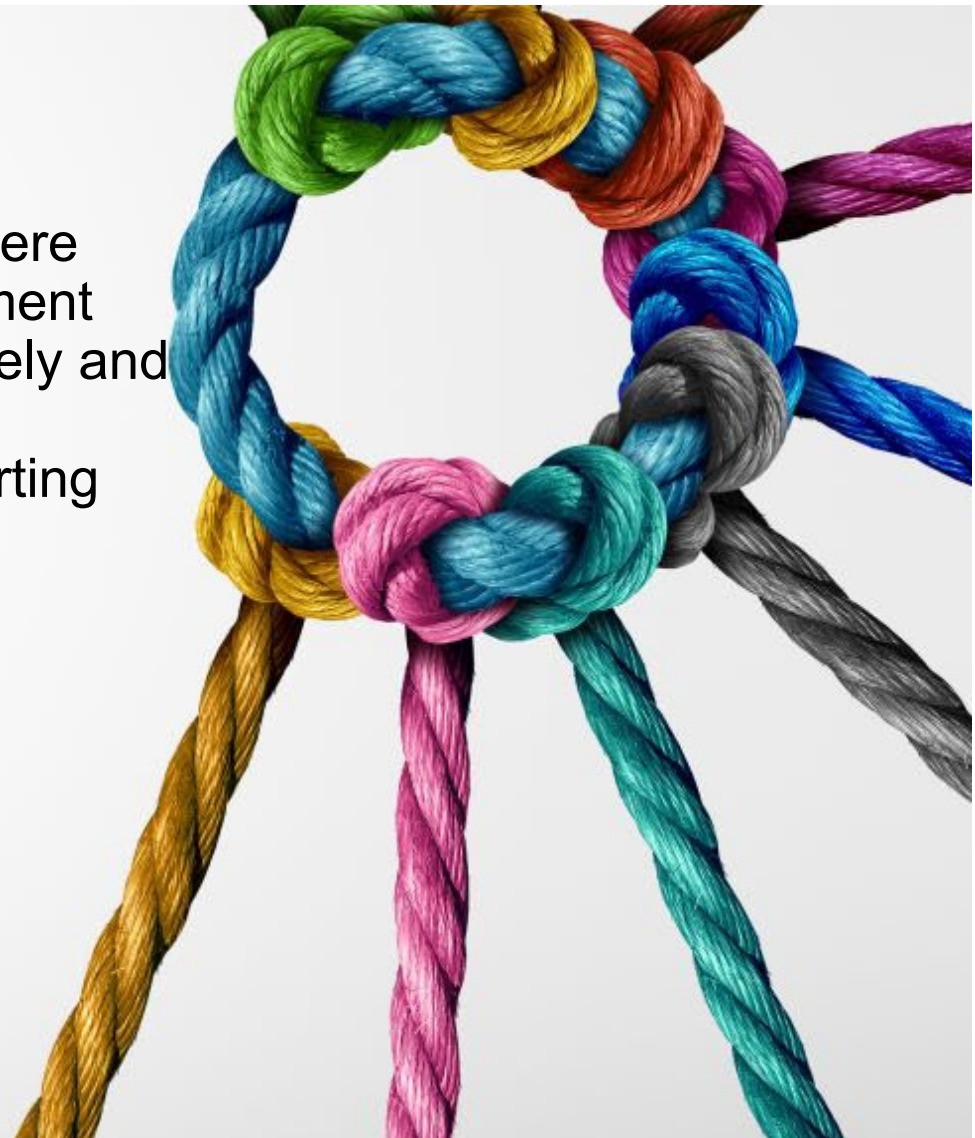
If no success...
Use chain of command

Leadership Rounding

Leadership rounding is a process where leaders (e.g., administrators, department heads, and nursing leaders) proactively and purposefully engage with all staff by listening, communicating, and supporting them.

It is an effective method to:

- Collect vital information
- support and engage staff
- validate key behaviors
- identify issues
- reward and recognize good work.



