BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH SYSTEM

Thursday, June 23, 2022
8:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, TX 77401
The meeting may be viewed online: http://harrishealthtx.swagit.com/live.

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

Mission

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

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Arthur Bracey**	**2 min**
II.	**Approval of the Minutes of Previous Meeting**	**Dr. Arthur Bracey**	**2 min**
	• Board Meeting – May 26, 2022		
III.	**Announcements / Special Presentations**	**Dr. Arthur Bracey**	**11 min**
	A. CEO Report Including Special Announcements – *Dr. Esmaeil Porsa*		*(8 min)*
	• Announcement of New Senior Leadership • DNV Survey • Juneteenth Celebration Activities • Memorial Day Recognition Event • Casa de Amigos Health Center Ribbon Cutting		
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements		*(3 min)*
IV.	**Public Comment**	**Dr. Arthur Bracey**	**3 min**
V.	**Executive Session**	**Dr. Arthur Bracey**	**15 min**
	A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff ***– Dr. Steven Brass, Dr. Yashwant Chathampally and Dr. John Foringer*** **[Strategic Pillar 1:** Quality and Patient Safety**]**		*(10 min)*

B. Report Regarding Correctional Health Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff ***– Dr. Otis Egins*** *(5 min)*
[Strategic Pillar 1: Quality and Patient Safety**]**

VI. Reconvene to Open Meeting — **Dr. Arthur Bracey** — **1 min**

VII. General Action Item(s) — **Dr. Arthur Bracey** — **6 min**
[Strategic Pillar 1: Quality and Patient Safety**]**

A. General Action Item(s) Related to Quality: Medical Staff

1. Consideration of Acceptance of the Medical Executive Board Report to Include Notice of Appointments and Selection of New Service Chiefs ***– Dr. John Foringer*** *(2 min)*
2. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff ***– Dr. John Foringer*** *(2 min)*

B. General Action Item(s) Related to Quality: Correctional Health Medical Staff

1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff ***– Dr. Otis Egins*** *(2 min)*

VIII. New Items for Board Consideration — **Dr. Arthur Bracey** — **25 min**

A. Consideration to Ratify the Following Five Grant Agreements Awarded to Harris Health System from the Harris County Hospital District Foundation for a Total of $45,900,000 in Unprecedented Restricted Cash Grants: ***– Board of Trustees*** *(5 min)*

1. Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) and Hospital Complex – $30,000,000
2. Proceeds of the 2020 Ben Taub Humanitarian Award Jubilee of Caring for the Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) - $900,000
3. Casa De Amigos Clinic Renovation and Expansion Project - $5,000,000
4. Quentin Mease Renovation Project - $5,000,000
5. Lyndon B. Johnson Hospital Complex - $5,000,000

B. Consideration of Approval of a Resolution Regarding Internal Control Environment for the Community Health Choice Component Units ***– Mr. Chris Clark, FORVIS Representative and Ms. Victoria Nikitin*** *(5 min)*

C. Presentation of the Harris Health System Independent Auditor's Report and Overview for the Fiscal Year Ended February 28, 2022 ***– Mr. Chris Clark, FORVIS Representative and Ms. Victoria Nikitin*** *(15 min)*

1. Consideration of Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2021 and 2020

2. Consideration of Acceptance of the Harris County Hospital District Pension Plan Independent Auditor's Report and Financial Statements for the Years December 31, 2021 and 2020

3. Consideration of Acceptance of the Harris Health System Single Audit Reports of Federal and State Award Programs for the Fiscal Year Ended February 28, 2022

4. Consideration of Acceptance of the Harris Health System Independent Auditor's Report and Financial Statements for the Fiscal Years Ended February 28, 2022 and 2021

IX. Strategic Discussion — **Dr. Arthur Bracey** — **85 min**

A. Harris Health System Strategic Plan Initiatives

1. Update Regarding Ambulatory Care Services Clinic Alignment Strategy *(15 min)*
– Dr. Jennifer Small
[Strategic Pillar 5: Infrastructure Optimization**]**

2. Presentation and Consideration of Approval of Harris Health's Master Planning Phase 3 Project Recommendations for Ben Taub and LBJ Hospitals *(15 min)*
– Mr. David Attard, Dr. Glorimar Medina and Ms. Patricia Darnauer
[Strategic Pillar 5: Infrastructure Optimization**]**

3. Presentation and Introduction of Clark/Linbeck, Joint Venture, Regarding Harris Health's Recommendation for Construction Manager at Risk (CMAR) Services for the LBJ Replacement Hospital Project *(15 min)*
– Mr. David Attard and Clark/Linbeck Representatives
[Strategic Pillar 5: Infrastructure Optimization**]**

4. Presentation Regarding Bond Referendum Planning Timeline *(15 min)*
– Ms. Maria Cowles and Mr. Jay Aiyer
[Strategic Pillar 5: Infrastructure**]**

5. Presentation Regarding Public Opinion on Harris Health Name Recognition *(15 min)*
– Ms. Amanda Callaway and Creative Consumer Research (CCR) Representatives
[Strategic Pillar 2: People**]**

6. Update Regarding Development of Harris Health's Minority and Women Owned Business Enterprise (M/WBE) Program *(10 min)*
– Mr. Michael Hill
[Strategic Pillar 3: One Harris Health**]**

X. Consent Agenda Items — **Dr. Arthur Bracey** — **5 min**

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A61) ***– Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office***
(See Attached Expenditure Summary: June 23, 2022)

B. Consent Committee Approval Recommendations

1. Consideration of Approval of the Annual 2022 Review of the Harris Health Quality Manual ***– Dr. Steven Brass***

2. Consideration of Approval of the 2022 Harris Health Patient Safety Plan ***– Dr. Steven Brass***

3. Consideration of Approval of the Annual Neonatal Programs Executive Reports for Ben Taub and Lyndon B. Johnson Hospitals ***– Ms. Carolynn Jones***

C. Consent Items for Board Approval

1. Consideration of Approval to Convey a Non-Exclusive Utility Easement and Right of Way to Verizon Wireless at Ben Taub Hospital, 1504 Ben Taub Loop, Houston, Harris County, Texas ***– Mr. David Attard***

2. Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on Behalf of Patient Access Management, in an Amount Not to Exceed $250,000 for Designated Onsite Eligibility Advisors ***– Ms. Victoria Nikitin***

3. Consideration of Approval to Enter into a First Amendment to Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston ***– Dr. Jennifer Small***

4. Consideration of Approval to Enter into a Second Amendment to Dental Services Agreement with The University of Texas Health Science Center at Houston ***– Dr. Jennifer Small***

5. Consideration of Approval of Payment for the Contracted Services for UT Health for the Contract Year Ended June 30, 2023 ***– Mr. Louis Smith and Ms. Victoria Nikitin***

6. Consideration of Approval of Payment for the Contracted Services for Baylor College of Medicine for the Contract Year Ended June 30, 2023 ***– Mr. Louis Smith and Ms. Victoria Nikitin***

7. Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Texas Workforce Commission in an Amount Not to Exceed $30,000 to Provide Harris Health Access to Obtain Wage Information and Unemployment Benefits for Harris Health Financial Assistance Program Applicants ***– Ms. Victoria Nikitin***

D. Consent Reports and Updates to Board

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System ***– Mr. R. King Hillier***

2. Harris Health System Council-At-Large Meeting Minutes ***– Mr. Louis Smith***

   - June 13, 2022

   {End of Consent Agenda}

XI. Item(s) Related to the Health Care For the Homeless Program — **Dr. Arthur Bracey** — **10 min**
[Strategic Pillar 1: Quality and Patient Safety**]**

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

- HCHP June 2022 Operational Update

B. Consideration of Approval of HCHP 2022 1st Quarter Patient Satisfaction Report ***– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge***

C. Consideration of Approval of HCHP UDS Service Details Report ***– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge***

D. Consideration of Approval of HCHP 2022 1st Quarter Quality Management Report ***– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge***

XII. Item(s) Related to Ambulatory Surgical Center at LBJ Governing Body — **Dr. Arthur Bracey** — **2 min**

A. Consideration of Approval to Remove Board of Trustee Member from the Ambulatory Surgical Center at LBJ Governing Body ***– Board of Trustees***

- One (1) Board Member:
  1. Professor Marcia Johnson

XIII. Executive Session — **Dr. Arthur Bracey** — **70 min**

C. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session — *(10 min)*
– Ms. Carolynn Jones
[Strategic Pillar 1: Quality and Patient Safety**]**

D. Discussion Regarding Financial Planning Information for Community Health Choice, Inc. and Community Health Choice, Texas, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session ***– Ms. Victoria Nikitin*** — *(20 min)*

E. Consultation with Attorney Regarding the Harris County Hospital District Foundation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session ***– Ms. Sara Thomas*** — *(10 min)*

F. Discussion Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov't Code Ann. §551.074, Including Approval of CEO Evaluation Framework Upon Return to Open Session ***– Board of Trustees*** — *(20 min)*

G. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085 *(5 min)*
– Ms. Sara Thomas, Mr. Louis Smith and Mr. Michael Hill

H. Consultation with Attorney Regarding Ambulatory Care Services, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085 *(5 min)*
– Mr. Louis Smith, Dr. Jennifer Small and Ms. Sara Thomas

XIV.	**Reconvene**	**Dr. Arthur Bracey**	**2 min**
XV.	**Adjournment**	**Dr. Arthur Bracey**	**1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Board Meeting
Thursday, May 26, 2022
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	The meeting was called to order at 8:00 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of Previous Meeting	• Board Meeting – April 28, 2022	**Motion No. 22.05-63** **Moved by Ms. Alicia Reyes seconded by Ms. Mia Mends, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.**
III. Announcements/ Special Presentations	**A. CEO Report Including Special Announcements** Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive, stated that the DAISY (Diseases Attacking the Immune System) Foundation was established in 1999, by the family of J. Patrick Barnes who died at the age of 33 from complications of Idiopathic Thrombocytopenia Purpura (ITP). "The Healer's Touch" sculpture symbolizes the relationship between nurses, patients, and families. It is a serpentine stone sculpture which has been hand carved by artists of the Shona People in Zimbabwe. The sculpture is especially meaningful because of the profound respect the Shona people pay their traditional healers. Dr. Brock expressed her thanks to Harris Health nursing heroes for going above and beyond helping patients and their families during these challenging times. Dr. Esmaeil Porsa, Harris Health System President and Chief Executive Officer (CEO), reported that Harris Health has maintained a steady state of low-level transmission of COVID-19 cases across the system. Dr. Porsa announced that Harris Health has named Ms. Jobi Martinez, PhD, as its first Vice President and Chief Diversity Officer. Dr. Martinez brings a wealth of knowledge and expertise to Harris Health that will help achieve its Diversity, Equity and Inclusion (DEI) goals.	**As reported.**

	In addition, Dr. Porsa recognized Mr. George T. "Buddy" Hickman as Interim Chief Information Officer. Mr. Hickman's work includes improving market and service line strategies, industry presence, assuring performance metrics and shaping offerings.	
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.	**There were no Board member announcements.**
IV. Public Comment	Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, presented to the Board concerns regarding employee retiree health benefits, wage disparity, as well as engaging community members in the decision making process. She urged the Board to review and re-evaluate how these issues are being addressed.	
V. Executive Session	At 8:12 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov't Code Ann. §551.071, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.	
	A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.	**No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.**
	B. Report Regarding Correctional Health Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff.	**No Action Taken.**
	C. Update on Harris Health Minority and Women Owned Business Enterprise (M/WBE) Policy, Pursuant to Tex. Gov't Code Ann. §551.071.	**No Action Taken.**
VI. Reconvene to Open Meeting	At 8:39 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.	

VII. General Action Item(s)	**A.** General Action Item(s) Related to Quality: Medical Staff 1. Acceptance of the Medical Executive Board Report to Include Notice of Appointments and Selection of New Service Chiefs. A copy of the MEB report is available in the permanent record.	**Motion No. 22.05-64** **Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	2. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff. There were seven (7) temporary privileges, sixteen (16) initial appointments, seventy-eight (78) reappointments, fifteen (15) change/add privileges and ten (10) resignations. A copy of the report is available in the permanent record.	**Motion No. 22.05-65** **Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried. Dr. Arthur Bracey recused on this matter related to Baylor College of Medicine.**
	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff 1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff There were three (3) initial appointments. A copy of the report is available in the permanent record.	**Motion No. 22.05-66** **Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**
VIII. Consent Agenda Items	**A. Consent Purchasing Recommendations** 1. Approval of Purchasing Recommendations (Items A1 through A57) Dr. Bracey noted that Purchasing's Transmittals (B1 through B12) are not for approval. A copy of the purchasing recommendations is available in the permanent record.	**Motion No. 22.05-67** **Moved by Dr. Ewan Johnson seconded by Dr. Andrea Caracostis, and majority passed that the Board approve purchasing recommendations (Items A1 through A57). Motion carried. Professor Marcia Johnson and Ms. Jennifer Tijerina opposed this motion. Dr. Arthur Bracey recused on this matter related to BCM (Item A39).**
	Dr. Bracey stated that the following consent agenda items were discussed at length during the May Board Committee meetings. He noted that Consent Agenda items VIII.E.1 – 4 are reports and updates only and were presented in the Board packet for informational purposes only.	

	B. Consent Committee Approval Recommendations 1. Acceptance of the Harris Health System Fourth Quarter Fiscal 2022 Investment Report 2. Acceptance of the Harris County Hospital District First Quarter 2022 Pension Plan Report 3. Approval for Additional Funding of $21,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2022	**Motion No. 22.05-68** **Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.B.1. through VIII. D.1. Motion carried.**
	C. Consent Grant Agreements 1. Approval of Grant Agreements (Item C1 through C4)	**Motion No. 22.05-68** **Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.B.1. through VIII. D.1. Motion carried.**
	D. Consent Items for Board Approval 1. Approval of the Renewal of Dr. Tien Ko's Term of Appointment as Chief of Staff for LBJ Hospital	**Motion No. 22.05-68** **Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.B.1. through VIII. D.1. Motion carried.**
	E. Consent Reports and Updates to Board 1. Harris Health System March 2022 Financial Reports Subject to Audit 2. Harris Health System April 2022 Financial Reports Subject to Audit 3. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System 4. Harris Health System Council-At-Large Meeting Minutes • April 11, 2022	**For informational purposes only - No action required.**
IX. Item(s) Related to Health Care for the Homeless Program	**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 Health Care for the Homeless Program. • **HCHP May 2022 Operational Update**	**Motion No. 22.05-69** **Moved by Dr. Ewan Johnson seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item IX.A. Motion carried.**

Dr. Jennifer Small, Interim Executive Vice President, Ambulatory Care Services, presented Health Care for the Homeless Program (HCHP) May 2022 operational update. She reported that there were 336 new adult patients and 24 new pediatric patients associated with the program. She shared that HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of April, HCHP served 2,819 unduplicated patients and completed 8,675 visits.

Dr. Small stated that the amount of unduplicated patients seen overall has trended downward due to three (3) vacant positions. However, Dr. Small shared that one (1) provider started mid-April and two (2) additional providers are expected to begin in June or early July pending credentialing. She noted that HCHP patient visits continue to remain steady compared to the prior year.

Dr. Small provided highlights of 2021 Annual Progress Report which includes:

- The HCHP completed the HRSA service area competition application with no findings and secured renewed funding for a three year period. The award was for $4,072,084 for each of the three years.
- HCHP was awarded the HRSA American Rescue Plan Act Funding for Health Centers grant for $3,895,625 to enhance and expand health services and COVID-19 services.
- HCHP was awarded the HRSA Ending the HIV Epidemic – Primary Care HIV Prevention grant for $153,194 to expand HIV prevention services.
- HCHP was awarded the HRSA American Rescue Plan Health Infrastructure Support grant for $613,179 for renovation of clinic.
- HRSA was awarded the Harris County Hospital District Foundation Small Grants Fund grant for $5,000.
- Recognized by HRSA with Community Health Quality Recognition Badges including: Health Center Quality Leaders (top 10%), Advancing Health Information Technology for Quality, COVID-19 Data Reporter, and Patient Centered Medical Home Recognition.

- Transitioned from using the HCHP patient satisfaction survey to implementing the Press Ganey survey with a 2020 average score for all sites of 3.7.

Dr. Small provided an overview of the Uniform Data System (UDS) Comparison Report and addressed several areas of improvement such as low birth weight, uncontrolled diabetes and controlled hypertension. Dr. Andrea Caracostis requested for a copy of the UDS Report and would like a presentation regarding HRSA Forms 5 A – C. Dr. Small stated that they will bring forth this information to the Board next month. In conclusion, Dr. Small presented the FY2021 Performance Evaluation for the HCHP Program Director. A copy of the operational update is available in the permanent record.

	B. Approval of the HCHP 2021 Annual Progress Report	**Motion No. 22.05-70** **Moved by Dr. Ewan Johnson seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item IX.B. Motion carried.**
	C. Approval of the HCHP 2021 UDS Comparison Report	**Motion No. 22.05-71** **Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item IX.C. Motion carried.**
	D. Approval of HCHP 2022 Shelter Based Clinic Report	**Motion No. 22.05-72** **Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item IX.D. Motion carried.**
	E. Approval of HCHP Program Director Performance Evaluation	**Motion No. 22.05-73** **Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item IX.E. Motion carried.**
X. Executive Session	At 8:56 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov't Code §551.071, Tex. Gov't Code §418.183, Tex. Gov't Code §551.085, Tex. Gov't Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.	
	D. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, Including Possible Action Regarding this Matter Upon Return to Open Session.	**No Action Taken.**

	E. Discussion Regarding Financial Planning Information for Community Health Choice, Inc. and Community Health Choice, Texas, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session, Including Consideration of Approval of an Internal Line of Credit between Community Health Choice, Inc. and Community Health Choice, Texas and Delegation of Authority to Harris Health Administration to Develop an Internal Controls Framework. *Harris Health, by and through the Board of Trustees, hereby approves Community Health Choice Inc (CHCI), the borrower, to enter into an internal Line of Credit agreement with Community Health Choice Texas Inc (CHCT), the lender, to establish an internal revolving Line of Credit in aggregate principal amount up to $120 million. Other terms will be defined in a manner acceptable for Texas Department of Insurance approval. The Board also hereby authorizes Lisa Wright, President and CEO of Community Health Choice Inc. and Community Health Choice Texas, Inc, to execute any and all documents related to such transaction.*	**Motion No. 22.05-74** **Moved by Ms. Elena Marks, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item X.E. Motion carried.**
	F. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085.	**No Action Taken. Mr. Lawrence Finder recused from this matter related to collaborative opportunities with M.D. Anderson.**
XI. Reconvene	At 10:29 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present. He shared that the Board will take action on Item "E" of the Executive Session agenda.	
XII. Adjournment	Moved by Dr. Andrea Caracostis, seconded by Mr. Lawrence Finder, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 10:30 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on May 26, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, May 26, 2022

Harris Health System Board of Trustees Board Meeting – Attendance

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

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Arthur Bracey (Chair)	
Dr. Ewan Johnson (Vice Chair)	
Dr. Andrea Caracostis (Secretary)	
Ms. Alicia Reyes	
Ms. Elena Marks	
Ms. Jennifer Tijerina	
Professor Marcia Johnson	
Mr. Lawrence Finder	
Ms. Mia Mends	

EXECUTIVE LEADERSHIP
Dr. Esmaeil Porsa, President & Chief Executive Officer
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
Dr. Ann Barnes, Senior Vice President & Chief Health Officer
Ms. Anna Majeta, Chief Financial Officer, Community Health Choice
Mr. Anthony Williams, Vice President, Compliance Officer
Ms. Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. David Attard, Senior Vice President, Facilities, Construction and System Engineering
Ms. Debbi Garbade, Vice President, Patient Safety Risk & Management
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Ms. Errika Perkins, Chief Assistant County Auditor, Harris County Auditor's Office
Mr. George Hickman, Interim Senior Vice President & Chief Information Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital
Mr. Jack Adger, Assistant Purchasing Agent, Harris County Purchasing Office
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization

Dr. Jennifer Small, Interim Executive Vice President, Ambulatory Care Services
Dr. John Foringer, Chair, Medical Executive Board
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Michael Nnadi, Senior Vice President, Chief Pharmacy & Lab Officer
Ms. Monica Carbajal, Vice President, Contract Administration
Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Alison Perez	Nelson Gonzalez
Antoinette Cotton	Nicholas Bell
Cherry Pierson	Paul Lopez
Chris Clark (BKD)	Randy Manarang
Cynthia Cole (AFSCME)	Sharon Brantley
Daniel Smith	Tai Nguyen
Derek Curtis	Tracey Burdine
Ebon Swofford	Wanda Detor
Elizabeth Winn	Yasmin Othman
Jennifer Zarate	Nicholas Bell
Jerald Summers	Paul Lopez
Matthew Schlueter	Randy Manarang

Thursday, June 23, 2022

CEO Report Including Special Announcements

- Announcement of New Senior Leadership
- DNV Survey
- Juneteenth Celebration Activities
- Memorial Day Recognition Event
- Casa de Amigos Health Center Ribbon Cutting

Thursday, June 23, 2022

Board Member Announcements

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.

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Thursday, June 23, 2022

Executive Session Agenda Item

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

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Thursday, June 23, 2022

Executive Session Agenda Item

Report Regarding Correctional Health Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff

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Thursday, June 23, 2022

Consideration of Acceptance of the Medical Executive Board Report

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The Harris Health System Medical Executive Board Report is presented for Board review and acceptance.

MINUTES OF THE MEDICAL EXECUTIVE BOARD
Harris Health System
June 14, 2022 4:00pm

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
CALL TO ORDER	The Medical Executive Board Meeting was called to order at 4:00 p.m. by John Foringer, MD, Chair.	
MINUTES OF THE PREVIOUS MEETING	The minutes of the May 10, 2022 meeting of the Harris Health Medical Executive Board were reviewed and approved.	**A summary of the minutes was submitted to the Harris Health Board of Trustees for review and acceptance.**
COMMITTEE REPORTS	**Credentials** *Medical Staff Ongoing and Initial Performance Data Review Policies (OPDR & IPDR)* Dr. Brass provided some background around the two policies being brought forward from Credentials Committee - Medical Staff Ongoing Performance Data Review (OPDR) Policy and Initial Performance Data Review (IPDR) Policy. We received a DNV citation related to medical staff performance data as part of our credentialing process at Harris Health. The Medical Staff Bylaws already support this process. The policy outlines how to carry out the process. The process for OPDR and IPDR is essentially looking at new physicians and physicians at time of reappointment for quality and avoid any allegations of negligent credentialing. Both policies were approved by Credentials Committee on June 1. Horty Springer worked with them on the development of the policies. Dr. Shah reviewed the recommendations for initial applicants. The performance data will be reviewed within 6 months of appointment. That review will be done by the Chief of Service or designee. There is no set number for the elements being reviewed such as the number of charts - the Chief of Service will make a decision based on the need. The Chief of Service and new provider will get a notification once they are brought on that the review will be done within 6 months. The review form will be submitted to MSS at the end of that period. The process is slightly different for those considered low volume practitioners. Those physicians will either be given a 6 month extension, given a change in the type of clinical privileges, or a decision will be made to review less cases. Dr. Foringer stated that there are terms in the policy that don't exist in the Bylaws such as ambulatory care designee. The definition of practitioner is also different than what is currently in the Bylaws. He asked if this policy has been reconciled with the Medical Staff Bylaws. Carolynn Jones stated that we have at a high level. The purpose of the ambulatory care designee terminology is to have a general term that can be used to represent the various roles that exist in that platform that might need to fulfill this. The definition of practitioner is a little different but not inconsistent with the definition in the Bylaws. We can change that so the two are the same. She stated that we are on a tight timeline to approve these policies at least in draft form so we can begin implementation for our DNV action	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS

	plans. Dr. Foringer stated that we were cited in the past for performance data. At that time, the Chiefs of Service had to complete a paper form on every new appointment and reappointment for their service. He asked what the urgency was at this point years and what the actual citation was. Carolynn reviewed the DNV finding.
	
	• **Non-Conformity Category 2 (NC-2) –** MS.9 Medical Staff - Performance Data
	  • Practitioner specific performance data is required to be evaluated, analyzed and appropriate action taken as necessary when variation is present and/or standard of care has not been met.
	  • Credentials committee will be addressing this.
	
	Carolynn Jones stated that our Bylaws state that the medical staff will evaluate data at the time of appointment. Data is needed to make decisions on who is being brought on staff. The finding was related to having that language in the bylaws but not doing it. The intent is not to make this overly burdensome and tweaks can be made once approved. Dr. Porsa highlighted the importance of this policy and the importance of the action that this policy is trying to support.
	
	Dr. Shah reviewed the process for review of performance data at reappointment. The OPDR process is similar to IPDR but will be done every 12 months instead of 6 months. Reappointment is done every 2 years but we are doing the review every 12 months so that the data doesn't pile up every 24 months.
	
	Dr. Wong asked where the performance reports went after it was completed and whose responsibility it was to take action on it. Dr. Wong asked if there was a standardized form that would identify all the required data elements. Dr. Shah stated that we are in the process of developing that form. Discussion ensued regarding confidentiality and reporting.
	
	Dr. Foringer stated that they just received these and he wasn't sure what medical staff leadership outside of credentials committee has been able to review them. Dr. Markan and Dr. Ko have not had much time to look at them. Dr. Brass apologized on behalf of the medical staff office for the late send out of these policies. He stated that we will work to avoid this in the future and appreciated the review of the policies and understanding of our timeframe. Dr. Markan stated that the time expenditure of the service chiefs is going to exponentially rise if we are going to make it to the extent that this level of detail of each provider will be expected on a timed calendar basis. Dr. Ko stated that this may be one of the may be one of the most important things we as medical staff approve. The comments by Dr. Porsa, Carolynn Jones and Dr. Brass highlight just how important it is. He told Dr. Porsa that he had the full support of the medical staff to get this done as top priority. However, a phone call followed by the policy the day before the meeting doesn't allow for due diligence. The intent is good but we need time to review and clarify some things. He stated that one question he had was who was going to review the chiefs of service or chief of staff. He brought up the ambulatory care designee and asked why ACS was separate from the two hospitals. He	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	proposed that they get this done quickly but also be given the opportunity to look at closely and thoroughly. Dr. Brass suggested sending out an e-vote next Thursday, June 23. Dr. Foringer asked Dr. Markan and Dr. Ko if we could complete all reviews by that time. Dr. Markan and Dr. Ko both stated that they would do what they could to meet that deadline. Dr. Markan reemphasized his earlier statements, stating that the time support of the service chiefs is under a lot of strain. We fully support and endorse this process. He asked the leadership to consider an audit of what a service chief's time sheet looks like right now and how much support they have. Dr. Brass stated that is a separate issue from this policy. We can have discussions about the time commitment separately. This is not intended to be burdensome. He stated that he along with Dr. Ko want to make a larger observation around policies that are rushed under the duress of a timeline. Some of these have impact to the medical staff on an ongoing basis. We are highly supportive of these priorities and the time sensitivity but we are obligated through the MEB to make sure that we're doing our due diligence. Dr. Foringer stated that the medical staff leadership supports this but we are making decisions for the entire medical staff and need the time to appropriately review the policies. An e-vote will be sent to MEB members for the policies by Thursday, June 23.	**An e-vote will be sent to MEB members by June 23 for approval of the Medical Staff Ongoing and Initial Performance Data Review Policies (OPDR & IPDR).**
NEW BUSINESS	**MRSA Decolonization Protocol** Linda Xue presented the MRSA Decolonization Protocol. This is a well-known study that was published quite a few years back in New England Journal of Medicine. They study showed that the protocol was able to result in an approximate 37% reduction in MRSA cultures and a 44% reduction in all cause bloodstream infections. We see this as a tool to combat our MRSA which is one of the metrics that we currently have opportunity for improvement and also our CLABSI rates. This is being proposed as a pilot - the Critical Care Committee has approved. It was moved and seconded to approve moving forward with the MRSA Decolonization Protocol as a pilot. Motion carried.	**It was moved and seconded to approve moving forward with the MRSA Decolonization Protocol as a pilot. Motion carried.**
STANDING BUSINESS	**Reports from the Chiefs of Staff** *Ben Taub Hospital (BT)* Dr. Markan stated that the MEC received an update on COVID from Dr. Atmar. He reported on the uptick in cases being seen in the community and the hospitals. We also discussed and received updates on MRI sedation panel and the executive team. There was discussion around our Commit to Sit program and we received reports from the OR and Department of Medicine. *Ambulatory Care Services (ACS)* Dr. Zare gave the ACS Chief of Staff Report. The MEC started the meeting with the remembrance of the Uvalde shooting victims. Dr. Shah then gave a report on recognizing signs and symptoms and training that is needed for that. Dr. Cesar Munoz gave an update on the anticoagulation management module which will improve access and outcomes. The team was congratulated on a successful DNV survey and it was announced that DSRIP would be sunset. Dr. Brass also gave a talk on HRO - diagnostic testing errors.	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	Lyndon B. Johnson Hospital (LBJ) Dr. Ko stated that Dr. Nnadi gave an update to the MEC on the iodine and 23.4% sodium chloride shortages. He thanked Dr. Nnadi for his leadership in getting physicians, pharmacy administration, and nursing together to collaboratively address these shortages. Dr. Chandra gave a report on LBJ Code Stroke as May was Stroke Awareness Month. We appreciate her leadership in helping us improve our timely care through code stroke. It was moved and seconded to approve the Chiefs of Staff Report as presented. Motion carried. **Chief Medical Executive Report** Dr. Brass stated that the ID team has been developing action plans on how to address possible monkeypox cases. There was a potential case reported at ACS last week and we shared those action plans with them. Those action plans and pathways worked very well in the handling of He shared current national monkeypox statistics. There are about 65 confirmed cases in the United States as of June 13. Dr. Brass addressed quality updates and presented the mid-year review data. Quality & Patient Safety Indicators INFECTION PREVENTION Indicator / As of May 21, 2022 / CY 2021 Total Housewide CAUTI / 13 / 50 Housewide CLABSI / 11 / 61 SSI Colon / 10 / 34 SSI Hysterectomy / 2 / 10 C Difficile / 12 / 11 QUALITY Indicator / As of May 21, 2022 / CY 2021 Total Pressure Injury / 31 / 105 Perioperative DVT/PE (PSI-12) / 5 / 37 PATIENT SAFETY Indicator / As of May 21, 2022 / CY 2021 Total *Patient Falls / 248 / 631 Elopements w/o Capacity / 12 / 27 EMTALA / 1 / 2 *Red Rule – Patient ID / 61 / 204 Red Rule – No Time Out / 2 / 6 * Includes ACS The DNV findings for the medical staff were shared at the MEC meetings. He stated that the Peer Review Committee just approved the new policy and are currently reviewing the trigger lists for each service. The mandatory OR fire education deadline is July 6 and the mandatory	**It was moved and seconded to approve the Chiefs of Staff Report as presented. Motion carried.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	annual education deadline is June 30. He gave physician kudos to Dr. Wall and Dr. Baker for their efforts on the Peer Review Committee, Dr. Shah and Dr. Robinson for PAW Committee, Dr. Scott for Credentials and the ID team for their COVID work and continued work on COVID and monkeypox. **Chief Nursing Executive Report** Dr. Brock stated that we are in the process of reducing our contract labor. It is not a sustainable plan to keep as many as we currently have. Right now, we have about 300 contract nurses in the system. We are working on a plan to move those nurses out of the system by converting them to full time staff and upping our efforts at onboarding experienced nurses. We have adjusted our process to reduce the time from interview to offers. We're also adjusting our process on making counteroffers in a more timely manner so that we don't lose people to other institutions. As a part of this, we will start seeing an increased number of new grads. Nursing leaders have been asked to submit ideas on how we can modify our current work environment. The other current focus is around sitters. We are looking closely at our sitter usage and want to make sure that we're using sitters appropriately for the appropriate patient population and doing reassessments done routinely.	
COMMITTEE REPORTS	**Cancer Committee** The Cancer Committee Report was included in the packet for review and information. **Emergency Center Committee** The Emergency Center Committee Report was included in the packet for review and information. **Infection Prevention** The Infection Prevention Committee Report was included in the packet for review and information. **Pharmacy & Therapeutics Committee** The P&T Committee Report was included in the packet for review and information. **Physician Advisory Committee** Dr. O'Brien stated that PAC is supporting the initiatives related to c.diff. The committee is also supporting DNV findings related to medication management and duplication of pain meds. We are working on reviewing the results of our Epic EMR survey.	**A copy of the Cancer Committee Report is appended to the archived minutes.** **A copy of the EC Committee Report is appended to the archived minutes.** **A copy of the Infection Prevention Committee Report is appended to the archived minutes.** **A copy of the P&T Committee Report is appended to the archived minutes.** **A copy of the PAC Report is appended to the archived minutes.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	Utilization Review Committee The Utilization Review Committee Report was included in the packet for review and information. It was moved and seconded to approve the Cancer, EC, Infection Prevention, P&T, Physician Advisory and UR Committee reports as presented. Motion carried. **Medical Records Committee** Dr. Wesley presented the Medical Records Committee Report. He stated that the report was included in the packet for review and information. He presented the following for approval: ▪ Brain Code – Suspected Intracranial Hypertension Crisis Order Set ▪ Neurosurgical Intracranial Hypertension Therapy Order Set ▪ Adult DKA and HHS Insulin Orders ▪ Combined Well Newborn Delegated Admission Orders ▪ Pedi Sick Visit Catch Up Immunization (0 months – 6 years) Smartset ▪ AMB Pedi Vaccine Smartset It was moved and seconded to approve the Medical Records Committee Report as well as all order sets and smart sets. Motion carried. **Credentials Committee** Dr. Mims presented the Credentials Committee Report. There were 32 initial applications, 27 reappointments, zero change/add privileges, and 18 resignations. It was moved and seconded to approve the Credentials Committee Report as presented. Motion carried. The Medical Executive Board went into Executive Session at 4:59pm. The Medical Executive Board reconvened at 5:05pm.	**A copy of the Utilization Review Committee Report is appended to the archived minutes.** **It was moved and seconded to approve the Committee Reports as presented. Motion carried.** **A copy of the Medical Records Committee Report is appended to the archived minutes.** **A copy of the Credentials Committee Report is appended to the archived minutes. Following is a list of actions made by the Medical Executive Board.** **<u>Approved:</u>** • **32 initial applications** • **27 reappointments** • **0 change/add privileges** • **18 resignations**
ADJOURNMENT	There being no further business to come before the Medical Executive Board, the meeting adjourned at 5:06 p.m.	

John Foringer, MD, Chair

Minutes recorded by Medical Staff Services (CR)

Thursday, June 23, 2022

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

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

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

Thank you.

Credentials Committee Report

JUNE 2022

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HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM TEMPORARY PRIVILEGES ROSTER 6/1/2022

ID	AFFIL	L NAME	FULL NAME	FACULTY APPT	ASSINGMENT
432309	BCM	Aboul-Fotouh	Doha Kamel Aboul-Fotouh, MD	Instructor	Pediatrics
442710	BCM	Lee	Danielle Lee, NP	Harris Health Nurse Practitioner	Int Ned-Medical Oncology
438238	BCM	McShane	Mark McShane, MD	Instructor	Pediatrics
35707	BCM	Pan	Jenny Pan, MD	Assistant Professor	IM-Nephrology
438085	BCM	Pendergrass	Jasmine Symone' Pendergrass, MD	Instructor	Pediatrics
438091	BCM	Quinn	Rachel Elizabeth Quinn, MD	Instructor	Pediatrics
442875	BCM	Ruan	Qingmin Ruan, MD	Assistant Professor	Psychiatry
438065	BCM	Whittaker	Danielle Eboni Whittaker, MD	Instructor	Pediatrics
436409	BCM	Smith-Graziani	Demetria Smith-Graziani, MD	Instructor	Int Med-Medical Oncology
442864	UTX	George	Saira B George, NP	Nurse Practitioner	Internal Medicine
442613	UTX	Hall	David Ryan Hall, MD	Associate Professor	Surgery
442773	UTX	Khan	Shaza Khan, DO	Clinical Assistant Professor	Family & Community Medicine
442855	UTX	Sule	Ololade Sule, NP	Nurse Practitioner	Family & Community Medicine
442844	UTX	Tran	Katherynn Tran, MD	Clinical Assistant Professor	Family & Community Medicine

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM INITIALS ROSTER 6/1/2022

ID	AFFIL	L NAME	FULL NAME	FACULTY APPT	ASSINGMENT	LIC TYPE	LIC EXP
432309	BCM	Aboul-Fotouh	Doha Kamel Aboul-Fotouh, MD	Instructor	Pediatrics	State License	5/31/2024
						DEA	6/30/2025
434693	BCM	Amin	Shetal Prashant Amin, MD	Assistant Professor	Psychiatry	State License	6/30/2023
						DEA	5/31/2024
442778	UTX	Aran	Shima Aran, MD	Assistant Professor	Radiology	State License	5/1/2023
						DEA	6/30/2023
442783	BCM	Comstock	Jordan Comstock, MD	Instructor	Ophthalmology	State License	5/31/2024
						DEA	8/31/2024
442864	UTX	George	Saira B George, NP	Nurse Practitioner	Internal Medicine	State License	9/30/2023
						DEA	9/30/2023
442613	UTX	Hall	David Ryan Hall, MD	Associate Professor	Surgery	State License	8/31/2022
						DEA	10/31/2024
442773	UTX	Khan	Shaza Khan, DO	Clinical Assistant Professor	Family & Community Medicine	State License	11/30/2022
						DEA	12/31/2024
441701	BCM	Lambert	Britney Alexandria Lambert, MD	Assistant Professor	Psychiatry	State License	6/30/2022
						DEA	3/31/2025
442710	BCM	Lee	Danielle Lee, NP	Harris Health Nurse Practitioner	Int Ned-Medical Oncology	State License	8/31/2022
						DEA	3/31/2025
043496	UTX	Legha	Ravinder Singh Legha, MD	Assistant Professor	Radiology	State License	8/31/2022
						DEA	Not Reqired
45085	UTX	Mayo	Ray Mayo, MD	Associate Professor	Radiology	State License	8/31/2022
						DEA	1/31/2025
438238	BCM	McShane	Mark McShane, MD	Instructor	Pediatrics	State License	6/23/2022
						DEA	1/31/2025
048530	UTX	Modi	Hrishikesh Chin Modi, MD	Clinical Instructor	Anesthesiology	State License	8/31/2023
						DEA	1/31/2025
442789	UTX	Morse	Ana Morse, PA	Physician Assistant	Emergency Medicine	State License	2/28/2024
						DEA	1/30/2025
442434	UTX	Mutha	Pritesh Mutha, MD	Associate Professor	Int Med-Gastroenterology	State License	11/30/2023
						DEA	1/31/2024
433043	BCM	Nicholls	Paul Nicholls, MD, PhD	Assistant Professor	Int Med-Infectious Disease	State License	5/31/2023
						DEA	10/31/2024
442865	BCM	Nimri	Nadeem Nimri, MD	Assistant Professor	Int Med-Cardiology	State License	5/31/2023
						DEA	10/31/2023
442806	UTX	Omofoye	Toma Omofoye, MD	Associate Professor	Radiology	State License	2/28/2024
						DEA	12/31/2023
35707	BCM	Pan	Jenny Pan, MD	Assistant Professor	IM-Nephrology	State License	8/31/2022
						DEA	3/31/2025
442873	BCM	Patel	Ronak Patel, MD	Assistant Professor	Psychiatry	State License	2/28/2023
						DEA	3/31/2023
438085	BCM	Pendergrass	Jasmine Symone' Pendergrass, MD	Instructor	Pediatrics	DEA	7/31/2024
						State License	5/31/2024
438091	BCM	Quinn	Rachel Elizabeth Quinn, MD	Instructor	Pediatrics	DEA	7/31/2024
						State License	2/28/2024
442784	BCM	Reyes-Capo	Daniela Reyes-Capo, MD	Instructor	Ophthalmology	State License	5/31/2023
						DEA	4/30/2025
436324	BCM	Roldan	Jazmin Alicia Roldan, MD	Assistant Professor	Psychiatry	State License	5/31/2024
						DEA	4/30/2025
442875	BCM	Ruan	Qingmin Ruan, MD	Assistant Professor	Psychiatry	State License	5/31/2023
						DEA	4/30/2023
430166	BCM	Shepard	Zachary Shepard, MD	Assistant Professor	IM-Infectious Disease	State License	4/30/2023
						DEA	2/29/2024
436409	BCM	Smith-Graziani	Demetria Smith-Graziani, MD	Instructor	Int Med-Medical Oncology	State License	8/31/2023
						DEA	2/28/2025
442855	UTX	Sule	Ololade Sule, NP	Nurse Practitioner	Family & Community Medicine	State License	4/30/2023
						DEA	2/28/2025
442844	UTX	Tran	Katherynn Tran, MD	Clinical Assistant Professor	Family & Community Medicine	State License	5/31/2023
						DEA	11/30/2023
442807	UTX	Tso	Hilda Tso, DO	Associate Professor	Radiology	State License	8/31/2023
						DEA	11/30/2024
054029	BCM	Wei	Claudia Yu Yao Wei, MD	Assistant Professor	Anesthesiology	State License	2/28/2023
						DEA	5/31/2024
438065	BCM	Whittaker	Danielle Eboni Whittaker, MD	Instructor	Pediatrics	State License	6/23/2022
						DEA	5/31/2025

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM REAPPOINTMENTS ROSTER 6/1/2022
EXP. 6/30/2022

ID	AFFIL	L NAME	FULL NAME	FACULTY APPT	ASSINGMENT	LIC TYPE	LIC EXP
046557	BCM	Aylsworth	Kelly Elizabeth Aylsworth, MD	Assistant Professor	Psychiatry	State License	6/30/2024
						DEA	11/30/2022
435039	UTX	Bailey	Marshall Devon Bailey, MD	Assistant Professor	Int Med-Pulmonary / Critical Care	State License	7/31/2022
						DEA	2/28/2023
051835	BTH	Calhoun	Jeffrey Brian Calhoun, NP	Instructor	Emergency Medicine	State License	8/31/2023
						DEA	8/31/2022
031774	BCM	Carbajal	Melissa Mora Carbajal, MD	Assistant Professor	Pediatrics-Neonatology	State License	11/30/2022
						DEA	8/31/2022
432946	BCM	Danquah	Vanessa Danquah, MD	Assistant Professor	Psychiatry	State License	2/28/2023
						DEA	6/30/2024
005454	UTX	Gardiner	Carolyn Leigh Gardiner, MD	Assistant Professor	Internal Medicine	State License	5/31/2023
						DEA	9/30/2024
043781	BCM	Hair	Amy Boriskie Hair, MD	Assistant Professor	Pediatric Neonatal-Perinatal Medicine	State License	5/31/2023
						DEA	10/31/2024
435856	HCHD	Heller	Emily Elizabeth Heller, NP	Nurse Practitioner	Int Med-Pulmonary Disease	State License	9/30/2022
						DEA	10/31/2023
38478	BCM	Kung	Doris Hichi Kung, DO	Associate Professor	Neurology	State License	8/31/2022
						DEA	12/31/2023
436085	BCM	Lee	Amy I Lee, MD	Associate Professor	Anesthesiology	State License	2/28/2024
						DEA	3/31/2024
039126	BCM	Li	Benjamin Tak-Kay Li, MD	Assistant Professor	Psychiatry	State License	2/28/2024
						DEA	3/31/2024
023108	BCM	Link	Richard Edward Link, MD	Associate Professor	Urology	State License	5/31/2024
						DEA	3/31/2024
051133	UTX	McGinnis	Meghan Elizabeth McGinnis, MD	Clinical Assistant Professor	Obstetrics and Gynecology	State License	5/31/2024
						DEA	1/31/2025
433107	BCM	Morse	Meroe Bergman Morse, MD	Assistant Professor	Internal Medicine	State License	8/31/2022
						DEA	1/31/2025
043851	BCM	Murugen	Claude Silvanus Murugen, MD	Assistant Professor	Psychiatry	State License	1/31/2023
						DEA	5/31/2022
435776	UTX	Nesmith	Claire Nicole Nesmith, NP	Nurse Practitioner	Emergency Medicine	State License	7/31/2022
						DEA	10/31/2023
051821	BCM	Onigu-Otite	Edore Celestina Onigu-Otite, MD	Assistant Professor	Psychiatry	State License	5/31/2024
						DEA	12/31/2023
039175	BCM	Ortiz-Perez	Tamara Ortiz-Perez, MD	Assistant Professor	Radiology-Diagnostic Division	State License	2/28/2024
						DEA	12/31/2023
051832	UTX	Ostermayer	Daniel Ostermayer, MD	Assistant Professor	Emergency Medicine	State License	12/31/2024
						DEA	5/31/2024
039215	BCM	Shivanna	Binoy Shivanna, MD	Assistant Professor	Pediatric Neonatal-Perinatal Medicine	State License	5/31/2024
						DEA	2/28/2025
053635	BCM	Skalany	Karolyn Elisabet Skalany, MD	Assistant Professor	Psychiatry	State License	2/28/2023
						DEA	2/28/2025
029238	BCM	Wilkes Requenez	Melissa Erin Wilkes Requenez, MD	Assistant Professor	Psychiatry	State License	2/28/2024
						DEA	5/31/2022
056099	BCM	Wilks	Lorna Rosemarie Wilks, MD	Assistant Professor	Psychiatry	State License	2/28/2024
						DEA	5/31/2024

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM REAPPOINTMENTS ROSTER 6/1/2022
EXP. 8/31/2022

ID	AFFIL	L NAME	FULL NAME	FACULTY APPT	ASSIGNMENT	LIC TYPE	LIC EXP
432707	BCM	Boone	Stephen James Boone, MD	Assistant Professor	Emergency Medicine	State License	7/31/2024
						DEA	2/28/2023
043063	BCM	Carnell	Jennifer Carnell, MD	Assistant Professor	Emergency Medicine	State License	8/31/2022
						DEA	8/31/2024
041801	BCM	Decker	Cameron Ashton Decker, MD	Assistant Professor	Emergency Medicine	State License	6/30/2025
						DEA	8/31/2023
053481	BCM	Jaung	Michael Senyu Jaung, MD	Assistant Professor	Emergency Medicine	State License	12/31/2024
						DEA	8/31/2023

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM RESIGNATIONS ROSTER 6/1/2022

ID	AFFIL	L NAME	FULL NAME	ASSIGNMENTS	TERM DATE	TERM REASON
432795	BCM	Li	Annette Li, MD	Family Medicine	5/19/2022	Resignation
440131	BCM	Raper	Daniel Raper, MD	Neurosurgery	5/12/2022	Resignation
440517	BCM	Gregg	Lucile Gregg, MD	Int Med-Nephrology	5/16/2022	Resignation
440613	BCM	Sammour	Mohammed Sammour, MD	Family & Community Medicine	5/19/2022	Resignation
441009	BCM	Janaki	Nafiseh Janaki, MD	Pathology	2/18/2022	Resignation
050348	BCM	Pickett	Stephen James Pickett, MD	Int Med-Cardiology	5/25/2022	Resignation
050426	BCM	Grouls	Astrid Grouls, MD	Int Med-Geriatric Medicine	4/7/2022	Resignation
043284	BCM	Hodges	Kelly Rae Hodges, MD	Obstetrics and Gynecology	5/26/2022	Resignation
432280	BCM	Patil	Ninad Patil, MD	Pathology	4/30/2022	Resignation
007306	BCM	Cochran	Susan Margaret Cochran, MD	Family Medicine	5/19/2022	Resignation
041893	BCM	Jian	Peter Yicun Jian, MD	Family & Community Medicine	5/19/2022	Resignation
042487	MDA/UTA/UTX	Ciurea	Ana Mercedes Ciurea, MD	Dermatology	2/11/2022	Resignation
030882	UTX	Hochhauser	Leo Hochhauser, MD	Radiology-Therapeutic Division	2/16/2022	Resignation
027448	UTX	Reddy	Bal Reddy, MD	Family & Community Medicine	5/23/2022	Resignation
38062	UTX	Vacca	Michele Verret Vacca, NP	Pediatric Neonatal-Perinatal Medicine	5/23/2022	Resignation
038082	UTX	Surabhi	Venkateswar Rao Surabhi, MD	Radiology-Diagnostic Division	5/25/2022	Resignation
039079	UTX	Green	Paige McDonald Green, MD	Radiology-Therapeutic Division	11/1/2021	Resignation
028805	UTX	Friedman	Elliott Robert Friedman, MD	Radiology	12/2/2021	Resignation

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Doha Aboul-Fotouh, MD_____

APPLICATION RECEIVED DATE: _5/10/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 5/10/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _5/11/2022_____
☒Board Certification Query date: _5/11/2022_____
☒CME Certification (if applicable) Sign date: _5/11/2022_____
☒License Exp Date:__5/31/2024_____
☒DEA Exp Date: __6/30/2025 _____
☐Moderate Sedation Quiz Grade: __N/A_____ ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/26/2022_____
☒OIG Query date: __5/11/2022_____
☒TX OIG Query date: _5/11/2022_____
☒EPLS Query date: _5/11/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Shetal Amin, MD_____

APPLICATION RECEIVED DATE: _4/26/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 4/26/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _4/26/2022_____
☒Board Certification Query date: _4/26/2022_____
☒CME Certification (if applicable) Sign date: _4/26/2022_____
☒License Exp Date:__5/31/2024_____
☒DEA Exp Date: __6/30/2023 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/26/2022_____
☒OIG Query date: __4/26/2022_____
☒TX OIG Query date: _4/26/2022_____
☒EPLS Query date: _4/26/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Shima Aran, MD

APPLICATION RECEIVED DATE: 03/31/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 03/29/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☑ ECFMG (if applicable) Query date: 04/11/2022
☑ AMA/Degree Verify Query date: 04/12/2022
☑ Board Certification Query date: 05/31/2022
☑ CME Certification (if applicable) Sign date: 03/28/2022
☑ License Exp Date: 05/01/2023
☑ DEA Exp Date: 06/30/2023
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: 08/06/2023
☑ NPDB Query Date: 05/31/2022
☑ OIG Query date: 04/12/2022
☑ TX OIG Query date: 04/12/2022
☑ EPLS Query date: 04/12/2022
☑ Certificate of Insurance Exp Date: 08/31/2022
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3 N/A - None Received
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/31/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Jordan Comstock, MD

APPLICATION RECEIVED DATE: 04/25/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/17/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☒ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 04/28/2022
☒ Board Certification Query date: Not Board Certified
☑ CME Certification (if applicable) Sign date: 04/17/2022
☑ License Exp Date: 05/31/2024
☑ DEA Exp Date: 08/31/2024
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☒ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: None
☑ NPDB Query Date: 05/24/2022
☑ OIG Query date: 05/06/2022
☑ TX OIG Query date: 05/06/2022
☑ EPLS Query date: 05/06/2022
☑ Certificate of Insurance Exp Date: 06/30/2023
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3 None
☒ Work History Verification None
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/24/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Saira B George, NP

APPLICATION RECEIVED DATE: 4/26/2022 **CCM DATE:** 6/1/22

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date: 4/26/2022
☑Applicant meets criteria for privileges ☑Y ☐N
☐Evidence of previous experience met (if applicable)
☑AHP Sponsoring Physician Agreement
☑Curriculum Vitae (CV)/Resume
☑Photo I.D.
☐ECFMG (if applicable) Query date: _____
☑AMA/Degree Verify Query date: edu verified via clearinghouse
☑Board Certification Query date: copy on file
☑CME Certification (if applicable) Sign date: 4/25/22
☑License Exp Date: 9/30/2023
☑DEA Exp Date: 9/30/2023
☐Moderate Sedation Quiz Grade: _____ ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: _____
☑NPDB Query Date: 5/6/22
☑OIG Query date: 5/6/22
☑TX OIG Query date: 5/6/22
☑EPLS Query date: 5/6/22
☑Certificate of Insurance Exp Date: 6/2023
☑Faculty Appointment Confirmation
☑Peer References ☑1 ☑2 ☑3
☑Hospital Verification ☑1 ☑2 ☐3
☑Work History Verification
☑Health statement
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Breelyn Hood
Date: 6/1/22
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: David Hall, MD

APPLICATION RECEIVED DATE: 2/25/2022 **CCM DATE:** 6/1/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 2/25/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☐ Evidence of previous experience met (if applicable) N/A
☐ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☐ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 5/16/2022
☑ Board Certification Query date: 5/16/2022
☑ CME Certification (if applicable) Sign date: 2/25/2022
☑ License Exp Date: 8/31/2022
☑ DEA Exp Date: 10/31/2024
☐ Moderate Sedation Quiz Grade: NOT REQUESTING ***(86% or greater) if applicable***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: N/A
☑ NPDB Query Date: 5/16/2022
☑ OIG Query date: 5/16/2022
☑ TX OIG Query date: 5/16/2022
☑ EPLS Query date: 5/16/2022
☑ Certificate of Insurance Exp Date: 8/31/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☑ Peer References ☑ 1 ☑ 2 ☑ 3
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3
☑ Work History Verification
☑ Health statement
☑ COVID-19 vaccination (check all that apply and enter date of last dose received)
Date: 1/3/2022 ☑ Dose 1 ☑ Dose 2 ☑ Booster
☑ Flu vaccination date:_____ (proof required during Flu season November 1 – March 31)
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card
☑ NPI query date: 5/17/2022

Reviewed by: Bracheia Thompson
Date: 6/1/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Shaza Khan, DO

APPLICATION RECEIVED DATE: 5/06/2022 **CCM DATE:** 6/01/2022

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date: 5/06/2022
☑Applicant meets criteria for privileges ☑Y ☐N
☑Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement n/a
☑Curriculum Vitae (CV)/Resume
☑Photo I.D.
☐ECFMG (if applicable) Query date: n/a
☑AMA/Degree Verify Query date: 5/12/2022
☑Board Certification Query date: 5/11/2022
☑CME Certification (if applicable) Sign date: 5/05/2022
☑License Exp Date: 11/30/2022
☑DEA Exp Date: 12/31/2024
☐Moderate Sedation Quiz Grade: n/a ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: n/a
☑NPDB Query Date: 5/12/2022
☑OIG Query date: 5/13/2022
☑TX OIG Query date: 5/11/2022
☑EPLS Query date: 5/13/2022
☑Certificate of Insurance Exp Date: 02/01/2023
☑Faculty Appointment Confirmation
☑Peer References ☐1 ☐2 ☑3
☐Hospital Verification ☐1 ☐2 ☐3 n/a
☑Work History Verification
☑Health statement ___ COVID✓
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Trina Matthews
Date: 6/01/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: __Britney Lambert, MD_____

APPLICATION RECEIVED DATE: _4/4/2022_____ CCM DATE: ___6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☐N
Attestation Date:4/4/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: ____N/A_____
☒AMA/Degree Verify Query date: _4/19/2022_____
☐Board Certification Query date: _N/A_____
☒CME Certification (if applicable) Sign date: __4/5/2022_____
☒License Exp Date: 8/31/2022_____
☒DEA Exp Date: 3/31/2025 _____
☐Moderate Sedation Quiz Grade: ___N/A_____ ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/31/2022_____
☒OIG Query date: _4/19/2022_____
☒TX OIG Query date: 4/19/2022_____
☒EPLS Query date: _4/19/2022_____
☒Certificate of Insurance Exp Date: __6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: __Tasha Balkcom_____
Date: __5/31/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Danielle Lee NP_____

APPLICATION RECEIVED DATE: __4/20/2022___ _____CCM DATE: _6/1/2022___

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 3/4/2022
☒Applicant meets criteria for privileges ☒Y ☐N
☒Evidence of previous experience met (if applicable)
☒AHP Sponsoring Physician Agreement
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: _____
☒AMA/Degree Verify Query date: ___3/16/2022_____
☒Board Certification Query date: ___4/27/2022 _____
☒CME Certification (if applicable) Sign date: __N/A – New Graduate_____
☒License Exp Date:RN & NP__8/31/2022__ ___ _____
☒DEA Exp Date: __3/31/2025_____
☐Moderate Sedation Quiz Grade: _____ ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: ___6/1/2022_____
☒OIG Query date: ___3/15/2022_____
☒TX OIG Query date: _3/15/2022_____
☒EPLS Query date: __3/15/2022_____
☒Certificate of Insurance Exp Date: __Texas Tort_____ _____
☒Faculty Appointment Confirmation
☒Peer References ☐1 ☐2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: _____Ovion Anderson_____
Date: _____6/1/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Ravender Legha, MD

APPLICATION RECEIVED DATE: 04/18/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/16/2022
☑ Applicant meets criteria for privileges ☐ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☑ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 04/22/2022
☑ Board Certification Query date: 04/22/2022
☑ CME Certification (if applicable) Sign date: 04/14/2022
☑ License Exp Date: 08/31/2022
☑ DEA Exp Date: 03/31/2022
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☒ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: N/A - None received
☑ NPDB Query Date: 05/06/2022
☑ OIG Query date: 04/22/2022
☑ TX OIG Query date: 04/22/2022
☑ EPLS Query date: 04/22/2022
☑ Certificate of Insurance Exp Date: 08/31/2022
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3 None
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/25/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Ray Mayo, MD

APPLICATION RECEIVED DATE: 04/21/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/16/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☒ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 04/22/2022
☑ Board Certification Query date: 04/22/2022
☑ CME Certification (if applicable) Sign date: 04/14/2022
☑ License Exp Date: 08/31/2022
☑ DEA Exp Date: 01/31/2025
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☒ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: N/A - None received
☑ NPDB Query Date: 05/25/2022
☑ OIG Query date: 04/22/2022
☑ TX OIG Query date: 04/22/2022
☑ EPLS Query date: 04/22/2022
☑ Certificate of Insurance Exp Date: 08/31/2022
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☑ Hospital Verification ☐ 1 ☑ 2 ☐ 3
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/31/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Mark McShane, MD_____

APPLICATION RECEIVED DATE: _5/20/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 5/20/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _5/20/2022_____
☒Board Certification Query date: _5/20/2022_____
☒CME Certification (if applicable) Sign date: _5/18/2022_____
☒License Exp Date:__2/28/2024_____
☒DEA Exp Date: __1/31/2025 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☒ACLS ☐PALS ☐NRP ☐ATLS Exp date: __5/31/2023_____
☒NPDB Query Date: _5/26/2022_____
☒OIG Query date: __5/20/2022_____
☒TX OIG Query date: _5/20/2022_____
☒EPLS Query date: _5/20/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Hrishikesh Modi, MD

APPLICATION RECEIVED DATE: 04/08/222 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/04/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☒ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 04/12/2022
☑ Board Certification Query date: 04/12/2022
☑ CME Certification (if applicable) Sign date: 04/12/2022
☑ License Exp Date: 08/31/2023
☑ DEA Exp Date: 01/31/2025
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: 04/29/2023
☑ NPDB Query Date: 04/26/2022
☑ OIG Query date: 04/12/2022
☑ TX OIG Query date: 04/12/2022
☑ EPLS Query date: 04/12/2022
☑ Certificate of Insurance Exp Date: 12/30/2022
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3 None
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/24/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME Anna Morse, PA

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date:_____
☑Applicant meets criteria for privileges ☑Y ☐N
☐Evidence of previous experience met (if applicable)
☑AHP Sponsoring Physician Agreement Curriculum
☑Vitae (CV)/Resume
☑Photo I.D.
☐ECFMG (if applicable) N/A
☑AMA/Degree Verify
☑Board Certification
☑CME Certification (if applicable)
☑License
☑DEA
☐DPS
☐Moderate Sedation Quiz (***86% or greater) if applicable N/A***
☑ACLS ☐PALS ☐NRP ☐ATLS
☑NPDB
☑OIG
☑TX OIG
☑EPLS
☑Certificate of Insurance
☑Faculty Appointment Confirmation
☑Peer References ☑1 ☑2 ★3
☐Hospital Verification ☐1 ☐2 ☐3 N/A NEW GRAD
☐Work History Verification N/A NEW GRAD
☑Health statement
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Bracheia Thompson
Date: 5/3/2022

Deficiency Corrections:

Item	Date	Intials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Pritesh Mutha, MD

APPLICATION RECEIVED DATE: 1/7/22 **CCM DATE:** 6/1/22

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date: 1/7/22
☑Applicant meets criteria for privileges ☑Y ☐N
☑Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement
☑Curriculum Vitae (CV)/Resume
☑Photo I.D.
☑ECFMG (if applicable) Query date: 1/10/22
☑AMA/Degree Verify Query date: 1/10/22
☑Board Certification Query date: 1/10/22
☑CME Certification (if applicable) Sign date: 12/27/21
☑License Exp Date: 11/30/2023
☑DEA Exp Date: 1/31/2024
☑Moderate Sedation Quiz Grade: 100% ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: _____
☑NPDB Query Date: 5/31/22
☑OIG Query date: 1/10/22
☑TX OIG Query date: 1/10/22
☑EPLS Query date: 1/10/22
☑Certificate of Insurance Exp Date: 8/31/2022
☑Faculty Appointment Confirmation
☑Peer References ☑1 ☑2 ☑3
☐Hospital Verification ☐1 ☐2 ☐3
☑Work History Verification
☑Health statement
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Breelyn Hood
Date: 6/1/22
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Paul Nicholls, MD

APPLICATION RECEIVED DATE: 5/4/22 **CCM DATE:** _____

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☑ Y ☐ N
Attestation Date: 4/26/22
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
NA ☐ AHP Sponsoring Physician Agreement
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
NA ☐ ECFMG (if applicable) Query date: _____
☑ AMA/Degree Verify Query date: 5/4/22
☑ Board Certification Query date: 5/4/22
☑ CME Certification (if applicable) Sign date: 4/26/22
☑ License Exp Date: 5/31/23
☑ DEA Exp Date: 10/31/24
NA ☐ Moderate Sedation Quiz Grade: _____ **(*86% or greater) if applicable***
NA ☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: _____
☑ NPDB Query Date: 5/13/22
☑ OIG Query date: 5/13/22
☑ TX OIG Query date: 5/13/22
☑ EPLS Query date: 5/13/22
☑ Certificate of Insurance Exp Date: 6/30/22
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☑ Peer References ☐ 1 ☐ 2 ☑ 3
NA ☐ Hospital Verification ☐ 1 ☐ 2 ☐ 3
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Ana Campos
Date: 5/13/22
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Nadeem Nimri, MD

APPLICATION RECEIVED DATE: 05/03/2022 **CCM DATE:** 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/26/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
NA ☒ AHP Sponsoring Physician Agreement
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☑ ECFMG (if applicable) Query date: 05/03/2022
☑ AMA/Degree Verify Query date: 05/03/2022
☑ Board Certification Query date: 05/03/2022
☑ CME Certification (if applicable) Sign date: 03/31/2022
☑ License Exp Date: 05/31/2023
☑ DEA Exp Date: 10/31/2023
☑ Moderate Sedation Quiz Grade: 100 ***(86% or greater) if applicable***
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: 10/31/2022
☑ NPDB Query Date: 05/03/2022
☑ OIG Query date: 05/03/2022
☑ TX OIG Query date: 05/03/2022
☑ EPLS Query date: 05/03/2022
☑ Certificate of Insurance Exp Date: 06/30/2023
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☑ Peer References ☑ 1 ☑ 2 ☑ 3
NA ☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Ana Campos
Date: 05/27/2022
Deficiency Corrections:

Item	Date	Initials
NA		

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Toma Omofoye, MD

APPLICATION RECEIVED DATE: 04/14/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/12/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☒ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 04/15/2022
☑ Board Certification Query date: 04/18/2022
☑ CME Certification (if applicable) Sign date: 04/12/2022
☑ License Exp Date: 02/28/2024
☑ DEA Exp Date: 12/31/2023
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☒ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: N/A - None received
☑ NPDB Query Date: 05/11/2022
☑ OIG Query date: 04/18/2022
☑ TX OIG Query date: 04/18/2022
☑ EPLS Query date: 04/18/2022
☑ Certificate of Insurance Exp Date: 08/31/2022
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☑ Hospital Verification ☐ 1 ☑ 2 ☐ 3
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/24/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: JENNY PAN

APPLICATION RECEIVED DATE: _____ **CCM DATE:** 6/1/22

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date: 4/11/22
☑Applicant meets criteria for privileges ☑Y ☐N
☑Evidence of previous experience met (if applicable)
NA ☒AHP Sponsoring Physician Agreement
☑Curriculum Vitae (CV)/Resume
☑Photo I.D.
NA ☒ECFMG (if applicable) Query date: _____
☑AMA/Degree Verify Query date: 5/11/22
☑Board Certification Query date: 5/10/22
☑CME Certification (if applicable) Sign date: 4/21/22
☑License Exp Date: 8/31/23
☑DEA Exp Date: 3/31/25
NA ☒Moderate Sedation Quiz Grade: _____ ***(86% or greater) if applicable***
NA ☒ACLS ☐PALS ☐NRP ☐ATLS Exp date: _____
☑NPDB Query Date: 5/10/22
☑OIG Query date: 5/10//22
☑TX OIG Query date: 5/10/22
☑EPLS Query date: 5/10/22
☑Certificate of Insurance Exp Date: 6/30/23
☑Faculty Appointment Confirmation
☑Peer References ☑1 ☑2 ☑3
☑Hospital Verification ☑1 ☐2 ☐3
☑Work History Verification
☑Health statement
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Nelvia Terrell
Date: 5/19/22
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Ronak Patel, MD_____

APPLICATION RECEIVED DATE: _4/22/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 4/22/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☒ECFMG (if applicable) Query date: __4/27/2022_____
☒AMA/Degree Verify Query date: _4/25/2022_____
☒Board Certification Query date: _4/26/2022_____
☒CME Certification (if applicable) Sign date: _4/22/2022_____
☒License Exp Date:__2/28/2023_____
☒DEA Exp Date: __3/31/2023 _____
☐Moderate Sedation Quiz Grade: __N/A_____ ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/26/2022_____
☒OIG Query date: __4/26/2022_____
☒TX OIG Query date: _4/26/2022_____
☒EPLS Query date: _4/26/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Jasmine Pendergrass, MD_____

APPLICATION RECEIVED DATE: _5/09/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 5/9/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _5/12/2022_____
☒Board Certification Query date: _5/11/2022_____
☒CME Certification (if applicable) Sign date: _5/16/2022_____
☒License Exp Date:__5/31/2024_____
☒DEA Exp Date: __3/31/2025 _____
☐Moderate Sedation Quiz Grade: __N/A_____ ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/24/2022_____
☒OIG Query date: __5/11/2022_____
☒TX OIG Query date: _5/11/2022_____
☒EPLS Query date: _5/11/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Rachel Quinn, MD_____

APPLICATION RECEIVED DATE: _5/09/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 5/9/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _5/10/2022_____
☒Board Certification Query date: _5/18/2022_____
☒CME Certification (if applicable) Sign date: _5/13/2022_____
☒License Exp Date:__2/28/2024_____
☒DEA Exp Date: __4/30/2025 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/24/2022_____
☒OIG Query date: __5/10/2022_____
☒TX OIG Query date: _5/10/2022_____
☒EPLS Query date: _5/10/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Daniela Reyes-Capo, MD

APPLICATION RECEIVED DATE: 05/04/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☐ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 05/03/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☒ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 05/06/2022
☑ Board Certification Query date: 05/06/2022
☑ CME Certification (if applicable) Sign date: 05/03/2022
☑ License Exp Date: 05/31/2023
☑ DEA Exp Date: 04/30/2025
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: 04/30/2024
☑ NPDB Query Date: 05/25/2022
☑ OIG Query date: 05/06/2022
☑ TX OIG Query date: 05/06/2022
☑ EPLS Query date: 05/06/2022
☑ Certificate of Insurance Exp Date: 06/30/2023
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3 None
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/26/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Jazmin Roldan, MD_____

APPLICATION RECEIVED DATE: _4/19/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 4/12/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _4/25/2022_____
☐Board Certification Query date: _N/A_____
☒CME Certification (if applicable) Sign date: _4/19/2022_____
☒License Exp Date:__5/31/2024_____
☒DEA Exp Date: __4/30/2025 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/20/2022_____
☒OIG Query date: __4/19/2022_____
☒TX OIG Query date: _4/19/2022_____
☒EPLS Query date: _4/19/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Qingmin Ruan, MD_____

APPLICATION RECEIVED DATE: _5/03/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 5/3/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☒ECFMG (if applicable) Query date: __5/4/2022_____
☒AMA/Degree Verify Query date: _5/4/2022_____
☒Board Certification Query date: _5/4/2022_____
☒CME Certification (if applicable) Sign date: _5/5/2022_____
☒License Exp Date:__5/31/2023_____
☒DEA Exp Date: __4/30/2023 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/27/2022_____
☒OIG Query date: __5/4/2022_____
☒TX OIG Query date: _5/4/2022_____
☒EPLS Query date: _5/4/2022_____
☒Certificate of Insurance Exp Date: __6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: ZACHARY SHEPARD

APPLICATION RECEIVED DATE: ZACHARY SHEPARD **CCM DATE:** 6/1/22

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date: 4/8/22
☑Applicant meets criteria for privileges ☑Y ☐N
☑Evidence of previous experience met (if applicable)
NA ☒AHP Sponsoring Physician Agreement
☑Curriculum Vitae (CV)/Resume
☑Photo I.D.
NA ☒ECFMG (if applicable) Query date: _____
☑AMA/Degree Verify Query date: 5/3/22
☑Board Certification Query date: 5/3/22
☑CME Certification (if applicable) Sign date: 4/9/22
☑License Exp Date: 5/31/24
☑DEA Exp Date: 2/29/24
☒Moderate Sedation Quiz Grade: _____ ***(86% or greater) if applicable***
NA ☒ACLS ☐PALS ☐NRP ☐ATLS Exp date: _____
☑NPDB Query Date: 5/3/22
☑OIG Query date: 5/3/22
☑TX OIG Query date: 5/3/22
☑EPLS Query date: 5/3/22
☑Certificate of Insurance Exp Date: 6/30/23
☑Faculty Appointment Confirmation
☑Peer References ☑1 ☑2 ☑3
☑Hospital Verification ☑1 ☐2 ☐3
NA ☒Work History Verification NEW GRAD
☑Health statement
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Nelvia Terrell
Date: 5/18/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Demetria Smith-Graziani, MD

APPLICATION RECEIVED DATE: 5/27/2022 **CCM DATE:** 6/1/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 5/27/022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☐ Evidence of previous experience met (if applicable)
☐ AHP Sponsoring Physician Agreement
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☐ ECFMG (if applicable) Query date: NA
☑ AMA/Degree Verify Query date: 5/25/2022
☑ Board Certification Query date: 5/25/2022
☑ CME Certification (if applicable) Sign date: 5/27/2022
☑ License Exp Date: 8/31/2023
☑ DEA Exp Date: 2/28/2025
☐ Moderate Sedation Quiz Grade: NA ***(86% or greater) if applicable***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: NA
☑ NPDB Query Date: 5/25/2022
☑ OIG Query date: 4/18/2022
☑ TX OIG Query date: 5/25/2022
☑ EPLS Query date: 5/25/2022
☑ Certificate of Insurance Exp Date: 6/30/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☑ Peer References ☑ 1 ☑ 2 ☑ 3
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3
☐ Work History Verification
☑ Health statement
☑ COVID-19 vaccination (check all that apply and enter date of last dose received)
Date: 1/7/2021 ☑ Dose 1 ☑ Dose 2 ☐ Booster
☑ Flu vaccination date: 9/21/2021 (proof required during Flu season November 1 – March 31)
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card
☑ NPI query date: 5/25/2022

Reviewed by: Deborah Lemons
Date: 6/1/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Ololade Sule, NP

APPLICATION RECEIVED DATE: 5/03/2022 **CCM DATE:** 6/01/2022

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 4/26/2022
☒Applicant meets criteria for privileges ☒Y ☐N
☒Evidence of previous experience met (if applicable)
☒AHP Sponsoring Physician Agreement
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: n/a
☒AMA/Degree Verify Query date: 5/18/2022
☒Board Certification Query date: AANP - expires 7/04/2026
☒CME Certification (if applicable) Sign date: 4/19/2022
☒License Exp Date: 4/30/2023
☒DEA Exp Date: 02/28/2025
☐Moderate Sedation Quiz Grade: n/a ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: n/a
☒NPDB Query Date: 5/18/2022
☒OIG Query date: 5/25/2022
☒TX OIG Query date: 5/18/2022
☒EPLS Query date: 5/25/2022
☒Certificate of Insurance Exp Date: 8/31/2022
☐Faculty Appointment Confirmation - n/a
☒Peer References ☐1 ☐2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 - n/a
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: Trina Matthews
Date: 5/25/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Katherynn Tran, MD

APPLICATION RECEIVED DATE: 5/09/2022 **CCM DATE:** 6/01/2022

☑Privilege Form DOP Signed ☑Y ☐N
☑Application Adverse Info ☐Y ☑N
Attestation Date: 5/06/2022
☑Applicant meets criteria for privileges ☑Y ☐N
☑Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement n/a
☑Curriculum Vitae (CV)/Resume
☑Photo I.D.
☐ECFMG (if applicable) Query date: n/a
☑AMA/Degree Verify Query date: 5/27/2022
☑Board Certification Query date: 5/27/2022
☑CME Certification (if applicable) Sign date: 5/02/2022
☑License Exp Date: 5/31/2023
☑DEA Exp Date: 11/30/2023
☐Moderate Sedation Quiz Grade: n/a ***(86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: n/a
☑NPDB Query Date: 5/27/2022
☑OIG Query date: 5/27/2022
☑TX OIG Query date: 5/27/2022
☑EPLS Query date: 5/27/2022
☑Certificate of Insurance Exp Date: 9/02/2022
☑Faculty Appointment Confirmation
☑Peer References ☐1 ☐2 ☑3
☐Hospital Verification ☐1 ☐2 ☐3 n/a
☑Work History Verification
☑Health statement ___ COVID ✓
☑Bylaws receipt
☑Code of conduct
☑Penalty Acknowledgement Form
☑IT form
☑Pharmacy card

Reviewed by: Trina Matthews
Date: 5/27/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Dr. Hilda Tso, DO

APPLICATION RECEIVED DATE: 04/18/2022 CCM DATE: 06/01/2022

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☐ Y ☑ N
Attestation Date: 04/16/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
☑ Evidence of previous experience met (if applicable)
☒ AHP Sponsoring Physician Agreement N/A
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
☒ ECFMG (if applicable) Query date: N/A
☑ AMA/Degree Verify Query date: 04/22/2022
☒ Board Certification Query date: Not Board Certified
☑ CME Certification (if applicable) Sign date: 04/14/2022
☑ License Exp Date: 08/31/2023
☑ DEA Exp Date: 11/30/2024
☒ Moderate Sedation Quiz Grade: N/A *(86% or greater) if applicable*
☒ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: N/A - None received
☑ NPDB Query Date: 05/27/2022
☑ OIG Query date: 04/23/2022
☑ TX OIG Query date: 04/23/2022
☑ EPLS Query date: 04/23/2022
☑ Certificate of Insurance Exp Date: 08/31/2022
☑ Faculty Appointment Confirmation
☑ Peer References ☐ 1 ☐ 2 ☑ 3
☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3 N/A - None received
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Sharon Bolden
Date: 05/31/2022
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Claudia Wei, MD_____

APPLICATION RECEIVED DATE: _5/03/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 4/28/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _5/17/2022_____
☒Board Certification Query date: _5/17/2022_____
☒CME Certification (if applicable) Sign date: _5/2/2022_____
☒License Exp Date:__2/28/2023_____
☒DEA Exp Date: __5/31/2024 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☒ACLS ☐PALS ☐NRP ☐ATLS Exp date: __4/3/2023_____
☒NPDB Query Date: _5/26/2022_____
☒OIG Query date: __5/5/2022_____
☒TX OIG Query date: _5/5/2022_____
☒EPLS Query date: _5/5/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: _Danielle Whittaker, MD_____

APPLICATION RECEIVED DATE: _5/04/2022_____CCM DATE: _6/1/2022_____

☒Privilege Form DOP Signed ☒Y ☐N
☒Application Adverse Info ☐Y ☒N
Attestation Date: 4/28/2022_____
☒Applicant meets criteria for privileges ☒Y ☐N
☐Evidence of previous experience met (if applicable)
☐AHP Sponsoring Physician Agreement N/A
☒Curriculum Vitae (CV)/Resume
☒Photo I.D.
☐ECFMG (if applicable) Query date: __N/A_____
☒AMA/Degree Verify Query date: _5/13/2022_____
☒Board Certification Query date: _5/13/2022_____
☒CME Certification (if applicable) Sign date: _N/A_____
☒License Exp Date:__5/31/2023_____
☒DEA Exp Date: __3/31/2025 _____
☐Moderate Sedation Quiz Grade: __N/A_____ **(*86% or greater) if applicable***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp date: __N/A_____
☒NPDB Query Date: _5/18/2022_____
☒OIG Query date: __5/13/2022_____
☒TX OIG Query date: _5/13/2022_____
☒EPLS Query date: _5/13/2022_____
☒Certificate of Insurance Exp Date: __6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☒Peer References ☒1 ☒2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Work History Verification
☒Health statement
☒Bylaws receipt
☒Code of conduct
☒Penalty Acknowledgement Form
☒IT form
☒Pharmacy card

Reviewed by: ____Tasha Balkcom_____
Date: ___5/27/2022_____
Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Kelly Aylsworth, MD_____

APPLICATION RECEIVED DATE: _5/10/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _5/10/2022_____
☒Board Certification Query Date: 5/11/2022_____
☒CME Signed Date: _5/10/2022_____
☒License Exp Date: _11/30/2022_____
☒DEA Exp. Date: _6/30/2024_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _5/11/2022_____
☒TX OIG Query Date: 5/11/2022_____
☒EPLS Query Date: _5/11/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Marshall Devon Bailey, MD

APPLICATION RECEIVED DATE: 3/7/22
CCM DATE: 6/1/22

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Evidence of ability to perform procedures (if applicable)
☐ AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☑ Application
Adverse Info ☐ Y ☑ N
Attestation Date: 3/7/22
☑ Board Certification Query Date: 4/19/22
☑ CME Signed Date: 3/16/22
☑ License Exp Date: 2/28/2023
☑ DEA Exp. Date: 7/31/2022
☑ Moderate Sedation Quiz ***(86% or greater)***
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: 2/29/2024
☑ NPDB Query Date: 4/19/22
☑ OIG: Query Date: 4/19/22
☑ TX OIG Query Date: 4/19/22
☑ EPLS Query Date: 4/19/22
☑ Certificate of Insurance Exp. Date: 8/31/22
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☑ Peer References ☑ 1 ☑ 2 ☐ 3
☑ Hospital Verification ☑ 1 ☑ 2 ☑ 3
☑ Health statement
☑ COVID-19 vaccination (check all that apply and enter date of last dose received)
Date: 9/27/21 ☐ Dose 1 ☐ Dose 2 ☑ Booster
☐ Flu vaccination date: N/A (proof required during Flu season (November 1 – March 31)
☐ NPI query date: N/A (at initial appointment)

Reviewed by: Breelyn Hood
Date: 6/1/22

Deficiency Corrections:

Item	Date	Initials

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

SRD 8-2022

APPLICANT NAME **Stephen Boone MD**

APPLICATION RECEIVED DATE: **5/26/2022** **CCM DATE:** **6/1/2022**

Reappointment Audit Sheet

☒Privilege Form DOP Signed ☒Y ☐N
☒Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: 5/25/2022
☒Board Certification Query Date: 6/1/2022
☒CME Signed Date: 4/19/2022
☒License Exp Date: 2/28/2023
☒DEA Exp. Date: 7/31/2024
☒Moderate Sedation Quiz ***(86% or greater)*** ***-0 / PASS / 100% / OA***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date:
☒NPDB Query Date: 6/1/2022
☒OIG: Query Date: 6/1/2022
☒TX OIG Query Date: 6/1/2022
☒EPLS Query Date: 6/1/2022
☒Certificate of Insurance Exp. Date: 6/30/2023
☒Faculty Appointment Confirmation
☒Peer References ☐1 ☐2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: Ovion Anderson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Jeffrey Brian Calhoun,NP

APPLICATION RECEIVED DATE: 3/8/2022
CCM DATE: 6/1/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N yes
☑ Evidence of ability to perform procedures (if applicable) yes
☑ AHP Sponsoring Physician Agreement ☑ AHP Sponsor Evaluation form
☑ Application yes
Adverse Info ☐ Y ☑ N no
Attestation Date: 3/8/2022
☑ Board Certification Query Date: SENT IN BY PROVIDER
☑ CME Signed Date: 3/8/2022
☑ License Exp Date: 8/31/2022
☑ DEA Exp. Date: 8/31/2023
☐ Moderate Sedation Quiz ***(86% or greater)***
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: _____
☑ NPDB Query Date: 5/17/2022
☑ OIG: Query Date: 5/17/2022
☑ TX OIG Query Date: 5/17/2022
☑ EPLS Query Date: 5/17/2022
☑ Certificate of Insurance Exp. Date: 8/31/2023
☑ Faculty Appointment Confirmation yes
☑ Peer References ☑ 1 ☑ 2 ☐ 3 2
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3 1
☑ Health statement

Reviewed by: Bracheia Thompson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Edore Onigu-Otite, MD_____

APPLICATION RECEIVED DATE: _4/12/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _4/12/2022_____
☒Board Certification Query Date: 4/13/2022_____
☒CME Signed Date: _4/25/2022_____
☒License Exp Date: _11/30/2022_____
☒DEA Exp. Date: _8/31/2022_____
☒Moderate Sedation Quiz **(*86% or greater) 100%***
☒ACLS ☐PALS ☒NRP ☐ATLS Exp. Date: __9/30/2023_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _4/13/2022_____
☒TX OIG Query Date: 4/13/2022_____
☒EPLS Query Date: _4/13/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

SRD 8-2022

APPLICANT NAME **Jennifer Carnell MD**

APPLICATION RECEIVED DATE: **05/17/2022** **CCM DATE:** **6/1/2022**

Reappointment Audit Sheet

☒Privilege Form DOP Signed ☒Y ☐N
☒Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: 5-17-2022
☒Board Certification Query Date: 6/1/2022
☒CME Signed Date: 5/17/2022
☒License Exp Date: 8/31/2022
☒DEA Exp. Date: 8/31/2024
☒Moderate Sedation Quiz ***(86% or greater)*** ***-0/ PASS / 100% oa***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date:
☒NPDB Query Date: 6/1/2022
☒OIG: Query Date: 6/1/2022
☒TX OIG Query Date: 6/1/2022
☒EPLS Query Date: 6/1/2022
☒Certificate of Insurance Exp. Date: 6/30/2022
☒Faculty Appointment Confirmation
☒Peer References ☐1 ☐2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: Ovion Anderson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Vanessa Danquah, MD_____

APPLICATION RECEIVED DATE: _5/10/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _5/10/2022_____
☒Board Certification Query Date: 5/11/2022_____
☒CME Signed Date: _5/10/2022_____
☒License Exp Date: _2/28/2023_____
☒DEA Exp. Date: _6/30/2024_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _5/11/2022_____
☒TX OIG Query Date: 5/11/2022_____
☒EPLS Query Date: _5/11/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

SRD 8-2022

APPLICANT NAME **Cameron Decker MD**

APPLICATION RECEIVED DATE: **6/1/2022** **CCM DATE:** **6/1/2022**

Reappointment Audit Sheet

☒Privilege Form DOP Signed ☒Y ☐N
☒Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: 5/26/2022
☒Board Certification Query Date: 6/1/2022
☒CME Signed Date: 5/16/2022
☒License Exp Date: 8/31/2023
☒DEA Exp. Date: 6/30/2025
☒Moderate Sedation Quiz ***(86% or greater)*** ***-0 / PASS / 100% / OA***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date:
☒NPDB Query Date: 6/1/2022
☒OIG: Query Date: 6/1/2022
☒TX OIG Query Date: 6/1/2022
☒EPLS Query Date: 6/1/2022
☒Certificate of Insurance Exp. Date: 6/30/2023
☒Faculty Appointment Confirmation
☒Peer References ☐1 ☐2 ☒3
☐Hospital Verification ☐1 ☐2 ☐3 N/a
☒Health statement

Reviewed by: Ovion Anderson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Carolyn Gardiner, MD

APPLICATION RECEIVED DATE: 3/14/2022
CCM DATE: 6/1/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Evidence of ability to perform procedures (if applicable)
☐ AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form N/A
☑ Application
Adverse Info ☐ Y ☑ N
Attestation Date: 3/14/2022
☑ Board Certification Query Date: 5/17/2022
☑ CME Signed Date: 3/14/2022
☑ License Exp Date: 5/31/2023
☑ DEA Exp. Date: 9/30/2024
☑ Moderate Sedation Quiz ***(86% or greater)***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: NOT REQUIRED
☑ NPDB Query Date: 5/17/2022
☑ OIG: Query Date: 5/17/2022
☑ TX OIG Query Date: 5/17/2022
☑ EPLS Query Date: 5/17/2022
☑ Certificate of Insurance Exp. Date: 8/31/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☑ Peer References ☑ 1 ☑ 2 ☐ 3
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3
☑ Health statement
☑ COVID-19 vaccination (check all that apply and enter date of last dose received)
Date: 12/31/2021 ☐ Dose 1 ☐ Dose 2 ☐ Booster
☑ Flu vaccination date: 11/10/2021 (proof required during Flu season (November 1 – March 31)
☐ NPI query date: REAPPOINTMENT (at initial appointment)

Reviewed by: Bracheia Thompson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Amy Hair, MD_____

APPLICATION RECEIVED DATE: _3/17/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _3/18/2022_____
☒Board Certification Query Date: 3/23/2022_____
☒CME Signed Date: _4/1/2022_____
☒License Exp Date: _5/31/2023_____
☒DEA Exp. Date: _10/31/2024_____
☒Moderate Sedation Quiz **(*86% or greater) 100%***
☒ACLS ☐PALS ☒NRP ☐ATLS Exp. Date: __8/31/2023_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _3/23/2022_____
☒TX OIG Query Date: 3/23/2022_____
☒EPLS Query Date: _3/23/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☒Hospital Verification ☒1 ☐2 ☐3
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

SRD 8-2022

APPLICANT NAME **Michael Jaung MD**

APPLICATION RECEIVED DATE: **5/26/2022** **CCM DATE:** **6/1/2022**

Reappointment Audit Sheet

☒Privilege Form DOP Signed ☒Y ☐N
☒Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: 5-18-2022
☒Board Certification Query Date: 6/1/2022
☒CME Signed Date: 5-3-2022
☒License Exp Date: 8/31/2023
☒DEA Exp. Date: 12-31-2024
☒Moderate Sedation Quiz ***(86% or greater)*** ***-0 / PASS / 100% / oa***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date:
☒NPDB Query Date: 6/1/2022
☒OIG: Query Date: 6/1/2022
☒TX OIG Query Date: 6/1/2022
☒EPLS Query Date: 6/1/2022
☒Certificate of Insurance Exp. Date: 6/30/2023
☒Faculty Appointment Confirmation
☒Peer References ☐1 ☐2 ☒3
☒Hospital Verification ☒1 ☐2 ☐3
☒Health statement x_COVID

Reviewed by: Ovion Anderson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Doris Kung DO

APPLICATION RECEIVED DATE: 6/2/2022
CCM DATE: 6/3/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Evidence of ability to perform procedures (if applicable)
☐ AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☑ Application
Adverse Info ☐ Y ☑ N
Attestation Date: 3/21/2022
☑ Board Certification Query Date: 4/14/2022
☑ CME Signed Date: 3/29/2022
☑ License Exp Date: 8/31/2022
☑ DEA Exp. Date: 12/31/2023
☐ Moderate Sedation Quiz ***(86% or greater)***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: _____
☑ NPDB Query Date: 6/2/2022
☑ OIG: Query Date: 6/2/2022
☑ TX OIG Query Date: 4/14/2022
☑ EPLS Query Date: 6/2/2022
☑ Certificate of Insurance Exp. Date: 6/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☑ Peer References ☐ 1 ☐ 2 ☑ 3
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3
☑ Health statement
☑ COVID-19 vaccination (check all that apply and enter date of last dose received)
Date: 9/3/2021 ☐ Dose 1 ☐ Dose 2 ☑ Booster
☐ Flu vaccination date: n/a (proof required during Flu season (November 1 – March 31)
☑ NPI query date: 6/2/2022 (at initial appointment)

Reviewed by: Ovion Anderson
Date: 6/3/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Amy Lee, MD

APPLICATION RECEIVED DATE: 3/10/2022
CCM DATE: 6/1/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N
☐ Evidence of ability to perform procedures (if applicable)
☐ AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☑ Application
Adverse Info ☑ Y ☐ N
Attestation Date: 3/3/2022
☑ Board Certification Query Date: 318/2022
☑ CME Signed Date: 3/3/2022
☑ License Exp Date: 2/28/2024
☑ DEA Exp. Date: 3/31/2024
☐ Moderate Sedation Quiz ***(86% or greater)***
☑ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: 10/31/2022
☑ NPDB Query Date: 5/27/2022
☑ OIG: Query Date: 3/23/2022
☑ TX OIG Query Date: 3/23/2022
☑ EPLS Query Date: 3/23/2022
☑ Certificate of Insurance Exp. Date: 6/30/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☑ Peer References ☑ 1 ☑ 2 ☑ 3
☐ Hospital Verification ☐ 1 ☐ 2 ☐ 3 N/A
☑ Health statement

Reviewed by: Tasha Balkcom
Date: 5/27/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Benjamin Li, MD_____

APPLICATION RECEIVED DATE: _3/22/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _3/22/2022_____
☒Board Certification Query Date: 4/13/2022_____
☒CME Signed Date: _4/7/2022_____
☒License Exp Date: _2/28/2024_____
☒DEA Exp. Date: _3/31/2024_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _4/13/2022_____
☒TX OIG Query Date: 4/13/2022_____
☒EPLS Query Date: _4/13/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Richard Link, MD_____

APPLICATION RECEIVED DATE: _4/14/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _4/14/2022_____
☒Board Certification Query Date: 4/18/2022_____
☒CME Signed Date: _4/28/2022_____
☒License Exp Date: _5/31/2024_____
☒DEA Exp. Date: _3/31/2024_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _4/18/2022_____
☒TX OIG Query Date: 4/18/2022_____
☒EPLS Query Date: _4/18/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☒Hospital Verification ☒1 ☒2 ☒3
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

SRD 6-2022

APPLICANT NAME **Meghan McGinnis MD**

APPLICATION RECEIVED DATE: **5/4/2022** **CCM DATE:** **6-1-2022**

Reappointment Audit Sheet

☒Privilege Form DOP Signed ☒Y ☐N
☒Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: 3/21/2022
☒Board Certification Query Date: 4/14/2022
☒CME Signed Date: 3/7/2022
☒License Exp Date: 5/31/2022
☒DEA Exp. Date: 1/31/2025
☐Moderate Sedation Quiz ***(86% or greater)***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date:
☒NPDB Query Date: 4/21/2022
☒OIG: Query Date: 4/21/2022
☒TX OIG Query Date: 4/14/2022
☒EPLS Query Date: 4/15/2022
☒Certificate of Insurance Exp. Date: 8/31/2022
☒Faculty Appointment Confirmation
☒Peer References ☐1 ☒2 ☐3
☒Hospital Verification ☒1 ☐2 ☐3
☒Health statement

Reviewed by: Ovion Anderson
Date: 5/31/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Meroe Bergman Morse

APPLICATION RECEIVED DATE: 03/29/2022
CCM DATE: 06/01/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N
☐ Evidence of ability to perform procedures (if applicable)
NA ☒ AHP Sponsoring Physician Agreement ☒ AHP Sponsor Evaluation form
☑ Application
Adverse Info ☐ Y ☑ N
Attestation Date: 03/25/2022
☑ Board Certification Query Date: 05/31/2022
☑ CME Signed Date: 03/22/2022
☑ License Exp Date: 08/31/2022
☑ DEA Exp. Date: 01/31/2022
☒ Moderate Sedation Quiz ***(86% or greater)***
NA ☒ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: _____
NA ☑ NPDB Query Date: 05/31/2022
☑ OIG: Query Date: 05/31/2022
☑ TX OIG Query Date: 05/31/2022
☑ EPLS Query Date: 05/31/2022
☑ Certificate of Insurance Exp. Date: 06/30/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☑ Peer References ☑ 1 ☑ 2 ☐ 3
NA ☒ Hospital Verification ☐ 1 ☐ 2 ☐ 3
☑ Health statement

Reviewed by: Ana Campos
Date: 05/31/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Claude Murugen, MD_____

APPLICATION RECEIVED DATE: _5/9/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _4/28/2022_____
☒Board Certification Query Date: 5/10/2022_____
☒CME Signed Date: _5/10/2022_____
☒License Exp Date: _5/31/2022_____
☒DEA Exp. Date: _1/31/2023_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _5/10/2022_____
☒TX OIG Query Date: 5/10/2022_____
☒EPLS Query Date: _5/10/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Claire Nesmith, NP

APPLICATION RECEIVED DATE: 3/8/2022
CCM DATE: 6/1/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N yes
☑ Evidence of ability to perform procedures (if applicable) yes
☑ AHP Sponsoring Physician Agreement ☑ AHP Sponsor Evaluation form
☑ Application yes
Adverse Info ☐ Y ☑ N no
Attestation Date: 3/8/2022
☑ Board Certification Query Date: SENT IN BY PROVIDER
☑ CME Signed Date: 3/8/2022
☑ License Exp Date: 7/31/2022
☑ DEA Exp. Date: 10/31/2023
☐ Moderate Sedation Quiz ***(86% or greater)***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: _____
☑ NPDB Query Date: 5/17/2022
☑ OIG: Query Date: 5/17/2022
☑ TX OIG Query Date: 5/17/2022
☑ EPLS Query Date: 5/17/2022
☑ Certificate of Insurance Exp. Date: 8/31/2023
☑ Faculty Appointment Confirmation yes
☑ Peer References ☑ 1 ☑ 2 ☐ 3 2
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3 1
☑ Health statement

Reviewed by: Bracheia Thompson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Edore Onigu-Otite, MD_____

APPLICATION RECEIVED DATE: _5/3/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _5/3/2022_____
☒Board Certification Query Date: 5/5/2022_____
☒CME Signed Date: _5/3/2022_____
☒License Exp Date: _5/31/2024_____
☒DEA Exp. Date: _12/31/2023_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _5/5/2022_____
☒TX OIG Query Date: 5/5/2022_____
☒EPLS Query Date: _5/5/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2023_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Daniel Ostermayer, MD

APPLICATION RECEIVED DATE: 3/1/2022
CCM DATE: 6/1/2022

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N yes
☐ Evidence of ability to perform procedures (if applicable) yes
☐ AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☑ Application yes
Adverse Info ☐ Y ☑ N no
Attestation Date: 2/24/2022
☑ Board Certification Query Date: 5/17/2022
☑ CME Signed Date: 2/24/2022
☑ License Exp Date: 5/31/2024
☑ DEA Exp. Date: 12/31/2024
☑ Moderate Sedation Quiz ***(86% or greater)***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: _____
☑ NPDB Query Date: 5/17/2022
☑ OIG: Query Date: 5/17/2022
☑ TX OIG Query Date: 5/17/2022
☑ EPLS Query Date: 5/17/2022
☑ Certificate of Insurance Exp. Date: 8/31/2022
☑ Faculty Appointment Confirmation yes
☑ Peer References ☑ 1 ☑ 2 ☐ 3 2
☑ Hospital Verification ☑ 1 ☐ 2 ☐ 3 1
☑ Health statement

Reviewed by: Bracheia Thompson
Date: 6/1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Binoy Shivanna, MD_____

APPLICATION RECEIVED DATE: _3/21/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _3/21/2022_____
☒Board Certification Query Date: 3/30/2022_____
☒CME Signed Date: _4/12/2022_____
☒License Exp Date: _5/31/2024_____
☒DEA Exp. Date: _2/28/2025_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☒ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __8/31/2023_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _3/30/2022_____
☒TX OIG Query Date: 3/30/2022_____
☒EPLS Query Date: _3/30/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☒Hospital Verification ☒1 ☒2 ☒3
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Karolyn Skalany, MD_____

APPLICATION RECEIVED DATE: _4/25/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _4/25/2022_____
☒Board Certification Query Date: 4/26/2022_____
☒CME Signed Date: _4/27/2022_____
☒License Exp Date: _5/28/2023_____
☒DEA Exp. Date: _2/28/2025_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _4/26/2022_____
☒TX OIG Query Date: 4/26/2022_____
☒EPLS Query Date: _4/26/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Melissa Wilkes Requenez, MD_____

APPLICATION RECEIVED DATE: _4/26/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _4/26/2022_____
☒Board Certification Query Date: 4/26/2022_____
☒CME Signed Date: _4/27/2022_____
☒License Exp Date: _2/28/2024_____
☒DEA Exp. Date: _5/31/2025_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _4/26/2022_____
☒TX OIG Query Date: 4/26/2022_____
☒EPLS Query Date: _4/26/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME_ Lorna Wilks, MD_____

APPLICATION RECEIVED DATE: _4/9/2022_____
CCM DATE: _6/1/2022_____

Reappointment Audit Sheet
☒Privilege Form DOP Signed ☒Y ☐N
☐Evidence of ability to perform procedures (if applicable)
☐AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: _4/9/2022_____
☒Board Certification Query Date: 4/13/2022_____
☒CME Signed Date: _4/28/2022_____
☒License Exp Date: _2/28/2024_____
☒DEA Exp. Date: _5/31/2024_____
☐Moderate Sedation Quiz ***(86% or greater)*** ***N/A***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date: __N/A_____
☒NPDB Query Date: 6/1/2022_____
☒OIG: Query Date: _4/13/2022_____
☒TX OIG Query Date: 4/13/2022_____
☒EPLS Query Date: _4/13/2022_____
☒Certificate of Insurance Exp. Date: _6/30/2022_____
☒Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☒Peer References ☒1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement

Reviewed by: _Tasha Balkcom_____
Date: ___5/31/2022_____

Deficiency Corrections:

Item	Date	Initials

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

SRD 6-2022

APPLICANT NAME **Emily Heller NP**

APPLICATION RECEIVED DATE: **5/3/2022** **CCM DATE:** **6/1/2022**

Reappointment Audit Sheet

☒Privilege Form DOP Signed ☒Y ☐N
☒Evidence of ability to perform procedures (if applicable)
☒AHP Sponsoring Physician Agreement ☒ AHP Sponsor Evaluation form
☒Application
Adverse Info ☐Y ☒N
Attestation Date: 3/28/2022
☒Board Certification Query Date: 7/22/2022
☒CME Signed Date: 3/18/2022
☒License Exp Date: NP & RN 9-30-2022
☒DEA Exp. Date: 10/31/2023
☐Moderate Sedation Quiz ***(86% or greater)***
☐ACLS ☐PALS ☐NRP ☐ATLS Exp. Date:
☒NPDB Query Date: 4/28/2022
☒OIG: Query Date: 4/21/2022
☒TX OIG Query Date: 4/14/2022
☒EPLS Query Date: 4/28/2022
☒Certificate of Insurance Exp. Date: Texas Tort
☐Faculty Appointment Confirmation N/A-AHP
☒Peer References ☐1 ☒2 ☐3
☐Hospital Verification ☐1 ☐2 ☐3 N/A
☒Health statement COVID

Reviewed by: Ovion Anderson
Date: 6//1/2022

Deficiency Corrections:

Item	Date	Initials

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Reappointment Audit Sheet

APPLICANT NAME Tamara Ortiz-Perez, MD

APPLICATION RECEIVED DATE: 4/11/2022
CCM DATE: 5/4/22

Reappointment Audit Sheet

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Evidence of ability to perform procedures (if applicable)
☐ AHP Sponsoring Physician Agreement ☐ AHP Sponsor Evaluation form
☑ Application
Adverse Info ☐ Y ☑ N
Attestation Date: 4/11/2022
☑ Board Certification Query Date: 4/27/22
☑ CME Signed Date: 4/11/2022
☑ License Exp Date: 2/28/2024
☑ DEA Exp. Date: 12/31/2023
☐ Moderate Sedation Quiz ***(86% or greater)***
☐ ACLS ☐ PALS ☐ NRP ☐ ATLS Exp. Date: N/A
☑ NPDB Query Date: _____
☑ OIG: Query Date: 5/2/22
☑ TX OIG Query Date: 5/2/22
☑ EPLS Query Date: 5/2/22
☑ Certificate of Insurance Exp. Date: 6/30/2022
☑ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)

☑ Peer References ☑ 1 ☑ 2 ☐ 3
☐ Hospital Verification ☐ 1 ☐ 2 ☐ 3
☑ Health statement
☑ COVID-19 vaccination (check all that apply and enter date of last dose received)
Date: 8/13/21 ☐ Dose 1 ☐ Dose 2 ☑ Booster
☐ Flu vaccination date: _____ (proof required during Flu season (November 1 – March 31)
☐ NPI query date: _____ (at initial appointment)

Reviewed by: Breelyn Hood
Date: 6/10/22

Deficiency Corrections:

Item	Date	Initials

Thursday, June 23, 2022

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

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The Harris Health System Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health System Correctional Health for June 2022

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

Thank you.

Credentials MEC Report

June 2022

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HARRIS HEALTH SYSTEM – CORRECITONAL HEALTH **JUNE 2022** CHANGES/ADDS/DELETES ROSTER • N/A Changes in Clinical Privileges	
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OTHER BUSINESS • **FILE FOR DISCUSSION** • 1 INITIAL FILE	

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CORRECTIONAL HEALTH MEC
INTIALS ROSTER 5/23/2022

ID	AFFIL	L NAME	FULL NAME	Degree	FACULTY APPOINTMENT	ASSIGNMENT	LIC TYPE	LIC EXP	BOARD STATUS
442614	Correctional Health	Aitsebaomo	Apeameokhai	OD	Optometrist	Ophthalmology	State	12/31/2022	Not Boarded
							DEA	6/30/2024	

HARRISHEALTH SYSTEM

MEDICAL STAFF SERVICES
CREDENTIALING OFFICE
Initial Appointment Audit Sheet

APPLICANT NAME: Apeameokhai Philip Aitsebaomo

APPLICATION RECEIVED DATE: 4/26/2022 **CCM DATE:** 5/23/2022 CH MEC

☑ Privilege Form DOP Signed ☑ Y ☐ N
☑ Application Adverse Info ☑ Y ☐ N
Attestation Date: 2/16/2022
☑ Applicant meets criteria for privileges ☑ Y ☐ N
NA Evidence of previous experience met (if applicable)
NA AHP Sponsoring Physician Agreement
☑ Curriculum Vitae (CV)/Resume
☑ Photo I.D.
NA ECFMG (if applicable) Query date: _____
☑ AMA/Degree Verify Query date: 3/24/2022
☑ Board Certification Query date: NOT BOARDED
☑ CME Certification (if applicable) Sign date: 2/22/2022
☑ License Exp Date: 12/31/2022
☑ DEA Exp Date: 6/30/2024
NA Moderate Sedation Quiz Grade: _____ ***(86% or greater) if applicable***
NA ACLS ☐ PALS ☐ NRP ☐ ATLS Exp date: _____
☑ NPDB Query Date: 2/22/2022
☑ OIG Query date: 2/22/2022
☑ TX OIG Query date: 2/22/2022
☑ EPLS Query date: 2/22/2022
☑ Certificate of Insurance Exp Date: 2/10/2023
☐ Faculty Appointment Confirmation (***Must have appt from: Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health***)
☑ Peer References ☑ 1 ☑ 2 ☑ 3
NA Hospital Verification ☐ 1 ☐ 2 ☐ 3
☑ Work History Verification
☑ Health statement
☑ Bylaws receipt
☑ Code of conduct
☑ Penalty Acknowledgement Form
☑ IT form
☑ Pharmacy card

Reviewed by: Deborah Lemons
Date: 5/20/2022
Deficiency Corrections:

Item	Date	Initials

Thursday, June 23, 2022

Consideration to Ratify the Following Five Grant Agreements Awarded to Harris Health System from the Harris County Hospital District Foundation for a Total of $45,900,000 in Unprecedented Restricted Cash Grants:

1. **Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) and Hospital Complex – $30,000,000**
2. **Proceeds of the 2020 Ben Taub Humanitarian Award Jubilee of Caring for the Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) - $900,000**
3. **Casa De Amigos Clinic Renovation and Expansion Project - $5,000,000**
4. **Quentin Mease Renovation Project - $5,000,000**
5. **Lyndon B. Johnson Hospital Complex - $5,000,000**

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1. Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) and Hospital Complex – $30,000,000

For the construction and improvement of the Ben Taub Hospital Level I Trauma Center (Ginni and Richard Mithoff Trauma Center) and Hospital Complex, approximately 1,150,000.00 square feet; provided however, all of this restricted grant shall be used to pay hard costs, including construction costs and medical equipment only and none of the restricted grant shall be used for soft costs, including overhead, administrative or professional fees, as it is the Foundation's commitment to provide a direct and lasting benefit to the members of the Harris County, Texas community. The Foundation desires to recognize all officers and trustees that made it possible for 29 years of success in supporting the Harris County Hospital District. The Foundation asks Harris Health System to place a plaque at the entrance lobby of Ben Taub Hospital in recognition of all of the deceased past Chairpersons of the Board of Trustees of the Foundation (including Quentin Mease and H. Ben Taub), all of the deceased past members of the Board of Trustees of the Foundation (including Dr. Asha S. Kapadia and Marcy E. Taub-Wessel) and all of the current trustees of the Foundation (including Theodore D. Franklin, Cynthia Adkins, Jay R. Houren, Matthew Plummer, Jr., DMD, Roland Garcia, Jr., Michael S. Chadwick, Donald G. Blake, Wea H. Lee, Wanda LeBlanc, Beth Young, Patrick Blake, Kristin Blomquist, Wendy Montoya Cloonan, Meredith T. Cullen, Laura D. Dale, Algenita Scott Davis, Denis DeBakey, Marianne P. Fanning, Elvin Franklin, Jr., Ewan Johnson, MD, Ph.D., Kenneth L. Mattox, MD, FACS, Elena Marks, Michael Mithoff, Virginia Mithoff, Regina J. Rogers, Peggy B. Smith, MA, Ph.D., and Henry J.N. Taub II) for their dedication and tireless work in helping improve access to healthcare for the members of the Harris County, Texas community.

2. Proceeds of the 2020 Ben Taub Humanitarian Award Jubilee of Caring for the Ben Taub Hospital Level 1 Trauma Center (Ginni and Richard Mithoff Trauma Center) - $900,000
From the proceeds of the 2020 Ben Taub Humanitarian Award Jubilee of Caring for the construction and improvement of the Ben Taub Hospital Level I Trauma Center (Ginni and Richard Mithoff Trauma Center); provided however, all of this restricted grant shall be used to pay hard costs, including construction costs and none of the restricted grant shall be used for soft costs, including overhead, administrative or professional fees, as it is the Foundation's commitment to provide a direct and lasting benefit to the members of the Harris County, Texas community.

3. Casa De Amigos Clinic Renovation and Expansion Project - $5,000,000
For the construction costs, improvement, furniture, fixtures and equipment for the Casa De Amigos Clinic Renovation and Expansion Project, approximately 27,000.00 square feet, as further detailed in the Harris Health presentation dated 1/20/2022 to the Foundation's Executive Committee, as it is the Foundation's commitment to provide a direct and lasting benefit to the members of the Harris County, Texas community. The Foundation desires to recognize all officers and trustees that made it possible for 29 years of success in supporting the Harris County Hospital District. The Foundation asks Harris Health System to place a plaque at the entrance lobby of Casa de Amigos Clinic in recognition of all of the deceased past Chairpersons of the Board of Trustees of the Foundation (including Quentin Mease and H. Ben Taub), all of the deceased past members of the Board of Trustees of the Foundation (including Dr. Asha S. Kapadia and Marcy E. Taub-Wessel) and all of the current trustees of the Foundation (including Theodore D. Franklin, Cynthia Adkins, Jay R. Houren, Matthew Plummer, Jr., DMD, Roland Garcia, Jr., Michael S. Chadwick, Donald G. Blake, Wea H. Lee, Wanda LeBlanc, Beth Young, Patrick Blake, Kristin Blomquist, Wendy Montoya Cloonan, Meredith T. Cullen, Laura D. Dale, Algenita Scott Davis, Denis DeBakey, Marianne P. Fanning, Elvin Franklin, Jr., Ewan Johnson, MD, Ph.D., Kenneth L. Mattox, MD, FACS, Elena Marks, Michael Mithoff, Virginia Mithoff, Regina J. Rogers, Peggy B. Smith, MA, Ph.D., and Henry J.N. Taub II) for their dedication and tireless work in helping improve access to healthcare for the members of the Harris County, Texas community.

4. Quentin Mease Renovation Project - $5,000,000
For the construction costs, improvement, furniture, fixtures and equipment for the Quentin Mease Renovation Project, approximately 132,000.00 square feet, as further detailed in the Harris Health presentation dated 1/20/2022 to the Foundation's Executive Committee, as it is the Foundation's commitment to provide a direct and lasting benefit to the members of the Harris County, Texas community. The Foundation desires to recognize all officers and trustees that made it possible for 29 years of success in supporting the Harris County Hospital District. The Foundation asks Harris Health System to place a plaque at the entrance lobby of Quentin Mease in recognition of all of the deceased past Chairpersons of the Board of Trustees of the Foundation (including Quentin Mease and H. Ben Taub), all of the deceased past members of the Board of Trustees of the Foundation (including Dr. Asha S. Kapadia and Marcy E. Taub-Wessel) and all of the current trustees of the Foundation (including Theodore D. Franklin, Cynthia Adkins, Jay R. Houren, Matthew Plummer, Jr., DMD, Roland Garcia, Jr., Michael S.

Chadwick, Donald G. Blake, Wea H. Lee, Wanda LeBlanc, Beth Young, Patrick Blake, Kristin Blomquist, Wendy Montoya Cloonan, Meredith T. Cullen, Laura D. Dale, Algenita Scott Davis, Denis DeBakey, Marianne P. Fanning, Elvin Franklin, Jr., Ewan Johnson, MD, Ph.D., Kenneth L. Mattox, MD, FACS, Elena Marks, Michael Mithoff, Virginia Mithoff, Regina J. Rogers, Peggy B. Smith, MA, Ph.D., and Henry J.N. Taub II) for their dedication and tireless work in helping improve access to healthcare for the members of the Harris County, Texas community.

5. Lyndon B. Johnson Hospital Complex - $5,000,000

For the current and upcoming hard costs including construction, renovation, improvement, medical equipment and furniture of the Lyndon B. Johnson Hospital Complex, approximately 671,000.00 square feet, as it is the Foundation's commitment to provide a direct and lasting benefit to the members of the Harris County, Texas community once the previous restrictive grant in the amount of $15,000,000.00 is returned to the Foundation. The Foundation desires to recognize all officers and trustees that made it possible for 29 years of success in supporting the Harris County Hospital District. The Foundation asks Harris Health System to place a plaque at the entrance lobby of Lyndon B. Johnson Hospital in recognition of all of the deceased past Chairpersons of the Board of Trustees of the Foundation (including Quentin Mease and H. Ben Taub), all of the deceased past members of the Board of Trustees of the Foundation (including Dr. Asha S. Kapadia and Marcy E. Taub-Wessel) and all of the current trustees of the Foundation (including Theodore D. Franklin, Cynthia Adkins, Jay R. Houren, Matthew Plummer, Jr., DMD, Roland Garcia, Jr., Michael S. Chadwick, Donald G. Blake, Wea H. Lee, Wanda LeBlanc, Beth Young, Patrick Blake, Kristin Blomquist, Wendy Montoya Cloonan, Meredith T. Cullen, Laura D. Dale, Algenita Scott Davis, Denis DeBakey, Marianne P. Fanning, Elvin Franklin, Jr., Ewan Johnson, MD, Ph.D., Kenneth L. Mattox, MD, FACS, Elena Marks, Michael Mithoff, Virginia Mithoff, Regina J. Rogers, Peggy B. Smith, MA, Ph.D., and Henry J.N. Taub II) for their dedication and tireless work in helping improve access to healthcare for the members of the Harris County, Texas community.

Thursday, June 23, 2022

Consideration of Approval of a Resolution Regarding Internal Control Environment for the Community Health Choice Component Units

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Management recommends the approval of the attached internal control environment recommendations for Harris Health System's component units, CHCT and CHCI, prepared by the external audit firm BKD, LLP.

BKD
CPAs & Advisors

14241 Dallas Parkway, Suite 1100 | Dallas, TX 75254-2961
972.702.8262 | Fax 972.702.0673 | bkd.com

May 24, 2022

Harris Health
Re: HMO Financial Transaction & Reporting Recommendations

Community Health Choice, Inc. and Community Health Choice Texas, Inc. (the HMOs) are Texas not-for-profit corporations organized under Section 501(c)(4) of the Internal Revenue Code to operate as health maintenance organizations. The HMOs are reported as discretely presented component units of Harris Health since the Board of Directors of the HMOs are appointed by Harris Health's Board of Trustees and Harris health can impose its will on the HMOs.

The HMOs operate under their own financial reporting internal control structure. However, given the nature of the relationship between Harris Health and the HMOs and the reporting and oversight responsibility that exists for Harris Health, involvement by the Harris Health management and finance teams as it relates to financial transaction and reporting matters is strongly recommended.

Based on consideration of the 2022 statutory audit results of the Health Plan and consideration of the nature of relationships among other health system / health plan relationships in the state of Texas, the recommendations below are offered for consideration. These recommendations are not the result of a full review of the internal control structure of the HMOs but are offered as potential best practices considering statutory reporting requirements.

Financial Review

On a monthly basis, the Harris Health finance team should review the financial statements of the HMOs with particular attention paid to the following financial statement elements:

Intercompany receivables (excludes notes) – Transactions between related parties must be written. Agreements must provide for timely settlement of amounts owed, with a specified due date. Amounts due over 90 days outstanding must be non-admitted (debit capital/surplus, credit the asset).

Receivables (other than receivables from the government) – Receivables aged more than 90 days are non-admitted (debit capital/surplus, credit receivable). Large increases in receivables should be evaluated to determine any amounts over 90 days that should be non-admitted.

Other assets – Prepaid assets are non-admitted, so any "other asset" amounts should be evaluated to determine if they should be non-admitted.

Investments – In general, debt securities are recorded at amortized cost and equity securities recorded at fair value with the change in fair value recorded through surplus rather than the income statement.

Unpaid claims adjustment expense liability – This liability is typically between 2-4% of the unpaid claims payable liability or incurred but not reported (IBNR) liability.

PRAXITY
Empowering Business Globally

Unassigned surplus – This includes net income and the change in non-admitted assets. The unassigned surplus should be able to roll this forward each period by taking net income plus/minus the change in non-admitted assets.

A detailed review of the year-end statutory financial statements to be reported to the Texas Department of Insurance should be completed by the Harris Health finance team with consideration given to the above items.

The financial statement review should consider that there are differences between GAAP and statutory reporting standards as outlined.

Transaction Review

In addition to a monthly and annual review of the HMO financial statements, the Harris Health management and finance teams should meet regularly with the HMO management teams to discuss the items identified below. This is not an all-inclusive list as other material matters may arise that should be considered.

- **Liquidity** – A top concern for any HMO is liquidity and surplus. Harris Health and the HMOs should review any immediate liquidity concerns and consider liquidity projections. Minimum surplus requirements and the HMOs' surplus projections should also be reviewed.

- **Intercompany transactions** – Proposed transactions between the HMOs, including temporary cash transfers, should be reviewed by Harris Health and the HMOs for purpose, need and terms. The appropriate statutory reporting of these transactions should also be considered.

- **Debt** – While any material borrowings by the HMOs ultimately require approval by the Harris Health Board of Trustees, the purpose, need and terms of external borrowings should be reviewed by the Harris Health management and finance teams.

- **Staffing** – Staffing issues that my cause concerns related to the timeliness and accuracy of claims adjudication should be discussed as those issues arise.

- **Claims adjudication –** The results of claims audits and any corrective action plans resulting from those audits, if applicable, should be reviewed by Harris Health and the HMOs

Please contact me at jcclark@bkd.com or 713.647.1665 should you have any questions.

Sincerely,



J. Chris Clark, CPA
Partner | Regional Industry Leader – Healthcare | BKD

Thursday, June 23, 2022

Presentation of the Harris Health System Independent Auditor's Report and Overview for the Fiscal Year Ended February 28, 2022

Representatives from the external audit firm BKD, LLP, will provide an overview of the results of the audit engagements and the Harris Health System audit reports for the Board of Trustees' consideration and approval.

A copy of the presentation is attached.

FORVIS

Harris County Hospital District d/b/a Harris Health System

Fiscal Year Ended February 28, 2022

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

BKD + DHG

Effective June 1, 2022



$1.4BN
in revenue

8th
largest US firm

530+
partners & principals

5,400+
team members

69
markets

27
states + UK & Caymans

How this merger benefits our clients

- Increased investments to deliver world-class client experiences
- Enhanced platform to attract, develop, & retain top talent
- Robust infrastructure to develop innovative solutions
- Broadened expertise focused on specialized solutions
- Greater access to thought leadership, tools, & resources
- Expanded geographic footprint, industry focus, & global access

FORVIS

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

REQUIRED COMMUNICATIONS

- FORVIS' Responsibilities
  - ✓ Draft financial statements and related notes are being presented and we are prepared to issue an unmodified opinion
- Accounting Policies and Practices
  - ✓ Consistent with accounting and industry standards
- There were no:
  - ✓ Difficulties encountered by our team when conducting the audit
  - ✓ Disagreements with management
  - ✓ Contentious accounting issues
  - ✓ Consultations with other accountants
  - ✓ Identified material weaknesses or significant deficiencies in internal controls
- Material Written Communications
  - ✓ Audit communication letter
  - ✓ Management representation letter

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Risk Area	Comments
Management Override of Controls	No matters are reportable.
Revenue Recognition	No matters are reportable.
Information Technology	BKD IT Specialists tested general and access controls related to financial statement applications at Harris Health and the HMOs. No matters are reportable.
Management Estimates	
• Allowance for contractual and uncollectible account adjustments including amounts due from HRSA related to the COVID-19 Uninsured Fund	• No adjustment was required.
• Estimated third-party payer settlements, including Medicaid Waiver related receivables	• No adjustment was required
• Accrual for malpractice, workers' compensation and employee health insurance claims	• No adjustment was required.
• Net pension liability	• No adjustment was required
• Other post-employment benefit liability	• No adjustment was required
• Reserve for CHC and CHCT medical claims liability	• No adjustment was required.
• Recognition of Provider Relief Funding	• No adjustment was required

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

STATEMENTS OF NET POSITION (IN THOUSANDS)

	2018	2019	2020	2021	2022
Current Assets					
Cash and short-term investments	$ 705,428	$ 740,988	$ 905,565	$ 1,090,584	$ 1,232,924
Property taxes receivable, net	35,366	31,049	32,872	33,449	24,820
Patient accounts receivable, net	66,412	78,814	77,348	114,312	127,653
Other current assets	70,368	117,262	166,610	368,241	363,682
	877,574	968,113	1,182,395	1,606,586	1,749,079
Noncurrent Cash and Investments	188,126	95,174	56,182	47,037	84,787
Capital Assets, Net	435,966	466,296	492,450	526,484	560,291
Other Assets	494	342	4,928	6,597	9,441
Deferred Outflows of Resources	24,382	77,628	106,691	187,543	160,212
	$ 1,526,542	$ 1,607,553	$ 1,842,646	$ 2,374,247	$ 2,563,810
Current Liabilities	$ 166,464	$ 156,635	$ 275,524	$ 371,417	$ 314,517
Postemployment Health Benefit Liability	309,838	444,321	470,007	572,176	445,471
Net Pension Liability	180,493	279,900	224,938	162,134	155,191
Long-term Debt	334,844	325,363	325,319	341,287	320,877
Deferred Inflows of Resources	26,968	-	55,313	112,442	218,695
Net Position	507,935	401,334	491,545	814,791	1,109,059
	$ 1,526,542	$ 1,607,553	$ 1,842,646	$ 2,374,247	$ 2,563,810

FORVIS

Note: Condensed financial statements should be read in conjunction with the full set of financial statements.

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION (IN THOUSANDS)

	2018	2019	2020	2021	2022
Net patient service revenue	$ 402,551	$ 477,758	$ 591,357	$ 695,234	$ 822,096
Medicaid supplemental programs revenue	266,468	194,478	290,557	563,923	561,109
Other revenue	27,143	27,147	32,938	34,168	42,552
	696,162	699,383	914,852	1,293,325	1,425,757
Expenses					
Salaries and employee benefits	756,589	760,390	837,609	894,277	1,052,089
Supplies and other	574,661	616,352	717,313	826,853	922,249
Depreciation	53,963	53,349	54,650	59,751	61,159
	1,385,213	1,430,091	1,609,572	1,780,881	2,035,497
Operating Loss	(689,051)	(730,708)	(694,720)	(487,556)	(609,740)
Property tax revenue, net	717,017	739,022	767,515	780,713	814,846
Provider Relief Fund revenue	-	-	-	22,134	34,027
Capital grants from the Foundation	-	-	-	-	45,900
Other revenue (expense)	(50,325)	16,175	17,416	7,955	9,235
Change in Net Position	$ (22,359)	$ 24,489	$ 90,211	$ 323,246	$ 294,268

FORVIS

Note: Condensed financial statements should be read in conjunction with the full set of financial statements.

FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

OTHER AUDIT ENGAGEMENTS & RESULTS

- Uniform Grant Compliance Audit
  - ✓ Separate audit performed to assess compliance with federal and state grants
  - ✓ Questioned costs of $815 were identified, otherwise, no findings noted.
- Statutory Audits of CHC and CHCT
  - ✓ Statutory reporting standards
  - ✓ Filed with the Texas Department of Insurance
  - ✓ Material weakness identified and audit adjustment recorded due to intercompany line of credit
- Pension and 401k Plans
  - ✓ Separate audit performed on the net position of the plans
  - ✓ No significant deficiencies or material weaknesses identified
  - ✓ No recorded audit adjustments
- Board Communications
  - ✓ We have provided separate communications to the governing boards of CHC and CHCT, and to the Pension Plan and 401K Plan delegated committees of the Board of Trustees

FORVIS

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OTHER INDUSTRY ISSUES

- COVID-19
  - ✓ CARES Provider Relief Funding
    - ✓ Multiple changes in guidance and delays in reporting caused the reporting period to carry into FY22
    - ✓ Additional funding received subsequent to FY22 year end will be reported on in future reporting periods
  - ✓ HRSA COVID-19 Uninsured Fund
- Supplemental Medicaid Funding
  - ✓ Waiver extension granted on 1/25/21 to create other directed payment programs to replace the DSRIP program
  - ✓ Extension rescinded on 4/16/21
  - ✓ Certain direct payment programs, including CHIRP, approved on 3/25/22 for the period 9/1/21 through 8/31/22
  - ✓ 4/16/21 letter rescinded, effectively approving the 10-year Waiver extension through 9/30/32

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FORVIS is a trademark of FORVIS, LLP, registration of which is pending with the U.S. Patent and Trademark Office

Thank you!

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The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by FORVIS or the author(s) as to any individual situation as situations are fact specific. The reader should perform its own analysis and form its own conclusions regarding any specific situation. Further, the author(s) conclusions may be revised without notice with or without changes in industry information and legal authorities.
FORVIS has been registered in the U.S. Patent and Trademark Office, which registration is pending.

FORVIS

Assurance / Tax / Advisory

Thursday, June 23, 2022

Consideration of Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2021 and 2020

Representatives from the external audit firm BKD, LLP, will provide an overview of the results of the audit engagement for the Harris County Hospital District 401(k) Plan for the Board of Trustees' consideration and approval.

A copy of the draft report is attached.

Management recommends the acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2021 and 2020.

Board of Trustees, 401(k) and 457(b) Administrative Committee,
Plan Administrator and Management
Harris County Hospital District, d/b/a
Harris Health System
Houston, Texas

As part of our audit of the financial statements of Harris County Hospital District 401(k) Plan (Plan) as of and for the year ended December 31, 2021, we wish to communicate the following to you.

AUDIT SCOPE AND RESULTS

Auditor's Responsibility Under Auditing Standards Generally Accepted in the United States of America

An audit performed in accordance with auditing standards generally accepted in the United States of America is designed to obtain reasonable, rather than absolute, assurance about the financial statements. In performing auditing procedures, we establish scopes of audit tests in relation to the financial statements taken as a whole. Our engagement does not include a detailed audit of every transaction. Our contract more specifically describes our responsibilities.

These standards require communication of significant matters related to the financial statement audit that are relevant to the responsibilities of those charged with governance in overseeing the financial reporting process. Such matters are communicated in the remainder of this letter or have previously been communicated during other phases of the audit. The standards do not require the auditor to design procedures for the purpose of identifying other matters to be communicated with those charged with governance.

An audit of the financial statements does not relieve management or those charged with governance of their responsibilities. Our contract more specifically describes your responsibilities.

Qualitative Aspects of Significant Accounting Policies and Practices

Significant Accounting Policies

The Plan's significant accounting policies are described in *Note 2* of the audited financial statements.

Alternative Accounting Treatments

No matters are reportable.

Management Judgments and Accounting Estimates

Accounting estimates are an integral part of financial statement preparation by management, based on its judgments. The following areas involve significant estimates for which we are prepared to discuss management's estimation process and our procedures for testing the reasonableness of those estimates:

- Fair value of investments

Financial Statement Disclosures

The following areas involve particularly sensitive financial statement disclosures for which we are prepared to discuss the issues involved and related judgments made in formulating those disclosures:

- Related parties
- Subsequent events

Audit Adjustments

No matters are reportable.

Auditor's Judgments About the Quality of the Plan's Accounting Principles

No matters are reportable.

Other Material Communications

Listed below are other material communications between management and us related to the audit:

- Management representation letter *(attached)*

This communication is intended solely for the information and use of management, 401(k) and 457(b) Administrative Committee, the Board of Trustees, others within the Plan, and is not intended to be and should not be used by anyone other than these specified parties.

June __, 2022

TENTATIVE DRAFT
FOR REVIEW & DISCUSSION
PURPOSES ONLY

Harris County Hospital District 401(k) Plan

Independent Auditor's Report and Financial Statements

December 31, 2021 and 2020

TENTATIVE DRAFT
FOR REVIEW & DISCUSSION
PURPOSES ONLY

Harris County Hospital District 401(k) Plan

December 31, 2021 and 2020

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Harris County Hospital District 401(k) Plan

Management's Discussion and Analysis (Unaudited)

December 31, 2021, 2020 and 2019

As management of the Harris County Hospital District, d/b/a Harris Health System (the System), we offer readers of the financial statements of the Harris County Hospital District 401(k) Plan (the Plan), this narrative overview and analysis of the financial activities of the Plan for the years ended December 31, 2021, 2020 and 2019.

Financial Highlights

- The Plan reported net investment income for 2021 of $80,401,652, an increase of $9,313,307 from 2020. The Plan reported net investment income for 2020 of $71,088,345, a decrease of $8,081,325 from 2019.
- The Plan's net position available for benefits increased by $106,372,588 in 2021, increased by $92,271,422 in 2020 and increased by $96,821,663 in 2019.
- The Plan's employer contributions were $20,500,578, $17,726,385 and $14,678,793 in 2021, 2020 and 2019, respectively. Participant contributions were $49,279,974, $38,940,427 and $36,375,261 in 2021, 2020 and 2019, respectively.
- Benefit payments were $43,902,458, $35,628,595 and $33,522,439 in 2021, 2020 and 2019, respectively. Administrative expenses were $650,686, $666,783 and $627,534 in 2021, 2020 and 2019, respectively. Combined benefit payments and administrative expenses increased by $8,257,766, $2,145,405 and $5,977,695 in 2021, 2020 and 2019, respectively.

Overview of the Financial Statements

Our discussion and analysis is intended to serve as an introduction to the Plan's financial statements. The Plan's financial statements are composed of financial statements and notes to the financial statements. The financial statements consist of two statements: (1) statements of net position available for benefits and (2) statements of changes in net position available for benefits. These statements present information on all the Plan's assets and liabilities with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Plan is improving or deteriorating. The statements of changes in net position available for benefits present information showing how the Plan's net position changed during the year. The notes provide additional information that is essential to a full understanding of the data provided in the financial statements.

Financial Analysis

The Plan's assets include investments reported at fair value as of December 31, 2021 and 2020. These assets are held in trust for Plan benefits. Fidelity Management Trust Company serves as trustee and custodian for the Plan.

- The net appreciation in fair value of investments for 2021 totaled $66,653,227 compared to net appreciation of $66,332,530 in 2020. Dividend income increased by $8,992,610 to $13,748,425 in 2021. Dividend income decreased by $629,189 to $4,755,815 in 2020.
- The Plan's net investment income in 2021 was $80,401,652, net investment income in 2020 was $71,088,345, and net investment income in 2019 was $79,169,670. Net investment income (loss) consists of interest, dividend income and net appreciation (depreciation) in the fair value of investments.

Harris County Hospital District 401(k) Plan

Management's Discussion and Analysis (Unaudited)

December 31, 2021, 2020 and 2019

Statements of Net Position Available for Benefits

	2021	2020	2019
Mutual funds and common trust funds	$ 649,602,221	$ 543,115,722	$ 451,623,755
Notes receivable from participants	15,442,509	15,556,420	14,776,965
Net position available for benefits	$ 665,044,730	$ 558,672,142	$ 466,400,720

Statements of Changes in Net Position Available for Benefits

	2021	2020	2019
Net position available for benefits, beginning of year	$ 558,672,142	$ 466,400,720	$ 369,579,057
Net appreciation in fair value of investments	66,653,227	66,332,530	73,784,666
Dividends	13,748,425	4,755,815	5,385,004
Interest income on notes receivables from participants	743,528	811,643	747,912
Contributions	69,780,552	56,666,812	51,054,054
Benefits paid to participants	(43,902,458)	(35,628,595)	(33,522,439)
Administrative expenses	(650,686)	(666,783)	(627,534)
Net position available for benefits, end of year	$ 665,044,730	$ 558,672,142	$ 466,400,720

Request for Information

This financial report is designed to provide a general overview of the Plan's finances. Questions about this report and requests for additional financial information should be directed to the Harris County Hospital District, d/b/a Harris Health System, Attention: Benefits Department, 4800 Fournace Place, Bellaire, Texas 77401.

Harris County Hospital District 401(k) Plan

Statements of Net Position Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments, At Fair Value	$ 649,602,221	$ 543,115,722
Notes Receivable From Participants	15,442,509	15,556,420
Net Position Available for Benefits	$ 665,044,730	$ 558,672,142

Harris County Hospital District 401(k) Plan

Statements of Changes in Net Position Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment Income		
Net appreciation in fair value of investments	$ 66,653,227	$ 66,332,530
Interest and dividends	13,748,425	4,755,815
Net investment income	80,401,652	71,088,345
Interest Income on Notes Receivables From Participants	743,528	811,643
Contributions		
Employer	20,500,578	17,726,385
Participant	49,279,974	38,940,427
Total contributions	69,780,552	56,666,812
Total additions	150,925,732	128,566,800
Deductions		
Benefits paid to participants	43,902,458	35,628,595
Administrative expenses	650,686	666,783
Total deductions	44,553,144	36,295,378
Net Increase	106,372,588	92,271,422
Net Position Available for Benefits, Beginning of Year	558,672,142	466,400,720
Net Position Available for Benefits, End of Year	$ 665,044,730	$ 558,672,142

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Description of the Plan

The Harris County Hospital District 401(k) Plan (the Plan) was established on January 1, 1985. The Plan is a defined-contribution plan open to all full-time and part-time employees of the Harris County Hospital District, d/b/a Harris Health System (the System) who meet the Plan's requirements on the date on which the employee becomes an eligible employee. The Plan is a governmental plan and, as such, is specifically exempt from the reporting and disclosure requirements of the *Employee Retirement Income Security Act of 1974*. Fidelity Management Trust Company (Fidelity) serves as the trustee and custodian for all Plan assets.

The following brief description of the Plan is provided for general information purposes only. For more complete information, participants should refer to the *Summary Plan Description*, a copy of which is available from the System.

The Plan is administered by an Administrative Committee appointed by the System's Board of Trustees, whose members are responsible for administering the Plan under the terms established. The Board of Trustees approves amendments to the Plan.

Contributions and Vesting

Each year, participants may contribute a portion of their annual compensation to either a pretax contribution or Roth 401(k) contribution, as defined by the Plan, subject to certain Internal Revenue Code (IRC) limitations. The limitation was $19,500 in 2021 and 2020 for all participants. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Effective July 2007, the System enhanced the Plan with an employer match up to 5 percent of the participant's compensation for eligible employees, which is 100 percent vested with three or more years of service. Participant rollover contributions are also permitted.

Forfeited Accounts

Forfeitures under the Plan for a Plan year will be applied to reduce the System's obligation to make future matching contributions or to pay Plan administrative expenses for the Plan year. At December 31, 2021 and 2020, the balance of the forfeiture account was $29,791 and $18,002, respectively. During the years ended December 31, 2021 and 2020, employer contributions were reduced by $2,336,773 and $902,535, respectively, from forfeited nonvested accounts.

Participant Investment Account Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The System's matching contribution is allocated to the same investment options as the participant's contributions. The Plan currently offers a variety of mutual funds and common trust funds as investment options for participants.

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

The Plan Document also includes an automatic deferral feature whereby a participant is treated as electing to defer a certain percentage of eligible compensation unless the participant made an affirmative election otherwise. The automatic deferral feature also provides for the percentage deferred at 3 percent.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the System's matching contribution and allocations of Plan earnings, and charged with withdrawals and an allocation of Plan losses and administrative expenses. Allocations are based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants are vested immediately in their voluntary and employee contributions, plus actual earnings thereon.

Notes Receivable from Participants

Participants may borrow, subject to approval, as much as one-half of their respective accounts, up to a maximum amount of $50,000. The minimum loan amount is $1,000. Loans are charged at a rate of interest equal to the current prime lending rate, plus 1 percent. Interest paid is credited to the participant's account. The loans are generally repaid by payroll deduction within five years, except in the case of a loan used to purchase a principal residence.

Payment of Benefits

Benefit payments will normally be made in one lump sum, as soon as practicable, after the employee's severance from employment with the System. However, employees whose benefits at the date of severance are in excess of $1,000 may elect to have the benefit payment made at any time prior to attaining age 72. The participants or their beneficiaries may also receive benefit payments from the Plan upon the participants' permanent disability or death.

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net position available for benefits and changes in net position available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Estimated fair value of the common trust funds is NAV, which is based on the market value of its underlying investments. Since the NAV of the common trust funds is determined and published daily and is the basis for current transactions, the NAV is considered a readily determinable fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Management fees and operating expenses charged to the Plan for investments in mutual and common trust funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the *Plan Document*.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Administrative Expenses

Certain administrative expenses were paid by the System and excluded from the financial statements. Trustee fees, record-keeping fees, loan initiation and maintenance fees, and legal fees are paid by the Plan and are represented as administrative expenses within the statements of changes in net position available for benefits.

Note 3: Investments

The fair value of individual investment options that represented 5 percent or more of the Plan's net position available for benefits as of December 31, 2021 and 2020, were as follows:

	2021	2020
Fidelity 500 Index Fund	$ 66,204,345	$ 46,369,820
T. Rowe Price Blue Chip Growth	63,752,900	57,275,038
Wells Fargo Stable Return Fund (Class Q)	*	51,088,630
T. Rowe Price Retirement 2030 Trust (Class F)	53,033,775	43,869,249
Invesco Stable Value (Class B1)	48,502,807	*
T. Rowe Price Retirement 2040 Trust (Class F)	46,524,020	38,283,017
Diamond Hill Large Cap Fund	43,691,816	38,822,381
T. Rowe Price Retirement 2050 Trust (Class F)	40,417,217	31,384,897
T. Rowe Price Retirement 2035 Trust (Class F)	39,112,439	31,636,682
T. Rowe Price Retirement 2045 Trust (Class F)	35,983,932	*
T. Rowe Price Retirement 2020 Trust (Class F)	35,087,437	33,475,703
T. Rowe Price Retirement 2025 Trust (Class F)	34,286,368	29,196,790

* Investment did not represent greater than 5% in this year

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

The Plan categorizes its fair value measurements within the fair value hierarchy established by accounting principles generally accepted in the United States of America. The hierarchy is based on the valuation inputs used to measure fair value of the assets. Level 1 are quoted prices in an active market for identical assets; Level 2 are significant other observable inputs and Level 3 are significant unobservable inputs.

The following is a summary of the hierarchy of fair value of investments of the Plan as of December 31, 2021 and 2020:

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
December 31, 2021			
Mutual funds:			
Domestic equities	$ 204,515,396	$ -	$ 204,515,396
International equities	18,767,602	-	18,767,602
Balanced and target date	844,489	-	844,489
U.S. fixed income funds	82,440,391	-	82,440,391
Common trust funds:			
Balanced and target date	-	343,034,343	343,034,343
Investment at fair value	$ 306,567,878	$ 343,034,343	$ 649,602,221

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
December 31, 2020			
Mutual funds:			
Domestic equities	$ 162,615,936	$ -	$ 162,615,936
International equities	13,992,627	-	13,992,627
Balanced and target date	577,034	-	577,034
U.S. fixed income funds	85,893,212	-	85,893,212
Common trust funds:			
Balanced and target date	-	280,036,913	280,036,913
Investment at fair value	$ 263,078,809	$ 280,036,913	$ 543,115,722

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Investment Policy

The investment guidelines for the Plan provide a framework for the selection of investment alternatives made available under the Plan to ensure that Plan participants have available high-quality investment alternatives that span the risk and return spectrum and enable the Plan participants to diversify their Plan accounts consistent with their individual circumstances, goals, and risk and reward objectives. The administrative committee is responsible for selecting the investment options that are made available under the Plan and monitoring the investment options' performance. A variety of investment options are offered to include domestic equities, international equities, asset allocation, fixed income and short-term alternatives.

The available investment options as of December 31, 2021 and 2020, are as follows:

- U.S. fixed-income:

  PIMCO Total Return Fund (Institutional Class)
  Wells Fargo Stable Return Fund (Class Q)
  Vanguard Total Bond Market Index (Institutional Class)
  Invesco Stable Value Fund (Class B1)

- Balanced and target date:

  PIMCO Inflation Response Multi-Asset Institutional
  T. Rowe Price Retirement 2005 Trust (Class F)
  T. Rowe Price Retirement 2010 Trust (Class F)
  T. Rowe Price Retirement 2015 Trust (Class F)
  T. Rowe Price Retirement 2020 Trust (Class F)
  T. Rowe Price Retirement 2025 Trust (Class F)
  T. Rowe Price Retirement 2030 Trust (Class F)
  T. Rowe Price Retirement 2035 Trust (Class F)
  T. Rowe Price Retirement 2040 Trust (Class F)
  T. Rowe Price Retirement 2045 Trust (Class F)
  T. Rowe Price Retirement 2050 Trust (Class F)
  T. Rowe Price Retirement 2055 Trust (Class F)
  T. Rowe Price Retirement 2060 Trust (Class F)

- U.S. equity:

  Diamond Hill Large Cap Fund
  Fidelity 500 Index Fund
  T. Rowe Price Blue Chip Growth
  Meridian Growth
  DFA US Target Value
  Vanguard Extended Market Index
  Principal Global Real Estate Securities

- Non-U.S. equity:

  Dodge & Cox International Stock
  Vanguard Total International Stock (Institutional Class)

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of failure of a depository financial institution, the Plan will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in the possession of another party. As of December 31, 2021 and 2020, the Plan does not hold deposits or investments exposed to custodial credit risk.

Interest-rate Risk

The Plan offers participants three U.S. fixed-income funds as investment options at December 31, 2021 and 2020, respectively. The following is a summary of the fair value of the fixed-income funds as of December 31, 2021 and 2020, prorated for maturity distribution as disclosed by the fund managers:

Maturity Distribution	2021 Fair Value	2020 Fair Value
1-3 years	$ -	$ 51,088,630
3-5 Years	48,502,806	-
Greater than 5 Years	33,937,585	34,804,582
	$ 82,440,391	$ 85,893,212

The Plan also provides investment options in balanced and target date common trust funds. The target date common trust funds provide a single-fund diversified portfolio that is automatically adjusting with an age-based asset allocation. The common trust funds are offered in five-year increments. As of December 31, 2021 and 2020, respectively, the fixed-income asset allocation of the common trust funds range from 59.30 percent and 62.8 percent for an anticipated year of retirement in the near future to 4.7 percent and 8.3 percent for those participants with longer opportunities for investment. The fund manager notes the interest rate sensitivity for these common trust funds as moderate. As of December 31, 2021 and 2020, approximately $69,982,000 and $64,683,000, respectively, were invested in fixed-income strategies in the balanced and target date common trust funds. The maturity distribution of these common trust funds is not available.

The Plan's investment policy does not specifically address limits on maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. Each participant is responsible for determining the maturity and commensurate returns of their portfolio.

Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. The Plan's investment policy does not specifically address the quality rating of the investments. Each participant is responsible for determining the risks and commensurate returns on their portfolio. The Plan's core U.S. fixed-income funds were rated based on the average quality of the fixed-income investments as of December 31, 2021 and 2020, as noted below:

Quality Allocation	2021 Fair Value	2020 Fair Value
AA- or above	$ 82,440,391	$ 34,804,583
Not rated	-	51,088,629
	$ 82,440,391	$ 85,893,212

The Plan's balanced and target date common trust funds were noted by the fund manager as being invested in securities with an average credit rating of low.

Foreign Currency Risk

Foreign currency risk is the risk that fluctuations in the exchange rate will adversely affect the value of investments denominated in a currency other than the U.S. dollar. The Plan offers investments in international equities through an international equity mutual fund. These investments are denominated in U.S. dollars and accounted for at fair value. The Plan has no exposure to foreign currency fluctuations.

Note 4: Plan Termination

Although it has not expressed any intent to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event of Plan termination, participants would become 100 percent vested in their accounts.

Harris County Hospital District 401(k) Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 5: Related-Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity, which is the trustee of the Plan. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than a direct payment. The Plan paid $650,686 and $666,783 in administrative expenses to Fidelity during the years ended December 31, 2021 and 2020, respectively.

Note 6: Plan Tax Status

The Internal Revenue Service (IRS) has determined and informed the System by a letter dated June 10, 2014, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

Note 7: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term. Such changes could materially affect the participants' account balances and the amounts reported in the statements of net position available for benefits.

Note 8: Subsequent Events

Subsequent events have been evaluated through June __, 2022, which is the date the financial statements were available to be issued.

Thursday, June 23, 2022

Consideration of Acceptance of the Harris County Hospital District Pension Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2021 and 2020

Representatives from the external audit firm BKD, LLP, will provide an overview of the results of the audit engagement for the Harris County Hospital District Pension Plan for the Board of Trustees' consideration and approval.

A copy of the draft report is attached.

Management recommends the acceptance of the Harris County Hospital District Pension Plan Independent Auditor's Report and Financial Statements for the Years Ended December 31, 2021 and 2020.

Board of Trustees, Pension and Disability Committee,
Plan Administrator and Management
Harris County Hospital District, d/b/a
Harris Health System
Houston, Texas

As part of our audit of the financial statements of Harris County Hospital District Pension Plan (Plan) as of and for the year ended December 31, 2021, we wish to communicate the following to you.

AUDIT SCOPE AND RESULTS

Auditor's Responsibility Under Auditing Standards Generally Accepted in the United States of America

An audit performed in accordance with auditing standards generally accepted in the United States of America is designed to obtain reasonable, rather than absolute, assurance about the financial statements. In performing auditing procedures, we establish scopes of audit tests in relation to the financial statements taken as a whole. Our engagement does not include a detailed audit of every transaction. Our contract more specifically describes our responsibilities.

These standards require communication of significant matters related to the financial statement audit that are relevant to the responsibilities of those charged with governance in overseeing the financial reporting process. Such matters are communicated in the remainder of this letter or have previously been communicated during other phases of the audit. The standards do not require the auditor to design procedures for the purpose of identifying other matters to be communicated with those charged with governance.

An audit of the financial statements does not relieve management or those charged with governance of their responsibilities. Our contract more specifically describes your responsibilities.

Qualitative Aspects of Significant Accounting Policies and Practices

Significant Accounting Policies

The Plan's significant accounting policies are described in *Note 2* of the audited financial statements.

Alternative Accounting Treatments

No matters are reportable.

Management Judgments and Accounting Estimates

Accounting estimates are an integral part of financial statement preparation by management, based on its judgments. The following areas involve significant estimates for which we are prepared to discuss management's estimation process and our procedures for testing the reasonableness of those estimates:

- Fair value of investment
- Actuarial methods and assumptions used in calculating amounts recorded or disclosed in the supplementary information

Financial Statement Disclosures

The following areas involve particularly sensitive financial statement disclosures for which we are prepared to discuss the issues involved and related judgments made in formulating those disclosures:

- Determination of fair values
- Accumulated plan benefits
- Related parties

Audit Adjustments

No matters are reportable.

Auditor's Judgments About the Quality of the Plan's Accounting Principles

No matters are reportable.

Other Material Communications

Listed below are other material communications between management and us related to the audit:

- Management representation letter *(attached)*

This communication is intended solely for the information and use of management, Pension and Disability Committee, Board of Trustees and others within the Plan, and is not intended to be, and should not be, used by anyone other than these specified parties.

June 8, 2022

Harris County Hospital District Pension Plan

Independent Auditor's Report and Financial Statements

December 31, 2021 and 2020

Harris County Hospital District Pension Plan

December 31, 2021 and 2020

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Harris County Hospital District Pension Plan

Management's Discussion and Analysis (Unaudited)

December 31, 2021, 2020 and 2019

As management of the Harris County Hospital District, d/b/a Harris Health System (the System), we offer readers of the financial statements of Harris County Hospital District Pension Plan (the Plan), this narrative overview and analysis of the financial activities of the Plan for the years ended December 31, 2021, 2020 and 2019.

Financial Highlights

- Net position of the Plan as of December 31, 2021, 2020 and 2019, was $966,372,944, $876,637,227 and $737,321,640, respectively. The net position is restricted for use for the payment of future employee pension benefits.
- The Plan's net position restricted for pensions increased $89,735,717 for the year ended December 31, 2021, increased $139,315,587 for the year ended December 31, 2020, and increased $102,605,654 for the year ended December 31, 2019.
- Contributions to the Plan are made solely by the employer, the System, as determined by the Plan's actuaries based on future obligations and required funding to meet those obligations. These contributions totaled $57,000,000, $53,777,666 and $33,620,964 for the years ended December 31, 2021, 2020 and 2019, respectively.
- The Plan's total investment income in 2021, 2020 and 2019 was $88,725,192, $138,087,869 and 119,361,809, yielding a total return on investment of 9.6 percent, 17.1 percent and 17.4 percent, respectively. Investment income consists of interest, dividend income and net appreciation in the fair value of investments. In 2021, 2020 and 2019, the U.S. economic activity firmed and strengthened. A detail of the asset allocation for the years ended December 31, 2021, 2020 and 2019, was as follows:

	2021	2020	2019
Domestic equities (common stocks)	33 %	34 %	31 %
International equities (common collective trust and mutual funds)	26	28	28
Fixed income investment (fixed income securities and mutual funds)	33	30	31
Hedge funds (common collective trusts)	4	4	5
REIT (common collective trusts)	4	4	5
Total	100 %	100 %	100 %

- Benefit payments are the primary expense of the Plan. Such payments totaled $53,264,444, $50,183,995 and $47,367,499 for the years ended December 31, 2021, 2020 and 2019, respectively.
- Other expenses of the Plan include administrative and investment management expenses, which totaled $2,725,031, $2,365,953 and $3,009,620 for the years ended December 31, 2021, 2020 and 2019, respectively.

Harris County Hospital District Pension Plan

Management's Discussion and Analysis (Unaudited)

December 31, 2021, 2020 and 2019

Overview of the Financial Statements

Our discussion and analysis is intended to serve as an introduction to the Plan's basic financial statements. The Plan's financial statements are composed of financial statements and notes to the financial statements. The financial statements consist of two statements: (1) statement of fiduciary net position and (2) statement of changes in fiduciary net position. These statements present information on all the Plan's assets and liabilities with the difference between the two reported as net position restricted for pensions. Over time, increases or decreases in net position restricted for pensions may serve as a useful indicator of whether the financial position of the Plan is improving or deteriorating. The statement of changes in fiduciary net position presents information showing how the Plan's net position restricted for pensions changed during the year. The notes provide additional information that is essential to a full understanding of the data provided in the financial statements.

Investment Policy

The Plan's investment policy requires the Plan to maintain target asset allocation and ranges for the total fund. The asset allocation and ranges are as follows:

	Target	Range
Domestic equity	30 %	23-42 %
International equity	25	18-32
Fixed income	35	23-47
Hedge funds	5	3-7
Real estate funds	5	3-7
Total	100 %	

The Plan's investment policy was adhered to during the years ended December 31, 2021, 2020 and 2019.

Fiduciary Net Position

	2021	2020	2019
Cash	$ 13,618,260	$ 16,262,372	$ 71,020,176
Common stocks	324,763,143	287,004,488	228,649,993
Mutual funds	328,217,354	307,636,891	234,019,433
Collective investment trusts	170,606,355	160,200,178	156,794,368
Fixed income securities	134,862,314	112,127,642	102,093,614
Short-term investments	133,687	1,753,408	-
Receivables from accrued income and other	5,503,167	2,053,630	8,764,183
	977,704,280	887,038,609	801,341,767
Liabilities from accrued expenses and other	(11,331,336)	(10,401,382)	(64,020,127)
Net pension restricted for pensions	$ 966,372,944	$ 876,637,227	$ 737,321,640

Harris County Hospital District Pension Plan
Management's Discussion and Analysis (Unaudited)
December 31, 2021, 2020 and 2019

Changes in Fiduciary Net Position

	2021	2020	2019
Beginning balance	$ 876,637,227	$ 737,321,640	$ 634,715,986
Contributions	57,000,000	53,777,666	33,620,964
Investment income (loss)	88,725,192	138,087,869	119,361,809
Deductions	(55,989,475)	(52,549,948)	(50,377,119)
	$ 966,372,944	$ 876,637,227	$ 737,321,640

Investment Expenses

The Plan's investment expenses for the year ended December 31, 2021 are summarized as follows:

	Direct and Indirect Fees and Commissions					
	Management Fees Paid from Trust	Management Fees Netted from Returns	Total Management Fees	Brokerage Fees/ Commissions	Profit Share/Carried Interest	Total
Equity securities	$ 1,806,532	$ -	$ 1,806,532	$ -	$ -	$ 1,806,532
Fixed income	292,120	-	292,120	-	-	292,120
Real assets	163,459	-	163,459	-	-	163,459
Total direct and indirect fees and commissions	$ 2,262,111	$ -	$ 2,262,111	$ -	$ -	$ 2,262,111
Investment services						
Custodial						307,693
Investment consulting						149,209
Legal						6,018
Total investment services						$ 462,920
Total administrative expenses						$ 2,725,031

Harris County Hospital District Pension Plan
Management's Discussion and Analysis (Unaudited)
December 31, 2021, 2020 and 2019

The following investment managers have been engaged by the System:

ArrowMark Partners
Blackstone Alternative Asset Management LP
Dodge and Cox
Jennison Associates
JP Morgan
Morgan Stanley
State Street Corporation
TCW Asset Management Co.
Wedge Capital Investment Management
William Blair & Company LLC

The Plan holds other/alternative investments in Blackstone Partners Offshore Fund Ltd., which is managed by Blackstone Alternative Asset Management LP.

Request for Information

This financial report is designed to provide a general overview of the Plan's finances. Questions about this report and requests for additional financial information should be directed to the Harris County Hospital District, d/b/a Harris Health System, Attention: Benefits Department, 4800 Fournace Place, Bellaire, Texas 77401.

Harris County Hospital District Pension Plan

Statements of Fiduciary Net Position

December 31, 2021 and 2020

	2021	2020
Assets		
Cash	$ 13,618,260	$ 16,262,372
Investments, At Fair Value		
Fixed income securities	134,862,314	112,127,642
Mutual funds:		
Fixed income	178,289,855	152,410,905
International equity	149,927,499	155,225,986
Common stocks	324,763,143	287,004,488
Collective investment trusts:		
International equity	94,836,849	91,925,488
Multistrategy	37,427,572	35,002,521
Real estate	38,341,934	33,272,169
Short-term investments	133,687	1,753,408
Total investments	958,582,853	868,722,607
Receivables		
Due from broker for securities sold	5,218,274	1,609,148
Accrued interest and dividends	284,893	444,482
Total receivables	5,503,167	2,053,630
Total assets	977,704,280	887,038,609
Liabilities		
Accrued administrative expenses	667,120	893,196
Due to broker for securities purchased	10,664,216	9,508,186
Total liabilities	11,331,336	10,401,382
Net position restricted for pensions	$ 966,372,944	$ 876,637,227

See Notes to Financial Statements

Harris County Hospital District Pension Plan

Statements of Changes in Fiduciary Net Position

Years Ended December 31, 2021 and 2020

	2021	2020
Employer Contributions	$ 57,000,000	$ 53,777,666
Investment Income		
Net appreciation in fair value of investments	77,512,212	126,752,606
Interest	1,409,740	1,910,364
Dividends	9,821,151	9,527,774
Other loss	(17,911)	(102,875)
Total investment income	88,725,192	138,087,869
Total additions	145,725,192	191,865,535
Deductions		
Benefits paid to participants and beneficiaries	53,264,444	50,183,995
Administrative expenses	2,725,031	2,365,953
Total deductions	55,989,475	52,549,948
Net Increase in Net Position Restricted for Pensions	89,735,717	139,315,587
Net Position Restricted for Pensions, Beginning of Year	876,637,227	737,321,640
Net Position Restricted for Pensions, End of Year	$ 966,372,944	$ 876,637,227

Harris County Hospital District Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 1: Description of the Plan

The following description of Harris County Hospital District Pension Plan (the Plan) provides only general information. Participants should refer to the *Summary Plan Description* for more complete information, a copy of which is available from the Harris County Hospital District, d/b/a Harris Health System (the System).

General

The Plan is a noncontributory, single-employer defined-benefit pension plan covering all full-time employees of the System who meet the Plan's service requirements. As a governmental plan, it is exempt from the reporting and disclosure requirements of the *Employee Retirement Income Security Act of 1974,* and follows the reporting requirements as dictated by the Governmental Accounting Standards Board.

In October 2006, the System Board of Trustees (Board) amended the Plan to close enrollment to new hires effective January 1, 2007. The amended plan offers employees hired prior to January 1, 2007, a choice to either (1) continue with their current pension plan or (2) elect to participate in the System's enhanced 401(k) retirement savings plan with a match, effective July 2007, of up to 5 percent of participant's compensation provided by the System. All new hires and rehires after December 31, 2006, are only eligible for the System's 401(k) retirement savings plan with a match up to 5 percent.

The Plan is administered by an administrative committee (the Committee) appointed by the Board of the System. The Committee comprises nine members who are responsible for administering the Plan under the terms that are established. The Board, as authorized in the *Plan Document*, approves amendments to the Plan. State Street (the Trustee) serves as trustee and custodian for the Plan.

Contributions

Contributions to provide benefits under the Plan are made solely by the System. The System makes annual contributions based on an actuarial valuation of the Plan. The actuarial recommended contribution includes normal cost, plus amortization of the expected unfunded liability, if any.

Pension Benefits

Active employees with one or more years of service, who meet eligibility requirements, are entitled to a monthly pension payment beginning at normal retirement age (65) equal to the benefit accrued based on compensation and years of service. The Plan permits early retirement at ages 55 to 64, provided 10 years of service has been completed. If employees terminate after five years of service, they retain the right to vested benefits. Participants become 100 percent vested in their accrued benefits after five years of service. Each participant shall have a monthly benefit payable for life that is equal to the greater of (a) the number of years of service multiplied by 1.5 percent of the average monthly compensation (average base compensation received in the five highest

consecutive calendar years out of the 10 complete calendar years prior to retirement) or (b) the accrued monthly retirement benefit determined as of January 1, 1989, plus the number of years of future service earned after January 1, 1989, multiplied by 1.5 percent of the average monthly compensation, subject to a minimum equal to the benefit earned under the Plan prior to the adoption of the sixth amendment as of September 30, 1991 (applies to non-highly compensated employees only). Monthly benefit payments are subject to a minimum based on the number of years of service multiplied by $6 and a maximum provision permitted to be paid under Section 415 of the Internal Revenue Code (the IRC). Participants may also elect to receive their benefits in other optional forms.

If the present value of a terminating participant's vested benefit is $1,000 or less, the benefit will automatically be paid in a lump sum. In 2021 and 2020, there were no lump-sum payments made to terminated participants.

Death and Disability Benefits

If an active employee dies, a benefit equal to one-half of the normal pension benefit will be due to the spouse of the participant if the participant has attained 10 years of service. The beneficiary of a deceased retired participant is entitled to a lump-sum payment of $5,000. If a participant becomes disabled, the participant will be paid 55 percent of his/her average monthly compensation, less 64 percent of the monthly primary social security benefit at the time of disability. Disability benefits will be paid during the participant's disability or until retirement age is reached, whichever is shorter.

Plan Membership

Membership of the Plan consisted of the following as of January 1, 2021 and 2020, respectively:

	2021	2020
Inactive Plan members or beneficiaries currently receiving benefits	3,290	3,210
Inactive Plan members entitled to but not yet receiving benefits	1,333	1,345
Active Plan members	2,014	2,175
Total Plan members	6,637	6,730

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. The Plan applies the Governmental Accounting Standards Board pronouncements applicable to benefit plan accounting and reporting.

Harris County Hospital District Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities, including U.S. Government securities, corporate debt instruments, mutual funds, common stocks, collective investment trusts and real estate investment trusts. Investment securities, in general, are exposed to various risks, such as interest rate, credit risk, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of accumulated Plan benefits is calculated based on economic and demographic assumptions, including investment return rates, inflation rates, salary increases, retirement ages and mortality rates. Due to uncertainties inherent in the estimations and assumptions processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Quoted market prices, if available, are used to value investments. Mutual funds, including short-term investments, are valued at the net asset value (NAV) of shares held by the Plan at year-end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Fixed income securities are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings. Units of collective investment trusts are stated at fair value using NAV practical expedient.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Certain management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Administrative Expenses

All administrative expenses incurred in the operation of the Plan are paid by the Plan as provided in the *Plan Document*. The System provides accounting and certain other administrative services to the Plan at no charge.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Note 3: Investments

The fair value of investments as of December 31, 2021 and 2020, is presented in the following table (in thousands):

	2021	2020
Common stocks	$ 324,763	$ 287,004
Mutual funds	328,217	307,637
Collective investment trusts	170,606	160,200
Fixed income securities	134,862	112,128
Short-term investments	134	1,753
Total	$ 958,583	$ 868,723

The Plan categorizes its fair value measurements within the fair value hierarchy established by GAAP. The hierarchy is based on the valuation inputs used to measure fair value of the assets. Level 1 are quoted prices in an active market for identical assets, Level 2 are significant other observable inputs and Level 3 are significant unobservable inputs.

The mutual funds held by the Plan are actively traded and valued at the daily closing price as reported by the fund and are disclosed as investments in Registered Investment Companies. The collective investment trusts held by the Plan are valued at NAV of the respective investments as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the investment will be sold for an amount different from the reported NAV.

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

The following is a summary of the hierarchy of the fair value of investments of the Plan as of December 31, 2021 (in thousands):

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	December 31, 2021, Total
Debt securities:			
U.S. Treasury securities	$ -	$ 80,612	$ 80,612
Asset backed	-	6,481	6,481
Agencies	-	2,523	2,523
Commercial mortgage-backed securities	-	7,763	7,763
Corporate bonds	-	33,249	33,249
Mortgages	-	2,173	2,173
Municipals	-	2,061	2,061
Fixed income mutual funds	178,290	-	178,290
Total debt securities	178,290	134,862	313,152
Equity securities:			
Domestic	324,763	-	324,763
International	149,927	-	149,927
Total equity securities	474,690	-	474,690
Short-term investment funds	134	-	134
Total investments by fair value level	$ 653,114	$ 134,862	787,976
Collective investment trusts measured at the NAV practical expedient:			
International equity			94,837
Hedge funds - multistrategy			37,428
Real estate			38,342
Total investments at NAV			170,607
Total investments measured at fair value			$ 958,583

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

The following is a summary of the hierarchy of the fair value of investments of the Plan as of December 31, 2020 (in thousands):

	Fair Value Measurement Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	December 31, 2020, Total
Debt securities:			
U.S. Treasury securities	$ -	$ 59,851	$ 59,851
Asset backed	-	4,248	4,248
Agencies	-	4,260	4,260
Commercial mortgage-backed securities	-	7,662	7,662
Corporate bonds	-	24,886	24,886
Mortgages	-	2,884	2,884
Municipals	-	8,338	8,338
Fixed income mutual funds	152,411	-	152,411
Total debt securities	152,411	112,129	264,540
Equity securities:			
Domestic	287,004	-	287,004
International	155,226	-	155,226
Total equity securities	442,230	-	442,230
Short-term investment funds	1,753	-	1,753
Total investments by fair value level	$ 596,394	$ 112,129	708,523
Collective investment trusts measured at the NAV practical expedient:			
International equity			91,925
Hedge funds - multistrategy			35,003
Real estate			33,272
Total investments at NAV			160,200
Total investments measured at fair value			$ 868,723

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Investments Measured Using the NAV per Share Practical Expedient

The following table summarizes investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
December 31, 2021 (in thousands):				
International equity	$ 94,837	None	Daily	None
Hedge funds - multistrategy	37,428	None	Monthly	95 days
Real estate	38,342	None	Quarterly	45 days
Total investments at NAV	$ 170,607			
December 31, 2020 (in thousands):				
International equity	$ 91,925	None	Daily	None
Hedge funds - multistrategy	35,003	None	Monthly	95 days
Real estate	33,272	None	Quarterly	45 days
Total investments at NAV	$ 160,200			

For collective investment trusts that are measured at NAV per share, the valuation provided by the fund manager is used. All partnerships provide audited financial statements, along with unaudited quarterly reports.

International equity - The trust's investment is an international equity and the investment objective is to seek long-term capital appreciation above the MSCI All Country World Ex-U.S. Investable Market Index (net), by investing at least 80 percent of its total assets in a diversified portfolio of common stocks and in securities convertible into, exchangeable for or having the right to buy such common stocks that issued by companies of all sizes domiciled outside the United States.

Hedge funds – multistrategy - This type invests in hedge funds that pursue multiple strategies to diversify risks and reduce volatility, primarily through limited partnerships. The fund is organized by investing substantially all assets through a master feeder structure and may use a wide range of investment strategies.

Real estate - This type invests in institutional quality real estate private equity funds to provide income, low-correlation to other investments and a hedge against inflation.

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

During the Plan years ended December 31, 2021 and 2020, the Plan's investments (including investments bought, sold and held during the Plan year) appreciated (depreciated) in value by $77,512,212 and $126,752,606, respectively, as follows (in thousands).

	2021	2020
Common stocks	$ 61,108	$ 74,494
Mutual funds	(658)	24,344
Collective investment trusts	17,062	27,915
Total	$ 77,512	$ 126,753

Note 4: Investment Risk Disclosures

Investment Policy

Substantially all of the Plan's investments are held by the Trustee. The Committee authorizes various portfolio managers to manage investments within the guidelines of the Plan's statement of investment policy (the Policy) set forth by the Committee. The Policy mandates a diversified portfolio, which includes investments in collective investment trusts, fixed income securities and equity securities. The GAAP requires disclosure of common deposit and investment risks, including credit risk, concentration of credit risk, custodial credit risk, interest rate risk and foreign currency risk of investments.

The Policy in regard to the allocation of invested assets is established and may be amended by the System's Board of Trustees by a majority vote of its members. It is the policy of the Plan Board to pursue an investment strategy that reduces risk through the prudent diversification of the portfolio across a broad selection of distinct asset classes. The Policy discourages the use of cash equivalents, except for liquidity purposes and aims to refrain from dramatically shifting asset class allocations over short time spans. The following was the Board of Trustee's adopted asset allocation as of December 31, 2021 and 2020:

Asset Class	2021 Target Allocation	2020 Target Allocation
International equity	25 %	25 %
Fixed income	35	35
Domestic equity	30	30
Hedge funds	5	5
Real estate funds	5	5
	100 %	100 %

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Money-weighted Rate of Return

For the years ended December 31, 2021 and 2020, the annual money-weighted rate of return on pension plan investments, net of pension investment expenses, was 9.84 percent and 18.29 percent, respectively. The money-weighted rate of return expresses investment performance, net of investment expense, adjusted for the changing amounts actually invested.

Credit Risk and Concentration of Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. The Policy establishes minimum acceptable credit ratings for certain investment instruments. Fixed income investment managers are expected to invest in a well-diversified mix of debt instruments, including U.S. Treasury, agency, mortgage-backed, asset-backed, corporate, Eurodollar and Yankee issue. The Core Plus Fixed Income Investment manager may also invest in derivative instruments such as options, future contracts or swap agreements. With the exception of the U.S. Treasury and its agencies, no more than 5 percent of the market value of the portfolio should be invested in the securities of a single issuer. No more than 15 percent of the Fixed Income Investment Manager's portion of the Plan 120 percent of the benchmark's allocation, whichever is greater, shall be rated less than "A" quality. Bonds of foreign issuers are permitted to comprise up to 30 percent of a Fixed Income Investment Manager's portfolio. The duration of the portfolio is expected to be within 50 percent of the index's duration. Guidelines for diversification and risk tolerance are detailed within the Policy. Additionally, the Policy includes specific investment strategies for fund groups that address each group's investment options and describes the priorities for suitable investments. The GAAP does not require disclosure of U.S. Government obligations explicitly guaranteed. As of December 31, 2021 and 2020 below are the Plan's fixed income investments, excluding U.S. Government obligations, at fair value (in thousands):

	2021		2020	
Security Type	**Fair Value**	**Quality**	**Fair Value**	**Quality**
Fixed income securities:				
Asset backed	$ 6,481	AA+	$ 4,248	AA+
Agencies	2,523	AAA	4,260	AAA
Commercial mortgage-backed securities	7,763	AAA	7,662	AAA
Mortgages	2,173	A	2,885	A+
Corporate	33,249	A-	24,886	A-
Municipal	2,061	AA+	8,338	AA+
Mutual funds	178,290	A-	152,410	A-
Total	$ 232,540		$ 204,689	

Concentration of credit risk is the risk of loss attributed to the magnitude of an investment in a single issuer. The System mitigates these risks by emphasizing the importance of a diversified portfolio. All funds must be sufficiently diversified to eliminate the risk of loss resulting from overconcentration of assets in a specific maturity, a specific issuer or a specific class of securities. In particular, no more than 5 percent of an equity portfolio may be invested in a single company without consent of the Committee. Holdings in any one industry or sector are not to exceed 30 percent of the portfolio market value. No more than 20 percent of the portfolio may be invested in cash equivalents and fixed income securities with fixed income securities not exceeding 15 percent. Concentration by issuer for other investment instruments is limited to 5 percent. The Policy does specify that acceptable investment instruments must have high-quality credit ratings and, consequently, risk is minimal.

As of December 31, 2021 and 2020, the Plan did not hold more than 5 percent of assets in any single issuer other than mutual funds, U.S. Government obligations, collective investment trusts or obligations of U.S. Government chartered entities.

The Plan maintained no investments in derivatives as of December 31, 2021 and 2020.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of failure of a depository financial institution, the Plan will not be able to recover its deposits or will not be able to recover collateral securities that are in possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Plan will not be able to recover the value of its investment or collateral securities that are in possession of another party.

The Plan does not have a formal policy for custodial credit risk. As of December 31, 2021 and 2020, all investments are held in a nominee name of the custodian for the benefit of the Plan.

Interest Rate Risk

All investments carry the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater is the sensitivity of its fair market value to changes in market interest rates. The Plan does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. Interest rate risk is limited by the short-term nature of the investments.

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

As of December 31, 2021 and 2020, the Plan had the following investments in its fixed income accounts (in thousands):

	2021		2020	
Security Type	Fair Value	Weighted-average Maturity in Years	Fair Value	Weighted-average Maturity in Years
Fixed income securities:				
Asset backed	$ 6,481	5.35	$ 4,248	3.9
Agencies	2,523	6.14	4,260	4.47
Commercial mortgage-backed securities	7,763	5.29	7,662	7.91
Mortgages	2,173	2.29	2,885	1.59
Corporate	33,249	4.41	24,886	6.13
Municipal	2,061	8.61	8,338	9.26
U.S. Treasury	80,612	3.87	59,852	3.38
Mutual funds	178,290	7.49	152,410	6.92
Total	$ 313,152		$ 264,540	

Foreign Currency Risk

Foreign currency risk is the risk that fluctuations in the exchange rate will adversely affect the value of investments denominated in a currency other than the U.S. dollar.

The Plan holds investments in collective investment trusts and mutual funds that are invested in international equities. These investments are denominated in U.S. dollars and accounted for at fair value. The Plan has no exposure to foreign currency fluctuations.

Note 5: Net Pension Liability of the System

The components of the net pension liability of the System as of December 31, 2021 and 2020, were as follows (in thousands):

	2021	2020
Total pension liability	$ 1,121,564	$ 1,038,771
Plan net position restricted for pensions	966,373	876,637
System net pension liability	$ 155,191	$ 162,134
Plan net position restricted for pensions as a percentage of the total pension liability	86.16%	84.39%

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

Actuarial Assumptions

The total pension liability was determined by an actuarial valuation as of December 31, 2021 and 2020, using the following actuarial assumptions:

	2021	2020
Actuarial cost method	Entry age normal	Entry age normal
Inflation	2.5%	2.5%
Investment rate of return - net of expenses	5.75%	6.25%
Projected salary increases (ultimate rate)	3.0%	3.0%
Assumed retirement age	Various retirement age rates were assumed for ages 55 through 70	Various retirement age rates were assumed for ages 55 through 70
Mortality rate:	Healthy: Pri-2012 Total Dataset Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021	Healthy: Pri-2012 Total Dataset Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2020
	Disabled: Pri-2012 Disability Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021	Disabled: Pri-2012 Disability Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2020
	Mortality improvement: The mortality tables include fully generational mortality improvement projected after year 2012 using Scale MP-2021	Mortality improvement: The mortality tables include fully generational mortality improvement projected after year 2012 using Scale MP-2020

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. Best estimates of arithmetic real rates of return for each major asset class included in the Plan's target asset allocation as of December 31, 2021 and 2020 (see the discussion of the Plan's investment policy), are summarized in the following table:

Harris County Hospital District Pension Plan
Notes to Financial Statements
December 31, 2021 and 2020

	2021	2020
Asset class:		
Domestic equity - large cap	7.14 %	7.74 %
Domestic equity - small cap	7.66	8.42
International equity	7.74	8.28
Fixed income	4.13	4.60
Hedge funds	6.01	6.71
Real estate	6.43	6.83

Discount Rate

The discount rate used to measure the total pension liability was 5.75 percent and 6.25 percent for 2021 and 2020, respectively. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made at rates equal to the actuarially determined contribution rates. Based on those assumptions, the Plan's net position restricted for pensions was projected to be available to make all projected future benefit payments of current Plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following represents the net pension liability calculated using the stated discount rate, as well as what the net pension liability would be if it were calculated using a discount rate that is one percentage point lower or one percentage point higher than the current rate:

System Net Pension Liability	1% Decrease (4.75%)	Current Discount Rate (5.75%)	1% Increase (6.75%)
		(In Thousands)	
December 31, 2021	$ 289,716	$ 155,191	$ 42,201

System Net Pension Liability	1% Decrease (5.75%)	Current Discount Rate (6.75%)	1% Increase (7.75%)
		(In Thousands)	
December 31, 2020	$ 284,507	$ 162,134	$ 59,139

Harris County Hospital District Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Note 6: Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated June 10, 2014, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the IRC and therefore not subject to tax. The Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC.

Note 7: Related-party Transactions

Certain Plan investments are managed by State Street, which is the trustee and custodian as defined by the Plan. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Actuarial fees paid by the Plan were $108,108 and $97,791 for the years ended December 31, 2021 and 2020, respectively. The System provides certain administrative services at no cost to the Plan.

Note 8: Plan Termination

Although it has not expressed any intention to do so, the System has the right under the Plan, in certain circumstances, to discontinue contributions to the Plan and to terminate the Plan. In the event that the Plan is terminated, the net position of the Plan will be allocated generally to provide the following benefits in the order indicated:

- Benefits due to participants who have reached the age of 65 and to beneficiaries of deceased participants
- Benefits due to participants qualified for early retirement, as defined by the Plan
- Benefits due to other participants in proportion to the actuarial value of their accumulated benefits

In the event the assets are not sufficient to carry out any of the foregoing purposes in full, the allocations to the accounts of individuals thereunder shall be made in the proportion that the assets available bear to the assets required to carry out the purpose in full.

Note 9: Subsequent Events

Subsequent events have been evaluated through June 8, 2022, which is the date the financial statements were available to be issued.

Required Supplementary Information
(Unaudited)

Harris County Hospital District Pension Plan

Schedule of Changes in Net Pension Liability and Related Ratios– Unaudited

Last 10 Fiscal Years (For Which Information is Available)

Years Ended December 31, 2021 Through 2015

	2021	2020	2019	2018	2017	2016	2015
Total pension liability:							
Service cost	$ 8,601	$ 8,036	$ 8,057	$ 8,280	$ 6,803	$ 7,232	$ 7,795
Interest	64,147	64,307	63,183	60,495	61,427	59,397	57,482
Changes of benefit terms:							
Difference between expected and actual experience	1,782	3,807	243	8,000	1,718	(4,063)	4,637
Changes of assumptions	61,527	50,545	23,528	15,748	10,709	-	-
Benefit payments	(53,264)	(50,184)	(47,367)	(44,712)	(42,563)	(40,178)	(44,023)
Net change in total pension liability	82,793	76,511	47,644	47,811	38,094	22,388	25,891
Total pension liability - beginning	1,038,771	962,260	914,616	866,805	828,711	806,323	780,432
Total pension liability - ending	1,121,564	1,038,771	962,260	914,616	866,805	828,711	806,323
Plan net position restricted for pensions:							
Contributions - employer	57,000	53,778	33,621	30,984	29,433	32,693	31,759
Net investment income (loss)	88,725	138,087	119,362	(35,426)	107,519	39,529	(4,891)
Benefit payments	(53,264)	(50,184)	(47,367)	(44,712)	(42,563)	(40,178)	(44,023)
Administrative expenses	(2,725)	(2,366)	(3,010)	(2,442)	(2,478)	(2,360)	(2,389)
Net change in plan net position restricted for pensions	89,736	139,315	102,606	(51,596)	91,911	29,684	(19,544)
Plan net position restricted for pensions - beginning	876,637	737,322	634,716	686,312	594,401	564,717	584,261
Plan net position restricted for pensions - ending	966,373	876,637	737,322	634,716	686,312	594,401	564,717
System net pension liability - ending	$ 155,191	$ 162,134	$ 224,938	$ 279,900	$ 180,493	$ 234,310	$ 241,606
Plan net position restricted for pensions as a percentage of the total pension liability	86.16%	84.39%	76.62%	69.40%	79.18%	71.73%	70.04%
Covered payroll	$ 148,657	$ 156,479	$ 163,835	$ 169,885	$ 173,272	$ 182,060	$ 197,360
System net pension liability as a percentage of covered payroll	104.40%	103.61%	137.30%	164.76%	104.17%	128.70%	122.42%

Harris County Hospital District Pension Plan

Notes to Schedule of Changes in Net Pension Liability and Related Ratios– Unaudited

Last 10 Fiscal Years (For Which Information is Available)

Years Ended December 31, 2021 Through 2015

Notes to schedule:

Changes of assumptions – In 2014, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the RP-2014 bottom quartile mortality tables with generational mortality improvement projected after 2014 with 50% of Scale MP-2014 for purposes of developing mortality rates.

Changes of assumptions – In 2017, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the MP-2017 scale and rate of return on investments from 7.5% to 7.0%.

Changes of assumptions – In 2018, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the RP-2014 total dataset mortality tables with generational mortality improvement projected after 2006 using Scale MP-2018 for purposes of developing mortality rates and change in inflation rate from 3.0% to 2.5%.

Changes of assumptions – In 2019, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2019 for purposes of developing mortality rates and change in investment return rate from 7.0% to 6.75%.

Changes of assumptions – In 2020, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2020 for purposes of developing mortality rates and change in investment return rate from 6.75% to 6.25%.

Changes of assumptions – In 2021, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2021 for purposes of developing mortality rates and change in investment return rate from 6.25% to 5.75%.

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, Harris County will present information for those years for which information is available. Information presented in this schedule has been determined as of Harris County's fiscal year end (December 31) in accordance with GASB 68.

Harris County Hospital District Pension Plan

Schedule of Investment Returns– Unaudited

Last 10 Fiscal Years (For Which Information is Available)

Years Ended December 31, 2021 Through 2015

	2021	2020	2019	2018	2017	2016	2015
Annual money-weighted rate of return, net of investment expense	9.84%	18.29%	18.71%	(5.56)%	17.93%	6.65%	-(1.19)%

This schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, Harris County will present information for those years for which information is available. Information presented in this schedule has been determined as of Harris County's fiscal year end (December 31) in accordance with GASB 68.

Harris County Hospital District Pension Plan

Schedule of Employer Contributions – Unaudited
Last 10 Fiscal Years
Years Ended December 31, 2021 Through 2012
(Dollar Amounts in Thousands)

	Actuarially Determined Contribution	Actual Annual Contribution	Actual Annual Contribution as a Percentage of Actuarially Determined Contribution	Covered Payroll	Contributions as a Percent of Covered Payroll
Plan year ended:					
December 31, 2021	$ 36,225	$ 57,000	157 %	$ 148,657	38 %
December 31, 2020	36,056	53,778	149	156,479	34
December 31, 2019	33,621	33,621	100	163,835	21
December 31, 2018	30,984	30,984	100	169,885	18
December 31, 2017	29,433	29,433	100	173,272	17
December 31, 2016	32,693	32,693	100	182,060	18
December 31, 2015	31,759	31,759	100	197,360	16
December 31, 2014	31,292	31,292	100	210,728	15
December 31, 2013	33,959	33,959	100	220,398	15
December 31, 2012	27,486	27,486	100	229,056	12

Harris County Hospital District Pension Plan

Notes to Required Supplementary Information - Unaudited

Year Ended December 31, 2021

(Dollar Amounts in Thousands)

The information on the required supplementary information was computed as part of the actuarial valuations at the dates indicated.

Additional information as of the latest actuarial valuation is as follows:

Valuation date	December 31, 2021
Actuarial cost method	Entry age normal
Amortization method	Level dollar amortization of unfunded liabilities
Asset valuation method	Market value
Inflation	2.50%
Salary increase (ultimate rate)	3.00%
Investment rate of return	5.75%
Mortality	

Healthy:

Pri-2012 Total Dataset Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021

Disabled:

Pri-2012 Disability Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021

Mortality Improvement:

The mortality tables include fully generational mortality improvement projected after year 2012 using Scale MP-2021

Thursday, June 23, 2022

Consideration of Acceptance of the Harris Health System Single Audit Reports of Federal and State Award Programs for the Fiscal Year Ended February 28, 2022

Representatives from the external audit firm BKD, LLP, will provide an overview of the results of the audit engagement for the Harris Health System Single Audit Reports of Federal and State Award Programs for the Board of Trustees' consideration and approval.

A copy of the draft report is attached.

Management recommends the acceptance of the Harris Health System Single Audit Reports of Federal and State Award Programs for the Year Ended February 28, 2022.

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Harris County Hospital District
d/b/a Harris Health System
(A Component Unit of Harris County, Texas)

Single Audit Reports

February 28, 2022

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Harris County Hospital District
d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
February 28, 2022

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Harris County Hospital District
d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Expenditures of Federal and State Awards
Year Ended February 28, 2022

Federal Grantor/Passthrough Grantor/State Grantor/Federal Program Title	Assistance Listing Number	Grantor Number	Grant Period	Expenditures	Amount Paid to Subrecipients
U.S. Department of Health and Human Services					
COVID-19 HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID -19 Coverage Assistance Fund	93.461	N/A	3/18/20 until expended	$ 103,807,427	$ -
COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498	N/A	4/10/20 to 12/31/21	56,161,605	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79TI084352-01	9/30/21 to 9/29/22	129,126	-
Coordinated Services and Access to Research for Women, Infants, Children, and Youth	93.153	H12HA24800-09-00	8/1/21 to 7/31/22	131,571	-
		H12HA24800-08-04	8/1/19 to 7/31/21	128,323	-
Total-ALN 93.153				259,894	-
Health Center Program Cluster	93.224	H80CS00038-21	1/1/22 to 2/28/22	581,206	-
Health Center Program		H80CS00038-20	1/1/21 to 8/31/22	3,168,746	-
Health Center Program		H80CS00038-19	3/1/20 to 8/31/21	71,579	
COVID-19 Health Center Program		H8FCS40542-01	4/1/21 to 3/31/23	95,961	-
COVID-19 Health Center Program		4 H8ECS38745-01	5/1/20 to 4/30/22	65,865	-
COVID-19 Health Center Program		4 H8DCS36482-01	4/1/20 to 3/31/22	466,694	-
COVID-19 Health Center Program		6 H8CCS35283-01	3/15/20 to 3/14/22	12,297	-
Total-ALN 93.224				4,462,348	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	H76HA00128-31	1/1/22 to 12/31/22	144,065	-
		H76HA00128-30	1/1/21 to 12/31/21	623,568	-
		H7CHA37097-01-00	4/1/20 to 3/31/22	71,340	-
Total-ALN 93.918				838,973	-
Maternal Opioid Misuse Model	93.687	2A2CMS331766-01-00	1/1/22 to 12/31/22	86,125	-
		2A2CMS331766-01-00	1/1/21 to 12/31/21	514,883	-
Total-ALN 93.687				601,008	-
Opioid STR	93.788	HHS001062800003	10/1/21 to 9/30/22	232,019	-
		HHS000909700002	9/1/20 to 9/30/21	296,393	-
				528,412	-
Total Direct U.S. Department of Health and Human Services				166,788,793	-
Passed Through Harris County Public Health Department:					
HIV Emergency Relief Project Grants	93.914	GEN0216	3/1/21 to 2/28/22	7,920,176	-
Passed Through the Univ of Texas MD Anderson Cancer Center					
Research and Development Cluster					
Cancer Treatment Research	93.395	3MU1 AI068619	9/1/21 to 8/31/22	21,590	-

The accompanying notes are an integral part of this Schedule.

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Harris County Hospital District d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Expenditures of Federal and State Awards (Continued)
Year Ended February 28, 2022

Federal Grantor/Passthrough Grantor/State Grantor/Federal Program Title	Assistance Listing Number	Grantor Number	Grant Period	Expenditures	Amount Paid to Subrecipients
Passed Through City of Houston:					
HIV Prevention Activities – Health Department Based	93.940	C20-002-22	1/1/22 to 12/31/22	37,653	-
		C20-002-21	1/1/21 to 12/31/21	255,236	-
				292,889	-
Passed Through Texas Department of State Health Services					
HIV Prevention Activities – Health Department Based	93.940	HHS000322300001	1/1/21 to 12/31/21	144,395	-
Total-ALN 93.940				437,284	-
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	HHS000322300001	1/1/21 to 12/31/21	109,083	-
Temporary Assistance for Needy Families	93.558	HHS0007346000039	9/1/20 to 8/31/21	98,816	-
Cancer Prevention & Control Program for State, Territorial and Tribal Organizations (Fee-for-Service)	93.898	HHS 000734600039	9/1/20 to 8/31/21	427,636	-
					-
Passed Through Texas Health & Human Services Commission					
Cancer Prevention & Control Program for State, Territorial and Tribal Organizations (Fee-for-Service)	93.898	HHS 000734600039	9/1/21 to 8/31/22	391,261	-
Total-ALN 93.898				818,897	-
Maternal and Child Health Services Block Grant to the States (Fee-for-Service)	93.994	529-17-0023-00037A	9/1/20 to 8/31/21	65,764	-
		529-17-0023-00037A	9/1/21 to 8/31/22	81,821	-
Total-ALN 93.994				147,585	-
Passed Through The University of Texas Health Science Center at Houston					
Research and Development Cluster	93.279		6/1/20 to 5/31/21	13,464	-
Drug Abuse and Addiction Research Programs					
Passed Through Baylor College of Medicine					
HIV-Related Training and Technical Assistance	93.145	U10HA29290	7/1/21 to 6/30/22	12,517	-
		U10HA29290	7/1/20 to 6/30/21	9,941	-
Total-ALN 93.145				22,458	-
Passed Through Baylor College of Medicine					
Research and Development Cluster					
Minority Health and Health Disparities Research	93.307	1 H8FCS40542-01	1/1/21 to 12/31/21	240,572	-
		1 H8FCS40542-01	1/1/22 to 12/31/22	38,992	-
Total-ALN 93.307				279,564	-
Total U.S. Department of Health and Human Services				176,657,710	-

The accompanying notes are an integral part of this Schedule. 2

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Harris County Hospital District
d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Expenditures of Federal and State Awards (Continued)
Year Ended February 28, 2022

Federal Grantor/Passthrough Grantor/State Grantor/Federal Program Title	Assistance Listing Number	Grantor Number	Grant Period	Expenditures	Amount Paid to Subrecipients
U.S. Department of Homeland Security					
Passed through the Texas Department of Public Safety					
Disaster Grants-Public Assistance (Presidentially Declared Disasters)	97.036	DR-4332	8/23/17 to 8/22/20	5,477,153	-
Total U.S. Department of Homeland Security				5,477,153	-
U.S. Department of Justice					
Passed through the City of Houston					
Crime Victim Assistance	16.575	2016-VA-GX-0033	10/1/21 to 9/30/22	37,007	-
		2016-VA-GX-0033	10/1/20 to 9/30/21	43,054	-
				80,061	-
Passed through the Office of the Texas Governor					
Crime Victim Assistance	16.575	4092601	10/1/20 to 9/30/21	11,019	-
Total-ALN 16.575				91,080	-
Total U.S. Department of Justice				91,080	-
Total Expenditures of Federal Awards				$ 182,225,943	$ -

The accompanying notes are an integral part of this Schedule.

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Harris County Hospital District
d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Expenditures of Federal and State Awards (Continued)
Year Ended February 28, 2022

Federal Grantor/Passthrough Grantor/ State Grantor/Federal Program Title	Grantor Number	Grant Period	Expenditures	Amount Paid to Subrecipients
Office of the Texas Governor				
Enhancement of a Community SAFE-Ready Facility	3942103	9/1/21 to 8/31/22	$ 1,098	$ -
	3942102	9/1/20 to 8/31/21	8,907	-
Total-Enhancement of a Community SAFE-Ready Facility			10,005	-
Texas Department of State Health Services				
TB-Prevention and Control – Hospitals (Fee-for-Service)	HHS000454800001	9/1/20 to 8/31/21	5,320	-
	HHS000454800001	9/1/21 to 8/31/22	1,540	-
Total-TB-Prevention and Control – Hospitals			6,860	-
ACS Epilepsy Program	HHS000701500003	9/1/21 to 8/31/22	77,174	-
	HHS000701500003	9/1/20 to 8/31/21	73,913	-
Total-ACS Epilepsy Program			151,087	
AIDS Drug Assistance Program Eligibility	18HHS00SS-R	4/1/21 to 3/31/22	132,678	-
	19HHS00SS-R	4/1/20 to 3/31/21	25,743	-
Total - AIDS Drug Assistance Program Eligibility			158,421	-
Total Texas Department of State Health Services			316,368	-
Title V Fee for Service Prenatal Medical and Dental Grant Program	HHS000588100007	9/1/20 to 8/31/21	3,122	-
	HHS000136500015	9/1/21 to 8/31/22	22,049	-
Total-Title V Fee for Service Prenatal Medical and Dental Grant Program			25,171	-
Family Planning Grant Program (Fee-for-Service)	HHS000734600039	9/1/21 to 8/31/22	1,038,521	-
	HHS000734600039	9/1/20 to 8/31/21	1,023,255	-
Total Family Planning Grant Program			2,061,776	-
Healthy Texas Women's Grant Program	HHS000734600039	9/1/21 to 8/31/22	30,968	-
	HHS000734600039	9/1/20 to 8/31/21	25,149	-
Total Healthy Texas Women's Grant Program			56,117	-
Breast & Cervical Cancer Control Program (Fee-for -Service)	HHS000734600039	9/1/21 to 8/31/22	201,367	-
Total Texas Health and Human Services Commission			$ 2,344,431	$ -

The accompanying notes are an integral part of this Schedule.

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Harris County Hospital District
d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Expenditures of Federal and State Awards (Continued)
Year Ended February 28, 2022

Federal Grantor/Passthrough Grantor/ State Grantor/Federal Program Title	Grantor Number	Grant Period	Expenditures	Amount Paid to Subrecipients
Cancer Prevention and Research Institute of Texas				
Passed through Baylor College of Medicine				
Colorectal Screening and Follow-up Among an Urban Medically Underserved Population	PP170094	8/31/20 to 8/31/21	$ 51,982	$ -
Prevent HCC - through Screening, Vaccination, and Treatment of	PP160079	3/1/20 to 2/28/22	16,205	-
Viral Hepatitis	PP160089	8/31/16 to 4/30/21	6,405	-
Total Prevent HCC			22,610	-
Expanding a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Tobacco Prevention in a Medically Underserved	PP190051	8/31/21 to 8/30/22	61,274	-
Pediatric Population	PP190051	8/31/20 to 8/31/21	122,224	-
Total Expanding HPV Vaccine and Tobacco Prevention Program			183,498	-
Community Network for Cancer Prevention to Improve Cervical and Colorectal Screening and Follow-up Among an Urban Medically	PP170094	8/31/21 to 8/30/22	101,088	-
Underserved Population	PP210007	8/31/18 to 8/30/22	58,334	-
Total Cervical Cancer and Colorectal Screening Program			159,422	-
Total Cancer Prevention and Research Institute of Texas			417,512	-
Total Expenditures of State Awards			3,088,316	-
Total Expenditures of Federal and State Awards			$ 185,314,259	$ -

The accompanying notes are an integral part of this Schedule.

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Harris County Hospital District, d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Notes to the Schedule of Expenditures of Federal and State Awards
Year Ended February 28, 2022

Note 1: Basis of Presentation

The accompanying schedule of expenditures of federal and state awards (Schedule) includes the federal and state award activity of Harris County Hospital District, d/b/a Harris Health System (System) under programs of the federal and state of Texas governments for the year ended February 28, 2022. The information in this Schedule is presented in accordance with the requirements of the Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and the State of Texas *Uniform Grant Management Standards* (UGMS). Because the Schedule presents only a selected portion of the operations of the System, it is not intended to and does not present the financial position, changes in net position or cash flows of the System.

Note 2: Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following, as applicable, either the cost principles contained Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* or UGMS, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts shown on the Schedule, if any, represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3: Indirect Cost Rate

The System has elected not to use the 10 percent de minimis indirect cost rate allowed under the Uniform Guidance.

Note 4: Federal Loan Programs

The System did not have any federal or state loan programs during the year ended February 28, 2022.

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Note 5: Donated PPE (unaudited)

The System received donated PPE during the year with an approximate fair value of $172,900.

Note 6: FEMA Expenditures

Non-federal entities must record expenditures for Federal Emergency Agency (FEMA) projects on the Schedule when: 1) FEMA has approved the non-federal entity's project worksheet and, 2) the non-federal entity has incurred the eligible expenditures. The 2022 expenditures for Federal Assistance Listing Number 97.036 include $5,477,153 of expenditures that were incurred by the System prior to fiscal year 2022 that the project worksheet was approved in fiscal year 2022.

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6/9/2022

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

Board of Trustees
Harris County Hospital District,
d/b/a Harris Health System
Houston, Texas

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the business-type activities and the aggregate discretely presented component units of Harris County Hospital District, d/b/a Harris Health System (System), a component unit of Harris County, Texas, as of and for the year ended February 28, 2022, and the related notes to the financial statements, which collectively comprise the System's basic financial statements, and have issued our report thereon dated June __, 2022. Our report includes reference to other auditors who audited the financial statements of Harris County Hospital District Foundation, as described in our report on the System's financial statements. The financial statements of the Harris County Hospital District Foundation, Community Health Choice, Inc. and Community Health Choice Texas, Inc., the discretely presented component units included in the System's financial statements, were not audited in accordance with *Government Auditing Standards* and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with these discretely presented component units.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the System's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dallas, Texas
June __, 2022

DRAFT
6/9/2022

Report on Compliance for Each Major Federal and State Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal and State Awards Required by the Uniform Guidance and the State of Texas *Uniform Grant Management Standards*

Independent Auditor's Report

Board of Trustees
Harris County Hospital District,
d/b/a Harris Health System
Houston, Texas

Report on Compliance for Each Major Federal and State Program

Opinion on Each Major Federal Program

We have audited Harris County Hospital District, d/b/a Harris Health System's (System) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* and the State of Texas *Uniform Grant Management Standards* (UGMS) that could have a direct and material effect on each of the System's major federal and state programs for the year ended February 28, 2022. The System's major federal and state programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the System complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended February 28, 2022.

Basis for Opinion on Each Major Federal and State Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and UGMS. Our responsibilities under those standards, the Uniform Guidance and UGMS are further described in the "Auditor's Responsibilities for the Audit of Compliance" section of our report.

We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal and state program. Our audit does not provide a legal determination of the System's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the System's federal and state programs.

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the System's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance and UGMS will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the System's compliance with the requirements of each major federal and state program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, the Uniform Guidance and UGMS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the System's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.

- Obtain an understanding of the System's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance and UGMS, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as item 2022-001. Our opinion on each major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the System's response to the noncompliance finding identified in our audit described in the accompanying schedule of findings and questioned costs. The System's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response. The System is responsible for preparing a corrective action plan to address the audit finding included in our auditor's report. The System's corrective action plan was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on it.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal or state program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal or state program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal or state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the "Auditor's Responsibilities for the Audit of Compliance" section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and UGMS. Accordingly, this report is not suitable for any other purpose.

June __, 2022
Dallas, Texas

DRAFT
6/9/2022

Harris County Hospital District, d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Findings and Questioned Costs (Continued)
Year Ended February 28, 2022

Section I – Summary of Auditor's Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

   ☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer

2. Internal control over financial reporting:

   Significant deficiency(ies) identified? ☐ Yes ☒ None reported

   Material weakness(es) identified? ☐ Yes ☒ No

3. Noncompliance material to the financial statements noted? ☐ Yes ☒ No

Federal and State Awards

4. Internal control over major federal and state awards programs:

   Significant deficiency(ies) identified? ☐ Yes ☒ None reported

   Material weakness(es) identified? ☐ Yes ☒ No

5. Type of auditor's report issued on compliance for major federal and state award programs:

   ☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer

6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)? ☒ Yes ☐ No

7. Any audit findings disclosed that are required to be reported by UGMS? ☐ Yes ☒ No

DRAFT
6/9/2022

Harris County Hospital District, d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Findings and Questioned Costs (Continued)
Year Ended February 28, 2022

8. Identification of major federal and state programs:

Cluster/Program	Assistance Listing Number
COVID-19 HRSA COVID-19 Claims Reimbursement for the Uninsured Program and the COVID-19 Coverage Assistance Fund [Federal]	93.461
HIV Emergency Relief Project Grants	93.914
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036
COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498
Family Planning Grant Program [State]	State

9. The threshold used to distinguish between Type A and Type B federal programs: $3,000,000.

10. The threshold used to distinguish between Type A and Type B state programs: $300,000.

11. Auditee qualified as a low-risk auditee? ☒ Yes ☐ No

Section II – Financial Statement Findings

Reference Number	Finding
	No matters are reportable.

DRAFT
6/9/2022

Harris County Hospital District, d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Findings and Questioned Costs (Continued)
Year Ended February 28, 2022

Section III – Federal Award Findings and Questioned Costs

Reference Number	Finding
2022-001	COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution ALN 93.498 U.S. Department of Health and Human Services Period 1 Distribution Criteria or specific requirement – Activities Allowed or Unallowed – Law (Pub. L. No 116-136, 134 Stat. 563 and Pub. L. No 116-139, 134 Stat. 622 and 623); Allowable Costs/Cost Principles – Charges to PRF must be necessary, reasonable, accorded consistent treatment, and conform to the limitations and exclusions of the terms and conditions of the award; and Reporting – Provider Relief Fund Portal Condition – The System's records reflected an invoice in the total other PRF expenses of $1,040, but the supporting invoice and payment support was for $225. Questioned costs - $815 Context – Out of a population of 3,780 other PRF expenses reported in the PRF Reporting Portal, a sample of 40 was selected for testing. Our sample was not, and was not intended to be, statistically valid. Support for one expense was less than what was reflected in the System's records. Effect – Other PRF expenses were overstated. Cause – A purchase order was improperly marked in the system as fully received, resulting in the full amount being accrued when only part of the invoice had been received. Identification as a repeat finding, if applicable – N/A Recommendation – We recommend the System's controls be updated to ensure there is full support for all amounts charged to grants. Views of responsible officials and planned corrective actions – Management agrees with this finding and will review procedures regarding receipt accruals for purchase orders to ensure only amounts received are receipted into the system.

DRAFT
6/9/2022

Harris County Hospital District, d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Schedule of Findings and Questioned Costs (Continued)
Year Ended February 28, 2022

Section IV – State Award Findings and Questioned Costs

Reference Number	Finding
	No matters are reportable.

DRAFT
6/9/2022

Harris County Hospital District, d/b/a Harris Health System
(A Component Unit of Harris County, Texas)
Summary Schedule of Prior Audit Findings
Year Ended February 28, 2022

Reference Number	Summary of Finding	Status

No matters are reportable.

Thursday, June 23, 2022

Consideration of Acceptance of the Harris Health System Independent Auditor's Report and Financial Statements for the Fiscal Years Ended February 28, 2022 and 2021

Representatives from the external audit firm BKD, LLP, will provide an overview of the results of the audit engagement for the Harris Health System for the Board of Trustees' consideration and approval.

A copy of the draft report is attached.

Management recommends the acceptance of the Harris Health System Independent Auditor's Report and Financial Statements for the Fiscal Years Ended February 28, 2022 and 2021.

DRAFT

HARRIS HEALTH SYSTEM

Report to the Board of Trustees and Management

June 23, 2022

Results of the 2022 financial statement audit and other required communications.

June 23, 2022

Board of Trustees and Management
Harris County Hospital District
d/b/a Harris Health System
Houston, Texas

We have completed our audit of the financial statements of Harris County Hospital District d/b/a Harris Health System (the System) as of and for the year ended February 28, 2022. This report includes communication required under auditing standards generally accepted in the United States of America, as well as other matters.

Our audit plan represented an approach responsive to the assessment of risk of material misstatement in financial reporting for the System. Specifically, auditing standards require us to:

- Express opinions on the February 28, 2022 financial statements and supplementary information of the System.
- Issue communications required under auditing standards generally accepted in the United States of America to assist the board in overseeing management's financial reporting and disclosure process.
- Report on internal control over financial reporting and on compliance and other matters based on an audit of the financial statements performed in accordance with *Government Auditing Standards*.
- Report on compliance with requirements that could have a direct and material effect on each major program and on internal control over compliance in accordance with OMB Uniform Guidance and the State of Texas *Uniform Grant Management Standards*.

This report also presents an overview of areas of audit emphasis, as well as our perspectives on the health care environment.

This communication is intended solely for the information and use of the Board of Trustees, management, and others within the System, and is not intended to be, and should not be, used by anyone other than these specified parties.

Very truly yours,

FORVIS, LLP

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Management Representation Letter ..... Tab 1

Summary of Our Audit Approach and Results

Our Approach

FORVIS' audit approach focuses on areas of higher risk—the unique characteristics of the System, your operating environment, the design effectiveness of your internal controls and your financial statement amounts and disclosures. The objective is to express an opinion on the conformity of your financial statements, in all material respects, with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of the Harris County Hospital District Foundation, a discretely presented component unit of the System. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Foundation, is based solely on the report of the other auditors.