Huddle Boards

Today's Date: 3/3/22

- 📍 Safety
- 🟢 Methods/Processes
- 🔴 Equipment
- 🟢 Supplies
- 🟡 Staffing

🌟 Recognitions

TIER 1 HUDDLE

ONE HARRIS HEALTH	INFRASTRUCTURE OPTIMIZATION	PEOPLE	POPULATION HEALTH MANAGEMENT	QUALITY/PATIENT SAFETY

Announcements

IDEA MANAGEMENT

Write your idea here →

To Do:

- 1. Review...
- 2. Update...
- 3. Complete...

In Progress:

- 1. Review...
- 2. Update...
- 3. Complete...

Completed:

--	--	--	--

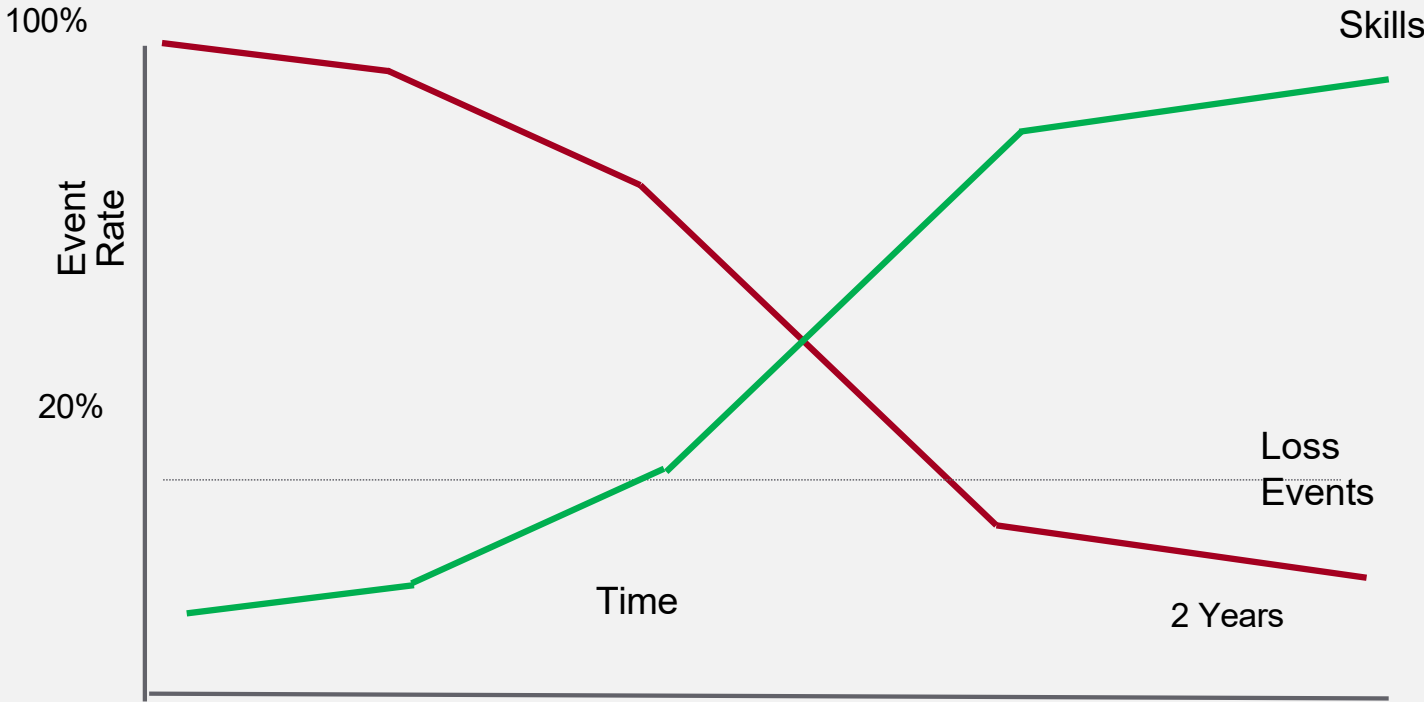


- Does it make sense to me?
- Is this what I expected?
- Does this information “fit-in” with my past experience?