Areas of Audit Emphasis

The principal areas of audit emphasis and results were as follows:

Area	Results
Management Override of Controls The risk that management may override existing and functioning accounting controls is an inherent risk to the System.	• No matters are reportable.
Revenue Recognition Revenue cut-off impacts the financial statements of the System.	• No errors in cut-off of revenue were identified.
Provider Relief Funding During 2022, the System recognized approximately $34 million of Provider Relief Funding as non-operating revenue.	• The System was required to evaluate the revenue recognition requirements of the Provider Relief Funds. Based on that evaluation, $34 million of revenue was recognized in 2022 in addition to $22.1 recognized in 2021. Unused funds totaling $21.4 million were returned to HRSA during 2022.

Area	Results
Management Estimates Estimates and judgments made by management materially impact financial statement amounts. The following financial statement areas include material estimates made by management:	
Allowance for contractual and uncollectible account adjustments	• No adjustment was required.
Estimated third-party payer settlements, including Medicaid Waiver related receivables	• No adjustment was required.
Accrual for malpractice, workers' compensation and health insurance claims	• No adjustment was required.
Other Postemployment Benefits Liability (OPEB)	• No adjustment was required.
Net Pension Liability	• No adjustment was required.
Estimated incurred, but not reported, medical claims for Community Health Choice, Inc. and Community Health Choice Texas, Inc.	• No adjustment was required.
Information Technology The System has a sophisticated and complex enterprise resource planning system which affects multiple areas related to financial reporting.	• As part of our audit, we reviewed controls surrounding security and data integrity, as well as challenged access controls to identify segregation of duties conflicts. No matters were noted as a result of this review.

Significant Estimates

The preparation of the financial statements requires considerable judgment because some assets, liabilities, deferred inflows and outflows of resources, revenues and expenses are "estimated" based on management's assumptions about future outcomes. For example, the allowance for uncollectible accounts is impacted by patients' willingness and ability to pay. Other estimates may be dependent on assumptions related to economic or environmental conditions, regulatory reform or changes in industry trends.

Some estimates are inherently more difficult to evaluate and highly susceptible to variation because the assumptions relating to future outcomes have a higher degree of uncertainty. To the extent future outcomes are different than expected, management's estimates are adjusted in future periods, sometimes having a significant effect on subsequent period financial statements. The following are considered to be significant estimates for the System:

- **Third-party Reimbursement –** Net operating revenues include management's estimates of amounts to be reimbursed by third parties. Amounts received for patient billings are generally less than amounts billed. The difference between what is billed and expected to be received is recorded through contractual adjustments. Management's process of estimating amounts to be received from third parties requires estimation based on payer classification, historical data and payer contract provisions. Estimates of third-party reimbursements also include management assumptions about uncertainties in health care reform, payer mix and state of the economy.

  Net operating revenues also include estimated amounts due from the Medicaid DSH Program, the Medicaid NAIP Program, the Medicaid GME Program, the Medicaid UHRIP Program and UC and DSRIP Pools. These estimates are based on historical and subsequent funding and include an allowance for recoupment upon final settlement of the allocation.
- **Allowance for Uncollectible Accounts –** Primary collection risks related to patient accounts receivable include uninsured patients and patient balances where the insurance payer did not pay the entire balance. Management's estimate for allowance for uncollectible accounts is based on historical collection, payer mix and anticipated trends. Similar to third-party reimbursements, management assumptions about the economy and types of payers affect the estimation of allowance for uncollectible accounts.
- **Employee Health and Workers' Compensation Risks –** Reserves for employee health and workers' compensation claims are based on estimates of known claims and estimates for incurred but not reported claims. Management estimates the liability based on specific claim facts and historical claim trends. Management also utilizes a valuation provided by an independent actuary for the workers' compensation liability. Management reviews the estimate for the reasonableness of assumptions used in the development of the estimate by the actuary.
- **Professional and General Liability Risks –** Management records an estimate of a liability based on a claims analysis provided by the Harris County Attorney's office. The estimate is based on known claims, claims history and industry specific experience.

  Allowance for Uncollectible Property Taxes – Management records an estimate of uncollectible property taxes using historical collection and adjustment trends and assumptions about any other uncertainties that could materially impact the collection rate.

- **Net Pension Liability –** Management records an estimated pension liability based on a valuation provided by an independent actuary. The estimate represents the difference between the total pension liability and the fiduciary net position of plan assets and is based on a variety of assumptions including a discount rate to equate the obligation to present value at the statement of net position date. Management reviews the estimate for the reasonableness of assumptions used in the development of the estimate by the actuary.

- **Other Postemployment Benefits –** The System offers post-retirement health insurance to certain beneficiaries. Management records an estimated liability based on a valuation provided by an independent actuary. The estimate is based on a variety of assumptions including a discount rate to equate the obligation to present value at the statement of net position date. Management reviews the estimate for the reasonableness of assumptions used in the development of the estimate by the actuary.

- **Provider Relief Fund Revenue –** The System recognized revenue for material amounts of funding from general and targeted Provider Relief Fund distribution, as provided for under the *Coronavirus Aid, Relief, and Economic Security Act*. These funds were previously received during 2021, and management believes the applicable terms and conditions required to retain the funds have been met for the funds recognized in revenue in 2022 and 2021.

Opinion

Unmodified, or "Clean," Opinion Issued

We have issued an unmodified opinion as to whether the financial statements of the System as of and for the year ended February 28, 2022 are fairly presented, in all material respects.

Required Communications

Generally accepted auditing standards require the auditor to ensure that those charged with governance receive additional information regarding the scope and results of the audit that may assist you in overseeing management's financial reporting and disclosure process. Below, we summarize these required communications:

Auditor's Responsibilities Under Auditing Standards Generally Accepted in the United States of America (GAAS) and the Standards Applicable to Financial Audits Contained in *Government Auditing Standards* Issued by the Comptroller General of the United States; Title 2 U.S. *Code of Federal Regulations* Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance); and the State of Texas Uniform Grant Management Standards (UGMS)

An audit performed in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance)*;* and the State of Texas *Uniform Grant Management Standards* (UGMS) is designed to obtain reasonable, rather than absolute, assurance about the financial statements and about whether noncompliance with the types of compliance requirements described in the Uniform Guidance and UGMS that could have a direct and material effect on a major state or federal program occurred. In performing auditing procedures, we establish scopes of audit tests in relation to the financial statements taken as a whole. Our engagement does not include a detailed audit of every transaction. Our engagement letter more specifically describes our responsibilities.

These standards require communication of significant matters related to the financial statement audit that are relevant to the responsibilities of those charged with governance in overseeing the financial reporting process. Such matters are communicated in the remainder of this letter or have previously been communicated during other phases of the audit. The standards do not require the auditor to design procedures for the purpose of identifying other matters to be communicated with those charged with governance.

An audit of the financial statements does not relieve management or those charged with governance of their responsibilities. Our engagement letter more specifically describes your responsibilities.

Area	Comments
Significant Accounting Policies Significant accounting policies are described in *Note 1* of the financial statements.	• No matters are reportable.

Area	Comments
Alternative Accounting Treatments We are required to report any discussions with management regarding alternative accounting treatments within accounting principles generally accepted in the United States of America for policies and practices for material items, including recognition, measurement and disclosure considerations related to the accounting for specific transactions, as well as general accounting policies.	• No matters are reportable.
Management Judgments and Accounting Estimates Accounting estimates are an integral part of financial statement preparation by management, based on its judgments. Areas involving significant areas of such estimates for which we are prepared to discuss management's estimation process and our procedures for testing the reasonableness of those estimates are listed in the adjacent comments section.	• See analysis of management's judgments and accounting estimates on page 2.
Financial Statement Disclosures These areas involve particularly sensitive financial statement disclosures for which we are prepared to discuss the issues involved and related judgments made in formulating those disclosures.	• Section 1115(a) Medicaid Waiver Program, Medicaid DSH Program and Medicaid NAIP program • Property tax revenue • Net pension liability • Net OPEB liability • COVID-19 and CARES Act Funding • Subsequent events, including the change in fiscal year end

Area	Comments
Audit Adjustments	• No matters are reportable.
Significant Unusual Transactions	• No matters are reportable.
Auditor's Judgments About the Quality of the System's Accounting Policies During the course of the audit, we made observations regarding the System's application of accounting principles.	• No matters are reportable.

Other Material Written Communications

Other material written communications between management and us related to the audit include:

- Management representation letter (*Tab 1*)
- We have provided separate communications related to the Single Audit, Pension Plan and 401(k) audits.

Other Matters

Provider Relief Funds

On March 27, 2020, President Trump signed into law the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act), as part of the government's response to the spread of the SARS-CoV-2 virus and the incidence of COVID-19. The CARES Act contained provisions expanding the Medicare Accelerated and Advanced Payment Program and providing support to health care providers through Provider Relief Funds.

The System received approximately $78 million of distributions from the Provider Relief Fund. Based on an analysis of the compliance and reporting requirements and the effect of the pandemic on the System's operating revenues and expenses through February 28, 2022, the System recognized $34 and $22 million of revenue from this program for the years ended February 28, 2022 and 2021, respectively. The unrecognized amount of Provider Relief Fund distributions was returned to the U.S. Department of Health and Human Services (HHS) during fiscal year 2022, with the exception of $440 thousand which will be returned in fiscal year 2023. Subsequent to February 28, 2022, the System received an additional $21 million of distributions from the Provider Relief Fund.

Provider Relief Funds are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by HHS.

Future Change in Accounting Standard - GASB Statement No. 87, *Leases*

GASB Statement No. 87, *Leases* (GASB 87), provides a new framework for accounting for leases under the principle that leases are financings. No longer will leases be classified between capital and operating. Lessees will recognize an intangible asset and a corresponding liability. The liability will be based on the payments expected to be paid over the lease term, which includes an evaluation of the likelihood of exercising renewal or termination options in the lease. Lessors will recognize a lease receivable and related deferred inflow of resources. Lessors will not derecognize the underlying asset. An exception to the general model is provided for short-term leases that cannot last more than 12 months. Contracts that contain lease and nonlease components will need to be separated so each component is accounted for accordingly.

GASB 87 is effective for financial statements for reporting periods beginning after June 15, 2021. Governments will be allowed to transition using the facts and circumstances in place at the time of adoption, rather than retroactive to the time each lease was begun.

This communication is intended solely for the information and use of management, the Board of Trustees and others with the System, and is not intended to be and should not be used by anyone other than these specified parties.

Dallas, Texas
June 23, 2022

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Independent Auditor's Report and Financial Statements

February 28, 2022 and 2021

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas
February 28, 2022 and 2021

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Independent Auditor's Report

Board of Trustees
Harris County Hospital District,
d/b/a Harris Health System
Houston, Texas

Report on the Audit of the Financial Statements

Opinions

We have audited the accompanying financial statements of the business-type activities and the discretely presented component units of Harris County Hospital District, d/b/a Harris Health System (the System), a component unit of Harris County, Texas, as of and for the years ended February 28, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the System's basic financial statements as listed in the table of contents.

In our opinion, based on our audit and the report of other auditors, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the discretely presented component units of the System as of February 28, 2022 and 2021, and the respective changes in financial position and its cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of the Harris County Hospital District Foundation (Foundation), a discretely presented component unit of the System, which represents 5.0 percent and 11.7 percent of total assets, 11.1 percent and 20.4 percent of net position, and 0.2 percent and 0.2 percent of revenues of the aggregate discretely presented component units for the years ended February 28, 2022 and 2021. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Foundation, is based solely on the report of the other auditors.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions. The financial statements of the Foundation were not audited in accordance with *Government Auditing Standards*.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, pension, and other postemployment benefit information, as listed in the table of contents, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated June 23, 2022, on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not provide an opinion on the effectiveness of the System's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance.

Dallas, Texas
June 23, 2022

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas
Management's Discussion and Analysis
February 28, 2022 and 2021

Introduction

This section of the Harris Health System's (the System or Harris Health) financial report presents background information and management's analysis of the System's financial results for the fiscal years ended February 28, 2022 and 2021. This section should be read in conjunction with the System's financial statements.

Significant Activities and Initiatives in Fiscal Year 2022

Since March 2020, Harris Health and its dedicated workforce have maintained a steadfast response to the ongoing pandemic. Through forged and established collaborations and partnerships with colleague institutions, private sector businesses, government agencies and community partners, Harris Health and its staff continue to respond and support the patient demands during this unprecedented time. This has required operating at times at over 100 percent of normal capacity.

In fiscal 2022, the System's operating expenses grew by over $254 million, or 14.3 percent, as yet another grim testament to the ongoing pandemic. Salaries, wages, and benefits increased by $158 million, or 17.6 percent, over fiscal 2021. In an unprecedented move to boost clinical staff retention and curb labor shortages, Harris Health leadership implemented a series of market increases to nursing and other key clinical personnel as well as a new 3-year retention program. Since the majority of the System's patient population do not have the ability to pay for services, Harris Health's diversity of funding sources comprised of property tax revenue and governmental supplemental programs allowed it to weather the storm with fewer disruptions. In addition, federal funding received for the treatment of the uninsured COVID-19 patients from the federal Health Resources & Services Administration (HRSA) program provided for sustained operational support. HRSA ended the COVID-19 uninsured program in March 2022.

In the midst of Harris Health's response to COVID-19, Harris Health developed and adopted the System's 2021-2025 Strategic Plan, which is guided by five strategic pillars to serve as the System's foundation for the future. The strategic pillars focus on quality and patient safety, people, management and delivery of healthcare as One Harris Health System, population health management, and infrastructure optimization. As part of the growing partnership with the Harris County Sheriff's Office, Harris Health began providing healthcare services to detainees in the Harris County correctional facilities as of March 1, 2022.

During fiscal 2022, the Harris County Commissioners' Court approved a change in the fiscal year end of the System from February 28 to September 30. This change is to be effective with the fiscal year beginning October 1, 2022.

While the COVID-19 pandemic strained the System's capacity and resources, Harris Health's unwavering commitment to patient safety and advancement in the health status of the residents of Harris County continues to inform its vision and strategy beyond fiscal 2022. Based on the solid financial foundation built over the last seven fiscal years, Harris Health is optimistic about the next fiscal year despite some uncertainty still in the air.

Harris Health's component units, the Community Health Choice HMOs (Community Health Choice Texas, Inc. – the Medicaid Managed Care HMO, and Community Health Choice, Inc. – the Health Insurance Marketplace and commercial HMO) experienced a membership increase of approximately 7.4 percent and an increase of approximately 18.9 percent in calendar year 2021 and 2020, respectively.

Financial Highlights

- The System's net position increased approximately $294 million (36.1 percent) in fiscal 2022 and increased $323 million (65.7 percent) in fiscal 2021. The increase in net position for fiscal year 2022 is primarily due to increases in operating revenue as discussed below.
- Total assets and deferred outflows of resources increased $190 million (8.0 percent) and $531 million (28.8 percent) in fiscal year 2022 and fiscal year 2021, respectively, due to increases in reimbursement for patient services. This resulted in cash reinvested in operations, i.e. in capital assets and short-term investments. During both fiscal 2022 and 2021, the System invested $95 million each year in facility related projects, critical information technology and medical equipment. Significant capital acquisitions and resource investments are discussed in the "Capital Assets and Debt Financing" section below.
- The ad-valorem tax base increased approximately 15.1 percent and 3.7 percent in tax year 2021 and tax year 2020, respectively. In tax year 2022, the base rate for maintenance and operations decreased compared to tax year 2021 to 16.047 cents per one hundred dollars of assessed value. The System's tax rate to fund debt service requirements for the Series 2016 and Series 2020 Certificates of Obligation was adjusted slightly downward due to the rising valuation.

Financial Statements

The System's financial statements are prepared on the accrual basis of accounting and present the System's operational activities in a manner similar to that of private sector companies. The financial statements consist of three statements: (1) statements of net position, (2) statements of revenues, expenses and changes in net position and (3) statements of cash flow. The statements provide information about the activities of the System, the Harris County Hospital District Foundation (the Foundation), and the Community Health Choice HMOs, which are reported as discretely presented component units. The statements of net position and the statements of revenues, expenses and changes in net position reflect the System's financial position at the end of the fiscal year and report the net position and changes as a result of the revenues and expenses for the year. The statement of net position presents the assets, deferred outflows, liabilities, deferred inflows and net position of the System at the end of the year. The net position section presents assets plus deferred outflows of resources, less liabilities, less deferred inflows of resources. Increases or decreases in net position are an indicator of whether financial health is improving or deteriorating. Other nonfinancial factors should be considered, however, in evaluating financial health, such as changes in the System's patient base, changes in economic conditions, taxable property values and tax rates, and changes in government legislation. The statement of cash flows reports cash receipts, cash payments, and net changes in cash resulting from operations, investing and noncapital/capital financing activities. The statement explains where cash came from, how it was used and the change in cash balance during the year.

Table 1
Condensed Statements of Net Position
(In millions)

	2022	2021	Dollar Change	Total Percentage Change	2020	Dollar Change	Total Percentage Change
Assets							
Current and other assets	$ 1,844	$ 1,660	$ 184	11.1%	$ 1,244	$ 416	33.4%
Capital assets	560	526	34	6.5%	492	34	6.9%
Total assets	2,404	2,186	218	10.0%	1,736	450	25.9%
Deferred outflows of resources:							
Derivative financial instrument	10	16	(6)	-37.5%	19	(3)	-15.8%
Resources related to pension	38	38	-	0.0%	26	12	46.2%
Resources related to OPEB	105	126	(21)	-16.7%	53	73	0.0%
Unamortized loss on refunding debt	7	8	(1)	-12.5%	9	(1)	-11.1%
Total deferred outflows	160	188	(28)	-14.9%	107	81	75.7%
Total assets and deferred outflows of resources	$ 2,564	$ 2,374	$ 190	8.0%	$ 1,843	$ 531	28.8%
Liabilities							
Long-term debt outstanding	$ 316	$ 329	$ (13)	-4.0%	$ 305	$ 24	7.9%
Current liabilities	301	358	(57)	-15.9%	267	91	34.1%
Other liabilities	619	759	(140)	-18.4%	724	35	4.8%
Total liabilities	1,236	1,446	(210)	-14.5%	1,296	150	11.6%
Deferred inflows of resources:							
Resources related to pension	88	90	(2)	-2.2%	30	30	100.0%
Resources related to OPEB	131	23	108	469.6%	25	25	100.0%
Total deferred inflows	219	113	106	93.8%	55	55	-100.0%
Net investment in capital assets	240	204	36	17.6%	174	30	17.2%
Restricted	79	34	45	132.4%	33	1	3.0%
Unrestricted	790	577	213	36.9%	285	292	102.5%
Total net position	1,109	815	294	36.1%	492	$ 323	65.7%
Total liabilities and deferred inflows of resources and net position	$ 2,564	$ 2,374	$ 190	8.0%	$ 1,843	$ 531	28.8%

Net Position

Total net position represents the residual interest in the System's assets and deferred outflows after liabilities and deferred inflows are deducted. As stated previously, net position increased $294 million (36.1 percent) and increased $323 million (65.7 percent) in fiscal 2022 and 2021, respectively.

Total assets and deferred outflows of resources increased approximately $190 million (8.0 percent) between fiscal 2021 and fiscal 2022 and increased approximately $531 million (28.8 percent) between fiscal 2020 and fiscal 2021.

- Current and other assets increased $183 million (11.0 percent) from fiscal 2021 to fiscal 2022. Cash equivalents and short-term investments increased $31 million (3.2 percent) from fiscal 2021 to fiscal 2022 due to cash inflows from patient service revenues and Medicaid supplemental program revenues that were invested. Restricted cash decreased over $48 million (88.8 percent) from 2021 to 2022 due to transfers of cash held for the benefit of the Harris County Hospital District Local Provider Participation Fund during the year ended February 28, 2022. Assets

limited as to use increased $38 million (80.3 percent) due to receipt of capital campaign funds from the Harris County Hospital District Foundation which was partially offset by the use of 2016 and 2020 bond proceeds for various construction projects, equipment purchases and installation projects at the Ben Taub Hospital as well as the Epic implementation for the Harris Center and the Harris County jail.

- Current and other assets increased $416 million (33.4 percent) from fiscal 2020 to fiscal 2021. Short-term investments increased $359 million (56.6 percent) from fiscal 2020 to fiscal 2021 due to cash inflows from patient service revenues and Medicaid supplemental program revenues that were invested. Restricted cash increased over $18 million (50.0 percent) from 2020 to 2021 due to cash held for the benefit of the newly established Harris County Hospital District Local Provider Participation Fund at February 28, 2021. Assets limited as to use decreased $9 million (16.0 percent) due to the use of the 2016 bond proceeds for the Ben Taub Hospital construction projects offset with the issuance of the Series 2020 certificates of obligation discussed in detail in "Capital Assets and Debt Financing" below.
- Capital assets are discussed in detail following Table 3.
- Deferred outflows of resources consist of the fair market value of derivatives, unamortized losses on refunding of debt and resources related to the System's pension and postemployment health benefit liability plans. In fiscal 2022, deferred outflows related to derivatives decreased $6 million due to current interest rates, pension did not change due to actual versus projected investment performance offset changes in assumptions, and postemployment health benefit decreased $21 million primarily due to changes in actuarial assumptions. In fiscal 2021, deferred outflows related to derivatives decreased $3 million due to current interest rates, pension increased $12 million due to actual versus projected investment performance and changes in assumptions, and postemployment health benefits increased $73 million due to changes in actuarial assumptions.

Total liabilities and deferred inflows of resources decreased $105 million (6.7 percent) and increased $208 million (15.4 percent) in fiscal 2022 and 2021, respectively.

- In 2022, decreases in bond-related debt reflect scheduled debt service payments. See "Capital Assets and Debt Financing" below for a detailed discussion.
- Other liabilities decreased $140 million or 18.5 percent in fiscal 2022 and increased $35 million or 4.8 percent in fiscal 2021.
    - The System's net obligation for the provision of certain postemployment healthcare benefits decreased $127 million in fiscal 2022 and increased $102 million in fiscal 2021, primarily due to change in actuarial assumptions.
    - The System's net pension liability decreased $7 million in fiscal 2022 and decreased $63 million in fiscal 2021, primarily due to change in net investment income and changes in actuarial assumptions.
    - The derivative liability decreased $6 million in fiscal 2022 and decreased $3 million in fiscal 2021 primarily due to current interest rates.
- Deferred inflows of resources related to pension and postemployment health benefit increased $106 million in fiscal 2022 and increased $58 million in fiscal 2021, due to actual versus projected investment performance and changes in assumptions.

Summary of Revenues, Expenses and Changes in Net Position

The following table summarizes the System's revenues and expenses for each of the years ended February 28, 2022, February 28, 2021 and February 29, 2020, and the changes in net position during each of those years.

Table 2
Condensed Summary of Revenues, Expenses and Changes in Net Position
(In thousands)

	2022	2021	2020
Operating Revenues			
Net patient service revenue	$ 822,096	$ 695,234	$ 591,357
Medicaid supplemental programs revenues	561,109	563,923	290,557
Other operating revenues	42,552	34,168	32,938
Total operating revenues	1,425,757	1,293,325	914,852
Operating Expenses			
Salaries, wages and benefits	1,052,089	894,277	838,483
Purchased services, supplies and other	922,249	826,853	716,439
Depreciation and amortization	61,159	59,751	54,650
Total operating expenses	2,035,497	1,780,881	1,609,572
Operating Loss	(609,740)	(487,556)	(694,720)
Nonoperating Revenues			
Ad valorem tax revenues - net	814,846	780,713	767,515
Tobacco settlement revenues	13,273	12,924	13,797
Provider Relief Fund revenue	34,027	22,134	-
Investment income	1,553	4,434	15,089
Total nonoperating revenues	863,699	820,205	796,401
Nonoperating Expenses			
Interest expense	(10,727)	(10,920)	(10,866)
Other	5,136	1,517	(604)
Total nonoperating expenses	(5,591)	(9,403)	(11,470)
Income Before Capital Grants and Gifts	248,368	323,246	90,211
Capital grants from the Foundation	45,900	-	-
Change in net position	294,268	323,246	90,211
Net Position - Beginning of Year	814,791	491,545	401,334
Net Position - End of Year	$ 1,109,059	$ 814,791	$ 491,545

Operating Revenues

Operating revenues increased $132 million (10.2 percent) during the fiscal year ended February 28, 2022. During the year ended February 28, 2021, the System's total operating revenue increased $378 million (41.4 percent).

- Net patient service revenue increased $127 million in fiscal 2022 and $104 million in fiscal 2021. In fiscal 2022 and 2021, the increase was attributed to $92 million and $115 million, respectively, in COVID-19 claims reimbursement for the uninsured, provided by the federal Health Resources & Services Administration (HRSA) program as a response to the COVID-19 pandemic.
- The System participates in the Uncompensated Care (UC) Pool, Medicaid Disproportionate Share (Medicaid DSH), Delivery System Reform Incentive Payment (DSRIP) Pool, Network Access Improvement Program (NAIP), Uniform Hospital Rate Increase Program (UHRIP) and Graduate Medical Education (GME) Medicaid supplement programs. Revenue from government programs decreased $3 million in fiscal 2022. In fiscal 2021, supplemental program revenue increased by $273 million due to due to the resizing of the State's UC pool and the charity allocation changes that started in federal fiscal year 2020, as well as the higher federal medical assistance percentage provided under the CARES Act.

Operating Expenses

Total operating expenses increased $255 million (14.3 percent) during the fiscal year ended February 28, 2022. During the year ended February 28, 2021, the System's total operating expenses increased $171 million (10.6 percent).

- Overall, the System spent $300 million in pandemic-related costs over calendar year 2021 and 2020, of which $180 million was spent through December 31, 2021. Purchased services, supplies, and other operating expenses increased $95 million (11.5 percent) in fiscal 2022, primarily due to increases in physician cost, purchased medical and non-clinical services, and pharmaceuticals. In fiscal 2021, purchased services, supplies and other operating expenses increased $110 million (15.4 percent) due to increases in physician cost, purchased medical and non-clinical services, and medical insurance subsidies.

- In fiscal 2022, the System's salaries and wages increased $137 million (21.0 percent) primarily due to increased labor costs as well as increased usage of contract labor due to general industry-wide labor market challenges as a result of the COVID-19 pandemic. In fiscal 2021, salaries and wages increased $47 million (7.8 percent) as a direct response to the COVID-19 pandemic.
- Related benefits increased $20 million (8.5 percent) in fiscal 2022, primarily due to increased health insurance costs as a result of the COVID-19 pandemic. In fiscal 2021, benefits increased $9 million (3.7 percent) primarily due to increase in the labor cost and increased postretirement health benefits as a result of updated actuarial estimates.

Overall, the System's operating loss increased 25.1 percent from 2021 to 2022 and improved 29.8 percent from 2020 to 2021 as a result of the items discussed above. The System receives property tax revenues to subsidize the cost of services provided to qualified uninsured patients. Although the costs incurred to provide these services are reflected above as operating expenses, the property tax revenues are required to be reported as non-operating revenues.

Non-operating Revenues (Expenses)

Non-operating revenues and expenses consist of revenues and expenses related to financing and investing types of activities, including grants and donations for activities not considered as operating activities, and include property tax revenue, investment income, tobacco settlement funds, interest expense, and gains or losses on disposal of assets.

Tax revenues, net of related expenses, increased over $34 million, or 4.4 percent, in fiscal 2022 and over $13 million, or 1.7 percent, in fiscal 2021. The current overall tax rate of 16.221 cents per one hundred dollars of assessed value decreased in fiscal 2022. Despite the decrease in tax rate, tax revenues increased due to the corresponding growth in the ad valorem tax base in Harris County.

The System received approximately $13 million in tobacco settlement revenue in both fiscal year 2022 and 2021.

On March 27, 2020, President Trump signed into law the *Coronavirus Aid, Relief, and Economic Security Act* (CARES ACT). The System received grants totaling approximately $78 million pursuant to the CARES Act Provider Relief Fund provisions, as well as under $3 million in in-kind donations and insurance reimbursement during the year ended February 28, 2021. No significant provider relief fund grants or in-kind donations were received in the year ended February 28, 2022. During the years ended February 28, 2022 and 2021, the System recognized $34 million and $22 million, respectively, of the CARES proceeds to reimburse the System for lost revenue due to the COVID-19 pandemic and cover costs associated with preventing, preparing for and responding to coronavirus as reimbursement for eligible health care related expenses. The unrecognized Provider Relief Funds grants were returned to the U.S. Department of Health and Human Services during fiscal 2022, with the exception of $440 thousand which was returned in April 2022.

Capital Assets and Debt Financing

During both fiscal 2022 and 2021, the System invested $95 million, in information technology, equipment, and facility expansion and renovation.

Table 3 summarizes the changes in the System's capital assets between February 28, 2022, February 28, 2021 and February 29, 2020:

Table 3
Changes in Capital Assets
(In thousands)

	2022	2021	Dollar change	Total percentage change	2020	Dollar change	Total percentage change
Land and improvements	$ 47,316	$ 46,829	$ 487	1.0%	$ 46,180	$ 649	1.4%
Buildings and fixed equipment	728,992	722,584	6,408	0.9%	706,083	16,501	2.3%
Major movable equipment	446,786	408,587	38,199	9.3%	399,310	9,277	2.3%
Subtotal	1,223,094	1,178,000	45,094	3.8%	1,151,573	26,427	2.3%
Less accumulated depreciation	(792,554)	(742,149)	(50,405)	6.8%	(710,212)	(31,937)	4.5%
Construction in progress	129,751	90,633	39,118	43.2%	51,088	39,545	77.4%
Capital assets - net	$ 560,291	$ 526,484	$ 33,807	6.4%	$ 492,449	$ 34,035	6.9%

Harris Health continuously assesses its facilities, equipment and technology to determine the priorities for replacement, repair and any new acquisitions. The assessment and prioritization methodology addresses patient safety, building and code compliance requirements, planned equipment obsolescence, and new technology. Given the current demand for major infrastructure improvement and modernization, along with planned facilities renovation and construction, Harris Health will invest $301 million in capital projects over the next 19 months. The System's average age of plant stands at almost 13 years compared to the industry standard of ten years, which calls for acceleration of capital investment ahead of the schedule. Harris Health's capital program structure, lack of additional debt plans, and solid balance sheet also inform and support this recommendation.

As a result, the System's overall capital budget for the next 19 months includes a $196 million investment in renovations of current facilities, $41 million in information technology, and $33 million in medical equipment.

On April 7, 2020, the System issued the combination tax and revenue Certificates of Obligation, Series 2020 (the Series 2020 certificates of obligation) in the amount of $36 million (inclusive of a $5 million premium) to fund the construction and equipping of certain facilities at Ben Taub Hospital, and the purchase and installation of certain medical equipment in Harris County's jail facilities as well as the purchase and installation of an upgraded electronic medical record system, among other facility improvements. The Series 2020 certificates of obligation mature in various amounts annually starting February 15, 2021 through February 15, 2030, with a stated coupon rate of 5.0 percent and are collateralized by the levy of ad valorem tax revenue and a lien on and pledge of surplus revenues.

At February 28, 2022 and 2021, the System had $219 million and $226 million, respectively, in outstanding revenue bonds. Moody's has an underlying rating of Aa1, Fitch of AA, and Standard and Poor's has a rating of AA- on the revenue bond obligations. The debt is scheduled to be repaid in 2042. The debt is issued in the name of the Harris County Hospital District. Any issuance of debt requires the approval of the System's Board of Trustees and the Harris County Commissioners' Court.

An interest rate swap and derivative liability are associated with the Series 2010 refunding and revenue bonds. The fair value of the interest rate swap was reported as a derivative liability of $10 million and $16 million at February 28, 2022 and 2021, respectively. An off-market element associated with the swap is reported as a borrowing payable in the amount of $8 million at February 28, 2022, and $9 million at February 28, 2021.

Table 4 below summarizes the System's debt obligations at February 28, 2022, February 28, 2021 and February 29, 2020:

Table 4
Long-Term Debt Obligations
(In thousands)

	2022	2021	2020
Series 2010 revenue bonds	$ 79,975	$ 82,525	$ 84,975
Series 2016 revenue bonds	149,726	154,841	159,786
Series 2016 certificates of obligation	54,517	57,621	60,631
Series 2020 certificates of obligation	29,995	33,470	-
Other	1,354	48	98
Total long-term debt and other long-term obligations	315,567	328,505	305,490
Less current portion	(12,877)	(11,958)	(8,930)
Noncurrent portion	$ 302,690	$ 316,547	$ 296,560

Economic Conditions and Plan

The approved operating and capital budget for the next 19 months represent Harris Health's unwavering commitment to patient safety and advancement in the health status of the residents of Harris County. The budget reflects Harris Health's essential status within the overall healthcare market of Harris County and underscores the strength of its operations and financial stability despite the ongoing COVID-19 pandemic and other economic challenges. Management projects a stable cash flow performance for fiscal 2023 and maintenance of the required days cash on hand under the System's revenue bond covenants.

Contacting the System's Financial Management

This financial report is designed to provide taxpayers, creditors and patients with a general overview of the Harris Health System's finances and to demonstrate the System's accountability for funds it receives. The report is available at https://www.harrishealth.org. If you have questions about this report or need further financial information, contact the Harris Health System, 4800 Fournace Place, Bellaire, Texas 77401, Attention: Victoria Nikitin, Executive Vice President and Chief Financial Officer (Victoria.Nikitin@harrishealth.org).

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Statements of Net Position

February 28, 2022 and 2021
(In thousands)

Assets and Deferred Outflows of Resources	2022 Harris Health System	2022 Component Units: Foundation	2022 Component Units: Community Health Choice, Inc.	2022 Component Units: Community Health Choice Texas, Inc.	2021 Harris Health System	2021 Component Units: Foundation	2021 Component Units: Community Health Choice, Inc.	2021 Component Units: Community Health Choice Texas, Inc.
Current Assets								
Cash and cash equivalents	$ 708,851	$ 165	$ 44,217	$ 383,980	$ 990,615	$ 171	$ 76,528	$ 310,313
Short-term investments	524,073	-	-	-	99,969	-	-	20,783
Accounts receivable – net of allowance for uncollectible accounts of $52,578 and $48,789	127,653	-	-	-	114,312	-	-	-
Current portion of ad valorem taxes receivable – net of allowance for uncollectible taxes of $8,258 and $6,307	24,820	-	-	-	33,449	-	-	-
Inventories	10,899	-	-	-	13,356	-	-	-
Medicaid supplemental programs receivable	259,063	-	-	-	202,278	-	-	-
Prepaid expenses and other current assets	27,014	3,899	228,480	82,305	18,270	2,497	145,431	36,979
Estimated third-party payor settlements	38,538	-	-	-	48,606	-	-	-
Due from Community Health Choice, Inc.	14,754	-	-	63,833	24,402	-	-	386
Restricted cash and cash equivalents - Local Provider Participation Fund	6,069	-	-	-	54,279	-	-	-
Current portion of assets limited as to use or restricted	7,345	-	-	-	7,050	-	-	-
Total current assets	1,749,079	4,064	272,697	530,118	1,606,586	2,668	221,959	368,461
Assets Limited as to Use or Restricted – Net of Current Portion								
Debt service	25,984	-	-	-	25,604	-	-	-
Capital gift proceeds	45,000	-	-	-	-	-	-	-
Series 2020 capital asset fund	12,662	-	-	-	20,500	-	-	-
Other	1,141	33,677	3,325	100	933	71,838	3,325	600
Total assets limited as to use or restricted – net	84,787	33,677	3,325	100	47,037	71,838	3,325	600

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Statements of Net Position (Continued)

February 28, 2022 and 2021
(In thousands)

Assets and Deferred Outflows of Resources (Continued)	2022				2021			
		Component Units				Component Units		
	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.
Capital Assets								
Land and improvements	$ 47,316	$ -	$ -	$ -	$ 46,829	$ -	$ -	$ -
Buildings and fixed equipment	728,992	-	-	-	722,584	-	-	-
Major movable equipment	446,786	-	-	-	408,587	-	-	-
Less accumulated depreciation	(792,554)	-	-	-	(742,149)	-	-	-
Total depreciable capital assets – net	430,540	-	-	-	435,851	-	-	-
Construction in progress	129,751	-	-	-	90,633	-	-	-
Capital assets – net	560,291	-	-	-	526,484	-	-	-
Other Assets								
Ad valorem taxes receivable – net of current portion and allowance for uncollectible taxes of $43,398 and $40,105	1,401	-	-	-	1,748	-	-	-
Long-term investments	-	-	-	6,223	-	-	-	13,018
Other assets	8,040	4,874	-	-	4,849	6,034	-	-
Total other assets	9,441	4,874	-	6,223	6,597	6,034	-	13,018
Total assets	2,403,598	42,615	276,022	536,441	2,186,704	80,540	225,284	382,079
Deferred Outflows of Resources								
Derivative financial instrument	10,020	-	-	-	15,861	-	-	-
Resources related to pension	37,728	-	-	-	37,651	-	-	-
Resources related to OPEB	104,910	-	-	-	125,818	-	-	-
Loss on refunding revenue bonds	7,554	-	-	-	8,213	-	-	-
Total deferred outflows of resources	160,212	-	-	-	187,543	-	-	-
Total assets and deferred outflows of resources	$ 2,563,810	$ 42,615	$ 276,022	$ 536,441	$ 2,374,247	$ 80,540	$ 225,284	$ 382,079

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Statements of Net Position (Continued)

February 28, 2022 and 2021
(In thousands)

Liabilities, Deferred Inflows of Resources and Net Position	2022				2021			
		Component Units				Component Units		
	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.
Current Liabilities								
Accounts payable and accrued liabilities	$ 141,505	$ 145	$ 19,889	$ 14,351	$ 111,934	$ 396	$ 26,050	$ 12,755
Interest payable	375	-	-	-	393	-	-	-
Employee compensation and related benefit liabilities	52,151	-	-	-	55,365	-	-	-
Postemployment health benefit liability	17,057	-	-	-	16,430	-	-	-
Compensated absences	55,688	-	-	-	46,816	-	-	-
Medicaid supplemental programs revenue received in advance	1,643	-	-	-	1,875	-	-	-
Intergovernmental transfer obligation	19,214	-	-	-	62,305	-	-	-
Medical claims liability	-	-	73,503	228,466	-	-	59,666	148,740
Premium deficiency reserve	-	-	13,226	843	-	-	-	-
Experience rebate payable	-	-	-	33,797	-	-	-	5,946
Liabilities related to the Affordable Care Act	-	-	11,320	-	-	-	26,791	-
Provider Relief Funds received in advance	440	-	-	-	55,771	-	-	-
Due to Harris Health System	-	-	12,659	-	-	-	15,207	-
Due to Community Health Choice Texas, Inc.	-	-	63,833	-	-	-	386	-
Estimated third-party payor settlements	13,567	-	-	-	8,570	-	-	-
Current portion of long-term debt and capital leases	12,877	-	-	-	11,958	-	-	-
Total current liabilities	314,517	145	194,430	277,457	371,417	396	128,100	167,441
Other Long-Term Liabilities								
Postemployment health benefit liability	445,471	-	-	-	572,176	-	-	-
Net pension liability	155,191	-	-	-	162,134	-	-	-
Borrowing payable	8,167	-	-	-	8,879	-	-	-
Derivative liability	10,020	-	-	-	15,861	-	-	-
Long-Term Debt								
Series 2010 refunding revenue bonds	77,325	-	-	-	79,975	-	-	-
Series 2016 refunding revenue bonds - including premium of $10,346 and $11,246	145,296	-	-	-	150,626	-	-	-
Series 2016 certificates of obligation - including premium of $4,452 and $5,026	51,857	-	-	-	55,091	-	-	-
Series 2020 certificates of obligation - including premium of $3,675 and $4,525	27,240	-	-	-	30,845	-	-	-
Other long-term obligations – capital leases	972	-	-	-	10	-	-	-
Total liabilities	1,236,056	145	194,430	277,457	1,447,014	396	128,100	167,441

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Statements of Net Position (Continued)

February 28, 2022 and 2021
(In thousands)

Liabilities, Deferred Inflows of Resources and Net Position (Continued)	2022				2021			
		Component Units				Component Units		
	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.
Deferred Inflows of Resources								
Resources related to pension	88,153	-	-	-	89,893	-	-	-
Resources related to OPEB	130,542	-	-	-	22,549	-	-	-
Total deferred inflows of resources	218,695	-	-	-	112,442	-	-	-
Commitments and Contingencies								
Net Position								
Net investment in capital assets	239,611	-	-	-	204,352	-	-	-
Restricted for debt service	33,329	-	-	-	32,654	-	-	-
Restricted for purchase of capital assets	45,000	-	-	-	-	-	-	-
Restricted – other	923	38,110	3,325	100	923	36,166	3,325	600
Unrestricted	790,196	4,360	78,267	258,884	576,862	43,978	93,859	214,038
Total net position	1,109,059	42,470	81,592	258,984	814,791	80,144	97,184	214,638
Total liabilities, deferred inflows of resources and net position	$ 2,563,810	$ 42,615	$ 276,022	$ 536,441	$ 2,374,247	$ 80,540	$ 225,284	$ 382,079

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas
Statements of Revenues, Expenses and Changes in Net Position
Years Ended February 28, 2022 and 2021
(In thousands)

	2022				2021			
		Component Units				Component Units		
	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.	Harris Health System	Foundation	Community Health Choice, Inc.	Community Health Choice Texas, Inc.
Operating Revenues								
Net patient service revenue	$ 822,096	$ -	$ -	$ -	$ 695,234	$ -	$ -	$ -
Medicaid supplemental programs revenue	561,109	-	-	-	563,923	-	-	-
Premium revenue	-	-	794,445	1,381,057	-	-	705,567	1,232,364
Other operating revenues	42,552	5,257	494	-	34,168	2,863	383	-
Total operating revenues	1,425,757	5,257	794,939	1,381,057	1,293,325	2,863	705,950	1,232,364
Operating Expenses								
Salaries, wages, and benefits	1,052,089	497	15,006	59,807	894,277	486	17,994	58,330
Pharmaceuticals and supplies	271,548	1	2,241	8,223	232,998	1	2,404	8,441
Physician services	370,070	-	-	-	341,214	-	-	-
Medical claims expense	-	-	728,983	1,209,353	-	-	619,886	971,297
Other purchased services	280,631	4,194	63,153	60,568	252,641	5,004	56,339	55,681
Depreciation and amortization	61,159	-	-	-	59,751	-	-	-
Total operating expenses	2,035,497	4,692	809,383	1,337,953	1,780,881	5,491	696,623	1,093,749
Operating Income (Loss)	(609,740)	565	(14,444)	43,104	(487,556)	(2,628)	9,327	138,615
Nonoperating Revenues (Expenses)								
Ad valorem tax revenues – net	814,846	-	-	-	780,713	-	-	-
Tobacco settlement revenues	13,273	-	-	-	12,924	-	-	-
Investment income	1,553	7,843	6	88	4,434	19,846	200	748
Interest expense	(10,727)	-	(1,154)	-	(10,920)	-	-	-
Capital grants to Harris Health System	-	(45,900)	-	-	-	-	-	-
Provider Relief Fund revenue	34,027	-	-	-	22,134	-	-	-
Other, net	5,136	(182)	-	1,154	1,517	(292)	-	-
Total nonoperating revenues (expenses) – net	858,108	(38,239)	(1,148)	1,242	810,802	19,554	200	748
Income (Loss) Before Capital Grants and Gifts	248,368	(37,674)	(15,592)	44,346	323,246	16,926	9,527	139,363
Capital Grants from the Foundation	45,900	-	-	-	-	-	-	-
Changes in Net Position	294,268	(37,674)	(15,592)	44,346	323,246	16,926	9,527	139,363
Net Position – Beginning of Year	814,791	80,144	97,184	214,638	491,545	63,218	72,657	90,275
Net Position Transfer of Surplus	-	-	-	-	-	-	15,000	(15,000)
Net Position – End of Year	$ 1,109,059	$ 42,470	$ 81,592	$ 258,984	$ 814,791	$ 80,144	$ 97,184	$ 214,638

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas
Statements of Cash Flows
Years Ended February 28, 2022 and 2021
(In thousands)

	2022 Harris Health System	2021 Harris Health System
Operating Activities		
Receipts from and on behalf of patients	$ 826,029	$ 642,108
Receipts from Medicaid supplemental programs	504,092	406,324
Receipts from incentive programs and grants	17,002	13,802
Receipts from other revenues	18,443	17,375
Payments to suppliers	(889,709)	(821,047)
Payments to employees and for employee benefits	(1,047,104)	(879,960)
Net cash used in operating activities	(571,247)	(621,398)
Noncapital Financing Activities		
Contributions and other – net	2,000	1,998
Ad valorem taxes – net	813,560	773,954
Receipt (Return) of Provider Relief Funds	(21,304)	77,905
Interest paid	(1,045)	(869)
Proceeds from issuance of long-term debt	-	29,804
Repayment of long-term debt	(1,896)	(1,517)
Tobacco settlement revenues	13,273	12,924
Net cash provided by noncapital financing activities	804,588	894,199
Capital and Related Financing Activities		
Receipt of property taxes for debt service	8,761	4,690
Acquisitions and construction of capital assets	(86,819)	(70,469)
Contributions restricted for the acquisition and construction of capital assets	45,900	-
Interest paid	(12,076)	(12,172)
Proceeds from issuance of long-term debt	-	6,196
Repayment of long-term debt	(10,074)	(9,513)
Net cash used in capital and related financing activities	(54,308)	(81,268)
Investing Activities		
Receipts of investment income – including realized gains and losses	793	5,542
Increase (decrease) in cash equivalents included in assets limited as to use or restricted	(57,815)	9,455
Purchases of investment securities	(1,308,773)	(167,611)
Proceeds from sale and maturities of investment securities	904,998	620,172
Net cash provided by (used in) investing activities	(460,797)	467,558
Net Increase (Decrease) in Cash and Cash Equivalents	(281,764)	659,091
Cash and Cash Equivalents - Beginning of Year	990,615	331,524
Cash and Cash Equivalents - End of Year	$ 708,851	$ 990,615

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas
Statements of Cash Flows (Continued)
Years Ended February 28, 2022 and 2021
(In thousands)

	2022 Harris Health System	2021 Harris Health System
Reconciliation of Operating Loss to Net Cash Used in Operating Activities		
Operating loss	$ (609,740)	$ (487,556)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	61,159	59,751
Changes in operating assets and liabilities:		
Increase in accounts receivable	(13,341)	(36,964)
Decrease (increase) in inventories	2,457	(3,060)
Increase in Medicaid supplemental program receivable	(56,785)	(158,107)
Decrease (increase) in prepaid expenses and other assets	2,608	(10,410)
Decrease (increase) in estimated third-party payor settlements	10,068	(13,322)
Increase in accounts payable and accrued liabilities	27,841	8,628
Decrease in net pension liability	(6,943)	(62,804)
Increase (decrease) in employee compensation and related benefit liabilities	(3,214)	8,577
Increase (decrease) in compensated absences	8,872	(86)
Increase (decrease) in Medicaid supplemental programs revenue received in advance	(232)	508
Increase (decrease) in estimated third-party payor settlements	4,997	(1,074)
Increase (decrease) in postemployment health benefit liability	(126,078)	102,176
Increase (decrease) in deferred inflows of resources - pension	(1,740)	59,583
Increase in deferred outflows of resources - pension	(77)	(11,992)
Increase (decrease) in deferred inflows of resources - OPEB	107,993	(2,454)
Decrease (increase) in deferred outflows of resources - OPEB	20,908	(72,792)
Total adjustments	38,493	(133,842)
Net cash used in operating activities	$ (571,247)	$ (621,398)
Supplemental Disclosures of Noncash Operating, Financing and Investing Activities		
Unrealized gain (loss) on investments	$ 2,317	$ (4,331)
Amounts related to acquisition of capital assets in accounts payable and accrued liabilities	29,679	22,830
Lease obligation incurred for capital assets	1,355	-
Inkind contributions received	173	1,884

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Notes to Financial Statements
February 28, 2022 and 2021

Note 1: Organization and Mission

Harris County Hospital District, d/b/a Harris Health System, (the System), a component unit of Harris County, Texas, was created by authorization of the legislature of the State of Texas and subsequent approval by the voters of Harris County, Texas, in November 1965. The System provides patient care to the indigent population of Harris County and receives property taxes levied by Harris County for the provision of this care. The System operates two acute care hospitals and a psychiatric unit, with a total of 617 licensed beds. The System also operates 18 primary care health clinics including the nation's first free-standing HIV/AIDS treatment center; three large multi-specialty clinics; five same day clinics; two school-based clinics; a free-standing dental center; a dialysis center; a geriatric assessment center; six homeless shelter clinics; and a mobile immunization and medical outreach program. The System is exempt from federal income taxes.

The System is a component unit of Harris County, Texas (legally separate from Harris County, Texas) since the members of the System's governing board are appointed by the Harris County Commissioners' Court. The Harris County Commissioners' Court approves the System's tax rate and annual operating and capital budget. Harris County, Texas does not provide any funding to the System, hold title to any of the System's assets or have any rights to any surpluses of the System.

The System's primary mission is to provide quality preventive, medical, hospital and emergency care to the indigent and needy of Harris County and to others with the ability to pay. All activities conducted by the System are directly associated with the furtherance of this mission and are, therefore, considered to be operating activities.

The Harris County Hospital District Foundation (the Foundation), was organized in 1993. The Foundation is a nonprofit, tax-exempt corporation organized under Section 501(c)(3) of the Internal Revenue Code whose primary purpose is to raise funds to support the operations and activities of the System. Although the System does not control the timing or amount of receipts from the Foundation, the majority of resources (or income thereon) that the Foundation holds and invests is restricted to the activities of the System by the donor. Because these restricted resources held by the Foundation can only be used by, or for the benefit of, the System, the Foundation is considered a component unit of the System and is included in the System's financial statements. The Foundation is reported as a discretely presented component unit of the System. Financial reports for the Foundation can be obtained from the Harris County Hospital District Foundation, 4800 Fournace Place, Bellaire, Texas 77401. Attention: Jeffrey Baker, Executive Director (Jeffrey.Baker@harrishealth.org).

Community Health Choice, Inc. and Community Health Choice Texas, Inc. (the HMOs) are Texas not-for-profit corporations organized under Section 501(c)(4) of the Internal Revenue Code to operate as health maintenance organizations. Community Health Choice, Inc. was incorporated on May 8, 1996, licensed by the Texas Department of Insurance on February 27, 1997, and as of December 31, 2020, offered three Medicaid insurance products as well as individual health insurance on the Health Insurance Marketplace. Community Health Choice Texas, Inc. was formed in August 2016 to allow the Health Insurance Marketplace and the Medicaid insurance

products to be provided and served by separate corporations. Community Health Choice, Inc. is the Health Insurance Marketplace and commercial HMO with 85,005 and 94,372 enrollees as of December 31, 2021 and 2020, respectively, and Community Health Choice Texas, Inc. is the Medicaid Managed Care HMO with 369,520 and 328,757 enrollees as of December 31, 2021 and 2020, respectively. The HMOs are reported as discretely presented component units of the System since the Board of Directors are appointed by the System's Board of Trustees and the System can impose its will on the HMOs. The differences in amounts due to the System and due from the HMOs in the accompanying statements of net position are primarily due to the presentation of the HMOs financials based on their fiscal year-end of December 31. Financial reports for the HMOs can be obtained from Community Health Choice, Inc., 2636 South Loop West, Ste. 125, Houston, Texas 77054, Attention: Anna Mateja, Chief Financial Officer (Anna.Mateja@CommunityHealthChoice.org).

Unless otherwise noted, the following notes do not include the Foundation or the HMOs.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Method of Accounting

Under the provisions of the American Institute of Certified Public Accountants' *Audit and Accounting Guide, Health Care Organizations*, the System is considered a governmental organization and is subject to the pronouncements of the Governmental Accounting Standards Board (GASB).

In accordance with GASB Statement No. 34*, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, the System's financial statements include the statements of net position; statements of revenues, expenses and changes in net position; and statements of cash flows.

The statement of net position requires that total net position be reported in three components (a) net investment in capital assets, (b) restricted; and (c) unrestricted.

- "Net investment in capital assets" consists of capital assets, net of accumulated depreciation, reduced by the amount outstanding for any bonds, notes, or other financing liabilities that were incurred related to the acquisition, construction or improvement of the capital assets.

- "Restricted" consists of restricted assets reduced by liabilities and deferred inflows of resources related to the assets and are primarily for debt service.
- "Unrestricted" is the net amount of the assets, deferred outflows of resources, liabilities and deferred inflows of resources that are not included in the determination of net investment in capital assets or the restricted component of net position.

When an expense is incurred for purposes for which there are both restricted and unrestricted net position available, it is the System's practice to apply that expense to restricted net position to the extent such are available and then to unrestricted.

The Foundation is a private not-for-profit organization that reports under Financial Accounting Standards Board pronouncements. As such, certain revenue recognition criteria and presentation features are different from that of the GASB. The Foundation's financial statement formats were modified to make them compatible with the System's financial statement formats.

The HMOs are licensed only in the state of Texas and report under Governmental Accounting Standards Board pronouncements. The HMOs' financial statement formats were modified to make them compatible with the System's financial statement formats.

Reporting Entity

The financial statements include the accounts of the System, the Foundation and the HMOs, as described in *Note 1*. In accordance with GASB Statement No. 61, *The Financial Reporting Entity: Omnibus – An Amendment of GASB Statements Nos. 14 and 34*, the System reports the HMOs and the Foundation as discretely presented component units in its financial statements. Management of the System believes the separate presentation of the System's statements and of each discretely presented component unit to be the most reflective of the System's activities.

Transactions between the System and its component units include the following:

The System provides certain administrative services to the HMOs including employment of all individuals who perform the day-to-day requirements of the business functions of the HMOs. The HMOs reimburse the System for such salaries, wages and benefits and these costs are reflected as expenses of the HMOs. An additional fee for indirect costs approximating $3 million for both fiscal years 2022 and 2021 is included as a revenue and expense in the System/HMO financial statements. The System pays a portion of the premiums for enrollees to Community Health Choice, Inc. for insurance coverage under the insurance plans that are offered as part of the HMO's mission. Premiums paid on behalf of enrollees were $29 million and $36 million for fiscal years 2022 and 2021, respectively, which is included as expense and revenue in the System/Community Health Choice, Inc. financial statements.

The System supports the Foundation with payments for goods and services of approximately $589 thousand and $544 thousand in fiscal years 2022 and 2021, respectively, which are recognized in the Foundation financial data as in-kind contributions and expenses. The Foundation provided support to the System for projects and grants of $1 million and $2 million for fiscal years 2022 and 2021. In addition, the Foundation distributed to the System contributions totaling $48 million and $2 million in 2022 and 2021, respectively, from its multi-year Capital Campaign funds, which included a one-time contribution restricted for the acquisition and construction of capital assets of $46 million in 2022.

Cash, Cash Equivalents and Short-term Investments

Cash and cash equivalents include cash and investments that are highly liquid with maturities of less than three months when purchased, and excludes cash and cash equivalents that are restricted or limited as to use. Short-term investments are investments with maturities in excess of three months, but less than a year, when purchased.

The System's and HMO's cash, cash equivalents and short-term investments are invested in fully collateralized time deposits, commercial paper, money market mutual funds, investment pools and government securities as authorized by Chapter 281 of the *Texas Health and Safety Codes* and Chapter 116 of the *Texas Local Government Code*, except as disclosed in *Note 6*. Such total collateralization and insurance coverage is required by the Board of Trustees of the System. The Foundation's investments, however, are not subject to these laws.

Investments are reported at fair value, with realized and unrealized gains and losses included in investment income in the statements of revenues, expenses and changes in net position.

Foundation Net Position

Gifts of cash and other assets received without donor stipulations are reported as unrestricted revenue and net position. Gifts received with a donor stipulation that limits their use are reported as restricted net position. When a donor stipulated time restriction ends or purpose restriction is accomplished, restricted net position is reclassified to unrestricted net position. The majority of pledges recorded are externally imposed to the System's expansion projects. Pledges are included in other assets in the statements of net position.

Inventories

Inventories are valued at the lower of cost, using the first-in, first-out method, or market and consist principally of pharmaceuticals.

Harris County Hospital District
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A Component Unit of Harris County, Texas
Notes to Financial Statements
February 28, 2022 and 2021

Capital Assets

Property, plant and equipment are carried at cost or acquisition value at the time of donation and include expenditures for new facilities and equipment and expenditures that substantially increase the useful life of existing capital assets. Ordinary maintenance and repairs are charged to expense when incurred. Capitalization is limited to assets with a cost of $5,000 or greater.

Disposals are removed at carrying cost less accumulated depreciation, with any resulting gain or loss included in other nonoperating revenue and expenses. Depreciation is recorded on the straight-line method over the estimated useful lives of the assets. Estimated useful lives for buildings are up to 40 years and for equipment are 2 to 25 years. Equipment under capital leases is amortized on the straight-line method over the lesser of the useful life of the equipment or the lease term. Such amortization is included in depreciation and amortization in the accompanying statements of revenues, expenses and changes in net position.

Capital Asset Impairment

The System evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation is increased by the amount of the impairment loss. No material asset impairment was recognized during the years ended February 28, 2022 and 2021.

Risk Management

The System is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than medical malpractice and employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

The System is self-insured for a portion of its exposure to risk of loss from medical malpractice and employee health claims. Annual estimated provisions are accrued for the self-insured portion of medical malpractice and employee health claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Harris County Hospital District
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Notes to Financial Statements
February 28, 2022 and 2021

Compensated Absences

The System maintains a paid time-off plan. Under the paid time-off plan, the cost of all compensated absences is accrued at the time the benefits are earned. At the option of the employee, unused benefits may be liquidated at 75.0 percent or at the time of termination unused benefits are payable at 75.0 percent. Changes in the System's liability for compensated absences in fiscal years 2022 and 2021 are as follows (in thousands).

Fiscal Year	Beginning of Year Liability	Current Year Claims and Change in Estimates	Claim Payments	End of Year Liability
2022	$ 46,816	$ 82,156	$ 73,284	$ 55,688
2021	46,902	75,134	75,220	46,816

Classification of Revenues and Expenses

Operating revenues include those generated from direct patient care and related support services. Nonoperating revenues consist of those revenues that are related to financing and investing types of activities and result from nonexchange transactions or investment income. Operating expenses include those related to direct patient care and related support services. Nonoperating expenses include interest expense and other expenses that are not considered operating.

Net Patient Service Revenue and Accounts Receivable

Net patient service revenue is reported as the estimated net realized amounts from patients, third-party payors, and others for services rendered and includes estimated retroactive revenue adjustments under reimbursement agreements with third-party payors. In recognizing net patient service revenue, estimates are used in recording allowances for contractual adjustments and uncollectible accounts. Allowances for uncollectible accounts are estimated using historical experience, current trend information, aged account balances and a collectability analysis. The System's financial assistance program for uninsured patients classified as self-pay determines expected payments based on the Medicare allowable reimbursement. Charges in excess of the expected payment are reflected as an administrative uninsured discount. The allowance for uncollectible accounts was estimated at $53 million and $49 million as of February 28, 2022 and 2021, respectively. The System provides services under contract to patients covered under the Medicare and Medicaid programs. Net revenues from these programs are included in patient service revenue at estimated reimbursement based on customary billing charges, predetermined rates of reimbursement, plus certain adjustments. The amounts due to or from these programs are subject to final review and settlement by the program administrative contractor.

Retroactive adjustments under third-party reimbursement agreements are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, it is reasonably possible that these estimates could differ from actual settlements and thus change in the near term by material amounts.

Charity Care Policy

The System accepts all Harris County residents as patients regardless of their ability to pay. Harris County residents may qualify for partial financial assistance, on a sliding scale. The extent to which a resident will be financially responsible is determined based upon pre-established financial criteria, which utilize family income and size as it relates to the federal poverty guidelines set by the U.S. Department of Health and Human Services. Charity services are defined as those services for which no payment is anticipated. These amounts are not reported as revenue. The System maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under the System's Financial Assistance program. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross charity care charges. The following information measures the level of charity care provided during the years ended February 28, 2022 and February 28, 2021 (in thousands):

	2022	2021
Charges foregone, based on established rates	$ 1,059,998	$ 904,580
Cost of foregone charges, estimated	795,294	720,268

Premium Revenue

Premium revenue is recognized as revenue by the HMOs during the coverage period of the subscriber agreement. For the primary Medicaid business, notification is received throughout the year of any new, removed or revised members and the date of eligibility for coverage. The date of notification may be subsequent to the date of eligibility. The HMOs believe premium revenue has been appropriately recognized for the years ended December 31, 2021 and 2020.

Medical Claims Expense

The HMOs arrange for comprehensive health care services to its members primarily through fee-for-service arrangements. The HMOs compensate hospitals on either a discounted fee for service or per diem basis and compensates physicians and other providers primarily on a discounted fee for service basis.

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Medical claims expense reserves represent the estimated ultimate net cost of all reported and unreported losses incurred through the end of December and are presented on a discounted basis. The reserves for unpaid medical claims expenses are actuarially estimated based on claims experience and statistical analyses. Those estimates are subject to the effects of trends in loss severity and frequency. Although considerable variability is inherent in such estimates, management believes the reserves for medical claims expenses are adequate. The estimates are continually reviewed and adjusted as necessary as experience develops or new information becomes known; such adjustments are included in current operations.

Contracts are evaluated to determine if it is probable that a loss will be incurred and a premium deficiency reserve is recognized when it is probable that expected future claims, including maintenance costs, will exceed existing reserves plus anticipated future premiums and reinsurance recoveries, without consideration of anticipated investment income. For purposes of determining premium deficiency reserves, contracts are grouped in a manner consistent with the method of acquiring, servicing and measuring the profitability of such contracts. As of December 31, 2021 and 2020, the HMOs recognized premium deficiency reserve for the Health Insurance Marketplace business of $14 million and $0, respectively. As of December 31, 2021 and 2020, the HMOs recorded an experience rebate liability of $34 million and $5 million, respectively.

Changes in the HMO's aggregate liability for medical claims in fiscal years 2021 and 2020 are as follows (in thousands):

Fiscal Year	Beginning of Fiscal Year Liability	Medical Claims and Change in Estimates	Claim Payments	End of Fiscal Year Liability
2021	$ 208,406	$ 1,943,317	$ 1,849,754	$ 301,969
2020	166,701	1,598,373	1,556,668	208,406

In fiscal year 2021, the HMOs in aggregate paid $1,673 million in claims related to the current fiscal year and $177 million in claims related to the prior fiscal year. In fiscal year 2020, the HMOs paid $1,395 million in claims related to the current fiscal year and $162 million in claims related to the prior fiscal year.

The HMOs are a party to a reinsurance agreement to limit its losses on individual claims. Under the terms of the agreement, the reinsurer reimburses the HMOs approximately 90.0 percent, subject to certain limitations as specified in the contract, of the cost of each member's annual inpatient hospital services. For the Medicaid and Children's Health Insurance Program (CHIP) business, the recovery is based on costs in excess of a $1 million deductible, up to a limitation of $5 million per member per agreement period. The HMOs also carry coverage for the health insurance marketplace business for which the reinsurer reimburses approximately 90.0 percent of each member's annual inpatient hospital services in excess of a $750 thousand deductible, up to a limitation of $5 million per member per agreement period.

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Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (ACA)

The HMOs participate in the federally facilitated health insurance exchange in 10 southeast Texas counties. The exchange was created pursuant to the ACA under regulations established by the U.S. Department of Health and Human Services (HHS). Under these rules, HHS pays the HMO a portion of the policy premium, in the form of Advanced Premium Tax Credit (APTC), and part of the health care costs, in the form of Cost Sharing Reduction (CSR), for low income individual exchange members. HHS also administers certain risk management programs as detailed below.

The HMOs recognize premiums received from its exchange members and APTC received from HHS as premium revenue when earned and CSR offsets health care costs when incurred. For 2021, the HMOs recognized $435 million and $11 million of APTC and CSR, respectively. For 2020, the HMOs recognized $438 million and $0 of APTC and CSR, respectively.

The risk adjustment data validation program was implemented to ensure the integrity and accuracy of risk adjustment transfer amounts. Prior year submission data is audited and adjustments to the receivable or payable transfer amounts are made. Subject to this program, the HMOs have recorded a liability of approximately $11 million and $27 million at December 31, 2021 and 2020, respectively, which is included as liabilities related to the Affordable Care Act within current liabilities in the accompanying statements of net position.

The ACA established a permanent risk adjustment program which adjusts the premiums that commercial, individual and small group health insurance issuers receive based on the demographic factors and health status of each member as derived from current year medical diagnosis as reported throughout the year. This program transfers funds from lower risk plans to higher risk plans with similar plans in the same state. The risk adjustment program is applicable to commercial, individual and small group health plans (except certain exempt and grandfathered plans) operating both inside and outside of the exchange. A risk score is determined for the entire subject population for each market in each state. Plans with an average risk score below the state average will pay into a pool and health insurance issuers with an average risk score that is greater than the state average risk score will receive money from that pool. The HMOs issues individual plans and is therefore subject to the risk adjustment. At December 31, 2021 and 2020, the HMOs recorded a risk adjustment receivable of $169 million and $87 million, respectively, which is included in prepaid expenses and other current assets in the accompanying statements of net position.

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Ad Valorem Tax Revenues – Net

Ad valorem tax revenues are recorded in the year for which the taxes are levied, net of provisions for uncollectible amounts, collection expenses and appraisal fees. Harris County Commissioners' Court levies a tax for the System as provided under state law. The taxes are collected by the Harris County Tax Assessor – Collector and are remitted to the System as received. On January 1, at the time of assessment, an enforceable lien is attached to the property for property taxes. Taxes are levied and become collectible from October 1 to January 31 of the succeeding year. Subsequent adjustments to the tax rolls, made by the County Assessor, are included in revenues in the period such adjustments are made by the County Assessor. Harris County also enters into property tax abatement agreements with local businesses under the state Property Redevelopment and *Tax Abatement Act*, Chapter 312, as well as its own guidelines and criteria, which is required under the Act.

Tobacco Settlement Revenues

In the fiscal years ended February 28, 2022 and 2021, the System received a portion of the funds from the settlement between various counties and hospital districts in Texas and the tobacco industry for tobacco-related health care costs. Under the program guidelines, the System is free to use the funds in either the immediate or future periods without restriction. The System recognizes all funds received from the settlement as nonoperating revenue in the period funds are allocated.

Pensions

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Plan and additions to/deductions from the Plan's fiduciary net position have been determined on the same basis as they are reported by the Plan. For this purpose, benefits payments are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Postemployment Benefits Other Than Pensions

The System has a single-employer defined benefit other postemployment benefit (OPEB) plan. For purposes of measuring the net OPEB liability, deferred outflows and deferred inflows of resources related to OPEB, and OPEB expense have been determined on the same basis as they are reported by the OPEB plan. For this purpose, the System recognizes benefit payments when due and payable in accordance with the benefit terms.

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Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, deferred inflows and outflows of resources, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results could differ from those estimates.

Pending Adoption of Recent Accounting Pronouncements

GASB Statement No. 87 - *Leases*. This statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. The requirements of this statement are effective for reporting periods beginning after June 15, 2021, with earlier application encouraged.

GASB Statement No. 91 – *Conduit Debt Obligations*. The primary objectives of this Statement are to provide a single method of reporting conduit debt obligations by issuers and eliminate diversity in practice associated with (1) commitments extended by issuers, (2) arrangements associated with conduit debt obligations, and (3) related note disclosures. This Statement achieves those objectives by clarifying the existing definition of a conduit debt obligation; establishing that a conduit debt obligation is not a liability of the issuer; establishing standards for accounting and financial reporting of additional commitments and voluntary commitments extended by issuers and arrangements associated with conduit debt obligations; and improving required note disclosures. The requirements of this Statement are effective for reporting periods beginning after December 15, 2021. Earlier application is encouraged.

GASB Statement No. 96 – *Subscription Based Information Technology Arrangement*. This Statement provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. To the extent relevant, the standards for SBITAs are based on the standards established in Statement No. 87, *Leases,* as amended. The requirements of this Statement are effective for fiscal years beginning after June 15, 2022, and all reporting periods thereafter. Earlier application is encouraged.

Reclassifications

Certain reclassifications have been made to the 2021 financial statements to conform to the 2022 presentation. The reclassifications had no effect on the changes in financial position.

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Note 3: Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. The amounts by which the established billing rates exceed the amounts recoverable from these programs are written off and accounted for as contractual allowances. A summary of the payment arrangements with major third-party payors follows:

Medicare – Inpatient acute care services and defined capital costs related to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical diagnostic and other factors. Medicare outpatient services are reimbursed on fee schedules and on a prospective basis through ambulatory payment classifications, which are based on clinical resources used in performing the procedures. The System's Medicare cost reports have been audited by the Medicare administrative contractor through February 28, 2018.

Medicaid – Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge similar to those of the Medicare inpatient program. Medicaid outpatient services are paid by fee schedules for specific services, including outpatient surgery, imaging and laboratory services. Other outpatient services are reimbursed on reasonable cost, based on a percentage from the System's most recent Medicaid cost report tentative settlement as of March 1, 2013. The System's Medicaid cost reports have been settled by the Medicaid administrative contractor through February 28, 2017.

Cash received from the Medicare program accounted for approximately 52.7 percent and 54.6 percent of the System's total cash collections for net patient service revenue for years ended February 28, 2022 and 2021, respectively. Cash received from the Medicaid program (including managed Medicaid) accounted for approximately 14.6 percent and 17.7 percent of the System's total cash collections for net patient service revenue for the years ended February 28, 2022 and 2021, respectively.

Compliance with laws and regulations governing the Medicare and Medicaid programs can be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs.

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Note 4: Medicaid Supplemental Programs

The Disproportionate Share III (DSH) program was created in fiscal 1992 by the state of Texas to access additional federal matching funds. These funds are distributed to selected hospitals that provide services to low-income and uninsured patients.

The Upper Payment Limit (UPL) program was created in May 2002 with an effective date of July 2001. The UPL program used federal matching funds to raise state Medicaid reimbursement rates to 100.0 percent of equivalent Medicare rates for certain public hospital systems. In December 2011, Texas received federal approval to redirect the funding it would have received under the UPL program. The 1115 Waiver allows the state to expand Medicaid managed care, improve Medicaid services and reward performance. Federal funding that would have been received by hospitals if managed care was not expanded is to be preserved. The UPL program was replaced with two new pools of funding, the uncompensated care (UC) pool and the delivery system reform incentive payment (DSRIP) pool. The UC pool directs more funding to hospitals that serve large numbers of uninsured patients and the DSRIP pool provides incentive payments for health care providers based on improvements in quality of care. On January 15, 2021, the Centers for Medicare and Medicaid Services (CMS) approved an extension of the Waiver for an additional 10-year period through September 30, 2030. This extension ended the DSRIP pool effective September 30, 2021, made changes to other funding programs and created new funding programs to reflect CMS policy changes. On April 16, 2021, CMS rescinded the extension approval citing an improper exemption from the public notice and comment process originally granted. On March 25, 2022, CMS approved certain directed payment programs, including the Comprehensive Hospital Increased Reimbursement Program (CHIRP), for the period of September 1, 2021 through August 31, 2022. CHIRP replaces and expands the funding pool available under the Uniform Hospital Rate Increase Program (UHRIP). On April 22, 2022, CMS rescinded its April 16, 2021 letter, effectively approving the Waiver through September 30, 2032. The System also participates in other Medicaid Supplemental Payment Programs including the Network Access Improvement Program (NAIP), and the Graduate Medical Education (GME) program. The System also participated in the UHRIP program until it was replaced by the CHIRP program.

The System recognizes all funds received under the DSH, UC, DSRIP, NAIP, GME and UHRIP programs as operating revenues in the period applicable to the funds. Any amounts related to that year that are not received as of fiscal year-end are recorded as receivables and reflected in other current assets in the accompanying statements of net position. These receivables can be subject to adjustments that are reflected in the period they become known. The System recorded no material adjustments in fiscal year 2022 or 2021 for prior years' programs. The System's financial statements reflect current liabilities for program revenue received but unearned of $2 million at February 28, 2022 and 2021, and receivables of $259 million and $202 million at February 28, 2022 and 2021, respectively, related to the Medicaid Supplemental Payment Programs. The rate increase for the System associated with UHRIP for the period March 1, 2020 through August 31, 2020, and the period from September 1, 2020 through August 31, 2021, was 70.0 percent. The UHRIP program was discontinued effective September 1, 2021. The System did not recognize any benefit from the CHIRP program in the year ended February 28, 2022.

The System also participates in a Local Provider Participation Fund (LPPF) in Harris County. The System acts as the administrator of the LPPF by assessment and collection of mandatory payments from hospitals in Harris County. These payments are to be used to fund intergovernmental transfers representing the state's share of supplemental Medicaid funding programs. As the System acts as a conduit for these funds, the receipts and intergovernmental transfers are not recognized as revenue and expense in the statements of revenues, expenses and changes in net position. As of February 28, 2022 and 2021, the System held $6 million and $54 million in LPPF funds, respectively, which is reported as restricted cash in the statements of net position. At February 28, 2022 and 2021, the System had $19 million and $62 million, respectively, in intergovernmental transfer liability of which $6 million and $54 million, respectively, related to LPPF, and the residual related to intergovernmental transfers required for private providers.

Note 5: Assets Limited as to Use or Restricted

Assets limited as to use or restricted represent those assets whose use has been legally restricted related to the 2010 and 2016 refunding and revenue bond issues (50.0 percent of the greatest debt service requirement scheduled to occur); unspent bond proceeds; funds restricted by donors; or funds designated by the board for other uses. Investments in U.S. Treasury, agency and instrumentality obligations with a remaining maturity of one year or less at the time of acquisition and in non-negotiable certificates of deposit are carried at amortized cost.

The System also invests in Texas CLASS and Lone Star Investment pool (collectively, the investment pools), both of which are state investment pools that are considered investments for financial reporting. Investments must be in compliance with the *Texas Public Funds Investment Act* and include obligations of the United States or its agencies, direct obligation of the state of Texas or its agencies, certificates of deposit and repurchase agreements. The System has an undivided beneficial interest in the pool of assets held by the investment pools. The fair value of the position in these pools is the same as the value of the shares in each pool. Both investment pools are rated AAAm by Standard & Poor's. Investments in external investment pools qualifying for amortized cost under GASB Statement No. 79 - *Certain External Investment Pools and Pool Participants*, are carried at amortized cost per share.

All other investments are recorded at fair value. The fair values of securities are based on appropriate valuation methodologies by third parties, quoted market prices and information available to management as of February 28, 2022 and 2021.

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The components of assets limited as to use or restricted at fair value at February 28, 2022 and 2021, are as follows (in thousands):

	2022					
Description of Assets	Total	Restricted Debt Service	Series 2020 Capital Asset Fund	Restricted For Capital Asset Purchases	Restricted Cash and Cash Equivalents LPPF	Other
Money market government funds	$ 59,682	$ 14,470	$ 161	$ 45,000	$ -	$ 51
Investment pools	32,232	18,859	12,501	-	-	872
Cash	6,277	-	-	-	6,069	208
Other	10	-	-	-	-	10
	98,201	33,329	12,662	45,000	6,069	1,141
Less funds required for current liabilities	(13,414)	(7,345)	-	-	(6,069)	-
	$ 84,787	$ 25,984	$ 12,662	$ 45,000	$ -	$ 1,141

	2021					
Description of Assets	Total	Restricted Debt Service	Series 2020 Capital Asset Fund	Restricted For Capital Asset Purchases	Restricted Cash and Cash Equivalents LPPF	Other
Money market government funds	$ 26,158	$ 1,816	$ 13	$ -	$ 24,278	$ 51
U.S. Treasury notes	10,993	10,993	-	-	-	-
Investment pools	41,204	19,845	20,487	-	-	872
Cash	30,001	-	-	-	30,001	-
Other	10	-	-	-	-	10
	108,366	32,654	20,500	-	54,279	933
Less funds required for current liabilities	(61,329)	(7,050)	-	-	(54,279)	-
	$ 47,037	$ 25,604	$ 20,500	$ -	$ -	$ 933

Foundation – Assets limited as to use of $34 million and $72 million at February 28, 2022 and 2021, respectively, are restricted subject to donor-imposed stipulations that will be met by actions of the Foundation or the passage of time.

HMOs – Assets limited as to use aggregating $3 million at December 31, 2021, and $4 million at December 31, 2020, are restricted as to use and are pledged to satisfy insolvency and other reserves, as required by the Texas Department of Insurance.

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Note 6: Investment Risk

GASB Statement No. 40, *Deposit and Investment Risk Disclosures – an Amendment of GASB Statement No. 3*, requires disclosures related to credit risk, concentration of credit risk, interest rate risk, and foreign currency risk associated with interest-bearing investments.

Credit Risk and Concentration of Credit Risk – Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization (NRSRO).

The System, the HMOs and the Foundation each have formal investment policies adopted by their governing boards, which limit investment in securities based on an NRSRO credit rating. The System's investments are also subject to the *Public Funds Investment Act* (the Act), Texas Administrative Code Section 2256, and the investments of the HMOs are also subject to regulations enumerated in Title 28, Chapter 11 of the Texas Administrative Code and Chapter 20A of the Texas Insurance Code. The Foundation's investments are not subject to these laws.

The System's investment policy is to be reviewed and approved annually by the Board of Trustees and the Commissioners' Court. The investment policy includes a list of authorized investment instruments, a maximum allowable stated maturity by fund type and the maximum weighted average maturity of the overall portfolio. Guidelines for diversification and risk tolerance are also detailed within the policy. Additionally, the policy includes specific investment strategies for fund groups that address each group's investment options and describes the priorities for suitable investments.

The System's investment policy establishes minimum acceptable credit ratings for certain investment instruments. Securities of states, agencies, counties, cities and other political subdivisions located in the United States must not be rated less than A, or its equivalent, by a nationally recognized investment-rating firm. Money market mutual funds and public funds investment pools must be rated AAA or its equivalent. Commercial paper with a stated maturity of 270 days or less from the date of issuance, as authorized by the Act, must be rated A-1 or P-1 or its equivalent.

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Concentration of credit risk is the risk of loss attributed to the magnitude of an investment in a single issuer. The System mitigates these risks by emphasizing the importance of a diversified portfolio. All funds must be sufficiently diversified to eliminate the risk of loss resulting from overconcentration of assets in a specific maturity, a specific issuer or a specific class of securities. In particular, no more than 25 percent of the overall portfolio may be invested in time deposits, including certificates of deposit, of a single issuer. Concentration by issuer for other investment instruments is not specifically addressed in the investment policy. However, the policy does specify that acceptable investment instruments must have high-quality credit ratings.

GASB Statement No. 40 also provides that securities with split ratings, or a different rating assignment between NRSROs, are disclosed using the rating indicative of the greatest degree of risk.

The table below indicates the fair value and maturity amount of the System's cash equivalents, assets limited as to use and investments as of February 28, 2022 and 2021, summarized by security type, as well as the percentage of total portfolio, the credit rating of the investment, and the modified duration in years for each summarized security type (in thousands).

	2022				
Security	Fair Value	Percentage of Portfolio	Maturity Amount	Modified Duration (Years)	Credit Rating S&P/Moody's
Investment Pools					
Texas CLASS - Pool (Corporate)	$ 143,512	10.75 %	$ 143,512	0.003	AAAm
Texas CLASS - Pool (Government)	136,266	10.21	136,266	0.003	AAAm
Lone Star - Pool (Corporate)	127,563	9.56	127,563	0.003	AAAm
Lone Star-Pool (Government)	125,002	9.37	125,002	0.003	AAAm
U.S. Treasury notes	264,390	19.81	265,000	0.404	Aaa/AA+
Commercial paper					
Toyota Motor Credit Corp	129,956	9.74	130,000	0.098	A-1+/P-1
Natixis	129,726	9.72	130,000	0.031	A-1/P-1
Money market mutual funds	278,237	20.84	278,237	0.003	AAAm/Aaa-mf
Total cash equivalents, assets limited as to use and investments	$ 1,334,652	100.00 %	$ 1,335,580	0.120	

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	2021				
Security	Fair Value	Percentage of Portfolio	Maturity Amount	Modified Duration (Years)	Credit Rating S&P/Moody's
Investment Pools					
Texas CLASS - Pool (Corporate)	$ 423,650	37.31 %	423,650	0.003	AAAm
Texas CLASS - Pool (Government)	72,677	6.40	72,677	0.003	AAAm
Lone Star - Pool	437,791	38.56	437,791	0.003	AAAm
U.S. Treasury notes	110,962	9.77	111,000	0.567	Aaa/AA+
Money market mutual funds	90,339	7.96	90,339	0.003	BBB+/BBB-
Total cash equivalents, assets limited as to use and investments	$ 1,135,419	100.00 %	$ 1,135,457	0.116	

Custodial Credit Risk – Custodial credit risk for deposits is the risk that, in the event of failure of a depository financial institution, the System will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the System will not be able to recover the value of its investment or collateral securities that are in the possession of another party.

Chapter 2257 of the Texas Government Code is known as the *Public Funds Collateral Act*. This act provides guidelines for the amount of collateral that is required to secure the deposit of public funds. Federal Deposit Insurance Corporation (FDIC) insurance is available for funds deposited at any one financial institution up to a maximum of $250 thousand each for demand deposits, time and savings deposits and deposits pursuant to indenture.

The *Public Funds Collateral Act* requires that the deposit of public funds be collateralized in an amount not less than the total deposit, reduced by the amount of FDIC insurance available. The System's deposits are not exposed to custodial credit risk since all deposits are either covered by FDIC insurance or collateralized with securities held by the System or its agent in the System's name, in accordance with the *Public Funds Collateral Act*.

Interest Rate Risk – All investments carry the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways that the System manages its exposure to interest rate risk is by purchasing a combination of shorter and longer-term investments and by matching cash flows from maturities so that a portion of the portfolio is maturing evenly over time as necessary to provide the cash flow and liquidity needed for operations.

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According to the System's investment policy, no more than 50.0 percent of the portfolio, excluding those investments held for future capital expenditures, debt service payments, bond fund reserve accounts, and capitalized interest funds, may be invested beyond 36 months. Additionally, at least 15.0 percent of the portfolio, with the previous exceptions, is invested in overnight instruments or in marketable securities that can be sold to raise cash within one day's notice. Overall, the average maturity of the portfolio, with the previous exceptions, shall not exceed three years. The System is also prohibited from investing more than 25 percent of the overall portfolio in the time deposits, including certificates of deposit, of a single issuer. As of February 28, 2022 and 2021, the System was in compliance with these guidelines.

Foreign Currency Risk – Foreign currency risk is the risk that fluctuations in the exchange rate will adversely affect the value of investments denominated in a currency other than the U.S. dollar. The System's investment policy does not list securities denominated in a foreign currency among the authorized investment instruments. Consequently, the System is not exposed to foreign currency risk.

The table below indicates the fair value and maturity amount of the cash equivalents, assets limited as to use and investments of Community Health Choice, Inc. as of December 31, 2021 and 2020, summarized by security type. Also demonstrated are the percentage of total portfolio and the modified duration in years for each summarized security type (in thousands).

	2021				
Security	Fair Value	Percentage of Portfolio	Maturity Amount	Modified Duration (Years)	Credit Rating S&P
Certificates of deposit	$ 3,325	6.99 %	$ 3,325	0.429	AAA
Money market mutual funds	44,217	93.01	44,217	0.003	AAA
	$ 47,542	100.00 %	$ 47,542	0.216	

	2020				
Security	Fair Value	Percentage of Portfolio	Maturity Amount	Modified Duration (Years)	Credit Rating S&P
Certificates of deposit	$ 3,325	4.16 %	$ 3,325	0.430	AAA
Money market mutual funds	76,528	95.84	76,528	0.003	BBB+
	$ 79,853	100.00 %	$ 79,853	0.217	

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The table below indicates the fair value and maturity amount of the cash equivalents, assets limited as to use and investments of Community Health Choice Texas, Inc. as of December 31, 2021 and 2020, summarized by security type. Also demonstrated are the percentage of total portfolio and the modified duration in years for each summarized security type (in thousands).

	2021				
Security	Fair Value	Percentage of Portfolio	Maturity Amount	Modified Duration (Years)	Credit Rating S&P/Moody's
Municipal bonds	$ 6,223	1.59 %	$ 6,107	0.332	AAA/AA+/Aaa/AA
Certificates of deposit	100	0.03	100	0.132	AAA
Money market mutual funds	383,980	98.38	383,980	0.003	AAA
	$ 390,303	100.00 %	$ 390,187	0.156	

	2020				
Security	Fair Value	Percentage of Portfolio	Maturity Amount	Modified Duration (Years)	Credit Rating S&P/Moody's
Municipal bonds	$ 33,801	9.81 %	$ 33,360	0.430	AAA/AA+/Aaa/AA/Aa1/Aa2
Certificates of deposit	600	0.17	600	0.185	AAA
Money market mutual funds	310,313	90.02	310,313	0.003	BBB+
	$ 344,714	100.00 %	$ 344,273	0.206	

The System categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure fair value of the assets. Level 1 are quoted prices in an active market for identical assets, Level 2 are significant other observable inputs and Level 3 are significant unobservable inputs.

Investments in external investment pools qualifying for amortized cost under GASB Statement No. 79, *Certain External Investment Pools and Pool Participants*, are carried at amortized cost per share, thus, they are excluded from fair value reporting below.

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The following is a summary of the hierarchy of the fair value of cash equivalents, assets limited as to use, investments, and derivative instrument *(Note 8)* of the System as of February 28, 2022 and 2021 (in thousands).

	2022 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Commercial paper	$ -	$ 259,682	$ -	$ 259,682
U.S. Treasury notes	264,390	-	-	264,390
Money market mutual funds	278,237	-	-	278,237
Total cash equivalents, assets limited as to use and investments by fair value	$ 542,627	$ 259,682	$ -	$ 802,309
Liabilities				
Derivative financial instrument	$ -	$ 10,020	$ -	$ 10,020

	2021 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
U.S. Treasury notes	$ 110,962	$ -	$ -	$ 110,962
Money market mutual funds	90,339	-	-	90,339
Total cash equivalents, assets limited as to use and investments by fair value	$ 201,301	$ -	$ -	$ 201,301
Liabilities				
Derivative financial instrument	$ -	$ 15,861	$ -	$ 15,861

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The following is a summary of the hierarchy of the fair value of investments and cash equivalents of Community Health Choice, Inc. as of December 31, 2021 and 2020 (in thousands):

	2021 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Money market mutual funds	$ 44,217	$ -	$ -	$ 44,217
Total investments and cash equivalents by fair value level	$ 44,217	$ -	$ -	$ 44,217

	2020 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Money market mutual funds	$ 76,528	$ -	$ -	$ 76,528
Total investments and cash equivalents by fair value level	$ 76,528	$ -	$ -	$ 76,528

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The following is a summary of the hierarchy of the fair value of investments and cash equivalents of Community Health Choice Texas, Inc. as of December 31, 2021 and 2020 (in thousands):

	2021 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Municipal bonds	$ -	$ 6,223	$ -	$ 6,223
Money market mutual funds	383,980	-	-	383,980
Total investments and cash equivalents by fair value level	$ 383,980	$ 6,223	$ -	$ 390,203

	2020 Fair Value Measurements Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Assets				
Municipal bonds	$ -	$ 33,801	$ -	$ 33,801
Money market mutual funds	310,313	-	-	310,313
Total investments and cash equivalents by fair value level	$ 310,313	$ 33,801	$ -	$ 344,114

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Note 7: Capital Assets

The System's investment in capital assets as of February 28, 2022 and 2021, consists of the following (in thousands):

	2022			
	Beginning Balance	Additions/ Transfers	Retirements	Ending Balance
Land and improvements	$ 46,829	$ 487	$ -	$ 47,316
Buildings and fixed equipment	722,584	6,750	(342)	728,992
Major movable equipment	408,587	48,818	(10,619)	446,786
Total historical cost	1,178,000	56,055	(10,961)	1,223,094
Less accumulated depreciation:				
Land and improvements	(15,095)	(894)	-	(15,989)
Buildings and fixed equipment	(413,732)	(26,264)	321	(439,675)
Major moveable equipment	(313,322)	(34,001)	10,433	(336,890)
Total accumulated depreciation	(742,149)	(61,159)	10,754	(792,554)
Construction in progress	90,633	39,118	-	129,751
Capital assets - net	$ 526,484	$ 34,014	$ (207)	$ 560,291

	2021			
	Beginning Balance	Additions/ Transfers	Retirements	Ending Balance
Land and improvements	$ 46,180	$ 658	$ (9)	$ 46,829
Buildings and fixed equipment	706,083	23,339	(6,838)	722,584
Major movable equipment	399,311	31,040	(21,764)	408,587
Total historical cost	1,151,574	55,037	(28,611)	1,178,000
Less accumulated depreciation:				
Land and improvements	(14,149)	(955)	9	(15,095)
Buildings and fixed equipment	(391,819)	(28,655)	6,742	(413,732)
Major moveable equipment	(304,244)	(30,141)	21,063	(313,322)
Total accumulated depreciation	(710,212)	(59,751)	27,814	(742,149)
Construction in progress	51,088	39,545	-	90,633
Capital assets - net	$ 492,450	$ 34,831	$ (797)	$ 526,484

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Note 8: Long-Term Debt

Long-term debt of the System consists of various issues of Revenue Bonds and Combination Tax and Revenue Certificates of Obligation (Certificates). Revenue Bonds are payable from the pledged revenue generated by the System. Combination Tax and Revenue Certificates of Obligation are payable from the levy and collection of an ad valorem tax, levied on taxable property within the System. Although taxes are levied and collected by Harris County for the System, the Certificates are direct obligations of the System and the holders are not entitled to demand payment from any tax revenue or other revenues of Harris County.

Revenue Bonds

On October 3, 2007, the System issued two Series of Harris County Hospital District Senior Lien Refunding Revenue Bonds (the Bonds). The Series 2007A Bonds, in the amount of $199 million, were sold to provide funding for expansion and renovation projects, to refund the System's outstanding commercial paper, to fund the Debt Service Reserve Fund, and to pay costs of issuance. The Series 2007B Bonds, in the amount of $103 million, were used to refund the Series 2000 revenue bonds and to pay costs of issuance. The Series 2007 Bonds were insured by municipal bond insurance policies and secured by a lien on the pledged revenue of the System and certain funds established pursuant to the bond order.

In October 2016, the System refunded and refinanced the Series 2007A Bonds by issuing the $160 million Series 2016 Senior Lien Refunding Revenue bonds at a premium of $15 million.

The proceeds of the Series 2016 Bonds and existing debt service and debt service reserve funds covered cost of issuance and defeased the Series 2007A bonds in the principal amount $178 million. An irrevocable deposit of sufficient funds with trustees was made to pay the principal and interest of the defeased bonds through maturity. In February 2017, the System paid the non-refunded principal balance due and related interest. The Series 2016 Bonds have a final maturity of February 15, 2042. The bonds were issued as serial bonds in the amount of $106 million maturing February 15, 2036, and $54 million in term bonds maturing February 15, 2042. The bonds maturing on or after February 15, 2027, are subject to optional redemption on or after February 15, 2026. The term bonds are additionally subject to mandatory sinking fund redemption. The refunding resulted in a net present value economic gain of $37 million.

The Series 2007B Bonds have a final maturity date of February 1, 2042, and were initially issued as 28-day taxable auction-rate paper, convertible to tax-exempt on August 16, 2010. In April 2008, these bonds were converted from auction-rate securities and reoffered as variable rate bonds bearing interest at a term rate during a term period. The 2007B Bonds Series were hedged with a forward starting swap effective upon the tax-exempt conversion of the bonds.

In August 2010, the System refunded and refinanced the Series 2007B Bonds by issuing Series 2010 Refunding and Revenue bonds in the amount of $104 million. The proceeds of the Series 2010 Bonds covered costs of issuance and defeased the Harris County Hospital District Senior Lien Refunding Revenue Bonds, Series 2007B, in the principal amount of $104 million through the irrevocable deposit of sufficient funds with trustees to pay the principal and interest of such bonds through maturity. Accordingly, these trusteed funds and the related defeased indebtedness are excluded from the balance sheet. The refunding resulted in a loss of $22 million, which includes $16 million deferred loss on refunding related to the interest rate swap, which has been deferred and is being amortized over the life of the Series 2007B Bond issue. The remaining loss on refunding of $6 million has been deferred and is being amortized to interest expense over the life of the Series 2010 bond issue. The primary components of this loss were the write-offs of unamortized deferred financing costs and bond premiums, the net deferred amount related to the hedging derivative instrument associated with the 2007B Bonds and the difference between amounts funded for the defeasance and the principal due on the 2007B Bonds. The financial statements reflect deferred outflows-unamortized debt refunding loss of $8 million at both February 28, 2022 and 2021. Principal amounts of total defeased indebtedness outstanding at February 28, 2022 and 2021, are $60 million and $67 million, respectively. The bonds are secured by an irrevocable letter of credit issued by JPMorgan Chase Bank.

The Series 2010 Refunding and Revenue bonds in the amount of $104 million are variable rate demand bonds maturing through February 15, 2042. The bonds are subject to purchase on the demand of the owner at a price equal to purchase price on any given business day upon irrevocable notice by electronic means to the System's tender agent and remarketing agent.

Under an irrevocable letter of credit issued by JPMorgan Chase Bank, only the tender agent is entitled to draw an amount sufficient to pay the principal amount of the bonds when due, or to pay the portion of the purchase price corresponding to the principal amount upon certain tenders. The letter of credit facility expires on August 12, 2024. Unreimbursed advances will accrue interest at the higher of (i) the Prime Rate, (ii) one-month LIBOR plus 2.5 percent, or (iii) 7.5 percent per annum. The System is also required to pay to the JPMorgan Chase Bank an annual facility fee for the letter of credit of 0.9 percent per annum of the outstanding principal amount of the bonds. No amounts were outstanding on the letter of credit as of February 28, 2022 and 2021. In addition, the System is required to pay the remarketing agent an annual fee of $1.00 per $1,000 of principal amount of the bonds actually remarketed.

Compliance

The System is in compliance with its debt covenants at February 28, 2022 and 2021.

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Interest Rate Swap

Related Bonds – On September 25, 2007, the System entered into an interest rate swap agreement in connection with its $104 million Harris County Hospital District Senior Lien Revenue and Refunding Bonds, Series 2007B with the settlement date on October 3, 2007. On August 12, 2010, when the System refunded and refinanced the Series 2007B Bonds by issuing Series 2010 Bonds, the interest rate swap was redesignated and associated with the new debt. The derivative contained an off-market element equal to the value of the swap associated with the Series 2007B Bonds on August 12, 2010. In accordance with GASB Statement No. 53, *Accounting and Financial Reporting for Derivative Instruments*, this off-market element is recorded as a borrowing payable and is amortized as an adjustment to interest expense over the life of the swap agreement.

Objective of the Swap – The intention of the swap was to effectively reduce the impact of the System's variable interest rate exposure on the Related Bonds to a synthetic fixed rate of 4.2 percent.

Swap terms:

Trade date	September 12, 2007
Effective date	August 16, 2010
Termination date	February 15, 2042
Initial notional amount	$103,500,000
District pays fixed	4.218%
Counterparty pays floating	SIFMA Municipal Swap Index
Payment dates	Monthly on the 15th calendar day of every month

As further defined in the confirmation to the swap agreement, the System is subject to an "Annual Counterparty Ceiling" which limits the maximum payment, inclusive of collateral, made by the System in any fiscal year to $40 million. Subject to cash settlement, the System has the right to terminate the agreement, in whole or in part, on the Effective Date, August 16, 2010, and on any Business Day (as observed by New York and London financial markets) thereafter.

The effectiveness of the interest rate swap has been measured using the regression analysis method. The System has concluded that the transactions are effective.

Fair Value – The redesignated swap that is associated with the new debt had a zero fair value at its inception date and a fair value of $(10) million and $(16) million at February 28, 2022 and 2021, respectively, and is reported as a derivative liability in the statements of net position. The fair value of the swap was determined by calculating the present value of the anticipated future cash flows for both the floating portion and the stated fixed rate portion using discount factors derived from the London Interbank Offered Rate (LIBOR) swap curve.

Interest Rate Risk – The System is exposed to interest rate risk in that as the variable rates on the swap agreements decrease the System's net payment in the swap agreement could increase.

Basis Risk – The System is exposed to basis risk when the variable interest rate paid to the holders of its variable rate demand obligations is not equivalent to the variable interest rate received from its counterparties on the related swap agreements. When exposed to basis risk, the net interest expense incurred on the combination of the swap agreement and the associated variable rate debt may be higher or lower than anticipated.

Collateral Posting Risk – The risk that the System will be required to secure its obligations under the swap agreement. Any securities posted as collateral would not be available for the System's expenditure or reserve needs, which could adversely impact credit ratings and overall liquidity and budgetary efforts. The System was not exposed to collateral posting risk as of and for the years ended February 28, 2022 and 2021.

Credit Risk – The risk of a change in the credit quality or credit rating of the System and/or its counterparty. At February 28, 2022 the swap counterparty was rated A- by Standard & Poor's, A2 by Moody's Investor Services, and A- by Fitch. At February 28, 2021, the swap counterparty was rated BBB+ by Standard & Poor's, A3 by Moody's Investor Services, and BBB+ by Fitch. At both February 28, 2022 and 2021, the System was rated AA- by Standard & Poor's, Aa1 by Moody's Investor Services and AA by Fitch.

Rollover Risk – The System is exposed to rollover risk only on swaps that mature or may be terminated at the counterparty's option prior to the maturity of the associated debt. As of February 28, 2022 and February 28, 2021, the System was not exposed to rollover risk.

Termination Risk – The System's swap agreements do not contain any out-of-the-ordinary termination events that would expose it to significant termination risk. In keeping with market standards, the System or the counterparty may terminate each swap if the other party fails to perform under the terms of the contract. In addition, the swap documents allow either party to terminate in the event of a significant loss of creditworthiness. If at the time of the termination a swap has a negative value, the System would be liable to the counterparty for a payment equal to the fair value of such swap. As of February 28, 2022 and 2021, termination of the original swap agreement would create a liability of $20 million and $27 million, respectively, and would result in a reversal of the derivative liability related to the redesignated swap, the borrowing payable amount and the unamortized loss on refunding. Any resulting net change would be recorded through nonoperating expenses.

Swap Payments – Using interest rates as of February 28, 2022, debt service requirements of the System's outstanding fixed and variable-rate debt and net swap payments on the variable-rate debt were as follows (in thousands). As rates vary, variable rate interest rate payments on the bonds and net swap payments will change.

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	2022			
Years Ending February	Debt Principal	Debt Interest	Swaps, Net	Total
2023	$ 7,080	$ 9,173	$ (2,393)	$ 13,860
2024	7,400	8,840	(2,313)	13,927
2025	7,755	8,491	(2,231)	14,015
2026	8,125	8,126	(2,145)	14,106
2027	8,510	7,743	(2,055)	14,198
2028-2032	48,810	32,378	(8,797)	72,391
2033-2037	59,510	21,472	(5,937)	75,045
2038-2042	72,165	8,871	(2,437)	78,599
Total	$ 219,355	$ 105,094	$ (28,308)	$ 296,141

Hybrid Instrument Borrowings – The System's interest rate swap includes fixed rates that were off market at the execution of the interest rate swap. For financial reporting purposes, the interest rate swap is considered a hybrid instrument and is bifurcated between borrowings, with an aggregate original amount of $18 million reflecting the fair value of the instrument at its execution, and an interest rate swap with a fixed rate that was considered at the market at execution.

Activity for the hybrid instrument borrowings for the years ended February 28, 2022 and 2021, was as follows (in thousands).

	2022	2021
Beginning balance	$ 8,879	$ 9,612
Reductions	(712)	(733)
Ending balance	$ 8,167	$ 8,879

The following table sets forth as of February 28, 2022, the amortization of the hybrid instrument borrowings for the next five years and thereafter (in thousands).

Years ending February:		
2023	$	690
2024		667
2025		644
2026		619
2027		592
2028-2032		2,538
2033-2037		1,713
2038-2042		704
Total	$	8,167

Certificates of Obligation, Series 2016

In August 2016, the System issued Combination Tax and Revenue Certificates of Obligation, Series 2016 in the principal amount of $63 million. The funds are being used to expand the operative suites and supporting services at Ben Taub Hospital necessary to maintain the facility's Level 1 Trauma status. The bonds mature in February 2036. The System's financial statements reflect $50 million and $53 million in outstanding principal and $4 million and $5 million in unamortized premium related to this debt at February 28, 2022 and 2021, respectively. Principal and interest paid, as well as corresponding tax revenue applicable to debt service, was $5 million for both 2022 and 2021.

Certificates of Obligation, Series 2020

In April 2020, the System issued the combination tax and revenue Certificates of Obligation, Series 2020 (the 2020 certificates of obligation) in the amount of $31 million. The 2020 certificates of obligation mature in various amounts annually starting February 15, 2021 through February 15, 2030, with a stated coupon rate of 5.0%. The 2020 Certificates are collateralized by a levy of ad valorem tax revenue and lien on and pledge of surplus revenues. Proceeds from the 2020 Certificates are being used to fund the construction and equipping of certain facilities at Ben Taub Hospital, and the purchase and installation of certain medical equipment in Harris County’s jail facilities as well as the purchase and installation of an upgraded electronic medical record system, among other facility improvements. The System's financial statements reflect $26 million and $29 million in outstanding principal and $4 million and $5 million in unamortized premium related to this debt at February 28, 2022 and 2021. Principal and interest paid, as well as corresponding tax revenue applicable to debt service, was $4 million and $3 million for 2022 and 2021.

Annual debt service requirements to maturity as of February 28, 2022 are as follows (in thousands).

	Principal	Interest	Total
Years ending February:			
2023	$ 5,415	$ 3,349	$ 8,764
2024	5,685	3,078	8,763
2025	5,970	2,794	8,764
2026	6,240	2,524	8,764
2027	6,520	2,243	8,763
2028-2032	29,410	6,266	35,676
2033-2036	17,145	1,616	18,761
Total	$ 76,385	$ 21,870	$ 98,255

Note 9: Employee Benefit Plans

The System currently maintains two benefit plans allowing employees to plan and save for retirement: a defined contribution plan and a defined benefit plan. In October 2006, the Harris County Hospital District Board of Trustees amended the defined benefit pension plan to close enrollment. The amended plan offers employees hired prior to January 1, 2007, a choice to either (1) continue with their current pension plan or (2) elect to participate in the System's enhanced 401(k) retirement savings plan with a match, effective July 2007, of up to 5.0 percent of participant's compensation provided by the System. All new hires and rehires after December 31, 2006, are only eligible for the System's 401(k) retirement savings plan with a match of up to 5.0 percent. The change was designed to safeguard individuals approaching retirement, who had accumulated a large pension benefit in the current plan, while providing employees who planned to work many more years an option for better flexibility and portability in the System's enhanced 401(k) plan.

The System administers the Harris County Hospital District Pension Plan and the Harris County Hospital District 401(k) Plan. The System issues publicly available financial reports that include financial statements and required supplementary information. The financial reports may be obtained by writing to Harris Health System, Human Resources Department, 4800 Fournace Place, Bellaire, Texas 77401.

Defined Contribution Plan

The System has a defined contribution 401(k) plan (which qualifies as a tax-exempt employee benefit plan under Section 401(a) of the Internal Revenue Code) (401(k) Plan) open to all full-time and part-time employees of the System who meet the plan's requirements. It is a single-employer, self-administered, trusteed plan to which contributions are made by participants on a bi-weekly basis not to exceed the statutory maximum of $20 thousand during both calendar years 2021 and 2020 for all participants. Contributions to the plan cannot exceed the statutory maximum of $26 thousand during both calendar years 2021 and 2020 for participants age 50 and older. Effective July 2007, the System enhanced the 401(k) Plan with an employer match up to 5.0 percent of the participant's compensation for eligible employees, which is 100.0 percent vested with three or more years of service. The 401(k) Plan is a governmental plan, and as such, is specifically exempt from the reporting and disclosure requirements of Title I of the *Employee Retirement Income Security Act of 1974* (ERISA). Total participant contributions were $50 million and $40 million in fiscal years 2022 and 2021, respectively. Total System contributions were $21 million and $18 million in fiscal years 2022 and 2021, respectively.

Forfeitures under the 401(k) Plan for a plan year will be applied to reduce the System's obligation to make future matching contributions or to pay 401(k) Plan administrative expenses for the 401(k) Plan year. During the years ended February 28, 2022 and 2021, System contributions were reduced by approximately $2 million and $1 million, respectively, from forfeited non-vested accounts.

Pension Plan

The System has a noncontributory, defined benefit pension plan (the Plan). It is a single-employer, self-administered, trusteed plan in which a separate stand-alone financial report is issued. The Plan is administered by an Administrative Committee appointed by the Board of Trustees of the System, which is responsible for administering the Plan under the terms that are established. The Board of Trustees approves amendments to the Plan. State Street Bank & Trust Co. serves as the trustee and custodian for the Plan. As a unit of local government, the Plan is not covered by ERISA. The Plan is funded through actuarially determined contributions by the System. The entry age normal method is used to determine both the funding and the pension benefit obligation.

Each participant shall have a monthly benefit payable for life equal to the greater of (a) the number of years of service multiplied by 1.5 percent of average monthly compensation (average base compensation received in five highest consecutive calendar years out of the 10 complete calendar years prior to retirement) or (b) the accrued monthly retirement benefit determined as of January 1, 1989, plus the number of years of future service earned after January 1, 1989, multiplied by 1.5 percent of average monthly compensation, subject to a minimum equal to the benefit earned under the Plan prior to the adoption of the 6th Amendment as of September 30, 1991 (applies to non-highly compensated employees only). Monthly benefit payments are subject to a minimum based on the number of years of service multiplied by $6 and a maximum provision permitted to be paid under Section 415 of the Internal Revenue Code. Participants may also elect to receive their benefits in other optional forms approved by the Administrative Committee.

As of December 31, 2021 and 2020, the following employees were covered by the benefit terms:

	2021	2020
Inactive employee or beneficiaries currently receiving benefits	3,290	3,210
Inactive employees entitled to but not yet receiving benefits	1,333	1,345
Active employees	2,014	2,175
	6,637	6,730

The Harris Health System Board of Trustees establishes the contribution requirements of the System based on an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. For the year ended February 28, 2022, the System contributed $57 million or 38.3 percent of covered payroll. For the year ended February 28, 2021, the System contributed $54 million or 34.4 percent of covered payroll.

Net Pension Liability

The System's net pension liability was measured as of December 31, 2021 and 2020, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of those dates. Actuarial assumptions and methods used in the actuarial valuations are as follows.

	2021	2020
Valuation date	January 1, 2021	January 1, 2020
Measurement date	December 31, 2021	December 31, 2020
Actuarial cost method	Entry age normal	Entry age normal
Equivalent single amortization period	20 years, closed	20 years, closed
Asset valuation method	Market value	Market value
Actuarial assumptions:		
Inflation	2.5%	2.5%
Investment rate of return (net of expenses)	5.75	6.25
Projected salary increases (ultimate rate):		
Initial rate	5.1	5.1
Ultimate rate	3.0	3.0
Mortality rates:		
Healthy	Pri-2012 Total Dataset Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021	Pri-2012 Total Dataset Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2020
Disabled	Pri-2012 Disability Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021	Pri-2012 Disability Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2020

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The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return as of December 31, 2021, for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Real estate funds	5 %	6.43
Domestic equity-large cap	26	7.14
Domestic equity-small/mid cap	4	7.66
International equity	25	7.74
Fixed income	35	4.13
Hedge funds	5	6.01
	100 %	

The discount rate used to measure the total pension liability was 5.8 percent and 6.3 percent, net of expenses, as of December 31, 2021 and 2020, respectively. The projection of cash flows used to determine the discount rate assumed that System contributions would be made at rates equal to the actuarial determined contribution and the Plan's fiduciary net position is projected to cover benefit payments and administrative expenses.

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Changes in the net pension liability are as follows (in thousands):

	Increase (Decrease)		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a)-(b)
Balances at March 1, 2021	$ 1,038,771	$ 876,637	$ 162,134
Changes for the year:			
Service cost	8,601	-	8,601
Interest	64,147	-	64,147
Differences between expected and actual experience	1,782	-	1,782
Changes of assumptions	61,527	-	61,527
Contributions - employer	-	57,000	(57,000)
Net investment income	-	88,725	(88,725)
Benefit payments	(53,264)	(53,264)	-
Administrative expense	-	(2,725)	2,725
Net changes	82,793	89,736	(6,943)
Balance at February 28, 2022	$ 1,121,564	$ 966,373	$ 155,191

	Increase (Decrease)		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a)-(b)
Balances at March 1, 2020	$ 962,260	$ 737,322	$ 224,938
Changes for the year:			
Service cost	8,036	-	8,036
Interest	64,307	-	64,307
Differences between expected and actual experience	3,807	-	3,807
Changes of assumptions	50,545	-	50,545
Contributions - employer	-	53,778	(53,778)
Net investment income	-	138,087	(138,087)
Benefit payments	(50,184)	(50,184)	-
Administrative expense	-	(2,366)	2,366
Net changes	76,511	139,315	(62,804)
Balances at February 28, 2021	$ 1,038,771	$ 876,637	$ 162,134

Sensitivity of the net pension liability to changes in the discount rate – the following presents the net pension liability of the System, calculated using the discount rate of 5.8 percent, as well as what the System's net pension liability would be if it were calculated using a discount rate that is 1.0 percentage point lower (4.8 percent) or 1.0 percentage point higher (6.8 percent) than the current rate (in thousands):

	1% Decrease	Current Discount	1% Increase
System's net pension liability	$ 289,716	$ 155,191	$ 42,201

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the fiscal years ended February 28, 2022 and 2021, the System recognized pension expense of $49 million and $39 million, respectively. At February 28, 2022 and 2021, the System reported deferred outflows and deferred inflows of resources related to pension from the following sources (in thousands).

	2022	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes of assumptions	$ 27,155	$ -
Differences between expected and actual experience	786	-
Net difference between projected and actual earnings on pension plan investments	-	88,153
Employer contributions remitted subsequent to the measurement date	9,787	-
Total	$ 37,728	$ 88,153

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes of assumptions	$ 26,830	$ -
Differences between expected and actual experience	1,895	-
Net difference between projected and actual earnings on pension plan investments	-	89,893
Employer contributions remitted subsequent to the measurement date	8,926	-
Total	$ 37,651	$ 89,893

At February 28, 2022 and 2021, the System reported $10 million and $9 million as deferred outflows of resources related to pensions resulting from System contributions made subsequent to the measurement date that will be recognized as a reduction of the net pension liability at February 28, 2023 and February 28, 2022.

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows (in thousands):

Year ended the last day of February:	
2023	$ 7,183
2024	(37,827)
2025	(23,321)
2026	(6,247)
	$ (60,212)

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued Plan financial report.

Deferred Compensation

The System has a deferred compensation plan for the benefit of its eligible employees under Section 457 of the Internal Revenue Code of 1954. The assets in the Deferred Compensation Plan, which is not recorded in the accompanying statements of net position, are not subject to creditors. The Deferred Compensation Plan assets at February 28, 2022 and 2021, were approximately $151 million and $144 million, respectively.

Harris County Hospital District
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Notes to Financial Statements
February 28, 2022 and 2021

Note 10: Other Postemployment Benefits (OPEB) Health Care Plan

Plan Description and Benefits Provided

The OPEB is sponsored by the System which provides certain health care benefits for retired employees. The System's employees may become eligible for those benefits upon completing 10 years of service. Retiree medical plan participants are provided benefits under the System's self-insured medical plan. The contribution requirements of plan members and the System are established by and may be amended by the System's Board of Trustees. The System funds these benefits on a pay-as-you-go basis, meaning that the System will pay benefits as they come due. For fiscal years 2022 and 2021, the System contributed $23 million and $21 million, respectively, to the Plan for current premiums and administrative costs. Plan members receiving benefits during both fiscal years 2022 and 2021, contributed $5 million or $4 million, or approximately 20.1 percent and 20.6 percent of the total premiums, respectively, through their required contribution. Plan members that are ages 65 and younger were required to contribute $71.92 and $75.83 per month for retiree-only coverage and $444.33 and $477.42 for retiree and spouse coverage in 2022 and 2021, respectively. Plan members that are ages 65 and older were required to contribute $99.17 and $107.83 per month for retiree-only coverage and $520.67 and $565.00 for retiree and spouse coverage in 2022 and 2021, respectively. The OPEB does not issue a separate report that includes financial statements. No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement 75. In an amendment approved by the board on January 25, 2018, employees hired after June 1, 2018 are no longer eligible to participate in the OPEB.

At February 28, 2022 and 2021, the following employees were covered by the benefit terms.

	2022	2021
Inactive employee or beneficiaries currently receiving benefits	2,163	2,113
Active employees	6,108	6,578
	8,271	8,691

Total OPEB Liability

The System’s total OPEB liability of $463 million and $589 million and expense of $21 million and $44 million as of February 28, 2022 and 2021, respectively, and was determined by an actuarial valuation as of March 1, 2021 and 2020, respectively, and rolled forward to the measurement date.

The total OPEB liability in the actuarial valuation report was determined using the following actuarial assumptions and the entry age normal actuarial cost method, applied to all periods included in the measurement, unless otherwise specified:

	2022	2021
Salary increases	2.5%	2.5%
Discount rate	2.83%	1.21%
Health care cost trend rates	6.25% for 2022, decreasing to 5.50% over 3 year and following the Getzen model thereafter	6.50% for 2021, decreasing to 5.75% over 3 year and following the Getzen model thereafter

The discount rate used to measure the total OPEB liability was 2.8 percent which is based on the S&P Municipal Bond 20 Year High Grade Rate Index as of February 28, 2022.

For 2022, mortality rates for healthy pre-commencement and post-participants were based on Pri-2012 Total Dataset Mortality Table with generational mortality improvement projected using scale MP-2021. Rates for disabled participants were based on Pri-2012 Disability Mortality Table with generational mortality improvement projected using Scale MP-2021.

For 2021, mortality rates for healthy pre-commencement and post-participants were based on Pri-2012 Total Dataset Mortality Table with generational mortality improvement projected using scale MP-2020. Rates for disabled participants were based on Pri-2012 Disability Mortality Table with generational mortality improvement projected using Scale MP-2020.

No formal actuarial experience studies have been performed.

Changes in the Total OPEB Liability (In Thousands)

	2022	2021
Total OPEB liability, beginning of year	$ 588,606	$ 486,430
Changes for the year:		
Service cost	13,425	9,895
Interest	7,067	11,990
Experience gains	7,652	(3,056)
Change of assumptions	(136,204)	100,078
Benefit payments	(18,018)	(16,731)
Net changes	(126,078)	102,176
Total OPEB liability, end of year	$ 462,528	$ 588,606

Sensitivity of the System's Total OPEB Liability to Changes in the Discount Rate and Health Care Cost Trend Rates

The total OPEB liability has been calculated using a discount rate of 2.8 percent. The following table presents the total OPEB liability of the System using a discount rate 1.0 percent higher and 1.0 percent lower than the current discount rate (in thousands):

	1% Decrease	Current Discount Rate	1% Increase
Total OPEB Liability	$ 536,351	$ 462,528	$ 403,224

The following presents the total System's OPEB liability, as well as what the System's OPEB liability would be if it were calculated using health care cost trend rates that are 1.0 percent higher and 1.0 percent lower than the current health care cost trend rates (in thousands):

	1% Decrease	Healthcare Cost Trend Rates (6.25% decreasing to 5.50%)	1% Increase
Total OPEB Liability	$ 397,071	$ 462,528	$ 544,834

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

At February 28, 2022, and 2021, the System reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources (in thousands):

	2022	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes of assumptions	$ 98,534	$ 113,503
Differences between expected and actual experience	6,376	17,039
Total	$ 104,910	$ 130,542

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Changes of assumptions	$ 125,818	$ -
Differences between expected and actual experience	-	22,549
Total	$ 125,818	$ 22,549

Amounts reported as deferred outflows of resources and deferred inflows of resources at February 28, 2022, related to OPEB will be recognized in OPEB expense as follows (in thousands):

Year ended the last day of February:	
2023	$ 349
2024	349
2025	349
2026	(5,255)
2027	(21,424)
	$ (25,632)

Note 11: Concentrations of Credit Risk

The System provides services to its patients, most of whom are local residents and may be insured under third-party payor agreements, in accordance with its charity care policy (see *Note 2*). Patient service revenues (see *Note 3*) and the related accounts receivable are reflected in the System's financial statements net of charges for charity care provided. The mix of net receivables from self-pay patients and third-party payors at February 28, 2022 and 2021, is as follows:

	2022	2021
Medicaid	15%	11%
Medicare	48%	39%
Commercial	14%	10%
Self-pay patient	23%	40%
	100%	100%

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Notes to Financial Statements
February 28, 2022 and 2021

Note 12: Commitments and Contingencies

At February 28, 2022 and 2021, the System was a defendant in certain pending civil litigation and has notice of certain claims that have been asserted against it. The System is covered under the *Texas Tort Claims Act* (the Act). Under the Act, any claims and recoveries from pending or possible litigation due to personal injuries are limited to $100 thousand per person and $300 thousand per single occurrence of bodily injury or death. Professional liability claims have been asserted by various claimants. The claims are in various stages of processing, and some may ultimately be brought to trial. There are also other known and unknown incidents that have occurred through February 28, 2022, that may result in the assertion of additional claims.

The System covers its exposure for asserted and unasserted claims through a program of self-insurance and has accrued its best estimate of these contingent losses. In the opinion of the System's management, the outcomes of these actions will not have a material adverse effect on the financial statements of the System.

The System has self-insurance programs for the payment of hospital professional and general liability claims, workers' compensation, and employee health claims. Liabilities related to these programs are accrued utilizing actuarial analyses based on historical claims experience and are undiscounted. Changes in these self-insurance programs for the years ended February 28, 2022 and 2021, are as follows (in thousands).

	Beginning-of-year Liability	Current-year Claims and Changes In Estimates	Claim Payments	End-of-year Liability
Hospital professional and general liability:				
2022	$ 3,028	$ 2,563	$ 2,687	$ 2,904
2021	2,615	2,674	2,261	3,028
Workers' compensation liability:				
2022	$ 1,908	$ 1,873	$ 1,490	$ 2,291
2021	2,299	711	1,102	1,908
Employee healthcare benefits liability:				
2022	$ 9,764	$ 139,544	$ 139,512	$ 9,796
2021	10,368	114,526	115,130	9,764

The reserve for hospital professional and general liability, including malpractice, and the reserve for workers' compensation claims are included in accounts payable and accrued liabilities in the accompanying statements of net position. The reserve for incurred but unreported employee health claims is included in employee compensation and related benefit liabilities in the accompanying statements of net position.

The System is also exposed to various risks of loss related to theft of, damage to, and destruction of assets, errors and omissions, and natural disasters. It is the System's policy to purchase commercial insurance for the risks of these losses. Settled claims have not exceeded this commercial coverage in any of the past three fiscal years.

At February 28, 2022, the System had commitments outstanding in the amount of approximately $64 million related to improvements at existing facilities and $7 million related to information technology projects.

The System had rental expenses related to its operating leases of approximately $21 million and $16 million during the years ended February 28, 2022 and 2021, respectively.

The System receives financial awards from federal and state agencies in the form of grants. Expenditures of funds under those programs require compliance with the grant agreements and are subject to audit. Any disallowed expenditures resulting from such audits become a liability of the System. In the opinion of management, such adjustments, if any, are not expected to materially affect the financial condition or operations of the System.

Note 13: COVID-19 Pandemic & CARES Act Funding

On March 11, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

During the year ended February 28, 2021, the System received $78 million of distributions from the *Coronavirus Aid, Relief, and Economic Security* ("CARES") *Act* Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by HHS.

No additional distributions from the Provider Relief Fund were received in the year ended February 28, 2022. Subsequent to February 28, 2022, the System received an additional $21 million of distributions from the Provider Relief Fund.

The System is accounting for such payments as conditional contributions. Payments are recognized as non-operating revenue once the applicable terms and conditions required to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the effect of the pandemic on the System's operating revenues and expenses through February 28, 2022, the System recognized $34 million and $22 million in the years ended February 28, 2022 and 2021, respectively, related to the Provider Relief Fund, and these payments are recorded as Provider Relief Fund revenue in the statement of revenues, expenses and changes in net position. The unrecognized amount of Provider Relief Fund distributions was returned to HHS during fiscal year 2022, with the exception of $440 thousand which was returned in April 2022.

The System will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the Hospital's revenues and expenses. The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the System is unable to attest to or comply with current or future terms and conditions the System's ability to retain some or all of the distributions received may be affected. Additionally, the amounts recorded in the financial statements compared to the System's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Note 14: Fiscal Year End Change

During the year ended February 28, 2022, the Harris County Commissioners' Court approved a change in the fiscal year end of the System from February 28 to September 30. This change is to be effective with the fiscal year beginning October 1, 2022.

Note 15: Correctional Health

Effective March 1, 2022, the System entered into an interlocal agreement with Harris County to manage and provide detention healthcare services.

Required Supplementary Information

Harris County Hospital District
d/b/a Harris Health System
A Component Unit of Harris County, Texas

Schedule of Changes in the System's Net Pension Liability and Related Ratios

(Dollar amounts in thousands)

	Plan Year Ended December 31,							
	2021	2020	2019	2018	2017	2016	2015	2014
Total pension liability:								
Service cost	$ 8,601	$ 8,036	$ 8,057	$ 8,280	$ 6,803	$ 7,232	$ 7,795	$ 8,642
Interest	64,147	64,307	63,183	60,495	61,427	59,397	57,482	52,342
Difference between expected and actual experience	1,782	3,807	243	8,000	1,718	(4,063)	4,637	(1,909)
Changes of assumptions	61,527	50,545	23,528	15,748	10,709	-	-	40,689
Benefit payments	(53,264)	(50,184)	(47,367)	(44,712)	(42,563)	(40,178)	(44,023)	(34,444)
Net change in total pension liability	82,793	76,511	47,644	47,811	38,094	22,388	25,891	65,320
Total pension liability – beginning	1,038,771	962,260	914,616	866,805	828,711	806,323	780,432	715,112
Total pension liability – ending (a)	1,121,564	1,038,771	962,260	914,616	866,805	828,711	806,323	780,432
Plan fiduciary net position:								
Contributions – employer	57,000	53,778	33,621	30,984	29,433	32,693	31,759	31,292
Net investment income	88,725	138,087	119,362	(35,426)	107,519	37,401	(4,891)	37,069
Benefit payments	(53,264)	(50,184)	(47,367)	(44,712)	(42,563)	(40,178)	(44,023)	(34,444)
Administrative expense	(2,725)	(2,366)	(3,010)	(2,442)	(2,478)	(232)	(2,389)	(2,302)
Net change in plan fiduciary net position	89,736	139,315	102,606	(51,596)	91,911	29,684	(19,544)	31,615
Plan fiduciary net position – beginning	876,637	737,322	634,716	686,312	594,401	564,717	584,261	552,646
Plan fiduciary net position – ending (b)	966,373	876,637	737,322	634,716	686,312	594,401	564,717	584,261
System's net pension liability – ending (a) – (b)	$ 155,191	$ 162,134	$ 224,938	$ 279,900	$ 180,493	$ 234,310	$ 241,606	$ 196,171
Plan fiduciary net position as a percentage of the total pension liability	86.16%	84.39%	76.62%	69.40%	79.18%	71.73%	70.04%	74.86%
Covered payroll	$ 148,657	$ 156,479	$ 163,835	$ 169,885	$ 173,272	$ 182,060	$ 197,360	$ 210,728
System's net pension liability as a percentage of covered payroll	104.40%	103.61%	137.30%	164.76%	104.17%	128.70%	122.42%	93.09%

Notes to Schedule:

Changes of assumptions – In 2014, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the RP-2014 bottom quartile mortality tables with generational mortality improvement projected after 2014 with 50% of Scale MP-2014 for purposes of developing mortality rates.

Changes of assumptions – In 2017, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the MP-2017 scale and rate of return on investments from 7.5% to 7.0%.

Changes of assumptions – In 2018, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the RP-2014 total dataset mortality tables with generational mortality improvement projected after 2006 using Scale MP-2018 for purposes of developing mortality rates and change in inflation rate from 3.0% to 2.5%.

Changes of assumptions – In 2019, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2019 for purposes of developing mortality rates and change in investment return rate from 7.0% to 6.75%.

Changes of assumptions – In 2020, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2020 for purposes of developing mortality rates and change in investment return rate from 6.75% to 6.25%.

Changes of assumptions – In 2021, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality tables with generational mortality improvement projected after 2012 using Scale MP-2021 for purposes of developing mortality rates and change in investment return rate from 6.25% to 5.75%.

Harris County Hospital District
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Schedule of System Pension Contributions
January 1, 2022

	Plan Year Ended December 31,							
	2021	2020	2019	2018	2017	2016	2015	2014
Actuarially determined contribution	$ 36,225	$ 36,056	$ 33,621	$ 30,984	$ 29,433	$ 32,693	$ 31,759	$ 31,292
Contributions in relation to the actuarially determined contribution	57,000	53,778	33,621	30,984	29,433	32,693	31,759	31,292
Contribution deficiency (excess)	$ (20,775)	$ (17,722)	$ -	$ -	$ -	$ -	$ -	$ -
Covered payroll	$ 148,657	$ 156,479	$ 163,835	$ 169,885	$ 173,272	$ 182,060	$ 197,360	$ 210,728
Contributions as a percentage of covered payroll	38.34%	34.37%	20.52%	18.24%	16.99%	17.96%	16.09%	14.85%

Notes to Schedule:

Valuation date:

Actuarially determined contribution rates are calculated as of January 1, one year prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine contribution rates:

Actuarial cost method	Entry age normal
Amortization method	Layered over a closed 20-year period
Asset valuation method	Market value, 5-year smoothing
Inflation	2.5%
Salary increases	5.1% initial rate 3.0% ultimate rate
Investment rate of return	5.75%, net of pension plan investment expense, including inflation
Retirement age	Various – Expected retirement ages are adjusted to more closely reflect actual experience
Mortality	Pri-2012 Disability Mortality Table, with generational mortality improvement projected after year 2012 using Scale MP-2021

Harris County Hospital District
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A Component Unit of Harris County, Texas

Schedule of Changes in the System's Total OPEB Liability and Related Ratios

(Dollar amounts in thousands)

	2022	2021	2020	2019
Total OPEB liability:				
Service cost	$ 13,425	$ 9,895	$ 9,424	$ 9,746
Interest	7,067	11,990	15,195	13,820
Experience gains	7,652	(3,056)	(30,004)	-
Changes of assumptions	(136,205)	100,078	63,631	-
Benefit payments	(18,017)	(16,731)	(16,137)	(20,173)
Net change in total OPEB liability	(126,078)	102,176	42,109	3,393
Total OPEB liability – beginning	588,606	486,430	444,321	440,928
Total OPEB liability – ending	$ 462,528	$ 588,606	$ 486,430	$ 444,321
Covered employee payroll	$ 432,158	$ 449,724	$ 514,871	$ 491,810
System's total OPEB liability as a percentage of covered payroll	107.03%	130.88%	94.48%	90.34%

Notes to Schedule:

This schedule is presented as of the measurement date which is as of the fiscal year-end.

In an amendment approved by the board on January 25, 2018, employees hired after June 1, 2018 are no longer eligible to participate in the OPEB.

Changes of assumptions – Change in discount rate from 4% in 2018 to 3.21% in 2019

Changes of assumptions – In 2020, amounts reported as changes of assumptions resulted primarily from adjustments to assumed life expectancies as a result of adopting the Pri-2012 total dataset mortality table projected with Improvement Scale MP-2019 as of February 29, 2020. Additionally, the discount rate was changed to 2.50% and the medical trend assumption was updated from 6.50% grading uniformly to 4.75% over 7 years to 7.50% grading uniformly to 6.75% over 3 years and following the Getzen model thereafter.

Changes of assumptions – In 2021, amounts reported as changes of assumptions resulted primarily from changing the mortality improvement assumption to the Improvement Scale MP-2020. Additionally, the discount rate was changed to 1.21% and the medical trend assumption was updated from 7.50% grading uniformly to 6.75% over 3 years to 6.50% grading uniformly to 5.75% over 3 years and following the Getzen model thereafter.

Changes of assumptions – In 2022, amounts reported as changes of assumptions resulted primarily from changing the mortality improvement assumption to the Improvement Scale MP-2021. Additionally, the discount rate was changed to 2.83% and the medical trend assumption was updated from 6.50% grading uniformly to 5.75% over 3 years to 6.25% grading uniformly to 5.50% over 3 years and following the Getzen model thereafter.

Thursday, June 23, 2022

Update Regarding Ambulatory Care Services Clinic Alignment Strategy



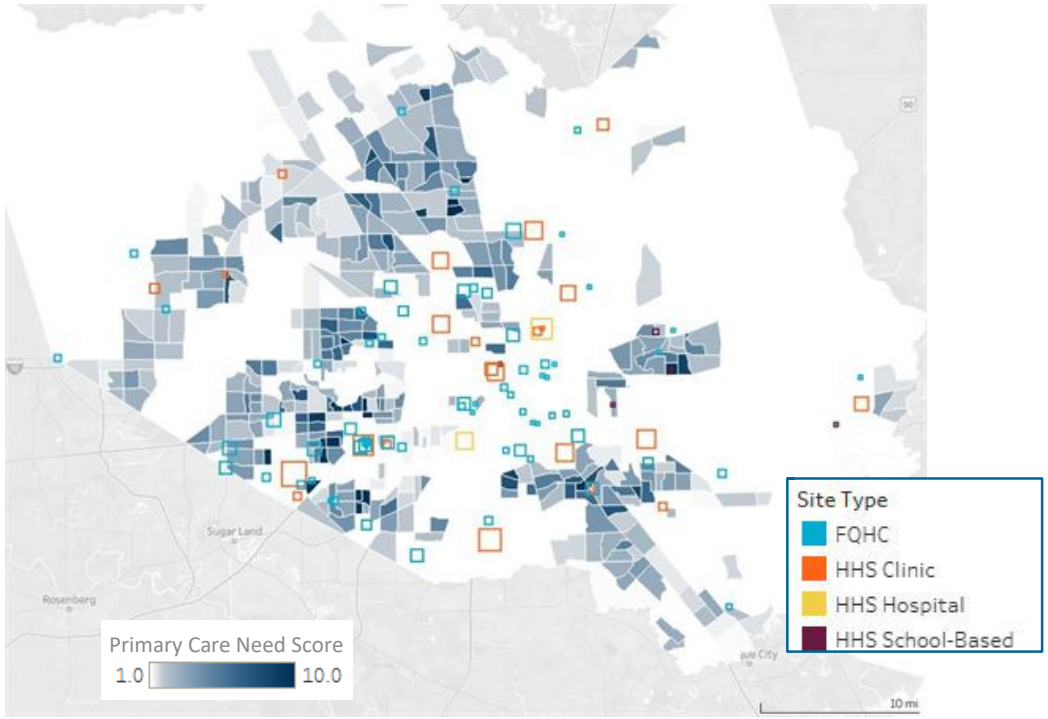
HARRISHEALTH SYSTEM

Primary Care Strategic Plan Status

Jennifer Small, AuD, MBA, CCC-A
Executive Vice President

Ambulatory Care Services
6/23/2022

Current State



Current sites are generally well placed in areas of need, though with overlaps and gaps. Current gaps are further defined through a primary score that accounts for projected needs, weights in ER & hospital visits to HH (25%), then subtracts current estimated primary care capacity of HH and FQHCs.

Status Update

- Bayland: Transitioned to Vallbona
- School-based clinic services transitioned to PAHC-Pasadena, CEO, Gulfgate & Casa
- Bear Creek: Additional provider at Danny Jackson
- Continued focus to:
  - Improve access to specialty services
  - Further evaluate establishing new access locations
  - Ensure efficient access to imaging and lab services
  - Explore relationships with other providers of care

Thursday, June 23, 2022

Presentation and Consideration of Approval of Harris Health's Master Planning Phase 3 Project Recommendations for Ben Taub and LBJ Hospitals

Discussion and possible action regarding Harris Health System Master Planning Phase 3 Facility and Infrastructure projects for LBJ and Ben Taub Hospitals.

Thursday, June 23, 2022

Presentation and Introduction of Clark/Linbeck, Joint Venture, Regarding Harris Health's Recommendation for Construction Manager at Risk (CMAR) Services for the LBJ Replacement Hospital Project

Presentation and introduction of Clark/Linbeck, Joint Venture, regarding Harris Health System's recommendation for Construction Manager at Risk (CMAR) services for the LBJ Replacement Hospital Project.



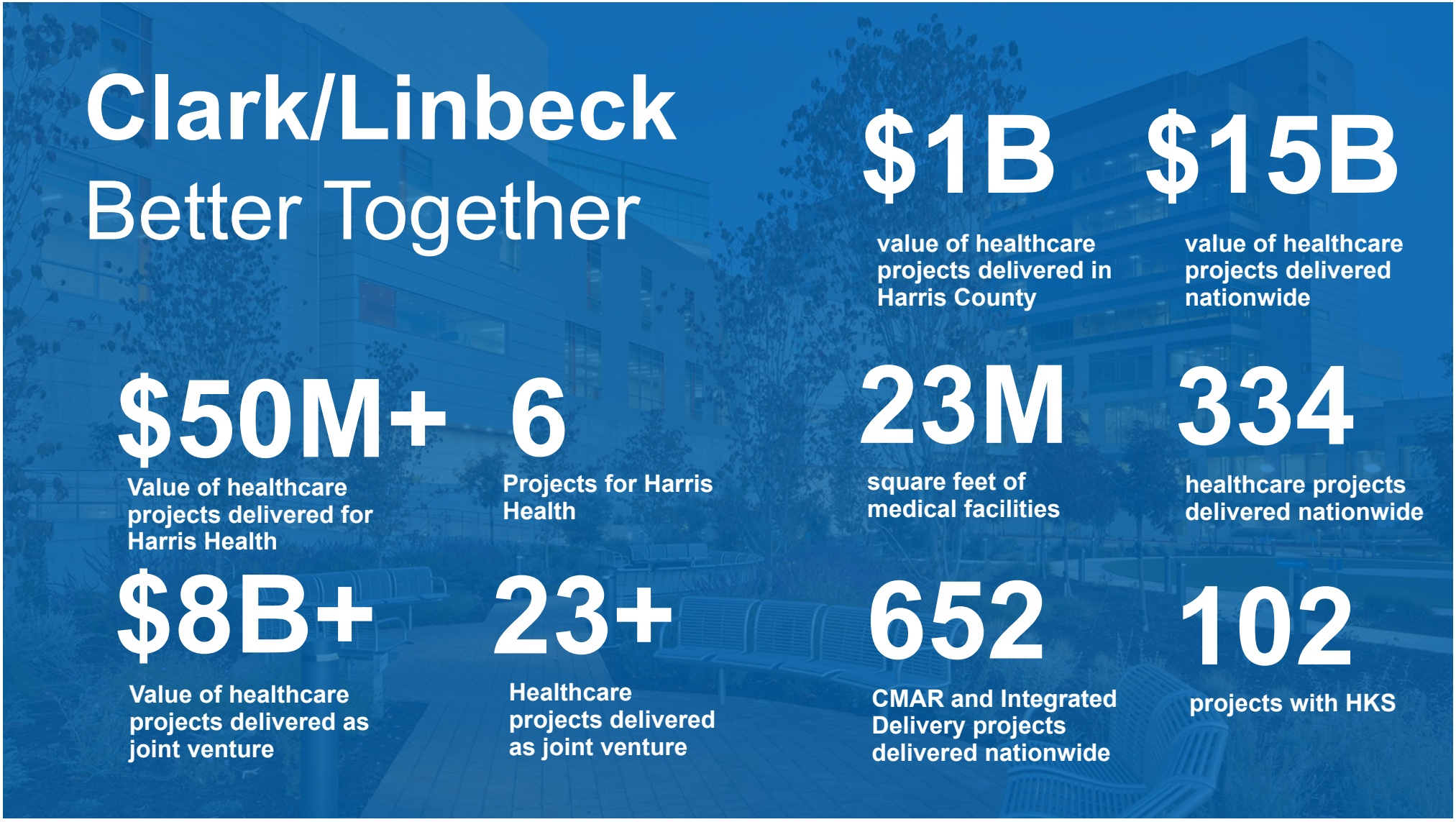
CLARK CONSTRUCTION LINBECK

CLARK/LINBECK - LBJ HOSPITAL, A JOINT VENTURE

HARRIS HEALTH SYSTEM

Lyndon B. Johnson Hospital Replacement Project

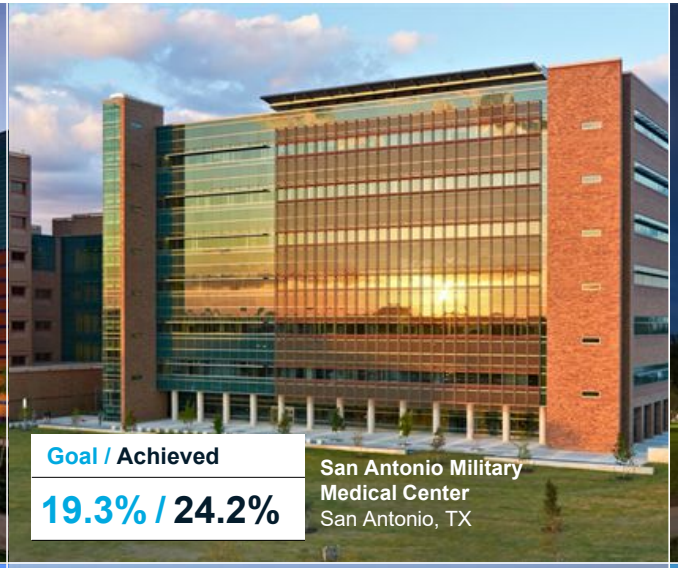
June 23, 2022


Clark/Linbeck
Better Together
$1B
value of healthcare projects delivered in Harris County
$15B
value of healthcare projects delivered nationwide
$50M+
Value of healthcare projects delivered for Harris Health
6
Projects for Harris Health
23M
square feet of medical facilities
334
healthcare projects delivered nationwide
$8B+
Value of healthcare projects delivered as joint venture
23+
Healthcare projects delivered as joint venture
652
CMAR and Integrated Delivery projects delivered nationwide
102
projects with HKS

Proven MWBE Success



Goal / Achieved	
N/A / 34%	**Federal Reserve Bank of Dallas, Houston Branch** Houston, TX



Goal / Achieved	
19.3% / 24.2%	**San Antonio Military Medical Center** San Antonio, TX



Goal / Achieved	
42% / 59.9%	**National Museum of African American History and Culture** Washington, DC



Goal / Achieved	
N/A / 25%	**Harris County Joint Correctional Processing Center** Houston, TX



Goal / Achieved	
30% / 36%	**Lone Star College North Harris Campus** Houston, TX



Goal / Achieved	
65% / 76.1%	**Naval Replacement Hospital – Camp Pendleton** Oceanside, CA

Economic Impact Program Team



Workforce Development



Strategic Partnership Program (SPP)



- Founded in 2006
- 10-month executive MBA-style program
- Weekly, three-hour classes
- Over 1,500 graduates
- Awarded $1 billion+ in contracts to SPP graduates
- Offered in 8 cities across the U.S.

OUTREACH

Our Goals



Our Plan

PRECONSTRUCTION — NTP — CONSTRUCTION

	2022		2023			2024
	Q3	Q4	Q1	Q2	Q3	Q4	Q1
1. MWBE	MWBE Project Kick-Off	MWBE Outreach and Match-making	MWBE Outreach (MEP)	MWBE Outreach (Structure/Skin)	MWBE Outreach (Interiors)	MWBE Outreach (Interiors)	MWBE Outreach (Interiors)
2. Inclusive Growth	SPP 2022-2023 Recruiting	SPP 2022-2023 Kick-Off	SPP 2022-2023	SPP 2022-2023	SPP 2023-2024 Recruiting	SPP 2023-2024 Kick-Off	SPP 2023-2024
3. Community Engagement	TSU & PVAMU Partner Strategy Kick-Off	TSU & PVAMU Internship Program Recruiting	TSU & PVAMU Internship Program Recruiting	TSU & PVAMU 2023 Summer Internship	TSU & PVAMU 2023 Summer Internship	TSU & PVAMU Internship Program Recruiting Kick-Off	TSU & PVAMU Internship Program Recruiting


Clark/Linbeck
Better Together
Houston-Based
Trust & Transparency
Innovative Preconstruction
Commitment to Community
Experienced Leadership



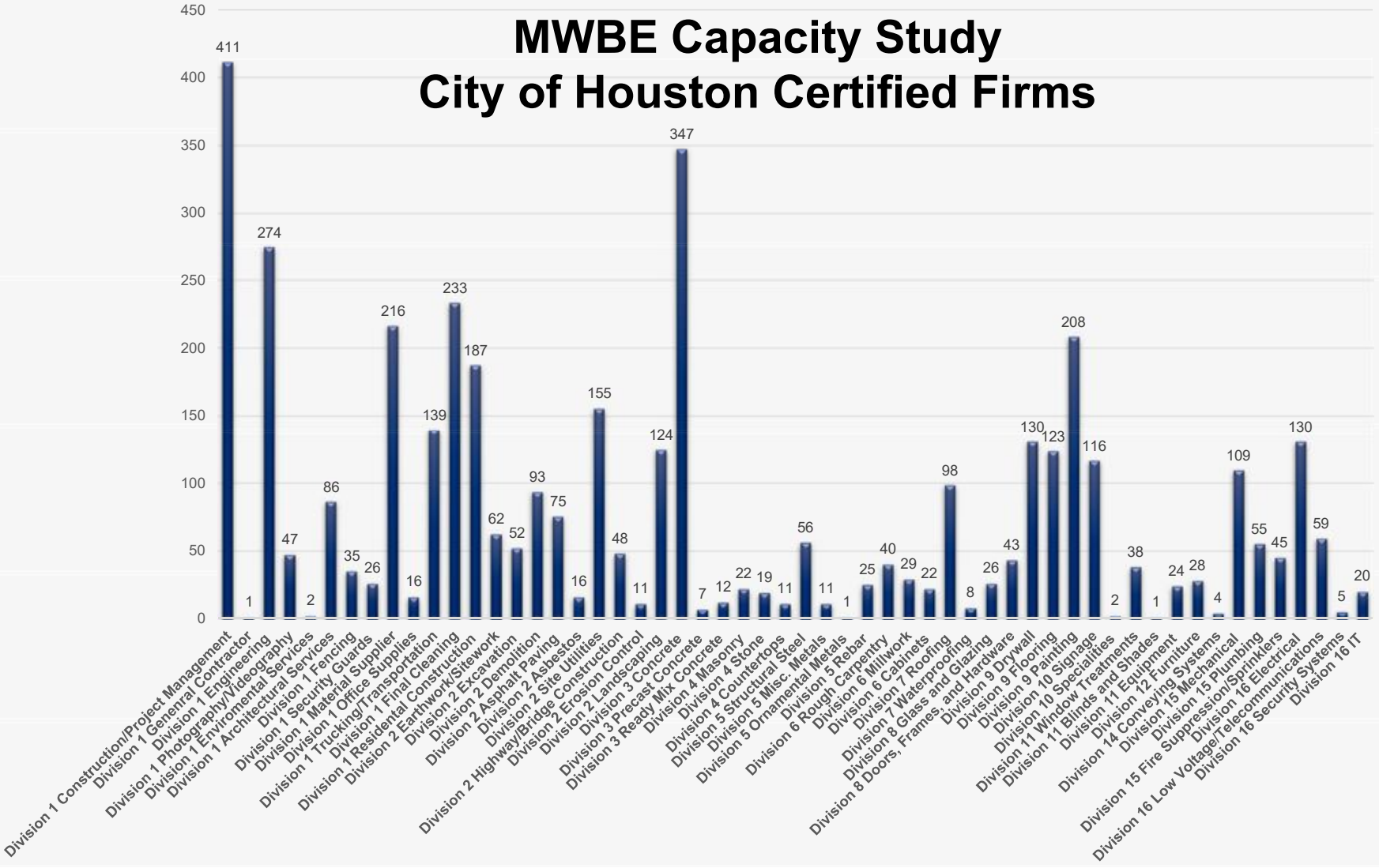
Lyndon B. Johnson Hospital Replacement Project

Supplemental Information – Economic Impact Plan

June 23, 2022

Economic Impact Plan

Category	2022 Q3	2022 Q4	2023 Q1	2023 Q2	2023 Q3	2023 Q4	2024 Q1	2024 Q2
Contractual	▸ Project Award/NTP ▸ Diversity & Inclusion Plan kickoff conference with Harris Health ▸ Begin civic engagement planning and participation with Harris Health	▸ Establish procurement timelines and bid package processes ▸ Develop preliminary M/WBE Subcontractor Utilization Plan for Harris Health - LBJ ▸ Prepare bid packages for design-assist trades: MEP/FP/ Lab Equipment	▸ Initiate bidding and procurement for Harris Health - LBJ, beginning with design-assist trades ▸ Prepare bid packages for early start trades: Foundations, Civil	▸ Continue bidding and procurement - early-start trades ▸ Begin preliminary workforce projections for Harris Health - LBJ ▸ Prepare bid packages for Structure and Enclosure trades	▸ Continue bidding and procurement - structure, enclosure ▸ Prepare bid packages for Architecture and Interiors trades ▸ Establish workforce commitments for awarded subs	▸ Continue bidding and procurement - architecture, enclosure ▸ Continue workforce projections and establish commitments for awarded subs ▸ Begin workforce compliance tracking for early start work	▸ Ongoing bidding and procurement ▸ Continue workforce projections and establish commitments for awarded subs	▸ Complete bidding and procurement ▸ Continue workforce projections and establish commitments for awarded subs
Outreach	▸ Conduct **Harris Health - LBJ - SWMBE Kickoff Event** - Project wide outreach ▸ Initiate community engagement with **Harris County** and **local community groups** (Precinct 1&2 Focus) ▸ Initiate **Project SWMBE Communication Plan** with GHPF/NAMC/HMSDC ▸ **Women Business Enterprise Alliance & WCA** - Project Partnering Strategy	▸ Early promotion of the project through existing virtual outreach events ▸ Houston Hispanic Chamber of Commerce & Houston African American Chamber of Commerce - Partner Strategy / Kick-Off ▸ Harris Health - LBJ - SWMBE Kickoff Events - GHPF & NAMC - Begin focused outreach for design-assist trades ▸ **WBEA & WCA** Continued Communication & Outreach Events	▸ Continue stakeholder engagement with community partners and organizations ▸ Engagement Community partners ▸ Harris Health - LBJ - MEP Event - GHPF & NAMC - Early Start Event - focused outreach for early start trades ▸ **WBEA & WCA** Continued Communication & Outreach Events	▸ Ongoing subcontractor outreach and prebid meetings ▸ Harris Health - LBJ - MEP Event - GHPF & NAMC - Structure/Enclosure Event - focused outreach ▸ **WBEA & WCA** Continued Communication & Outreach Events	▸ Ongoing subcontractor outreach and prebid meetings ▸ Participate in **NAMC** expo and promote project opportunities ▸ Harris Health - LBJ - MEP Event - GHPF & NAMC - focused outreach ▸ **WBEA & WCA** Continued Communication & Outreach Events	▸ Ongoing subcontractor outreach and prebid meetings ▸ Engage with **Houston Area Urban League, Houston Community College** and community training resources for workforce placement ▸ Harris Health - LBJ - MEP Event - GHPF & NAMC - focused outreach ▸ **WBEA & WCA** Continued Communication & Outreach Events	▸ Ongoing subcontractor outreach and prebid meetings ▸ Ongoing workforce engagement and candidate intake ▸ Harris Health - LBJ - MEP Event - GHPF & NAMC - focused outreach ▸ **WBEA & WCA** Continued Communication & Outreach Events	▸ Conclude sub outreach coinciding with procurement timeline ▸ Ongoing workforce engagement and candidate intake
Training & Support	▸ Recruiting small business candidates for **SPP 2022-23** semester ▸ Internship opportunities through the summer ▸ **TSU & PVAMU** - Formal Partnering Strategy Kick-Off ▸ Engage with **Houston Area Urban League, Houston** Community College and community training resources for workforce placement	▸ Kickoff and Orientation of **SPP 2022-23** semester ▸ Vocational Training career readiness program ▸ **TSU / PVAMU** - Continued Communication & Outreach Events ▸ **H.A.U.L.** & Community Trades Program	▸ Continue SPP 2022-23 semester ▸ Internship Candidates Search / Application Process ▸ **TSU / PVAMU** - Continued Communication & Outreach Events ▸ Job readiness program	▸ Continue SPP 2022-23 semester ▸ Begin summer internship opportunities ▸ **TSU / PVAMU** - Internship Program ▸ **H.A.U.L.**- Youth Workforce Programs, including Summer Youth Employment	▸ SPP 2022-23 class graduates - begin recruiting for SPP 2023-24 semester ▸ Conclude summer internship opportunities ▸ **TSU / PVAMU** - Internship Program ▸ **H.A.U.L.**- Opportunity Works Youth Jobs Initiative	▸ Kickoff and Orientation of SPP 2023-24 semester ▸ Ongoing workforce engagement and candidate intake ▸ **TSU / PVAMU** - Continued Communication & Outreach Events ▸ Engage with **Houston Area Urban League, Houston Community College** and community training resources for workforce placement	▸ Continue SPP 2023-24 semester ▸ Ongoing workforce engagement and candidate intake ▸ **TSU / PVAMU** - Continued Communication & Outreach Events	▸ Continue SPP 2023-24 semester ▸ Begin summer internship opportunities ▸ **TSU / PVAMU** - Internship Program


MWBE Capacity Study
City of Houston Certified Firms
450
400
350
300
250
200
150
100
50
0
411
1
274
47
2
86
35
26
216
16
139
233
187
62
52
93
75
16
155
48
11
124
347
7
12
22
19
11
56
11
1
25
40
29
22
98
8
26
43
130
123
208
116
2
38
1
24
28
4
109
55
45
130
59
5
20
Division 1 Construction/Project Management
Division 1 General Contractor
Division 1 Engineering
Division 1 Photography/Videography
Division 1 Enviromental Services
Division 1 Architectural Services
Division 1 Security Services
Division 1 Fencing
Division 1 Security Guards
Division 1 Material Supplier
Division 1 Office Supplies
Division 1 Trucking/Transportation
Division 1 Final Cleaning
Division 1 Residental Construction
Division 2 Earthwork/Sitework
Division 2 Excavation
Division 2 Demolition
Division 2 Asbestos
Division 2 Asphalt Paving
Division 2 Site Utilities
Division 2 Highway/Bridge Construction
Division 2 Erosion Control
Division 2 Landscaping
Division 3 Concrete
Division 3 Precast Concrete
Division 3 Ready Mix Concrete
Division 4 Masonry
Division 4 Stone
Division 4 Countertops
Division 5 Structural Steel
Division 5 Misc. Metals
Division 5 Ornamental Metals
Division 5 Rebar
Division 6 Rough Carpentry
Division 6 Millwork
Division 6 Cabinets
Division 7 Roofing
Division 7 Waterproofing
Division 8 Glass and Glazing
Division 8 Doors, Frames, and Hardware
Division 9 Drywall
Division 9 Flooring
Division 9 Painting
Division 10 Signage
Division 10 Specialties
Division 11 Window Treatments
Division 11 Blinds and Shades
Division 11 Equipment
Division 12 Furniture
Division 14 Conveying Systems
Division 15 Mechanical
Division 15 Fire Suppression/Sprinklers
Division 15 Plumbing
Division 16 Low Voltage/Telecommunications
Division 16 Electrical
Division 16 Security Systems
Division 16 IT

MWBE Procurement Plan

LBJ New Bed Tower
Houston, Texas

Current Contract Value	$ 599,994,802
Total MWBE Business Awards	$ 214,905,486
MWBE Award Goal	35.00%
Total Planned MWBE Award % (overall dollars)	35.82%
Total Planned MWBE Award % (subcontractable dollars)	40.47%

TRADE NAME	PROJECTED CONTRACT AMOUNT	CERTIFICATION $ VALUE	CERTIFICATION %	Trade Partner
BP #1a				
Fire Protection	$ 11,595,134	$ 4,058,297	35.00%	
Plumbing	$ 77,436,675	$ 27,102,836	35.00%	
Mechanical	$ 65,964,575	$ 23,087,601	35.00%	
Electrical	$ 82,397,568	$ 32,959,027	40.00%	
Total MWBE Business - BP #1a		**$ 87,207,761**	**32.51%**	
Total BP #1a Contract Value	**$ 268,255,165**			
BP #1b				
Elevators	$ 15,143,760	$ -	0.00%	
Total MWBE Business - BP #1b		**$ -**	**0.00%**	
Total BP #1b Contract Value	**$ 17,112,449**			
BP #1c				
Demolition	$ 461,700	$ 461,700	100.00%	
Earthwork	$ 5,118,406	$ 2,559,203	50.00%	
Site Utilities	$ 4,155,300	$ 1,454,355	35.00%	
General Requirements/Supplemental Staffing	$ 1,846,800	$ 1,385,100	75.00%	
Total MWBE Business - BP #1c		**$ 5,860,358**	**44.78%**	
Total BP #1c Contract Value	**$ 13,087,893**			
BP #1d				
Foundations	$ 6,713,118	$ 2,349,591	35.00%	
Total MWBE Business - BP #1d		**$ 2,349,591**	**30.97%**	
Total BP #1d Contract Value	**$ 7,585,823**			
BP #2a				
Concrete	$ 46,559,675	$ 16,295,886	35.00%	
Precast	$ 13,851,000	$ 3,462,750	25.00%	
Steel	$ 9,234,000	$ 3,231,900	35.00%	
Total MWBE Business - BP #2a		**$ 22,990,536**	**29.21%**	
Total BP #2a Contract Value	**$ 78,698,483**			
BP #2c				
Exterior Façade	$ 48,134,995	$ 14,440,499	30.00%	
Total MWBE Business - BP #2c		**$ 14,440,499**	**26.55%**	
Total BP #2c Contract Value	**$ 54,392,545**			
BP #2d				
Waterproofing	$ 2,897,075	$ 1,448,538	50.00%	
Roofing	$ 1,931,383	$ 1,931,383	100.00%	
Total MWBE Business - BP #2d		**$ 3,379,921**	**61.95%**	
Total BP #2d Contract Value	**$ 5,456,158**			
BP #2e				
Drywall	$ 6,463,800	$ 2,262,330	35.00%	
Total MWBE Business - BP #2e		**$ 2,262,330**	**30.97%**	
Total BP #2e Contract Value	**$ 7,304,094**			
BP #3a				
Doors	$ 2,770,200	$ 969,570	35.00%	
Early Finishes	$ 4,617,000	$ 1,846,800	40.00%	
Total MWBE Business - BP #3a		**$ 2,816,370**	**33.74%**	
Total BP #3a Contract Value	**$ 8,347,536**			
BP #3b				
Hardscape	$ 923,400	$ 923,400	100.00%	
Landscaping	$ 923,400	$ 461,700	50.00%	
Total MWBE Business - BP #3b		**$ 1,385,100**	**66.37%**	
Total BP #3b Contract Value	**$ 2,086,884**			
BP #4a				
Interior Finishes	$ 82,623,985	$ 49,574,391	60.00%	
OFCI/Special Equipment	$ 13,989,510	$ 10,492,133	75.00%	
Low Voltage Systems	$ 20,599,392	$ 10,299,696	50.00%	
Total MWBE Business - BP #4a		**$ 70,366,220**	**53.13%**	
Total BP #4a Contract Value	**$ 132,450,562**			
BP #4b				
Misc. Metals	$ 4,617,000	$ 1,846,800	40.00%	
Total MWBE Business - BP #4b		**$ 1,846,800**	**35.40%**	
Total BP #4b Contract Value	**$ 5,217,210**			
Total Contract Value	**$ 599,994,802**	**$ 214,905,486**	**35.82%**	

Partner Organizations



BOARD OF TRUSTEES

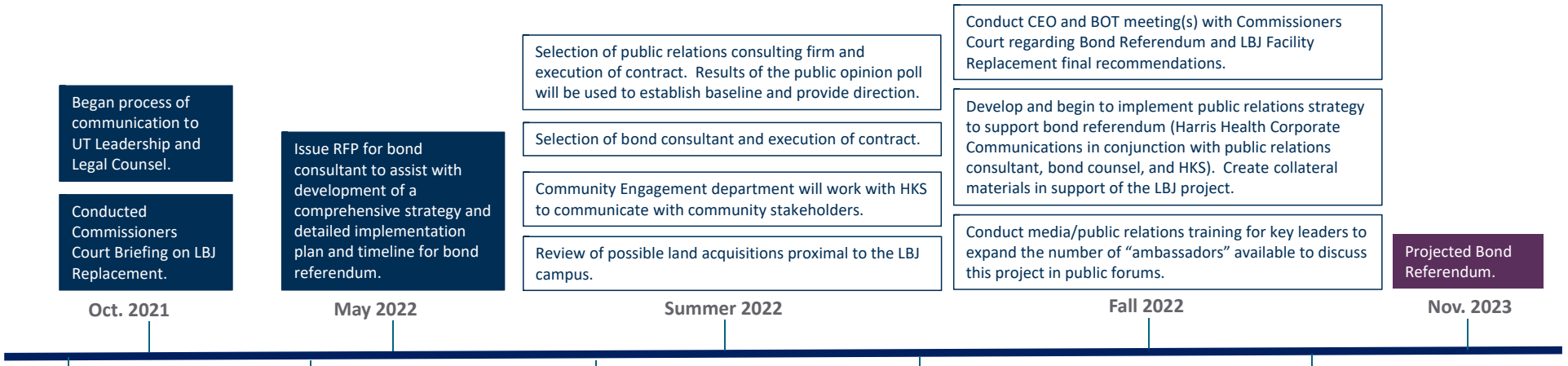
Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 23, 2022

Presentation Regarding Bond Referendum Planning Timeline

LBJ Facility Replacement Communication and Bond Referendum Planning Timeline as of June 1, 2022



1

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 23, 2022

Presentation Regarding Public Opinion on Harris Health Name Recognition

Thursday, June 23, 2022

Update Regarding Development of Harris Health's Minority and Women Owned Business Enterprise (M/WBE) Program

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

June 9, 2022

Board of Trustees Office
Harris Health System

RE: Board of Trustees Meeting – June 23, 2022
Budget and Finance Agenda Items

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

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
JA/ea
Attachments

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report
Expenditure Summary: June 23, 2022(Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A1	**Multiple Vendors**	**Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System** - provide architectural and engineering services for projects of various size and scope for Harris Health System. ***Job No. 22/0099***	Award	Attard, David		**$ 24,000,000**	
A2	**The University of Texas Health Science Center at Houston**	**Oral and Maxillofacial Surgery Outpatient Services for Harris Health System** - to provide oral and maxillofacial surgery services for Harris Health System patients.	Renewal Texas Health & Safety Code July 1, 2022 through June 30, 2024	Small, Jennifer	$ 4,757,299	**$ 5,000,000**	
A3	**Royal American Services, Inc.**	**Replacement of the Roof and Associated Code Compliance Renovation at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System** - project is for the replacement of eleven (11) existing roof areas with thermoplastic polyolefin (TPO) at the Lyndon B. Johnson Hospital along with the replacement one exhaust fan servicing the LBJ Cafeteria area. The owner contingency provides for coverage on unanticipated costs throughout the project. ***Job No. 22/0086***	Award Only Proposal	Attard, David		**$ 1,967,130**	
A4	**Cara Cook Consulting, LLC**	**Labor Management Support Services for Harris Health System** - provide the personal services of Cara Cook, Natalie Heidel, Jamy Dingler, Susie Law, RN, and Brandon Elliot of Cara Cook Consulting, LLC for labor management support services including design of productivity reporting, budgeting, and accountability processes to drive results.	Purchase Personal Services Exemption	Smith, Louis		**$ 1,487,750**	
A5	**General Datatech, L.P.**	**Cisco Network Technology Refresh for the Harris Health System** - provide for the Cisco network infrastructure at Lyndon B. Johnson Hospital that has reached its end of life, and needs to be replaced. The new network will support the increased capacity demand of new applications, such as the Voice Over IP telephone system and video conferencing. **Department of Information Resources**	Purchase Low Quote	Chou, David		**$ 1,249,973**	
A6	**CareFusion Solutions, LLC**	**Lease and Maintenance of Pyxis Supply Distribution System for the Harris County Hospital District dba Harris Health System** - monthly rental and support costs for the leased equipment for medical/surgical supply automation and inventory system. ***Premier Healthcare Alliance, L.P.***	Renewal October 1, 2022 through September 30, 2023	Creamer, Doug	$ 5,304,543	**$ 1,100,436**	
A7	**General Datatech, L.P.**	**Wireless Network Technology Refresh for the Harris Health System** - provide for the wireless access network infrastructure at Lyndon B. Johnson Hospital that has reached their end of life, and needs to be replaced. The current hardware will be out of support within the upcoming year.	Purchase Low Quote	Chou, David		**$ 1,043,514**	
A8	**M Strategic Partners, Inc.**	**Construction Manager-Agent for the Harris County Hospital District dba Harris Health System** - construction manager-agent services for Harris Health System. ***Job No. 20/0322***	Ratify Renewal May 25, 2022 through May 24, 2023	Attard, David	$ 1,000,000	**$ 1,000,000**	
A9	**Johnson Controls, Inc.**	**Maintenance and Service of Heating, Ventilation and Air Conditioning (HVAC) Building Automation System (BAS) for the Harris County Hospital District dba Harris Health System** - continue providing maintenance and service for the HVAC BAS for Harris Health System facilities.	Renewal Sole Source Exemption July 24, 2022 through July 23, 2023	Attard, David	$ 950,000	**$ 950,000**	
A10	**Terumo Medical Corporation**	**Diagnostic and Interventional Radiology Products for the Harris Health System** - providing diagnostic and interventional radiology products used primarily for the treatment of peripheral vascular disease at Ben Taub and Lyndon B. Johnson Hospitals. **Job No. 18/0320**	Renewal October 15, 2022 through October 14, 2023	Creamer, Doug	$ 711,981	**$ 711,981**	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A11	**Corgan Associates, Inc.**	**Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health system** - provide professional architectural and engineering services at various Harris Health System facilities. ***Job No. 16/0320***	Ratify Renewal June 7, 2022 through June 6, 2023	Attard, David	$ 700,000	**$ 650,000**	
A12	**Elekta, Inc.**	**Hardware Maintenance and Support for Elekta Linear Accelerators for the Harris County Hospital District dba Harris Health System** - hardware maintenance and support for three (3) linear accelerators at Smith Clinic.	Renewal Sole Source Exemption August 1, 2022 through July 31, 2023	Attard, David	$ 568,614	**$ 568,614**	
A13	**Johnson & Johnson Health Care Systems, Inc.**	***Anti-Infection Site Dressings*** - providing Harris Health System with dressing products that have been impregnated with antimicrobial agents such as Chlorhexidine gluconate (CHG) or silver that are specifically designed to reduce infection at venous, arterial or percutaneous vascular access sites. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO August 1, 2022 through July 31, 2023	Creamer, Doug	$ 544,542	**$ 560,870**	
A14	**Microsoft Corporation**	**Microsoft Unified Support Services for the Harris Health System** - provide for continued IT support and consultation services, as needed, for the support of Harris Health System Microsoft application environments. ***Department of Information Resources***	Purchase Only Quote May 28, 2022 through May 27, 2023	Chou, David	$ 375,000	**$ 473,794**	
A15	**Innovation Associates, Inc.**	**Maintenance and Support for the Central Fill Pharmacy System for the Harris County Hospital District dba Harris Health System - provide continued maintenance and support services for the PharmASSIST**-Central Fill Pharmacy System, which includes all robotics, conveyors, scales and software, upgrades.	Renewal Sole Source Exemption September 4, 2022 through September 3, 2023	Nnadi,Michael	$ 514,250	**$ 466,497**	
A16	**Stryker Medical**	**Stretchers** - replace stretchers that have past their expected useful life for Ben Taub Hospital Emergency Center. ***Premier Healthcare Alliance, L.P.***	Purchase Best Contract	Attard, David		**$ 446,046**	
A17	**Citrix Systems, Inc**	**Maintenance and Support for Citrix Software for the Harris Health System** - continue maintenance and support for Citrix software that provides virtual application services across Harris Health System and to remote users. Maintenance and support includes technical support, patch fixes and version upgrades. ***Department of Information Resources***	Funding Yr. 3 August 1, 2022 through July 31, 2023	Hickman, George	$ 405,075	**$ 425,845**	
A18	**Network Sciences, Inc.**	**Maintenance and Support for the Joint Eligibility Software System for the Harris County Hospital District dba Harris Health System** - provide maintenance and support which includes licenses, upgrades and updates for the Joint Eligibility Software System. The system determines patient eligibility for charity care programs.	Purchase Sole Source Exemption August 22, 2022 through August 21, 2023	Hickman, George Norby, Mike	$ 419,120	**$ 419,120**	
A19	**S2S Global**	**Incontinence Products** - continue providing Harris Health System with incontinence products including underpads, undergarments and other related products. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 3 GPO August 1, 2022 through July 31, 2023	Creamer, Doug	$ 372,434	**$ 372,434**	
A20	**Carestream Health, Inc.**	**Service and Maintenance for Carestream Portable Digital X-ray Systems for the Harris County Hospital District dba Harris Health System** - provide scheduled and unscheduled service and maintenance for Carestream portable digital X-ray systems.	Renewal Public Health or Safety Exemption July 13, 2022 through July 12, 2023	Attard, David	$ 369,489	**$ 369,489**	
A21	**SpecialtyCare Cardiovascular Resources, LLC**	**Perfusion Services** - term is being extended to continue providing perfusion and auto-transfusion services for Harris Health System until the competitive bid process is complete and an award is made. Additional funds are required to cover the extended term.	Additional Funds Extension Public Health and Safety Texas Local Government Code July 26, 2022 through July 25, 2023	Medina, Glorimar	$ 367,708	**$ 367,708**	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A22	**Stryker Neurovascular**	**Neurointerventional Microcoil Embolics Products for the Harris Health System** - continue providing neurointerventional microcoil embolics products used for the treatment of neurovascular aneurysms at Ben Taub Hospital. ***Job No. 17/0312***	Renewal September 14, 2022 through September 13, 2023	Creamer, Doug	$ 330,770	**$ 337,385**	
A23	**O'Donnell Snider Construction, LLC**	**Renovation of an Existing Classroom to a Mammography Lab at the Baytown Health Center for the Harris County Hospital District dba Harris Health System** - provide all labor, materials, equipment and incidentals for the renovation of an existing classroom to a mammography lab at the Baytown Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 22/0089***	Award lowest priced proposal meeting requirements	Attard, David		**$ 322,220**	
A24	**AUTOARCH Architects, LLC**	**Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System** - provide professional architectural and engineering services at various Harris Health System facilities. ***Job No. 16/0320***	Additional Funds October 18, 2021 through October 17, 2022	Attard, David	$ 250,000	**$ 300,000**	
A25	**Netsync Network Solutions, Inc.**	**Telephone System for the Harris Health System** - To provide for a Telephone System as part of the Quentin Mease remodeling project. The existing PBX telephone system needs to be replaced with a new Voice Over IP telephone system. This purchase includes hardware, software and installation services. ***Department of Information Resources***	Purchase Low Quote	Hickman, George		**$ 297,535**	
A26	**O'Donnell/Snider Construction, LLC**	**Modifications to the Mammography Unit at Acres Home Health Center for the Harris County Hospital District dba Harris Health System** - provide all labor, materials, equipment and incidentals for the modification of the mammography unit at Acres Home Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 22/0139***	Award lowest priced proposal meeting requirements	Attard, David		**$ 290,063**	
A27	**3M Company**	**Patient Warming - Convective Warming Blankets Resistive Warming** - providing Harris Health System with products used to prevent hypothermia such as warming blower units, disposable gowns, operating room table pads and water blankets. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO October 1, 2022 through September 30, 2023	Creamer, Doug	$ 288,715	**$ 288,715**	
A28	**Avanos** **Cardinal Health**	**Feeding Pump Sets, Devices, and Tube Sets** - provide Harris Health System with feeding pumps, tubes, and devices used for delivery of hydration or nutrition through the digestive tract. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 1 GPO March 1, 2022 through February 28, 2023	Creamer, Doug	$ 277,239	**$ 277,239**	
A29	**National Office Furniture, Inc.** **Stance Healthcare, Inc.** **Steelcase, Inc.** **Krueger International, Inc.** **National Business Furniture, LLC**	**Furniture and Systems, Casegoods, Seating and Accessories for the Harris County Hospital District dba Harris Health System** - provide Harris Health System with furniture and systems, casegoods, seating and accessories. Premier Healthcare Alliance, L.P.	Funding Yr. 1 GPO January 1, 2022 through December 31, 2022	Creamer, Doug		**$ 266,671**	
A30	**Stryker Medical**	**Stretchers** - provide Emergency Medical Services with new ambulance stretchers replacing the current units that are past their expected useful life.	Purchase Public Health and Safety Texas Local Government Code	Attard, David		**$ 246,539**	
A31	**BKD, LLP**	**Consulting and Audit Services for the 340B Financial Program and Split Bill Software for the Harris County Hospital District dba Harris Health System** - In October 2021, the Board of Trustees approved a professional services exemption for BKD to provide consulting and audit services for the 340B financial program and split bill software for Harris Health System. Since that time, it has been determined that the approved amount was underestimated. The amount has been revised to include an expansion of services.	Ratify Revised Amount Professional Services Exemption	Nnadi,Michael	$ 185,000	**$ 246,173**	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A32	**Sequel Data Systems, Inc.**	**Citrix Shared Application Expansion for the Harris Health System** - provide for the additional servers required to expand the existing Citrix environment to accommodate the growth of software applications used throughout the organization. Citrix provides virtual application services across Harris Health System, and to remote users. ***Department of Information Resources***	Purchase Low Quote	Chou, David		**$ 235,933**	
A33	**Smith & Nephew Inc.** **Johnson & Johnson Health Care Systems, Inc.**	**Arthroscopy Supplies** - To continue providing Harris Health System with manual and powered equipment including fluid management consoles, endoscopic power shavers, and accessories for arthroscopic procedures. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 1 GPO June 1, 2022 through May 31, 2023	Creamer, Doug	$ 233,383	**$ 233,383**	
A34	**Gowan/Garrett**	**Modification of Ben Taub IR Suites Air handling Unit and Associated Ductwork for the Harris County Hospital District dba Harris Health System** - all labor, materials, equipment and incidentals for the modification of IR suites air handling units and associated ductwork at Ben Taub Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. ***Job No. 22/0094***	Award Only Proposal	Attard, David		**$ 205,141**	
A35	**Kirksey Architects, Inc.**	**Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health system** - provide professional architectural and engineering services at various Harris Health System facilities. ***Job No. 16/320***	Renewal July 18, 2022 through July 17, 2023	Attard, David	$ 750,000	**$ 200,000**	
A36	**Lyft, Inc.**	**Ridesharing Services for the Harris County Hospital District dba Harris Health System** - providing ridesharing services for patients within the Harris Health System. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO August 1, 2022 through July 31, 2023	Smith, Amy	$ 80,000	**$ 200,000**	
A37	**InterMetro Industries, Corp.** **Solaire Medical Storage, LLC** **QC Storage, LLC** **Vari Sales Corporation**	**Modular Casework, Storage Systems and Mobile Carts** - continue providing Harris Health System with storage solutions, including casework/millwork (mobile or fixed), shelving (aluminum or high density) and carts (procedure, medication, etc.). ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO July 1, 2022 through June 30, 2023	Creamer, Doug	$ 176,655	**$ 198,566**	
A38	**The University of Texas Health Science Center at Houston**	**Oral and Maxillofacial Surgery Outpatient Services for Harris Health System** - Additional funds are required for cost of living adjustments for salaries.	Additional Funds JULY 1, 2021 through June 30, 2022	Small, Jennifer	$ 4,700,000	**$ 193,528**	
A39	**Stryker Instruments**	**Preventative Maintenance and Repair Services for the Harris County Hospital District dba Harris Health System** - continue providing preventative maintenance and repair services for surgical power tool drills for Ben Taub and Lyndon B. Johnson Hospitals.	Renewal Public Health or Safety Exemption July 1, 2022 through June 30, 2023	Attard, David	$ 176,622	**$ 176,622**	
A40	**BCW, LLC**	**Healthcare Management Consulting Services for Harris Health System** - provide the personal services of Karen Hughes, Wade Gates, and Dag Vega for healthcare management consulting services for Harris Health System.	Renewal Personal Services Exemption August 4, 2022 through August 3, 2023	Jones, Carolynn	$ 170,000	**$ 170,000**	
A41	**The University of Texas Health Science Center at Houston**	**Dental Health Services for the Health Care for the Homeless Program for Harris Health System** - term is corrected to match the Agreement. The amount is corrected to reflect the grant amount.	Corrected Term Texas Health & Safety Code Interlocal Agreement	Small, Jennifer	$160,000 HRSA Grant Funds (as approved)	**$165,000 HRSA Grant Funds (corrected)**	
A42	**PeriGen, Inc.**	**Maintenance and Support for Fetal Monitoring Software System for the Harris County Hospital District dba Harris Health System** - continued maintenance and support for the WatchChild® Fetal Monitoring System software application.	Purchase Sole Source Exemption August 1, 2022 through July 31, 2023	Chou, David	$ 127,292	**$ 148,288**	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A43	**Remel**	**Manual Microbiology** - provide Harris Health System with consumable products used to isolate and detect bacteria, fungi, parasites and viruses. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 1 Best Contract May 1, 2022 through April 30, 2023	Creamer, Doug	$ 123,198	**$ 145,260**	
A44	**Cook Medical**	**Vena Cava Filters** - continue providing Harris Health System with stainless steel or nitinol basket-shaped filters placed in the inferior vena cava to prevent venous emboli from reaching the cardiopulmonary circulation. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 3 GPO June 1, 2022 through July 31, 2023	Creamer, Doug	$ 137,075	**$ 137,075**	
A45	**Institute for Safe Medication Practices**	**Proactive Medication Safety Risk Assessment for Harris Health System** - In March 2022, the Board of Trustees approved a Public Health and Safety exemption to Institute for Safe Medication Practices to provide a proactive medication safety risk assessment for the Harris Health System. Since that time, it has been determined that the approved amount was underestimated. The amount has been revised to include an increase in travel expenses.	Ratify Revised Public Health or Safety Exemption	Nnadi,Michael	$ 116,000	**$ 132,000**	
A46	**Greater Houston Healthconnect, Inc.**	**Healthcare Information Exchange (HIE) Software System for the Harris Health System** - continue to enable the exchange of patient medical records between Harris Health System and other providers that do not have Epic EMR software. This is a requirement for Harris Health System to maintain Meaningful Use certification, improve patient care and reduce cost through reduction of duplicate diagnostic testing.	Renewal Public Health or Safety Exemption June 27, 2022 through June 26, 2023	Hickman, George	$ 125,000	**$ 129,375**	
A47	**Medline Industries, Inc.**	**Patient Bedside Products** - continue providing Harris Health System with products for patient bedside and personal use including plastic, disposable and biodegradable products. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO July 1, 2022 through June 30, 2023	Creamer, Doug	$ 29,772	**$ 119,090**	
A48	**Midmark Sales Corporation**	**Exam Room Furniture Equipment** - provide Ambulatory Care Services Clinics with new examination tables replacing the current ones that are past their expected useful life and experiencing frequent maintenance issues. ***Premier Healthcare Alliance, L.P.***	Purchase Lowest Priced Contract	Attard, David		**$ 118,488**	
A49	**Stryker Medical**	**Stretchers** - provide Ben Taub Hospital Emergency Center with additional stretcher chairs required to meet patient care needs. ***Premier Healthcare Alliance, L.P.***	Purchase Best Contract	Attard, David		**$ 116,379**	
A50	**Smiths Medical ASD, Inc.**	**Patient Warming - Blood and Fluid Warming** - continue providing Harris Health System with blood and fluid warming disposable tubing, power sources, connectors and accessories used to prevent hypothermia in patients. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO October 1, 2022 through September 30, 2023	Creamer, Doug	$ 114,703	**$ 114,703**	
A51	**Computacenter**	**NetApp data storage and retrieval system for the Harris Health System** - enhance the performance of the ability to access data by installing hardware and software at both Houston and Bryan data centers. ***Department of Information Resources***	Purchase Low Quote	Chou, David		**$ 113,875**	
A52	**Digisonics, Inc.**	**Maintenance and Support for Digisonics Obstetrics Software for the Harris Health System** - Additional funds are required to cover the extended term. The term is being extended to continue to provide for Prima Support services for clinical applications in the Obstetrics Department at Ben Taub and Lyndon B. Johnson Hospitals.	Additional Funds Extension Sole Soure Exemption September 1, 2022 through August 31, 2023	Chou, David	$ 59,777	**$ 62,766**	
A53	**Fortive dba Accruent, LLC.**	**Computer Maintenance Management System for the Harris Health System** - In August of 2019, the Board of Trustees approved an award to Accruent LLC to provide a computer maintenance management system (CMMS) to track, manage, and monitor maintenance activities for Harris Health Biomedical and Facility Engineering system assets. The proposed CMMS was not fully implemented; therefore, Harris Health and Accruent have agreed to move forward with a replacement CMMS. The revised amount reflects Harris Health's remaining balance after receiving full credit for expenditures in the amount of $276,474. ***Job No. 18/0332***	Revised Term Three-year initial term with two (2) renewal options	Attard, David	$ 165,000	**$ 30,364**	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A54	**Crabtree Interpreting Services (assignor)** **Globo Language Solutions, LLC (assignee)**	**Person-to-Person Interpreter Services for Hearing Impaired Persons for the Harris Health System** - Crabtree Interpreting Services has been acquired by Globo Language Solutions, LLC and has conveyed all rights, title and interest with no change in pricing. **Job No. 18/0279**	Assignment April 1, 2022 through March 31, 2023	Small, Jennifer		**$ 25,000**	
A55	**Maxim Healthcare Staffing Services, Inc.**	**Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System** - provide for temporary staffing of nursing personnel to meet the increase in demand of patient healthcare due to Covid-19 at various locations throughout the Harris Health System.	Ratify Public Health and Safety Exemption September 12, 2021 through September 11, 2022	Padilla, Maureen		**$ -**	
A56	**Cynosure Technologies, LLC** **General Datatech, L.P.** **Pivot Point Consulting**	**Information Technology Consulting, Implementation and Staff Augmentation Services for the Harris County Hospital District dba Harris Health System** - augment Information Technology (IT) capabilities and resources by providing staff and support for operations and IT projects as needed. ***Job No. 18/0274***	Renewal May 21, 2022 through May 20, 2023	Chou, David		**$ -**	
A57	**Garda CL Southwest, Inc**	**Armored Car Services for the Harris County Hospital District dba Harris Health System** - armored car services for various Harris Health System facilities. ***Job No. 21/0274***	Purchase Lowest Price Meeting Requirements	McMichael, Kari Hallaway, Jon			**SEE CONFIDENTIAL ATTACHMENT**
A58	**National Research Corporation d/b/a NRC Health**	**Patient Satisfaction and CAHPS Surveys, and Medical Staff Satisfaction Surveys for the Harris County Hospital District dba Harris Health System** - conduct various surveys that will enable Harris Health System to continuously improve services provided to patients. ***Job No. 21/0399***	Award Best Proposal Meeting Requirements	Chung, Jason Padilla, Maureen			**SEE CONFIDENTIAL ATTACHMENT**
A59	**Clark/Linbeck – LBJ Hospital, a Joint Venture**	**Construction Manager at Risk for the Construction of the Lyndon B. Johnson Hospital Replacement Project for the Harris County Hospital District dba Harris Health System** - a Construction Manager at Risk for Lyndon B. Johnson replacement Project. **Job No. 22/0056**	Award	Attard, David			**SEE CONFIDENTIAL ATTACHMENT**
A60	**Farber Specialty Vehicles**	**Mobile Medical Clinics for the Harris County Hospital District dba Harris Health System** - purchase two (2) medical service clinics and one (1) mobile immunization service clinic for the Health Care for the Homeless Program (HCHP) of Harris Health System. ***Job No. 22/0097***	Award Best Proposal Meeting Requirements	Gonzales, Nelson			**SEE CONFIDENTIAL ATTACHMENT**
A61	**Sebia, Inc.**	**Hemoglobin A1c Testing Analyzers, including Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System** - provide Hemoglobin A1c testing analyzers to Ben Taub and Lyndon B. Johnson Hospitals, Aldine, El Franco Lee, Gulfgate and Vallbona Health Centers. ***Job No. 22/0076***	Award Best Proposal Meeting Requirements	Nnadi, Michael Darnauer, Patricia Gaston, George			**SEE CONFIDENTIAL ATTACHMENT**
					Total	**$ 49,709,577**	

Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report
Expenditure Summary: June 23, 2022(Transmittals)

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
B1	**Jackson Walker LLP**	**Legal Services for Harris County Hospital District dba Harris Health System** - represent Harris Health System regarding compliance with Medicare, Medicaid, and other governmental health and reimbursement programs, and other healthcare and compliance matters.	Renewal Professional Services Exemption July 1, 2022 through June 30, 2023	Thomas, L. Sara	$ 100,000	**$ 100,000**	
B2	**HillRom Company, Inc.**	**OR Tables** - provide a surgical table capable of integrating with the da Vinci Xi general purpose surgical robot for Lyndon B. Johnson Hospital. ***Premier Healthcare Alliance, L.P.***	Purchase Best Contract	Attard, David		**$ 99,974**	
B3	**Sanofi-Aventis U.S. LLC fka Genzyme Corporation**	**Resorbable Adhesion Barrier for the Harris County Hospital District dba Harris Health System** - provide Seprafilm® adhesion barrier used to reduce internal scarring after abdominal or pelvic surgery. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 7 GPO July 1, 2021 through June 30, 2022	Creamer, Doug	$ 98,998	**$ 98,998**	
B4	**Follett LLC**	**Ice Machines and Dispensers** - provide the Ambulatory Care Services Clinics with new refrigerators replacing the current units past their expected useful life and experiencing frequent maintenance issues. ***Premier Healthcare Alliance, L.P.***	Purchase Best Contract	Attard, David		**$ 97,254**	
B5	**Oracle America, Inc.**	**Annual Maintenance of Oracle Software Technology for the Harris Health System** -provide Harris Health System annual maintenance associated with additional Oracle/PeopleSoft licenses purchased in 2021. ***Department of Information Resources***	Purchase Only Quote April 8, 2022 through April 7, 2023	Chou, David		**$ 93,941**	
B6	**O&M Halyard, Inc.**	**Sterilization Wrap** - continue to provide Harris Health System with disposable fabric used to wrap instruments for safe and sterilized storage until needed for procedure. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO October 1, 2022 through September 30, 2023	Creamer, Doug	$ 86,518	**$ 86,518**	
B7	**Proficio Surgical Assistants, LLC**	**Surgical Assistant Services for Harris Health System** - provide qualified surgical assistants to function as first assistants to the operating surgeon during heart and other vascular surgical procedures at Harris Health System.	Purchase Public Health or Safety Exemption	Medina, Glorimar		**$ 75,000**	
B8	**Laborie Medical Technologies Corp**	**Urodynamic Measurement System** - replace a urodynamic measurement system that is past its expected useful life and no longer supported by the manufacturer for the OB-GYN clinic at Ben Taub Hospital. **Premier Healthcare Alliance, L.P.**	Purchase Sole Source	Attard, David		**$ 74,995**	
B9	**Integra LifeSciences Sales, LLC**	**Surgical Headlights** - To continue to provide Harris Health System with headlight systems including headlights, headlight cameras, and stands to increase visualization during surgical procedures. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO October 1, 2022 through September 30, 2023	Creamer, Doug	$ 74,919	**$ 74,919**	
B10	**Jackson Walker, L.L.P.**	**Legal Services for Harris County Hospital District dba Harris Health System** - to provide legal services for a Qui Tam action that was filed against Harris Health System in the United States District Court for the Southern District of Texas.	Renewal Professional Services Exemption August 19, 2022 through August 18, 2023	Thomas, L. Sara	$ 74,773	**$ 74,773**	
B11	**Sequel Data Systems, Inc.**	**Citrix Infrastructure PVS Servers Refresh for the Harris Health System** - provide support and replacement of the four (4) Citrix Provisioning Servers as the current server is past its expected useful life. The new servers will be more efficient and faster provisioning for the Citrix virtual servers and desktops throughout the organization. ***Department of Information Resources***	Purchase Low Quote	Chou, David		**$ 73,814**	

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
B12	**Q-Matic Corporation**	**Q-Matic Software Support and Maintenance for the Harris County Hospital District dba Harris Health System** - provide continued support and maintenance for the Q-Matic ticket machines used in the Harris Health System Pharmacies.	Renewal Sole Source Exemption September 1, 2022 through August 31, 2023	Nnadi, Michael	$ 109,622	**$ 72,960**	
B13	**Doxy.me, LLC**	**Clinical Video Chat Service Maintenance for the Harris Health System** - provide maintenance and support which includes licenses, allowing clinicians to communicate with patients via a video chat service.	Purchase Emergency Patient Health and Safety, Code June 17, 2022 through September 17, 2022	Chou, David Small, Jennifer	$ 218,983	**$ 69,750**	
B14	**Zoll Data Systems, Inc.**	**Software licenses, Services and Training to support an automated dispatch systems for Harris Health System** - provide additional professional license, services, and training for RecueNet Dispatch services for Harris Health System.	Additional Funds Extension Public Health or Safety Exemption May 26, 2022 through May 25, 2023	Hickman, George	$ 172,700	**$ 65,000**	
B15	**Energizer Battery Company** **S2S Global** **Duracell Industrial Operations, Inc.**	**Batteries and Battery Products** - provide Harris Health System with batteries and battery products. ***Premier Healthcare Alliance, L.P.***	Funding Yr.1 GPO December 1, 2021 through November 30, 2022	Creamer, Doug		**$ 62,109**	
B16	**Accurate Methods Consulting, LP by ER Ventures Inc.**	**Bookkeeping and Financial Consultation Services for the Harris County Hospital District (HCHD) Foundation** - provide booking services and financial reviews as needed.	Purchase Personal Services Exemption February 19, 2022 through February 18, 2023	Baker, Jeffrey		**$ 60,000**	
B17	**Air Filters, Inc.**	**Air Filtration Products for the Harris County Hospital District dba Harris Health System** - provide HEPA filters for scheduled maintenance to replace end-of-life filters at Ben Taub Hospital. ***Buy Board Contract***	Purchase Lowest Quote (TASB) BuyBoard Cooperative Program	Attard, David		**$ 58,962**	
B18	**Aesculap, Inc.**	**Maintenance and Repair Services for the Aesculap ELAN 4 Cutting Device for the Harris County Hospital District dba Harris Health System** - provide maintenance and repair services for the ELAN 4 cutting device. ***Premier Healthcare Alliance, L.P.***	Renewal July 10, 2022 through July 9, 2023	Attard, David	$ 39,499	**$ 56,568**	
B19	**Skeletal Dynamics, Inc.**	**Small Joint Implants** – Upper Extremities for the Harris Health System - physician clinically preferred products designed to aid in function and mobility of the elbow.	Purchase Public Health or Safety Exemption	Creamer, Doug	$ 55,872	**$ 55,872**	
B20	**Aerobiology Laboratory Associates, Inc.**	**Laboratory Analysis Testing Services for the Harris County Hospital District dba Harris Health System** - continue providing Harris Health System laboratory analysis of specimens, including species identification, as needed. ***Job No. 19/0094***	Renewal July 1, 2022 through June 30, 2023	Nnadi, Michael	$ 55,515	**$ 55,515**	
B21	**Philips Healthcare**	**Xper Flex Software Maintenance for the Harris County Hospital District dba Harris Health System** - continue providing software maintenance for the Xper Flex Cardio Physio Monitoring System, a hemodynamic cardiac monitoring system used in Cath Lab procedures.	Purchase Sole Source Exemption June 5, 2022 through June 4, 2023	Chou, David	$ 50,606	**$ 52,102**	

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
B22	**Boston Scientific Corporation**	**Surgical Incontinence Products** - providing Harris Health System with implants used to treat stress urinary incontinence and pelvic floor reconstruction. ***Premier Healthcare Alliance, L.P.***	Funding Yr. 2 GPO September 1, 2022 through August 31, 2023	Creamer, Doug	$ 46,705	**$ 51,375**	
					Total	**$ 1,610,399**	

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

June 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0099

Members of the Board:

Please approve the following awards on the basis of most qualified vendors meeting requirements:

Description:	Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System
Responses Received:	Thirty-one (31) on April 11, 2022 (see attached)
Vendors:	See attachment
Term:	One (1) year initial term with four (4) one-year renewal options
Amount:	$24,000,000 (for multiple vendors)
Reviewed by:	_X_ Evaluation Committee _X_ Harris County Purchasing
Justification:	To provide architectural and engineering services for projects of various size and scope for Harris Health System.

The County Attorney's Office is preparing Agreements for these services. This purchase is subject to execution of the Agreements. If the vendors and Harris Health System and unable to agree to executable contracts, Harris Health System reserves the right to select another qualified vendor from the responses received list.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

MAM
Attachments
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **A1**

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Job No. 22/0099; Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System

Responses Received

1. Affiliated Engineers, Inc.
2. AG&E Structural Engenuity
3. Alpha Testing, LLC
4. Arup Texas, Inc.
5. AUTOARCH Architects, LLC
6. Browne McGregor Architects, Inc.
7. CannonDesign
8. Collaborate Arch LLC
9. Concept Engineers, Inc.
10. Dally + Associates, Inc.
11. Harrell Architects, LP
12. HarrisonKornberg Architects
13. HDR Architecture, Inc.
14. HKS, Inc.
15. Hellmuth, Obata & Kassabaum, Inc.
16. Huitt-Zollars, Inc.
17. Infrastructure Associates, Inc.
18. Johnston, LLC
19. Kimley-Horn and Associates, Inc.
20. Millennium Engineers Group, Inc.
21. O'Connell Robertson
22. Page Southerland Page, Inc.
23. PGAL, Inc.
24. Powers Brown Architecture
25. Smith & Company Architects
26. Smith Seckman Reid, Inc.
27. Spur Design, LLC
28. Teliosity, LLC
29. Terracon Consultants, Inc.
30. THR3E Design LLC
31. Wylie & Associates, LLC dba Wylie Engineering

The Evaluation Committee reviewed and ranked all responses submitted by each firm based on the services they provide. The rankings were used to develop a list of qualified firms centered on past work experience, staff/firm qualifications, etc. for various types of sizes of future projects for Harris Health System. The following firms are recommended for award based on immediate Architectural and Engineering Service needs for upcoming projects within FY2022-2023:

Vendors Recommended for Award	**Amount**
1. Affiliated Engineers, Inc.	$1,000,000
2. AG&E Structural Engenuity	$ 500,000
3. Alpha Testing, LLC	$ 500,000
4. Arup Texas, Inc.	$ 500,000
5. AUTOARCH Architects, LLC	$1,500,000
6. Browne McGregor Architects, Inc.	$1,500,000
7. CannonDesign	$1,500,000

A1

8. Concept Engineers, Inc.	$ 500,000
9. Dally + Associates, Inc.	$ 500,000
10. HDR Architecture, Inc.	$1,500,000
11. HKS, Inc.	$1,500,000
12. Hellmuth, Obata & Kassabaum, Inc.	$ 500,000
13. Huitt-Zollars, Inc.	$ 500,000
14. Johnston, LLC	$1,500,000
15. Kimley-Horn and Associates, Inc.	$ 500,000
16. Millennium Engineers Group, Inc.	$ 500,000
17. O'Connell Robertson	$1,000,000
18. Page Southerland Page, Inc.	$1,500,000
19. PGAL, Inc.	$ 500,000
20. Powers Brown Architecture	$1,500,000
21. Smith & Company Architects	$1,500,000
22. Smith Seckman Reid, Inc.	$1,000,000
23. Spur Design, LLC	$ 500,000
24. Teliosity, LLC	$ 500,000
25. Terracon Consultants, Inc.	$ 500,000
26. Wylie & Associates, LLC dba Wylie Engineering	$1,000,000

The remaining vendors may be utilized as the need arises for projects that meet the services provided by the firm. Once a vendor(s) is selected to complete a future project, Harris Health System will request a fee proposal to complete the tasks as described by Harris Health System. If a fair and reasonable price can be negotiated, Harris County Purchasing will request an Agreement be prepared by the County Attorney's Office and request approval from the Harris County Hospital District dba Harris Health System Board of Trustees, if necessary. If the vendor and Harris Health System are unable to agree to an executable contract, Harris Health System reserves the right to select another qualified vendor. As long as Job No. 22/0099 is active, newly identified vendors may be added to this list after the vendor(s) go through the same qualification process.

1. Collaborate Arch LLC
2. Harrell Architects, LP
3. HarrisonKornberg Architects
4. Infrastructure Associates, Inc.
5. THR3E Design LLC

A1

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Health & Safety Code 312.003, Board Motion 21.08-79

Members of the Board:

Please approve the renewal of the following:

Description: Oral and Maxillofacial Surgery Outpatient Services for Harris Health System

Agency: The University of Texas Health Science Center at Houston [GA-07748]

Term: July 1, 2022 through June 30, 2024

Amount: $5,000,000 estimated (funding for first year of renewal term)
$4,757,299 previous year

Reviewed by: __X__ Ambulatory Care Services

Justification: To continue to provide oral and maxillofacial surgery services for Harris Health System patients.

The estimated amount is higher due to a cost of living adjustment and increase in staff.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

SH
cc: Esmaeil Porsa, M.D., President & CEO
Jennifer Small, EVP – ACS
Agency

A2

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0086

Members of the Board:

Please approve the following award on the basis of only proposal received subject to applicable bond(s) to be received from vendor:

Description: Replacement of the Roof and Associated Code Compliance Renovation at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Proposals Received: One (1) on April 4, 2022 (see attached)

Vendor: Royal American Services, Inc.

Amount: $1,788,300 project price
178,830 owner contingency
$1,967,130

Evaluated by: X Facilities Planning / Engineering X Harris County Purchasing

Justification: This project is for the replacement of eleven (11) existing roof areas with thermoplastic polyolefin (TPO) at the Lyndon B. Johnson Hospital along with the replacement one exhaust fan servicing the LBJ Cafeteria area. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JOA
Attachments
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendor

A3

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion/Department: Lyndon B. Johnson Hospital / Radiology (LBJ)

Item Description: Replacement of the Roof and Associated Code Compliance Renovation

Estimated Total Project Cost: $1,967,130 (Budgeted FY22 Routine Capital)

Project Elaboration: Replacement of eleven (11) existing roof areas with thermoplastic polyolefin along with the replacement of one exhaust fan servicing the LBJ Cafeteria area. The current roof is not energy efficient, leaks frequently, and progressively getting worse due to weather conditions..

Estimated Total Construction Cost: $1,967,130

- **Construction Bid**: $1,788,300
- **Owner's Contingency**: $178,830

Contractor: Royal American Services, Inc.

Based on a Harris Health System Facilities Planning, Consultant, and the Harris County Purchasing Department review of the Competitive Sealed Proposal (CSP) responses, Royal American Services, Inc. is the recommended vendor of choice based the only proposal received:

Item	onCriterion/Offer Reference	Maximum Value
a.	Firm Qualifications and Similar Experience as a Prime Contractor in an Active Medical Facility	25%
b.	Organization and Project Methodology	15%
c.	Safety Record	5%
d.	Fiscal and Bonding Capacity	5%
e.	Pricing	50%
	Total Score	100%

Other vendor(s) that responded to the CSP are as follows:

- Royal American Services, Inc. – Overall ranking score of 98.20%

Financial Analysis: Proposal Tabulation is attached.

A3

Competitive Sealed Proposal for Replacement of the Roof and Associated Code Compliance Renovation at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

One (1) proposal was received as follows:

Vendors	**Price**
Royal America Services, Inc.	$1,788,300

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected Royal American Services Inc. on the basis of only proposal meeting the requirements and needs of Harris Health System.

Amount

$1,788,300 project price
178,830 owner contingency
$1,967,130

A3

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

June 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Services Exemption, Texas LGC 262.024(a)(4)

Members of the Board:

Please approve an exemption from the competitive bid requirements for the following:

Description: Labor Management Support Services for Harris Health System

Vendor: Cara Cook Consulting, LLC [HCHD-779]

Term: Effective upon execution until services are complete

Amount: $1,487,750 estimated

Reviewed by: __X__ Chief Operating Officer Administration

Justification: To provide the personal services of Cara Cook, Natalie Heidel, Jamy Dingler, Susie Law, RN, and Brandon Elliot of Cara Cook Consulting, LLC for labor management support services including design of productivity reporting, budgeting, and accountability processes to drive results.

The County Attorney's Office is preparing an Agreement for these services. This purchase is subject to execution of the Agreement.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

TCT
cc: Esmaeil Porsa, M.D., President & CEO
Louis Smith, Sr EVP- Chief Operating Ofcr
Vendor

A4

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description:	Cisco Network Technology Refresh for the Harris Health System	
Quotes Received:	General Datatech, L.P. (DIR-TSO-4167)	$1,249,973
	Netsync Network Solutions, Inc. (DIR-TSO-4167; DIR-CPO-4430)	$1,570,725
	Insight Direct USA, Inc. (PP-IT-241)	$1,574,388
	Connection (PP-IT-238)	$1,726,974
Vendor:	General Datatech, L.P.	
Amount:	$1,249,973 estimated	
Reviewed by:	__X__ Information Technology	__X__ Harris County Purchasing
Justification:	To provide for the Cisco network infrastructure at Lyndon B. Johnson Hospital that has reached its end of life, and needs to be replaced. The new network will support the increased capacity demand of new applications, such as the Voice Over IP telephone system and video conferencing.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SPS
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A5

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.08-77

Members of the Board:

Please approve the fifth renewal option for the following:

Description: Lease and Maintenance of Pyxis Supply Distribution System for the Harris County Hospital District dba Harris Health System

Vendor: CareFusion Solutions, LLC (GA-06554)

Term: October 1, 2022 through September 30, 2023

Amount: $1,100,436 estimated
$5,304,543 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To provide monthly rental and support costs for the leased equipment for medical/surgical supply automation and inventory system.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ BA

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

A6

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description:	Wireless Network Technology Refresh for the Harris Health System	
Quotes Received:	General Datatech, L.P. (DIR-TSO-4167)	$1,043,514
	Netsync Network Solutions, Inc. (DIR-TSO-4167)	$1,083,788
	Insight Direct USA, Inc. (PP-IT-241)	$1,136,887
	Connection (PP-IT-238)	$1,156,572
Vendor:	General Datatech, L.P.	
Amount:	$1,043,514 estimated	
Reviewed by:	__X__ Information Technology	__X__ Harris County Purchasing
Justification:	To provide for the wireless access network infrastructure at Lyndon B. Johnson Hospital that has reached their end of life, and needs to be replaced. The current hardware will be out of support within the upcoming year.	

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SPS

cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A7

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

as

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 20/0322, Board Motion 21.03-31

Members of the Board:

Please ratify the first of four (4) renewal options for the following:

Description: Construction Manager-Agent for the Harris County Hospital District dba Harris Health System

Vendor: M Strategic Partners, Inc.

Term: May 25, 2022 through May 24, 2023

Amount: $1,000,000 estimated
$1,000,000 previous year

Reviewed by: __X__ Facilities Engineering __X__ Harris County Purchasing

Justification: To provide construction manager-agent services for Harris Health System.

The vendor has agreed to renew with the same terms and conditions with a 5% increase as set forth in the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

MAM
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendor

A8

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.06-65

Members of the Board:

Please approve the second of (4) four one-year renewal options for the following:

Description:	Maintenance and Service of Heating, Ventilation and Air Conditioning (HVAC) Building Automation System (BAS) for the Harris County Hospital District dba Harris Health System
Vendor:	Johnson Controls, Inc. (HCHD-210)
Term:	July 24, 2022 through July 23, 2023
Amount:	$950,000 estimated $850,000 previous year
Reviewed by:	__X__ Facilities Planning/Engineering
Justification:	To continue providing maintenance and service for the HVAC BAS for Harris Health System facilities.

The higher estimated amount reflects the forecast of projects for the new term. The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with 7.12% increase in pricing based on the Consumer Price Index of Urban Earners and Clerical Workers (CPI-W).