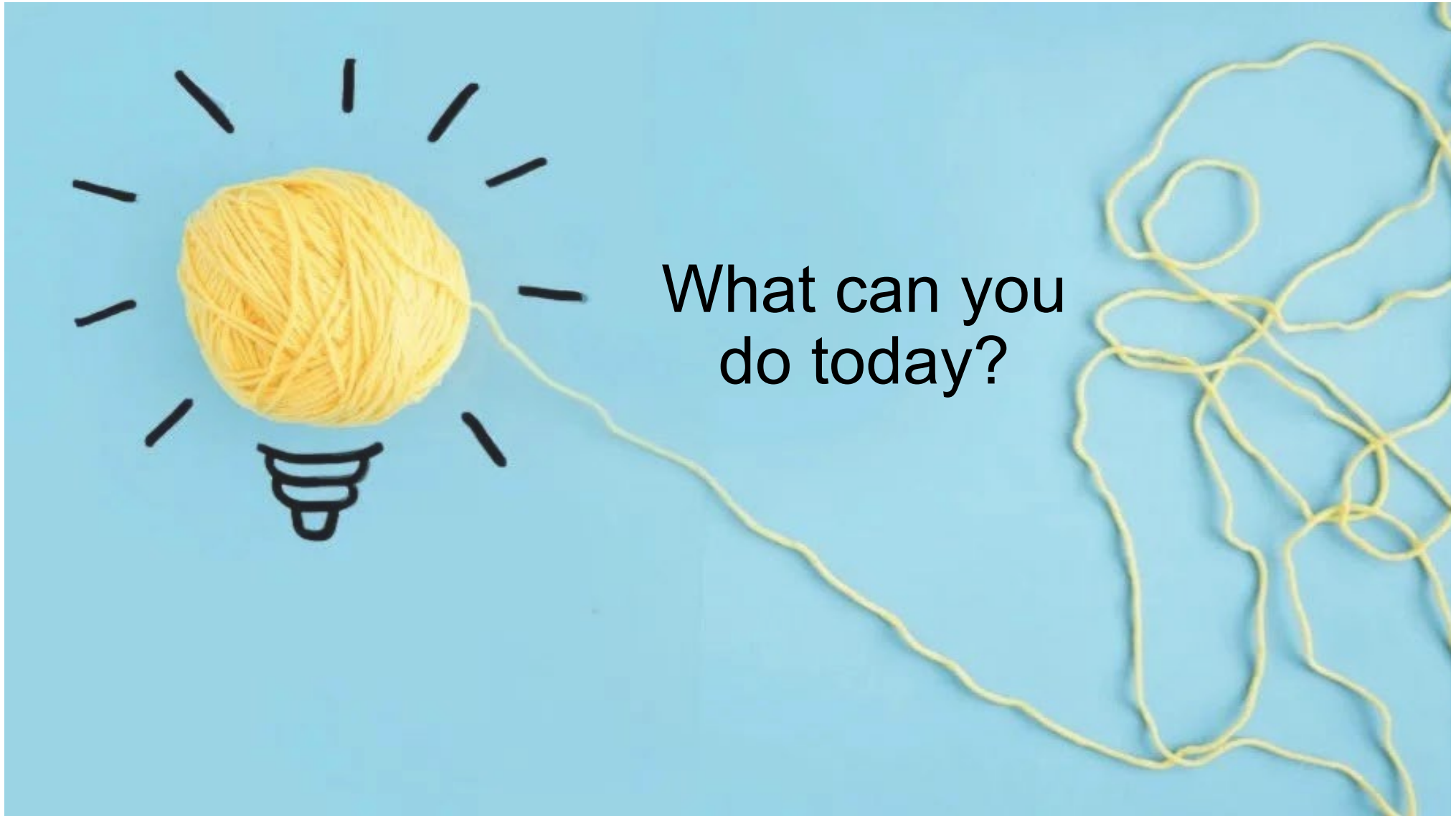
Check it with an independent, expert source

- Patient
- Technology
- Professionals
- Procedures & References
- Medical Record Documentation

Training doesn't increase safety and reliability.
Good practice habits with risk-based thinking
increase safety and reliability.