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
sm
PT

cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A9

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): All Harris Health System Facilities

Vendor: Johnson Controls, Inc

Type of Contract: Contracting for HVAC repair, renovation, or alteration services to various Harris County Hospital District dba Harris Health System hospitals and clinics.

On May 28, 2020, the Board of Trustees approved and awarded sole source to Johnson Controls, Inc. to to provide HVAC repair, renovation, or alteration services in the amount of $800,000 for a one-year initial term with four (4) one-year renewal options.

On June 24, 2021, the Board of Trustees approved and awarded sole source to Johnson Controls, Inc. to to provide HVAC repair, renovation, or alteration services in the amount of $850,000 for the first one-year term of four (4) one-year renewal options.

Current Term/Amount: First one (1) year option Term (07/22/2021 – 07/23/2022) / $850,000.

Proposed Renewal Term: Second (2) One-Year Renewal Options (07/22/2022 – 07/23/2023)

Proposed Amount: $950,000.00

Action Required: Approval to enter into the second of four (4) renewal options for Johnson Controls, Inc to provide HVAC repair, renovation, or alteration services to various Harris County Hospital District dba Harris Health System hospitals and clinics in the estimated amount of $950,000.00 for the term July 22, 2022 through July 23, 2023.

Justification: The amount is based on forecast of projects for the term July 22, 2022 through July 23, 2023.

A9

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

May 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0320, Board Motion 21.09-86

Members of the Board:

Please approve the third of four (4) renewal options for the following:

Description: Diagnostic and Interventional Radiology Products for the Harris Health System

Vendor: Terumo Medical Corporation (GA-07690)

Term: October 15, 2022 through October 14, 2023

Amount: $711,981 estimated
$711,981 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing diagnostic and interventional radiology products used primarily for the treatment of peripheral vascular disease at Ben Taub and Lyndon B. Johnson Hospitals.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SP
SER

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **A10**

1111 Fannin, 12th Floor, Houston, TX 77002 | Tel 713-274-4400 | Fax 713-755-6695

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

May 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0320, Board Motion 21.05-55

Members of the Board:

Please ratify the third and final renewal option for the following:

Description: Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health system

Vendor: Corgan Associates, Inc.

Term: June 7, 2022 through June 6, 2023

Amount: $650,000 estimated
$700,000 previous year

Reviewed by: __X__ Facilities Engineering __X__ Harris County Purchasing

Justification: To provide architectural and engineering services at various Harris Health System facilities.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

MAM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendor

A11

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): All Harris Health System Facilities

Vendor: Corgan Associates, Inc.

Type of Contract: Indefinite Demand/Indefinite Quantity (ID/IQ) agreement (CA #19HSP0273) for professional architectural and interior design services for various Harris Health System projects.

Justification: Harris Health System will utilize the ID/IQ agreement with Corgan Associates, Inc. to provide Indefinite Demand/Indefinite Quantity of professional architectural & engineering design services for current budgeted projects, anticipated new FY 2021/2022 initiatives, unforeseen facilities infrastructure issues and mechanical, electrical and plumbing (MEP) repairs.

On March 28, 2019, the Board of Trustees approved an exemption from the bid requirements for Corgan Associates, Inc. to provide professional architectural and engineering services in the estimated amount of $300,000 for a one (1) year initial term with three (3) one-year renewal options. (Board Motion #19.03-23, A(1) b.).

On September 24, 2020, the Board of Trustees ratified the first of three (3) renewal options for Corgan Associates, Inc. to provide professional architectural and engineering services for various projects in the estimated amount of $500,000 for the term June 7, 2020 through June 6, 2021. (*Board Motion #20.09-111, A25*.

On January 28, 2021, the Board of Trustees approved additional budgeted funds in the amount of $500,000 for a total not-to-exceed amount of $1,000,000 of professional architectural/engineering for term 6/7/2020 – 6/6/2021 for various Harris Health System approved/funded projects. (*Board Motion #21.01-06, A21).*

On May 27, 2021, the Board of Trustees approved the 2nd of three (3) one-year renewal options for Corgan Associates, Inc. to provide indefinite demand/indefinite quantity of professional architectural and engineering services for various projects for a total not-to-exceed amount of $700,000 for the term 6/7/21 through 6/6/22. (*Board Motion #21.01-06, A21).*

Current Term/Amount: 2nd Renewal Term: 6/7/2021 – 6/6/2022 / $1,000,000

Proposed Term/Amount: 3rd and Final Renewal Option (6/7/2022 – 6/6/2023) / **$650,000**

Action Required: Approval to enter into the 3rd and final renewal option (6/7/2022 – 6/6/2023) of the current ID/IQ contract with from Corgan Associates, Inc. to provide professional architectural & engineering design services for a total not-to-exceed amount of $650,000 for current budgeted projects, anticipated new FY 2022/2023 initiatives, and unforeseen facilities infrastructure issues/MEP repairs.

Contract Usage for the period of 6/7/2021 – 4/22/2022 (See table on next page)

Corgan Associates, Inc. (ID #0000024902)

Provide Architecture and Interior Design services (as requested by the Administrator) for Harris Health System's facilities as needed.

Master Agreement (CA #19HSP0273)

Contract Term: 06/07/2019 - 06/06/2023

Contract Amount: $300,000.00

as of 03/04/2022

2nd Renewal Option Term: 06/07/2021 - 06/06/2022; Board Motion 21.05-55 A(21) - Current Term Amount: $700,000.00

PO ID	PO Date	Descr	Dept	Department Name	Line	Item Description	P.O. Amount
0001709739	12/9/2020	Administration	11006	System Construction Projects	7	**Ben Taub Radiographic Unit/Mammography** - ASR #01: Structural Analysis - **Sunita Ganjoo**	$1,800.00
2nd Renewal OptionTerm Amount:	**$700,000.00**	**Balance:**	**$698,200.00**			**Total Amount Committed:**	**$1,800.00**

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.06-65

Members of the Board:

Please approve the fourth and final renewal option for the following:

Description: Hardware Maintenance and Support for Elekta Linear Accelerators for the Harris County Hospital District dba Harris Health System

Vendor: Elekta, Inc.

Term: August 1, 2022 through July 31, 2023

Amount: $568,614 estimated
$568,614 previous year

Reviewed by: __X__ Healthcare Systems Engineering

Justification: To provide hardware maintenance and support for three (3) linear accelerators at Smith Clinic.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Elekta, Inc. as the sole provider of Elekta IntelliMax® functionality. Elekta IntelliMax® provides for remote support including monitoring, automated alerts and connection via embedded proprietary software.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
sm
SCF
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A12

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Vendor: Elekta, Inc.

Description of Service: Hardware Maintenance and Support for Elekta Linear Accelerators (3 ea.) for the Harris County Hospital District dba Harris Health System.

Pavilion(s) Utilizing Contract: Ambulatory Care Services (Smith Clinic)

Contract Elaboration: This is a full service maintenance contract under which Elekta provides Harris Health with preventive maintenance inspection and calibration services, all replacement parts, labor and travel as well as any necessary software updates to our linear accelerators used in our radiation therapy department.

Service Cost Breakout

- Previous year contract amount: $568,614
- Elekta renewal pricing: $568,614

Recommend Renewal

A12

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

May 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101

Members of the Board:

Please approve second year funding for the following GPO contract:

Description: Anti-Infection Site Dressings

Vendor: Johnson & Johnson Health Care Systems, Inc. (AS-NS-1383)

Term: August 1, 2022 through July 31, 2023

Amount: $560,870 estimated
$544,542 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing Harris Health System with dressing products that have been impregnated with antimicrobial agents such as Chlorhexidine gluconate (CHG) or silver that are specifically designed to reduce infection at venous, arterial or percutaneous vascular access sites.

The increased amount is to account for an anticipated increase in product usage.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
BKP
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A13

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
May 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR); Board Motion 21.05-55

Members of the Board:

Please approve the following purchase on the basis of only quote:

Description: Microsoft Unified Support Services for the Harris Health System

Vendor: Microsoft Corporation (DIR-CPO-4911)

Term: May 28, 2022 through May 27, 2023

Amount: $473,794 estimated
$375,000 previous year

Reviewed by: __X__ Information Technology __X__ Harris County Purchasing

Justification: To provide for continued IT support and consultation services, as needed, for the support of Harris Health System Microsoft application environments.

The increased estimated amount is due to the additional support associated with Microsoft Office 365 being added to the maintenance schedule. The County Attorney's Office is preparing an Agreement for this purchase. The award is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KJB
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A14

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 | Tel 713-274-4400 | Fax 713-755-6695

DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption

Members of the Board:

Please approve the third of four (4) renewal options for the following on the basis of sole source:

Description: Maintenance and Support for the Central Fill Pharmacy System for the Harris County Hospital District dba Harris Health System

Vendor: Innovation Associates, Inc.

Term: September 4, 2022 through September 3, 2023

Amount: $466,497 estimated
$514,250 previous year

Reviewed by: __X__ Pharmacy __X__ Harris County Purchasing

Justification: To provide continued maintenance and support services for the PharmASSIST-Central Fill Pharmacy System, which includes all robotics, conveyors, scales and software, upgrades.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Innovation Associates as the manufacturer and sole provider of PharmASSIST equipment, software, warranty and maintenance services.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ BA

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

A15

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Stretchers

Contract Reviewed: Stryker Medical (PP-NS-1569)

Vendor: Stryker Medical

Amount: $446,046

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To replace stretchers that have past their expected useful life for Ben Taub Hospital Emergency Center.

Amount includes trade-in credit of $15,000 for thirty each of existing Stryker Prime Electric Big Wheel Stretchers. Stryker was evaluated as best meeting all user requirements. Therefore, the other Premier vendor was not selected.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A16

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): Ben Taub Hospital/ Emergency Center

Item Description: Stretchers, Mobile

Estimated Cost: $446,046.50 (FY22 Stub Routine Capital Budget)

Project Elaboration: As part of the strategic stretcher refresh project, this procurement effort is replacing the last batch of existing stretchers at Ben Taub Emergency Center that are past their expected useful life.

Vendor: Stryker (on Premier GPO contract # PP-NS-1569)

- Vendor meeting all mandatory user requirements, including electric lift base, three sided hydraulic controls, stretcher exist alarms, foot end nursing controls, dual end side rail release.

Other Premier Vendors Considered:

- Hillrom – Not meeting mandatory user requirements for electric lift base, three sided hydraulic controls, stretcher exist alarms, foot end nursing controls, and dual end side rail release.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Prime Electric Big WheelStretcher, Accessories	30	$15,368.22	$461,046.60
2	Trade-in allowance for existing stretchers	30	($500.00)	($15,000.00)
Total Cost				**$446,046.60**

A16

DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
June 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR), Board Motion 21.06-65

Members of the Board:

Please approve third year funding of a five (5) year Agreement for the following:

Description: Maintenance and Support for Citrix Software for the Harris Health System

Vendor: Citrix Systems, Inc. (DIR-TSO-4315)

Term: August 1, 2022 through July 31, 2023

Amount: $425,845 estimated
$405,075 previous year

Reviewed by: __X__ Information Technology __X__ Harris County Purchasing

Justification: To provide continued maintenance and support for Citrix software that provides virtual application services across Harris Health System and to remote users. Maintenance and support includes technical support, patch fixes and version upgrades.

The increased amount is due to the purchase of 365 additional licenses added to the maintenance schedule to support the work from home initiative.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmaeil Porsa, M.D., President & CEO
George Hickman, Interim CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

A17

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

June 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.06-65

Members of the Board:

Please approve the following purchase on the basis of sole source:

Description: Maintenance and Support for the Joint Eligibility Software System for the Harris County Hospital District dba Harris Health System

Vendor: Network Sciences, Inc. (CID GA-04786)

Term: August 22, 2022 through August 21, 2023

Amount: $419,120 estimated
$419,120 previous year

Reviewed by: __X__ Patient Financial Services __X__ Information Technology

Justification: To provide maintenance and support which includes upgrades and updates for the Joint Eligibility Software System. The system determines patient eligibility for charity care programs.

The Office of the Harris County Purchasing Agent has confirmed sole source exemption based on Network Sciences, Inc. as the sole source provider of licenses and services for their Joint Eligibility Software System.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmaeil Porsa, M.D., President & CEO
George Hickman, Interim CIO
Mike Norby, EVP & CFO
Vendor

A18

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE, 23, 2022

1001 Preston, Suite 670, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract; Board Motion 21.05-55

Members of the Board:

Please approve third year funding for the following GPO contract:

Description: Incontinence Products

Vendor: S2S Global (AS-NS-1392) through Cardinal Health

Term: August 1, 2022 through July 31, 2023

Amount: $372,434 estimated
$372,434 previous year

Reviewed by: _X_ Supply Chain Management _X_ Harris County Purchasing

Justification: To continue providing Harris Health System with incontinence products including underpads, undergarments and other related products.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
BKP
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A19

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption – Local Government Code § 262.024 (a)(2)

Members of the Board:

Please approve the fourth and final renewal for the following:

Description: Service and Maintenance for Carestream Portable Digital X-ray Systems for the Harris County Hospital District dba Harris Health System

Vendor: Carestream Health, Inc. (GA-06143)

Term: July 13, 2022 through July 12, 2023

Amount: $369,489 estimated
$369,489 previous year

Reviewed by: __X__ Biomedical Engineering

Justification: To provide scheduled and unscheduled service and maintenance for Carestream portable digital X-ray systems.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SCF
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A20

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

Board Summary

Board Date: June 23, 2022

Vendor: Carestream Health Inc.

Description of Service: Contract Renewal

Pavilion(s) Utilizing Contract: Ben Taub & LBJ

Contract Elaboration: This is a full service maintenance contract under which Carestream provides Harris Health with preventive maintenance inspection and calibration services, all replacement parts, labor and travel as well as any necessary software updates to our Portable Digital x-ray systems. Additionally, this contract provides full replacement coverage for the DRX 1c and DRX plus digital radiography detectors.

Service Cost Breakout

- Previous year contract amount: $369,489
- Carestream Health Inc. renewal pricing: $369,489

Recommend Renewal

A20

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

May 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Local Government Code 262.024 (a)(2)- Public Health and Safety

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Perfusion Services

Vendor: SpecialtyCare Cardiovascular Resources, LLC (GA-06895)

Amount: $367,708 additional funds for the extended term 07/26/22 – 07/25/23
367,708 previously approved funds for the term 07/26/21 – 07/25/22
$735,416

Reviewed by: X Clinical Operations X Harris County Purchasing

Justification: The term is being extended to continue providing perfusion and auto-transfusion services for Harris Health System until the competitive bid process is complete and an award is made. Additional funds are required to cover the extended term.

The County Attorney's Office is preparing a First Amendment to add a renewal option to the Agreement. The extension and additional funds are subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SP
SER

cc: Esmaeil Porsa, M.D., President & CEO
Glorimar Medina, VP Executive Administration
Vendor

A21

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 17/0312, Board Motion 21.08-77

Members of the Board:

Please approve the fourth and final renewal option for the following:

Description: Neurointerventional Microcoil Embolics Products for the Harris Health System

Vendor: Stryker Neurovascular (GA-07334)

Term: September 14, 2022 through September 13, 2023

Amount: $337,385 estimated
$330,770 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing neurointerventional microcoil embolics products used for the treatment of neurovascular aneurysms at Ben Taub Hospital.

The vendor has agreed to renew under the same terms and conditions with a price increase of no more than 3% as set forth in the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SP
SER

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

A22

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 | Tel 713-274-4400 | Fax 713-755-6695

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0089

Members of the Board:

Please approve the following award on the basis of lowest priced proposal meeting requirements subject to applicable bond(s) to be received from the vendor:

Description: Renovation of an Existing Classroom to a Mammography Lab at the Baytown Health Center for the Harris County Hospital District dba Harris Health System

Proposals Received: Three (3) on April 11, 2022 (see attached)

Vendor: O'Donnell Snider Construction, LLC

Amount:
$277,220 construction price
45,000 owner contingency
$322,220

Evaluated by: X Facilities Planning/Engineering X Harris County Purchasing

Justification: To provide all labor, materials, equipment and incidentals for the renovation of an existing classroom to a mammography lab at the Baytown Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JAA
Attachments
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A23

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

Board Summary

Board Date: June 23, 2022

Pavilion/Department: Baytown/Mammography

Item Description: Baytown Health Center Construction of Mammography Suite

Purchasing Number: 22/0089

Original Estimated Cost: $322,220 (FY2022 Stub Year Routine Capital)

Project Elaboration: The project consists of renovations of an existing 600 square feet classroom at the Baytown Clinic that will be converted to support the addition of a new mammography unit with required infrastructure support. Mammography will be an added service to the clinic. Project also includes minor demolition, finishes, related mechanical, electrical, and plumbing utilities and fixtures.

Estimated Total Construction Cost: $322,220
- **Construction Bid:** $277,220
- **Owner's Contingency:** $45,000

Contractor: **O'Donnell Snider Construction, LLC**

Based on a Harris Health System Facilities Planning and Purchasing review of the Competitive Sealed Proposal (CSP) responses, O'Donnell Snider Construction, LLC is the recommended vendor of choice based on the lowest priced proposal and being the highest scored at 95.90 in the overall ranking based on the criterion, qualifications, methodology, and experience in similar projects.

Item	Criterion/Offer Reference	Max. Value
a.	Firm Qualifications/Experience with Local Government	15%
b.	Firm Experience with Medical and Government Projects	15%
c.	Organization and Project Methodology	10%
d.	Safety Record	5%
e.	Fiscal and Bonding Capacity	5%
f.	Pricing	50%
	Total Score	100%

Other vendor(s) that responded to the CSP are as follows:
- Portfolio Builders, Inc – Overall ranking score of 79.78%
- JLA Construction Services – Overall ranking score of 73.02%

Financial Analysis: Proposal Tabulation is attached.

A23

Competitive Sealed Proposal for Renovation of an Existing Classroom to a Mammography Lab at the Baytown Health Center for the Harris County Hospital District dba Harris Health System

Three (3) proposals as received as follows:

Vendors	**Price**
O'Donnell Snider Construction, LLC	$277,220
Portfolio Builders, Inc	$279,000
JLA Construction Services	$322,925

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System's Facility Planning, and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected O'Donnell Snider Construction, LLC on the basis of lowest priced proposal meeting the requirements and needs of Harris Health System.

O'Donnell Snider Construction, LLC also received the highest overall evaluation score. The remaining vendors were eliminated due to lower evaluation scores and higher pricing.

Amount

$277,220 project price
45,000 owner contingency
$322,220

A23

JR

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

May 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0320, Board Motion 21.09-86

Members of the Board:

Please approve additional funds for the following:

Description: Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System

Vendor: AUTOARCH Architects, LLC

Amount: $300,000 estimated additional funds (budgeted) for the term 10/18/21 – 10/17/22
250,000 previously approved funds for the term 10/18/21 – 10/17/22
$550,000

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To provide professional architectural and engineering services at various Harris Health System facilities.

The County Attorney's Office is preparing the First Amendment to the Agreement for the additional funds. This purchase is subject to the execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

MAM
Attachment
cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendor

A24

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): All Harris Health System Facilities

Vendor: AUTOARCH Architects, LLC

Type of Contract: Indefinite Demand/Indefinite Quantity (ID/IQ) agreement for architectural & engineering services for various Harris Health System projects (CA #17HSP0681).

Justification: To provide professional architectural and engineering services for various projects for Harris County Hospital District dba Harris Health System.

On September 23, 2021, the Board of Trustees awarded/approved on the basis of qualified vendors meeting requirements which included AUTOARCH Architects, LLP. to provide professional architectural and engineering services for various projects in the estimated amount of $250,000 for a one-year term (*Board Motion #21.09-86, A33*).

Current Term/Amount: Initial Term (10/18/2021 – 10/17/2022) / $250,000

Action Required: Approval of additional funds in the amount of $300,000 for the current term period of 10/18/2021 – 10/17/2022 of the agreement with AUTOARCH Architects, LLC to professional architectural and engineering services for various projects at designated Harris Health System facilities for a not-to-exceed amount of $550,000.

Proposed Additional Funds: $300,000
Previously Approved Funds: $250,000
Total Amount: $550,000

Contract Usage Summary f**or the period of 10/18/2021 – 5/13/2022** (See table on next page)

A24

AUTOARCH Architects, Inc. (ID #0000054690)

Provide Professional CAD Services (as requested by the Administrator) for Harris Health System's facilities as needed.

Master Agreement (CA #21HSP0552)

Contract Term: 10/18/2021 - 10/17/2022

Contract Amount: $250,000.00

as of 05/13/2022

Initial Term: 10/18/2021 - 10/17/2022; Board Motion 21.07-37 A2d. - Current Term Amount: $250,000.00

PO ID	PO Date	Descr	Dept	Department Name	Line	Item Description	P.O. Amount
0001846921	12/1/2021	Lyndon B Johnson Hospital	15500	Executive Administration	1	**LBJ Grab and Go Construction Project -** Schematic Design - **Babak Zare**	$2,520.00
0001846921	12/1/2021	Lyndon B Johnson Hospital	15500	Executive Administration	2	Design Development	$2,520.00
0001846921	12/1/2021	Lyndon B Johnson Hospital	15500	Executive Administration	3	Construction Documents	$5,040.00
0001846921	12/1/2021	Lyndon B Johnson Hospital	15500	Executive Administration	4	Permitting/Regulatory Agencies Approval	$630.00
0001846921	12/1/2021	Lyndon B Johnson Hospital	15500	Executive Administration	5	Construction Administration Services	$1,890.00
0001846921	12/1/2021	Lyndon B Johnson Hospital	15500	Executive Administration	6	Reimbursable Expenses	$2,400.00
0001859741	12/27/2021	Administration	11006	System Construction Projects	1	**MLK RADIOGRAPHIC UNIT/MAMMO -** Schematic Design - **Gregory Schwartz**	$2,500.00
0001859741	12/27/2021	Administration	11006	System Construction Projects	2	Design Development	$2,500.00
0001859741	12/27/2021	Administration	11006	System Construction Projects	3	Construction Documents	$4,500.00
0001859741	12/27/2021	Administration	11006	System Construction Projects	4	Permitting/Regulatory Agencies Approval	$500.00
0001859741	12/27/2021	Administration	11006	System Construction Projects	5	Construction Administration Services	$2,500.00
0001859741	12/27/2021	Administration	11006	System Construction Projects	6	Reimbursable Expenses	$2,500.00
0001859742	12/27/2021	Administration	11006	System Construction Projects	1	**El Franco Lee RADIOGRAPHIC UNIT/MAMMO -** Schematic Design - **Gregory Schwartz**	$2,500.00
0001859742	12/27/2021	Administration	11006	System Construction Projects	2	Design Development	$2,500.00
0001859742	12/27/2021	Administration	11006	System Construction Projects	3	Construction Documents	$4,500.00
0001859742	12/27/2021	Administration	11006	System Construction Projects	4	Permitting/Regulatory Agencies Approval	$500.00
0001859742	12/27/2021	Administration	11006	System Construction Projects	5	Construction Administration Services	$2,500.00
0001859742	12/27/2021	Administration	11006	System Construction Projects	6	Reimbursable Expenses	$2,500.00
0001859746	12/27/2021	Administration ACS	55000	Plant	1	**ACS PROJECTS: Northwest HC Security Doors -** Schematic Design - **Babak Zare**	$1,500.00
0001859746	12/27/2021	Administration ACS	55000	Plant	2	Design Development	$1,500.00
0001859746	12/27/2021	Administration ACS	55000	Plant	3	Construction Documents	$2,500.00
0001859746	12/27/2021	Administration ACS	55000	Plant	4	Permitting/Regulatory Agencies Approval	$500.00
0001859746	12/27/2021	Administration ACS	55000	Plant	5	Construction Administration Services	$1,500.00
0001859746	12/27/2021	Administration ACS	55000	Plant	6	Reimbursable Expenses	$2,500.00
0001859747	12/27/2021	Administration ACS	55000	Plant	1	**ACS Projects: Homeless Clinic (Dental Svcs)** - Schematic Design - **Babak Zare**	$3,000.00
0001859747	12/27/2021	Administration ACS	55000	Plant	2	Design Development	$3,000.00
0001859747	12/27/2021	Administration ACS	55000	Plant	3	Construction Documents	$8,000.00
0001859747	12/27/2021	Administration ACS	55000	Plant	4	Permitting/Regulatory Agencies Approval	$1,500.00
0001859747	12/27/2021	Administration ACS	55000	Plant	5	Construction Administration Services	$4,000.00
0001859747	12/27/2021	Administration ACS	55000	Plant	6	Reimbursable Expenses	$2,500.00
0001859748	12/27/2021	Administration	55000	Plant	1	**ACS Projects: Fournace Door** - Schematic Design - **Babak Zare**	$1,000.00
0001859748	12/27/2021	Administration	55000	Plant	2	Design Development	$1,000.00
0001859748	12/27/2021	Administration	55000	Plant	3	Construction Documents	$2,000.00
0001859748	12/27/2021	Administration	55000	Plant	4	Permitting/Regulatory Agencies Approval	$500.00
0001859748	12/27/2021	Administration	55000	Plant	5	Construction Administration Services	$1,000.00
0001859748	12/27/2021	Administration	55000	Plant	6	Reimbursable Expenses	$2,500.00
0001890096	3/11/2022	Administration	11006	System Construction Projects	1	**BT MOBILE MRI -** Schematic Design - **Babak Zare**	$9,000.00
0001890096	3/11/2022	Administration	11006	System Construction Projects	2	Design Development	$9,000.00
0001890096	3/11/2022	Administration	11006	System Construction Projects	3	Construciton Documents	$24,000.00
0001890096	3/11/2022	Administration	11006	System Construction Projects	4	Permitting/Regulatory Agencies Approval	$4,000.00
0001890096	3/11/2022	Administration	11006	System Construction Projects	5	Construction Administration Services	$12,000.00
0001890096	3/11/2022	Administration	11006	System Construction Projects	6	Reimbursable Expenses	$2,000.00
0001892146	3/16/2022	Administration	56002	Facilities Capital Group	1	**FOURNACE PT/OT DEPARTMENT ASSESSMENT -** Schematic Design - **Babak Zare**	$6,000.00
0001892146	3/16/2022	Administration	56002	Facilities Capital Group	2	Design Development	$6,000.00
0001892146	3/16/2022	Administration	56002	Facilities Capital Group	3	Construction Documents	$20,000.00
0001892146	3/16/2022	Administration	56002	Facilities Capital Group	4	Permitting/Regulatory Agencies Approval	$4,000.00
0001892146	3/16/2022	Administration	56002	Facilities Capital Group	5	Reimbursable Expenses	$2,000.00
0001894850	3/23/2022	Administration	11006	System Construction Projects	1	**LBJ RADIO/FLUORO SYS/G-P 2 (Rad Room 9) -** Schematic Design - **Linda DeClouette**	$4,000.00
0001894850	3/23/2022	Administration	11006	System Construction Projects	2	Design Development	$4,000.00
0001894850	3/23/2022	Administration	11006	System Construction Projects	3	Construction Documents	$10,000.00
0001894850	3/23/2022	Administration	11006	System Construction Projects	4	Permitting/Regulatory Agencies Approval	$3,000.00
0001894850	3/23/2022	Administration	11006	System Construction Projects	5	Construction Administration Services	$7,000.00
0001894850	3/23/2022	Administration	11006	System Construction Projects	6	Reimbursable Expenses	$2,000.00
Initial Term Amount:	**$250,000.00**	**Balance:**	**$37,000.00**			**Total Amount Committed:**	**$213,000.00**

A24

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

June 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description:	Telephone System for the Harris Health System	
Quotes Received:	Netsync Network Solutions, Inc. (DIR-TSO-4167; DIR-CPO-4430)	$297,535
	Connection (PP-IT-238)	$345,824
Vendor:	Netsync Network Solutions, Inc.	
Amount:	$297,535 estimated	
Reviewed by:	__X__ Information Technology	__X__ Harris County Purchasing
Justification:	To provide for a Telephone System as part of the Quentin Mease remodeling project. The existing PBX telephone system needs to be replaced with a new Voice Over IP telephone system. This purchase includes hardware, software and installation services.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SPS
cc: Esmaeil Porsa, M.D., President & CEO
George Hickman, Interim SVP & CIO
Vendors

A25

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

JR

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0139

Members of the Board:

Please approve the following award on the basis of lowest priced proposal meeting requirements:

Description: Modifications to the Mammography Unit at Acres Home Health Center for the Harris County Hospital District dba Harris Health System

Proposals Received: Three (3) on May 2, 2022 (see attached)

Vendor: O'Donnell/Snider Construction, LLC

Amount: $250,063 construction price
40,000 owner contingency
$290,063

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide all labor, materials, equipment and incidentals for the modification of the mammography unit at Acres Home Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam
DH

MAM
Attachments
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

A26

Competitive Sealed Proposal for Modifications to the Mammography Unit at Acres Home Health Center for the Harris County Hospital District dba Harris Health System

Three (3) proposals were received as follows:

Vendors	**Price**
O'Donnell/Snider Construction, LLC	$250,063
JLA Construction Services	$269,000
Portfolio Builders, Inc.	$327,000

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected O'Donnell/Snider Construction, LLC on the basis of lowest priced proposal meeting the requirements and needs of Harris Health System.

JLA Construction Services and Portfolio Builders, Inc. were eliminated due to higher pricing and an overall lower evaluation score.

Board Summary

Board Date: June 23, 2022

Pavilion/Department: Acres Home/Mammography

Item Description: Acres Home Construction of Mammography Suite (FY22 Stub Year Routine Capital)

Project Elaboration: The project consists of renovations of an existing 600 square feet procedure area at the Acres Home clinic that will be converted to support the modification of the mammography unit with required infrastructure support. Project also includes minor demolition, finishes, related mechanical, electrical, and plumbing utilities and fixtures.

Estimated Total Construction Cost: $290,063
- **Construction Bid:** $250,063
- **Owner's Contingency:** $40,000

Contractor: O'Donnell/Snider Construction, LLC

Based on Harris Health System Facilities Planning and Purchasing review of the proposals received, O'Donnell/Snider Construction, LLC is the recommended vendor based on lowest priced proposal.

A26

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

April 29, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113

Members of the Board:

Please approve second year funding for the following GPO contract:

Description: Patient Warming - Convective Warming Blankets Resistive Warming

Vendor: 3M Company (PP-OR-1904)

Term: October 1, 2022 through September 30, 2023

Amount: $288,715 estimated
$288,715 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing Harris Health System with products used to prevent hypothermia such as warming blower units, disposable gowns, operating room table pads and water blankets

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

A27

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

April 29, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following GPO contracts:

Description: Feeding Pump Sets, Devices, and Tube Sets

Vendors:		
	Avanos (PP-DI-1963)	$ 60,931
	Cardinal Health (PP-DI-1964)	166,398
		$277,329

Term: March 1, 2022 through February 28, 2023

Amount: $277,329 estimated
$277,329 previous year

Evaluated by: __X__ Evaluation Committee __X__ Harris County Purchasing

Justification: To provide Harris Health System with feeding pumps, tubes, and devices used for delivery of hydration or nutrition through the digestive tract.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendors

A28

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following GPO contracts:

Description:	Furniture and Systems, Casegoods, Seating and Accessories for the Harris County Hospital District dba Harris Health System	
Quotes Received	National Office Furniture, Inc.	(PP-FA-859) (Items 5-8, 10-25, 27-80)
	Stance Healthcare, Inc.	(PP-FA-861) (Items 1-3)
	Steelcase, Inc.	(PP-FA-862) (Items 4)
	Krueger International, Inc.	(PP-FA-851) (Items 9 and 26)
	National Business Furniture, LLC	(PP-FA-858) (Item 81)
Vendors:	National Office Furniture, Inc.	(PP-FA-859) $131,803
	Stance Healthcare, Inc.	(PP-FA-861) $ 72,104
	Steelcase, Inc.	(PP-FA-862) $ 58,319
	Krueger International, Inc.	(PP-FA-851) $ 3,654
	National Business Furniture, LLC	(PP-FA-858) $ 791
Premier Term:	January 1, 2022 through December 31, 2022	
Amount:	$266,671 estimated	
Reviewed by:	_X_ Supply Chain Management	
Justification:	To provide Harris Health System with furniture and systems, casegoods, seating and accessories.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
PT
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendors

A29

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Local Government Code 262.024 (a)(2)- Public Health and Safety

Members of the Board:

Please approve the purchase of the following:

Description: Stretchers

Vendor: Stryker Medical

Amount: $246,539

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To provide Emergency Medical Services with new ambulance stretchers replacing the current units that are past their expected useful life.

Amount includes trade-in credit of $25,000 for ten each of existing Stryker TR-SPCOT-PPXT stretchers. Stryker was only vendor equipment meeting all mandatory user requirements including compatibility with existing power loader systems. Therefore, the other vendors were not selected.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

A30

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): Emergency Medical Services

Item Description: Stretchers, EMS

Estimated Cost: $246,539.70 (FY22 Stub Routine Capital Budget)

Project Elaboration: For replacing existing Emergency Medical Services (EMS) Ambulance stretchers that are past their expected useful life with new EMS stretchers.

Vendor: Stryker

- Only vendor equipment meeting all mandatory user requirements, including compatibility with existing power loader system used.

Other Vendors Considered:

- Hillrom – Do not manufacture EMS Ambulance stretchers.
- Ferno – Did not quote. Confirmed by email that their stretchers are incompatible with Harris Health System EMS power loader system in use.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	6507 Power Pro 2, High Config Stretcher	10	$26,158.00	$261,580.00
2	Accessories - Li- ion Battery, Charger, Power Cord	5	$ 1,773.94	$ 8,869.70
3	Trade-in allowance - existing Stryker EMS power stretchers	10	($2,500.00)	($25,000.00)
4	Smart Equipment Management (SEM) for Power-PRO 2	10	$ 109.00	$ 1,090.00
Total Cost				**$246,539.70**

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

May 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Professional Services Exemption, Board Motion 21.10-101

Members of the Board:

Please ratify the revised amount for the following:

Description: Consulting and Audit Services for the 340B Financial Program and Split Bill Software for the Harris County Hospital District dba Harris Health System

Vendor: BKD, LLP

Term: One year initial term

Amount: $246,173 (revised amount)
$185,000 (as approved)

Reviewed by: __X__ Pharmacy __X__ Harris County Purchasing

Justification: In October 2021, the Board of Trustees approved a professional services exemption for BKD to provide consulting and audit services for the 340B financial program and split bill software for Harris Health System. Since that time, it has been determined that the approved amount was underestimated. The amount has been revised to include an expansion of services.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
BPJ
cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

A31

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description: Citrix Shared Application Expansion for the Harris Health System

Quotes Received:

Sequel Data Systems, Inc. (DIR-TSO-4160)	$235,933
Hewlett Packard Enterprise Company (DIR-TSO-4160)	$294,836
Insight Direct USA, Inc. (PP-IT-241)	$407,650
Connection (PP-IT-238)	$424,066

Vendor: Sequel Data Systems, Inc.

Amount: $235,933 estimated

Reviewed by: __X__ Information Technology __X__ Harris County Purchasing

Justification: To provide for the additional servers required to expand the existing Citrix environment to accommodate the growth of software applications used throughout the organization. Citrix provides virtual application services across Harris Health System, and to remote users.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
AJB SPS

cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A32

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 05, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following on the basis of best GPO contracts:

Description:	Arthroscopy Supplies	
Vendors:	Smith & Nephew Inc. (PP-OR-1626)	$ 52,756
	Johnson & Johnson Health Care Systems, Inc. (PP-OR-1630)	180,627
		$233,383
Term:	June 1, 2022 through May 31, 2023	
Amount:	$233,383 estimated $233,383 previous year	
Reviewed by:	__X__ Supply Chain Management __X__ Harris County Purchasing	
Justification:	To continue providing Harris Health System with manual and powered equipment including fluid management consoles, endoscopic power shavers, and accessories for arthroscopic procedures.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendors

A33

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0094

Members of the Board:

Please approve the following award on the basis of lowest priced proposal meeting requirements subject to applicable bond(s) to be received from the vendor:

Description: Modification of Ben Taub IR Suites Air handling Unit and Associated Ductwork for the Harris County Hospital District dba Harris Health System

Proposals Received: Two (2) on April 18, 2022 (see attached)

Vendor: Gowan/Garrett

Amount: $170,951 construction price
34,190 owner contingency
$205,141

Evaluated by: __X__ Facilities Planning/Engineering __X__ Harris County Purchasing

Justification: To provide all labor, materials, equipment and incidentals for the modification of IR suites air handling units and associated ductwork at Ben Taub Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

MNG
Attachments
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A34

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

Competitive Sealed Proposal for Modification of Ben Taub IR Suites Air handling Unit and Associated Ductwork for the Harris County Hospital District dba Harris Health System

Two (2) proposals as received as follows:

Vendors	**Price**
Gowan/Garrett	$170,951
The Brandt Companies, LLC	$269,331

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System's Facility Planning, and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected Gowan/Garrett on the basis of lowest priced proposal meeting the requirements and needs of Harris Health System.

Gowan/Garrett also received the highest overall evaluation score. The remaining vendor was eliminated due to lower evaluation scores and higher pricing.

Amount

$170,951 project price
34,190 owner contingency
$205,141

A34

as

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

May 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0320, Board Motion 21.06-65

Members of the Board:

Please approve the third and final renewal option for the following:

Description: Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health system

Vendor: Kirksey Architects, Inc.

Term: July 18, 2022 through July 17, 2023

Amount: $200,000 estimated
$750,000 previous year

Reviewed by: __X__ Facilities Engineering __X__ Harris County Purchasing

Justification: To provide architectural and engineering services at various Harris Health System facilities.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

MAM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendor

A35

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-755-5036 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): All Harris Health System Facilities

Vendor: Kirksey Architecture

Type of Contract: Indefinite Demand/Indefinite Quantity (ID/IQ) agreement (CA #19HSP0274) for professional architectural and interior design services for various Harris Health System projects.

Justification: On March 28, 2019, the Board of Trustees approved an exemption from the bid requirements for Kirksey Architecture to provide professional architectural and engineering services in the estimated amount of $500,000 for a one (1) year initial term with three (3) one-year renewal options. (Board Motion #19.03-23, A(1) b.).

On August 29, 2019, the Board of Trustees approved additional (budgeted) funds for Kirksey Architects, Inc, to provide professional architectural and engineering services for various projects in the estimated additional (budgeted) amount of $1,300,000 for a total not-to-exceed amount of $1,800,000 for the term July 18, 2019 through July 17, 2020. (Board Motion #19.08-76, A (1) a.).

On September 24, 2020, the Board of Trustees ratified/approved the first of three (3) renewal options for Kirksey Architects, Inc, to provide professional architectural and engineering services for various (budgeted) projects for a total not-to-exceed amount of $1,800,000 for the term July 18, 2020 through July 17, 2021. (Board Motion #20.09-111, A6).

On June 24, 2021, the Board of Trustees ratified/approved the second of three (3) renewal options for Kirksey Architects, Inc, to provide professional architectural and engineering services for various (budgeted) projects for a total not-to-exceed amount of $750,000 for the term July 18, 2021 through July 17, 2022. (Board Motion #21.06-65, A13).

Current Term/Amount: 2nd Renewal Option Term: 7/18/2021 – 7/17/2022 / $750,000

Proposed Term/Amount: 3rd and Final Renewal Option (7/18/2022 – 7/17/2023) / **$200,000**

Action Required: Approval to enter into the 3rd and final renewal option term of the current ID/IQ contract to provide professional architectural & engineering design services for a total not-to-exceed amount of $200,000 for current budgeted projects, anticipated new FY 2022/2023 initiatives, unforeseen facilities infrastructure issues and mechanical, electrical and plumbing (MEP) repairs.

Contract Usage for the period of 7/18/2021 – 4/22/2022 (See next page)

Kirksey Architects, Inc. (ID #0000022700)

Provide Architecture and Interior Design services (as requested by the Administrator) for Harris Health System's facilities as needed.

Master Agreement (CA #19HSP0274)

Contract Term: 07/18/2019 - 07/17/2023

Contract Amount: $500,000.00

as of 04/22/2022

2nd Renewal Option Term: 07/18/2021 - 07/17/2022; Board Motion 21.06-65 A(13) - Current Term Amount: $750,000.00

PO ID	PO Date	Descr	Dept	Department Name	Line	Item Description	P.O. Amount
0001605765	2/25/2020	Administration	11006	System Construction Projects	10	**LBJ Digital Imaging System 2 Replacement** - ASR#01: Construction Documents - **Linda DeClouette**	$3,750.00
0001605765	2/25/2020	Administration	11006	System Construction Projects	11	ASR #01: Permit & Pricing	$3,500.00
0001605765	2/25/2020	Administration	11006	System Construction Projects	12	ASR #01: Permit Submission/Review F1ees	$2,500.00
0001605765	2/25/2020	Administration	11006	System Construction Projects	13	ASR #01: Reimbursables Expenses	$500.00
0001605766	2/25/2020	Administration	11006	System Construction Projects	10	**LBJ Radio-Fluoro System Replacement** - ASR#01: Construction Documents - **Linda DeClouette**	$3,750.00
0001605766	2/25/2020	Administration	11006	System Construction Projects	11	ASR #01: Permit & Pricing	$3,500.00
0001605766	2/25/2020	Administration	11006	System Construction Projects	12	ASR #01: Permit Submission/Review F1ees	$2,500.00
0001605766	2/25/2020	Administration	11006	System Construction Projects	13	ASR #01: Reimbursables Expenses	$500.00
0001723515	1/19/2021	Administration	11006	System Construction Projects	9	**BaytownHC-Radiology-Renovations** - ASR#01: Design Development - **Kevin Hudson**	$2,500.00
0001723515	1/19/2021	Administration	11006	System Construction Projects	10	ASR #01:Construction Documents	$5,500.00
0001666221	8/12/2020	Administration	11006	System Construction Projects	15	**LOIS J MOORE ELIGIBILITY CENTER SPACE REPURPOSE** - ASR #03: Construction Documents - **Babak Zare**	$4,500.00
0001666221	8/12/2020	Administration	11006	System Construction Projects	16	ASR #03: Permit & Pricing	$2,500.00
0001666221	8/12/2020	Administration	11006	System Construction Projects	17	ASR #03: REIMBURSABLE EXPENSES (Permit Fees)	$2,000.00
2nd Renewal OptionTerm Amount:	**$750,000.00**	**Balance:**	**$712,500.00**			**Total Amount Committed:**	**$37,500.00**

A35

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

May 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve second year funding for the following GPO contract:

Description: Ridesharing Services for the Harris County Hospital District dba Harris Health System

Vendor: Lyft, Inc. (PP-SV-312)

Term: August 1, 2022 through July 31, 2023

Amount: $200,000 estimated
$ 80,000 previous

Reviewed by: __X__ Transition & Post-Acute Care

Justification: To continue providing ridesharing services for patients within the Harris Health System.

The increased amount is due to the forecasted trending in utilization and the expansion to new departments within the Harris Health System.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
PT
cc: Esmaeil Porsa, M.D., President & CEO
Amy Smith – SVP Transitions & Post-Acute Care
Vendor

A36

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

April 11, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.09-86

Members of the Board:

Please approve the second year funding for the following GPO contracts:

Description:	Modular Casework, Storage Systems and Mobile Carts	
Vendors:	InterMetro Industries, Corp. (PP-FA-880)	$175,532
	Solaire Medical Storage, LLC (PP-FA-878)	$ 19,296
	QC Storage, LLC (PP-FA-881)	$ 3,027
	Vari Sales Corporation (PP-FA-875)	$ 711
		$198,566
Premier Term:	July 1, 2022 through June 30, 2023	
Amount:	$198,566 estimated $176,655 previous	
Reviewed by:	_X_ Supply Chain Management	
Justification:	To continue providing Harris Health System with storage solutions, including casework/millwork (mobile or fixed), shelving (aluminum or high density) and carts (procedure, medication, etc.).	

The increased amount is due to expected higher demand to support procedure and examination rooms expansion and remodeling plan.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
PT
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A37

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Health & Safety Code 312.003, Board Motion 21.08-79

Members of the Board:

Please approve additional funds for the following:

Description: Oral and Maxillofacial Surgery Outpatient Services for Harris Health System

Agency: The University of Texas Health Science Center at Houston [GA-07748]

Amount: $ 193,528 additional funds for the term 7/1/21 – 6/30/22
4,700,000 previously approved funds for the term 7/1/21 – 6/30/22
$4,893,528

Reviewed by: X Ambulatory Care Services

Justification: Additional funds are required for cost of living adjustments for salaries.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SH
cc: Esmaeil Porsa, M.D., President & CEO
Jennifer Small, EVP – ACS
Agency

A38

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption – Local Government Code § 262.024 (a)(2)

Members of the Board:

Please approve the fourth and final renewal for the following:

Description:	Preventative Maintenance and Repair Services for the Harris County Hospital District dba Harris Health System
Vendor:	Stryker Instruments (GA-07231)
Term:	July 1, 2022 through June 30, 2023
Amount:	$176,622 estimated **$**176,622 previous year
Reviewed by:	__X__ Healthcare Systems Engineering
Justification:	To continue providing preventative maintenance and repair services for surgical power tool drills for Ben Taub and Lyndon B. Johnson Hospitals.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
sm SCF
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **A39**

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Vendor: Stryker Instruments

Description of Service: Contract Renewal

Pavilion(s) Utilizing Contract: Ben Taub & LBJ

Contract Elaboration: This is a full service contract under which Stryker provides Harris Health with all parts, labor, repair and replacement maintenance service on multiple models of Stryker High Speed Drills, Saws and Driver equipment.

Service Cost Breakout

- Previous year contract amount: $176,622
- Stryker renewal pricing: $176,622

Recommend Renewal

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

April 28, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Services Exemption, Texas LGC 262.024(a)(4), Board Motion 21.08-77

Members of the Board:

Please approve an exemption from the competitive bid requirements and the first and final renewal option for the following:

Description: Healthcare Management Consulting Services for Harris Health System

Vendor: BCW, LLC [HCHD-505]

Term: August 4, 2022 through August 3, 2023

Amount: $170,000 estimated
$170,000 previous year

Reviewed by: __X__ Corporate Compliance

Justification: To provide the personal services of Karen Hughes, Wade Gates, and Dag Vega for healthcare management consulting services for Harris Health System.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

FDA/tct
cc: Esmaeil Porsa, M.D., President & CEO
Carolynn Jones, EVP Chief Compliance & Risk Officer
Vendor

A40

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Health & Safety Code 61.056(a), Interlocal Agreement, Texas GC 791.011(d), Board Motion 22.04-56

Members of the Board:

Please approve a corrected term and amount for the following:

Description: Dental Health Services for the Health Care for the Homeless Program for Harris Health System

Agency: The University of Texas Health Science Center at Houston [HCHD-645]

Term: Effective for one (1) year upon execution of the Agreement with three (3) one-year renewal options (corrected)
April 1, 2022 through March 31, 2023 with three (3) one-year renewal options (as approved)

Amount: $165,000 HRSA Grant Funds (corrected)
$160,000 HRSA Grant Funds (as approved)

Reviewed by: __X__ Health Care for the Homeless

Justification: The term is corrected to match the Agreement. The amount is corrected to reflect the grant amount.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

JD
SH

cc: Esmaeil Porsa, M.D., President & CEO
Jennifer Small, EVP – ACS
Agency

A41

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.06-65

Members of the Board:

Please approve the following on the basis of sole source:

Description: Maintenance and Support for Fetal Monitoring Software System for the Harris County Hospital District dba Harris Health System

Vendor: PeriGen, Inc. (formerly Watchchild, LLC a subsidiary of PeriGen, Inc.)

Term: August 1, 2022 through July 31, 2023

Amount: $148,288 estimated
$127,292 previous year

Reviewed by: _X_ Information Technology _X_ Harris County Purchasing

Justification: To provide continued maintenance and support for the WatchChild® Fetal Monitoring System software application.

The County Attorney's Office will prepare an Agreement for these services. The purchase is subject to execution of the new Agreement. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on PeriGen, Inc. as the sole provider of maintenance and support for its Watch Child® Fetal Monitoring System and its licensed software.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
SCF
Attachment
cc: Esmaeil Porsa, President & CEO
David Chou, SVP and CIO
Vendor

A42

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Vendor: PeriGen Incorporated

Description of Service: Maintenance and Support for Fetal Monitoring Software System

Pavilion(s) Utilizing Contract: Ben Taub, LBJ

Contract Elaboration: This is a contract under which PeriGen Incorporated provides Harris Health System maintenance and support for Watch Child® Fetal Monitoring System and its licensed software.

Service Cost Breakout

- Current PeriGen Incorporated contract pricing: $127,292.00
- Equipment Service new Agreement: $148,288.00

Recommend Approval

A42

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

May 27, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following on the basis of best contract:

Description: Manual Microbiology

Vendor: Remel (PP-LA-579)

Premier Term: May 1, 2022 through April 30, 2023

Amount: $145,260 estimated
$123,198 previous year

Evaluated by: __X__ Evaluation Committee __X__ Harris County Purchasing

Justification: To provide Harris Health System with consumable products used to isolate and detect bacteria, fungi, parasites and viruses.

Harris Health System is currently standardized to plated and tubed media products from BD; however, on April 1, 2022, BD informed all vendors that plated and tubed media products were being removed from all local vendor contracts and GPO Agreements. BD's current national pricing structure for these items is more expensive. After evaluating Remel's products, standardizing to Remel is the consensus of Ben Taub and Lyndon B. Johnson laboratories. The estimated amount is higher than the previous year due to the difference in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
WKB

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

A43

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve third year funding for the following GPO contract:

Description: Vena Cava Filters

Vendor: Cook Medical (PP-CA-457)

Term: June 1, 2022 through July 31, 2023

Amount: $137,075 estimated
$137,075 previous year

Reviewed by: _X_ Supply Chain Management _X_ Harris County Purchasing

Justification: To continue providing Harris Health System with stainless steel or nitinol basket-shaped filters placed in the inferior vena cava to prevent venous emboli from reaching the cardiopulmonary circulation.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
BKP
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption – Local Government Code § 262.024 (a)(2), Board Motion 22.03-40

Members of the Board:

Please ratify the revised amount for the following:

Description: Proactive Medication Safety Risk Assessment for Harris Health System

Vendor: Institute for Safe Medication Practices

Term: One-year term

Amount: $132,000 estimated (revised amount)
$116,000 (as approved)

Reviewed by: __X__ Pharmacy __X__ Harris County Purchasing

Justification: In March 2022, the Board of Trustees approved a Public Health and Safety exemption to Institute for Safe Medication Practices to provide a proactive medication safety risk assessment for the Harris Health System. Since that time, it has been determined that the approved amount was underestimated. The amount has been revised to include an increase in travel expenses.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

A45

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

June 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption, Texas LGC 264.024(a)(2), Board Motion 21.06-65

Members of the Board:

Please approve the second of two (2) renewal options for the following purchase:

Description: Healthcare Information Exchange (HIE) Software System for the Harris Health System

Vendor: Greater Houston Healthconnect, Inc. (CID GA-05283)

Term: June 27, 2022 through June 26, 2023

Amount: $129,375 estimated
$125,000 previous year

Reviewed by: _X_ Information Technology

Justification: To continue to enable the exchange of patient medical records between Harris Health System and other providers that do not have Epic EMR software. This is a requirement for Harris Health System to maintain Meaningful Use certification, improve patient care and reduce cost through reduction of duplicate diagnostic testing.

Greater Houston Healthconnect, Inc. provides the service of connecting all major healthcare providers in the community for the purpose of securely sharing Electronic Health Records (EHR). Other members of GHHC have a significant overlap with our patient population and provide invaluable information on clinical utilization patterns, clinical problems, medications, and diagnostics that are critical for providing safe and timely clinical management of these patients when they are seen in our facilities.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmaeil Porsa, M.D., President & CEO
George Hickman, Interim CIO
Vendor

A46

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 | Tel 713-274-4400 | Fax 713-755-6695

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06

Members of the Board:

Please approve second year funding for the following GPO contract:

Description: Patient Bedside Products

Vendor: Medline Industries, Inc. (AS-NS-1360)

Term: July 1, 2022 through June 30, 2023

Amount: $119,090 estimated
$ 29,772 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing Harris Health System with products for patient bedside and personal use including plastic, disposable and biodegradable products.

The increased amount is to account for an anticipated increase in product usage.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

JA
SP
BKP
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A47

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of lowest priced contract:

Description: Exam Room Furniture Equipment

Contract Reviewed: Midmark Sales Corporation through Cardinal (PP-FA-805)

Vendor: Midmark Sales Corporation

Amount: $118,488

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To provide Ambulatory Care Services Clinics with new examination tables replacing the current ones that are past their expected useful life and experiencing frequent maintenance issues.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A48

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): ACS Clinics / Nursing

Item Description: Examination Tables

Estimated Cost: $118,488.00 (FY22 Stub Year Operational Budget)

Project Elaboration: This project, in multiple phases, is replacing examination tables past their expected useful life and experiencing frequent maintenance issues with new equipment.

Vendor: Midmark (on Premier GPO contract # PP-FA-805)

- Lowest cost vendor meeting all user requirements.

Other Premier Vendors Considered:

- CME Corp. – Higher cost.
- Concordance – Higher cost.

Project Cost Summary:

Vendor	**CardinalHealth**	**CME Corp.**	**Concordance**
Description	Midmark 225	Midmark 225	Midmark 225
Equipment Unit Price (Ea)	$4,937.00	$5,330.88	$5,793.88
Equipment Quantity	24	24	24
Total Equipment Cost	**$118,488.00**	**$127,941.12**	**139,053.12**

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Stretchers

Contract Reviewed: Stryker Medical (PP-NS-1569)

Vendor: Stryker Medical

Amount: $116,379

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To provide Ben Taub Hospital Emergency Center with additional stretcher chairs required to meet patient care needs.

Stryker is the only Premier vendor that offers stretcher chairs.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A49

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): Ben Taub Hospital/ Emergency Center

Item Description: Stretcher Chairs

Estimated Cost: $116,379.20 (FY22 Stub Routine Capital Budget)

Project Elaboration: For phase six of Ben Taub Hospital Emergency Center modernization project, this procurement effort is adding stretcher chairs to meet the patient care needs of the department.

Vendor: Stryker (on Premier GPO contract # PP-NS-1569)

- Only Premier vendor meeting all mandatory user requirements.

Other Premier Vendors Considered:

- Hillrom – Do not provide stretcher chairs.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	TruRize, Components, and Accessories	14	$8,312.80	$116,379.20
Total Cost				**$116,379.20**

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

April 29, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve second year funding for the following GPO contract:

Description: Patient Warming - Blood and Fluid Warming

Vendor: Smiths Medical ASD, Inc. (AS-OR-1902)

Term: October 1, 2022 through September 30, 2023

Amount: $114,703 estimated
$114,703 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing Harris Health System with blood and fluid warming disposable tubing, power sources, connectors and accessories used to prevent hypothermia in patients.

Sincerely,

p.p. John G. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

A50

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description:	NetApp data storage and retrieval system for the Harris Health System	
Quotes Received:	Computacenter (DIR-TSO-4286)	$113,875
	Insight Public Sector, Inc. (PP-IT-241)	$121,315
	Netsync Network Solutions (DIR-TSO-4286)	$254,046
	Connection (PP-IT-238)	$284,822
Vendor:	Computacenter	
Amount:	$113,875 estimated	
Evaluated by:	__X__ Information Technology	__X__ Harris County Purchasing
Justification:	To enhance the performance of the ability to access data by installing hardware and software at both Houston and Bryan data centers.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KC
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A51

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption - Local Government Code § 262.024 (b)

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Maintenance and Support for Digisonics Obstetrics Software for the Harris Health System

Vendor: Digisonics, Inc. (CID GA-07470)

Amount: $ 62,766 additional funds for the extended term 9/1/22 – 8/31/23
59,777 previous approved funds for the term 9/1/21 – 8/31/22
$122,543

Reviewed by: X Information Technology X Harris County Purchasing

Justification: Additional funds are required to cover the extended term. The term is being extended to continue to provide for Prima Support services for clinical applications in the Obstetrics Department at Ben Taub and Lyndon B. Johnson Hospitals.

The vendor has agreed to extend under the same terms and conditions as set forth in the Agreement, with a 5% of increase in pricing. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Digisonics, Inc. as the sole provider and supporter for the OB-Window/OB-View system at Harris Health System. The County Attorney's Office will prepare an Amendment to extend the term and add renewal options. The extension is subject to the execution of the Amendment.

Sincerely,

pp. John J. Adger

DeWight Dopslauf
Purchasing Agent

SPS
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A52

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

June 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0332, Board Motion 21.06-65

Members of the Board:

Please approve the revised term and amount for the following:

Description: Computer Maintenance Management System for Harris Health System

Vendor: Fortive dba Accruent, LLC. (HCHD-186)

Term: Three-year initial term with two (2) renewal options (revised term)
One-year initial term with four (4) renewal options (as approved)

Amount: $30,364 (revised amount)
$165,000 (as approved)

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: In August of 2019, the Board of Trustees approved an award to Accruent LLC to provide a computer maintenance management system (CMMS) to track, manage, and monitor maintenance activities for Harris Health Biomedical and Facility Engineering system assets. The proposed CMMS was not fully implemented; therefore, Harris Health and Accruent have agreed to move forward with a replacement CMMS. The revised amount reflects Harris Health's remaining balance after receiving full credit for expenditures in the amount of $276,474.

The County Attorney's Office is preparing an Amendment to the Agreement to revise the term and the amount. The revised term will begin upon execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KC/wkb

cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A53

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 9, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0279

Members of the Board:

Please approve an assignment of the following bid contract:

Description: Person-to-Person Interpreter Services for Hearing Impaired Persons for the Harris Health System

Vendor: Crabtree Interpreting Services (assignor)
Globo Language Solutions, LLC (assignee)

Term: April 1, 2022 through March 31, 2023

Effective: June 23, 2022

Amount: $25,000

Reviewed by: __X__ Language Access Services

Justification: Crabtree Interpreting Services has been acquired by Globo Language Solutions, LLC and has conveyed all rights, title and interest with no change in pricing.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

TCT
cc: Esmaeil Porsa, M.D., President & CEO
Jennifer Small, Executive Vice President-ACS
Vendor

A54

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health and Safety Exemption, Board Motion 21.09-86

Members of the Board:

Please ratify an exemption from the competitive bid requirements for the following:

Description: Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System

Vendor: Maxim Healthcare Staffing Services, Inc. [HCHD-530]

Term: September 12, 2021 through September 11, 2022 with one (1) one-year renewal option

Reviewed by: __X__ Nursing Operations Admin

Justification: To provide for temporary staffing of nursing personnel to meet the increase in demand of patient healthcare due to Covid-19 at various locations throughout the Harris Health System.

In September 2021, the Board of Trustees approved $10,000,000 estimated to be used for Temporary Nursing Personnel. All vendors for Temporary Nursing Personnel were contracted to be paid from those funds. No additional funds need to be approved.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
JLD/tct
cc: Esmaeil Porsa, M.D., President & CEO
Maureen Padilla, SVP – Nursing Affairs & Support Services
Vendor

A55

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0274, Board Motion 22.01-06

Members of the Board:

Please approve the third of four (4) renewal options for the following:

Description: Information Technology Consulting, Implementation and Staff Augmentation Services for the Harris County Hospital District dba Harris Health System

Vendors: See attached

Term: May 21, 2022 through May 20, 2023

Reviewed by: __X__ Information Technology __X__ Harris County Purchasing

Justification: To augment Information Technology (IT) capabilities and resources by providing staff and support for operations and IT projects as needed.

In May 2022, the Board of Trustees approved $3,986,024 estimated to be used for Information Technology Consulting, Implementation and Staff Augmentation Services. All vendors for Information Technology Consulting, Implementation and Staff Augmentation Services were contracted to be paid from those funds. No additional funds need to be approved.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA

FDA/jld
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A56

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

Vendors	Category
1. Cynosure Technologies, LLC [GA-07561]	10
2. General Datatech, L.P. [GA-07566]	2, 3
3. Pivot Point Consulting, a Vaco Company [GA-07577]	1, 2

Category	IT Services Category	Codes* Preferred	Codes Required*
1	IT Consulting	1,3	2,4,5
2	IT Staffing Services (Temporary and Permanent Placement)	1,2	3,4
10	PeopleSoft Business Analyst	1,4	3

***Codes**

1. Healthcare/Hospital specialization as primary market served or specialized structured division/consulting practice.
2. Vendor and/or product independence.
3. Significant presence of local resources.
4. Client references in similar environment.
5. Organization must be responsible for all aspects of Information Security projects including engineering, budget, staff, schedule, and deliverables.

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

June 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0274

Members of the Board:

Please approve the following award on the basis of lowest priced proposal meeting requirements:

Description:	Armored Car Services for the Harris County Hospital District dba Harris Health System
Proposals Received:	Two (2) on January 31, 2022 (see attached)
Vendor:	Garda CL Southwest, Inc
Amount:	See confidential attachment
Evaluated by:	__X__ Evaluation Committee
Justification:	To provide armored car services for various Harris Health System facilities.

The County Attorney's Office will prepare an Agreement for these services. The purchase is subject to execution of the new Agreement. If vendor and Harris Health System are unable to agree to an executable contract, Harris Health System reserves the right to negotiate with other proposers.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
sm

STM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
Kari McMichael, VP – Controller
Jon Hallaway, Department of Public Safety
Vendors w/o attachment

A57

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-755-5036 Fax 713-755-6695

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

May 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0399

Members of the Board:

Please approve the following award on the basis of best proposal meeting requirements:

Description:	Patient Satisfaction and CAHPS Surveys, and Medical Staff Satisfaction Surveys for the Harris County Hospital District dba Harris Health System
Proposals Received:	Three (3) on January 3, 2022 (see attached)
Vendor:	National Research Corporation d/b/a NRC Health [HCHD-756]
Term/Renewals:	One-year initial term with four (4) one-year renewal options
Amount:	See confidential attachment
Evaluated by:	__X__ Evaluation Committee __X__ Harris County Purchasing
Justification:	To conduct various surveys that will enable Harris Health System to continuously improve services provided to patients.

The County Attorney's Office is preparing an Agreement for these services. The award is subject to execution of the Agreement. If vendor and Harris Health System are unable to agree to an executable contract, Harris Health System reserves the right to negotiate with other proposers.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

TCT
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
Jason Chung, Assoc CMO, SVP Med Affairs & Util
Maureen Padilla, SVP Nursing Affairs & Sppt Svcs
Vendors w/o attachment

A58

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

June 2, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0056

Members of the Board:

Please approve the following award on the basis of highest overall evaluation:

Description:	Construction Manager at Risk for the Construction of the Lyndon B. Johnson Hospital Replacement Project for the Harris County Hospital District dba Harris Health System
Proposals Received:	Three (3) on May 18, 2022 (see attached)
Vendor:	Clark/Linbeck – LBJ Hospital, a Joint Venture
Amount:	See confidential attachment
Evaluated by:	_X_ Evaluation Committee _X_ Harris County Purchasing
Justification:	To provide a Construction Manager at Risk for Lyndon B. Johnson replacement Project.

The County Attorney's Office is preparing Agreements for these services. Award is subject to execution of the Agreements. If Harris Health System and Clark/Linbeck – LBJ Hospital, a Joint Venture are unable to agree on an executable contract the Harris Health System, at its sole discretion, may discontinue negotiations and proceed to negotiate with the next ranking offeror.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

MNG
Attachments
cc: Esmaeil Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors w/o attachments

A59

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0097

Members of the Board:

Please approve the following award on the basis of best proposal meeting requirements:

Description:	Mobile Medical Clinics for the Harris County Hospital District dba Harris Health System
Proposals Received:	Three (3) on April 25, 2022 (see attached)
Vendor:	Farber Specialty Vehicles
Amount:	See confidential attachment
Evaluated by:	__X__ Evaluation Committee
Justification:	To purchase two (2) medical service clinics and one (1) mobile immunization service clinic for the Health Care for the Homeless Program (HCHP) of Harris Health System.

The mobile clinics will be used to provide comprehensive primary care services and to conduct COVID-19 testing and/or vaccination. The Health Care for the Homeless Program (HCHP) applied for and was granted funding through the Health Resources and Services Administration funding opportunity-American Rescue Plan Act Funding for Health Centers for the purchase of the mobile clinics.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
sm
SCF
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
Nelson Gonzales, Grants Project Manager, Health Care for the Homeless
Vendors w/o attachment

A60

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-755-5036 Fax 713-755-6695

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

June 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 22/0076

Members of the Board:

Please approve the following award on the basis of best proposal meeting requirements:

Description:	Hemoglobin A1c Testing Analyzers, including Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System
Proposals Received:	Three (3) on April 4, 2022 (see attached)
Vendor:	Sebia, Inc.
Term:	Seven-year term
Amount:	See confidential attachment
Evaluated by:	__X__ Evaluation Committee __X__ Harris County Purchasing
Justification:	To provide Hemoglobin A1c testing analyzers to Ben Taub and Lyndon B. Johnson Hospitals, Aldine, El Franco Lee, Gulfgate and Vallbona Health Centers.

The County Attorney's Office is preparing an Agreement for the acquisition of equipment as well as service and maintenance. The award is subject to execution of the Agreement. If vendor and Harris Health System are unable to agree to an executable contract, Harris Health System reserves the right to negotiate with other proposer.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

WKB
Attachment

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendors w/o attachment

A61

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

April 6, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Professional Services Exemption, Texas LGC 262.024(a)(4)

Members of the Board:

This is a transmittal of the first and final renewal option for the following:

Description: Legal Services for Harris County Hospital District dba Harris Health System

Vendor: Jackson Walker LLP [GA-07771]

Term: July 1, 2022 through June 30, 2023

Amount: $100,000 estimated
$100,000 previous year

Reviewed by: __X__ Legal Affairs __X__ Harris County Purchasing

Justification: To represent Harris Health System regarding compliance with Medicare, Medicaid, and other governmental health and reimbursement programs, and other healthcare and compliance matters.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SH/tct
cc: Esmaeil Porsa, M.D., President & CEO
L. Sara Thomas, VP Legal Affairs
Vendor

B1

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of the following purchase on the basis of best contract:

Description: OR Tables

Contract Reviewed: HillRom Company, Inc. (PP-OR-1959)

Vendor: HillRom Company, Inc.

Amount: $99,974

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To provide a surgical table capable of integrating with the da Vinci Xi general purpose surgical robot for Lyndon B. Johnson Hospital.

HillRom is the only Premier vendor able to meet all mandatory user requirements. Therefore, the other Premier vendors were not evaluated.

Sincerely,

pp. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

B2

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): LBJ Hospital / Operating Room

Item Description: Surgical Table

Estimated Cost: $99,974.05 (FY22 Stub Routine Capital Budget)

Project Elaboration: This project is adding a surgical table at LBJ Hospital OR that has the capability to integrate with the new general-purpose surgical robot.

Vendor: HillRom (on Premier GPO contract # PP-OR-1959)

- Sole source manufacturer meeting all mandatory user requirements including capability to integrate with the new Intutive Surgical da Vinci Xi general purpose surgical robot, validated by Harris Health System third party consultant ECRI.

Project Cost Summary:

Item #	Equipment Description	Qty	Unit Cost	Total Cost
1	TruSystem 7000dV Standard Table Package	1	$86,233.02	$86,233.02
2	Apex Advanced Robotics Positioning, cable remote control TS7000 (dV)	1	$13,741.03	$13,741.03
Total Equipment Cost				**$99,974.05**

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

May 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 20.04-52

Members of the Board:

Please approve seventh year funding for the following GPO contract:

Description: Resorbable Adhesion Barrier for the Harris County Hospital District dba Harris Health System

Vendor: Sanofi-Aventis U.S. LLC fka Genzyme Corporation (PPPH18SNA01)

Term: July 1, 2021 through June 30, 2022

Amount: $98,998 estimated
$98,998 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To provide Seprafilm® adhesion barrier used to reduce internal scarring after abdominal or pelvic surgery.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ BA

cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

B3

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 28, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of the following purchase on the basis of best contract:

Description: Ice Machines and Dispensers

Contract Reviewed: Follett LLC (AS-FA-811)

Vendor: Follett LLC

Amount: $97,254

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To provide the Ambulatory Care Services Clinics with new refrigerators replacing the current units past their expected useful life and experiencing frequent maintenance issues.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **B4**

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): ACS Clinics / Pharmacy, Laboratory, Nursing

Item Description: Refrigerators, Undercounter

Estimated Cost: $97,253.94 (FY22 Stub Year Operational Budget)

Project Elaboration: This project, in multiple phases, is replacing refrigerators past their expected useful life and experiencing frequent maintenance issues with new refrigerators.

Vendor: Follett (on Premier GPO ASCEND contract # AS-FA-811)

- Follett is on Premier ASCEND contract and meeting all user requirements.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Refrigerator Undercounter, 5 cu ft. (34" H). REF5	40	$1,906.94	$76,277.60
2	Refrigerator Undercounter, 4 cu ft. (31.25" H). ADA Compliant, REF4	11	$1,906.94	$20,976.34
Total Cost				**$97,253.94**

B4

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

May 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

This is a transmittal of the following purchase on the basis of only quote:

Description: Annual Maintenance of Oracle Software Technology for the Harris Health System

Vendor: Oracle America, Inc. (DIR-TSO-4158)

Term: April 8, 2022 through April 7, 2023

Amount: $93,941 estimated

Reviewed by: __X__ Information Technology __X__ Harris County Purchasing

Justification: To provide Harris Health System annual maintenance associated with additional Oracle/PeopleSoft licenses purchased in 2021.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CEO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **B5**

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

April 29, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of second year funding for the following GPO contract:

Description: Sterilization Wrap

Vendor: O&M Halyard, Inc. (AS-MM-490)

Term: October 1, 2022 through September 30, 2023

Amount: $86,518 estimated
$86,518 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue to provide Harris Health System with disposable fabric used to wrap instruments for safe and sterilized storage until needed for procedure.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

B6

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

June 1, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption, Texas LGC 262.024(a)(2)

Members of the Board:

This is a transmittal of exemption from the competitive bid requirements for the following:

Description: Surgical Assistant Services for Harris Health System

Vendor: Proficio Surgical Assistants, LLC [HCHD-730]

Term: One (1) year initial term with one-year renewal options

Amount: $75,000 estimated

Reviewed by: __X__ Clinical Operations

Justification: To provide qualified surgical assistants to function as first assistants to the operating surgeon during heart and other vascular surgical procedures at Harris Health System.

The County Attorney's Office is preparing an Agreement for these services. These services are subject to execution of the Agreement.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

JD
TCT
cc: Esmaeil Porsa, M.D., President & CEO
Glorimar Medina, Executive Vice President - BT
Vendor

B7

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

April 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of the following purchase on the basis of sole source:

Description: Urodynamic Measurement System

Vendor: Laborie Medical Technologies Corp.

Amount: $74,995

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To replace a urodynamic measurement system that is past its expected useful life and no longer supported by the manufacturer for the OB-GYN clinic at Ben Taub Hospital.

The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Laborie Medical Technologies Corp as the sole source provider of Urodynamic Measurement Systems.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

B8

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / OB-GYN Clinic

Item Description: Urodynamic Measurement System

Estimated Cost: $74,995.00 (FY22 Stub Year Routine Capital Budget)

Project Elaboration: This project is replacing an existing urodynamic measurement system that is no longer supported by the manufacturer at Ben Taub Hospital OB-GYN clinic.

Vendor: Laborie

- Harris Health System third party consultant, ECRI confirmed that Laborie is the sole source vendor for urodynamic measurement systems.
- Vendor equipment evaluated by the clinical team as meeting all mandatory user requirements.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Aquarius CT Urodynamic System, Clinical Education, Installation	1	$74,995.00	$74,995.00
Total Cost				**$74,995.00**

B8

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

April 29, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of second year funding for the following GPO contract:

Description: Surgical Headlights

Vendor: Integra LifeSciences Sales, LLC (PP-OR-1909)

Term: October 1, 2022 through September 30, 2023

Amount: $74,919 estimated
$74,919 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue to provide Harris Health System with headlight systems including headlights, headlight cameras, and stands to increase visualization during surgical procedures.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

B9

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

June 1, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Professional Services Exemption, Texas LGC 262.024(a)(4), Board Motion 21.06-65

Members of the Board:

This is a transmittal for an exemption from the competitive bid requirements and the first and final renewal option of the following:

Description: Legal Services for Harris County Hospital District dba Harris Health System

Vendor: Jackson Walker, L.L.P. [GA-07639]

Term: August 19, 2022 through August 18, 2023

Amount: $74,773 estimated
$74,773 previous year

Reviewed by: __X__ Legal Affairs

Justification: To continue to provide legal services for a Qui Tam action that was filed against Harris Health System in the United States District Court for the Southern District of Texas.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SH/tct
cc: Esmaeil Porsa, M.D., President & CEO
L. Sara Thomas, VP Legal Affairs
Vendor

B10

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

This is a transmittal of purchase for the following on the basis of low quote:

Description:	Citrix Infrastructure PVS Servers Refresh for the Harris Health System	
Quotes Received:	Sequel Data Systems, Inc. (DIR-TSO-4160)	$ 73,814
	Connection (PP-IT-238)	$143,907
Vendor:	Sequel Data Systems, Inc.	
Amount:	$73,814 estimated	
Reviewed by:	__X__ Information Technology	__X__ Harris County Purchasing
Justification:	To provide support and replacement of the four (4) Citrix Provisioning Servers as the current server is past its expected useful life. The new servers will be more efficient and faster provisioning for the Citrix virtual servers and desktops throughout the organization.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KC
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

B11

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 16, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.08-77

Members of the Board:

This is a transmittal of the following on the basis of sole source:

Description: Q-Matic Software Support and Maintenance for the Harris County Hospital District dba Harris Health System

Vendor: Q-Matic Corporation (GA-03759)

Term: September 1, 2022 through August 31, 2023

Amount: $ 72,960 estimated
$109,622 previous year

Reviewed by: __X__ Pharmacy __X__ Harris County Purchasing

Justification: To provide continued support and maintenance for the Q-Matic ticket machines used in the Harris Health System Pharmacies.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ BA

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **B12**

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 13, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Patient Health and Safety, Code 262.024, Board Motion 21.06-65

Members of the Board:

This is a transmittal for purchase on the basis of emergency purchase:

Description: Clinical Video Chat Service Maintenance for the Harris Health System

Vendor: Doxy.me, LLC (CID HCHD-235)

Term: June 17, 2022 through September 17, 2022

Amount: $ 69,750 estimated (3-month term)
$218,983 previous year

Reviewed by: __X__ Executive Administration __X__ Information Technology

Justification: To continue to provide maintenance and support which includes licenses, allowing clinicians to communicate with patients via a video chat service.

The County Attorney's Office is reviewing an Amendment to extend the current contract for three (3) months. The Office of the Harris County Purchasing Agent has confirmed the emergency purchase exemption based on the Patient Health and Service Code 262.024 (5) of the Texas Local Government Code. The purchase is subject to execution of the Amendment.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Jennifer Small, EVP
Vendor

B13

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 | Tel 713-274-4400 | Fax 713-755-6695

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

June 1, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption, Texas LGC 264.024(a)(2)

Members of the Board:

This is a transmittal of additional funds for the following:

Description: Software licenses, Services and Training to support an automated dispatch systems for Harris Health System.

Vendor: Zoll Data Systems, Inc. [GA-04646]

Amount: $ 65,000 additional funds for the extended term 5/26/22 – 5/25/23
172,700 previously approved funds for the term 5/26/06 – 5/25/22
$237,700

Reviewed by: __X__ Information Technology __X__ Harris County Purchasing

Justification: To provide additional professional license, services, and training for RecueNet Dispatch services for Harris Health System.

Additional funds are needed to incorporate new licensing to dispatch medical patient transports timely, safely, and efficiently. The County Attorney's Office is preparing a Third Amendment to the Agreement for this purchase. This purchase is subject to the execution of the Amendment.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

KC
cc: Esmaeil Porsa, M. D., President & CEO
George Hickman, SVP & CIO
Vendor

B14

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

April 4, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of the first year funding for the following GPO contracts:

Description:	Batteries and Battery Products	
Contracts Reviewed:	Energizer Battery Company (PP-FA-949)	(Items 1, 3, 6-8, 10, 15, 16 & 55)
	S2S Global (PP-FA-950)	(Items 5, 9 & 14)
	Duracell Industrial Operations, Inc. (PP-FA-948)	(Items 2, 4 & 11-13)
Vendors:	Energizer Battery Company	$59,210
	S2S Global	$ 1,777
	Duracell Industrial Operations, Inc.	$ 1,122
		$62,109
Premier Term:	December 1, 2021 through November 30, 2022	
Amount:	$62,109 estimated	
Reviewed by:	_X_ Supply Chain Management	_X_ Harris County Purchasing
Justification:	To provide Harris Health System with batteries and battery products.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
PT
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

B15

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

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

May 6, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Services Exemption, Texas LGC 262.024(a)(4)

Members of the Board:

This is a transmittal of exemption from the competitive bid requirements for the following:

Description: Bookkeeping and Financial Consultation Services for the Harris County Hospital District (HCHD) Foundation

Vendor: Accurate Methods Consulting, LP by ER Ventures Inc.

Term: February 19, 2022 through February 18, 2023

Amount: $60,000 estimated

Reviewed by: __X__ HCHD Foundation __X__ Harris County Purchasing

Justification: To provide booking services and financial reviews as needed.

Kaye Wright will provide services under the Agreement.

Sincerely,

DocuSigned by:
DeWight Dopslauf
EF5191070C3A454...

DeWight Dopslauf
Purchasing Agent

JA
JLD
cc: Esmaeil Porsa, M.D., President & CEO
Jeffrey Baker, Exec Dir – HCHD Foundation

B16

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 4, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Association of School Boards (TASB) BuyBoard Cooperative Program

Members of the Board:

This is a transmittal of the following purchase based on the lowest quote:

Description:	Air Filtration Products for the Harris County Hospital District dba Harris Health System	
Quotes Received:	Air Filters, Inc. (Buy Board 631-20)	$ 58,962
	Koch Filter Corporation (Premier PP-FA-891)	$ 82,842
	Camfil USA, Inc. (Premier PP-FA-889)	$118,625
Vendor:	Air Filters, Inc.	
Amount:	$58,962	
Reviewed by:	__X__ Facilities Engineering	
Justification:	To provide HEPA filters for scheduled maintenance to replace end-of-life filters at Ben Taub Hospital.	

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
PT
cc: Esmaeil Porsa, M.D., President & CEO
David Attard – Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **B17**

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

April 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of renewal for the following:

Description: Maintenance and Repair Services for the Aesculap ELAN 4 Cutting Device for the Harris County Hospital District dba Harris Health System

Vendor: Aesculap, Inc. (GA-06878)

Term: July 10, 2022 through July 9, 2023

Amount: $56,568 estimated
$39,499 previous year

Reviewed by: __X__ Healthcare Systems Engineering __X__ Harris County Purchasing

Justification: To provide maintenance and repair services for the ELAN 4 cutting device.

Amount increase is due to additional equipment coverage required. The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing. The County Attorney's Office is preparing an Amendment for the additional coverage and to add renewal options to the Agreement.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SER
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **B18**

Board Summary

Board Date: June 23, 2022

Vendor: Aesculap, Inc.

Description of Service: Maintenance and Repair Services for the Aesculap ELAN 4 Cutting Device

Pavilion(s) Utilizing Contract: Ben Taub Hospital

Contract Elaboration: This is a full service maintenance support contract provided by Aesculap for our ELAN 4 Cutting Device

Service Cost Breakout

- Previous year contract amount: $39,499
- Aesculap new contract pricing: $56,568

Recommend renewal

B18

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

May 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption - Local Government Code § 262.024 (a)(2)

Members of the Board:

This is a transmittal of an exemption from the competitive bid requirements for the following:

Description: Small Joint Implants – Upper Extremities for the Harris Health System

Vendor: Skeletal Dynamics, Inc.

Term: One-year initial term with two (2) one-year renewal options

Amount: $55,872 estimated
$55,872 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To provide physician clinically preferred products designed to aid in function and mobility of the elbow.

The County Attorney's Office is preparing an Agreement for this purchase. This purchase is subject to execution of the Agreement.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
SER
cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

B19

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 | Tel 713-274-4400 | Fax 713-755-6695

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

May 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 19/0094

Members of the Board:

This is a transmittal of the third of four (4) renewals options for the following:

Description: Laboratory Analysis Testing Services for the Harris County Hospital District dba Harris Health System

Vendor: Aerobiology Laboratory Associates, Inc.

Term: July 1, 2022 through June 30, 2023

Amount: $55,515 estimated
$55,515 previous year

Reviewed by: __X__ Pharmacy __X__ Harris County Purchasing

Justification: To continue providing Harris Health System laboratory analysis of specimens, including species identification, as needed.

The Vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ BA

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022 **B20**

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

May 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption

Members of the Board:

This is a transmittal of the following purchase on the basis of sole source:

Description: Xper Flex Software Maintenance for the Harris County Hospital District dba Harris Health System

Vendor: Philips Healthcare

Term: June 5, 2022 through June 4, 2023

Amount: $52,102 estimated
$50,606 previous year

Reviewed by: __X__ Information Technology

Justification: To continue providing software maintenance for the Xper Flex Cardio Physio Monitoring System, a hemodynamic cardiac monitoring system used in Cath Lab procedures.

The County Attorney's Office will prepare an Agreement for these services. The purchase is subject to execution of the new Agreement. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Philips Healthcare as the sole source provider for their Xper IM Flex Cardio software and software maintenance.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

sm
SCF
Attachment
cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

B21

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

Board Summary

Board Date: June 23, 2022

Vendor: Philips Healthcare

Description of Service:

Pavilion(s) Utilizing Contract: Harris Health System

Contract Elaboration: This is a software maintenance contract under which Philips Healthcare provides Harris Health System Xper Flex Cardio Physio Monitoring System software and software maintenance.

Service Cost Breakout

- Previous year contract amount: $50,606
- Current year contract amount $52,102

Recommend Award

B21

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

May 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of second year funding for the following GPO contract:

Description: Surgical Incontinence Products

Vendor: Boston Scientific Corporation (PP-OR-1914)

Term: September 1, 2022 through August 31, 2023

Amount: $51,375 estimated
$46,705 previous year

Reviewed by: __X__ Supply Chain Management __X__ Harris County Purchasing

Justification: To continue providing Harris Health System with implants used to treat stress urinary incontinence and pelvic floor reconstruction.

The increased amount is to account for an anticipated increase in product usage.

Sincerely,

pp. John J. Adger

DeWight Dopslauf
Purchasing Agent

SP
BKP
cc: Esmaeil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

B22

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA JUNE 23, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

BOARD OF TRUSTEES

Quality Committee

HARRISHEALTH SYSTEM

Wednesday, June 22, 2022

Consideration of Recommendation for Approval of the 2022 Harris Health Quality Manual

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Annual Review of the Harris Health System Quality Manual

The updates to the manual for 2022 include; refining the Plan Do Act Check (PDCA) approach by leveraging Lean Six Sigma (LSS) Methodology; defined the Harris Health System Balanced Score Card including updates in the analytics and use of the performance metrics; Defined the quality related information workflow through the performance improvement framework inclusive of Key Performance Indicators (KPI) reported to the Pavilion Quality Review Councils (QRC), Quality Governance Council (QGC), Quality Board of Trustees (QBoT) and the full Harris Health Board of Trustees.

HARRISHEALTH SYSTEM

Quality Manual

~~2021~~2022

Approved by:
Harris Health System
Quality Governance Council
May 17, 2022
Board of Trustees
June ~~March~~ 2021~~2~~2

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I. INTRODUCTION

The Harris Health System is a community-owned, healthcare system dedicated to providing high quality, cost effective, compassionate health care to residents of Harris County regardless of their ability to pay. Harris Health System is a teaching system for Baylor College of Medicine and The University of Texas Health Science Center at Houston (UT Health). We train the next generation of healthcare providers, nurses and allied health professionals.

A nine (9)-member Board of Trustees appointed by the Harris County Commissioners Court governs Harris Health System and approves this Manual. The Board of Trustees appoints the Harris Health System President /Chief Executive Officer to oversee operations of the system.

II. PURPOSE

The Quality Manual outlines Harris Health System's organizational approach to monitoring and improving quality of care, patient safety, and overall satisfaction. The manual supports our commitment to our patients in that it supports Harris Health System's mission, vision, values, and strategic goals. The manual also establishes a systematic, organization–wide approach to quality that cultivates a culture of patient safety and continual performance improvement. The Quality Manual documents the Quality Assessment and Performance Improvement (QAPI) requirements of the CMS Conditions of Participation (COP).

III. GUIDING PRINCIPLES

Creating a culture of safety, including providing safe care and a safe environment, and continual improvement, is the work of the entire organization. Harris Health System has adopted the Institute of Medicine (IOM) six (6) domains of Health Care Quality as the guiding principles for our Quality Manual. These six (6) aims (S.T.E.E.E.P.) guide our work to facilitate performance excellence:

A. Safe: Avoiding harm to patients from care that is intended to help them.

B. Timely: Reducing waits and sometimes-harmful delays for both those who receive and those who give care.

C. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively.)

D. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.

E. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

F. Patient-Centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

IV. JUST AND ACCOUNTABLE CULTURE

It is inevitable that people will make mistakes. Thus, a Just and Accountable Culture creates an open, fair, and learning culture by recognizing that individuals demonstrate certain behaviors, which organizational leaders should identify and manage appropriately. Behavioral choices include Human Error, At-Risk Behavior, and Reckless Behavior.

A Just and Accountable Culture promotes learning so employees are engaged and encouraged to speak up and share near misses, etc. so that we could learn from the event and prevent future occurrences.

A Just and Accountable Culture recognizes that many errors represent predictable interactions between human operators and the systems in which they work. So, when mistakes are made, we must learn from them, and then design safer systems and processes to prevent them from occurring again.

A Just and Accountable Culture balances leadership management of the behavioral choices with individual accountability. Human error and at-risk behavior will be managed appropriately, but there will be zero tolerance for reckless behavior.

V. QUALITY POLICY – MISSION, VISION, VALUES, PROMISE

Harris Health System will continually improve its quality management system in order to fulfill its mission, vision, values, and promise in delivering high quality health care to Harris County residents.

Our 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.

Our Vision:

Harris Health will become the premier public academic healthcare system in the nation

We Value:

Harris Health values QUALITY:

Q Quality and Patient Safety
U United as One Harris Health System
A Accountable and Just Culture
L Leadership and Integrity
I Innovation, Education, Research
T Trust, Recognition, Respect
Y You: Patients, Employees, Medical Staff

VI. STRATEGIC GOALS AND QUALITY OBJECTIVES

Harris Health System leadership, in collaboration with the Board of Trustees and affiliated Medical Staff, has cooperatively developed strategic pillars related to Quality and patient safety, people, one Harris Health System, population health management and infrastructure optimization.

Goals and Objectives have also been developed to support the shared commitment to Safety, Quality and Performance Improvement. Refer to Harris Health System Strategic Plan 2021 - 2025 for Quality Strategic Goals and Objectives. The Strategic Plans are aligned with the targets and goals of each pavilion and further cascaded to the department levels. Please refer to the Executive Dashboard and the different metrics as identified by the pavilions and service area QAPI Committees.

Strategic Plan Overview:

- Quality and patient safety: Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.

- People: Harris Health will enhance the patient, employee and medical staff experience and develop a culture of respect, recognition and trust by actively listening to feedback and developing strategies to address high-impact areas of opportunity.

- One Harris Health System: Harris Health will act as one system in its approach to the management and delivery of healthcare.

- Population health management: Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high-impact preventive, virtual and community-based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology.

- Infrastructure optimization: Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients we serve.

The Pathway- A Transformative Model of Patient Care Delivery

As we build toward the future, our patient care priorities will be implementation of a robust quality and patient safety, people, one Harris Health System, population health management and infrastructure optimization. We will also vigorously sustain the mission of training the next generation of health care professionals through teaching and research.



VII. SCOPE

The Quality Manual encompasses all Harris Health System departments and services (including those furnished under contract or arrangement) that impact patient care, safety, and health outcomes.

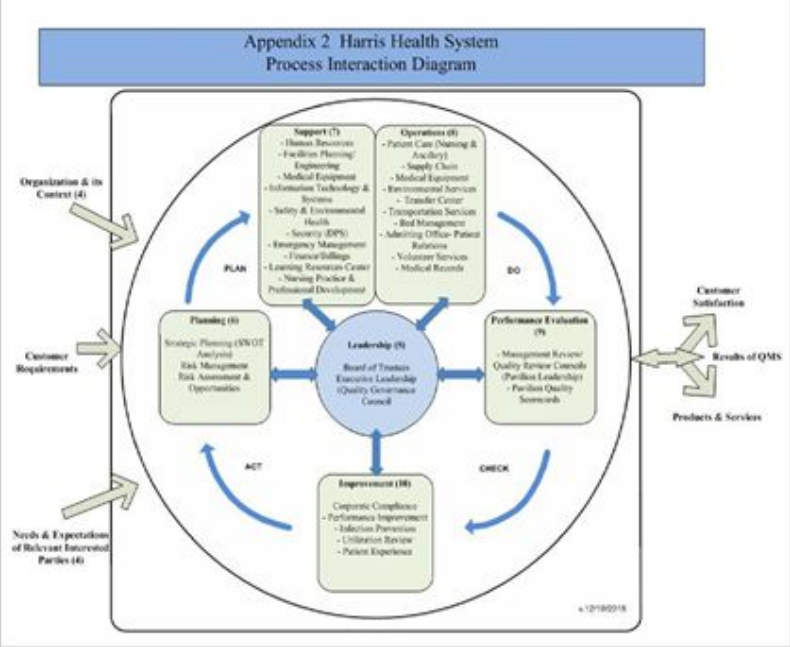
A. Overview:

Harris Health System is a community-owned, comprehensive, integrated, healthcare system dedicated to providing high quality, cost effective, compassionate health care to all residents of Harris County regardless of their ability to pay. To fulfill its service mission, Harris Health System operates:

1. Two (2) acute care hospitals
2. Sixteen (16) Community Health Centers;
3. Three (3) Pediatric and Adolescent Health Centers;
4. Nine (9) Homeless Shelter Sites;
5. Five (5) School Based Clinics;
6. Six (6) Mobile Health Clinics;
7. Two (2) Specialty Clinic Sites;
8. Five (5~~3~~) Same-Day Clinics;
9. Dental Center;
10. Dialysis Center;
11. Contracted Outside Medical Services;
12. "Ask My Nurse" 24/7 Telephone Nurse Triage line;
13. Emergency Medical Services Fleet;
14. Ambulatory Surgery Center

B. Process Interaction:

The processes within Harris Health System Quality Management System are interrelated. The Harris Health System Process Interaction Diagram provides a high level illustration of these relationships.



C. Key Processes and Support Processes
Patient experience as a process approach can be grouped into 4 key processes:

1. Patient identification and assessment – includes patient intake, triage, registration and health assessment leading to admission or discharge.

2. Development of treatment plan – includes care and treatment planning, provided either for inpatient or outpatient.

3. Delivery of care – includes delivery and coordination of care (treatment and ancillary services such as diagnostic, therapeutic and custodial.

4. Transition of care – includes assessment of treatment plan effectiveness, analysis of patient outcomes, patient status determination to either continue treatment, change treatment or discharge, and patient feedback.

D. Services:
The services provided are detailed in the Harris Health System Schedule of Benefits – Authorization Matrix. Refer to Harris Health Intranet Site

VIII. GOVERNANCE, STRUCTURE, AND LEADERSHIP RESPONSIBILITIES

A. Harris Health System designed quality structure and processes to enhance engagement and collaboration, to define accountability and improve outcomes.

1. Governance:
Board of Trustees
The Harris Health System Board of Trustees (BOT) is the governing body of Harris Health System. It has the ultimate authority and responsibility for the review, approval, and monitoring of Harris Health System's Quality Management System. The BOT ensures that an integrated plan is implemented throughout Harris Health System. The BOT designates the President/Chief Executive Officer as the executive agent who oversees the operation of the organization's Quality Management System. Refer to the Harris County Hospital District Board of Trustees Bylaws.

2. BOT Quality Committee
This is a committee of the Board of Trustees that oversees the Quality, Safety and Performance Improvement (PI) Programs Harris of Harris Health System in order to maintain high quality, patient and staff safety, and overall satisfaction within Harris Health System.

3. Quality Governance Council (QGC)
The QGC provides executive oversight for Harris Health Quality Management System to support and facilitate the continual improvement of quality health care. The QGC has the responsibility and authority to determine if the Quality Management System (QMS)/Quality Assessment and Performance Improvement (QAPI) plan has been effectively implemented and maintained.

The QGC ensures conformance to the National Integrated Accreditation for Healthcare Organizations (NIAHO) standards and other statutory requirements as stipulated by State and Federal agencies. The QGC performs the management review functions as defined by the ISO 9001 standard requirements. According to the ISO 9001:2015 standard 9.3 Management Review, top management shall review the organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the organization. This review shall include assessing for risks, opportunities, and the need for changes to the quality management system, including the quality policy and quality objectives.

The review includes information on:

a) The status of actions taken from previous management reviews;
b) Changes in external and internal issues that are relevant to the quality management system;
c) Information on the performance and effectiveness of the quality management system, including trends in:
    - Customer satisfaction and feedback from relevant interested parties;
    - The extent to which quality objectives have been met;
    - Process performance and conformity of products and services;
    - Nonconformities and corrective actions;
    - Monitoring and measurement results;
    - Audit results;
    - The performance of external providers;
d) The adequacy of resources;
e) The effectiveness of action taken to address risks and opportunities;
f) Opportunities for improvement.

The review also includes the decisions and actions related to:

a) Opportunities for performance and quality improvement;
b) Any need for changes to the quality management system;
c) Resource needs.

Refer to QGC Bylaws for its membership composition and committee's oversight responsibility.

4. Pavilion Quality Review Council (QRC)
The QRC provides oversight for the Quality Management System/QAPI Plan at the Pavilion level. Each Pavilion has its own QRC. The QRC has the responsibility and authority to determine the Quality Management System has been effectively implemented and maintained at the Pavilion. The QRC is responsible for measurement, monitoring and analysis of the National Integrated Accreditation for Healthcare Organizations (NIAHO) QM.7 Standard Requirements (SR).1-SR.19 quality of care metrics and other regulatory survey

findings. The QRCs develop performance goals that are in alignment with the Harris Health System strategic objectives. In addition, all accredited and ~~/~~certified programs are required to routinely report (minimum of once per year) outcomes and performance metrics to QRC. The different service area ~~QAPI~~ Committees are to report up to the QRCs. The QRCs may also initiate performance improvement teams for issues that are unique to the departments within the pavilion. Refer to Ben Taub Hospital QRC Bylaws, Lyndon B. Johnson Hospital QRC Bylaws, and Ambulatory Care Services QRC Bylaws for their respective membership composition and oversight responsibility.

5. Medical Executive Board and Pavilion Medical Executive Committees
The Medical Executive Board (MEB) is a delegated BOT authority to oversee the operations of the Medical Staff. The Medical Executive Board and Pavilion Medical Executive Committees receive quality information and share Medical Staff quality information at the appropriate Harris Health System quality forum(s). See Medical Staff Bylaws for the committees' membership composition and oversight responsibility.

6. System Level Committees
Harris Health System has multiple forums with specific functions that support the Quality Management System. These committees include but are not limited to the following:

Service Area ~~QAPI~~ Committees
The Service Area ~~Quality Assessment and Performance Improvement (QAPI)~~ Ceommittees are~~is~~ responsible for ensuring that quality and safe care is delivered to its patients. Each area~~The QAPI~~ c~~C~~ommittee shall ensure that the service and~~rea~~ quality management system is established that includes a leadership structure, key processes, ~~and~~ key support processes, outcome metrics, performance improvement processes, and reporting processes from the service delivery up to the board. Each service area ~~QAPI~~ c~~C~~ommittee is responsible for implementing and reviewing the effectiveness of its charter.

Evidence Based Practice Committee (EBPC)
This committee supports the development of clinical practice guidelines, standing delegated orders and care protocols for Harris Health System. It ensures that the care provided to patients is current and based on evidenced based practices.

Policy and Procedure Committees
Structure and Organizational Standards (SOS) Committee: A system-level executive Policy committee that maintains executive approval authority for system-level Policies, Procedures, Standards, and Standard Operation Procedures (SOPs) involving non-clinical operations. The SOS also serves as executive-level decision point of authority for all non-clinical and clinical

practice and operations Policies, Procedures, Standards, and Standard Operating Procedures.

Interdisciplinary Clinical Committee (ICC)
A system-level executive policy committee that maintains executive approval authority for system-level Policies and Procedures, Standing Medical and Delegation Orders, and Clinical Practice Guidelines, Clinical Pathways, and Protocols (non-Research) involving clinical practice and operations. ICC membership is restricted to identified Harris Health executive clinical decision makers and executive medical staff members appointed by the Harris Health Chief Executive Officer (CEO).

Physical Environment
This committee ensures that the Physical Environment and supporting functional area processes are implemented, maintained, measured and improved so that the condition of the physical plant and overall healthcare environment is developed and maintained for the safety and well-being of patients, visitors and staff. Refer to Physical Environment Committee Charter.

7. Department/Service Committees/Councils
As part of the Quality Management System, each service and/or department conducts quality and patient safety focused activities as described in the documented procedures outlined in Section VIII of this Manual. The Harris Health System Process Interaction Diagram lists Harris Health System Departments/Services.

8. Medical Staff Committees
Harris Health System Medical Staff Bylaws outlines Medical Staff Committees and their duties. These committees are coordinated through Harris Health System Medical Staff Services and are accountable for ongoing monitoring and reporting of key quality indicators as appropriate to the committee's scope. Medical Staff Committees receive the organization's quality information and share Medical Staff quality information with appropriate Harris Health System quality forums. Refer to the Medical Staff Bylaws for the various committees' membership composition and oversight responsibility.

B. Structure
The diagram below illustrates the structure and flow of quality information within Harris Health System. Refer to organization chart in Appendix A.

C. Leadership Responsibilities
The Harris Health System Quality Programs (QP) Department has an integral role in facilitating quality, safety, and performance improvement activities and forums. The QP Department collaborates with Medical Staff, Harris Health System leadership, and staff to facilitate measurement and improvement in an effective and timely manner. The QP

Department also assists in the implementation of an interdisciplinary approach and provides quality resources through an integrated delivery network and information management. The QP Department serves as an improvement subject matter expert resource. Accountability of metrics and improvements is owned by the leadership of the reporting service and/or department.

IX. MEASUREMENT, ANALYSIS AND IMPROVEMENT

Measurement of processes and outcomes are essential for performance improvement. Both process and outcome measures are monitored at system, pavilion and department levels of the organization to ensure quality performance.

A. Quality Measures

Key performance indicators are identified and monitored at the system, pavilion, and department levels of the organization. These indicators are reflected in the department, pavilion and system scorecard.

Harris Health follows the guidance referenced in the National Integrated Accreditation for Healthcare Organizations (NIAHO) standard, Quality Management System section 7, 1-19 (QM.7 SR.1-19) to monitor for the effectiveness of the Quality Management System. It also correlates with the ISO (International Standard) 9001:2015 Clause 9 Performance Evaluation.

B. Internal Quality Audits

Internal quality audits (IQA) are conducted to determine the effectiveness of the quality management system~~/QAPI Plan~~. Please refer to the Annual IQA Program Plan. Results of the IQA Program provide a measure of Harris Health's compliance with Conditions of Participation (COPs) and other regulatory requirements and support a continual readiness program for regulatory, accreditation and certification surveys. Performance indicators related to quality audits are measured based on the compliance to the audit schedule as prescribed in the Internal Quality Audit Plan.

C. Reporting Communication

Effective communication is fundamental to Performance Improvement (PI) and patient safety. Many forms of communication exist to keep leadership and staff informed and engaged. Communication vehicles include scorecards and other quality reports that are disseminated through system, pavilions, and departmental quality councils, committees and other forums, as well as, departmental and unit leadership and staff meetings. An annual reporting schedule is established for quality information across the system.

- See Appendix B for the Quality Reporting Procedure, Flow Diagram and Consent Agenda Guidance

D. Data Governance – Information Request, Design and Approval Process

1. Quality information request, design and approval

   Harris Health System monitors and reports many performance indicators that reflect the quality and safety of services that we provide. Quality information

request and design are facilitated by the Quality Programs Department, and approval is made at the QRC and QGC levels. Approval criteria includes the degree to which the indicator/quality information addresses patient safety, meets regulatory or compliance requirements, facilitates and documents achievement of national standards, monitors and supports operations performance and decision making and supports PI. The focus is on monitoring the quality, effectiveness and safety of patient care.

E. Data Management

1. Data Acquisition/Collection

Quality Programs Department provides data collection support for ~~some~~ key performance indicators (KPI) identified under the Harris Health Performance Improvement Framework. The data collection for ~~all other indicators~~service area KPIs are ~~is~~ the responsibility of the department where the specific measure is indicated. Acquiring and responding to real time data is the key to impact current performance/quality of patient care.

2. Data Sampling

When data sampling is used during the data collection process, the following minimum sample sizes are to be used to ensure the data set provides a statistically significant result when the data is analyzed for process improvement:

- For a population size fewer than thirty (30) cases, the sample size is one hundred percent (100%);
- For a population size of thirty to one hundred (30 -100), sample thirty (30) cases; Population size of one hundred and one to five hundred (101 – 500), sample fifty (50) cases; or
- For a population size greater than five hundred (500) cases, sample seventy (70) cases. Focus reviews sample size may vary.

3. Validation

The organization makes decisions based on the information reported, so the data and reports must undergo validation and verification to assure they are accurately representing what is intended. Implementing processes to assure the integrity and validity of data and reports is essential to maintain effective quality, safety, and PI processes. All data and reports will be validated, at the point of service, to assure correct, complete, and reliable information is being communicated.

4. Data Analysis Display and Report Development
   Harris Health System shall determine, collect and analyze appropriate data to demonstrate suitability and effectiveness of its quality management system. The organization will also evaluate where continual improvement of the effectiveness of the quality management system can be made. This process shall include data generated as a result of monitoring and measurement and from other relevant sources.

5. Data Analysis Tools and Methodology
   Several methods are used to analyze performance data to identify trends against established goals. For example, trend charts, fish bone diagrams, value mapping, bubble charts, statistical process control charts (SPCC's), Failure Mode and Effects Analysis (FMEA) and Root Cause Analysis (RCA) are being used. Several risk adjusted methodologies are available for patient outcome-based information [such as Vizient and National Surgical Quality Improvement Project (NSQIP)]. These electronic tools will be utilized to support the translation of the data analysis to action plans.

6. Benchmarking
   Harris Health System's performance is compared to other national organizations via participating in a variety of comparative databases. For example, but not limited to: Vizient, NSQIP, National Healthcare Safety Network (NHSN), CMS Core Measures, Value Based Purchasing, Hospital Consumers Assessment of Healthcare Providers and Systems (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS). When regional or national benchmarks are not available, Harris Health will determine a one year baseline performance period than set internal improvement goals to assure the performance goal is tracking towards reducing variation and/or patient harm.

X. QUALITY GOALS

Harris Health System ~~Executive Quality~~Balanced Scorecard (BSC)

The Harris Health System ~~Executive~~ Quality Balanced Scorecard reflects nationally reported ~~benchmarks~~ quality measures that supports reducing patient harm and improves the delivery of quality patient care. ~~that measure achievements of quality of care.~~The Harris Health BSC is an interactive electronic dashboard with advanced analytic functions built to identify the quality metrics in close to real-time performance. This dashboard will have the ability to stratify the quality measures by individual pavilions with drill down capabilities to identify the drivers behind the metrics performance and where the areas of greatest opportunity exists. This dashboard will be used to track the specific areas of focus for Harris Health and updated on an annual basis to determine additional or removal of other quality metrics and readjust benchmarks and/or internal goals. The BSC will serve as the official quality scorecard for the entire organization.

XI. CONTINUAL IMPROVEMENT (PERFORMANCE IMPROVEMENT)

A. Overview

Harris Health System utilizes improvement cycles to include but not limited to Define-Measure-Analyze-Improve-Control (DMAIC) supported by LEAN Six Sigma methodologies for performance improvement. Harris Health System shall continually improve its quality management system through the use of the quality policy, quality objectives, audit results, analysis of data, corrective and preventative actions and management review. System level improvement projects will be initiated and chartered via an effective planning and approval process at QGC. Pavilion level improvement projects will be initiated and chartered via an effective planning and approval process at the pavilion QRC and reported to QGC. A database of ongoing and completed performance improvement and quality improvement initiatives is available in the System PI Project Database (Repository).

B. Models for Improvement

1. DMAIC (Define, Measure, Analyze, Improve, and Control) these five steps represent an improvement cycle that is data driven and meant to improve processes by identifying best practices and standardizing work.

2. LEAN Six Sigma experts use the steps of the DMAIC (define, measure, analyze, improve, control) model, in a specific order, to develop, design and redesign a process so that there's effectively a minimal chance that an error will occur with the goal of zero harm. To attain their goal, the experts work to achieve six sigma, a measurement for standard deviation originating from statistics, to perfect their processes. This supports the Harris Health philosophy of doing no harm to patients. These experts will also use the methodologies to eliminate waste and optimize processes that supports the delivery of quality driven low cost healthcare.

3. Risk Based Thinking (Preventative Action)

Harris Health System also embraces the concept of risk-based thinking when planning for care and services. By doing so, it allows the organization to determine the risks and opportunities during the process improvement phase. Risk is the possibility of events or activities impeding the achievement of an organization's strategic and operational objectives. Risk can be defined by two (2) parameters:

- Severity – Seriousness of the harm
- Probability – Probability that harm will occur

Proactive risk assessment may be completed at any time as part of comprehensive systematic analysis. In a proactive risk assessment, the healthcare system evaluates the process to see how it could potentially fail, to understand the consequences of such failure and to identify parts of the process that need improvement. Determining why the breakdown or failures occurred and designing/re-designing of the process or underlying systems minimizes the risk of the effect on patients. Proactive risk reduction prevents harm before it

reaches the patient.

4. Project Management
The project management approach will be utilized in conducting performance and quality improvement initiatives. The process starts with identification of the gap or need from key performance indicators and other metrics, selection and prioritization of projects are determined by multidisciplinary teams to determine the impact of care and resources available. ~~using an importance and complexity grid~~ I, ~~i~~dentification of the project team ~~including~~ includes the executive sponsor, process owner as team lead and project facilitator. The project facilitator shall ensure the project management process is carried out from planning, implementing, monitoring and reporting, closure and project handoff.

Performance and quality improvement projects can be performed as a team or as an individual, at the system level, service area, pavilion, and at the unit level.

5. Innovation
Harris Health System has a Center for Innovation with a goal of creating a culture of innovation throughout the organization. The innovation program was founded on the profound hope that each and every member of Harris Health will have the desire and opportunity to share their ideas to create better work or patient experience, enhance patient care, or improve processes. Harris Health believes that the only way a culture of innovation can truly emerge is when everyone is given permission to be innovative and is committed to bringing their vision to fruition.

C. Education/Training
For continual quality improvement and patient safety efforts to succeed, it is essential that all leadership, staff, and physicians participate in education/ training regarding process improvement and patient safety issues identification and reporting. A system-wide training plan on quality and patient safety shall be established, implemented and reviewed for effectiveness. Education on quality and patient safety will be provided to the members of the Board of Trustees, system and pavilion executive leaders, service area and department leaders, staff and physicians at orientation and on ongoing basis. Basic and advanced education modules that will include topics in PI, measurement and monitoring techniques and the use of the DMAIC methodology as well as risk-based thinking are also provided on a recurring basis. The Performance Improvement Team within the Quality Programs Department provides on-line and face-to-face education sessions regarding performance improvement to the leadership and staff.

D. Coordination and Support
In order to coordinate and support PI activities, the ~~Department of~~ Performance Improvement Team within the Quality Programs Department for Harris Health System shall:

1. Establish a process for selecting and completing PI projects at the service area and system levels.
2. Establish a process for prioritizing PI initiatives based on importance and alignment with the Harris Health System strategic goals, as well as on the complexity of project management and implementation.
3. Monitor and report the status of PI projects to the QRCs, QGC, and other forum, as appropriate.
4. Establish a process for conducting identified PI projects from initiation, planning, implementing, monitoring, status reporting, to hand-off of project to process owners.
5. Ensure the availability, integrity, accurate analysis and validation of data used to document and evaluate outcomes.
6. Collaborate with PI teams and project sponsors to support the PI initiative through completion and hand-off.
7. Establish and maintain a framework for educating the leaders and staff others on Harris Health System's PI methodologies for continual quality improvement.
8. Provide consult regarding PI activities at all levels to encourage and support continual improvement.
9. Provide project management and facilitation for PI teams, as needed.

E. Point of Service Performance Improvement

Staff at all levels in the organization will be trained on Harris Health System's PI methodology. PI activities may be initiated at the point of service. These activities are encouraged and may evolve into formal PI initiatives at the point of service, department, and pavilion or system level. Depending on the support and resources required, issues/initiatives may also be addressed and resolved at the point of service, applying PI methodology, without formalizing the PI initiative through the approval process.

XII. PATIENT SAFETY/RISK MANAGEMENT

See Patient Safety Plan for activities, responsibilities, processes and risk reduction strategies.

XIII. CONFIDENTIALITY & PRIVILEGE

BOT Quality Committee

The BOT Quality Committee is a medical peer review committee *only when* it is evaluating the competence of a Medical Staff member or the quality of medical and healthcare services provided by Harris Health System, and to the extent that the evaluation involves discussion or records that specifically or necessarily identify an individual patient or Medical Staff member. This committee meets in "executive session" to conduct medical peer review activities, and when the committee is conducting peer review activities, the committee's proceedings and records, as well as any communication made to the committee are confidential, legally privileged, and protected from discovery. Texas Health & Safety Code §161.0315; Tex. Occ. Code §151.002 and §160.007.

PRIVILEGE/CONFIDENTIALITY OF QUALITY MANUAL ACTIVITIES

Quality Manual Committees and Councils, (Quality Committee/Council) described in the Quality Manual all function as "medical committees" and/or "medical peer review committees" pursuant to state law. The Quality Committee/Council's records and proceedings are, therefore, confidential, legally privileged, and protected from discovery under certain circumstances.

The function that the Quality Committee/Council performs determines the protected status of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer review activities. Medical committee activities also include the evaluation of medical and health care services. The medical committee privilege protection extends to the minutes of meetings, correspondence between committee members relating to the deliberative process, and any final committee product, such as any recommendation or determination.

In order to protect the confidential nature of the quality and peer review activities conducted by the Quality Committee/Council, their records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions to be protected as described herein. Therefore, Quality Committee/Council meetings must be limited to only the Quality Committee/Council members and invited guests who need to attend the meetings. Quality Committees/Councils must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health care practitioners and patient care provided by those practitioners. At the beginning of each meeting, the Quality Committee/Council members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in Quality Committee/Council meetings, without prior approval from the Quality Committee/Council Chair. Documents prepared by or considered by Quality Committees/Councils in these meetings must clearly indicate that they are not to be copied, are solely for use by the Quality Committee/Council, and are privileged and confidential.

The records and proceedings of Harris Health departments *that support* the quality and peer review functions of Quality Committees/Councils, such as the Patient Safety/Risk Management and Quality Programs & Accreditation departments are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the Quality Committees/Councils, and are not kept in the ordinary course of business. Routine administrative records prepared by Harris Health System in the ordinary course of business are not legally privileged or protected from discovery. Documents that are gratuitously submitted to the Quality Committee/Council, or which have been created without Quality Committee/Council impetus and purpose, are also not

protected. All work performed pursuant to this Quality Manual must also comply with state and federal (HIPAA) privacy laws, as well as Harris Health policies and procedures.

XIV. ANNUAL EVALUATION

A. The annual evaluation of the Harris Health System ~~Executive~~ Balanced Quality Scorecard, including the inpatient and ACS data, will be part of the organization's strategic planning process and the plan will reflect Harris Health System's strategic goals and the recommendations. Each year, the QGC will evaluate the effectiveness of the prior year's goals, including analysis of goal achievement and accomplishments. Based on this evaluation, emerging trends and requirements in the healthcare environment, internal quality information, and identified areas for improvement, the QGC will establish priorities for improvement that drive patient quality, safety and PI initiatives The outcomes of this process is a plan that supports Harris Health System's strategic goals and high-level improvement priorities that create a set of aligned improvement initiatives for the next year. The final determination of the BSC will be approved by the Quality Board of Trustee Committee

B. The Harris Health System Quality Manual with be reviewed on an annual basis, with periodic reviews and updated as appropriate.

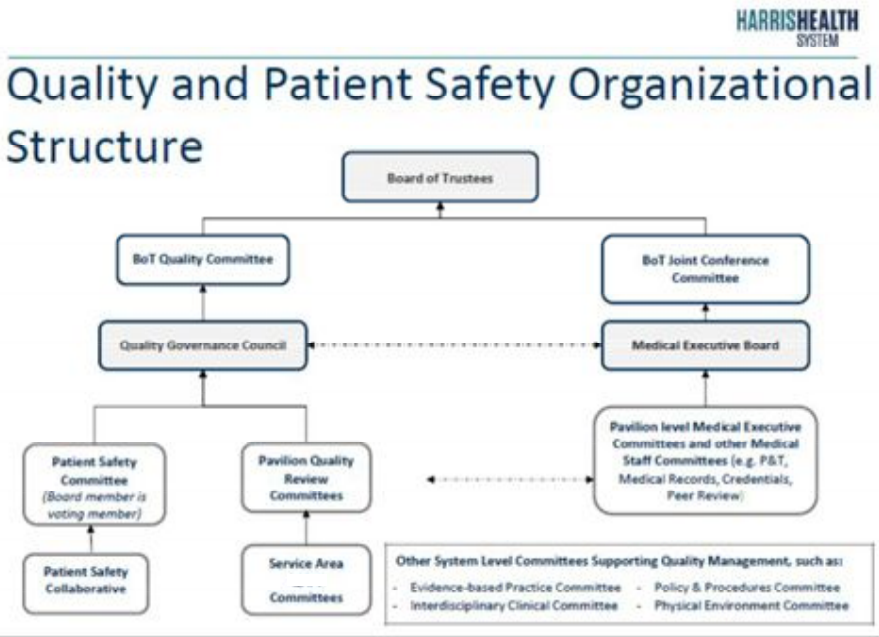
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Appendix A

Quality and Patient Safety Organizational Chart

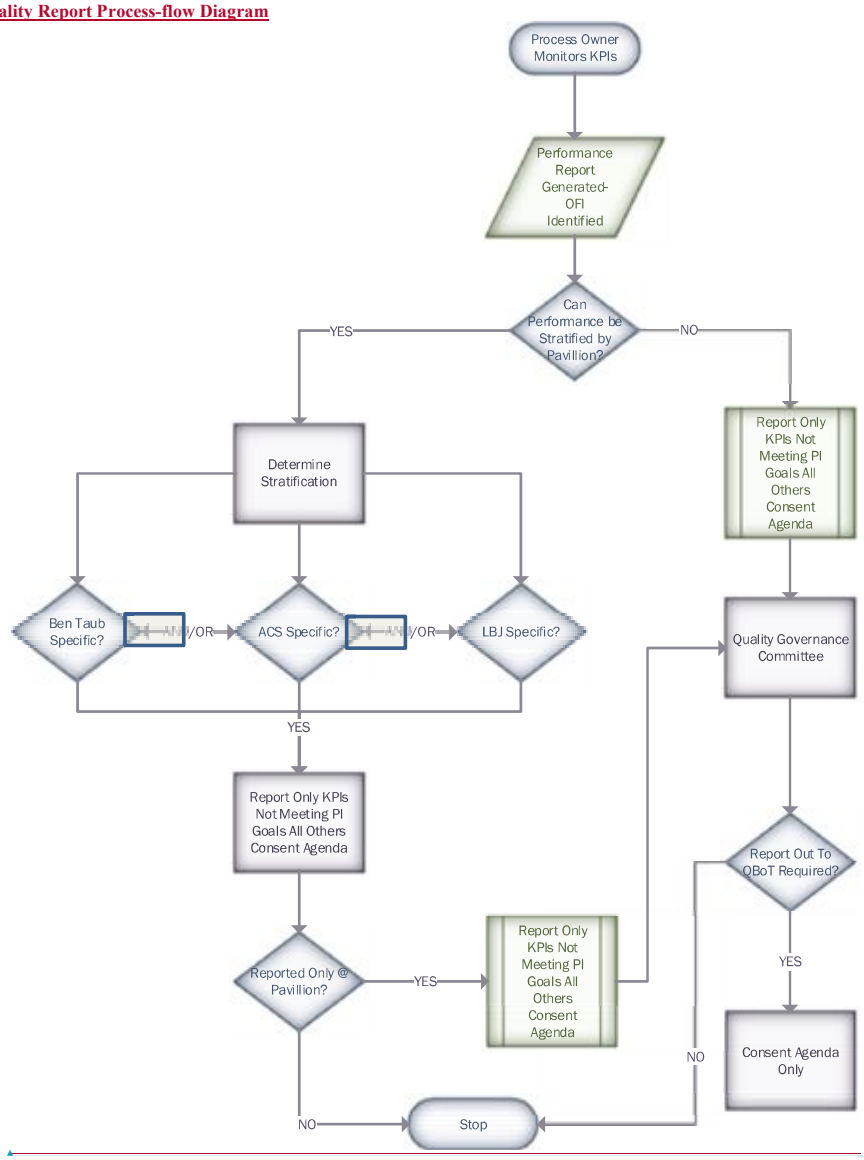


Appendix B

Quality Reporting Procedure

1) Process owners will be responsible for monitoring Key Performance Indicators (KPI) for their area including areas identified for Opportunities For Improvement (OFI)
2) KPIs will focus on patient impacting quality metrics. Operational metrics will only be included when required by accrediting organization (DNV)
3) For presentations, only KPIs that are below system goals AND not demonstrating an improving trend line will be reported verbally along with corrective action plan and/or process improvement initiatives along with any barriers identified. All other metrics will be added to the consent agenda items as approved by Committee Chair
4) Presentations will be limited to no more than five slides and five minute time limit in order to be succinct and efficient for time management
5) KPI process owners will determine if performance data can be stratified by each pavilion or is specific only to one pavilion. KPI performance specific to each pavilion will be reported out at the corresponding pavilion Quality Reporting Committee (QRC).
6) System aggregated KPI metrics will be reported out at the Quality Governance Committee (QGC) using the same criteria stated in line 3. Any entity demonstrating an improving trend and/or are meeting system improvement goals will be added to the consent agenda items with approval of Committee Chair.
7) All required reporting entities will report their KPI metrics performance and corrective action plans/ process improvement initiatives on a standard time interval as established by the Quality Program Leadership to assure that all regulatory requirements are met.
8) Any reporting entity is required to report out on their assigned month(s). If KPI metrics are not available, reporting entity will report out updates on their progress of developing KPI metrics and/or dashboards or barriers hindering their progression. Any requests to delay report outs must be approved by Committee Chair and added to the consent agenda to be captured in the meeting minutes.

Quality Report Process-flow Diagram



Field Code Changed

Consent Agenda Guidance:

1. **Purpose**
   - improves the efficiency and effectiveness of committee meetings
   - provides an efficient process to acknowledge receipt of reports or approve regular, non-controversial, routine issues that come before the committee, or matters where no debate, discussion or explanation is expected or required
   - helps to manage time, as the committee addresses all items listed within or under the consent agenda as a single item with one vote

2. **Description**
   A consent agenda groups routine items and reports which require no discussion or debate into one agenda item called the consent agenda. These items may include KPI reports and/or summary reports including informational only reports. The consent agenda practice allows the committee voting members to approve or acknowledge receipt of all items listed under the consent agenda that are unanimously agreed to with one vote instead of filing multiple motions.

3. **Content of Consent Agenda**
   All materials and items proposed in the consent agenda shall be clearly identified as such in the meeting packages. All committee members must receive and review the consent agenda items prior to the meeting, with the expectation that no discussion will take place during the committee meeting.

4. **Consent agenda items may include:** Key Performance Indicator reports that require no discussion. This is based on a demonstrated performance that either meets predetermined goals and/or clear evidence that trend lines indicated positive movement towards reaching goals.

5. **Approval of Consent Agenda**
   The consent agenda will be approved by the committee at the beginning of each meeting.

   - Committee members may request that matters be added, deleted or that the order of items be moved and the committee chair shall make a decision on each request. Any decision may be subject to challenge and reversed by the committee.

   - Any item may be moved out of the consent agenda section at the request of any committee member, before approval of the agenda. A member may request to move an item to further discuss it, inquire about it, or vote against it. No motion or vote of the committee is required to a request to move an item out of the consent agenda.

   - When a committee member requests that an item be moved out of the consent agenda section, the committee chair shall decide where to place that item on the agenda.

   - When only one item on the consent agenda list does not qualify as a consent agenda item or is requested to be moved, that item shall be moved out of the consent agenda and the rest of the items shall remain on the consent agenda.

   - Approval of the consent agenda by the committee constitutes approval of each of the items listed under the consent agenda portion of the meeting. No separate vote to approve each consent agenda item is required.

6. **Motion to Approve Consent Agenda**

When the requested changes have been made to the consent agenda:

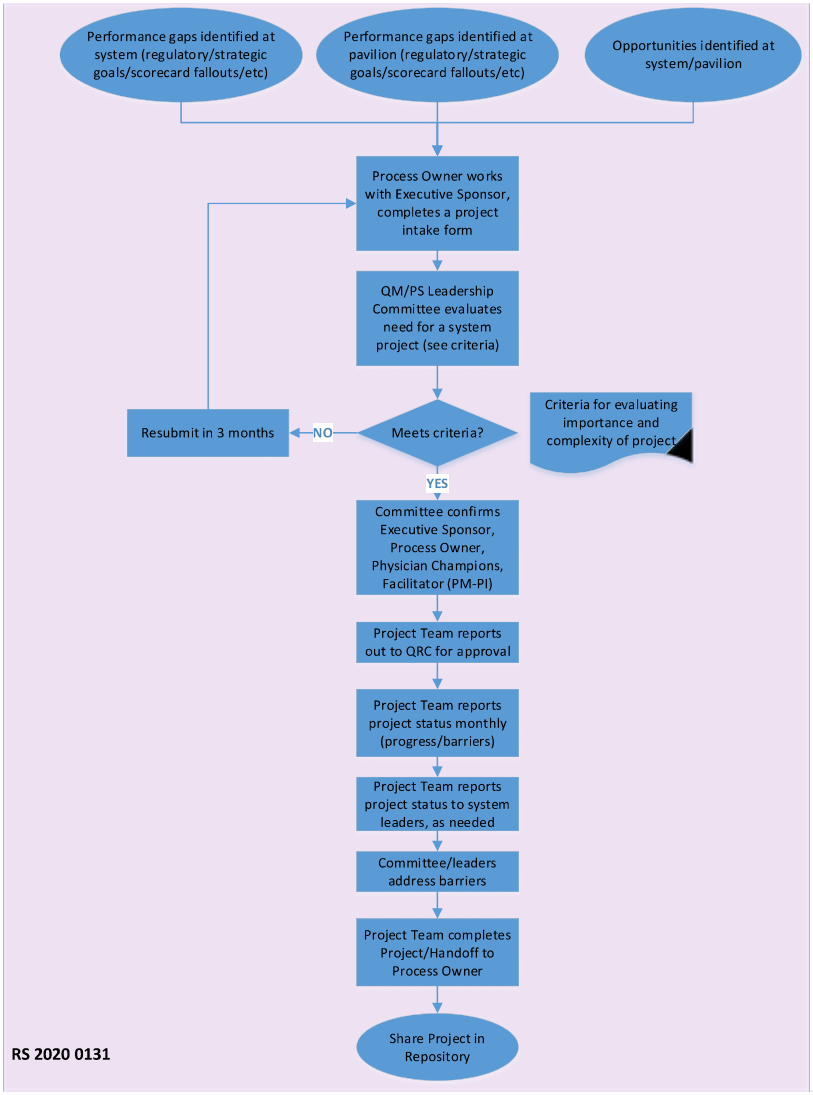
- Chairperson reads items listed under consent agenda.
- Chairperson asks "would any committee member like to remove any of the items from the consent agenda", if no requests are made, then states: "If there is no objection, these items will be adopted".
- The chairperson calls for a motion to accept the consent agenda and a vote is taken and recorded.

7. **Minutes**

Minutes of the meeting will include the full text copy of approved resolutions, recommendations or reports received under the consent agenda portion of the meeting to ensure a record is kept for future reference.

Appendix C~~B~~

System Performance Improvement Process



Commented [MS1]: I edited to include exec. Sponsor on the front end, QRC approval-as defined earlier in this document- and that committee confirms-not assigns- the exec. Sponsor, physician champion, and process owner

Appendix D~~C~~

Service Area ~~QAPI~~ Committee Charter

The Quality Governance Council (QGC) under the direction of the Board of Trustees Quality Committee (BQC) of the Harris Health System (the "System") has authorized the formation of a Service Area ~~QAPI~~ Committee (the "Committee") and approved the following charter to set forth the purpose, structure, authority, and duties and responsibilities of the Committee and the members thereof. In accordance to the National Integrated Accreditation for Healthcare Organizations (NIAHO) QM.7 Standard Requirements, Service Area Committees will function as outlined below.

I. Purpose:

As a core driver of its activities and responsibilities, the Committee will promote the System's dedication to:

- Delivery of safe, high quality health care across the System to the patients and community that the System serves;
- Full compliance with applicable Federal, state and county laws and regulations, and adherence to professionally recognized standards of care; and
- An enterprise-wide culture of safety and just behavior (Just and Accountable Culture).

II. Duties and Responsibilities :

The Committee's responsibilities include:

- Promoting a culture focused on safety and just behavior, including non-retaliation.
- Overseeing and evaluating the structure, operations and effectiveness of the Service Area ~~QAPI~~ initiatives and activities in support of the System Quality Program and in coordination with the Chief Quality and Safety Officer (CQSO).
- Reporting data and information specific to the Service Area according to established criteria and requirements to the QGC (e.g., data fallouts) and any other designated Quality Program resource/committee for proper analysis and identification of trends for prioritization of improvement efforts and/or corrective measures.
- Evaluating key and support activities and processes related to the Service Area's provision of care and/or other services to determine relevant and appropriate measures/metrics to monitor the effectiveness and quality of the services provided (Service Area Dashboard).
- Reviewing and evaluating identified measures/metrics on a regular basis to identify opportunities for improvement and changes that will lead to improvement.
- Reviewing and analyzing safety event data related to the Service Area on a regular basis for trends and/or other areas of focus/corrective measures.
- Promoting and participating in auditing and monitoring activities related to the Service Area conducted by internal or external resources as part of the Quality Program, and ensuring appropriate corrective actions are developed and implemented timely in response to the findings.

Selecting and conducting performance improvement (PI) initiatives/projects utilizing the PI Project Selection and Completion Process.

- Reviewing and evaluating quality and PI initiatives/projects, innovations, corrective action plans, and risk reduction activities initiated in response to data fallouts, safety events and/or other negative trends to determine the effectiveness of those activities to address the identified issues/goals.
- Performing, at least annually, a review and evaluation of the Service Area Dashboard for any necessary revisions to established measures/metrics and benchmarks.
- Maintaining oversight of survey readiness for the Service Area, including staying abreast of significant developments relating to regulatory requirements and standards and expectations of accrediting bodies in coordination with the Accreditation/Regulatory Affairs Department.
- Assessing periodically, and no less than annually, the Service Area's oversight of its quality and safety~~QAPI~~ plan as evidenced by its operation in conformance with all Charter requirements and reporting such to the QGC.
- Maintain departmental quality and safety documents as a portion of their respective operational manual as required for survey readiness.

III. Membership

The Committee will be composed of:

- Service Area Executive Sponsor
- Service Area System Lead – Committee Chair
- Service Area Medical Director, as applicable
- Service Area Nursing Representative(s), as applicable
- Service Area Pavilion Representative(s)
- Designated Director of Quality
- Risk and Patient Safety Representative
- Infection Prevention Representative, as applicable
- Support Services Representative(s)

IV. Meetings, Minutes and Committee Action

The Committee will meet regularly and no less than ten (10) times per year unless the Committee determines otherwise. At every meeting, the Chair will designate a secretary to take and maintain minutes.

Minutes of the meetings shall include discussions, decisions and action plans of the committee and will be prepared after every meeting. The Committee shall follow the Robert's Rules of Order including voting process for approvals.

Meetings should be conducted in person whenever possible. All Committee members are expected to attend each meeting. A quorum representing a majority of the Committee members must be present to transact business.

V. Amendments

This Charter may be amended or revised only upon approval by the QGC. The Service Area System Lead shall be responsible for timely advising the QGC of any proposed amendments or revisions to this Charter.

REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (Directors, Committees, Managers and Stakeholders, etc.)
06/14/2016	Original 1.0	Reviewed 06/14/16	Approved by Harris Health System Quality Governance Council
07/14/2016		Reviewed 07/04/16	Approved by Harris Health System Board of Managers
11/08/2016	2.0	Revised 11/08/16	Approved by Harris Health System Quality Governance Council
01/25/2017		Reviewed 01/25/2017	Approved by Harris Health System Board of Managers
02/22/2018		Reviewed 02/22/2018	Approved by Harris Health System Board of Trustees
3/13/2019		Reviewed 3/13/2019	Approved by Harris Health System Quality Governance Council
3/13/2019		Reviewed 04/11/2019	Approved by Harris Health System Board of Trustees
3/10/2020		Reviewed 3/12/2020	Approved by Harris Health System Quality Governance Council
3/10/2020		Reviewed 3/14/2020	Approved by Harris Health System Board of Trustees
12/29/2021			

Wednesday, June 22, 2022

Consideration of Recommendation for Approval of the 2022 Harris Health Patient Safety Plan

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Annual Review of the Harris Health System Patient Safety Plan

The updates to the plan for 2022 include updates to the definition of Serious Safety Event as well as an update to the Patient Safety Event Determination Algorithm. Additionally, the Level of Harm descriptions were updated to exactly reflect the verbiage in the National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) Index for Categorizing Errors. This is the scoring strategy we have been using, but the descriptions of the scores were not verbatim from the tool in the previous plan.

Harris Health System
Patient Safety Plan
2022

I. INTRODUCTION

The Harris Health System ("Harris Health") Patient Safety Plan ("Plan") is a description of the Harris Health system-wide strategy to support Harris Health's mission, vision, and values through the patient safety process. The Plan is systematic, data-driven, and reflects the complexity of the services provided by Harris Health. The Plan is a component of the Harris Health's Quality Manual, which outlines Harris Health's organizational approach to monitoring and improving quality, patient safety, and performance.

II. PURPOSE AND ORGANIZATION

The purpose of the Plan is to provide a framework for improving patient safety and reducing risk by providing a safe health care environment for Harris Health patients. The aim of Harris Health is to become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation. The goals include eliminating never events and high-harm reportable events, eliminate preventable hospital-acquired conditions, and create/permeate throughout the organization a just and accountable culture. Increasing transparency of information and learning to identify and resolve system issues while addressing human error, at risk or reckless behavior is a key objective. An additional objective is to increase staff willingness to report events that impact or potentially impact patient safety.

The Harris Health Quality Governance Council ("QGC") oversees the Patient Safety Plan. The QGC delegates the Patient Safety and Risk Management department to coordinate the Plan with support from the pavilion-based Quality Management departments and system-level Quality Programs department.

The Plan includes processes for:

- Identifying, detecting, and reporting events that impact or threaten patient safety;
- Describing proactive and corrective methods utilized to reduce risk;
- Collecting and analyzing data in order to identify opportunities to reduce risk;
- Internally reporting information and data about medical errors, adverse events, and reportable events that occur within the organization;
- Externally reporting information about certain events as required by law; and
- Incorporating organizational learning about medical errors, adverse events, and patient safety concerns.

III. PRIVILEGE AND CONFIDENTIALITY OF PATIENT SAFETY ACTIVITIES

Actions taken and documents developed during the patient safety process are privileged, confidential, and not subject to disclosure. Actions and documents include, but are not limited to, reports, investigations, analysis, data aggregation, summaries, and documentation of patient safety events. Actions are taken and documents are developed at the direction of the Quality Governance Council, which is both a medical peer review committee and medical committee as those terms are defined in Chapter 161 of the Texas Health & Safety Code and Chapter 151 of the Texas Occupations Code. Confidential information maintained by the Patient Safety and Risk Management department includes, but is not limited to, committee minutes, organizational

risk management and/or patient safety reports, electronic data gathering and reporting, and incident reports. The Harris Health Quality Manual contains further description of the privilege and confidentiality of patient safety activities.

In order to safeguard protected health information and to maintain the privileged nature of this data, the following must be observed:

- Electronic Incident Reporting System ("eIRS") reports must not be printed, copied, or copied and pasted into a document or email;
- No reference to the eIRS system, an incident report, or communication with Risk Management should be made in a patient's medical record; and
- Information contained in eIRS should be extracted and shared with other departments only as needed.

Failure to follow these procedures may result in disciplinary action, up to and including termination.

IV. DEFINITIONS

A. Adverse Event: A patient care event that is unfavorable, undesirable, and usually unanticipated that causes death or serious injury to a patient or the risk thereof. Adverse events may result from unintentional actions or omissions. Adverse events may include, but are not limited to:

1. Patient falls;
2. Medication errors;
3. Procedural errors/complications;
4. Completed or attempted suicides;
5. Iatrogenic injuries, i.e. injuries due to medical treatment or procedure;
6. Failure to make a timely diagnosis;
7. Untimely implementation of appropriate therapeutic intervention; and
8. Missing patient events.

B. Medical Error: The failure of a planned action to be completed as intended, the use of a wrong plan to achieve an aim, or the failure of an unplanned action that should have been completed that result in an adverse event.

C. Preventable Adverse Event ("PAE"): A list of adverse events that must be reported to the Texas Department of State Health Services in accordance with 25 Tex. Admin. Code §§ 200.2, 133.49, 135.26.

~~D. Reportable Event: A medical error, adverse event, or occurrence which the hospital is~~ serious harm/injury/disability, loss of bodily functions, or require major intervention for correction. It is also considered to be an event that is unambiguous, largely preventable, and serious, as well as adverse, indicative of a problem in a healthcare setting's safety systems.

Serious Safety Event ("SSE"): ~~In any healthcare setting, is a deviation from generally~~

course of the patients' condition in which we failed to do all nationally recognized best practices to prevent or treat the condition that is scored as an SSE 1, SSE 2, or HRE by the Filter Committee.

F. Safety Event: Same as Serious Safety Event except the Filter Committee scores as SE 3-5

~~H.~~G. Corrective Action Plan ("CAP"): A description of the steps taken to correct an adverse event or nonconformity that include designating responsibility for implementation and oversight of the plan, specifying timeframes for implementation, and including a strategy for measuring the effectiveness of the actions taken.

~~I.~~H. Electronic Incident Reporting System ("eIRS"): A real-time electronic reporting tool used to increase awareness of patient, visitor, or Workforce safety concerns throughout the organization.

~~J.~~I. Failure Mode Effectiveness Analysis ("FMEA"): An evaluation technique that proactively identifies and assesses potential failures, prioritizes corrective efforts, and evaluates the effectiveness of process and system changes.

Root Cause Analysis ("RCA"): ~~An investigative technique to dissect complex situations,~~

~~K.~~J. Advanced Practice Professionals: An individual who holds a state license in their profession as well as other education credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM), Clinical Psychologist, Registered Dietician, and Clinical Pharmacist.

~~L.~~K. Medical Staff: All physicians, dentists, podiatrists and oral-maxillofacial surgeons who are appointed to the Medical Staff and who either (i) hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston or (ii) are employed by Harris Health to provide healthcare services at designated Harris Health Facilities.

~~M.~~L. Workforce: Employees (permanent or temporary), Board of Managers, volunteers, trainees, and other persons whose conduct, in the performance of work for Harris Health, is under the direct control of Harris Health, whether or not they are paid by Harris Health.

V. SERIOUS REPORTABLE EVENTS

Serious Reportable Events as defined by the National Quality Forum (http://www.qualityforum.org/topics/sres/serious_reportable_events.aspx), as well as those events described by Harris Health policy 3.63, "Incident Reporting," must be reported into the eIRS system. Serious Reportable Events include, but are not limited to:

SURGICAL OR INVASIVE PROCEDURE EVENTS

- Surgery or other invasive procedure performed on the wrong site;
- Surgery or other invasive procedure performed on the wrong patient;

- Wrong surgical or other invasive procedure performed on a patient;
- Unintended retention of a foreign object in a patient after surgery or other invasive procedure;
- Intraoperative or immediately postoperative/post procedure death in an ASA Class 1 patient.

PRODUCT OR DEVICE EVENTS

- Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting;
- Patient death or serious injury associated with the use of function of a device in patient care, in which the device is used or functions other than as intended;
- Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting.

PATIENT PROTECTION EVENTS

- Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person;
- Patient death or serious injury associated with patient elopement (disappearance);
- Patient suicide, attempted suicide or self-harm that results in severe harm, while being cared for in a healthcare setting.

CARE MANAGEMENT EVENTS

- Patient death, serious injury, or close call associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration);
- Patient death, serious injury, or close call associated with unsafe administration of blood products;
- Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting;
- Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy;
- Patient death or serious injury associated with a fall while being cared for in a healthcare setting;
- Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting;
- Artificial insemination with the wrong donor sperm or wrong egg;
- Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen;
- Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test reports.

ENVIRONMENTAL EVENTS

- Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting;

- Any incident in which systems designed for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances.
- Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting;
- Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting.

RADIOLOGIC EVENTS

- Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area.

POTENTIAL CRIMINAL EVENTS

- An instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider;
- Abduction of a patient/resident of any age;
- Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting;
- Death or serious injury of a patient or staff member resulting from physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting.

VI. INCIDENT REPORTING AND INVESTIGATION PROCESS

Medical Errors, Adverse Events, ~~Reportable Events,~~ and Serious Reportable Events involving patients, visitors, Medical Staff, Advanced Practice Professionals, and Workforce members shall immediately notify their supervisors of all incidents and complete an incident report at the time they become aware of or witness an incident, recommended to report no later than then end of shift. An incident report must be completed for all incidents regardless of severity using the Harris Health Electronic Incident Reporting System ("eIRS"). See Policy 3.63, "Incident Reporting."

Patient grievances concerning the quality of care received by a patient, or the abuse, neglect, or exploitation of a patient occurring on Harris Health property will be reported in the eIRS system for investigation and response by the Risk Management department. See Policy 4200, "Patient Complaints and Grievances."

If a Workforce member does not timely report an event into the eIRS system, the Workforce member's supervisor will be notified and the employee will be counseled.

Once an eIRS report is filed, email notification of the report is automatically delivered to the administrator or the administrator's designee of the clinical area where the event was reported to have occurred. The administrator or their designee is responsible for reviewing events that occur in their areas, performing an initial investigation, and documenting their findings within 7

days of the event. All Serious Reportable Event investigations must be initiated by the involved areas within 24 hours of becoming aware of the event.

All Serious Reportable Events and other significant events will proceed to a Root Cause Analysis ("RCA"). The findings of the RCA and the risk reduction strategies (RRS) /corrective action plans (CAP) will be presented at the Harris Health ~~Patient Safety~~Collaborative Committee. Other serious events, close calls, and near misses may proceed as a facility-level clinical case review and/or RCA as requested by facility administration.

For events meeting the criteria of a safety event, ~~T~~team members of the Patient Safety and Risk Management department ~~reviews~~ will review all eIRS reports to determine what, if any, further action and/or analysis is warranted based on the information provided in the report. The Patient Safety and Risk Management team assigns a harm severity level to each event to uniformly evaluate the degree of harm caused by the event. The Harm Severity Level, as described in the table below, is based on the following:

Type	Category	Severity Level	Level Description
~~?~~	~~?~~	~~No Error Identified~~	~~?~~
~~?~~	~~?~~	~~Unknown~~	~~?~~
No Error	A	~~Unsafe Condition~~No Event	~~Circumstance or events that have the capacity to cause error~~.
Error, No Harm	B	~~Near Miss~~Unsafe Condition/Potential Event	~~An error occurred but the error did not reach the person affected (An "error of omission" does reach the person affected")~~Any circumstance that increases the probability of a patient safety event; includes a defective or deficient input toor environment of a care process that increases the risk of an unsafe act, care process failure or error, or patient saety event. An unsafe condition does not involve an identifiable patient
	C	~~No Harm: Incident Reached Individual~~ Near Miss / Did not Reach Patient	~~An error occurred that reached the person affected but did not cause harm.~~

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	D	~~No Harm: Incident Required Monitoring~~ No Harm	~~An error occurred that reached the patient but did not cause harm.~~ Event reached the patient but no harm was evident
Error, Harm	E	~~Harm: Required Intervention~~ Emotional Distress or Inconvenience	~~An error occurred that may have contributed to or resulted in temporary harm to the person affected and required intervention.~~ Mild and transient anxiety or pain or physical discomfort, but without the need for additional treatment other than monitoring (such as by observation; physical examination; laboratory testing, including phlebotomy; and/or imaging studies). Distress / inconvenience since discovery, and/or expected in the future as a direct result of event.
	F	~~Harm: Required Hospitalization~~ Additional Treatment	~~An error occurred that may have contributed to or resulted in temporary harm to the person and required initial or prolonged hospitalization.~~ Injury limited to additional intervention during admission or encounter and/or increased length of stay, but no other injury. Treatment since discovery, and/or expected treatment in the future as a direct result of event.
	G	~~Harm: Permanent~~Temporary Harm	~~An error occurred that may have contributed to or resulted in permanent harm to the person affected.~~ Bodily or psychological injury, but likely not permanent, prognosis at the time of assessment.
	H	~~Harm: Required Intervention to Sustain Life.~~ Permanent Harm	~~An error occurred that required intervention necessary to sustain life.~~ Lifelong bodily or psychological injury or increased susceptibility to disease, prognosis at the time of assessment.

Error, Severe Harm	I	Severe Permanent Harm	Severe lifelong bodily or psychological injury or disfigurement that interferes significantly with the functional ability or quality of life; prognosis from time of assessment
Error, Harm Death	J	Death at the time of the assessment	

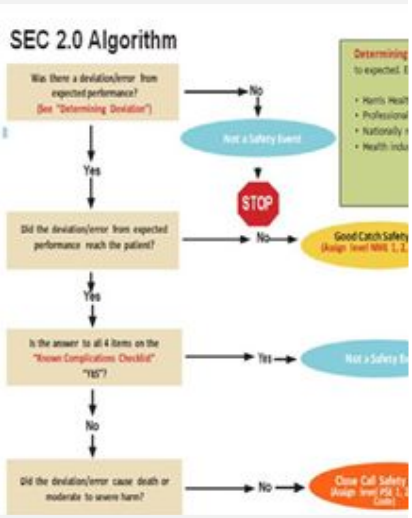
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The findings of each event investigation and the risk reduction strategies are maintained in eIRS in accordance with Harris Health policy 8.03, "Records Retention and Destruction." Event investigations are to be completed within 45 days. When necessary, extensions may be approved by the System Patient Safety Leadership.

VII. STANDARDIZED SCORING

The ~~Patient Safety Department~~Filter Committee will utilize the revised Healthcare Performance Improvement Safety Event Classification (SEC) Levels of Harm as an approach to identify possible safety events, accurately screen events to determine if they are Serious Safety Events, and calculate those events occurring ~~from a deviation from generally accepted performance standards and resulting in moderate to severe patient harm or death~~ as meeting the definition of Serious Safety Events. The Serious Safety Event Rate (SSER) provides a consistent methodology for measuring patient harm and improvement in reducing patient harm. The SSER is calculated monthly as the number of Serious Safety Events for the previous 12 months per 10,000 adjusted patient days. The Safety Event Classification (SEC) provides common definitions and an algorithm for the classification of safety events. The classification is based on the degree of harm that results from the error, injury, harm or death not related to the natural course of the patients codition.~~a deviation from expected performance or standard of care~~. The Safety Event Classification (SEC) serves as the foundation for identification and scoring of Serious Safety Events. The committee members of the Patient Safety Collaborative and Patient Safety Committee shall use the following algorithm and classification tools to classify and score deviations from expected performance:





Once a ~~deviation from generally accepted performance standards~~ safety event is identified, the next level of assessment considers the level of harm experienced by the patient and determines the safety event classification. Serious Safety Events results in harm that ranges from moderate to severe patient harm or death. A Close Call Safety Event results in minimal harm, no ~~detectable harm, or no harm. In a Near Miss or Good Catch Safety Event, the initiating error is~~ caught before it reaches the patient by either a detection barrier built into the process or, sometimes by chance.

Scale Qualifying Harm Assessment

Event types:

A. Safety Event: likely caused by one or more deviations in an existing generally accepted process or expected performance
B. New Hazard Event: an unsafe condition likely caused by a previously unidentified gap in care delivery requiring a new process in order to prevent recurrence. (Unique to HHS)
C. Sentinel Event - A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following
    1. Death
    2. Permanent Harm
    3. Severe temporary harm

The safety event in question has a reasonable likelihood of having caused or meaningfully contributing to:

- SSE1 / SNHE1- Death

- SSE2 ~~/ SNHE2~~ Severe harm: physical or psychological injury (including pain or disfigurement) that interferes significantly with functional ability or quality of life
- HRE: Deviation or error that has the potential to cause ~~major~~ severe harm or death to a future patient but ~~did~~ may not have harmed a patient related to the incident. In addition to future harm, the risk assessment should include likelihood of recurrence ranging from high (frequent) to remote (rare). Examples of "high risk - no harm" events include dangerous actions, EMTALA, Red Rule and other policy violations in which system errors are identified.
- SE3 / NHE3 - Moderate harm: physical or psychological injury adversely affecting functional ability or quality of life, but not at the level of severe harm
- SE4 / NHE4 - Mild harm: Minimal symptoms or loss of function, or injury limited to additional treatment, monitoring, and/or increased length of stay. The duration of impact must be temporary.
- SE5 / NHE5- No harm: Event reached patient, but no harm was evident or detectable
- SE-U / NHEU—Unknown
- PPE6 / PPNHE6 – Did not reach the patient
- NE – Never Event: Errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a health care facility

~~**Classification for duration of impact**~~

It is important to note that events of harm in which there are no system issues identified, and it is purely an individual failure will be referred to Human Resources for the application of the employee discipline policy.

Harris Health System
Patient Safety Plan
2022

Safety Event Class	Level of Harm	Code	Patient Outcome
Serious Safety Event (Reaches the patient)	**Death**	**SSE-1/ SNHE-1**	Unexpected death not related to the natural or expected course of the patient's illness or underlying condition. On balance of probabilities, was caused by or brought forward in the short term by incident.
	Severe **Permanent or Temporary Harm**	**SSE-2/ SNHE-2**	Patient outcome is symptomatic, requiring life-saving intervention or major medical-surgical intervention, shortening life expectancy or causing major, permanent or temporary harm or loss of function.
High Risk Error	**Deviation or error that has potential to cause major harm or death**	**HRE**	Deviation or error that has the potential to cause major harm or death to a future patient but did not harm a patient related to the incident. In addition to future harm, the risk assessment should include likelihood of recurrence ranging from high (frequent) to remote (rare). Examples of "high risk - no harm" events include dangerous actions, EMTALA, Red Rule and other policy violations.
Safety Event (Reaches the patient)	**Moderate** **Permanent or Temporary Harm**	**SE-3/ NHE-3**	Patient outcome is symptomatic, requiring intervention (e.g. Additional operative procedure, additional therapeutic treatment) an increased length of stay, or causing permanent or temporary harm, or loss of function.
	Mild **Temporary Harm or None**	**SE-4/ NHE-4**	Patient outcome is symptomatic, symptoms are mild, loss of function or harm is minimal or intermediate, but short-term, and minimal or intervention (e.g. Extra observation, investigation, review, or minor treatment), is required.
	No Detectable Harm/No Harm	**SE-5/ NHE-5**	Patient outcome is asymptomatic. No symptoms are detected and no treatment is required. Not able to discover or ascertain the existence, presence, or fact of harm, but harm may exist: Insufficient information is available, or unable to determine any harm. Harm may appear later.
	Unknown	**SEU / NHEU**	Unknown

Pre-Patient Event (Does not reach the patient)	**Almost Happened**	**PPE-6 / PPNHE6**	Did not reach the patient. Error or capacity to cause harm was caught by an error by an error detection barrier prior to reaching the patient. √The system worked.
Possible Event Type Across All Event Classes	**Never Event**	**NE**	Errors in medical care that are clearly identifiable, preventable, and serious in their consequences for patients, and that indicate a real problem in the safety and credibility of a health care facility

Adapted from ASHRM White Paper Series: Serious Safety Events: Getting to Zero™ (2014)

Risk Reduction Strategy and Action Hierarchy Levels and Categories

	Action Category	Example
Stronger Actions	Architectural/physical plant changes	Replace revolving doors at the main patient entrance into the building with powered sliding or swinging doors to reduce patient falls.
	New devices with usability testing	Perform heuristic tests of outpatient blood glucose, meters, and test strips with selection of the most appropriate for the patient population being served.
	Engineering control (forcing function)	Eliminate the use of universal adaptors and peripheral devices for medical equipment and use tubing/fitting that can only be connected the correct way (e.g. IV tubing and connectors that cannot physically be connected to sequential compression devices or SCDs).
	Simplify process	Remove unnecessary steps in a process.
	Standardize on equipment or process	Standardize on the make and model of medication pumps used throughout the institution. Use bar coding for medication administration.
	Tangible involvement by leadership	Participate in unit patient safety evaluation and interact with staff; support the RCA^2 process; ensure staffing and workload are balanced.
Intermediate Actions	Redundancy	Use two RNs to independently calculate high-risk medication dosages.
	Increase in staffing/decrease in workload	Make float staff available to assist when workloads peak during the day.
	Software enhancements, modifications	Use computer alerts for drug-drug interactions.
	Eliminate/reduce distractions	Provide quiet rooms for programming PCA pumps; remove distractions for nurses when programming medication pumps.
	Education using simulation based training with periodic refresher sessions and observations	Conduct patient handoffs in a simulation lab/environment with after action critiques and debriefing.
	Checklist/cognitive aids	Use pre-induction and pre-incision checklists in operating rooms. Use a checklist when reprocessing flexible fiber optic endoscopes.
	Eliminate look- and sound-alikes	Do not store look-alikes next to one another in the unit medication room.
	Standardized communication tools	Use read-back for all critical lab values. Use read-back or repeat-back for all verbal medication orders. Use a standardized patient handoff format.
	Enhanced documentation, communication	Highlight medication name and dose on IV bags.

Weaker Actions	Double checks	One person calculates dosage, another person reviews their calculations.
	Warnings	Add audible alarms or caution labels.
	New procedure/ memorandum policy	Remember to check IV sites every 2 hours.
	Training	Demonstrate the hand-to-use defibrillator with hidden door during an in-service training.

Action Hierarchy levels and categories are based on Root Cause Analysis Tools, VA National Center for Patient Safety, http://www.patientsafety.va.gov/docs/joe/rca_tools_2_15.pdf. Examples are provided here.

VIII. PREVENTIVE AND CORRECTIVE ACTIONS TO REDUCE RISK

A. Failure Mode Effectiveness Analysis ("FMEA") is conducted to proactively identify and assess potential failures, prioritize corrective efforts, and evaluate the effectiveness of process and system changes. Harris Health identifies the need for FMEA through point of service engagement. FMEA may be conducted by the Risk Management department or the Quality Management department. As potential risk concerns are identified within the Risk Management or Quality Management departments, FMEA criteria are applied to determine whether FMEA is warranted. Areas of high risk or error-prone processes are selected for concentrated activity, ongoing measurement, and periodic analysis.

The process in question is assessed to determine the steps where there is or may be undesirable variation (failure modes). Information from internal or external sources will be used to minimize risks to patients affected by the new or redesigned process. For each failure mode, the possible effects on patients, as well as the seriousness of the effect, will be identified. The process will be redesigned to minimize the risk of failure modes, and the redesigned process will be tested and implemented. Measures to determine the effectiveness of the redesigned process will be identified and implemented. Strategies to maintain success over time will be identified.

~~.~~ Root cause analysis ("RCA") ~~is an investigative technique to dissect complex situations, identify factors associated with an incident, explore universal implications of an event, determine whether an event is recurrent, and recommend corrective actions. The RCA process focuses primarily on systems and processes, not on individual performance.~~
~~Risk Management will initiate an investigation of a reported Serious Reportable Event after notification and will notify system and pavilion leadership of the event. An RCA may be conducted for Adverse Events that do not meet the criteria for a Serious Reportable Event if leadership determines that it is appropriate.~~

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~~Patient Safety and Risk Management team will develop a timeline of events based on interviews with staff directly involved in the event, medical record review, and other investigatory methods, as needed.~~

. An investigation of a patient safety event. This may involve several levels of investigation which may include timelines, interviews, process mapping, observations, policy and best practice review, and data evaluation. All events scored with SSE 1, SSE2, or HRE will have an RCA with at least a timeline pertinent to the event and a case summary addressing system and individual failures noted during the investigation. Action plans will be related to the identified failure modes.

C.

Risk Management will present the investigation findings to the team of administrators and physicians from the involved/affected areas, as well as a representative from Quality Management, to identify the root causes and develop risk reduction strategies (RRS) and/or a Corrective Action Plan ("CAP"). All RRS and/or CAP will be implemented by the responsible parties in the affected areas. Patient Safety and Risk Management team will present the findings of the RCA investigation to the Patient Safety Collaborative ~~and Patient Safety Committee~~ for review and approval of the RRS and/or CAP.

In accordance with the Medical Staff Bylaws, members of the Medical Staff and Advanced Practice Professionals involved in the event will be required to participate in the root cause analysis.

~~XIII. PATIENT SAFETY COMMITTEE~~

The Patient Safety Collaborative is an interdisciplinary ~~workgroup~~ Committee that aims to promote a culture of transparency to provide a multidisciplinary objective review and analysis of patient safety events. The Patient Safety Collaborative workgroup shall use a consistent scoring system to determine a final severity level of patient safety events. The workgroup will review and approve Serious Safety Event root causes and recommendations of developed risk reduction strategies. A review of eIRS trends and near misses will be completed to prioritize risk for process improvement, education, and awareness initiative. Voting members will provide physician and nursing peer review recommendation to the pavilion chief nursing officer and/or chief of staff. The impact of the Patient Safety Collaborative is to optimize a rapid system-wide response to patient safety with intent to drive Harris Health System towards becoming a high reliability organization where zero harm is expected for patients served.

The Patient Safety Collaborative workgroup meets bi-weekly (second and fourth Monday) and is comprised of the following representatives:

VOTING MEMBERS		NON-VOTING MEMBERS
SYSTEM EXECUTIVE LEADERSHIP	**PHYSICIAN EXPERTS (Ad Hoc – case dependent)**	**RISK AND PATIENT SAFETY**
Chief Medical Executive	Family Medicine	VP Patient Safety
Chief Compliance Officer	Psychiatry	Pt Safety Director -BTH
VP- Pharmacy	Family Med	QM Analyst
VP-Qlty Programs Chief Quality &	OB	Pt Safety Director-LBJ
Pt. Safety Officer	Neonatology	Pt Safety Director-ACS
Chief Nurse Executive	Ortho	Patient Safety Specialists
Chief Operating Officer	Pulmonary	
VP Dir Quality Programs	Surgery	**COUNTY ATTORNEY'S OFFICE**
VP Patient Safety & Risk Mgmt	EC	
	Internal Medicine	

PAVILION LEADERSHIP
Ben Taub, LBJ, ACS
Executive Vice President – (3)
Chief Nursing Officer – (3
Associate CMO
PAVILION QUALITY
Ben Taub, LBJ, ACS
Director (3)
PAVILION INFECTION PREVENTION
Admin Director
ACS (Ad hoc)
LBJ (Ad hoc)
BT (Ad hoc)

Psychiatry
IM/CC
Ortho Surgery
EC

NURSING EXPERTS (Ad hoc – case dependent)
Med/Surg
EC
Psychiatry
Surgery
IMU/CC
Women & Infants

Deputy Managing Attorney
Alternate as applicable

Ad hoc members as applicable to specific safety events

~~XLIII.~~X. THREAT ASSESSEMENT TASKFORCE

The Threat Assessment team works under direction of the Harris Health System Patient Safety Committee. The County Attorney's Office advises the Threat Assessment team as necessary. The Threat Assessment Taskforce shall complete the following: review the eIRS system for reports of Workplace Violence; assess and evaluate reports of Workplace Violence; provide recommendations for process improvements, interventions, or mitigation strategies in response to reports of Workplace Violence; and support the training and education related to Workplace Violence prevention. The Threat Assessment Taskforce will meet on a minimum bimonthly schedule.

The Threat Assessment Taskforce is an ad hoc task force, which consists of representatives from Patient Safety/Risk Management, Human Resources, Corporate Compliance, Healthcare Systems Engineering, the Department of Public Safety, and other pertinent stakeholders, as requested. The Threat Assessment Taskforce consists of the following representatives:

SYSTEM EXECUTIVE LEADERSHIP
Chief Quality & Patient Safety Officer
Chief Nurse Executive
Chief Compliance Officer
Sr. VP-Operations
Admin Dir –Accreditation
Director Emergency Management
Program Director-DPS
Director-Corporate Compliance
Director- HR Org Services
Director-LRC
Dir Patient Access
Manger Occupational Health
County Attorney's Office
VP-Quality
VP Pt Safety & Risk Management

AMBULATORY CARE LEADERSHIP
VP Operations
Admin Director -Ancillary Services
Director-Security & Park
Director- Quality
Safety Specialist

BEN TAUB LEADERSHIP
VP-Operations
Admin Director – EC
Admin Director-IMU/CC
Director-Quality

LBJ LEADERSHIP
VP-Operations
Director Security/Parking
Admin Director-EC
Direct-Quality

RISK AND PATIENT SAFETY
~~Admin Director~~
~~Pt Safety Director-ACS~~
~~Pt Safety Director-BTH/QM~~
~~Pt Safety Director-LBJ~~
QM Analyst

*Ad hoc members are invited based on current circumstances and need as applicable

~~XLIV.~~XI. DATA COLLECTION AND USE

Information and data collected by eIRS and the Patient Safety and Risk Management department is shared with pavilion-level administrators and system-level administrators on an as needed basis. Patient Safety and Risk Management analyzes data obtained from eIRS and reports the findings quarterly at QRC meetings and biannually at QGC meetings. Aggregate data derived from the RCA process is reviewed annually at the Patient Safety Committee.

The VP of Patient Safety and Risk Management and Patient Safety/Patient Safety Officer reports Preventable Adverse Events to the Texas Department of State Health Services ("TDSHS") as required by state law. Other significant events are reported to TDSHS and other regulatory agencies as required with the assistance of the Harris Health Accreditation and Regulatory Affairs department.

Patient Safety and Risk Management facilitates the AHRQ Patient Safety Culture survey, which is conducted biennial to evaluate the culture of patient safety at all levels of Harris Health. Pavilion-level leadership is responsible for evaluating the findings and developing a CAP to address areas of concern.

~~XLV.~~XII. DISCLOSURE OF ADVERSE EVENTS

Harris Health communicates Adverse Events to patients and/or their Legal Representative in accordance with the process set forth in Harris Health policy 3.64, "Disclosure of Adverse Events."

~~XLVI.~~XIII. EVENT REPORTING NOTIFICATION

The Event Reporting Notification categorizes the actual/potential consequences to a patient or consumer. The matrix provides a three-tiered alert system: red alert, orange alert, and routine alert with communication expectations to the appropriate executive leadership. Each alert category details actions and reporting requirements. The following list of events was generated from the following sources: Texas Preventable Adverse Event, the National Quality Forum Serious Reportable Event, and the Agency for Healthcare Research and Quality Serious Safety Events.

	Red Alert	Orange Alert	Routine Alert
Actual/potential consequence to patient/consumer	Serious harm or death that is specifically caused by health care rather than the patient's underlying condition or illness.	Moderate harm that is specifically caused by health care rather than the patient's underlying condition or illness.	Minor or no harm that is or could be (near miss) specifically caused by health care rather than the patients underlying condition or illness.

Type of event/Incident (Examples, but not limited to)	1. Procedure involving wrong site, wrong patient. 2. Procedure involving wrong procedure resulting in serious harm. 3. Suicide of a patient while in the hospital 4. *Suicide of a patient within 72 hours if discharge. 5. Patient death as a result of: • Medication error • Fall • Improper use of restraints or bedrails • Maternal or infant death in a low-risk pregnancy • *Infant death with birth weight greater than 2,500 grams, unrelated to congenital condition • After patient elopement • *Intraoperative or immediate postoperative/ post procedure death in an ASA Class 1 patient 6. Abduction of a patient of any age. 7. Hemolytic reaction due to the administration of ABO incompatible blood or blood products 8. A series of adverse events that cause the death of a patient.	1. Retrained foreign object requiring re-operation or additional surgical procedures. 2. A surgical procedure performed on a patient that is inconsistent with the documented informed consent for that patient 3. Patient Fall with injury (fracture, surgical intervention) 4. Patient disability • Within 24 hours of procedure/ surgery of a normally healthy patient. • related to hypoglycemia (5 types) • associated with an electrical shock • associated with a burn incurred • resulting from a physical assault / sexual assault/ rape that occurs within or on the grounds of a facility • Failure to communicate laboratory, pathology, or radiological test results • Associated with intro of metallic object into MRI area 5. Attempted Suicide of a patient 6. Patient harm from contaminated drug or device. 7. Patient harm from a device used in manner other than as intended 8. Resulting from irretrievable loss of irreplaceable biological specimen 9. Discharge of patient to unauthorized person 10. Alleged sexual assault or inappropriate touching of a patient. 11. *Severe neonatal hyperbilirubinemia (bilirubin >30 mg/dl) 12. *Prolonged fluoroscopy with cumulative dose > 1,500 rads to a single field or any delivery of radiotherapy to the wrong body region or >25% above planned radiotherapy dose 13. *Incident in which systems designed for oxygen or other gas contains no gas, wrong gas, or is	1. Medication error with no harm to the patient. 2. Patient fall with no harm 3. Stage 3 or 4 hospital acquired pressure injury 4. DVT/PE after THA or TKA 5. Iatrogenic Pneumothorax with venous cauterization 6. SSI- spinal, shoulder, elbow, Lap gastric bypass, cardiac implantable device

		Contaminated. 14. *Instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed Healthcare provider.	

Communication of Event	Risk/Patient Safety will notify the following staff within one hour of notification:
	• CME and/or Chief Quality and Patient Safety Officer for Quality Programs
	  ○ The CME/ CQOof Quality will notify the CEO/COO
	• EVP of Pavilion where event occurred.
	  ○ The EVP is responsible for notification to other members of their team as deemed appropriate.
	• Compliance Officer
	• The CEO/CQO will notify the Chair of the Board of Trustees or designee within 4 hours.
		Risk/Patient Safety will notify the following staff within 4 hours of notification:
		• Associate Administrator of Quality Programs
		  ○ The AA of Quality will notify the CEO/COO/CME
		• EVP of Pavilion where event occurred.
		  ○ The EVP is responsible for notification to other members of their team as deemed appropriate.
		• Compliance Officer
		• The CME/CQO will present a trend of events quarterly to the Board of Trustees.
			Summary review of event monthly to Associate Administrator of Quality Programs

Action required	Initiate an investigation within 24 hours of knowledge of event. Schedule an RCA upon investigation completion; develop action plans during the RCA. • Red Alert will be sent for notification of event to CQO of Quality Programs for dissemination to CEO/COO and CME. . • Implementation of action plans will begin within 30 days. • Report achievement of action plans within 90 days to QRC, QGC, and Patient Safety Committee, and the Board of Trustees.	• Initiate an investigation within 24 hours of knowledge of event. Schedule an RCA upon investigation completion; RCA may be delayed due to higher priority case identification. Develop RRS develop action plans during the RCA. • Implementation of action plans will begin within 30 days. • Report achievement of action plans within 90 days to QRC, QGC, and Patient Safety Committee, and the Board of Trustees.	• Department Manager receives eIRS and conducts review. • Risk/ Pt Safety is involved with review when event seen as systems issue.
Reporting requirements	Texas Preventable Adverse Event as appropriate TDHS / CMS – to be determined after RCA completed and deemed applicable by this team: CEO/ COO/CME/ CQO/ Compliance Officer	Texas Preventable Adverse Event as appropriate	Texas Preventable Adverse Event as appropriate

* These events are from the National Quality Forum (NQF), the Agency for Healthcare Research and Quality (AHRQ) and are not required to be reported as a Texas Preventable Adverse Event.

Application of Harris Health System Just and Accountable Culture (JAC) Algorithm will be utilized by HR and Pavillion Leadership for individual incidents resulting in patient harm.

~~XLVII.~~XIV. MANAGEMENT OF THE PATIENT SAFETY PLAN

The Risk Management and Patient Safety Department, is responsible for the implementation, development, supervision, and evaluation of the Patient Safety Plan. Risk Management department members are trained in the methods of risk management, patient safety, and attend patient safety education and training annually. Access to online learning through Institute for Healthcare Improvement (IHI) is provided by Harris Health System for learning opportunities and engagement in best practice standards.

Workforce members receive annual Patient Safety training as part of the mandatory Quality course provided by the Harris Health Learning Resource Center. Additionally, the Patient Safety and Risk Management department provides patient safety and risk management training to workforce members as needed.

~~XLVIII.~~XV. EVALUATION AND APPROVAL OF THE PATIENT SAFETY PLAN

The Patient Safety Plan, as part of the Harris Health Quality Manual, is approved by the Harris Health System Board of Managers. The Plan is reviewed annually and revised for significant changes as applicable. Any changes made to the Plan will be approved by the Harris Health System Board of Managers.

REFERENCES

Harris Health System Quality Manual

National Quality Forum, http://www.qualityforum.org/topics/sres/serious_reportable_events.aspx

25 Tex. Admin. Code § 133.48

Texas Health & Safety Code § 161.

Texas Occupations Code § 151.

DNV Standard QM.8 Patient Safety System.

Harris Health Policy 3.63, “Incident Reporting.”

Harris Health Policy 3.64, “Disclosure of Adverse Events.”

Harris Health Policy 8.03, “Records Retention and Destruction.”

Harris Health Policy 4200, “Patient Complaints and Grievances.”

Harris Health Policy 6000, “Preventive Action.”

Harris Health Policy 7000, “Corrective Action.”

Harris Health Medical Staff Bylaws, May 2015

ASHRM, “Serious Safety Event.”

IHI Serious Safety Events and RCA

Wednesday, June 22, 2022

Consideration of Approval of the Annual Neonatal Programs Executive Reports for Ben Taub and Lyndon B. Johnson Hospitals

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Board of Trustees
June 22, 2022

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HARRISHEALTH SYSTEM

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Board of Trustees

June 22, 2022

Executive Summary

of

Quality Review Council Reports

Approved by

Quality Governance Council

May 17, 2022

Executive Summary

Pavilion Quality Review Council
May 17, 2022

Subject: Executive Summary of the Pavilion Quality Review Council Reports

Purpose: To provide a summary of the Quality Program Reports as defined under the Harris Health System Quality Assurance and Performance Improvement (QAPI) Framework to support the requirements defined under the Centers of Medicare & Medicaid Services (CMS) Conditions of Participation

Background: Harris Health System, with the support of the Board of Trustees Quality Committee, redesigned the QAPI Framework to support the flow of quality metrics to measure and track performance of improvement activities implemented within the departments and services provided to support a continual method of identifying high risk areas requiring improvement. This framework directly supports Harris Health's journey to becoming a high reliability organization.

Discussion: The following table lists out the reports reviewed by each Pavilion Quality Review Council. The QRC Reports are then reviewed by the Quality Governance Council to bring visibility to performance of areas needing improvement, corrective action plans and any barrier preventing continual improvement. A summary of each report is categorized by Det Norske Veritas (DNV) Standards & Rules (SR) for Healthcare Accreditation.

Consent Agenda Report	*Summary*
SR.1 Threats to Patient Safety	
Nurse Sensitive Indicators	ACS Nursing monitors 5 Nurse Sensitive indicators: 2 NDNQI indicators and 3 internal indicators. Three (3) indicators are not meeting compliance for the reporting period through March 2022. Overall Pneumococcal Vaccination compliance was 87% (goal 90%), Tobacco Screening-Intervention compliance <90% in 3/5 sub metrics (goal 90%), and Influenza Vaccination was 46% (goal 75%) not meeting their respective benchmarks. Corrective actions included bundling visits for immunizations, implement single dose Pneumococcal vaccine, development of new Tobacco screening/counseling reference guide, and update Tobacco reporting to capture new workflow. The 4th quarter 2021 NNDNQI falls with injury indicator for ACS achieved positive score (0.07) below the NDNQI mean (0.11). LBJ – All measures meeting target with the exception of CAUTI and CLABSI. 4th Quarter 2021 CAUTI NDNQI mean 1.16, CLABSI NDNQI mean 1.21. Action plans in place as well as pavilion/system taskforce in conjunction with Performance Improvement team working to address any performance improvement initiatives. LBJ and BT HAPI NDNQI meeting target, however there are opportunities with prevention and documentation. Corrective actions continue and include reinforcement of Just and Accountable Culture for staff fallouts. LBJ and ACS meeting target for Falls with injury; BT not meeting at 0.45 NDNQI mean; Goal has been met for the month of March reporting at 0.83 (Benchmark is 1.5 falls per 1000 patient days). Actions include rolling out the BMAT assessment tool on each unit in July beginning with the Medical Surgical units. The tool was originally used on unit 5D and decreased their falls by 50%.
SR.2 Medication Therapy/Use	

Medication Management/ADE	The medication error cases were reviewed with the Committee. LBJ Med Errors that reached the patient target 0; not meeting 4/6 months. The Alaris Guardrails compliance has gone from 89.5% to 91.1% for BT, ACS compliance is between 92-93%, LBJ is trending down Jan 84.7%, Feb 86.1%, Mar 83.1%. Pending FMEA on Enterprise level for all departments that use Alaris Smart Pumps (6-8 weeks). Willow Build Recovery – Standardize the Alaris Pump drug library and EPIC drug builds in preparation for interoperability. New Alaris pump drug library updates distributed to end users on 3/17 and 3/22. CS Waste Documented > 30 minutes of Removal reported at BT (82.5%) March and LBJ Jan 87.5%, Feb. 91.1%, and March 91.4% trending up. In May, the goal for this measure will change to 90%. Action plan includes Reviewing HealthSight Practice Trends with unit leaders, continued review of transactions for procedures that make for valid exclusions, added as a standing agenda item at the monthly Interdisciplinary Medication Administration Committee (IMAC) meeting. Will continue to follow action plan. Barcode scanning meeting target at both BT and LBJ.
SR.4 Anesthesia/Moderate Sedation	
Moderate Sedation	ACS only Monthly audits of Moderate Sedation procedures are conducted to ensure compliance with DNV, CMS, and Harris Health Policy. The goal for compliance is ≥ 95%. For the reporting period of Q1 2022, Ben Taub and LBJ Oral Surgery Clinics achieved overall compliance for January and February. March compliance could not be determined due to Open encounters. Collaboration between Nursing, Operations, and EPIC in progress to identify cause and implement solution in progress. BT all measures meeting target.
SR.5 Blood and Blood Components	

LBJ/BT/ACS Transfusion Reaction Rate LBJ/BT only C/T Ratio and Management of Transfusion Reaction Rate	Laboratory provides continuous monitoring, evaluation and process improvement of patient care activities within the Laboratory Services. Transfusion Reaction Rate is monitored to ensure signs/symptoms of transfusion reaction are noted during the transfusion and appropriate actions are taken per Policy. All measures meeting target for ACS, LBJ, and BT.
SR. 6 Restraint Use/Seclusion	
Restraint Scorecard	LBJ Violent Restraints with a small N of 2. Nursing opportunities include less restrictive, patient education, family notified, who participated, leadership notification, and order consistent with application. Non-Violent all indicators met target. BT significant decrease in prolonged restraint usage. However, opportunities for improvement identified with face-to-face and plan of care documentation. All nursing leaders were asked to pay close attention to this report and patient restraint documentation.
SR.8 Infection Prevention and Control	
Hand Hygiene HAI: CAUTI, CLABSI, SSI COLO, SSI HYST, MRSA	Harris Health Ambulatory Infection Prevention Department measures Hand Hygiene compliance to mitigate the risk for infection. This is a CMS regulatory requirement and HHS metric. The goal for compliance and participation is 95%. For the reporting period of March 2022, overall Hand Hygiene Compliance is 96% and Overall Hand Hygiene Participation is 100%. No action required. BT CLABSI (0.34), CAUTI (0.55), and Colons (0.65) reported below the CMS benchmark. There were no Hysterectomy SSIs and (2) C-Section SSIs in February. A total of (7) MRSA but no clusters identified. C-Diff did well in January and February but a slight spike in March. However, in the month of April, there are no healthcare or community acquired cases. Bright Spots were shared and many ICU teams have gone CAUTI/CLABSI free for greater than 100 days and hand hygiene compliance at 96%. Collaborative efforts continue in order to reduce surgical site infections across the hospital. LBJ **CLABSI** SIR 2.879 3 cases in March, **CAUTI** SIR 1.095 no cases in March, SSI **COLO** SIR 1.32 3 cases for the quarter, **HYST –** SIR 2.268 Will continue to follow action plan.
SR. 11 Customer Satisfaction	

Patient Satisfaction	ACS: Patient Satisfaction- Four of the seven Patient Satisfaction metrics did not meet goal for March 2022. The following metrics did not meet goal: Recommend Facility: 87.9 (goal 88.1), Recommend Provider: score 86.8 (goal 87.8), Provider Listened: score 68.9 (goal 70.1), Nurses Listened: score 74.4 (goal 75.0), Nurse/Provider Communication: score 70.8 (goal 70.9), and Staff Eased Discomfort: score 69.6 (goal 69.7). Wait Time, Nurses Listened, and Staff Eased Discomfort met goals. Goals are not in compliance due to lack of consistency of the Service FIRST behaviors and practice of Language of Caring. Corrective actions include Leadership Rounding, Habit Builders, PEERS monthly work group meetings, and new "Commit to Sit" initiative.
SR. 12 Discrepant Pathology Reports	
Frozen Section Discrepancy, Biopsy TAT, and Resection TAT	LBJ All measures meeting target BT 1st Quarter data analysis was presented. The percentage of Interpretative error in gynecologic cases at Ben Taub hospital is within the range of published data.
SR.16 Critical &/or pertinent processes both clinical & supportive	
CMS/DNV updates, Survey Activities	Inside of the DNV Survey window. Logistics for the upcoming survey is good and rounding efforts continue. Challenges identified with Clear Separation of Clean and Dirty activity. A work group is being established. OB/NG Tube Feeding and Neuromuscular Blockage Assessment measures will be removed from active monitoring and returned to departmental level monitoring.

Audit Tracker of Risk Reduction Strategy	ACS MRI Sedation - Risk Reduction Strategies presented for RCA involving over prescribing of sedation medication for MRI procedure. Risk Reduction Strategies have been implemented with monitoring in progress with a goal of 100% compliance. For the reporting period of March 2022, ordering compliance is 64.3% and patient compliance for following instructions is currently 91%. An update to outpatient MRI order sets was implemented this month. Monthly monitoring will continue. LBJ Amphotericin B review and change of targets to align with System target of 95%. 2/4 measures not meeting target; 2nd pharmacy tech scan at 90.21% and down from last month; Total scanning not meeting at 88.34% down from previous month. Items removed from Pyxis system and not listed on pharmacy report. Working with IT to understand discrepancies. Asymptomatic HTN monitoring began in March; Education campaign complete; March at 95%. Opportunities related to who can call and number to execute code. L&D Specimen March 98%; will continue with current plan. Fall with Fracture March 96% white board and 100% plain language. Will continue current plan. OR Supply all indicators at 100%. Will continue current plan. OR Time Out at 100%; will continue with current plan. EC to OBI patient bedded within 20 minutes 88% and OB team notified 77%; Challenges with new staff. Items will be added to orientation for new hires.
Bronchoscopy	All measures meeting target for LBJ and BT
Respiratory	BT all measures meeting target. LBJ unplanned Extubation (2) did not meet target 1/3 months for 1st quarter. Action plan in place; will continue to monitor ETT securing and weaning readiness.
IQA-Incarcerated Patients	The goal for documentation compliance for incarcerated patients is ≥ 90%. ACS compliance for March 2022 is 96%. Compliance met for 8 consecutive months. No action required.
Title V Maternal and Title V Child Grant	The Department of State Health Services requires 80% compliance on required documentation to meet standards for Title V Maternal Health and Child Health. For the reporting period of November 2021-January 2022, Title V Maternal overall compliance is 95% and Title V Child has overall compliance of 91%. Title V Child metrics consistently achieving above 80% for 1 year. No action required.
Epilepsy Grant	To comply with Texas Department State Health Service (TDSHS) requirements for the Epilepsy Grant Program, grant metrics should meet a goal of 100%. For the reporting period of Q1 2022, all metrics met 100%. No action required.

Grant Eligibility	The State Grants require audits to be performed on a quarterly basis for Title V and Texas Family Planning to maintain an accuracy rate of 90%. For the reporting period of November 2021-January 2022, Title V eligibility audits met goal at 100%. Family Planning eligibility audits met goal at 99% for the period of October 2021-December 2021. No action required.
Grant Billing	Billing for services provided under grant programs needs to be sufficient in order to avoid having grant award decreased to fund other grantees across the State. As of February 2022, the Title V grant is on target to meet billing of allotted funds. However, Healthy Texas Women (HTW) is at less than 50% of allotted funds billed. Further drill down needed to determine root cause and/or barriers.
Title V Maternal Dental Grant	The Department of Health and Human Services requires 80% compliance on necessary documentation to meet standards for Title V Maternal Dental. For the current reporting period of November 2021-January 2022, Title V Dental is currently meeting overall compliance at 90% (goal 80%). However, there is an opportunity to improve Education metric (77%). Corrective action plan to enhance Dental note template with education requirements was implemented in January 2022.
Healthy Texas Women Grant	The Department of Health and Human Services (DHHS) requires 80% compliance to meet standards for Healthy Texas Women Program. For the reporting period of November 2021-January 2022, overall compliance for Healthy Texas Women is 80%. However, the following metrics identified as not meeting goal: Documentation of History (75%), Immunizations (38%), and Education (74%). Corrective action plans include EPIC/AVS scripting for education components, immunization guide, and onsite training. 111113-
Family Planning Program Grant	The Department of Health and Human Services (DHHS) requires 80% compliance to meet standards for Family Planning Program. For the reporting period of November 2021-January 2022, overall compliance for Family Planning Program is 83%. Opportunity to improve documentation of Immunizations (50%) and Education (58%). Corrective action plans include EPIC/AVS scripting for education components, immunization guide, and onsite training. Additional solution development under consideration for Standing Delegation Orders (SDO) and establishing a workgroup to address immunization compliance.

Diabetic Foot Exam Project	Although the diabetic foot exam process is understood, as evidenced by the HEDIS compliance scores, there is an opportunity to identify specific barriers for improvement. The impact on patient outcomes in regards to abnormal diabetic foot assessment and management requires further exploration. The impact on amputation rate and the appropriateness of intervention for abnormal foot exam findings is unknown. The goal of the project is to improve documentation for Abnormal Diabetic Foot Assessments (DFA) with timely standardized interventions to improve patient health outcome. Project timeline presented. No action required.
(ACS) HEDIS	HEDIS Scorecard- Harris Health System ensures quality of care for patients in Ambulatory Care through Health Effectiveness Data and Information Set (HEDIS) measures. 4 of the 13 HEDIS measures did not meet compliance at the 75th percentile for March 2022: HbA1c control, Colorectal Screening, High Blood Pressure Control (diabetes), and Controlling High Blood Pressure. However, blood pressure measures are trending up. Corrective action plan ongoing, which includes pilot of Chronic Disease Management, AMA blood pressure training for nursing, CPRIT grant collaboration, and developing a robust patient outreach program.
Infusion Center Metrics	Harris Health will ensure ACS Infusion Centers meet metrics for No Show Rates (goal ≤8%), Infiltration Rates (goal ≤1%) and Blood Transfusion Vital Sign Compliance (goal 100%). For the reporting period of January 2022-March 2022, transfusion vital sign metric not met for LBJ Infusion (99.7%), BT Infusion (98%), and Smith Infusion (99%). Corrective action plan includes education of new staff with a QRG/checklist and emphasis on 2-nurse verification of documentation.
Podiatry Metrics	ACS Podiatry has six quality metrics to ensure patients appropriate and timely care. For the reporting period of Q1 2022, 3 quality metrics did not meet identified goals: Medication Review during visit-99.1% (goal 100%), Podiatry encounters not closed within 3 days-1.6% (goal 0%), and Diabetic patients given follow up appointment-67.2% (goal 100%). Corrective actions are provider-specific education/mentorship, IT reporting updates, and collaboration with nursing.

Cardiology Service Line	Cardiology service-line metrics and data submitted. The Cardiology dashboard reflects metrics to improve the quality of care and patient safety through a set of quality indicators with benchmarks, measure performance and outcomes. For the reporting period of January-March 2022, ACS-specific metrics for Hand Hygiene in Cardiology clinics meeting goal (95%) at 100%. No action required**.** LBJ all measures meeting target with the exception of LBJ Door In to Door Out not meeting target of <30 minutes; at 35 for 1st quarter. Action plan in place inclusive of Initial workflow improvements have been made in the LBJ EC, and this will show improvement over time, working on creating additional EKG cubicle in the LBJ waiting room. Additional discussions continue in collaboration with BCM, BT, and EMS to improve the transfer process for cardiac patients from the LBJ EC. System ACS Triaging Algorithm has been developed by the Cardiology Service Line and is being reviewed by other stakeholders prior to final approval.
Titrateable	Challenges identified with not meeting the updated goal of 95% due to inaccurate, incorrect, and incomplete documentation when administering a titrateable medication. 1st Quarter compliance reported at BT (78%) and LBJ (82%). Actions include evaluation of the block charting utilization process, identifying documentation best practices and staff counseling. Monitoring will continue.
SR.17 Medical Record Delinquency	
Operative Report, History and Physical (H&P), Discharge Summary, Medical Delinquent Charts, Unsigned Orders, Anesthesia Documentation	LBJ meeting target; BT did not meet 2/3 months of 1st quarter, Operative Reporting (94%) for the month of March and no action plan in place.

SR.18 Physical Environment Management	
Physical Environment Indicators	ACS Physical Environment indicators are monitored in the following functional areas: Life Safety, Safety, Security, HazMat, Medical Equipment, Utility Systems and Emergency Management. For ACS and BT the reporting period of Q1 2022, all indicators met area-specific benchmarks. No action required. LBJ – Sentact Rounding – Safety Management Unsatisfactory Rate of Fire Drills improved from 80% 4th quarter 2021 to 100% 1st quarter. Will continue to monitor. Voted to close action plan reporting. # Of false alarms - 4th Quarter 67%, 1st Quarter 55%. Action plan in place inclusive of training for staff and signage regarding no use items. Hazardous Materials Management not meeting target for 2/5 measures. Action plan including training ongoing. Emergency Management NIMS 100 not meeting target. Action plan inclusive of requirement during orientation period. Will continue to monitor all measures.

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Board of Trustees
June 22, 2022

Executive Summary
Neonatal Program (LBJ)

Executive Summary
Neonatal Program (LBJ)
April 22, 2022

Subject: LBJ Hospital - Neonatal Program Clinical Activities and Quality and Performance Improvement Update

Purpose: The report contains a summary of the clinical activities as well as a snapshot of the quality and performance improvement initiatives of the LBJ Hospital's Neonatal Program for review by the Harris Health System's Board of Trustees.

Background:

In June 2016, there was a change in the Texas regulation authorizing the Texas Department of State Health Services to adopt rules establishing the levels of care for neonates. This regulation includes the assignment of the levels of neonatal care to hospitals, divides the state into neonatal care regions, and facilitates transfer agreements through regional coordination. The change in this regulation requires hospitals to undergo a state designation process for the neonatal intensive care capability and commitment for a period of three (3) years. In 2018, LBJ Hospital received its initial Neonatal Care Level III Designation from the State of Texas. In 2021, LBJ Hospital received the full three-year re-designation as a Level III Neonatal Care Unit effective until December 1, 2024.

Harris Health has elected to engage the American Academy of Pediatrics (AAP) to assess the state of readiness of LBJ neonatal programs.

The State designation program requires a written plan that needs the approval of the Board. The program plan must include the following elements:

A. LBJ neonatal program' structures: Program Medical Director, Program Nurse Manager, other relevant supports, and patient conditions served
B. Standards of neonatal practices, policies, and procedures that the program adopted, implemented, and enforced for the neonatal services provided
C. Specifications of periodic review and revision of policies and procedures
D. Written triage, stabilization and transfer guidelines
E. Written follow up care of neonates and infants discharged from the neonatal units
F. Provision for Emergency Management response
G. Information on the NICU Quality Assurance and Performance Improvement program (QAPI)
H. Medical Staff credentials and other staff competencies
I. Safe staffing plan with perinatal staff nursing representation in the Staffing Advisory Committee
J. Availability of necessary equipment and services to support neonatal care
K. Availability of personnel with knowledge and skills in breastfeeding support and counseling.

Patient Care Progress Summary for 2021:

The LBJ neonatal program plan was approved by the Board in 2020. Appended below is a brief summary of the clinical activities of the Neonatal Program at LBJ Hospital.

- Patient Care Volume

Delivery Volumes	**2019**		**2020**		**2021**	
Deliveries (mothers)	2381		1798		1947	
Total Live Births (babies)	2357		1788		1924	
Newborn ICU beds	20		20		20	
NICU Volumes	**LBJ Hospital**	**VON peers**	**LBJ Hospital**	**VON peers**	**LBJ Hospital**	**VON peers**
Newborn ICU admissions	395	388	275	308	303	*Pending
Newborn ICU Average Length Of Stay (ALOS)	13.7	18	16.1	10	10.6	*Pending
Newborn ICU mortality	1.8%	2.0%	0.7%	2.2%	3.3%	*Pending
NICU Very Low Birth Weight admissions (VLBW)	36	54	26	44	26	Pending
NICU VLBW ALOS	56	63	65	52	33.1	*Pending
NICU VLBW Mortality	13.9%	11.4%	3.84%	12.7%	30.7%	*Pending
Early neonatal VLBW deaths	60%		100%		87.5%	
Stillborn babies (≥20 wks gest)	24		10		23	
Antenatal pregnancy loss (all)	30		22		39	

**Pending: VON peer group comparison data have not been released*

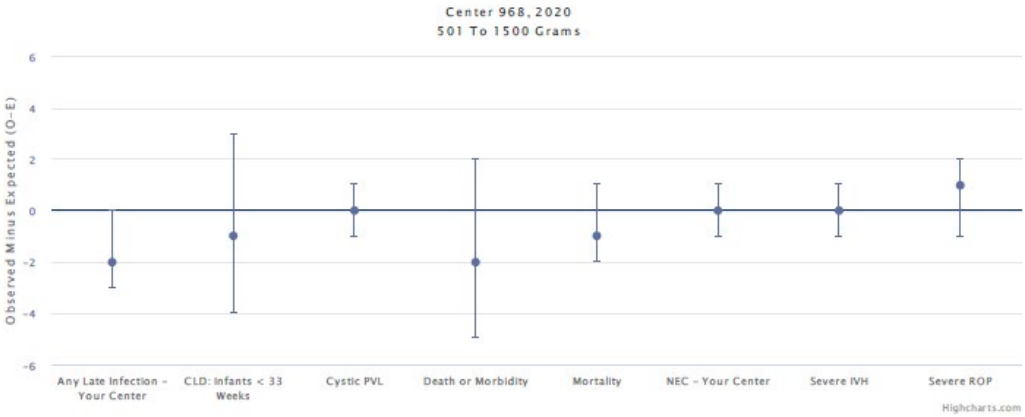
- Patient Care Outcome

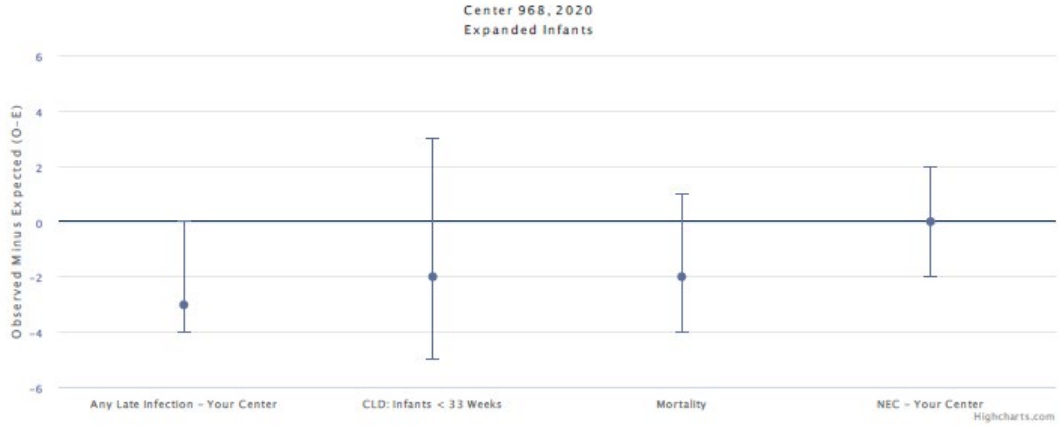
  LBJ Hospital Newborn ICU outcome data is compared with information provided from the Vermont Oxford Neonatal (VON) Database, a national and international consortium of Newborn ICU units.

  The comparison outcome data is divided by levels of NICU care. The LBJ hospital NICU is a Type B NICU according to VON that offers respirator care, and pediatric surgery care. No pediatric cardiovascular surgery is performed.

  Very Low Birth Weight Infants are preterm infants who have birth weights less than or equal to 3 pounds 5 ounces or 1500 grams.

  - Risk-adjusted indicators





- The graphs appended include the risk adjusted rates for major neonatal outcomes that include infections, chronic lung disease, mortality, necrotizing enterocolitis, intracranial bleeding, and severe retinopathy of prematurity.
- Risk adjusted outcomes from 2017 to 2020 demonstrate that our LBJ NICU patient outcomes are comparable to type B NICUs or better.
- LBJ Risk adjusted data for 2021 will become available by VON in August or September of 2022.
- The referral base served by LBJ hospital is characterized by high maternal morbidity (up to 45 per 1,000 in the general population, and up to 80 per 1,000 in our African-American population), leading to frequent preterm delivery, significant neonatal illness, and frequent antenatal pregnancy loss. The LBJ Neonatal service has experienced an increasing number of admissions of VLBW neonates, who are extremely sick on admission and die of respiratory failure, sepsis-like picture, shock, or bleeding disorders, within hours of delivery, despite maximal efforts at saving them.

- Quality Outcome Measures

  The LBJ Hospital NICU program is closely monitoring quality metrics, and reports them to the LBJ NICU QAPI Committee, the LBJ Pavilion QRC and the System Quality Governance committees. Below are the highlights of quality outcomes of NICU care:

  - As of the beginning of May 2022, the LBJ NICU has been four hundred eighty (480) days free of unplanned extubations
  - Forty five (45) days free of CLABSI
  - Four (4) years free of Hospital Acquired Pressure injuries
  - Over twelve (12) years free of Catheter Associated UTI
  - Over twelve (12) years free of VAP.

- Quality initiatives
  - The LBJ NICU Developmental Follow-up Program and the LBJ Children's Developmental Clinic at Cleveland E. Odom (CEO) Center
    - ❖ With the help of the AAP reviewers of our Neonatal Program in 2021, we identified an opportunity for improvement of the LBJ NICU and HRN follow up program. We upgraded the LBJ NICU Developmental follow-up program, which offers continuity of care through providing developmental assessments to NICU graduates depending on their risk for developmental deficits.
    - ❖ Multidisciplinary developmental follow up is now available to all high-risk LBJ NICU graduates, including Very Low Birth Weight infants, infants with hypoxic ischemic encephalopathy, neonatal seizures, or complex congenital anomalies.
    - ❖ Developmental follow up is provided at the newly established monthly Children's Developmental Clinic at CEO, at the already existing Pediatric Neurology Clinic at CEO, and at the UT High Risk Infant Clinic at the Texas Medical Center
    - ❖ The newly established Children's Developmental Clinic at CEO, started seeing patients in February of 2022. So far, five NICU graduates have been assessed at the clinic.

  - LBJ NICU and LBJ Pharmacy joint project to secure supplies of critical neonatal medications and specialty formulas at all times
    - ❖ National shortages of neonatal medications and specialty formulas became more frequent in the most recent years.
    - ❖ The LBJ NICU and the LBJ Inpatient Pharmacy created a list of critical neonatal medications and specialty formulas to keep stocked at all times in the LBJ Central Pharmacy
    - ❖ We create a process for monitoring the inventory of these critical neonatal medications and specialty formulas
    - ❖ For the last six months, we have been monitoring the inventory of critical neonatal medications and specialty formulas at all times, and especially before high-risk periods, such as weekends and holidays. Suspected upcoming shortages are addressed proactively, in a way that prevented in this period patient safety threats.

Challenges for the LBJ NICU:

A. Staffing shortages due to COVID-19
   - Nursing
   - Respiratory Therapist

B. Consolidation due to facility constraints
C. Aging NICU equipment that is due for staged replacement
D. NICU Supply shortages
   - Medications
   - Specialty formulas
   - Consumables

E. Population health challenges
   - COVID-19
   - Access of women to health care
   - Prenatal care
   - Increased maternal morbidity
   - Drug, alcohol, and tobacco use among pregnant mothers
   - Population migration

Conclusion:

The LBJ neonatal program plan was approved by the Board in 2020. The program maintains current policies, procedures, and guidelines to coordinate NICU care. Overall, the LBJ Hospital NICU program has achieved the quality outcomes as intended for neonatal patients. In the middle of 2024, the program will be subjected to another verification review from the American Academy of Pediatrics for renewal of a new re-designation cycle.

References:

Texas Administrative Code for Hospital Level of Care Designations for Neonatal Care
https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=133&sch=J&rl=Y

Neonatal Designation Level III
https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=133&rl=188

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Board of Trustees
June 22, 2022

Executive Summary
Neonatal Program (BT)

Executive Report
Neonatal Program (BT)
June 22, 2022

Subject: Ben Taub Hospital - Neonatal Program Clinical Activities and Quality and Performance Improvement Update

Purpose: The report contains a summary of the clinical activities as well as a snapshot of the quality and performance improvement initiatives of the Ben Taub Hospital's Neonatal Program for review of the Harris Health System's Board of Trustees.

Background:

In June 2016, there was a change in Texas regulation authorizing the Texas Department of State Health Services to adopt rules establishing the levels of care for neonates. This rule includes the assignment of the levels of neonatal care to hospitals, divides the state into neonatal care regions, and facilitates transfer agreements through regional coordination. The change in this regulation requires hospitals to undergo a state designation process for the neonatal intensive care capability and commitment for a period of three (3) years. In 2018, Ben Taub hospital received its initial Neonatal Care Level III Designation. In 2021, Ben Taub received the full three year re-designation as a Level III Neonatal Intensive Care Unit from the State of Texas. It is currently set to expire in March 1, 2024.

Harris Health has elected to engage the American Academy of Pediatrics (AAP) to assess the state of readiness of our Ben Taub Neonatal Program.

The State designation program requires a written plan that needs the approval of the Board. The program plan must include the following elements:

A. Ben Taub Neonatal Program's structure: Program Medical Director, Program Nurse Manager, other relevant supports, and patient conditions served
B. Standards of neonatal practices, policies, and procedures that the program adopted, implemented, and enforced for the neonatal services provided
C. Specifications of periodic review and revision of policies and procedures
D. Written triage, stabilization and transfer guidelines
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K. Availability of personnel with knowledge and skills in breastfeeding support and counseling

Patient Care Progress Summary for 2021:
Appended below is a brief summary of the clinical activities of the Neonatal Program at Ben Taub Hospital.

Patient Volume Trends and Outcome Metrics

- BTH Newborn ICU outcome data is compared with information provided from the Vermont Oxford Neonatal Database—a national/international consortium of Newborn ICU units.

- The comparison outcome data is divided by levels of NICU care. The BTH NICU is an NICU

Calendar Year	2018		2019		2020		2021	
Newborn ICU Beds -- BTGH	20		20		20		20	
Deliveries (Mothers)	3089		3009		2570		2740	
Total Live Births (babies)	3099		3026		2593		2782	
	BTGH	**VON peers***	**BTGH**	**VON peers***	**BTGH**	**VON peers***	**BTGH**	**VON peers***
All Newborn ICU admissions	291	388	277	388	240	308	262	Pending
Newborn ICU ALOS	11	18	10	18	12	9	Pending	
Newborn ICU mortality	1.4%	2.0%	2.2%	2.0%	5.0%	2.6%	Pending	
Very Low Birth Weight (VLBW) (< or = 1500grams or 3#5oz) Data								
NICU Very Low Birth Weight admissions	61	54	44	54	36	48	69	Pending
NICU VLBW ALOS	67	63	75	63	52	52	Pending	
NICU VLBW Mortality	3.3%	11.4%	4.5%	11.4%	6.5%	14.0%	Pending	

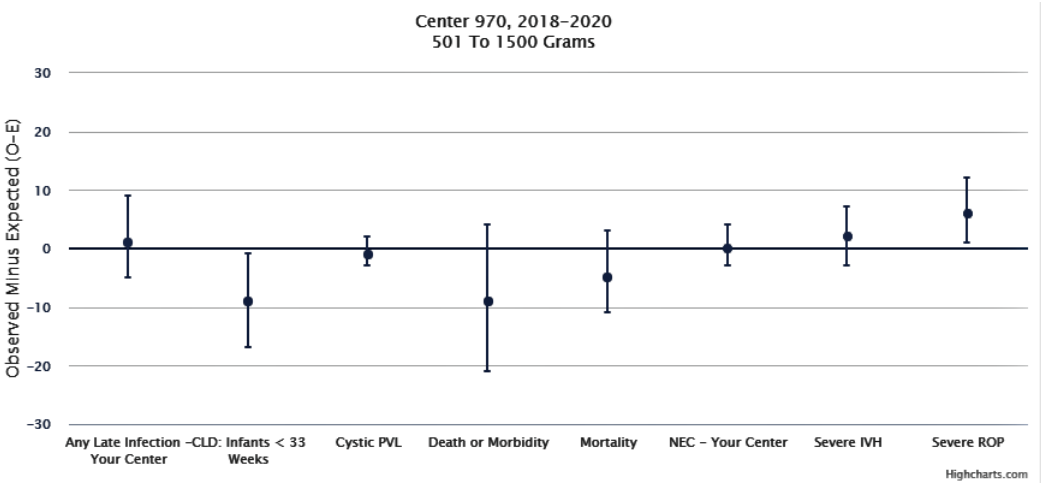
Type B—that is, no restrictions on the patients that can receive respirator care but where no pediatric surgical or pediatric cardiovascular surgery is performed.

Risk-adjusted indicators

- The chart that is appended includes the risk-adjusted rates for major outcomes that are compared and include: infections, chronic lung disease, mortality, necrotizing enterocolitis, intracranial bleeding, and severe retinopathy of prematurity for calendar years 2018, 2019, 2020. Risk adjusted data for calendar year 2021 will not be available until August or September of 2022.
- The dots represent the current value for this outcome and the vertical lines are the confident intervals. The horizontal line indicates where our expected value should be. If the value is above the line, then our value is above expected. If the value is below the line, the

value is better than expected. Our major outcomes are as a whole below or at the expected value. We continue to have opportunities related to our infection rate, rate of intracranial hemorrhage and our rates of severe Retinopathy of Prematurity.

Calendar Year 2018 - 2020



Quality Initiatives

- As of the beginning of May 2022, the BTGH has been **61 days** free of unplanned extubations. We have had **43 intubation days**.