© 2006 Healthcare Performance Improvement, LLC. ALL RIGHTS RESERVED.



What can you
do today?

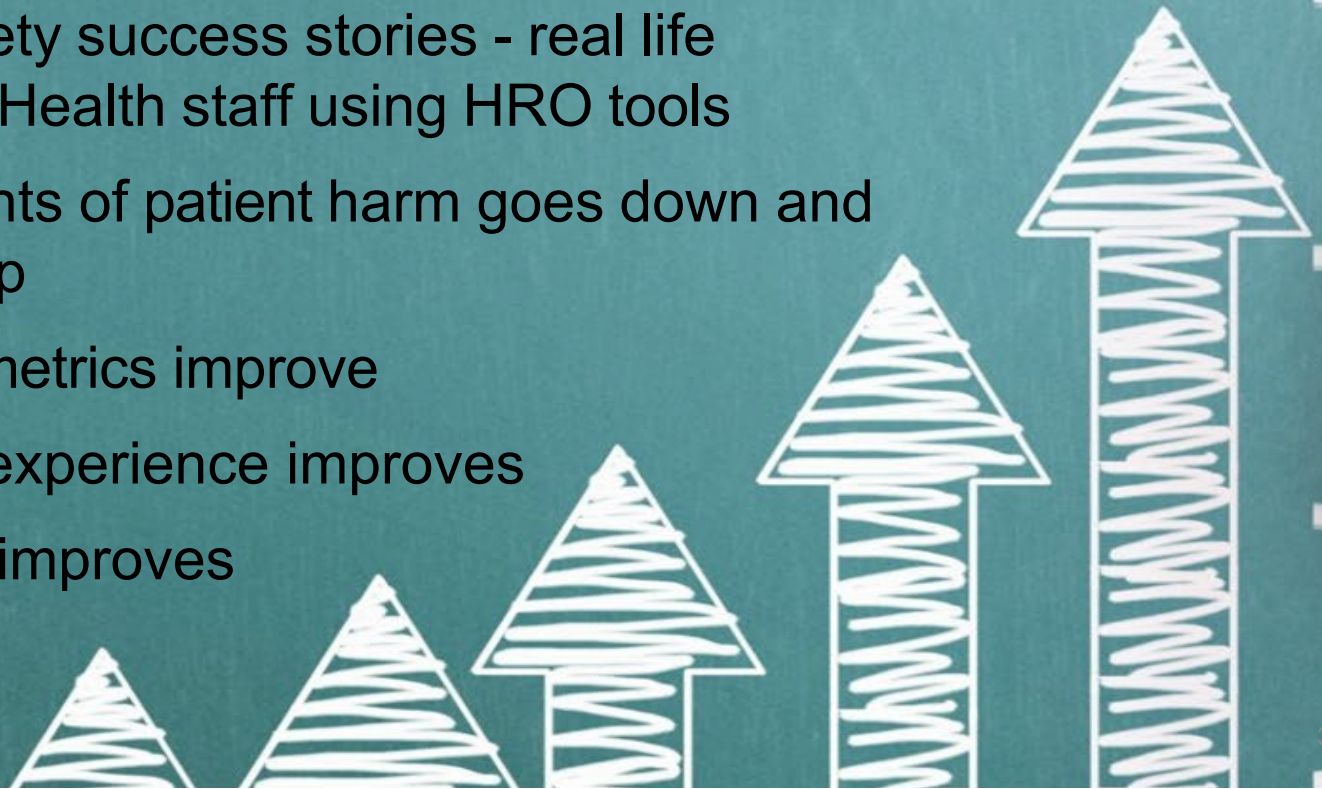
When you leave here today...

1. Encourage speaking up for safety and use of the Electronic Information Reporting System – EIRS.
2. Encourage and Model the HRO communication tools in daily work rounds.
3. Create psychological safety for Nurses and Trainees. (Escalation)
4. Cultivate the culture in your area!



How do we know when we've arrived?