  As of the beginning of May 2022, we have been **13 months free** of CLABSI with an accumulated **845 device days**

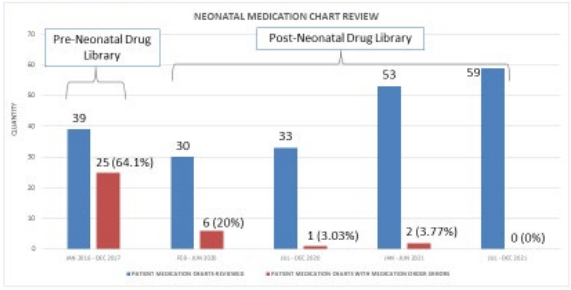
  For calendar year 2021, we recorded a **1.7 % contamination rate** of blood cultures.

- Neonatal Library for neonatal dosing regimens:
  Purpose: reduce medication ordering errors. A newborn specific medication dosing library was developed in collaboration with LBJ so that only newborn dosing guidelines would appear as opposed to all dosing regimens for adults as well.

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Results

Figure 1: Neonatal Medication Order Review



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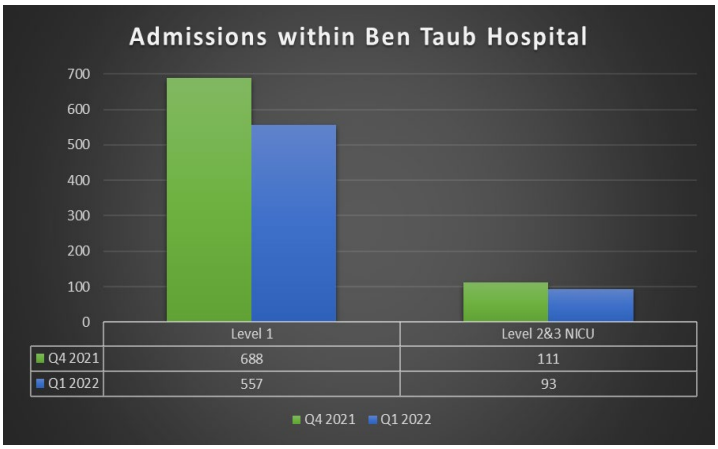
Results

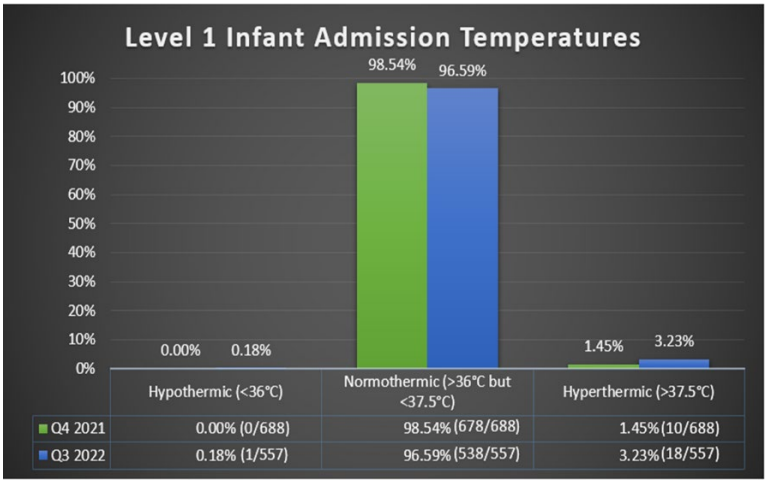
- Time delay until correct medication order was prescribed by provider
  - Pre-Neonatal Drug Library: 1,245 minutes
  - Post-Neonatal Drug Library

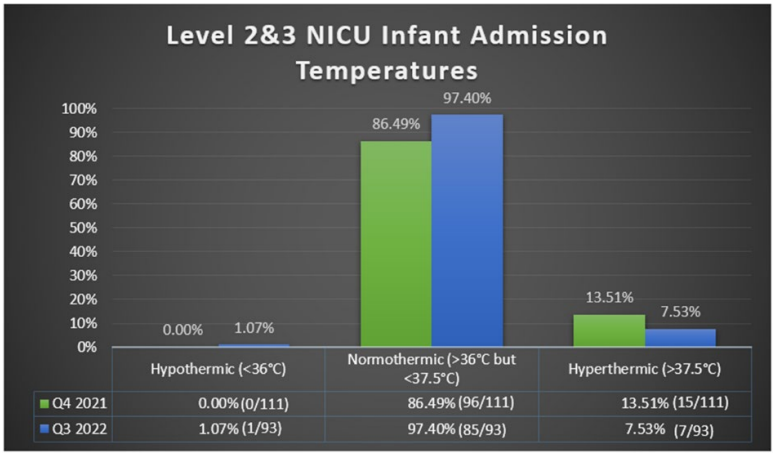
Time Frame	Total Time Delay Post Neonatal Drug Library
February – June 2020	*1,041 minutes
July – December 2020	18 minutes
January – June 2021	*50 minutes
July – December 2021	0 minutes

*Total time delay includes provider log in to incorrect medication ordering environment

- <u>Texas Collaborative for Healthy Moms and Babies Newborn Admission Temperatures:</u> Ben Taub is participating in a state sponsored quality initiative project through TCHMB with the goal of implementing evidence-based practice guidelines to increase the proportion of newborn infants with admission temperatures within normal limits (36°-37.5° C) and reduce health disparities. By participating in this initiative, temperatures are evaluated on admission of every infant born at Ben Taub including a calculation of disparities based on race/ethnicity.


Admissions within Ben Taub Hospital
700
600
500
400
300
200
100
0
Level 1
Level 2&3 NICU
Q4 2021
688
111
Q1 2022
557
93
Q4 2021
Q1 2022


Level 1 Infant Admission Temperatures
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
98.54%
96.59%
0.00%
0.18%
1.45%
3.23%
Hypothermic (<36°C)
Normothermic (>36°C but <37.5°C)
Hyperthermic (>37.5°C)
Q4 2021
0.00% (0/688)
98.54% (678/688)
1.45% (10/688)
Q3 2022
0.18% (1/557)
96.59% (538/557)
3.23% (18/557)

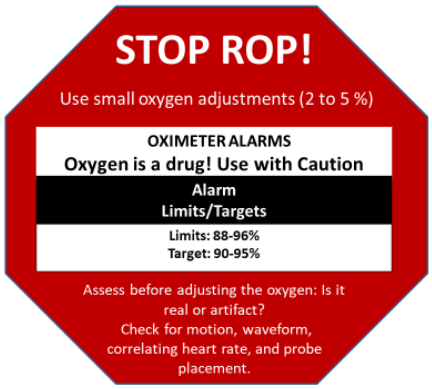

Level 2&3 NICU Infant Admission Temperatures
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
97.40%
86.49%
13.51%
7.53%
0.00%
1.07%
Hypothermic (<36°C)
Normothermic (>36°C but <37.5°C)
Hyperthermic (>37.5°C)
Q4 2021
0.00% (0/111)
86.49% (96/111)
13.51% (15/111)
Q3 2022
1.07% (1/93)
97.40% (85/93)
7.53% (7/93)

- Reduction of Severe Retinopathy of Prematurity (ROP): Problem: Rate of severe ROP has been on the rise since 2018. VON benchmark is 10% and Ben Taub NICU is at 33% as of 2020. Severe ROP is a complication of prematurity that can lead to blindness in those affected and management is complex. Action: Developed multidisciplinary team and collaboratively implemented ROP bundle. Goal: Reduction of severe ROP to below VON benchmark within 6 months if implementation of ROP bundle.

  ROP QI Project Summary

  We recognized rising rates of severe Retinopathy of Prematurity (ROP) in 2019 in our Very Low Birth Weight babies (VLBW) population based on our Vermont Oxford Network (VON) data. Pushed aside by the COVID19 pandemic, Ben Taub NICU developed a multidisciplinary team to decrease the incidence of severe ROP in our VLBW babies October 2021. Our project is focusing on awareness for bedside providers – nursing, respiratory therapy and physicians – using a new STOP sign for target saturation goals, and alarm limits on monitors and oxygen delivery equipment for all babies at risk for ROP. We have standardized the bedside rescue equipment to ensure oxygen level is set on the blender at the same baseline as each baby needs. Histograms are now standard discussion on rounds by our RT and MD team members. Education started January 2022 and repeated April 2022. We are in the process of auditing twice weekly with reminders to bedside staff as needed. Plan for VON data query June 2022.

  Team members: Kelli Phillips, Francis Medellin, Sonya Schlicher, Janette Buenavista, Cathleen Carey-Hamlin, Dr Honey Herce, Dr Cathy Gannon



Program Need Opportunities

- Equipment: As of 2020, 95% of the radiant warmers in BT NICU are at end of service, 100% of incubators are at end of service, and 100% of Omni beds are at end of sale.
  Equipment: Ultrasound equipment is needed for the performance of point of care ultrasound for simple neonatal procedures and assessments.
  Central Monitoring for Level 3 Neo ICU and Level 2 High Risk Nursery: Central monitoring is needed in Ben Taub Neonatal ICU and L2 High Risk Nursery to increase both the safety and efficiency of the life sustaining care to the critically ill patient.

- Integration of Telemedicine on the neonatology service to enhance the ease and number of pediatric subspecialties that can readily offer consultation for our patients. AAP reviewers will expect to have documentation of subspecialty consultations in our EPIC notes and this would facilitate that expectation as a Level 3 NICU.

Conclusion:

The Ben Taub neonatal program plan was approved by the Board in 2020. The program maintains current policies, procedures, and guidelines to coordinate NICU care. Overall, Ben Taub Hospital NICU program has achieved the quality outcome as intended for neonate patients. In the late of 2023, the program will undergo another verification review from the American Academy of Pediatrics for renewal of a new re-designation cycle.

References:

Texas Administrative Code for Hospital Level of Care Designations for Neonatal Care
https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=133&sch=J&rl=Y

Neonatal Designation Level III
https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=133&rl=188

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HARRISHEALTH SYSTEM

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Board of Trustees
June 22, 2022

Quality Reporting Schedule

QGC Schedule					
January	**February**	**March**	**April**	**May**	**June**
Monthly	***Monthly***	***Monthly***	***Monthly***	***Monthly***	***Monthly***
SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion
SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs
SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System
SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction
SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery
SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data
Quarterly	***Quarterly***	***Quarterly***	***Quarterly***	***Quarterly***	***Quarterly***
SR.1 Threats to Patient Safety	SR.1 Threats to Patient Safety	SR.8 Infection prevention and control system, including HAI	SR.1 Threats to Patient Safety	SR.1 Threats to Patient Safety	SR.8 Infection prevention and control system, including HAI
SR.3 Operative and Invasive Procedures	SR.2 Medication Therapy/Medication Use	SR.10 Patient Flow Issues	SR.3 Operative and Invasive Procedures	SR.2 Medication Therapy/Medication Use	SR.10 Patient Flow Issues
SR.4 Anesthesia/moderate sedation; adverse events	SR.4 Anesthesia/moderate sedation; adverse events	SR. 11 Customer Satisfaction	SR.4 Anesthesia/moderate sedation; adverse events	SR.4 Anesthesia/moderate sedation; adverse events	SR. 11 Customer Satisfaction
SR. 8 IP and Control System, HAIs	SR.5 Blood and blood components - adverse events/usage*	SR.16 Critical &/or pertinent processes both clinical & supportive	SR. 8 IP and Control System, HAIs	SR.5 Blood and blood components - adverse events/usage*	SR.16 Critical &/or pertinent processes both clinical & supportive
SR.13 Unanticipated Deaths, Adverse and/or Sentinel Events	SR.8 Infection prevention and control system, including HAI	GI Service Line	SR.13 Unanticipated Deaths, Adverse and/or Sentinel Events	SR.8 Infection prevention and control system, including HAI	GI Service Line
SR.14 Adverse Events/Near Misses	SR. 12 Discrepant Pathology Reports	***Semi-Annual***	SR.14 Adverse Events/Near Misses	SR. 12 Discrepant Pathology Reports	***Semi-Annual***
SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.4 Anesthesia/moderate sedation; adverse events
Maternal Health Service Line	SR.17 Medical record delinquency		Maternal Health Service Line	SR.17 Medical record delinquency	SR.16 Critical &/or pertinent processes both clinical & supportive
Semi-Annual	SR.18 Physical Environment Mgt Systems		***Semi-Annual***	SR.18 Physical Environment Mgt Systems	
SR.9 Utilization Management System	Cardiology Service Line		SR.16 Critical &/or pertinent processes both clinical & supportive	Cardiology Service Line	
SR.16 Critical &/or pertinent processes both clinical & supportive	***Semi-Annual***			***Semi-Annual***	
	SR.16 Critical &/or pertinent processes both clinical & supportive			SR.16 Critical &/or pertinent processes both clinical & supportive	

July	August	September	October	November	December
Monthly	***Monthly***	***Monthly***	***Monthly***	***Monthly***	***Monthly***
SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion	SR. 6 Restraint Use/Seclusion
SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs	SR. 8 IP and Control System, HAIs
SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System	SR. 9 Utilization Management System
SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction	SR. 11 Customer Satisfaction
SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery	SR. 15 Readmissions and Unplanned Return to Surgery
SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data	SR. 19 Relevant Data
Quarterly	***Quarterly***	***Quarterly***	***Quarterly***	***Quarterly***	***Quarterly***
SR.1 Threats to Patient Safety	SR.1 Threats to Patient Safety	SR.8 Infection prevention and control system, including HAI	SR.1 Threats to Patient Safety	SR.1 Threats to Patient Safety	SR.8 Infection prevention and control system, including HAI
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SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	SR.4 Anesthesia/moderate sedation; adverse events
Maternal Health Service Line	SR.17 Medical record delinquency	***Annual***	Maternal Health Service Line	SR.17 Medical record delinquency	SR.16 Critical &/or pertinent processes both clinical & supportive
Semi-Annual	SR.18 Physical Environment Mgt Systems	SR.16 Critical &/or pertinent processes both clinical & supportive	***Semi-Annual***	SR.18 Physical Environment Mgt Systems	
SR.9 Utilization Management System	Cardiology Service Line		SR.16 Critical &/or pertinent processes both clinical & supportive	Cardiology Service Line	
SR.16 Critical &/or pertinent processes both clinical & supportive	***Semi-Annual***		***Annual***	***Semi-Annual***	
	SR.16 Critical &/or pertinent processes both clinical & supportive		SR.16 Critical &/or pertinent processes both clinical & supportive	SR.16 Critical &/or pertinent processes both clinical & supportive	
				Annual	
				SR.16 Critical &/or pertinent processes both clinical & supportive	

Thursday, June 23, 2022

Consideration of Approval to Convey a Non-Exclusive Utility Easement and Right of Way to Verizon Wireless at Ben Taub Hospital, 1504 Ben Taub Loop, Houston, Harris County, Texas

Administration requests Board of Managers approval to authorize the conveyance of a non-exclusive easement and Right of Way to GTE Mobilnet of South Texas Limited Partnership d/b/a Verizon Wireless for utilities to be located along a ten feet (10') wide right-of-way extending from the nearest public right-of-way to Harris Health System's wireless communication equipment within the building at 1504 Ben Taub Loop, Houston, TX. The easement is identified as "a proposed 10-foot wide fiber easement being a part of a tract of land containing 11.4361 acres, more or less, out of the P.W. Rose Survey, Abstract No. 645, City of Houston, Harris County, Texas, and being more particularly described in Deed recorded under Clerk's File Nos. C348902 and C348906" as detailed in the attached easement and survey sketches.

This will allow Verizon Wireless to provide service cellular service to the Ben Taub campus.

AFTER RECORDING RETURN TO:

BAKER DONELSON BEARMAN CALDWELL & BERKOWITZ, P.C.
1501 MAIN STREET, SUITE 310
COLUMBIA, SOUTH CAROLINA 29201

STATE OF TEXAS)
) **UTILITY EASEMENT AND RIGHT**
COUNTY OF HARRIS) **OF WAY AGREEMENT**

THIS UTILITY EASEMENT AND RIGHT OF WAY AGREEMENT (the "Agreement") is made and executed between **HARRIS COUNTY HOSPITAL DISTRICT d/b/a Harris Health System**, with a mailing address of 4800 Fournace, Bellaire, Texas 77401, hereinafter designated GRANTOR, and **GTE MOBILNET OF SOUTH TEXAS LIMITED PARTNERSHIP d/b/a Verizon Wireless** with its principal offices at One Verizon Way, Mail Stop 4AW100, Basking Ridge, New Jersey 07920, hereinafter designated GRANTEE.

WHEREAS, GRANTEE (and/or its affiliates) are parties to an agreement with Boingo Wireless (and/or its affiliates) ("Boingo") whereby GRANTEE has installed wireless communications equipment needed to connect to Boingo's distributed antenna system within the building located at 1504 Ben Taub Loop, Houston, Harris County, Texas (the "Building").

WHEREAS, GRANTOR is the owner of the Building and the real property on which the Building is located. GRANTOR's property is shown on the Tax Map of Harris County as Tax Account Number 0440970000170 and is described on Exhibit A attached hereto.

WHEREAS, GRANTEE desires to obtain from GRANTOR, and GRANTOR desires to grant to GRANTEE, upon the terms and conditions stated in this Agreement, a non-exclusive easement in and to a portion of GRANTOR's property for utilities, including but not limited to fiber, which will be along a ten feet (10') wide right-of-way extending from the nearest public right-of-way to the GRANTEE's equipment within the Building.

WITNESSETH:

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that for good and valuable consideration, the receipt of which is hereby acknowledged by GRANTOR, GRANTOR, has granted, bargained, sold and released, and by these Presents does grant, bargain, sell and release, unto the GRANTEE, its successors and assigns, a non-exclusive easement and right-of-way ten feet (10') in width (the "Easement") for the purpose of installation, repair, maintenance

and removal of utilities including, but not limited to fiber, including the right to place utility wires, poles, cables, conduits, and pipes over, under and along said Easement, together with the right of ingress and egress to and from said Easement, seven (7) days a week, twenty-four (24) hours a day, on foot or motor vehicle, including trucks, over and across the Property, said Easement being in the location depicted on Exhibit B attached hereto and incorporated herein by reference.

PROVISIONS

1. It is the intent of this Agreement to convey to GRANTEE a non-exclusive perpetual easement for the purposes as set forth herein over, in, on and through the Easement. However, to the extent the grant made hereby shall fail in any respect, or is held to be invalid, in whole or in part, including but not limited to the effectiveness of the grant made hereby, this Agreement shall continue in full force and effect to the full extent of GRANTOR's interest in and to any part of the Easement.

2. GRANTEE, its agents, independent contractors, subtenants, licensees, tenants, utility providers, and invitees shall have use of the Easement as described herein for the installation and maintenance of utility wires, poles, cables, conduits, and pipes over, under, or along the Easement together with the right of ingress and egress to and from the Easement, seven (7) days a week, twenty-four (24) hours a day, on foot or motor vehicle, including trucks. GRANTEE has GRANTOR’s consent for all necessary fiber installation activities including, but not limited to, trenching and boring.

3. GRANTEE shall pay for all costs incurred in connection with creation of the Easement and all costs incurred in connection with GRANTEE’s subsequent improvements within the Easement.

4. GRANTOR covenants that GRANTOR is seized of good and sufficient title and interest to the Easement and has full authority to enter into and execute this Agreement. GRANTOR further covenants that there are no other liens, judgments or impediments of title on the Easement or affecting GRANTOR's title to the same and that there are no covenants, easements or restrictions which prevent the use of the Easement by GRANTEE as set forth herein.

5. It is agreed and understood that this Agreement contains all agreements, promises and understandings between GRANTOR and GRANTEE and that no verbal or oral agreements, promises or understandings shall be binding upon either GRANTOR or GRANTEE in any dispute, controversy or proceeding at law, and any addition, variation or modification to this Agreement shall be void and ineffective unless made in writing and signed by the parties hereto.

6. This Agreement and the performance thereof shall be governed, interpreted, construed, and regulated by the laws of the State of Texas.

7. Any notices regarding this Agreement must be in writing and shall be deemed validly given if sent by certified mail, return receipt requested or by commercial courier, provided the courier's regular business is delivery service and provided further that it guarantees delivery to the addressee by the end of the next business day following the courier's receipt from the sender, addressed as follows (or any other address that the party to be notified may have designated to the sender by like notice):

GRANTOR: Harris County Hospital District
d/b/a Harris Health System
Attn: CEO/President
P.O. Box 66769
Houston, Texas 77266-6769

GRANTEE: GTE Mobilnet of South Texas Limited Partnership
d/b/a Verizon Wireless
180 Washington Valley Road
Bedminster, New Jersey 07921
Attention: Network Real Estate

Notice shall be effective upon actual receipt or refusal as shown on the receipt obtained pursuant to the foregoing.

10. This Agreement may be sold, assigned or transferred by GRANTEE without any approval or consent of GRANTOR.

11. This Agreement shall extend to and bind the heirs, personal representatives, successors and assigns of the parties hereto.

TOGETHER with all and singular the rights, members, hereditaments and appurtenances to the Easement belonging, or in anywise incident or appertaining.

TO HAVE AND TO HOLD, all the interests, rights, and privileges herein granted in and to the Easement before described unto GRANTEE, its successors and assigns, for the term as stated herein.

GRANTOR does hereby bind GRANTOR and GRANTOR's heirs, successors or executors and administrators, to warrant and forever defend all and singular the said Easement unto GRANTEE and GRANTEE'S successors and assigns against GRANTOR and GRANTOR's heirs and against every person whomsoever lawfully claiming or to claim the same, or any part

thereof.

IN WITNESS WHEREOF, GRANTOR and GRANTEE have executed this Agreement under seal effective as of the _____ day of _____ 202__.

GRANTOR:

HARRIS COUNTY HOSPITAL DISTRICT d/b/a Harris Health System

By: _____
Name: _____
Title: _____
Date: _____

GRANTEE:

GTE MOBILNET OF SOUTH TEXAS LIMITED PARTNERSHIP d/b/a Verizon Wireless

By: Cellco Partnership, Its General Partner

By: _____
Name: _____
Title: _____
Date: _____

STATE OF TEXAS)
)
COUNTY OF HARRIS)

ACKNOWLEDGMENT

I, _____, a Notary Public for said County and State, do hereby certify that _____, the _____ of **HARRIS COUNTY HOSPITAL DISTRICT d/b/a Harris Health System** personally came before me this day and acknowledged that s/he executed the foregoing instrument as his/her own act and deed on behalf of such entity.

WITNESS my hand and official Notarial Seal, this ___ day of _____, 202__.

_____
Notary Public

My Commission Expires:

_____

STATE OF _____)
) **ACKNOWLEDGMENT**
COUNTY OF _____)

I, _____, a Notary Public for _____ County and said State, do hereby certify that **_____** personally came before me this day and acknowledged that s/he is the _____ of Cellco Partnership, the General Partner of **GTE Mobilnet of South Texas Limited Partnership d/b/a Verizon Wireless** and that s/he, as _____, being authorized to do so, executed the foregoing instrument on behalf of **GTE Mobilnet of South Texas Limited Partnership d/b/a Verizon Wireless**.

WITNESS my hand and official Notarial Seal, this ___ day of _____, 202_.

_____
Notary Public

My Commission Expires:
_____

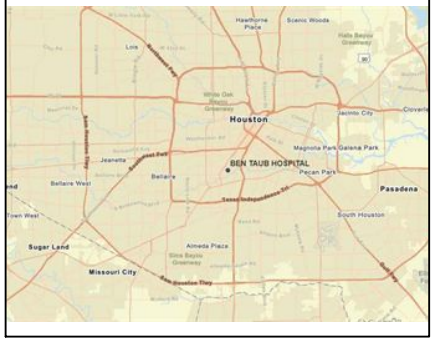
EXHIBIT A

LEGAL DESCRIPTION OF GRANTOR'S PROPERTY

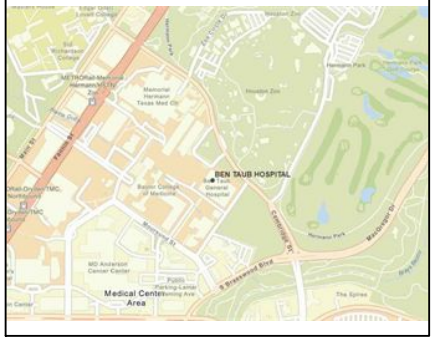
EXHIBIT B

LOCATION OF GRANTEE'S EASEMENT
See Attached

LOCATION MAP



VICINITY MAP



BUILDING CODES

ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE CURRENT EDITIONS OF THE FOLLOWING CODES AS ADOPTED BY THE LOCAL GOVERNING AUTHORITIES:

- 2016 International Building Code, IBC
- 2016 International Residential Code, IRC
- 2016 International Fire Code, IFC
- 2016 International Mechanical Code, IMC
- 2016 International Plumbing Code, IPC
- 2020 National Electrical Code, NEC

NOTE:
THE PROPOSED EQUIPMENT WILL NOT BE USED FOR EMERGENCY RESPONSE EQUIPMENT.

SITE NAME:

BEN TAUB HOSPITAL

LOCATION CODE:

179428

PREPARED FOR:

verizon

PREPARED BY:

PM&A
6801 PORTWEST DRIVE
SUITE 100
HOUSTON, TX 77024
678-280-2325

PROJECT INFORMATION

SITE ADDRESS:	1504 BEN TAUB LOOP HOUSTON, TX 77030
LATITUDE: LONGITUDE:	29° 42' 39" N 95° 23' 37" W
JURISDICTION:	CITY OF HOUSTON
BUILDING OWNER:	HARRIS COUNTY HOSPITAL DISTRICT 2525 HOLLY HALL ST HOUSTON, TX 77045-4124
DEVELOPER:	VERIZON WIRELESS 14123 CICERO RD. HOUSTON, TX 77024 SHAUNAE TRUSTY
ENGINEER:	P. MARSHALL & ASSOCIATES 6801 PORTWEST DR. SUITE 100 PATRICK MARSHALL, P.E. 713-677-0964
POWER:	EXISITING
TELCO:	VZB

DRAWING INDEX

T-1	TITLE SHEET & PROJECT INFORMATION
C-1	GENERAL NOTES
C-2	OVERALL AERIAL SITE PLAN
C-2A	FIBER BACKHAUL PLAN - PHOTOS
C-2B	FIBER BACKHAUL PLAN - PHOTOS
C-2C	FIBER BACKHAUL PLAN - 1ST FLOOR
C-2D	FIBER BACKHAUL PLAN - BASEMENT
C-3	EXISTING HEAD END PLAN
C-3A	PROPOSED HEAD END PLAN
C-4	PROPOSED EQUIPMENT ELEVATION
C-5	PROPOSED HEAD END FIBER & COAX PLAN
C-6	STANDARD DETAILS
C-7	FIRE STOP SPECIFICATION
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E-2	ELECTRICAL & GROUNDING PLAN
E-3	ONE-LINE DIAGRAM
P-1	PHOTOS

SCOPE OF WORK

INSTALL PROPOSED VERIZON DAS EQUIPMENT IN BASEMENT LEVEL HEAD END. VERIZON TO UTILIZE GPS CONNECTION PROVIDED BY HALO IN HEAD END. ROUTE PROPOSED VERIZON FIBER BACKHAUL FROM ROW TO HEAD END.

CALL BEFORE YOU DIG
TEXAS ONE-CALL
811 or 1-800-545-6005
http://www.texas811.org/

STATE OF TEXAS
STEVE S. LEE
124679
LICENSED PROFESSIONAL ENGINEER
2-11-22
FIRM REGISTRATION #:13897

verizon

PM&A
P. MARSHALL & ASSOCIATES

BEN TAUB HOSPITAL

1504 BEN TAUB LOOP
HOUSTON, TX 77030

LOCATION CODE:
179428

NO.	DATE	DESCRIPTION:
0	09/20/2020	PRELIM ISSUE
1	11/01/2021	PRELIM ISSUE
2	02/11/2021	FINAL ISSUE

DESIGNED: NAM
DRAWN: LAW
CHECKED: SL

JOB #: 20_V1D-026

TITLE SHEET & PROJECT INFORMATION

T-1

GENERAL NOTES:

1. THE GENERAL CONTRACTOR MUST VERIFY ALL DIMENSIONS, CONDITIONS AND ELEVATIONS BEFORE STARTING WORK. ALL DISCREPANCIES SHALL BE CALLED TO THE ATTENTION OF THE ENGINEER AND SHALL BE RESOLVED BEFORE PROCEEDING WITH THE WORK. ALL WORK SHALL BE PERFORMED IN A WORKMANLIKE MANNER IN ACCORDANCE WITH ACCEPTED CONSTRUCTION PRACTICES.
2. IT IS THE INTENTION OF THESE DRAWINGS TO SHOW THE COMPLETED INSTALLATION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL TEMPORARY BRACING, SHORING, TIES, FORM WORK, ETC. IN ACCORDANCE WITH ALL NATIONAL, STATE, AND LOCAL ORDINANCES, TO SAFELY EXECUTE ALL WORK AND SHALL BE RESPONSIBLE FOR SAME. ALL WORK SHALL BE IN ACCORDANCE WITH LOCAL CODES.
3. THE CONTRACTOR SHALL USE ADEQUATE NUMBER OF SKILLED WORKMEN WHO ARE THOROUGHLY TRAINED AND EXPERIENCED IN THE NECESSARY CRAFTS AND WHO ARE COMPLETELY FAMILIAR WITH THE SPECIFIED REQUIREMENTS AND METHOD NEEDED FOR PROPER PERFORMANCE OF THE WORK.
4. CONSTRUCTION CONTRACTOR AGREES THAT IN ACCORDANCE WITH GENERALLY ACCEPTED CONSTRUCTION PRACTICES, CONSTRUCTION CONTRACTOR WILL BE REQUIRED TO ASSUME SOLE AND COMPLETE RESPONSIBILITY FOR JOB SITE CONDITIONS DURING THE COURSE OF CONSTRUCTION OF THE PROJECT, INCLUDING THE SAFETY OF ALL PERSONS AND PROPERTY. THIS REQUIREMENT SHALL BE MADE TO APPLY CONTINUOUSLY AND NOT BE LIMITED TO NORMAL WORKING HOURS. CONSTRUCTION CONTRACTOR FURTHER AGREES TO INDEMNIFY AND HOLD DESIGN ENGINEER HARMLESS FROM ANY AND ALL LIABILITY, REAL OR ALLEGED, IN CONNECTION WITH PERFORMANCE OF WORK ON THIS PROJECT.
5. SITE GROUNDING SHALL COMPLY WITH VERIZON WIRELESS GROUNDING STANDARDS, LATEST EDITION, AND COMPLY WITH VERIZON WIRELESS GROUNDING CHECKLIST, LATEST VERSION. WHEN NATIONAL AND LOCAL GROUNDING CODES ARE MORE STRINGENT THEY SHALL GOVERN.
6. ALL WORK SHALL COMPLY WITH OSHA AND STATE SAFETY REQUIREMENTS. PROCEDURES FOR THE PROTECTION OF EXCAVATIONS, EXISTING CONSTRUCTION AND UTILITIES SHALL BE ESTABLISHED PRIOR TO FOUNDATION INSTALLATION. IF TEMPORARY LIGHTING AND MARKING IS REQUIRED BY THE FEDERAL AVIATION ADMINISTRATION (FAA), IT IS THE CONTRACTOR'S RESPONSIBILITY TO MAINTAIN THE NECESSARY LIGHTS AND NOTIFY THE PROPER AUTHORITIES IN THE EVENT OF A PROBLEM.
7. ALL WORK SHALL BE ACCOMPLISHED IN ACCORDANCE WITH ALL LOCAL, STATE, AND FEDERAL CODES AND ORDINANCES. THE MOST STRINGENT CODE WILL APPLY IN THE CASE OF DISCREPANCIES OR DIFFERENCES IN THE CODE REQUIREMENTS.
8. ANY DAMAGE TO ADJACENT PROPERTIES SHALL BE CORRECTED AT THE CONTRACTOR'S EXPENSE.
9. THE CONTRACTOR IS RESPONSIBLE FOR PROVIDING AMPLE NOTICE TO THE BUILDING INSPECTION DEPARTMENT TO SCHEDULE THE REQUIRED INSPECTIONS. A MINIMUM OF 24 HOURS OF NOTICE SHALL BE GIVEN AND THE BUILDING INSPECTION DEPARTMENTS HAVE REQUESTED THAT GROUPS OF TWO OR THREE SITES BE SCHEDULED AT ONE TIME IF POSSIBLE.
10. CONTRACTOR SHALL VERIFY LOCATION OF ALL EXISTING UTILITIES WITHIN CONSTRUCTION LIMITS PRIOR TO CONSTRUCTION.
11. THE CONTRACTOR IS RESPONSIBLE FOR MAINTAINING POSITIVE DRAINAGE ON THE SITE AT ALL TIMES. SILT AND EROSION CONTROL SHALL BE MAINTAINED ON THE DOWNSTREAM SIDE OF THE SITE AT ALL TIMES. ANY DAMAGE TO ADJACENT PROPERTIES SHALL BE CORRECTED AT THE CONTRACTOR'S EXPENSE.
12. CLEARING OF TREES AND VEGETATION ON THE SITE SHOULD BE HELD TO A MINIMUM. ONLY THE TREES NECESSARY FOR CONSTRUCTION OF THE FACILITIES SHALL BE REMOVED. ANY DAMAGE TO PROPERTY OUTSIDE THE LEASE PROPERTY SHALL BE REPAIRED BY THE CONTRACTOR.
14. ALL SUITABLE BORROW MATERIAL FOR BACK FILL OF THE SITE SHALL BE INCLUDED IN THE BID. EXCESS TOPSOIL AND UNSUITABLE MATERIAL SHALL BE DISPOSED OF OFF SITE AT LOCATIONS APPROVED BY GOVERNING AGENCIES PRIOR TO DISPOSAL.
15. SEEDING AND MULCHING OF THE SITE SHALL BE ACCOMPLISHED AS SOON AS POSSIBLE AFTER COMPLETION OF THE SITE DEVELOPMENT. THE CONTRACTOR IS RESPONSIBLE FOR PROVIDING AND MAINTAINING AN ADEQUATE COVER OF VEGETATION OVER THE SITE FOR A ONE YEAR PERIOD.
16. PERMITS: OBTAIN AND PAY FOR REQUIRED PERMITS, LICENSES, FEES, INSPECTIONS, ETC.
17. RECORD DRAWINGS: MAINTAIN A RECORD OF ALL CHANGES, SUBSTITUTIONS BETWEEN WORK AS SPECIFIED AND INSTALLED. RECORD CHANGES ON A CLEAN SET OF CONTRACT DRAWINGS WHICH SHALL BE TURNED OVER TO THE CONSTRUCTION MANAGER UPON COMPLETION OF THE PROJECT.
18. THE CONTRACTOR SHALL VISIT THE SITE BEFORE BIDDING ON THE WORK CONTAINED IN THIS DESIGN PACKAGE.

LEGEND

X	FENCE
550	CONTOUR LINE
	PROPERTY LINE / ROW
	LEASE AREA
	EASEMENT
	DISCONNECT SWITCH
M	METER
	CIRCUIT BREAKER
X	CODED NOTE NUMBER
	CHEMICAL GROUND ROD
	GROUND ROD
	GROUND ROD WITH INSPECTION SLEEVE
	CADWELD TYPE CONNECTION
	COMPRESSION TYPE CONNECTION
G	GROUND WIRE
F	FIBER
C	COAX

verizon

P. MARSHALL & ASSOCIATES

BEN TAUB HOSPITAL

1504 BEN TAUB LOOP
HOUSTON, TX 77030

LOCATION CODE:
179428

NO.	DATE	DESCRIPTION:
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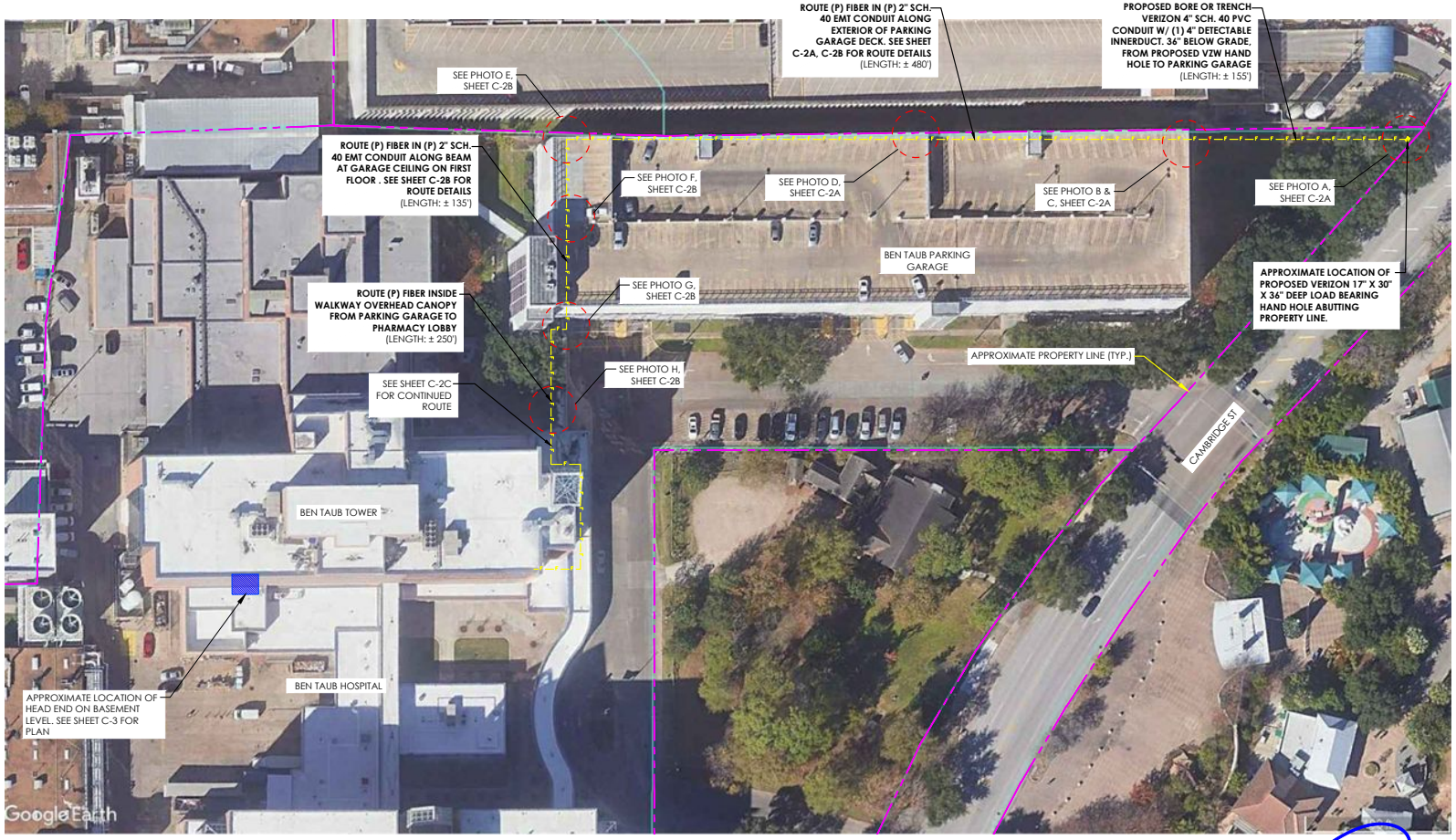
DESIGNED: NAM
DRAWN: LAW
CHECKED: SL

JOB #: 20_V1D-026

STATE OF TEXAS
STEVE S. LEE
124679
LICENSED PROFESSIONAL ENGINEER
2-11-22
FIRM REGISTRATION #:13897

GENERAL NOTES

GC-1



OVERALL SITE PLAN
SCALE: 1" = 75'

GRAPHIC SCALE
0 75' 150'
SCALE: 1" = 75'

verizon

P. MARSHALL & ASSOCIATES

BEN TAUB HOSPITAL

1504 BEN TAUB LOOP
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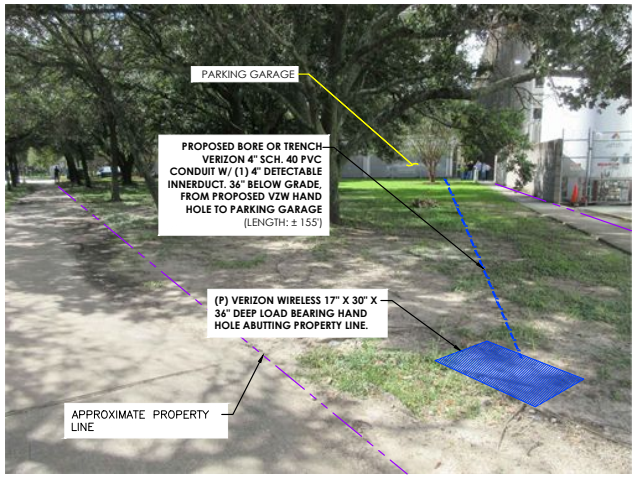
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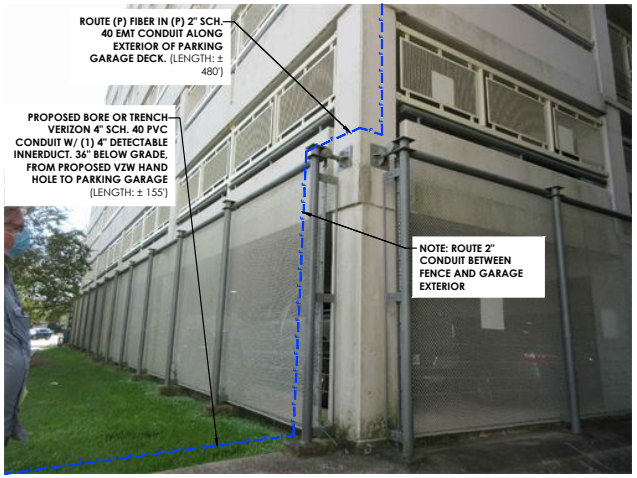
STATE OF TEXAS
STEVE S. LEE
124679
LICENSED PROFESSIONAL ENGINEER
2.11.22
FIRM REGISTRATION #:13897

OVERALL SITE PLAN

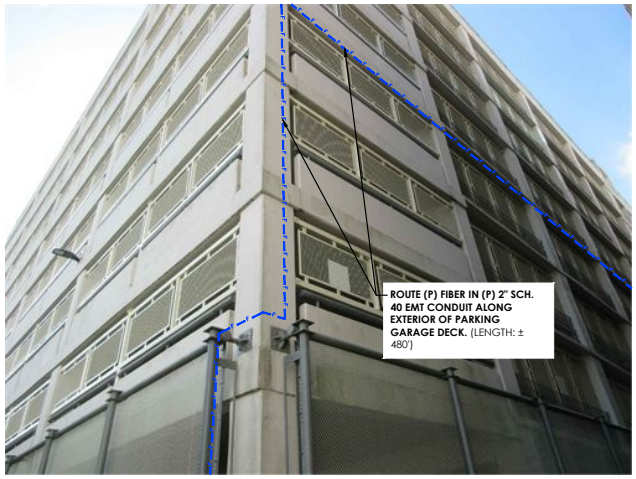
C-2



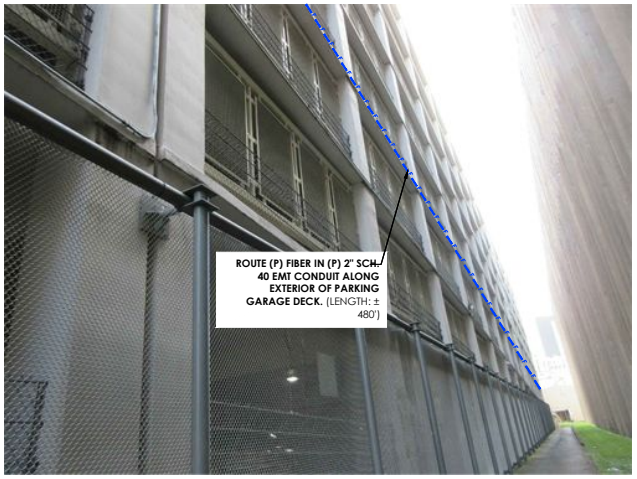
A PROPOSED HH AT ROW
SCALE: NTS



B PARKING GARAGE - NORTHEAST CORNER
SCALE: NTS



C PARKING GARAGE - NORTHEAST CORNER
SCALE: NTS



D PARKING GARAGE EXTERIOR
SCALE: NTS

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BEN TAUB HOSPITAL

1504 BEN TAUB LOOP
HOUSTON, TX 77030

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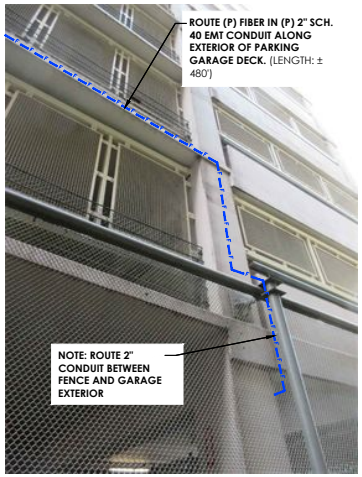
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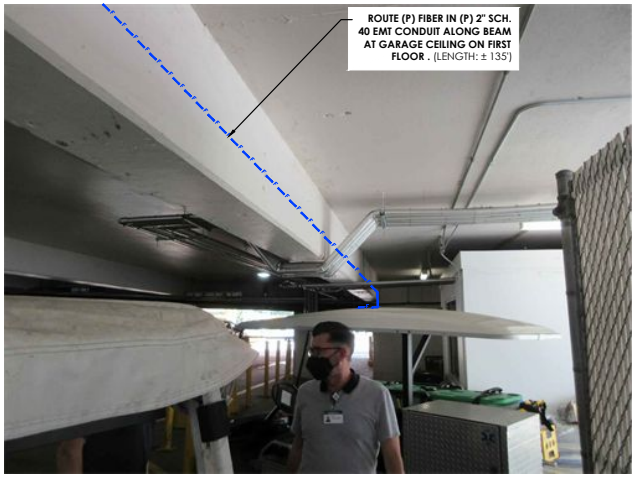
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2-11-22
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FIBER BACKHAUL PLAN - PHOTOS

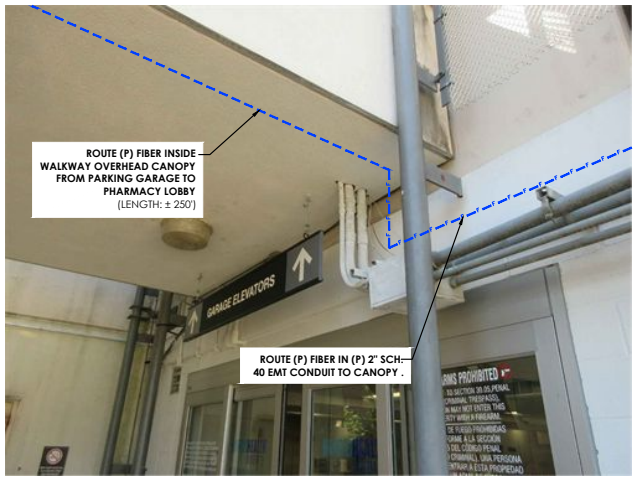
C-2A



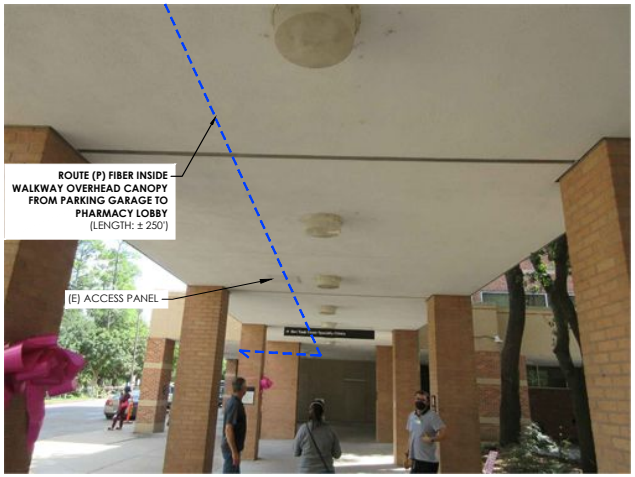
E PARKING GARAGE EXTERIOR
SCALE: NTS



F PARKING GARAGE - FIRST FLOOR
SCALE: NTS



G WALKWAY CANOPY AT PARKING GARAGE
SCALE: NTS



H WALKWAY CANOPY
SCALE: NTS

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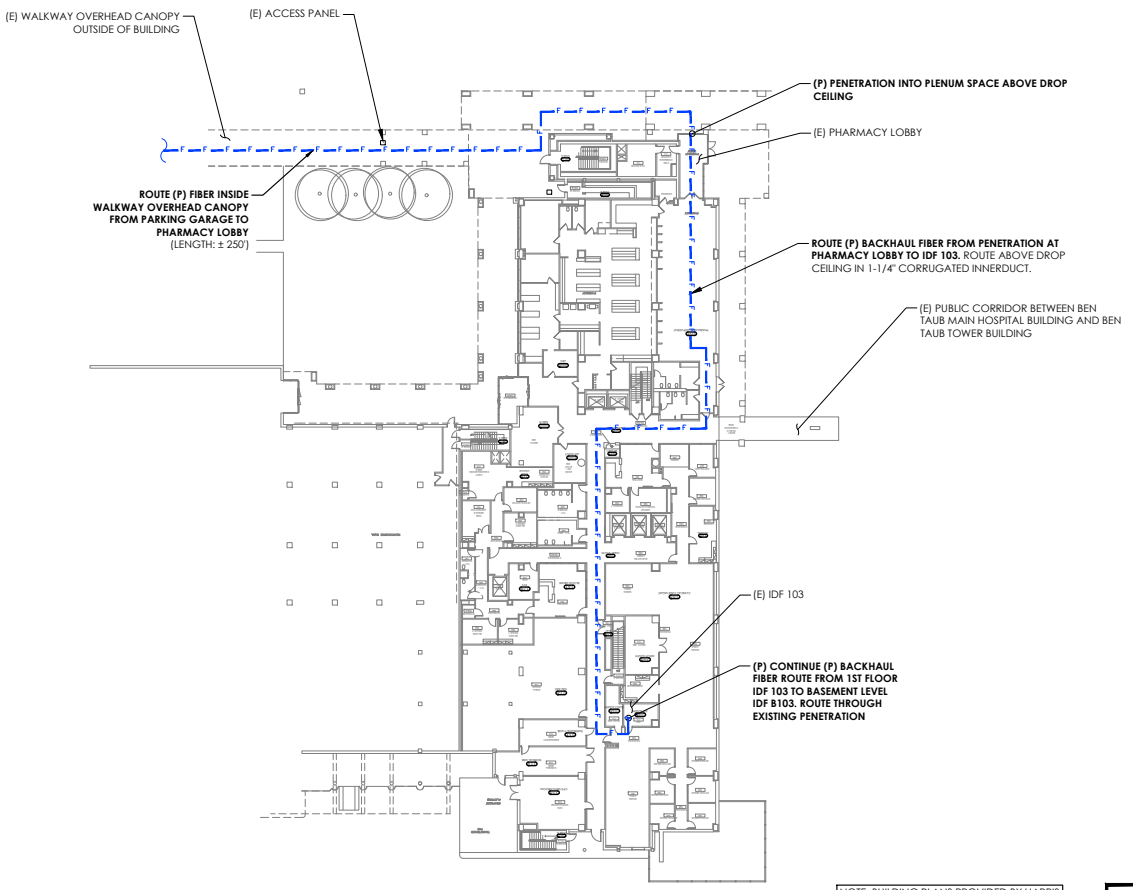
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FIBER BACKHAUL PLAN - PHOTOS

C-2A



NOTE: BUILDING PLANS PROVIDED BY HARRIS HEALTH

FIBER BACKHAUL PLAN - 1ST FLOOR

SCALE: 1" = 50'

N

W E

S

GRAPHIC SCALE

0 50' 100'

SCALE: 1" = 50'

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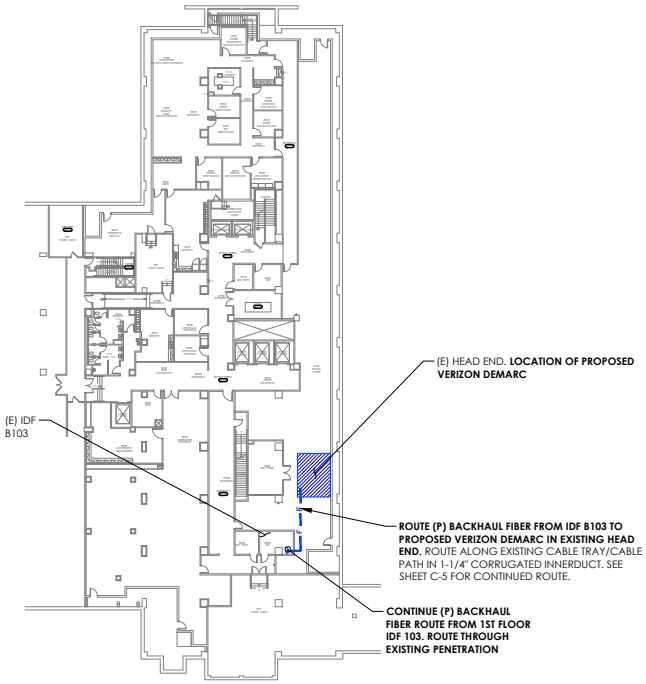
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FIBER BACKHAUL PLAN- 1ST FLOOR

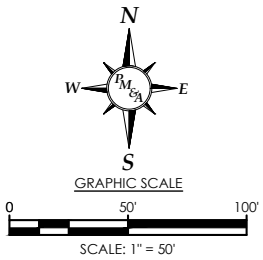
C-2C

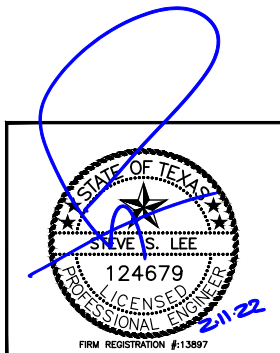


FIBER BACKHAUL PLAN - BASEMENT

SCALE: 1" = 50'

NOTE: BUILDING PLANS PROVIDED BY HARRIS HEALTH





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LOCATION CODE:
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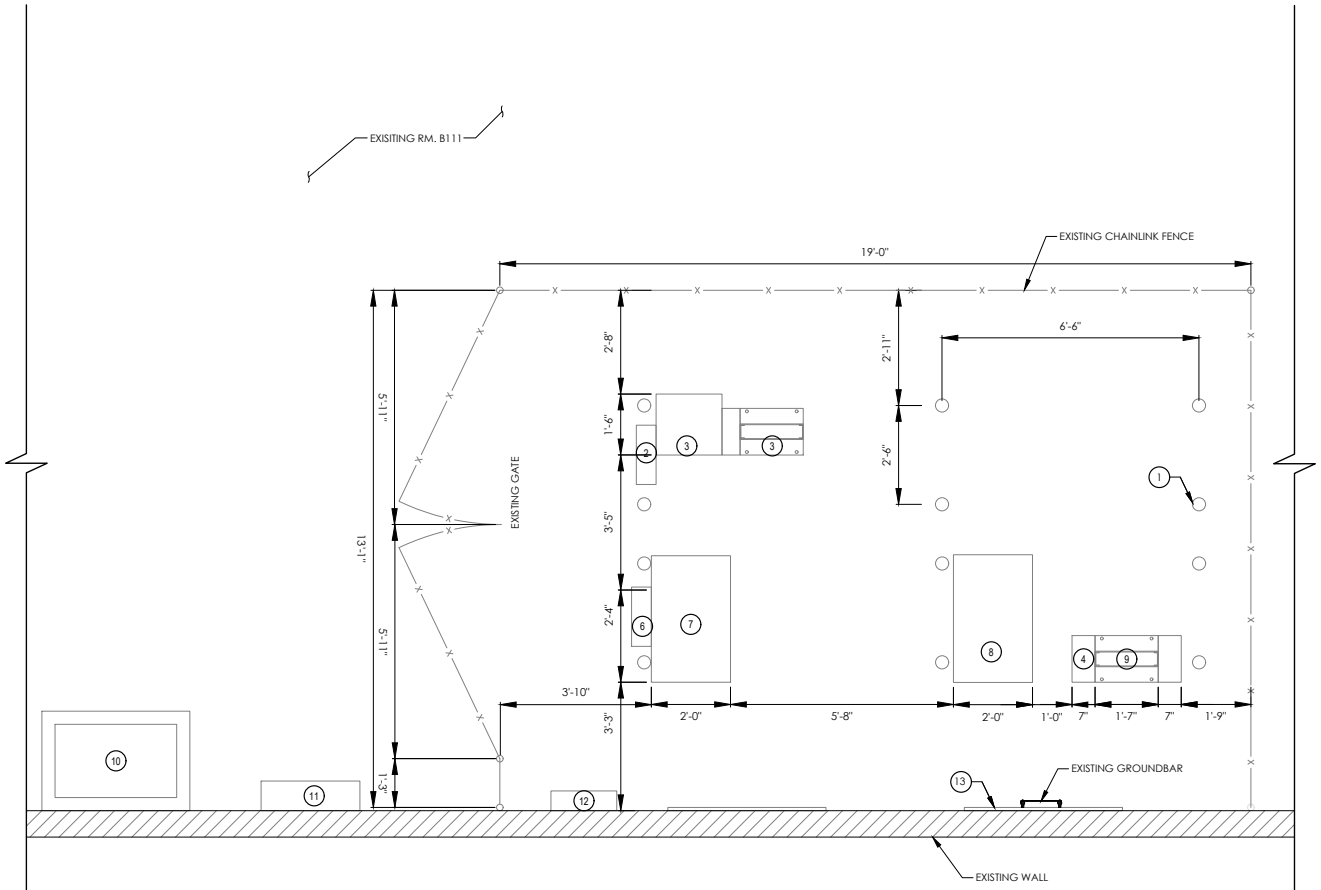
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FIBER BACKHAUL PLAN- BASEMENT

C-2D



EXISTING HEAD END

SCALE: 1" = 3'

GRAPHIC SCALE

0 3' 6'

SCALE: 1" = 3'

EXISTING EQUIPMENT LIST:

1. 2 3/8" DIAMETER METAL POLE SUPPORTS FOR CABLE LADDER. (TYP.)
2. UNISTRUT MOUNTED CARRIER AC PANEL
3. CARRIER EQUIPMENT RACK
4. VERTICAL CABLE MANAGEMENT (TYP.)
6. UNISTRUT MOUNTED AC PANEL
7. EQUIPMENT CABINET
8. DAS CABINET
   - SOLID DMS-1200 ALLIANCE DAS
   - JMA TEKO DAS POI
   - (4) SOLID ODU
   - (2) SOLID POWER SUPPLY
9. 19" 2 POST EQUIPMENT RACK
   - GROUNDING BAR
   - (3) CORNING LANDSCAPE FIBER DISTRIBUTION PANELS
   - (2) APC UPS
10. 150KVA XFMR
    - FED FROM SWITCHBOARD 'DSA" 200A BREAKER
    - FEEDS 400A-120/208V 3P DISCONNECT
11. GE GENERAL DUTY SAFETY SWITCH
    - "DISTRUBUTED ANTENNA SYSTEM"
    - 400A DISCONNECT FED FROM 150KVA XFMR FEEDS 400A "MAIN PANEL"
12. AC PANEL
    - "MAIN PANEL"
    - 400A-120/208 V 3PH 4W FEED FROM 400A DISCONNECT
13. TELCO PLYWOOD BOARD (TYP.)

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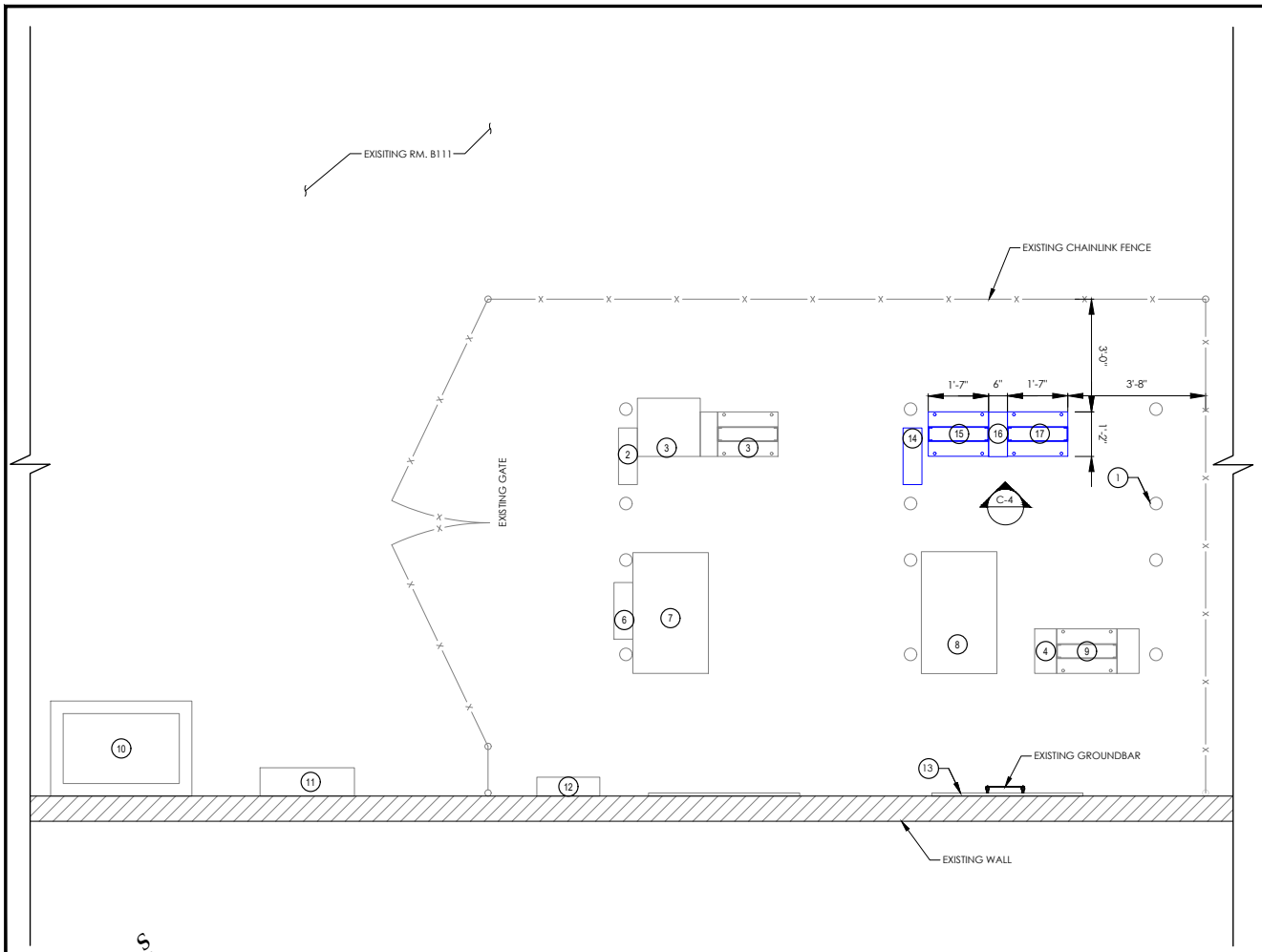
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EXISTING HEAD END

C-3



PROPOSED HEAD END

SCALE: 1" = 3'

GRAPHIC SCALE

0 3' 6'

SCALE: 1" = 3'

EXISTING EQUIPMENT LIST:

1. 2 3/8" DIAMETER METAL POLE SUPPORTS FOR CABLE LADDER. (TYP.)
2. UNISTRUT MOUNTED CARRIER AC PANEL
3. CARRIER EQUIPMENT RACK
4. VERTICAL CABLE MANAGEMENT (TYP.)
6. UNISTRUT MOUNTED AC PANEL
7. EQUIPMENT CABINET
8. DAS CABINET
   - SOLID DMS-1200 ALLIANCE DAS
   - JMA TEKO DAS POI
   - (4) SOLID ODU
   - (2) SOLID POWER SUPPLY
9. 19" 2 POST EQUIPMENT RACK
   - GROUNDING BAR
   - (3) CORNING LANDSCAPE FIBER DISTRIBUTION PANELS
   - (2) APC UPS
10. 150KVA XFMR
    - FED FROM SWITCHBOARD 'DSA" 200A BREAKER
    - FEEDS 400A-120/208V 3P DISCONNECT
11. GE GENERAL DUTY SAFETY SWITCH
    - "DISTRUBUTED ANTENNA SYSTEM"
    - 400A DISCONNECT FED FROM 150KVA XFMR FEEDS 400A "MAIN PANEL"
12. AC PANEL
    - "MAIN PANEL"
    - 400A-120/208 V 3PH 4W FEED FROM 400A DISCONNECT
13. TELCO PLYWOOD BOARD (TYP.)

PROPOSED EQUIPMENT LIST:

14. **FUTURE UNISTRUT MOUNTED 100A 3φ 4W AC PANEL PROVIDED BY BOINGO AND DEDICATED TO VERIZON**
15. **PROPOSED 19" EQUIPMENT RACK FOR VERIZON DCPP, TRANSPORT EQUIPMENT, AND DAS EQUIPMENT**
16. **PROPOSED 6" VERTICAL CABLE MANAGEMENT SYSTEM**
17. **PROPOSED 19" EQUIPMENT RACK FOR FUTURE VERIZON GROWTH**

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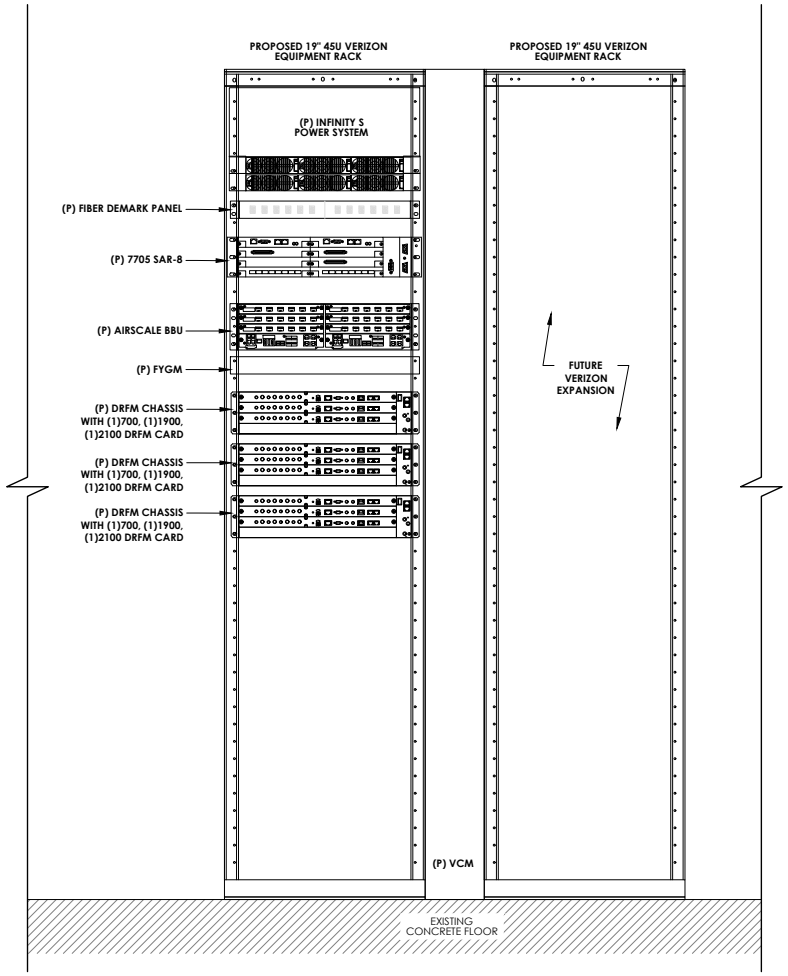
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PROPOSED HEAD END

C-3A



PROPOSED EQUIPMENT ELEVATION

SCALE: 1" = 1'

GRAPHIC SCALE

0 1' 2'

SCALE: 1" = 1'

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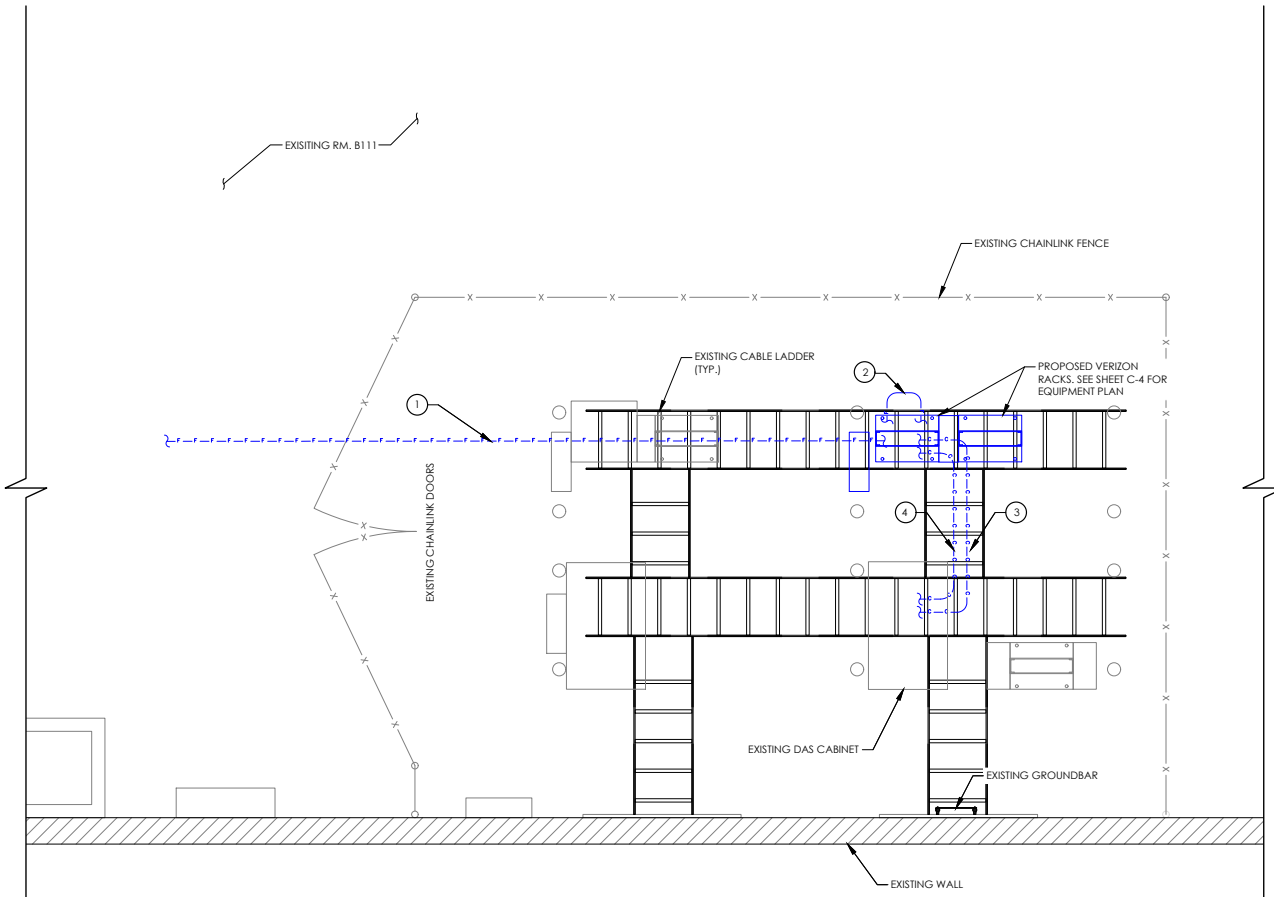
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PROPOSED EQUIPMENT ELEVATION

C-4



CABLE KEY NOTES:

1. **ROUTE (P) BACKHAUL FIBER FROM IDF B103 TO PROPOSED VERIZON DEMARC IN EXISTING HEAD END.** ROUTE ALONG EXISTING CABLE TRAY/CABLE PATH IN 1-1/4" CORRUGATED INNERDUT.
2. ROUTE PROPOSED FIBER FROM PROPOSED DRFMS TO AIRSCALE BBU
3. ROUTE PROPOSED COAX FROM PROPOSED DRFMS TO DAS POI
4. ROUTE PROPOSED COAX FROM PROPOSED FYGM TO DAS CONNECTION PROVIDED BY BOINGO IN HEAD END. GPS CONNECTION TBD.

PROPOSED HEAD END FIBER & COAX PLAN
SCALE: 1" = 3'

GRAPHIC SCALE
0 3' 6'
SCALE: 1" = 3'

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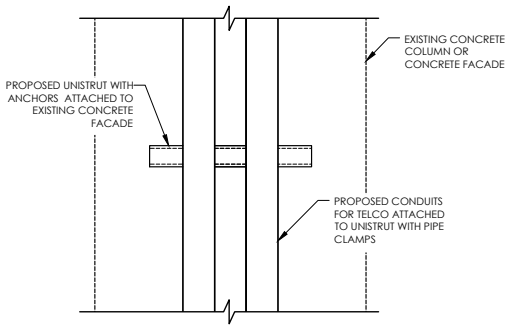
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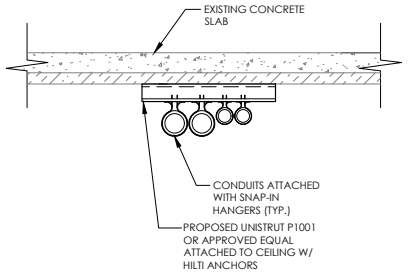
PROPOSED HEAD END FIBER & COAX PLAN

C-5



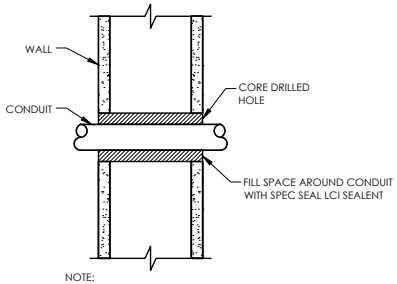
CONDUIT ELEVATION DETAIL AT CONC. COL. & FACADE

NOT TO SCALE



CONDUIT HANGER DETAIL

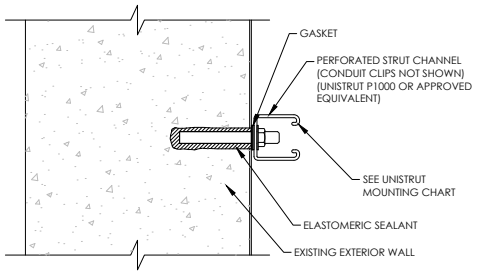
N.T.S.



NOTE:
PIPE ANCHORS REQUIRED IN CLOSE PROXIMITY TO PENETRATIONS TO PREVENT MOVEMENT

WALL PENETRATION DETAIL

N.T.S.



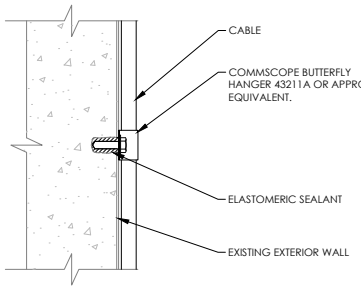
PERFORATED STRUT MOUNTING DETAIL

N.T.S.

WALL CONSTRUCTION TYPE	USE
HOLLOW	3/8" DIA. TOGGLE BOLT
HOLLOW, AT STUD	3/8" DIA. LAG SCREW
CONCRETE BLOCK (HOLLOW)	3/8" DIA. HILTI HY-20 WITH SCREEN, MIN. EMBEDMENT 2 1/2"
CONCRETE (SOLID)	3/8" DIA. HILTI HY-150 WITH SCREEN, MIN. EMBEDMENT 2 1/2"

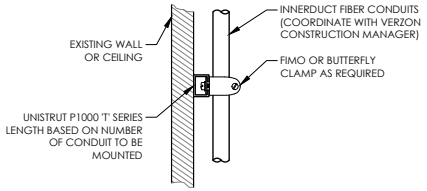
NOTE:
USE STANDARD GALVANIZED HARDWARE FOR WALL MOUNT AND CONNECTION OF CHANNELS. SPACE UNITS AT 5'-0" ON CENTER.

UNISTRUT MOUNTING CHART



CABLE MOUNTING CLIP DETAIL

N.T.S.



CONDUIT MOUNTING DETAIL

N.T.S.

6/3/2022

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STANDARD DETAILS

C-6

PRODUCT DATA SHEET

SERIES LCI INTUMESCENT SEALANT

APPLICATIONS

SpecSeal® LCI Sealant has a broad application base designed to seal a wide variety of common penetrations and construction joints. Penetrant types include insulated and non-insulated metallic pipes and tubes, non-metallic pipes and tubes, and common electrical service and power distribution, telephone, data, and TV cabling. This product is also used in conjunction with other SpecSeal® Products such as SpecSeal® Firestop Collars and Wrap Strips to protect larger plastic pipes. See Table A for a summary application list.



PHYSICAL PROPERTIES

Properties	Series LCI
Color	Red
Odor	Mild Latex
Density	9.0 lb/gal (1.08 kg/L)
pH	9.0
Solids Content By Weight	80%
Solids Content By Volume	66.9%
In Service Temperature	≤ 185°F (85°C)
Flame Spread	0*
Smoke Developed	0*
STC Rating	62 (Relates to specific construction) (ASTM E 90-04/ASTM C919)
VOC Content (EPA Method 24/ASTM D3960)	26g/L
Shelf Life	2 yrs
Expansion Begins	350°F (177°C)
Volume Expansion	10X Free Expansion
Storage Temp.	40°F (4°C) - 95°F (35°C)

* Tested to ASTM E84 (UL723) at 14% surface coverage (modified test for sealants and caulks)

PRODUCT DESCRIPTION

SpecSeal® LCI Sealant is a versatile and economical intumescent sealant that has excellent caulking properties as well as high build properties on vertical or overhead surfaces. This single grade may be caulked (standard cartridge or bulk loaded), knifed or troweled. In addition, SpecSeal® LCI Sealant does not contain PCB's or asbestos.

SpecSeal® LCI Sealant is storage stable (when stored according to the manufacturer's recommendations), and will not separate or shrink when dried. SpecSeal® Series LCI Sealant will adhere to all common construction and penetrant materials and contains no solvents that might adversely effect plastic pipes or cable jackets.

FEATURES

- **Economical**: High performance without the high price!
- **Highly Intumescent**: Expands up to 8 times.
- **Excellent Smoke Seal**
- **Water Resistant** : Will not re-emulsify when dry.
- **Water-Based** for easy installation, cleanup, and disposal.
- **Acoustically Tested**: Reduces noise transmission
- **Safe...**Low VOC's, No Solvents, Non-Halogenated
- **Paintable**

PERFORMANCE

SpecSeal® LCI Sealant is the basis for systems that meet the exacting criteria of ASTM E814 (UL1479) and ASTM E1966 (UL2079) as well as to the time-temperature requirements of ASTM E119 (UL263). LCI provides up to a 4-hour fire rating for typical service penetrations through concrete or wood floors, concrete or masonry walls, as well as gypsum board walls. SpecSeal® LCI Sealant meets Class A finish requirements for Flame Spread and Smoke Development when tested in accordance with ASTM E84 (UL723). Meets or exceeds the requirements of ASTM C834, Type C, Grade 0. SpecSeal® LCI Sealant is also acoustically tested, demonstrating excellent sound attenuation properties.

FBC™ System Compatible indicates that this product has been tested, and is monitored on an ongoing basis, to assure its chemical compatibility with FlowGuard Gold®, BlazeMaster® and Corzan® pipe and fittings. FBC, FlowGuard Gold, BlazeMaster and Corzan are licensed trademarks of The Lubrizol Corporation.

SpecSeal® LCI Intumescent Sealant
Fill, Void Or Cavity Material Certified For Use In Joint Systems & Through-Penetration Firestop Systems. See UL Online Certifications Directory.

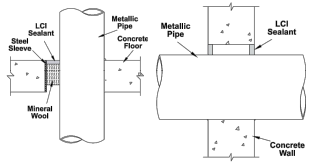
SPECIFICATIONS

The firestopping sealant shall be a water-resistant, intumescent latex sealant. The sealant when exposed to high heat or flame shall exhibit a free expansion of up to 10 times its original volume. The firestopping sealant shall contain no water soluble nor hygroscopic ingredients and shall be acoustically tested. The sealant shall be UL Classified and/or FM approved and tested to the requirements of ASTM E814 (UL1479), CAN/ULC S115 and shall meet Class A finish requirements when tested in accordance with ASTM E84 (UL723).

SPECIFIED DIVISIONS

DIV.	7	07840	Through-Penetration Firestopping
DIV.	13	13900	Special Construction Fire Suppression & Supervisory Systems
DIV.	15	15250	Mechanical Insulation – Fire Protection
DIV.	16	16050	Basic Electrical Materials & Methods

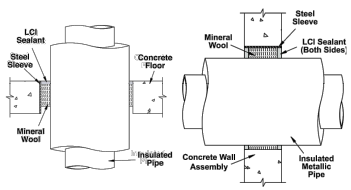
Fig 1: METALLIC PIPES - Concrete/Masonry Floors & Walls



UL System No. C-AJ-1353
F Rating: 3 Hr • T Rating: 0 Hr
Steel or Iron Pipe: <12", Copper Pipe: <4"
Annulus: 0" to 2"
Sealant Depth: 1/4"
Forming Material: Nom 4 pcf mineral wool (2 1/4" Depth)

UL System No. W-J-1098
F Rating: 2 Hr • T Rating: 1/4, 3/4 & 1 Hr
Steel or Iron Pipe: <8", Copper Pipe: <4"
Annulus: 0" to 2"
Sealant Depth: 5/8"

Fig 2: INSULATED METALLIC PIPES - Concrete/Masonry Floors & Walls



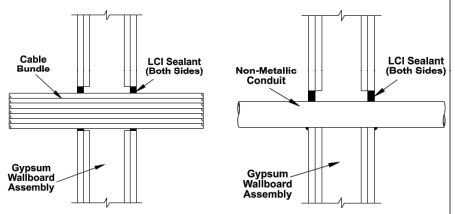
UL System No. C-AJ-5138
F Rating: 2 Hr • T Rating: 3/4 or 1 Hr
Steel or Iron Pipe: 6", Copper Pipe: 4"
Pipe Covering: Max. 2" fiber glass or mineral wool pipe insulation.
Annulus: 1/4" to 1-5/8" • Sealant: 1/2"
Forming: Nom. 4 pcf mineral wool (3" depth)

SEALANT REQUIREMENTS IN CUBIC INCHES PER 1/4 INCH OF INSTALLED DEPTH*

PIPE SIZE		Diameter of Opening - in. (mm)											
		1.5 (38)	2.0 (51)	3.0 (76)	4.0 (102)	5.0 (127)	6.0 (152)	7.0 (178)	8.0 (203)	10 (254)	12 (305)	14 (356)	26 (660)
Trade Size in. (mm)	Pipe O.D. in. (mm)												
0.5 (13)	0.840 (21)	0.3 (4.9)	0.6 (9.8)	1.6 (26.2)	3.0 (49.2)	4.8 (78.7)	6.9 (113.0)	9.5 (155.7)	12.4 (203.2)	19.5 (319.5)	28.1 (460.5)	38.3 (627.6)	132.6 (2173)
1.0 (25)	1.315 (33)	0.1 (1.6)	0.4 (6.6)	1.4 (22.9)	2.8 (45.9)	4.6 (75.4)	6.7 (109.8)	9.3 (152.4)	12.2 (200.0)	19.3 (316.3)	27.9 (457.2)	38.1 (624.3)	132.4 (2170)
1.5 (38)	1.900 (48)			1.1 (18.0)	2.4 (39.3)	4.2 (68.8)	6.4 (104.9)	8.9 (145.8)	11.9 (195.0)	18.9 (309.0)	27.6 (452.3)	37.8 (619.4)	132.0 (2163)
2.0 (51)	2.375 (60)			0.7 (11.5)	2.0 (32.8)	3.8 (62.3)	6.0 (98.3)	8.5 (139.2)	11.5 (188.4)	18.5 (309.7)	27.2 (445.7)	37.4 (568.6)	131.6 (2157)
2.5 (64)	2.875 (73)			0.1 (1.6)	1.5 (24.6)	3.3 (54.1)	5.4 (88.4)	8.0 (131.1)	10.9 (178.6)	18.0 (295.0)	26.7 (437.5)	36.9 (604.7)	131.1 (2148)
3.0 (76)	3.500 (79)				0.7 (11.5)	2.5 (41.0)	4.7 (77.0)	7.2 (118.0)	10.2 (167.1)	17.2 (281.9)	25.9 (424.4)	36.1 (591.6)	130.3 (2135)
3.5 (89)	4.000 (102)					1.8 (29.5)	3.9 (63.9)	6.5 (106.5)	9.4 (154.0)	16.5 (270.4)	25.1 (411.3)	35.3 (578.5)	129.6 (2124)
4.0 (102)	4.500 (114)					0.8 (13.1)	3.0 (49.2)	5.6 (91.8)	8.5 (139.3)	15.6 (255.6)	24.2 (396.6)	34.4 (563.7)	128.7 (2109)
6.0 (152)	6.625 (168)							1.1 (18.0)	4.0 (65.5)	11.1 (181.9)	19.7 (322.8)	29.9 (490.0)	124.2 (2035)
8.0 (203)	8.625 (219)									4.9 (80.3)	13.6 (222.9)	23.8 (390.0)	118.0 (1934)
10.0 (254)	10.750 (273)										5.6 (91.8)	15.8 (259.0)	110.0 (1803)
12.0 (305)	12.750 (324)											6.6 (108.1)	100.8 (1652)
24.0 (610)	24.000 (610)												19.6 (321.2)

*Different Sealant Depth?
1/2" (12.7) Multiply by 2
5/8" (15.9) Multiply by 2.5
1" (25.4) Multiply by 4
1-1/4" (31.8) Multiply by 5

Fig. 3: ELECTRICAL, DATA OR COMMUNICATIONS - Gypsum Walls



UL System No. W-L-3169
F Rating: 1, 2 Hr • T Rating: 1/4 and 3/4
Up to 4-1/2" cable bundle
Annulus: 0" to 1/2" • Sealant: 5/8"

UL System No. W-L-2241
F Rating: 1, 2 Hr • T Rating: 0, 1/4, 1, 1-3/4
<2" Rigid PVC or ENMT, CPVC, ABS
Annulus: 0-1" • Sealant 5/8"

TABLE A: APPLICATIONS

TESTED AND CLASSIFIED FOR FIRE RESISTANCE

- **Metallic Pipes** including steel, iron, or copper pipe and tubing.
- **Nonmetallic Pipes, Conduits & Tubing** including PVC, CPVC, ABS, and PEX.
- **Electrical & Electronic Cabling** including service entrance, power distribution, computer, telephone, and television.
- **Metal Ductwork** including HVAC, bath and dryer vents.
- **Insulated Pipes** including heating, cooling, and condensation applications.
- **Complete Wood Floor firestopping package** for electrical, plumbing, HVAC, telephone, and television.

FIRE STOP SPECIFICATION
SCALE: NTS

verizon

P. MARSHALL & ASSOCIATES

BEN TAUB HOSPITAL

1504 BEN TAUB LOOP
HOUSTON, TX 77030

LOCATION CODE:
179428

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DESIGNED: NAM
DRAWN: LAW
CHECKED: SL

JOB #:
20_V1D-026

FIRE STOP SPECIFICATION

C-7

ELECTRICAL INSTALLATION NOTES:

1. ALL ELECTRICAL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE PROJECT SPECIFICATIONS, NEC AND ALL APPLICABLE LOCAL CODES.

2. CONDUIT ROUTINGS ARE SCHEMATIC. SUBCONTRACTOR SHALL INSTALL CONDUITS SO THAT ACCESS TO EQUIPMENT IS NOT BLOCKED.

3. WIRING, RACEWAY AND SUPPORT METHODS AND MATERIALS SHALL COMPLY WITH THE REQUIREMENTS OF THE NEC AND TELCORDIA.

4. ALL CIRCUITS SHALL BE SEGREGATED AND MAINTAIN MINIMUM CABLE SEPARATION AS REQUIRED BY THE NEC AND TELCORDIA.

5. CABLES SHALL NOT BE ROUTED THROUGH LADDER-STYLE CABLE TRAY RUNGS.

6. EACH END OF EVERY POWER, POWER PHASE CONDUCTOR (I.E., HOTS), GROUNDING, AND T1 CONDUCTOR AND CABLE SHALL BE LABELED WITH COLOR-CODED INSULATION OR ELECTRICAL TAPE (3M BRAND, 1/2 INCH PLASTIC ELECTRICAL TAPE WITH UV PROTECTION, OR EQUAL). THE IDENTIFICATION METHOD SHALL CONFORM WITH NEC & OSHA.

7. ALL ELECTRICAL COMPONENTS SHALL BE CLEARLY LABELED WITH ENGRAVED LAMACOID PLASTIC LABELS. ALL EQUIPMENT SHALL BE LABELED WITH THEIR VOLTAGE RATING, PHASE CONFIGURATION, WIRE CONFIGURATION, POWER OR AMPACITY RATING, AND BRANCH CIRCUIT ID NUMBERS (I.E., PANELBOARD AND CIRCUIT ID'S).

8. PANELBOARDS (ID NUMBERS) AND INTERNAL CIRCUIT BREAKERS (CIRCUIT ID NUMBERS) SHALL BE CLEARLY LABELED WITH ENGRAVED LAMACOID PLASTIC LABELS.

9. ALL TIE WRAPS SHALL BE CUT FLUSH WITH APPROVED CUTTING TOOL TO REMOVE SHARP EDGES.

10. POWER, CONTROL, AND EQUIPMENT GROUND WIRING IN TUBING OR CONDUIT SHALL BE SINGLE CONDUCTOR (#14 AWG OR LARGER), 600 V, OIL RESISTANT THHN OR THWN-2, CLASS B STRANDED COPPER CABLE RATED FOR 90°C (WET AND DRY) OPERATION; LISTED OR LABELED FOR THE LOCATION AND RACEWAY SYSTEM USED, UNLESS OTHERWISE SPECIFIED.

11. SUPPLEMENTAL EQUIPMENT GROUND WIRING LOCATED INDOORS SHALL BE SINGLE CONDUCTOR (#6 AWG OR LARGER), 600 V, OIL RESISTANT THHN OR THWN-2 GREEN INSULATION, CLASS B STRANDED COPPER CABLE RATED FOR 90°C (WET AND DRY) OPERATION; LISTED OR LABELED FOR THE LOCATION AND RACEWAY SYSTEM USED, UNLESS OTHERWISE SPECIFIED.

12. POWER AND CONTROL WIRING, NOT IN TUBING OR CONDUIT, SHALL BE MULTI-CONDUCTOR, TYPE TC CABLE (#14 AWG OR LARGER), 600 V, OIL RESISTANT THHN OR THWN-2, CLASS B STRANDED COPPER CABLE RATED FOR 90°C (WET AND DRY) OPERATION; WITH OUTER JACKET; LISTED OR LABELED FOR THE LOCATION USED, UNLESS OTHERWISE SPECIFIED.

13. ALL POWER AND POWER GROUNDING CONNECTIONS SHALL BE CRIMP-STYLE, COMPRESSION WIRE LUGS AND WIRENUTS BY THOMAS AND BETTS (OR EQUAL). LUGS AND WIRENUTS SHALL BE RATED FOR OPERATION AT NO LESS THAN 75°C (90°C IF AVAILABLE).

14. RACEWAY AND CABLE TRAY SHALL BE LISTED OR LABELED FOR ELECTRICAL USE IN ACCORDANCE WITH NEMA, UL, ANSI/IEEE, AND NEC.

15. ELECTRICAL METALLIC TUBING (EMT) OR RIGID NONMETALLIC CONDUIT (I.E., RIGID PVC SCHEDULE 40, OR RIGID PVC SCHEDULE 80 FOR LOCATIONS SUBJECT TO PHYSICAL DAMAGE) SHALL BE USED FOR EXPOSED INDOOR LOCATIONS.

16. ELECTRICAL METALLIC TUBING (EMT), ELECTRICAL NONMETALLIC TUBING (ENT), OR RIGID NONMETALLIC CONDUIT (RIGID PVC, SCHEDULE 40) SHALL BE USED FOR CONCEALED INDOOR LOCATIONS.

17. GALVANIZED STEEL INTERMEDIATE METALLIC CONDUIT (IMC) SHALL BE USED FOR OUTDOOR LOCATIONS ABOVE GRADE.

18. RIGID NONMETALLIC CONDUIT (I.E., RIGID PVC SCHEDULE 40 OR RIGID PVC SCHEDULE 80) SHALL BE USED UNDERGROUND; DIRECT BURIED, IN AREAS OF OCCASIONAL LIGHT VEHICLE TRAFFIC OR ENCASED IN REINFORCED CONCRETE IN AREAS OF HEAVY VEHICLE TRAFFIC.

19. LIQUID-TIGHT FLEXIBLE METALLIC CONDUIT (LIQUID-TITE FLEX) SHALL BE USED INDOORS AND OUTDOORS, WHERE VIBRATION OCCURS OR FLEXIBILITY IS NEEDED.

20. CONDUIT AND TUBING FITTINGS SHALL BE THREADED OR COMPRESSION-TYPE AND APPROVED FOR THE LOCATION USED. SETSCREW FITTINGS ARE NOT ACCEPTABLE.

21. CABINETS, BOXES, AND WIREWAYS SHALL BE LISTED OR LABELED FOR ELECTRICAL USE IN ACCORDANCE WITH NEMA, UL, ANSI/IEEE, AND NEC.

22. WIREWAYS SHALL BE EPOXY-COATED (GRAY) AND INCLUDE A HINGED COVER, DESIGNED TO SWING OPEN DOWNWARD; SHALL BE PANDUIT TYPE E (OR EQUAL); AND RATED NEMA 1 (OR BETTER) INDOORS, OR NEMA 3R (OR BETTER) OUTDOORS.

23. EQUIPMENT CABINETS, TERMINAL BOXES, JUNCTION BOXES, AND PULL BOXES SHALL BE GALVANIZED OR EPOXY-COATED SHEET STEEL, SHALL MEET OR EXCEED UL 50, AND RATED NEMA 1 (OR BETTER) INDOORS, OR NEMA 3R (OR BETTER) OUTDOORS

24. METAL RECEPTACLE, SWITCH, AND DEVICE BOXES SHALL BE GALVANIZED, EPOXY-COATED, OR NON-CORRODING; SHALL MEET OR EXCEED UL 514A AND NEMA OS 1; AND RATED NEMA 1 (OR BETTER) INDOORS, OR WEATHER PROTECTED (WP OR BETTER) OUTDOORS.

25. NONMETALLIC RECEPTACLE, SWITCH, AND DEVICE BOXES SHALL MEET OR EXCEED NEMA OS 2; AND RATED NEMA 1 (OR BETTER) INDOORS, OR WEATHER PROTECTED (WP OR BETTER) OUTDOORS.

26. THE SUBCONTRACTOR SHALL NOTIFY AND OBTAIN NECESSARY AUTHORIZATION FROM THE CONTRACTOR BEFORE COMMENCING WORK ON THE AC POWER DISTRIBUTION PANELS.

27. THE SUBCONTRACTOR SHALL PROVIDE NECESSARY TAGGING ON THE BREAKERS, CABLES AND DISTRIBUTION PANELS IN ACCORDANCE WITH THE APPLICABLE CODES AND STANDARDS TO SAFEGUARD AGAINST LIFE AND PROPERTY.

GROUNDING NOTES:

1. ALL GROUND ELECTRODE SYSTEMS (INCLUDING TELECOMMUNICATION, RADIO, LIGHTNING PROTECTION, AND AC POWER GES'S) SHALL BE BONDED TOGETHER, AT OR BELOW GRADE, BY TWO OR MORE COPPER BONDING CONDUCTORS IN ACCORDANCE WITH THE NEC.

2. THE SUBCONTRACTOR SHALL PERFORM IEEE FALL-OF-POTENTIAL RESISTANCE TO EARTH TESTING (PER IEEE 1100 AND 81) FOR GROUND ELECTRODE SYSTEMS. TESTING SHALL BE IN ACCORDANCE WITH SPECIFICATION 24782-000-3PS-EG00-00001. USE OF OTHER METHODS MUST BE PRE-APPROVED BY CONTRACTOR IN WRITING.

3. THE SUBCONTRACTOR SHALL FURNISH AND INSTALL SUPPLEMENTAL GROUND ELECTRODES AS NEEDED TO ACHIEVE A TEST RESULT OF 5 OHMS OR LESS. WHEN ADDING ELECTRODES, CONTRACTOR SHALL MAINTAIN A MINIMUM DISTANCE BETWEEN THE ADDED ELECTRODE AND ANY OTHER EXISTING ELECTRODE EQUAL TO THE BURIED LENGTH OF THE ROD. IDEALLY, CONTRACTOR SHALL STRIVE TO KEEP THE SEPARATION DISTANCE EQUAL TO TWICE THE BURIED LENGTH OF THE RODS.

4. THE SUBCONTRACTOR IS RESPONSIBLE FOR PROPERLY SEQUENCING GROUNDING AND UNDERGROUND CONDUIT INSTALLATION AS TO PREVENT ANY LOSS OF CONTINUITY IN THE GROUNDING SYSTEM OR DAMAGE TO THE CONDUIT.

5. METAL CONDUIT AND TRAY SHALL BE GROUNDED AND MADE ELECTRICALLY CONTINUOUS WITH LISTED BONDING FITTINGS OR BY BONDING ACROSS THE DISCONTINUITY WITH #6 AWG COPPER WIRE AND UL APPROVED GROUNDING TYPE CONDUIT CLAMPS.

6. METAL RACEWAY SHALL NOT BE USED AS THE NEC REQUIRED EQUIPMENT GROUND CONDUCTOR. STRANDED COPPER CONDUCTORS WITH GREEN INSULATION, SIZED IN ACCORDANCE WITH THE NEC, SHALL BE FURNISHED AND INSTALLED WITH THE POWER CIRCUITS TO BTS EQUIPMENT.

7. CONNECTIONS TO THE GROUND BUS SHALL NOT BE DOUBLED UP OR STACKED. BACK-TO-BACK CONNECTIONS ON OPPOSITE SIDES OF THE GROUND BUS ARE PERMITTED.

8. ALUMINUM CONDUCTOR OR COPPER CLAD STEEL CONDUCTOR SHALL NOT BE USED FOR GROUNDING CONNECTIONS.

9. USE OF 90° BENDS IN THE PROTECTION GROUNDING CONDUCTORS SHALL BE AVOIDED WHEN 45° BENDS CAN BE ADEQUATELY SUPPORTED. IN ALL CASES, BENDS SHALL BE MADE WITH A MINIMUM BEND RADIUS OF 8 INCHES.

10. EACH INTERIOR BTS CABINET FRAME/PLINTH SHALL BE DIRECTLY CONNECTED TO THE MASTER GROUND BAR WITH #6 AWG STRANDED, GREEN INSULATED SUPPLEMENTAL EQUIPMENT GROUND WIRES. EACH OUTDOOR CABINET FRAME/PLINTH SHALL BE DIRECTLY CONNECTED TO THE BURIED GROUND RING WITH # 2 AWG SOLID TIN-PLATED COPPER WIRE.

11. ALL EXTERIOR GROUND CONDUCTORS BETWEEN EQUIPMENT/GROUND BARS AND THE GROUND RING, SHALL BE #2 AWG SOLID TIN-PLATED COPPER UNLESS OTHERWISE INDICATED.

12. EXOTHERMIC WELDS SHALL BE USED FOR ALL GROUNDING CONNECTIONS BELOW GRADE. CONNECTIONS TO ABOVE GRADE EXTERIOR UNITS SHALL BE MADE WITH EXOTHERMIC WELDS WHERE PRACTICAL OR WITH 2 HOLE MECHANICAL TYPE BRASS CONNECTORS WITH STAINLESS STEEL HARDWARE, INCLUDING SET SCREWS. HIGH PRESSURE CRIMP CONNECTORS MAY ONLY BE USED WITH WRITTEN PERMISSION FROM VERIZON MARKET REPRESENTATIVE.

13. EXOTHERMIC WELDS SHALL BE PERMITTED ON TOWERS ONLY WITH THE EXPRESS APPROVAL OF THE TOWER MANUFACTURER OR THE CONTRACTORS STRUCTURAL ENGINEER.