- We observe and hear everyone using our high reliability tools
- We learn about safety success stories - real life examples of Harris Health staff using HRO tools
- The number of events of patient harm goes down and error free days go up
- Quality and safety metrics improve
- Physician/Nursing experience improves
- Patient experience improves





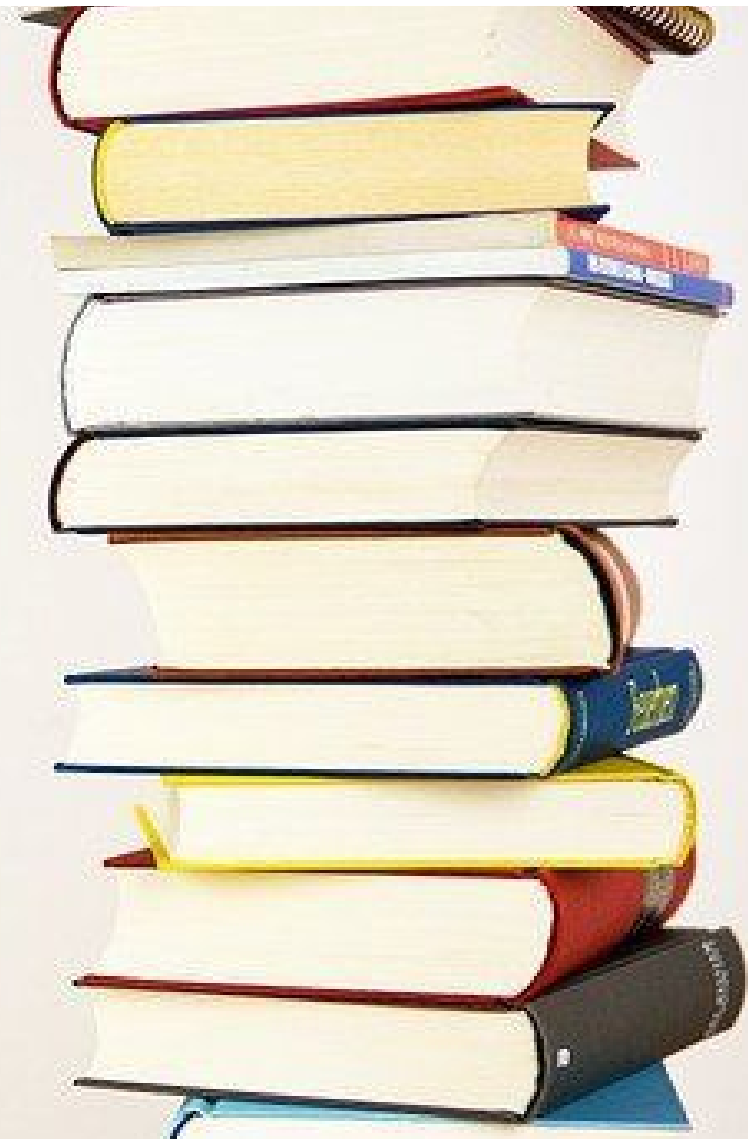
**THE JOURNEY OF
A THOUSAND
MILES BEGINS WITH
ONE STEP.**

- LAO TZU



Resources

- AHA Center for Health Innovation:
<https://www.aha.org/center/project-firstline/teamstepps-video-toolkit>
- <https://blog.kainexus.com/improvement-disciplines/hro/5-principles>
- <https://www.slideshare.net/LowersAssociates/what-makes-a-high-reliability-organization>
- Weick & Sutcliffe (2007). *Managing the Unexpected*, 2nd Edition
- [AHA TeamSTEPPS Video Toolkit | Project Firstline | AHA](#)



Fair Use Act Disclaimer

This presentation is for scholarship and commentary purposes only.

Under § 107 of the Copyright Act of 1976, Copyright Disclaimer allowance is made for “fair use” for purposes such as criticism, comment, news reporting, teaching, scholarship, education and research.

Fair use is a doctrine in United States copyright law that allows limited use of copyrighted material without requiring permission from the rights holders, such as commentary, criticism, news reporting, research, teaching or scholarship.