14. ALL WIRE TO WIRE GROUND CONNECTIONS TO THE INTERIOR GROUND RING SHALL BE FORMED USING HIGH PRESS CRIMPS OR SPLIT BOLT CONNECTORS WHERE INDICATED IN THE DETAILS.

15. ON ROOFTOP SITES WHERE EXOTHERMIC WELDS ARE A FIRE HAZARD COPPER COMPRESSION CAP CONNECTORS MAY BE USED FOR WIRE TO WIRE CONNECTORS. 2 HOLE MECHANICAL TYPE BRASS CONNECTORS WITH STAINLESS STEEL HARDWARE, INCLUDING SET SCREWS SHALL BE USED FOR CONNECTION TO ALL ROOFTOP BTS EQUIPMENT AND STRUCTURAL STEEL.

16. ICE BRIDGE BONDING CONDUCTORS SHALL BE EXOTHERMICALLY BONDED OR BOLTED TO THE BRIDGE AND THE TOWER GROUND BAR USING TWO HOLED MECHANICAL TYPE BRASS CONNECTORS AND STAINLESS STEEL HARDWARE.

17. APPROVED ANTIOXIDANT COATINGS (I.E., CONDUCTIVE GEL OR PASTE) SHALL BE USED ON ALL COMPRESSION AND BOLTED GROUND CONNECTIONS.

18. ALL EXTERIOR GROUND CONNECTIONS SHALL BE COATED WITH A CORROSION RESISTANT MATERIAL.

19. MISCELLANEOUS ELECTRICAL AND NON-ELECTRICAL METAL BOXES, FRAMES AND SUPPORTS SHALL BE BONDED TO THE GROUND RING, IN ACCORDANCE WITH THE NEC.

20. BOND ALL METALLIC OBJECTS WITHIN 6 FT OF THE BURIED GROUND RING WITH #2 SOLID AWG TIN-PLATED COPPER GROUND CONDUCTOR.

21. GROUND CONDUCTORS USED IN THE FACILITY GROUND AND LIGHTNING PROTECTION SYSTEMS SHALL NOT BE ROUTED THROUGH METALLIC OBJECTS THAT FORM A RING AROUND THE CONDUCTOR, SUCH AS METALLIC CONDUITS, METAL SUPPORT CLIPS OR SLEEVES THROUGH WALLS OR FLOORS. WHEN IT IS REQUIRED TO BE HOUSED IN CONDUIT TO MEET CODE REQUIREMENTS OR LOCAL CONDITIONS, NON-METALLIC MATERIAL SUCH AS PVC PLASTIC CONDUIT SHALL BE USED. WHERE USE OF METAL CONDUIT IS UNAVOIDABLE (E.G., NON-METALLIC CONDUIT PROHIBITED BY LOCAL CODE) THE GROUND CONDUCTOR SHALL BE BONDED TO EACH END OF THE METAL CONDUIT WITH LISTED BONDING FITTINGS.

STATE OF TEXAS
STEVE S. LEE
124679
LICENSED PROFESSIONAL ENGINEER
2-11-22
FIRM REGISTRATION #:13897

verizon

P. MARSHALL & ASSOCIATES

BEN TAUB HOSPITAL

1504 BEN TAUB LOOP
HOUSTON, TX 77030

LOCATION CODE:
179428

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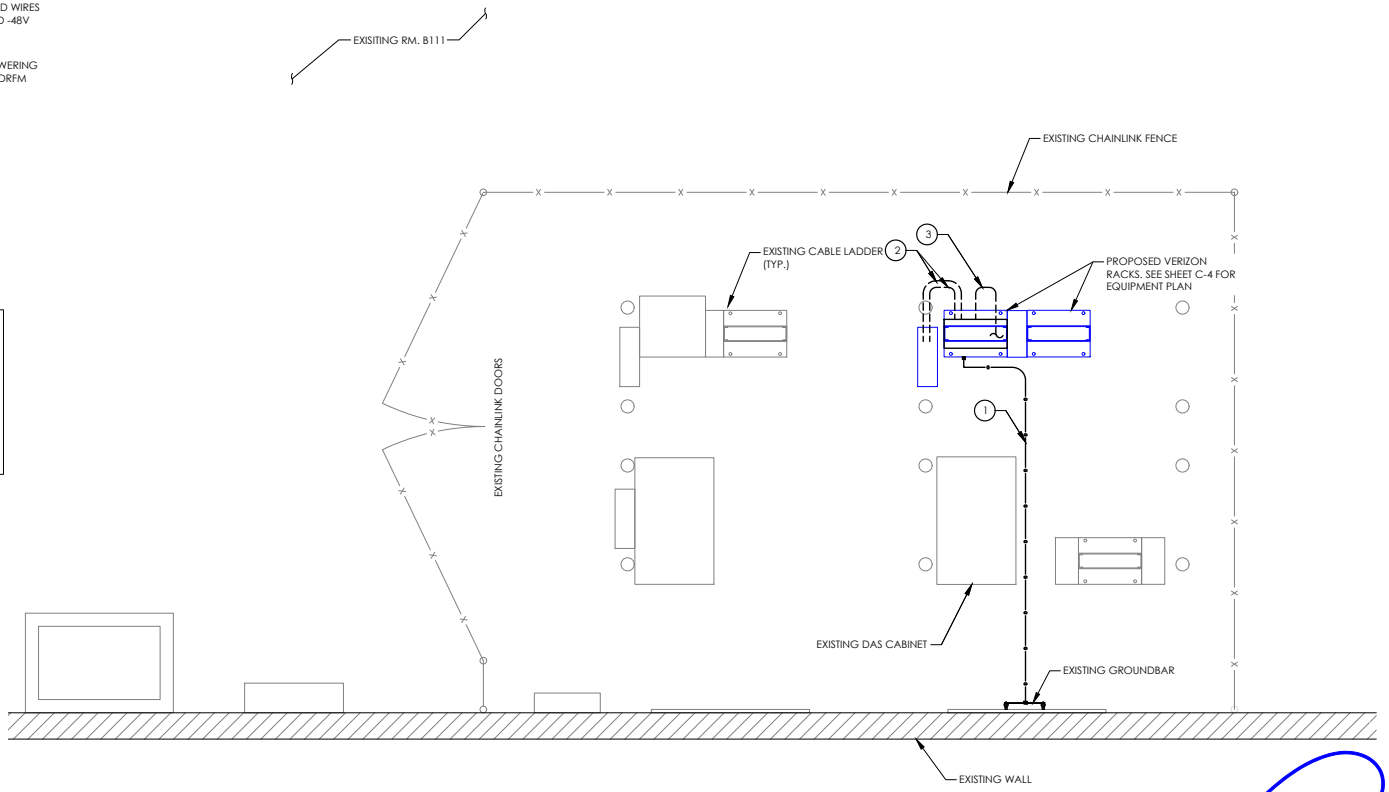
GENERAL ELECTRICAL & GROUNDING NOTES

E-1

ELECTRICAL AND GROUNDING KEY NOTES:

1. GROUND ALL PROPOSED EQUIPMENT TO EXISTING GROUNDING SYSTEM PER MANUFACTURER RECOMMENDATIONS.
2. PROPOSED (3) #10 AWG & (1) #10 GND WIRES FROM FUTURE AC PANEL TO PROPOSED -48V DC POWER PLANT PER RECTIFIER
3. PROPOSED -48V DC POWER PLANT POWERING (1) AIRSCALE BBU, (1) 7705 SAR-8 & (3) DRFM CHASSIS

LEGEND:
- SINGLE RECEPTACLE
- DUPLEX RECEPTACLE
- QUAD RECEPTACLE
- TWIST LOCK RECEPTACLE
- PLUG



ELECTRICAL & GROUNDING PLAN
SCALE: 3/8" = 1'

GRAPHIC SCALE
0 3' 6'
SCALE: 1" = 3'

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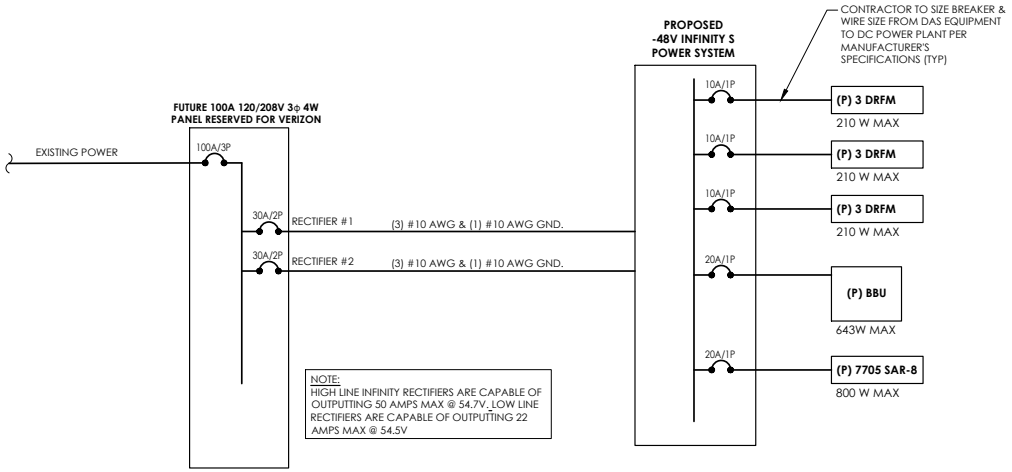
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ELECTRICAL & GROUNDING PLAN

E-2



ELECTRICAL ONE-LINE DIAGRAM

SCALE: NTS

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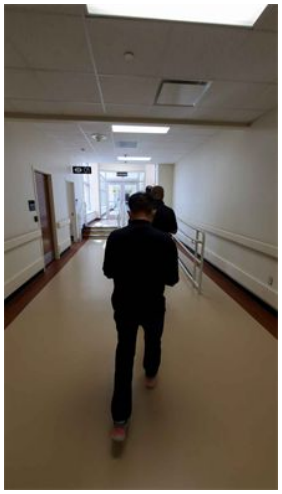
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ONE-LINE DIAGRAM

E-3



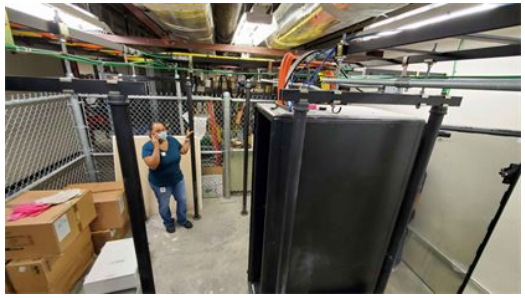
TYPICAL CORRIDOR IN BEN TAUB HOSPITAL



CONNECTION BETWEEN HOSPITAL AND TOWER BUILDING



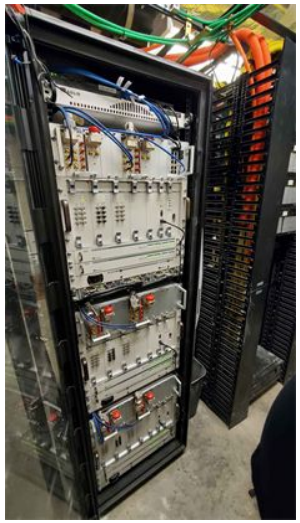
EXISTING PENETRATION AT IDF B103 CEILING



EXISTING HEAD END



EXISTING HEAD END



EXISTING DAS CABINET

verizon

P. MARSHALL & ASSOCIATES

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DRAWN:	LAW
CHECKED:	SL

JOB #: 20_V1D-026

PHOTOS

P-1

Thursday, June 23, 2022

Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on Behalf of Patient Access Management, in an Amount Not to Exceed $250,000 for Designated Onsite Eligibility Advisors

Attached for your consideration is an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on behalf of Patient Access Management (P.A.M.) department.

Pursuant to this Interlocal Agreement, the Health & Human Service Commission (HHSC) will provide onsite Outstationed Workers at a Harris Health dedicated facility to provide eligibility determination for patients who have applied for Medicaid while in a Harris Health System facility. (HHSC) Outstationed Workers will provide the outcome of all applications to the Patient Access Management department to allow for accurate billing of care the applicant/patient received. Health & Human Service Commission (HHSC) has provided this service for decades and has a long history with Harris Health System. In consideration of the services to be performed, Harris Health System will compensate Health & Human Service Commission (HHSC) Outstationed Workers in the amount of $250,000 for this contract year beginning September 1, 2022 – August 31, 2023. This amount corresponds with the payment requested in the contract for each Outstationed Worker assigned to Harris Health System.

OUTSTATIONED ELIGIBILITY SERVICES CONTRACT
UNDER THE
TEXAS WORKS AND MEDICAID FOR THE ELDERLY AND PEOPLE WITH DISABILITIES PROGRAMS

1. Parties

The Health and Human Services Commission ("**HHSC**"), an administrative agency within the executive branch of the state of Texas, and Harris County Hospital District d/b/a Harris Health System ("**Recipient**"), whose Medicaid Vendor I.D. Number is 133355104, each a "**Party**" and collectively the "**Parties**," enter into the following contract for Outstationed Advisors and Specialists to provide Eligibility Determination Services (the "**Contract**").

2. Legal Authority

This Contract is made in accordance with Titles XVI and XIX, Social Security Act, 42 U.S.C. §§1381-1383f and §§1396-1-1396w-5, 42 C.F.R. Part 435, and authorized by and in compliance with the provisions of Tex. Gov't Code Ch. 531.

3. Statement of Services to be Provided

The Parties agree to cooperate to provide all authorized services and resources necessary in providing Medicaid, Supplemental Nutrition Assistance Program ("**SNAP**"), and Temporary Assistance for Needy Families ("**TANF**") application eligibility determination services (the "**Services**") in accordance with this Contract, including the Participation Plan and Schedule of Outstationed Services and Reimbursable Costs, which are attached and incorporated herein as **Attachments A and B**, respectively.

4. Duration

4.1. This Contract is effective on September 01, 2022 (the "**Effective Date**") and terminates on August 31, 2023 (the "**Termination Date**"), unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract.

4.2. HHSC, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed six years. Notwithstanding the limitation in the preceding sentence, HHSC, at its sole discretion, also may extend this Contract beyond six years as necessary to ensure continuity of service or as otherwise determined by HHSC to serve the best interest of the State. Estimated costs for the extended contract period shall be reviewed and negotiated by the Parties prior to any extension, and a revised **Attachment B, Schedule of Outstationed Services and Reimbursable Costs** shall be incorporated into this Contract, if applicable.

5. Participation

5.1. The scope of participation for this Contract is described in **Attachment A, Participation**

Plan, attached hereto and incorporated as part of the Contract.

5.2. HHSC will hire, train, and assign to the Recipient's facilities certain eligibility staff members (hereafter referred to as "**Assigned Advisor/Specialist**") as described in **Attachment B, Schedule of Outstationed Services and Reimbursable Costs**, attached hereto and incorporated as part of the Contract.

5.3. Recipient shall provide for each Assigned Advisor/Specialist at Recipient's facilities an appropriate work area including, but not limited to, the items described in **Attachment A, Participation Plan**. Assigned Advisor/Specialists conduct individual interviews in which confidential information may be exchanged and, therefore, require suitable private office space to safeguard the applicant's Protected Health Information ("**PHI**"), as described in **Attachment A, Participation Plan**. If, due to space constraints, Recipient is unable to provide permanent private offices for Assigned Advisor/Specialists, then Recipient shall assure that other suitable private space is available on an as-needed basis.

5.4. Recipient shall ensure that the assigned work areas are safe. Recipient shall be responsible for providing appropriate technical, administrative and physical security, including preparing Emergency Action Plans for the facility relating to workplace threats, evacuations, lockdown, hostile intruder, inclement weather and other similar emergencies. Any request from Recipient to relocate the office of an Assigned Advisor/Specialists must be approved in writing by the HHSC Contract Manager to ensure the new space meets the requirements in this Contract. Recipient shall be responsible for all relocation costs, including, but not limited to, telecommunications expenses. HHSC will provide Recipient with an estimate of the relocation costs which Recipient must approve in writing. Recipient shall reimburse HHSC for final relocation costs within 30 days of receipt of a notice from HHSC.

5.5. Recipient shall provide to the Assigned Advisor/Specialists at Recipient's facilities all furnishings, equipment, supplies and support equivalent to that which Recipient provides to its own employees in order to discharge their respective responsibilities. This includes, but is not limited to, the items and Services described in **Attachment A, Participation Plan**. All eligibility forms will be provided by HHSC at no cost to the Recipient.

5.6. All equipment and furniture that is purchased by either Party for purposes described herein shall remain the property of the purchaser after the expiration or earlier termination of this Contract.

5.7. Recipient shall ensure that applications for benefits received by Recipient, or the Recipient's subcontractors, are submitted to an Assigned Advisor/Specialist by either hand delivery, fax, or RightFax within 24 hours of receipt. Applications submitted through any other means than those referenced within the prior sentence are unacceptable and will be rejected. If this is not possible, because an Assigned Advisor/Specialist is not on site every day or is on leave, the application will be given to the Assigned Advisor/Specialist on the next business day the Assigned Advisor/Specialist is on site. Recipient staff, or the Recipient's subcontractor, shall explain to the applicant that benefits will not start until the application for benefits is received by the Assigned Advisor/Specialist, and the applicant is certified to receive benefits. Recipient shall advise the applicant of the option to go to the nearest HHSC office to file an application. If the Recipient uses subcontractors, the Recipient shall be

responsible for any Contract work performed by a subcontractor.

5.8. Compliance with Recipient's information gathering procedures described in **Section 5.9** below is strictly a voluntary choice for each Assigned Advisor/Specialist, and any negative findings will not have any impact upon an employee's employment with HHSC. Recipient will provide its written requirements for compliance with its policies and procedures governing persons occupying its facilities to each Assigned Advisor/Specialist stationed in Recipient's facilities immediately after the execution of the Contract. The Assigned Advisor/Specialist will have 10 business days after receipt of the written requirements to respond to the Recipient's request for information. If the Assigned Advisor/Specialist does not volunteer to participate, then HHSC will make every effort to replace the non-participating Assigned Advisor/Specialist with another Assigned Advisor/Specialist who voluntarily meets the Recipient's requirements.

5.9. HHSC agrees to permit the Recipient, at Recipient's sole expense, to obtain any information about an Assigned Advisor/Specialist that is required for compliance with the Recipient's Policy and Procedures governing persons occupying its facilities.

5.10. A Recipient choosing to participate in **Subsections 5.8-5.9** above will provide its written requirements for compliance with its policies and procedures governing persons occupying its facilities to HHSC along with the signed Contract, and those requirements will be attached to and incorporated into this Contract. Recipient will provide written notice to the Assigned Advisor/Specialist describing any proposed changes to Recipient's requirements impacting the Assigned Advisor/Specialist no later than 30 days in advance of the Effective Date for implementation of the changes.

6. Supervision

6.1. All Assigned Advisor/Specialists remain employees of HHSC. Assigned Advisor/Specialists shall not possess any authority, expressed or implied, to act for or on behalf of the Recipient nor shall they, at any time, be considered agents or representatives of the Recipient.

6.2. Each Assigned Advisor/Specialist shall be under the technical supervision of an HHSC supervisor for purposes of training, staff development, technical assistance relating to job performance, and other HHSC responsibilities as described in **Attachment A, Participation Plan**.

6.3. Recipient's supervision of the Assigned Advisor/Specialists shall be limited to the responsibilities and activities described in **Attachment A, Participation Plan**.

6.4. Assigned Advisor/Specialists outstationed under this Contract are subject not only to HHSC regulations, but also to applicable rules, regulations, and policies of the Recipient; provided that Recipient's requirements do not conflict with HHSC policy and the guaranteed protection of the civil rights of Assigned Advisor/Specialists .

6.5. Requirements pertaining to regular working hours and holidays are described in **Attachment A, Participation Plan**.

6.6. HHSC will be responsible for eligibility determinations and furnish all materials and information related to determinations.

6.7. HHSC agrees not to assign to the Recipient's facilities any Advisor/Specialist formerly employed by the Recipient and whose Services were deemed unsatisfactory.

6.8. HHSC will consider the Recipient's recommendations concerning the performance of duties of any Assigned Advisor/Specialists currently outstationed to the Recipient's facilities.

7. Information Technology/IT

7.1. Contract award is contingent upon HHSC's approval of the Recipient's information technology model (later referred to as "**Network**") and Recipient's system security procedures for protecting the Network.

7.2. Recipient agrees to:

a. Provide internet access through a direct ethernet or Wi-Fi connection to the Recipient's local area network ("**LAN**"), or through a third-party service provider. This internet connectivity must include adequate bandwidth, as determined by HHSC, to handle all computer applications required to perform the Services. A guest network will not be an acceptable internet access solution, unless approved and accepted by HHSC in writing.

b. Assist Assigned Advisor/Specialists with all local internet access connection issues at the Recipient's facilities that are not related to the HHSC furnished IT equipment or virtual private network ("**VPN**").

c. Provide a laser printers, desktop multipage scanners, and access to a facsimile (fax) machines for each Assigned Advisor/Specialist located in Recipient's facilities.

d. Recipient shall not interfere with or disconnect Assigned Advisor/Specialists internet access, nor power off or move HHSC IT equipment without providing HHSC 5 business days advance written notification.

7.3. HHSC agrees to:

a. Provide and maintain laptops, computers, monitors, keyboards and mice to be used by the Assigned Advisor/Specialists .

b. Provide support for all HHSC hardware and software applications, including Texas Integrated Eligibility Redesign System operating on Recipient's premises, VPN, and RightFax.

8. Security and Confidentiality

8.1. The office or cubicle provided by Recipient shall be used by the Assigned Advisor/Specialists only and must provide adequate access security measures that will protect HHSC IT equipment, printed applications, and any other printed materials that may contain confidential information.

8.2. Recipient, and the Recipient's subcontractors, shall not use, disclose or share confidential HHSC data in any medium and shall not retransmit HHSC data except as authorized by this Contract and then only within the boundaries of the trusted Network approved by HHSC. Recipient, for itself and all of Recipient's subcontractors, agrees to protect HHSC's applicant and/or eligible data from use or disclosure by unauthorized individuals. The term "**eligible**" as used in this Contract shall mean the individual or family that will receive benefits under the programs referenced within this Contract.

8.3. Recipient, for itself and all of Recipient's subcontractors, shall comply with all federal and state laws and regulations, including, without limitation, the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**"), the Health Information Technology for Economic and Clinical Health Act of 2009 ("**HITECH ACT**"), Tex. Health & Safety Code Ch. 181, Tex. Gov't Code Ch. 2054, and Tex. Bus. & Com. Code Ch. 521, and with HHSC rules and policies related to privacy, security and breach notification, and use or disclosure of confidential information, such as applicant and/or eligible information, protected health information, sensitive personal information and individually identifiable information. Recipient, for itself and all of Recipient's subcontractors, also agrees to adopt security procedures to safeguard the privacy and security of HHSC confidential information against unauthorized use or disclosure as described in the HHS Information Security Controls.

8.4. Recipient shall notify HHSC immediately upon discovery of an actual or potential unauthorized use or disclosure of confidential information by e-mailing the HHSC Privacy Office at privacy@hhsc.state.tx.us and calling and e-mailing the HHSC Contract Manager responsible for this Contract. Actual or potential breaches of HHSC's applicant and/or eligible data will be escalated to HHSC's Incident Response Team ("**IRT**"). The Recipient, and the Recipient's subcontractors, shall treat breach investigations with the highest priority and perform activities conducted in response to a breach or potential breach within timeframes established by the IRT to ensure adherence to applicable federal and state data breach requirements. HHSC will determine breach notification requirements and associated responsibilities and may assign breach notification responsibilities to the Recipient if the Recipient was responsible for the breach.

8.5. Recipient, as a healthcare provider, and HHSC, as the state Medicaid agency, are both covered entities subject to HIPAA. Neither Recipient nor HHSC is a Business Associate of the other, as neither Party will use or disclose HIPAA PHI on behalf of the other. Recipient and HHSC each will comply with HIPAA and all other applicable privacy and confidentiality laws and regulations.

8.6. If the Recipient and the Recipient's subcontractors will have access to HHSC laptops, computers, databases, they must sign an HHS Acceptable Use Agreement and comply with the HHS Acceptable Use Policy.

9. HHSC Covered Entity Privacy, Security, and Breach Notification Terms

9.1. **Definitions**

"Breach" means the acquisition, access, use, or disclosure of Confidential Information in an unauthorized manner which compromises the security or privacy of the Confidential Information.

"HHSC Confidential Information" means any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to the Recipient electronically or through any other means that consists of or includes any or all of the following:

(a) Protected Health Information in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information (as these terms are defined in 45 C.F.R. §160.103);
(b) Sensitive Personal Information defined by Tex. Bus. & Com. Code Ch. 521;
(c) Federal Tax Information (as defined in Internal Revenue Service Publication 1075);
(d) Personal Identifying Information (as defined in Tex. Bus. & Com. Code Ch. 521);
(e) Social Security Administration Data (defined as information received from a Social Security Administration federal agency system of records), including, without limitation, Medicare or Medicaid information (defined as information relating to an applicant or recipient of Medicare or Medicaid benefits);
(f) Substance Use Disorder Treatment Records (as defined in 42 C.F.R. Part 2).
(g) Education Records (as defined in the Family Educational Rights and Privacy Act ("**FERPA**") (20 U.S.C. §1232g; 34 C.F.R. Part 99)
(h) All information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the Tex. Health & Safety Code and the Texas Public Information Act, Tex. Gov't Code Ch. 552.

9.2. **HHSC Confidential Information.** Any HHSC Confidential Information received by the Recipient under this Contract may be disclosed only in accordance with applicable law and as authorized in this Contract. By signing this Contract, the Recipient certifies that the Recipient is, and intends to remain for the term of this Contract, in compliance with all applicable state and federal laws and regulations with respect to privacy, security, and breach notification, including without limitation the following:

(a) Title 5 U.S.C. Part I, Chapter 5, Subchapter II, Section552a, Records Maintained on Individuals, The Privacy Act of 1974, as amended by the Computer Matching and Privacy Protection Act of 1988;
(b) Title 26 U.S.C., Internal Revenue Code;
(c) Title 42 U.S.C. Chapter 7, Subchapter XI, Part C, Administrative Simplification, the relevant portions of HIPAA and HITECH Act;
(d) Title 42 U.S.C. Chapter 7, the relevant portions of the Social Security Act;
(e) Title 42 U.S.C. Chapter I, Subchapter A, Part 2, Confidentiality of Substance Use Disorder Patient Records;
(f) Title 45 C.F.R. Chapter A, Subchapter C, Part 160, General Administrative Requirements;
(g) Title 45 C.F.R. Chapter A Subchapter C, Parts 160, 162 and 164, Security and Privacy;
(h) 20 U.S.C. § 1232g; 34 C.F.R. Part 99 (FERPA);

(i) Internal Revenue Service Publication 1075, Tax Information Security Guidelines for Federal, State and Local Agencies, Safeguards for Protecting Federal Tax Returns and Return Information;
(j) Office of Management and Budget Memorandum 17-12, Preparing for and Responding to a Breach of Personally Identifiable Information;
(k) Tex. Bus. & Com. Code Title 11, Subtitle B, Chapter 521 Unauthorized Use of Identifying Information;
(l) Tex. Gov't Code, Title, 5, Subtitle A, Chapter 552, Public Information, as applicable,
(m) Tex. Health & Safety Code, Title 2, Subtitle D, Chapter 81, Section 81.006, Funds;
(n) Tex. Health & Safety Code Title 2, Subtitle I, Chapter 181, Medical Records Privacy;
(o) Tex. Health & Safety Code Title 7, Subtitle E, Chapter 611, Mental Health Records;
(p) Tex. Hum. Res. Code, Title 2, Subtitle A, Chapter 12, Section 12.003, Disclosure of Information Prohibited;
(q) Tex. Occ. Code, Title 3, Health Professions, as applicable;
(r) Constitutional and common law privacy; and
(s) Any other applicable law controlling the release of information created or obtained in the course of providing the Services described in this Contract.

The Recipient further certifies that the Recipient will comply with all amendments, regulations, and guidance relating to those laws, to the extent applicable.

9.3. **Cybersecurity Training.** All of Recipient's authorized users, workforce and subcontractors with access to a state computer system or database will complete a cybersecurity training program certified under Tex. Gov't Code, Title 10, Subtitle B, Chapter 2054, Section 2054.5192, Cybersecurity Training Required: Certain State Contractors, by the Texas Department of Information Resources.

9.4. **Business Associate Agreement.** Recipient will ensure that any subcontractor of Recipient who has access to HHSC Confidential Information will sign a HIPAA-compliant Business Associate Agreement with Recipient, and Recipient will submit a copy of that Business Associate Agreement to HHSC upon request.

9.5. **Recipient's Incident Notice, Reporting and Mitigation.** The Recipient's obligation begins at discovery of any unauthorized disclosure of Confidential Information or any privacy or security incident that may compromise Confidential Information. "**Incident**" is defined as an attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. The Recipient's obligation continues until all effects of the Incident are resolved to HHSC's satisfaction, hereafter referred to as the "**Incident Response Period**."

9.6. **Notification to HHSC.**

A. The Recipient must notify HHSC within the timeframes set forth in **Section C** below.

B. The Recipient must require that its subcontractors and contractors take the necessary steps to assure that the Recipient can comply with all of the following Incident notice requirements.

C. Incident Notice:

1. **Initial Notice.** Within 24 hours of discovery, or in a timeframe otherwise approved by HHSC in writing, the Recipient must preliminarily report on the occurrence of an Incident to the HHSC Privacy and Security Officers via email at: privacy@hhsc.state.tx.us. This initial notice must, at a minimum, contain: (1) all information reasonably available to Recipient about the Incident, (2) confirmation that the Recipient has met any applicable federal Breach notification requirements, and (3) a single point of contact for the Recipient for HHSC communications both during and outside of business hours during the Incident Response Period.

2. **Formal Notice.** No later than 3 Business Days after discovery of an Incident, or when the Recipient should have reasonably discovered the Incident, the Recipient must provide written formal notification to HHSC using the Potential Privacy/Security Incident Form which is available on the HHSC website at https://www.hhs.texas.gov/laws-regulations/forms/0-999/form-0402-potential-privassiduity-incident. The formal notification must include all available information about the Incident, and the Recipient's investigation of the Incident.

9.7. **Recipient Investigation, Response, and Mitigation.** The Recipient must fully investigate and mitigate, to the extent practicable and as soon as possible or as indicated below, any Incident. At a minimum, the Recipient will:

(a) Immediately commence a full and complete investigation;
(b) Cooperate fully with HHSC in its response to the Incident;
(c) Complete or participate in an initial risk assessment;
(d) Provide a final risk assessment;
(e) Submit proposed corrective actions to HHSC for review and approval;
(f) Commit necessary and appropriate staff and resources to expeditiously respond;
(g) Report to HHSC as required by HHSC and all applicable federal and state laws for Incident response purposes and for purposes of HHSC's compliance with report and notification requirements, to the satisfaction of HHSC;
(h) Fully cooperate with HHSC to respond to inquiries and/or proceedings by federal and state authorities about the Incident;
(i) Fully cooperate with HHSC's efforts to seek appropriate injunctive relief or to otherwise prevent or curtail such Incidents;
(j) Recover, or assure destruction of, any Confidential Information impermissibly disclosed during or as a result of the Incident; and
(k) Provide HHSC with a final report on the Incident explaining the Incident's resolution.

9.8. **Breach Notification to Individuals and Reporting to Authorities.**

A. In addition to the notices required in this section, the Recipient must comply with all applicable legal and regulatory requirements in the time, manner, and content of any notification to individuals, regulators, or third-parties, or any notice required by other state or federal authorities, including without limitation, notifications required in Title 45 C.F.R. Chapter A, Subchapter C Part 164, Subpart D, Notification in the Case of

Breach of Unsecured Protected Health Information, and Tex. Bus. & Com. Code, Title 11, Subtitle B, Chapter 521, Section 521.053(b), Notification Required Following Breach of Security of Computerized Data, or as specified by HHSC following an Incident.

B. The Recipient must assure that the time, manner, and content of any Breach notification required by this section meets all federal and state regulatory requirements.

C. Breach notice letters must be in the Recipient's name and on the Recipient's letterhead and must contain contact information to obtain additional information, including the name and title of the Recipient's representative, an email address, and a toll-free telephone number.

D. The Recipient must provide HHSC with copies of all distributed communications related to the Breach notification at the same time the Recipient distributes the communications.

E. The Recipient must demonstrate to the satisfaction of HHSC that any Breach notification required by applicable law was timely made. If there are delays outside of the Recipient's control, the Recipient must provide written documentation to HHSC of the reasons for the delay.

10. Reimbursement

10.1. Recipient shall reimburse HHSC for a portion of the cost of operating the Texas Works and Medicaid for the Elderly and People with Disabilities ("**MEPD**") programs within the Recipient's facilities. The amount of Recipient's reimbursement (hereafter called "**Recipient share**") is based on a fixed fee as noted in **Attachment B, Schedule of Outstationed Services and Reimbursable Costs**, which is attached and incorporated herein for all purposes. Disproportionate Share Hospitals ("**Dispro**") and Federally Qualified Health Centers ("**FQHC**") must meet program criteria to be considered for non-share reimbursement rates and are limited to one qualifying non-share rate per Outstationed Eligibility Services contract.

10.2. If the cost for Assigned Advisors/Specialists should increase due to merit raises, statewide cost of living allowances, or increased costs for fringe benefits or travel, Recipient further agrees to proportionately increase the fixed-fee rate reimbursed to HHSC. The basis for calculating such increases shall be the same as used for determining the Recipient share.

10.3. HHSC will review estimated costs for this Contract on an annual basis and whenever changes occur as described in **Section 10.2** above. Revisions affecting reimbursable costs shall be made by amendment to this Contract as described in **Section 15.1** herein. Changes that do not affect reimbursable costs shall be made by revising the applicable attachments, with the revisions acknowledged and accepted by both parties in an exchange of letters between the designated Representatives.

10.4. Requirements for billing of the Recipient by HHSC and Recipient's reimbursements are described in **Attachment B, Schedule of Outstationed Services and Reimbursable**

Costs. Past due payments not settled by the Recipient within the timeframes set forth **Attachment B, Schedule of Outstationed Services and Reimbursable Costs**, may be collected in accordance with the collection processes in Tex. Admin. Code, Title 1, Part 3, Chapter 59, Rule §59.2.

10.5. Recipient certifies that no federal funds are or shall be used for reimbursement to HHSC.

11. Recordkeeping and Reporting

11.1. Recipient shall keep and maintain under GAAP or GASB, as applicable, full, true, and complete records necessary to fully disclose to HHSC, the Texas State Auditor's Office, the United States Government, and their authorized representatives' sufficient information to determine compliance with the terms and conditions of the Contract and all state and federal rules, regulations, and statutes. Unless otherwise specified in this Contract, Recipient shall maintain legible copies of the Contract and all related documents for a minimum of 7 years after the termination of the Contract or after the completion of any litigation or dispute involving this Contract, whichever is later.

11.2. Recipient and any of Recipient's affiliate or subsidiary organizations, or subcontractors will permit HHSC or any of its duly authorized representatives, as well as duly authorized federal, state, or local authorities, unrestricted access to and the right to examine any site where business is conducted or Services are performed, and all records, which includes but is not limited to financial, patient records, books, papers or documents related to this Contract. If this Contract includes federal funds, federal agencies that will have a right of access to records as described in this section include: the federal agency providing the funds, the Comptroller General of the United States, the General Accounting Office, the Office of the Inspector General, and any of their authorized representatives. In addition, agencies of the state of Texas that will have a right of access to records as described in this section include: HHSC, HHSC's contracted examiners, the State Auditor's Office, the Texas Attorney General's Office, and any successor agencies. Each of these entities may be a duly authorized authority. If deemed necessary by HHSC or any duly authorized authority, for the purpose of investigation or hearing, Recipient shall produce original documents related to this Contract. HHSC and any duly authorized authority will have the right to audit billings both before and after payment, and all documentation that substantiates the billings. Recipient shall include this provision concerning the right of access to, and examination of, sites and information related to this Contract in any Subcontract it awards.

12. Monitoring, Audit, and Evaluation

12.1. Recipient shall permit duly authorized representatives of HHSC, and other appropriate Texas and federal agencies, to have reasonable access to Recipient's premises, equipment and records for audit and monitoring purposes.

12.2. HHSC reserves the right to conduct an evaluation of the Services performed as a result of the Contract and the Recipient agrees to provide documents required for this evaluation upon request and in the format prescribed by HHSC.

13. Assurances and Compliance

13.1. Recipient agrees to notify HHSC in writing **WITHIN 10 BUSINESS DAYS** of any change in Recipient's status, including but not limited to change in ownership, change in Medicare/Medicaid provider status, change in name, or any other changes affecting the activities described herein.

13.2. Recipient understands applications for Medicaid and other assistance programs in Texas must be voluntary. Recipient shall not require individuals to apply and the process by which individuals are screened for classification must not insist that they apply for public assistance.

13.3. Recipient agrees to comply, and will require applicable subcontractor(s) to comply, with all requirements of:

1) The Texas Medical Assistance Program;
2) Tex. Health & Safety Code §§85.112, 85.113 and 85.115 (relating to workplace and confidentiality guidelines regarding Acquired immunodeficiency syndrome ("**AIDS**") and human immunodeficiency virus ("**HIV**"));
3) HHS Information Security Controls ("**IS-Controls**") and perform ongoing security monitoring as described in the HHS Information Security Risk Assessment and Monitoring Procedures ("**IS-RAMP"**); and
4) Immigration Reform Control Act of 1986 and the Immigration Act of 1990 (8 U.S.C. §1101, *et seq*.) regarding employment verification and retention of verification forms for any individuals hired after November 6, 1986 who will perform any labor or services under this Contract.

Incorporated by reference as if specifically written herein are the rules, regulations and all other requirements imposed by law including, but not limited to, compliance with those pertinent rules and regulations of the state of Texas and those of federal agencies providing funds to the state of Texas.

13.4. Recipient agrees to comply with state and federal anti-discrimination laws, including:

1) Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d, *et seq*.);
2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794);
3) Americans with Disabilities Act of 1990 (42 U.S.C. §12101, *et seq*.);
4) Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107);
5) Title IX of the Education Amendments of 1972 (20 U.S.C. §§1681-1688);
6) Food and Nutrition Act of 2008 (7 U.S.C. §2011, *et seq*.); and
7) HHSC's administrative rules, as set forth in the Tex. Admin. Code, to the extent applicable to this Contract.

13.5. Recipient agrees to comply with all amendments to these laws, and all requirements imposed by the regulations issued pursuant to these laws. These laws provide in part that no persons in the United States may, on the grounds of race, color, national origin, sex, age, disability, political beliefs, or religion, be excluded from participation in or denied any service or other benefit provided by Federal or State funding, or otherwise be subjected to discrimination.

13.6. Recipient agrees to comply with Title VI of the Civil Rights Act of 1964, and its implementing regulations at 45 C.F.R. Part 80 or 7 C.F.R. Part 15, prohibiting a contractor (i.e. the Recipient) from adopting and implementing policies and procedures that exclude or have the effect of excluding or limiting the participation of patients in its programs, benefits, or activities on the basis of national origin. Civil rights laws require the Recipient to provide alternative methods for ensuring access to services for applicants and recipients who cannot express themselves fluently in English. Recipient agrees to take reasonable steps to provide services and information, both orally and in writing and electronically, in appropriate languages other than English, to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

13.7. Recipient agrees to post applicable civil rights posters in areas open to the public informing patients of their civil rights and including contact information for the HHSC Civil Rights Office. The posters are available on the HHSC website at: https://www.hhs.texas.gov/about-hhs/your-rights/civil-rights-office/civil-rights-posters.

13.8. Recipient agrees to comply with Executive Orders 13279 and 13559, and their implementing regulations at 45 C.F.R. Part 87 or 7 C.F.R. Part 16. These provide in part that any organization that participates in programs funded by direct financial assistance from the United States Department of Agriculture or the United States Department of Health and Human Services shall not discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

13.9. Upon request, Recipient shall provide the HHSC Civil Rights Office with copies of the Recipient's civil rights policies and procedures.

13.10. Recipient must notify HHSC's Civil Rights Office of any civil rights complaints received relating to its performance under this Contract. This notice must be delivered no more than 10 calendar days after receipt of a complaint. This notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, Texas 78751
Phone Toll Free: (888) 388-6332

Fax: (512) 438-5885
Email: hhscivilrightsoffice@hhsc.state.tx.us

14. Religious Liberty Protections

14.1. A religious or charitable organization is eligible to be a Recipient on the same basis as any other private organization. The Recipient retains its independence from State and local governments, including the Recipient's control over the definition, development, practice, and expression of its charitable or religious beliefs. Except as provided by federal law, HHSC shall not interpret this Contract to require a charitable or religious organization to alter its form of internal governance or remove religious art, icons, scripture, or other symbols. Furthermore, if a religious or charitable organization

segregates the government funds provided under this Contract, then only the financial assistance provided by these funds will be subject to audit. However, neither HHSC's selection of a charitable or faith-based Recipient of social services nor the expenditure of funds under this Contract is an endorsement of the Recipient's charitable or religious character, practices, or expression. The purpose of the Contract is the provision of social services; no State expenditures have as their objective the funding of sectarian worship, instruction, or proselytization.

14.2. A charitable or faith-based provider of social services under this Contract shall reasonably apprise all assisted individuals of the following:

Neither HHSC's selection of a charitable or faith-based provider of social services nor the expenditure of funds under this Contract is an endorsement of the provider's charitable or religious character, practices, or expression. No provider of social services may discriminate against you on the basis of religion, a religious belief, or your refusal to actively participate in a religious practice. If you object to a particular provider because of its religious character, you may request assignment to a different provider.

If you believe that your rights have been violated, please discuss the complaint with your provider or notify HHSC's Civil Rights Office at:

hhscivilrightsoffice@hhsc.state.tx.us, or

by phone at (888) 388-6332 (Toll Free), by fax at (512) 438-5885, or

by mail at HHSC Civil Rights Office, 701 W. 51st Street, Mail Code W206, Austin, Texas 78751.

14.3. Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, codified at 42 U.S.C. §604a, sets forth certain additional rights and responsibilities for charitable and faith-based providers of social services, certain additional rights of assisted individuals, and certain additional responsibilities of HHSC to these providers and assisted individuals. This Contract is subject to those additional rights and responsibilities.

15. General Terms and Conditions

15.1. **Amendments.** This Contract may be amended only by a written Amendment executed by both Parties.

15.2. **Applicable Law and Venue.** The Parties agrees that this Contract in all respects shall be governed by and construed in accordance with the laws of the state of Texas, except for its provisions regarding conflicts of laws. The Parties also agree that the exclusive venue and jurisdiction of any legal action or suit brought by HHSC concerning this Contract shall be brought in a court of competent jurisdiction in Travis County, Texas, unless mandated otherwise by statute.

15.3. **Contract Execution.** The Parties may sign this Contract in counterparts, each of which will be deemed an original but all of which together will constitute one document. Electronically

transmitted signatures will be deemed originals for all purposes relating to this Contract.

15.4. **Contract Representatives.** The following will act as the designated Representative authorized to administer activities under this Contract on behalf of its respective Party:

HHSC	**Recipient**
Rebecca Williams, CTCM	Victoria Wiltz
608 North Loop 336 East	1504 Ben Taub Loop
Conroe, TX 77301	Houston, TX 77030
512-206-4824	713-873-0772
Rebecca.williams08@hhs.texas.gov	Victoria.wiltz@harrishealth.org

15.5. **Dispute Resolution.** To the extent that Tex. Gov't Code Ch. 2260 is applicable to this Contract, the dispute resolution process provided for in Chapter 2260, and the related rules adopted by the Texas Attorney General pursuant to Chapter 2260, shall be used by HHSC and Recipient to attempt to resolve any claim for breach of contract made by Recipient that cannot be resolved in the ordinary course of business. HHSC's Office of Chief Counsel shall examine any claim and negotiate with Recipient in an effort to resolve the claim. **THE PARTIES SPECIFICALLY AGREE THAT (I) NEITHER THE EXECUTION OF THE CONTRACT BY HHSC NOR ANY OTHER CONDUCT, ACTION, OR INACTION BY ANY REPRESENTATIVE OF HHSC RELATING TO THIS CONTRACT CONSTITUTES OR IS INTENDED TO CONSTITUTE A WAIVER OF HHSC'S OR THE STATE'S SOVEREIGN IMMUNITY TO SUIT; AND (II) HHSC HAS NOT WAIVED ITS RIGHT TO SEEK REDRESS IN THE COURTS.**

15.6. **Entire Agreement.** This Contract contains all the terms and provisions between HHSC and the Recipient relating to the matters set forth herein and no prior or contemporaneous agreement or understanding pertaining to the same, including, without limitation, any electronic mail correspondence between the Parties in connection with this Contract, shall be of any force or effect, except for any correspondence regarding the start and end time for the engagement.

15.7. **Executive Head of a State Agency.** In accordance with Section 669.003 of the Tex. Gov't Code, relating to contracting with the executive head of a state agency, Recipient certifies that it is not (1) the executive head of the Agency, (2) a person who at any time during the four years before the date of the contract was the executive head of HHSC, or (3) a person who employs a current or former executive head of HHSC.

15.8. **Excluded Parties.** Recipient certifies that it is not listed in the prohibited vendors list authorized by Executive Order No. 13224, *"Blocking Property and Prohibiting Transactions with Persons Who Commit, Threaten to Commit, or Support Terrorism,"* published by the United States Department of the Treasury, Office of Foreign Assets Control.

15.9. **Force Majeure.** Neither Recipient nor HHSC shall be liable to the other for any delay in, or failure of performance of, any requirement included in this Contract caused by force majeure. The existence of such causes of delay of failure shall extend the period of performance until after the causes of delay or failure have been removed provided the non-performing Party exercises all reasonable due diligence to perform. Force majeure is defined as acts of God, war, fires, explosions, hurricanes, floods, failure of transportation, or other causes that are beyond the reasonable control of either Party and that by exercise of due

foresight such Party could not reasonably have been expected to avoid, and which, by the exercise of all reasonable due diligence, such Party is unable to overcome.

15.10. **Inability to Provide Services.** If HHSC is unable to provide the Services, it will attempt to notify the Recipient in advance, but shall not be liable to the Recipient for not being able to provide the Services.

15.11. **Indemnification. TO THE EXTENT ALLOWED BY THE CONSTITUTION AND LAWS OF THE STATE OF TEXAS, RECIPIENT SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE STATE OF TEXAS AND HHSC, AND/OR THEIR OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, CONTRACTORS, ASSIGNEES, AND/OR DESIGNEES FROM ANY AND ALL LIABILITY, ACTIONS, CLAIMS, DEMANDS, OR SUITS, AND ALL RELATED COSTS, ATTORNEY FEES, AND EXPENSES ARISING OUT OF, OR RESULTING FROM ANY ACTS OR OMISSIONS OF RECIPIENT OR ITS AGENTS, EMPLOYEES, SUBCONTRACTORS, ORDER FULFILLERS, OR SUPPLIERS OF SUBCONTRACTORS IN THE EXECUTION OR PERFORMANCE OF THE CONTRACT AND ANY PURCHASE ORDERS ISSUED UNDER THIS CONTRACT. THE DEFENSE SHALL BE COORDINATED BY RECIPIENT WITH THE OFFICE OF THE TEXAS ATTORNEY GENERAL WHEN TEXAS STATE AGENCIES ARE NAMED DEFENDANTS IN ANY LAWSUIT AND RECIPIENT MAY NOT AGREE TO ANY SETTLEMENT WITHOUT FIRST OBTAINING THE CONCURRENCE FROM THE OFFICE OF THE TEXAS ATTORNEY GENERAL.**

15.12. **RECIPIENT AND HHSC AGREE TO FURNISH TIMELY WRITTEN NOTICE TO EACH OTHER OF ANY SUCH CLAIM.**

15.13. **Insurance.** Unless otherwise specified in this Contract, Recipient shall acquire and maintain, for the duration of the Contract, insurance coverage necessary to ensure proper fulfillment of the Contract and potential liabilities thereunder. Insurance must be provided by financially sound and reputable insurers licensed by the Texas Department of Insurance, and coverage must be in the type and amount customarily carried within the industry as determined by HHSC. Upon request by HHSC, Recipient shall provide evidence of insurance as required under this Contract, including a schedule of coverage or underwriter's schedules establishing to the satisfaction of HHSC the nature and extent of coverage granted by each such policy. In the event that any policy is determined by HHSC to be deficient to comply with the terms of the Contract, Recipient shall secure such additional policies or coverage as HHSC may reasonably request or that are required by law or regulation. If coverage expires during the term of the Contract, Recipient must produce renewal certificates for each type of coverage. These and all other insurance requirements under this Contract apply to both Recipient and its subcontractors, if any. Recipient is responsible for ensuring its subcontractors' compliance with all requirements. Notwithstanding the forgoing, if Recipient is a governmental unit as defined by Tex. Gov't Code Ch. 2259, then nothing in this Contract should be construed to restrict the Recipient's right to self-insure in accordance with state law, or purchase insurance through the Texas Association of Counties or Texas Municipal League.

15.14. **No Waiver of Sovereign Immunity.** Nothing in this Contract shall be construed as a waiver of the HHSC's or the State's sovereign immunity. Neither this Contract nor any action or

inaction of HHSC shall constitute or be construed as a waiver of any of the privileges, rights, defenses, remedies, or immunities available to HHSC or the State of Texas. The failure to enforce, or any delay in the enforcement of, any privileges, rights, defenses, remedies, or immunities available to HHSC or the State of Texas under this Contract or under applicable law shall not constitute a waiver of such privileges, rights, defenses, remedies, or immunities or be considered as a basis for estoppel. HHSC does not waive any privileges, rights, defenses, or immunities available to HHSC by entering into this Contract or by its conduct prior to or subsequent to entering into this Contract. Notwithstanding the forgoing, if Recipient is a state agency or department, district, authority, county, municipality, or other political subdivision of the state, then nothing in this Contract should be construed to abrogate any rights or affirmative defenses available to Recipient under doctrines of sovereign and official immunity.

15.15. **Notice Requirements.**

A. All notices given by Recipient shall be in writing, include this Contract number, comply with all terms and conditions of the Contract, and be delivered to HHSC's Contract Representative identified in **Section 15.4** above.
B. Recipient shall send legal notices to HHSC at the address below and provide a copy to HHSC's Contract Representative:

Health and Human Services Commission
Attn: Office of Chief Counsel
4601 W. Guadalupe Street; Mail Code 1100
Austin, Texas 78751

C. Notices given by HHSC to Recipient may be emailed, mailed, or sent by common carrier. Email notices shall be deemed delivered when sent by HHSC. Notices sent by mail shall be deemed delivered when deposited by HHSC in the United States mail, postage paid, certified, return receipt requested. Notices sent by common carrier shall be deemed delivered when deposited by HHSC with a common carrier, overnight, signature required.
D. Notices given by Recipient to HHSC shall be deemed delivered when received by HHSC.
E. Either Party may change its Contract Representative or Legal Notice contact by providing written notice to the other Party.

15.16. **Public Information Act.** This Contract and Information, documentation, and other material related to this Contract may be subject to public disclosure pursuant to Chapter 552 of the Tex. Gov't Code (the "**Public Information Act**"). In accordance with Section 2252.907 of the Tex. Gov't Code, Recipient is required to make any information created or exchanged with the State pursuant to this Contract, and not otherwise excepted from disclosure under the Texas Public Information Act, available in a format that is accessible by the public at no additional charge to the State.

15.17. **Publicity.** Recipient must not use the name of, or directly or indirectly refer to, HHSC, the State of Texas, or any other State agency in any media release, public announcement, or public disclosure relating to this Contract or its subject matter, including in any promotional or marketing materials, customer lists, or business presentations, without the expressed written approval of HHSC.

15.18. **Termination.** In the event federal or state laws or other requirements are amended or

judicially interpreted so that either Party is unable to fulfill the terms of the Contract, or if the Parties are unable to agree upon any amendment needed to enable the continuation of Services described herein, then the Parties will be discharged from any further obligations created under the terms of the Contract. The Parties, however, will equitably settle respective accrued interest or obligations incurred up to the date of termination.

If Recipient fails to make any payments pursuant to **Section 10** of the Contract, as they come due, HHSC shall have the right to terminate this Contract. HHSC will send Recipient notice of intent to terminate at least 30 calendar days prior to the date of termination. Recipient must cure any default within 30 calendar days from receipt of notice of termination. Notice may be given by any method which verifies receipt.

Should either Party breach this Contract, the non-breaching Party may, at its option, terminate this Contract immediately without prior notice.

This Contract is subject to termination or cancellation, either in whole or in part, without penalty to HHSC, subject to the availability of federal or state funds.

Additionally, this Contract may be canceled at any time by mutual agreement, or, if not by such agreement, either Party may cancel this Contract at any time by giving at least 30 calendar days' written notice in advance to the other Party's designated Representative.

15.19. **Texas Government Code Certifications.** In accordance with the Tex. Gov't Code Ch. 2270, Recipient represents and warrants that (1) it does not, and shall not for the duration of the Contract, boycott Israel or (2) the verification required by Section 2271.002 of the Tex. Gov't Code does not apply to the Contract. If circumstances relevant to this provision change during the course of the contract, Recipient shall promptly notify HHSC. Furthermore, Recipient represents and warrants that it is not engaged in business with Iran, Sudan, or a foreign terrorist organization, as prohibited by Section 2252.152 of the Tex. Gov't Code.

16. Contract Documents

The following documents are incorporated by reference and made a part of the Contract for all purposes. Unless expressly stated otherwise in this Contract, in the event of conflict, ambiguity or inconsistency between or among any documents, all System Agency documents take precedence over Recipient's documents and the HHSC Covered Entity Privacy, Security, and Breach Notification Terms takes precedence over all other contract documents.

Attachment A, Participation Plan
Attachment B, Schedule of Outstationed Services and Reimbursable Costs

16. Signatures

Each Party represents and warrants that the person executing this Contract on its behalf has full power and authority to enter into this Contract.

Health and Human Services Commission

By: _____
William D'Aiuto
Associate Commissioner for Operations

Date of execution: _____

Harris County Hospital District d/b/a Harris Health System

By: _____
Esmaeil Porsa, MD
Harris Health System
President, CEO

Date of execution: _____

Approved as to Form:
Christian D Menefee
County Attorney

By: _____

Holly Gummert
Assistant County Attorney Harris County Hospital District Practice Group
C.A. File No.

Date of execution: _____

Attachment A

Participation Plan

1. Outstationed Work Locations

1.1. HHSC agrees to provide HHSC employees to act as Assigned Advisor/Specialists in or for the following outstationed work locations:

Table 1: In-Person Services Locations	
Facility Name	**Facility Address**
Ben Taub General Hospital	1504 Taub Loop, Houston, TX 77030
LBJ Hospital	5656 Kelley St., Houston, TX 77026

Table 2: Remote Services Locations	
Facility Name	**Facility Address**
Ben Taub General Hospital & Clinic	1504 Taub Loop, Houston, TX 77030
LBJ Hospital	5656 Kelley St., Houston, TX 77026
Margo Hilliard Alford Clinic	5550 Kelley St., Houston, TX 77026
Monroe Clinic	8539 Gulf Frwy., Houston, TX 77017
Robindell Clinic	5420 Dashwood Dr., # 200, Houston, TX 77081
Sareen Clinic	8888 W. Bellfort, Houston, TX 77031
Sunset Heights Clinic	1623 Airline Dr.# 100-B, Houston, TX 77009
A.C. Taylor Health Clinic (Cloverleaf Ele)	13940 Bonham St., Houston, TX 77015
Acres Home Health Center	818 Ringold St., Houston, TX 77088
Aldine Health Center	4755 Aldine Mail Rt., Houston, TX 77039
Baytown Health Center	1602 Garth Rd., Baytown, TX 77520
Casa De Amigos Health Center	1615 N. Main St., Houston, TX 77009
Cypress Health Center	12340 Jones Rd., Ste. 100, Houston, TX 77070
Danny Jackson Health Center	5503 N. Fry Rd., Katy, TX 77449
El Franco Lee Health Center	8901 Boone Rd., Houston, TX 77099
Goose Creek Health Clinic -San Jacinto El.	2706 Kentucky St., Baytown, TX 77520
Gulf Gate Health Center	7550 Office City Dr., Houston, TX 77012
Martin Luther King Jr. Health Center	3550 Swingle Rd., Houston, TX 77047
Northwest Health Center	1100 W. 34th St., Houston, TX 77018
Pediatric & Adolescent H. Ctr - Bear Creek	5870 Hwy. 6, Ste. 108, Houston, TX 77084
Pediatric & Adolescent H. Ctr – C.E Odom	5516 Lockwood, Houston, TX 77026
Pediatric & Adolescent H. Ctr - Pasadena	3925 Fairmont Pkwy., Pasadena, TX 77504

Robert Carrasco H. Ctr Marshall Middle S.	1115 ½ Noble, Houston, TX 77009
Settegast Health Center	9105 N. Wayside Dr., Houston, TX 77028
Sheldon H. Clinic Sheldon Elementary	17203 ½ Hall Sheppard, Houston, TX 77049
Southside Health Clinic	1721 16th St., Galena Park, TX 77547
Squatty Lyons Health Center	1712 First St. E, Ste. M20, Humble, TX 77338
Strawberry Health Center	927 Shaw Ave., Pasadena, TX 77506
Thomas Street Health Center	2015 Thomas St., Houston, TX 77009
Vallbona Health Center	6630 DeMoss St., Houston, TX 77074

1.2. HHSC, in its sole discretion, may approve changes to outstationed work locations
1.3. that do not result in any change to the Contract amount upon Recipient's written request that must include a detailed explanation that supports the change, the name of the facility being added or deleted, and associated address information. Recipient must seek HHSC's written approval prior to making any change to a outstationed work location.

2. HHSC's Responsibilities

2.1. Advisor/Specialists shall be assigned to the designated Recipient facilities on a full-time (40 hours per week) basis.

2.2. No additional HHSC employees shall be assigned to provide Services at the Recipient's facilities due to absence or vacancy of Assigned Advisor/Specialists .

2.3. Advisors/Specialists will:

2.3.1. Screen all applications and based on information provided by the applicant and the number of applications submitted:

a) Deny obvious ineligibles; and
b) Complete eligibility determinations on as many completed Medicaid, SNAP, or TANF applications as possible.

2.3.2. Assist the Recipient's staff in obtaining current Title XIX (Medicaid) status, obtain Medicaid numbers, and help with billing problem resolution.

2.3.3. Provide information on critical or urgent requests on a daily basis, and routine requests on a weekly basis, to applicants informing them of HHSC services and providing referrals and literature upon request.

2.3.4. Assist in the coordination of referrals to other HHSC services and community social services.

2.3.5. Make its records pertaining to this Contract available to the Recipient or its agents for verification at all reasonable times, subject to an applicant's authorization to release said records or information and must be documented by the applicant on

HHSC Forms 003 or 1865.

3. Assigned Advisor/Specialists to be Outstationed at Recipient's Health Care Facilities Work Schedule

3.1. HHSC will provide outstationed Assigned Advisor/Specialists from 8:00 a.m. to 5:00 p.m. Monday through Friday. Recipient shall provide unlimited access at locations to the Assigned Advisor/Specialists during these designated times.

3.2. Schedule Modification: Changes to work schedules must be agreed upon in writing by both the Recipient and HHSC.

3.3. Holidays: Assigned Advisor/Specialists will follow designated federal and state holidays. In the event Recipient holidays conflict with designated holidays, a written agreement should be prepared and agreed upon in writing the Recipient and HHSC that assures Assigned Advisor/Specialists will be allowed to discharge their assigned duties.

4. Recipient's Responsibilities

4.1. In accordance with **Subsection 5.5** of the Contract, Recipient shall provide each Assigned Advisor/Specialist:

4.1.1. A wrist rest, desk, desk chair, two side chairs, telephone, telephone headset, calculator, locking file cabinet, and bookshelf.

4.1.2. A permanently assigned private office or cubicle with a desk that will accommodate a laptop, personal computer, two computer monitors, and the equipment referenced in **Subsection 4.1.1** above. The Recipient cannot move or change an Assigned Advisor/Specialist permanent workspace without providing HHSC with at least 14 days advance written notification.

4.1.3. A temporary workspace, if Recipient requests in-person application reviews on a case-by-case basis at a location within the assigned facility but outside the Assigned Advisor/Specialist permanent office or cubicle.

4.1.4. A permanent and/or temporary workspace that is medically safe, clean, private, and physically secure in order to maintain the privacy rights of the patient or the information provided by a patient.

4.1.5. A permanent and/or temporary workspace that has direct heating, ventilation, and air conditioning ("**HVAC**") during normal business hours.

4.1.6. Access to additional equipment, including but not limited to, copiers, scanners, facsimile machines, and personal computers as needed for day-to-day HHSC unit management.

4.2. An authorized HHSC supervisor will determine if assigned private office or cubicle, office furnishings, and the equipment referenced in **Subsection 4.1.1** are adequate to discharge assigned duties of the Assigned Advisor/Specialists . If HHSC determines the office or cubicle, furnishings, equipment, or supplies to be inadequate, the Recipient shall assign a new office or cubicle, or replace the furnishings, equipment, and supplies within 6 weeks after receiving written notification from HHSC.

4.3. The Assigned Advisor/Specialists outstationed will provide the Services only and shall not be assigned other duties.

4.4. Recipient **at no cost** shall provide Assigned Advisor/Specialists and their designated HHSC supervisors parking accommodations similar to those provided to the Recipient's own staff.

5. Designated IT Representatives

5.1. The following will act as the Information Technology ("**IT**") Representative authorized to administer IT activities under this Contract on behalf of their respective Party:

HHSC	**Recipient**
Gregory Murray	Russ Burlew
5425 Polk Street Ste G30	4800 Fournace Place
Houston, TX 77023	Houston, TX 77401
713-767-2121	346-246-1211
Gregory.murray@hhs.texas.gov	Russ.burlew@harrishealth.org

Either Party may change its designated IT Representative by providing written notice to the other Party.

5.2. Recipient shall provide written notice of any Network updates or changes to the HHSC IT Representative within 5 business days after the noted update or change.

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Attachment B

Schedule of Outstationed Services and Reimbursable Costs

1. Monthly Reimbursement Amounts

In consideration of the receipt of the Services, Recipient shall reimburse HHSC as follows:

Table 1 – Monthly Reimbursement Amounts			
Type of Services	**Rate**	**Units**	**Est. Recipient Reimbursement Amount**
Outstationed Services	$1520.00	14	$21,280.00
Dispro	-$1520.00	1	-$1520.00
Total Amount Due Monthly			$19,760.00

2. Method of Reimbursement

2.1. Recipient shall pay HHSC on a monthly basis **WITHIN 30 DAYS** of receiving an HHSC invoice.

2.2. HHSC will send a delinquency notice to the Recipient 30 days after billing date. Recipient will have 30 days to make payment in full to avoid discontinuance of Services. If Recipient receives more than three delinquency notices in one state fiscal year (September 1st through August 31st), then HHSC may terminate this Contract according to **Section 15.17** of the Contract.

2.3. **All payments must be made payable to the Health and Human Services Commission and include either the ASSOCIATED INVOICE NUMBER on the check and/or check stub, or attach a copy of the invoice to the check. Payments should be mailed to one of the following addresses:**

Table 2 – Payment Addresses	
Mail checks to:	**Mail overnight payments to:**
HHSC AR MC1470 **P.O. Box 149055** **Austin, Texas 78714-9055**	**HHSC AR MC1470** **4601 W. Guadalupe Street** **Austin, Texas 78751**

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Thursday, June 23, 2022

Consideration of Approval to Enter into a First Amendment to Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston

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Administration requests approval for Harris Health System to enter into a First Amendment to Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston (UTHealth) for continued support of UTHealth's provision of oral and maxillofacial surgery and orthodontic professional services (Services) for Harris Health patients. Total Compensation for UTHealth's Services for the third Contract Year includes changes to Faculty and Resident Compensation, Performance Incentive Compensation, and Staffing and Trainee Staffing Plans and shall not exceed $5,055,507.00.

Administration recommends approval of this First Amendment between Harris Health System and UTHealth.

Thursday, June 23, 2022

Consideration of Approval to Enter into a Second Amendment to Dental Services Agreement with The University of Texas Health Science Center at Houston

Administration requests approval for Harris Health System to enter into a Second Amendment to Dental Services Agreement with The University of Texas Health Science Center at Houston (UTHealth) for continued support of UTHealth's provision of Covered Dental Services (Services) for Harris Health patients. Total Compensation for UTHealth's Services for the third Contract Year includes changes to Faculty and Resident Compensation, Performance Incentive Compensation, and Staffing and Trainee Staffing Plans and shall not exceed $4,802,659.39.

Administration recommends approval of this Second Amendment between Harris Health System and UTHealth.

Thursday, June 23, 2022

Consideration of Approval of Payment for the Contracted Services for UT Health for the Contract Year Ended June 30, 2023

Harris Health System and UT Health entered into an Operating and Support Agreement effective July 1, 2020 (the "Agreement") to provide funding to support faculty staff member positions at Harris Health System facilities and program support for UT Health residency programs at the Harris Health facilities.

The funding for the annual staffing plan for all services under the Agreement for the contract year of July 1, 2022 through June 30, 2023, is projected to be approximately $170.0 million, considering historical position vacancy rates. If the vacancy rates decline in the new contract year, or if programs are modified to respond to patient demand, the net cost of physician services could be as much as $178.0 million (5% variance).

Administration recommends that the Board of Trustees approve the funding for the Harris Health System Operating and Support Agreement with UT Health in an amount not to exceed $178.0 million for the period July 1, 2022 through June 30, 2023.

University of Texas Health Science Center (UT):
Physician Staffing Summary by Contract Year

UT Comparative Trend:	Projected UT CYE 06/30/2022	Budget UT CYE 06/30/2023	5% Vacancy Reduced Faculty Budget UT CYE 06/30/2023
Faculty FTEs	382.11	431.50	409.93
Faculty Dollars	$132,227,073	$150,896,194	$143,351,384
Incentive Dollars	$5,000,000	$5,000,000	$5,000,000
Resident FTEs	243.75	250.81	250.81
Resident Dollars	$20,076,295	$21,499,529	$21,499,529
Total Dollars	$157,303,368	$177,395,722	$169,850,913

Thursday, June 23, 2022

Consideration of Approval of Payment for the Contracted Services for Baylor College of Medicine for the Contract Year Ended June 30, 2023

Harris Health System and Baylor College of Medicine entered into an Operating and Support Agreement effective July 1, 2020 (the "Agreement") to provide funding to support faculty staff member positions at Harris Health System facilities and program support for BCM residency programs at the Harris Health facilities.

The funding for the annual staffing plan for all services under the Agreement for the contract year of July 1, 2022 through June 30, 2023, is projected to be approximately $250.0 million, considering historical position vacancy rates. If the vacancy rates decline in the new contract year, or if programs are modified to respond to patient demand, the net cost of physician services could be as much as $260.0 million (5% variance).

Administration recommends that the Board of Trustees approve the funding for the Harris Health System Operating and Support Agreement with Baylor College of Medicine in an amount not to exceed $260.0 million for the period July 1, 2022 through June 30, 2023.

Baylor College of Medicine (BCM):
Physician Staffing Summary by Contract Year

BCM Comparative Trend:	Projected CYE 06/30/2022	Budget CYE 06/30/2023	5% Vacancy Reduced Faculty Budget CYE 06/30/2023
Faculty FTEs	498.31	582.83	553.69
Faculty Dollars	$177,170,236	$217,179,741	$206,320,753
Incentive Dollars	$6,300,000	$6,300,000	$6,300,000
Resident FTEs	370.00	402.70	402.70
Resident Dollars	$35,226,878	$36,427,089	$36,427,089
Total Dollars	$218,697,114	$259,906,830	$249,047,843

Thursday, June 23, 2022

Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Texas Workforce Commission in an Amount Not to Exceed $30,000 to Provide Harris Health Access to Obtain Wage Information and Unemployment Benefits for Harris Health Financial Assistance Program Applicants

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Pursuant to this Interlocal agreement, the Texas Workforce Commission will provide access to Harris Health to obtain Wage Information and Unemployment Benefits for the applicants applying for the Harris Health Financial Assistance Program. This access will allow the Eligibility department to reduce possible fraud and/or verify unemployment benefits. In consideration of the access being provided by the Texas Workforce Commission to Harris Health in an amount not to exceed $30,000 for the 5 year term of the contract.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 23, 2022

Harris Health System Legislative Initiatives

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

HARRISHEALTH SYSTEM

Board of Trustees Legislative Update
June 23, 2022

Federal Update

Policy/Legislation Updates: A proposed rule from the Centers for Medicare & Medicaid Services (CMS) includes numerous policy and payment changes for Medicare's Inpatient Prospective Payment System (IPPS) for fiscal year (FY) 2023, including a 3.2 percent increase in inpatient payment rates. The proposed rule would reduce reimbursement to Harris Health by an estimated $8.9 million between Fiscal Years 2022 and 2023.

Federal Telehealth and Hospital at Home Update: Legislation requiring Medicare coverage of mental health visits via telehealth by providers, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) has been introduced. It would also remove in-person requirements on Medicare providers that see beneficiaries at least six months prior to an initial telehealth visit and once every 12 months after each telehealth visit. While audio-only coverage is required under the legislation, there are limitations to that coverage in addition to requirements for audio-only data collection and evaluation.

HR 7876 would extend federal telehealth flexibilities included in the recent budget package until the end of 2024, rather than just 151 days post-public health emergency (PHE). The flexibilities extended include:

- Removal of geographic requirements
- Expanding eligible originating sites and providers
- Providing for reimbursement for FQHCs, RHCs, and Critical Access Hospitals (CAHs) billing telehealth services
- Extending the delay of in-person visit requirements on Medicare providers until the end of 2024
- Extending the ability to use telehealth to recertify hospice care eligibility
- HR 7876 would also make audio-only coverage and payment parity permanent under Medicare for all providers.

The Senate Finance Committee is still working to develop a larger mental health package based on responses from stakeholders, Senate Finance Committee Chair Ron Wyden (D-Ore.), Ranking Member Mike Crapo (R-Idaho), Sen. Ben Cardin (D-Md.), and Sen. John Thune (R-S.D.) recently released a discussion draft for tele–mental health policies. The draft would:

- Eliminate Medicare's in-person visit requirement for tele-mental health services;
- Establish a Medicare patient "bill of rights" for mental health care services delivered via telehealth;
- Codify access to audio-only mental health coverage in Medicare;
- Direct Medicare and Medicaid to promote and support provider use of telehealth; and

- Incent states to leverage the Children's Health Insurance Program to provider tele– behavioral health care in schools.

Other recently introduced telehealth bills at the federal level include:

- **Restoring Hope for Mental Health and Well-Being Act of 2022 - HR 7666** *(Rep. Pallone NJ-D):* Establishes a grant for a pediatric mental health care telehealth program. *(**Status**: 5/6/22 – Introduced; 5/18/22 – Committee consideration and mark-up session held)*
- **Women's Health Protection Act of 2022 - S 4132** *(Sen. Blumenthal CT-D):* Prohibits a limitation on a health care provider's ability to provide abortion services via telemedicine, among other things. *(**Status**: 5/3/22 – Introduced; 5/11/22 – Senate voted not to proceed on the measure)*
- **Telehealth Extension and Evaluation Act - HR 7573** *(Rep. Hudson NC-R):* Extends certain COVID telehealth flexibilities for two years after the emergency period ends, notably the authority for audio-only telehealth services under Medicare. It would also allow a Critical Access Hospital to provide behavioral health services and any other outpatient critical access hospital services (including any authorized practitioner). The amount of payment must be 101 percent of the reasonable costs of the hospital in providing such service unless the hospital makes an election to be paid under an alternative payment methodology. It would also allow one telehealth evaluation to be sufficient to prescribe schedule II through V controlled substances. Finally, the bill also requires a study on the effects of the change to telehealth under Medicare and Medicaid programs during the COVID-19 emergency. *(**Status**: 4/26/22 – Introduced and referred to Committee on Energy and Commerce; Ways and Means; and the Judiciary)*

The Hospital Inpatient Services Modernization Act introduced for the hospital at home program has the backing of key members of the House Ways and Means and Senate Finance committees.

This support could be beneficial if congressional leadership looks to package a government funding bill with health care, tax, and other "extenders" after the November elections. Provider stakeholders will be pushing Congress to extend the telehealth flexibilities and the hospital at home waiver. It's too early to forecast what will happen legislatively at the end of the calendar year, but a couple of factors will be influential in determining how Congress moves: the public health emergency (PHE) declaration and the usual dynamic of how much a new policy or policy extension costs and how will it be paid for.

Workforce Advisory on Burnout: A new advisory on burnout in the health care workforce from U.S. Surgeon General Vive Murthy, MD, MBA, calls for a whole-of-society approach to protect and support health workers.

The advisory discusses moral injury and the effect the looming workforce shortage will have on the nation's health. Murthy also highlights the effect of the COVID-19 pandemic and reviews groups of health workers disproportionately affected before and during the pandemic.

To tackle the root causes of burnout, Murthy calls for an approach that tackles system-level challenges associated with organizational culture, policy, regulations, information technology, financial incentives, and health inequities. This includes:

- Protecting the health, safety, and well-being of all health workers;
- Eliminating punitive policies for seeking mental health and substance use care;

- Reducing administrative burden and other workplace burdens to help health workers make time for what matters;
- Transforming organizational cultures to prioritize health worker well-being and show all health workers that they are valued;
- Recognizing social connection and community as core values of the health care system; and
- Investing in public health and the public health workforce.

The advisory recommends health care organizations:

- Transform workplace culture to empower health workers and be responsive to their needs;
- Build a commitment to worker health and safety into the organization;
- Review and revise policies to ensure health workers are not deterred from seeking appropriate care for their physical health, mental health, or substance use challenges;
- Increase access to high-quality, confidential mental health and substance use care for all health workers;
- Develop mental health support services tailored to health workers' needs;
- Rebuild community and social connection among health workers to mitigate burnout and feelings of loneliness and isolation;
- Help health care providers prioritize quality time with patients and colleagues;
- Combat bias, racism, and discrimination in the workplace;
- Work with health workers and communities to confront health misinformation; and
- Invest in health prevention and social services to mitigate health inequities.

The advisory also includes recommendations for governments, health insurers, technology companies, academic institutions, and researchers to mitigate health worker burnout. Recommendations for policymakers include investing in reimbursement models that align with person-centered care and to recruit a diverse workforce. Health insurers are called to improve health care quality by supporting the quality and quantity of time workers spend with patients. Both groups are asked to reduce administrative burdens and support health workers' mental health.

Harris Health Congressional Input: Congressman Dan Crenshaw asked Harris Health to provide him and the Energy and Commerce Committee input regarding policy priorities for congressional consideration. Attached is a copy of the policy paper submitted.

State Update

1115 Waiver Update: As reported last month the waiver extension does not guarantee future CMS approval of any state directed payment programs, and the Office of the Inspector General's audit of Texas' Local Provider Participation Funds is still proceeding. Texas' state fiscal year 2022 DPPs will expire on Sept. 1, 2022. Harris Health continues to advocate to both HHSC and CMS through our congressional delegation for the immediate approval of the hospital district Health Augmented Reimbursement Program (HARP) program that is funded by local Inter-Governmental Transfers (IGTs).

Harris Health hosted HHSC Executive Commissioner Young and Senator Miles at LBJ hospital in May and stressed the vital importance of the approval HARP program for hospital districts.

6 Months Medicaid Continuous Eligibility for Postpartum Women: HHSC submitted a State Plan Amendment to provide for 6 months continuous eligibility for postpartum women effective Sept. 1, 2022. The submission begins a 120 day window for CMS approval.

Interim Legislative Activities: With the primary and run-off elections complete committees in both the House and Senate are resuming meetings in the month of June and more activity anticipated in August. Will be reporting on those committees in the August report.

Harris Health System Overview

Harris Health System is the public healthcare safety-net provider established in 1966 to serve the residents of Harris County, Texas. As an essential healthcare system, Harris Health champions better health for the entire community, with a focus on low-income uninsured and underinsured patients, through acute and primary care, wellness, disease management and population health services. Ben Taub Hospital (Level 1 Trauma Center) and Lyndon B. Johnson Hospital (Level 3 Trauma Center) anchor Harris Health's robust network of more than 40 clinics, health centers, an extensive health care for the homeless program, a chronic dialysis center, a dental services clinic, and virtual care (telemedicine) platform.

Harris Health is among an elite group of health systems in the U.S. achieving Magnet® nursing excellence designation for its hospitals as well as the prestigious National Committee for Quality Assurance designation for its patient-centered medical home clinics and health centers. It enjoys a strong partnership with nationally recognized physician faculty, residents and researchers from Baylor College of Medicine, McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth), University of Houston Medical School, and The University of Texas MD Anderson Cancer Center.

While all health systems continue to cope with the COVID-19 pandemic and the stresses that it has brought to our communities and our workplaces, safety net hospital systems such as Harris Health in Houston are particularly vulnerable simply because of who we are and who we serve. The COVID-19 pandemic brought to light many things, none more glaring than the depth and the impact of the health disparities that exist in our communities. In Harris County, similar to several other places, our communities of color have suffered the impact of COVID-19 more severely and have lost more lives as a result. This impact is exacerbated among the poor, the indigent and the uninsured. This is exactly the population that Harris Health is proud to serve, with nearly 55% of our patients being uninsured, 55% Hispanic and 25% African American.

At a peak during this last summer, all ICU patients at one of Harris Health's hospitals were COVID positive.

Workforce Related Issues: The pressures of the pandemic including long work hours, constant exposure to the COVID-19 infection, patients who are generally sicker and require a great deal more work and attention, and the repeated surge of patients has significantly impacted Harris Health's hospital and clinic staff. As a result of this and similar to all other health systems, Harris Health is faced with a workforce that is tired, overworked and constantly under siege. We have lost staff to fatigue, early retirement, and COVID itself. More importantly, we have lost staff to unfair business practices and ridiculously high paying administrative jobs by temporary staffing agencies. Below are just a few examples to illustrate the current condition and some recommended solutions:

> At one point during the Delta surge 1,346 workforce members were sidelined due to COVID infection of which 404 were front line nursing staff. This represented over 25% of our total frontline nursing workforce.

During the Delta surge one of Harris Health's hospitals had 25% of its ICU beds closed due to the inability to staff the beds with minimum nursing to patient staffing ratios. This put the entire community at-risk due to inadequate ICU capacity in one of the state's busiest Level III trauma centers.

The major staffing challenge is the poaching of our trained personnel by hospitals nationally and locally and by nurse staffing agencies.

To maintain staffing there was a reliance on state and county emergency staffing pools for essential health care staffing (nursing, respiratory therapy, etc.) that was established under the federal and state Public Health Emergency (PHE) declarations. When that was not adequate, Harris Health had to rely on contract staffing agencies who were charging predatory rates during a national pandemic/crisis.

Prior to COVID, standard pay for temporary agency nursing staff was at $65-$120 per hour depending on skills and experience. Crisis pay was at $140 – $160 per hour. At a peak during the Delta variant last summer, we had to pay upwards of $280 per hour. The largest driver of the increased hourly rate was the unregulated amount of administrative fees the staffing agencies were charging. Harris Health also has an administrative cost of onboarding the new contract healthcare workforce from the agencies in terms of orientation to system policies and the electronic medical record as well as operations and assessment of the individual's competencies.

Harris Health is now being "penalized" by our contract agencies if their staff decide they want to transition to a full-time position in our system. Apparently, it is now a routine clause written into contracts to deter organizations from hiring "their staff," many of whom were Harris Health to begin with. Some of the penalties for hiring staff are as egregious as the administrative fees they are continuing to charge.

Example: one agency stipulates that the fee is 35% of the employee's annual salary if hired within one year of the referral to us. For an LVN – the fee equates to $38,220; or we refund 90% of the annual salary if they were with us less than 180 days before wanting to hire on. Many other staffing agencies have either a flat fee or a percentage of the annual salary only after a certain number of worked hours.

Staffing agencies must be held accountable to limit administrative fees and end predatory pricing and policies with a goal to limit financial exposure of hospitals providing essential critical care services to the most vulnerable among our communities we serve.

Other workforce solutions would include and are not limited to: providing incentives for innovative provider-based training/education programs; increasing funding and salary scales for nursing school faculty in Texas' state universities and colleges; and providing loan forgiveness programs for those graduates that work in safety net providers/hospitals.

At a recent Texas Future of Nursing summit, it was highlighted that there is a need to develop a more coordinated approach to address clinical learning gaps between the academic setting and clinical practice. The lack of access to clinical training was the primary obstacle to expanding nurse class size. Schools could accept more nursing students and graduate more nurses if there were additional clinical training opportunities. Harris Health stands ready to partner in this endeavor to reduce critical workforce shortages in Harris County and the State of Texas.

The pandemic highlighted the existing challenges of clinical education and the need for state investments to support clinical training Investments. The investments in a hospital or clinical setting will help expand workforce capacity and improve readiness and clinical expertise to help meet future health needs.

Dialysis Patients: The COVID-19 pandemic highlighted limitations to accessing needed healthcare for very medically fragile, vulnerable patients.

Harris Health provides both chronic hemodialysis and peritoneal dialysis services to approximately 170 individuals at any given time in its Riverside Dialysis Center. The center currently provides 22 hemodialysis stations and operates Monday through Saturday serving a maximum of 80 patients per day in 4 shifts. Even with this resource many patients present on a daily basis in both emergency centers requiring emergency dialysis. Anecdotal reports from other area health systems and those across the state are similar regarding lack of access and overutilization of the hospital based emergency room or inpatient setting which is less safe and inherently a less effective use of limited resources.

Most patients seeking treatment for dialysis services are patients who are only eligible for uncompensated care dollars at Harris Health and initially access care in the respective emergency centers under EMTALA and covered by Emergency Medicaid. Several states have adopted an Emergency Medicaid definition under the TP-30 program that would include chronic hemodialysis and peritoneal dialysis, therefore allowing care in the more cost effective setting of outpatient free-standing dialysis centers.

Without access to coverage these patients present in a highly acute, costly status requiring treatment in the emergency center or hospitalization in an ICU setting for stabilization. In a 2016 study, the cost of an average admission for dialysis at Harris Health was just under $14,000 and the cost for an outpatient dialysis treatment was a little over $1,000. The same study showed less rates of infection and other complications with outpatient dialysis compared to emergent in hospital dialysis.

In the long term, garnering access to chronic dialysis services would save significant Medicaid dollars. It would also lead to better patient outcomes and create more appropriate utilization of strained emergency centers and hospital beds across the state by following a model adopted by both red and blue states.

COVID-19 PHE Funding and the Uninsured: The Health Resources Services Administration (HRSA) funding for un-insured COVID-19 patients (approx. $200 million), CARES Act funding ($56 million) combined with the enhanced 6.2 % FMAP for Medicaid did provide needed financial relief for Harris Health during the PHE. Since the pandemic, Harris Health expended over $275 million on the treatment of persons with COVID-19 infection.

With the depletion of the HRSA and CARES Act funding on the federal level and the reduction of the FMAP, Harris Health's financial position in the coming years becomes less stable as we continue to have uncertainty about pending Directed Payment Programs (DPPs) and the pending approval of the hospital district Hospital Augmented Reimbursement Program (HARP). $400 million of the current revenue streams for Harris Health are at risk. We recognize that on April 22 the Texas 1115 Waiver rescission was removed by CMS; however, the OIG audit of the LPPF funding mechanism still remains which could result in reduced DPPs for Harris Health.

The uncertainties of the waiver Medicaid supplemental payment programs and a payer mix that includes over 50% uninsured patients makes planning for a future service delivery system challenging. Harris County continues to have over 1 million persons that are uninsured, and the population is growing.

COVID-19 Innovations: Harris Health's response to pandemic challenges resulted in new modalities of care that should remain to address the many issues facing our most vulnerable patient populations. They include the following:

- Harris Health's Healthcare for the Homeless Program's **telehealth services** have been implemented into its outreach and street medicine services. It connects homeless individuals to health care services in non-traditional settings. Specifically, individuals in rural areas, encampments, and unsheltered locations are connected to telehealth services by Outreach staff for both primary and specialty services.

- Harris Health offers **virtual solutions** in primary and specialty care, with resources dedicated to helping its vulnerable patients navigate the technological challenges associated with virtual care. Harris Health has conducted over 700,000 virtual care visits since the program's inception in 2020.

- Harris Health is preparing to implement a **Hospital at Home** program. This program will allow eligible patients to receive acute care services at home, increasing hospital bed capacity in support of Harris Health's extremely busy trauma centers.

- The **Community Health Worker (CHW) Home Visit Program** brings tailored diabetes education directly to the homes of patients who have uncontrolled diabetes and are disengaged from care. CHWs assess for and address health-related social needs that may be getting in the patient's way of achieving a healthier life. They have extensive connections to a variety of community resources that can assist patients with anything from food to transportation. In addition, the CHW serves as a direct connection to a patient's medical home. The goal of the program is to avoid long-term complications by improving chronic disease self-management through continued education, patient empowerment, and maximizing the care team's resources.

- Harris Health's **Multi-Visit Patient (MVP)** initiative focuses on those patients who are high-utilizers of Harris Health's two Emergency Centers. MVPs' many visits can be attributed to a combination of behavioral, social, and medical conditions, and while these patients are complex and high-risk, more often than not, their visits do not warrant emergency care. After identifying MVPs' drivers of utilization through in-person interactions, Harris Health works with MVPs and partners in the community and across the continuum of care to help MVPs receive the services they need and achieve greater stability. High-utilizers often frequent multiple hospitals, presenting with similar complaints and receiving similar care that fails to break the cycle of utilization. In 2019, HHS and a nearby hospital shared 130 high-utilizers with 2,600 annual ER visits across both organizations. Through repeated interactions, demonstrated commitment, a clearly articulated business case, and individual leadership, Harris Health and two other health care systems in Houston forged an unexpected partnership in 2021 to create a multi-hospital, high-utilizer program. The program focuses on a cohort of 20 patients with 2,700 visits over a 12-month period. Front-

line teams exchange information through frequent communication and bi-directional note sharing. In monthly case conferences, the organizations design care plans leveraging internal resources and community-based services to serve patients across the care continuum. Patients who previously visited multiple hospitals serially without any one hospital's collective awareness are now coming to light and receiving the care they need. Together the three organizations are reducing avoidable hospital utilization, improving outcomes, and reducing disparities for the community's most vulnerable patients.

- In the midst of the COVID-19 pandemic, the system identified a high vacancy rate for unlicensed patient care assistants (PCA) and an opportunity to provide support to our internal employees and community by creating an innovative program aimed at support, skills and knowledge acquisition in partnership with nursing education, Human Resources, Capital Idea and Houston Community College (HCC). Nursing Professional Development (NPD) developed an eight week **PCA Externship Program** targeting three key groups. The externs were comprised of 10 internal employees in non-direct patient care positions, 7 community members and 10 local high school graduates from an underserved community. Of 27 candidates in the program, 21 transitioned to full-time positions at Harris Health. As a proactive solution in support of the next generation of healthcare providers, Harris Health's goal is to provide students an incentive for staying in school and a potential career path in healthcare while filling vacancies.

- The **Remote Patient Monitoring** program at Harris Health System is an innovative initiative that provides proactive patient engagement related to uncontrolled hypertension. The Healthy Heart, Healthy You Program is a home blood pressure monitoring program supported by licensed vocational nurse-patient care coordinators in partnership with the patient's primary care provider. Each enrolled patient receives a blood pressure monitor free of charge that is theirs to keep. The primary goal is to improve blood pressure management, navigation to appropriate medical and community services, and just-in-time education regarding self-management of high blood pressure. Evidence-based strategies are utilized to improve blood pressure and reduce the risk of hypertension-related complications.

- Early in the pandemic, Harris Health's Emergency Centers (EC) were overflowing and social distancing was highlighted as a best practice to minimize the spread of COVID19. Harris Health needed to develop a solution that would minimize patient flow in the Emergency Centers, avoid unnecessary exposure of patients to COVID and allow providers to care for the truly emergent. The Harris Health **Ask My Nurse phone triage** flow was identified as an area of opportunity, as many of the callers are triaged and referred to the Harris Health System Emergency Centers. A pathway was identified to triage and refer patients in real time for an Emergency Physician video visit, with nursing and registration support. This modality supports social distancing and decompresses the on-site patient volume of lower acuity cases. In fact, 74% of the patients evaluated by the Emergency Center telehealth providers did not require a visit to the Emergency Center. The success of this program has allowed patients to receive the level of care necessary to treat their symptoms while also making that care easier and safer to access.

Medicaid Re-enrollment: With over 4 million Medicaid recipients in the coming months in need of being re-enrolled after the PHE ends, we encourage the state to work collaboratively with

Managed Care Organizations and safety net providers to assure a seamless transition for those recipients who will continue to be eligible. Both Harris Health System and Community Health Choice are committed to working with HHSC and other state partners to assist in this endeavor in terms of presumptive eligibility and outreach/enrollment activities.

Mental Health and Behavior Health Issues: COVID-19 presented many challenges regarding the mental and behavioral health of our community, our patients and our staff.

The lack of community based adult mental health beds remains one of the biggest challenges facing Harris Health in managing its patient care resources and bed management. On a daily basis we have multiple patients awaiting transfer to acute care psychiatric beds in the community and the state. The acute adult psychiatric bed shortage has not been relieved with the 50 new beds brought on line in Harris County as the demand is too great.

The lack of appropriate inpatient and outpatient mental health, behavioral health and substance use disorder treatment has resulted in a high-risk environment for both patients and staff at Harris Health's inpatient and outpatient clinical sites. There has been a marked increase of violence against workforce members and other patients due to the overcrowded emergency centers with patients awaiting appropriate placement in the community to adequately treat their psychiatric needs.

The state and federal government needs to review its process of granting Emergency Detention Orders (EDOs) in emergency rooms. Implementation of nationwide Adult Medicaid IMD Waivers to increase the number of available adult acute psychiatric beds and providers in the community will go a long way to address the pervasive chronic shortage of mental health services.

Thursday, June 23, 2022

Harris Health System Council-At-Large Meeting Minutes

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 9, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
I. Call to Order	The WebEx meeting was called to order by Fadine Roquemore at 5:00pm. ***Council Members in Attendance:*** • Acres Home: Bennie Baker, Sheila Taylor, Rankie Johnson • Baytown: Pamela Breeze, Syphfronia Garrett • Casa: Daniel Bustamante • Gulfgate: Patricia Shephard • Homeless: Ross Holland • LBJH: Velma Denby • MLK: Fadine Roquemore • Thomas Street: Josh Mica • Vallbona: Cynthia Goodie ***Harris Health System Attendees:*** Dr. Esmaeil Porsa, Louis Smith, Dr. Jennifer Small, David Attard, Sunny Ogbonnaya, Jon Hallaway, Dr. Fareed Khan, Omar Reid, Nikki Martinez, Lydia Rogers, Lady Barrs, Dawn Jenkins, Mary Hobbs, Pollie Martinez, Sarah Rizvi, Amineh Kostov, Dwanika Walker, Nina Jones, Luckett Robin, Candace Jones, SanJuanita Franco, Olevia Brown, Stephanie Ramirez ***Board Members in Attendance:*** Alicia Reyes	
II. Approval of Minutes	The minutes from April 11, 2022 were approved with the following correction: **-Council Members In Attendance**: Added-Patricia Shephard, Gulfgate Health Center	
III. Council Reports	**Acres Home – Sheila Taylor** • We had the opportunity on today to have our first in person meeting since the COVID crisis begun. It was an excellent meeting. The feedback was good from everyone. • The center has one vacancy which will be filled by August 2022. **Baytown – Pamela Breeze** • Baytown numbers are phenomenal.	

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 9, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	Council Reports *(continued)*	
	Casa de Amigos – Daniel Bustamante • The Council met on April 18th. Construction is moving along. The staff was in attendance and we received a very good report about the construction entering Phase 1. -The new entrance will be on Harrington Street which faces the parking lot. -Radiology will be moved from Casa to Thomas Street clinic. Patients are being advised. -Phase 2 there will be a reduction in exam rooms. Because of that we will lose one Provider. Which means 3 vacancies. -Pharmacy will operate with some challenges. • Thank you Mrs. Roquemore for being patient with me on this report in this Council. But construction is moving along and I will make my report as short as possible. • Our Council will meet in the City of Houston clinic. *Mrs. Roquemore thanked Mr. Bustamante for his report and expressed if there's anything the council can be of assistance with, please let them know.*	
	Gulfgate – Patricia Shephard (on behalf of Teresa Recio) • Gulfgate Council meeting was cancelled this month. • I would also like some support with the getting volunteer process complete. I have been trying and was told I would need ID, orientation, vaccinations, etc. *Mrs. Roquemore commented we will reach out to make sure you have everything you need to become a part of the Harris Health Council.*	Dr. Small stated she will work with Mrs. Roquemore and reach out to Volunteer Services to contact Ms. Shephard.
	Homeless – Ross Holland • This is my first Council meeting. I'm learning as I go. It's nice to meet everyone. *Mrs. Roquemore welcomed Mr. Holland and stated she does not mind coming to his location and giving orientation (role of the council, duties, etc.). She thanked him for being a part of the Council.*	

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	Council Reports *(continued)* **Martin Luther King – Fadine Roquemore** • Always excited about being at MLK Health Center. I'm concerned about patients being reminded of their appointments. Sometimes the patients want to have general conversation. There are some who say they are happy to get a reminder and others who just want to talk. **Northwest – No representative.** **Thomas Street – Josh Mica** • Bunnies on the Bayou event was excellent. We had over 36 volunteers and 42 shifts. It was an amazing event. • At the Council meeting it was brought up about the patients are not being notified by Harris County when their insurance is no longer accepted. They are notified when they come in for their appointment. There seems to be a huge communication gap. *Mrs. Roquemore stated the subject on insurance will be discussed later in the meeting.* **Vallbona – Cynthia Goodie** • Happy Mother's Day to the Mothers. • The clinic went down by one point to 8. Everything else is the same. • I've come across a lot of people who are not insured. They have Medicaid or Medicare. I want you to know that I promote Harris Healthcare and I've passed out 25 applications. **Ben Taub Hospital – Robin Luckett (on behalf of Helen Walwyn)** • Helen Walwyn will not be in attendance due to family emergency. • Candice and I are actively recruiting members. We currently have 1 active member. We've been unable to reach Mr. Ahmadi.	

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 9, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	Council Reports *(continued)* **Lyndon B. Johnson Hospital – Velma Denby** • Primarily looking at some of the same inconsistencies. How Items in pharmacy are being handled and the difference in clinic patient care is being handles. This is an ongoing discussion and trying to make sure everything that has been reported is accurate.	
IV. Old Business	**No Old Business to review.**	
V. Updates	**No Updates at this time.**	
VI. Research/Guest Speaker	**Nikki Martinez, Senior Manager, Patient Financial Services** • Power point presentation reviewed and discussed. *See attached***.** **Questions/Comments:** • Josh Mica asked is there a possibility for Thomas Street to be its own billing provider? *Ms. Martinez responded, unfortunately it's not a possibility. Harris Health System functions as a whole, under one tax ID and all of our providers are under one National Provider Identifier (NPI) number. They don't contract individually.* • Josh Mica asked how patients were being notified. Whose responsibility was it to notify patients? *Ms. Martinez responded, we follow our contract guidelines regarding notification. We notify them the moment we can contractually. It's also the responsibility of the payer to notify the patient. It is different for each contract.* *Dr. Porsa stated I have a copy of the communication that went out to the patients in English, Spanish and Vietnamese on February 9th 2022. Informing our patients of the contracts ending and providing them with options on what to do. Mr. Roquemore I can send a copy of this communication to you so that it will be a part of the minutes.* *Pollie Martinez commented we also informed the patients when they came in for their clinic visits and handed them a copy of the letter as well.*	 Patient Financial Srv.pdf

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 9, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
VII. Community Medicine	**Dr. Fareed Khan (on behalf of Dr. Matasha Russell)** ***Primary Care Operations Scorecard (see attached)*** • Meeting Goals for: Medical Home No Show, Overall No Show, Cycle Time, 3rd New Appointment and 3rd Return Appointment Availability. Obstetrics we have availability. • In terms of operation. Our patients are being seen efficiently. We are able to accommodate their needs. Barring our no show rate we really need to bring down. ***HEDIS Scorecard Data Reporting Period (see attached)*** • **Preventive Care:** We are meeting benchmarks for Breast Cancer Screening and Cervical Cancer Screening. Colorectal Cancer Screening remains to be a challenge. We are measuring all of our patients for BMI. Counseling continues on weight and exercise. • **Pediatric Preventive Care:** We are meeting all measures. • **Adolescents Preventive Care:** We are above benchmark. • **Diabetes:** we have always excelled. We are testing at the proper timeframe**.** • **HbA1c:** We changed our benchmark from 30% to 29%. We are currently at 26%. • **Diabetic Eye Exam/Foot Exam/Nephropathy:** we are doing well nationwide. • **High Blood Pressure:** Ongoing conversations with leadership on blood pressure control. ***HIV Quality Report (see attached)*** • Viral suppression rates discussed. *Dawn Jenkins commented Dr. Khan you did a phenomenal job representing our viral load suppression scores and I will make sure I communicate that to Dr. Serpa.* **Questions/Comments:** • Josh Mica thanked Dr. Khan and asked is it possible to see what the numbers are (no show, etc.). He commented give me the data like everybody else. That's all I'm asking for is equality. *Dr. Khan responded that's a reasonable request. I don't think that's out of the scope of Thomas Street. Maybe Dawn and I can discuss offline to get that data.* *Dawn Jenkins reiterated HIV is a Specialty clinic. We do have that information for our patient population and can discuss presenting it to the council.*	Primary Scorecard April 22.pdf HEDIS MARCH 22.pdf HIV Quality CAL 3-22.pdf

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 9, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
VIII. Administration	**Esmaeil Porsa, President & CEO** • COVID- we are doing extremely well. There are no more than 10 patients in Harris Health. **Questions/Comments** – None. **Dr. Jennifer Small, Interim Executive Vice President/Administrator** • Happy Nurse Week to all of our nurses. Thank you for all that you do. • We are working on improving patient throughput in our clinics. We are working with local leadership in our clinic. In the next quarter I will be able to provide information on additional measures that are being put in place. **Questions/Comments** - None. **Sunny Ogbonnaya, Director, Ambulatory Pharmacy** • For the month of April, Pharmacy filled a total of 163,488 prescriptions. 76% were delivered to the patient's home (about 123,728). We thank you all for using our home delivery service e • We received 37,614 (62%) of our prescription via MyHealth. We thank our patients for using MyHealth. We encourage or patient to request their refills 7-10 days in advance. **Questions/Comments** – None. **Jon Hallaway, Program Director, Department of Public Safety** • Remind everyone to keep valuables out of site in their vehicles. It's a tempting target for thieves. • The screening process at the clinics have changed. Patient can just proceed directly to the Patient Management desk. The signage is still in place. • Harris Health does require you to submit a copy of your vaccination record when getting a badge. Please do work with the respective Operations Managers. **Questions/Comments** – None.	

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	Administration *(continued)* **David Attard, SVP, Facilities, Construction and Systems Engineering** • Holly Hall demolition has started. We are in the abatement phase right now. Demolition process will run through August 2022. **Questions/Comments –** None. **Omar Reid, Senior Vice President, Human Resources** • No new information to report at this time. **Questions/Comments** – None.	
IX. New Business	No new business.	
X. Adjournment	Motion to adjourn the meeting granted at 6:12pm.	**Next Meeting: June 13, 2022**

Thursday, June 23, 2022

Consideration of Approval of the Following Reports for the Health Care 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 Health Care for the Homeless Program

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Operational Update for Review and Discussion

- **HCHP June 2022 PowerPoint**

Attached for consideration of approval:

- **Patient Satisfaction Report**
- **Quality Management Report**

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

HARRIS HEALTH SYSTEM

Health Care for the Homeless
Monthly Update Report June 2022

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

Tracey Burdine, Director, Health Care for the Homeless Program

Agenda

- Operational Update
  - Patient Services
  - Patient Satisfaction Report
  - HCHP UDS Service Details
  - Quality Management Report

HARRISHEALTH SYSTEM

Patients Served

Telehealth Visits

- Telehealth New Patients: 14
- Telehealth Return Patients: 77

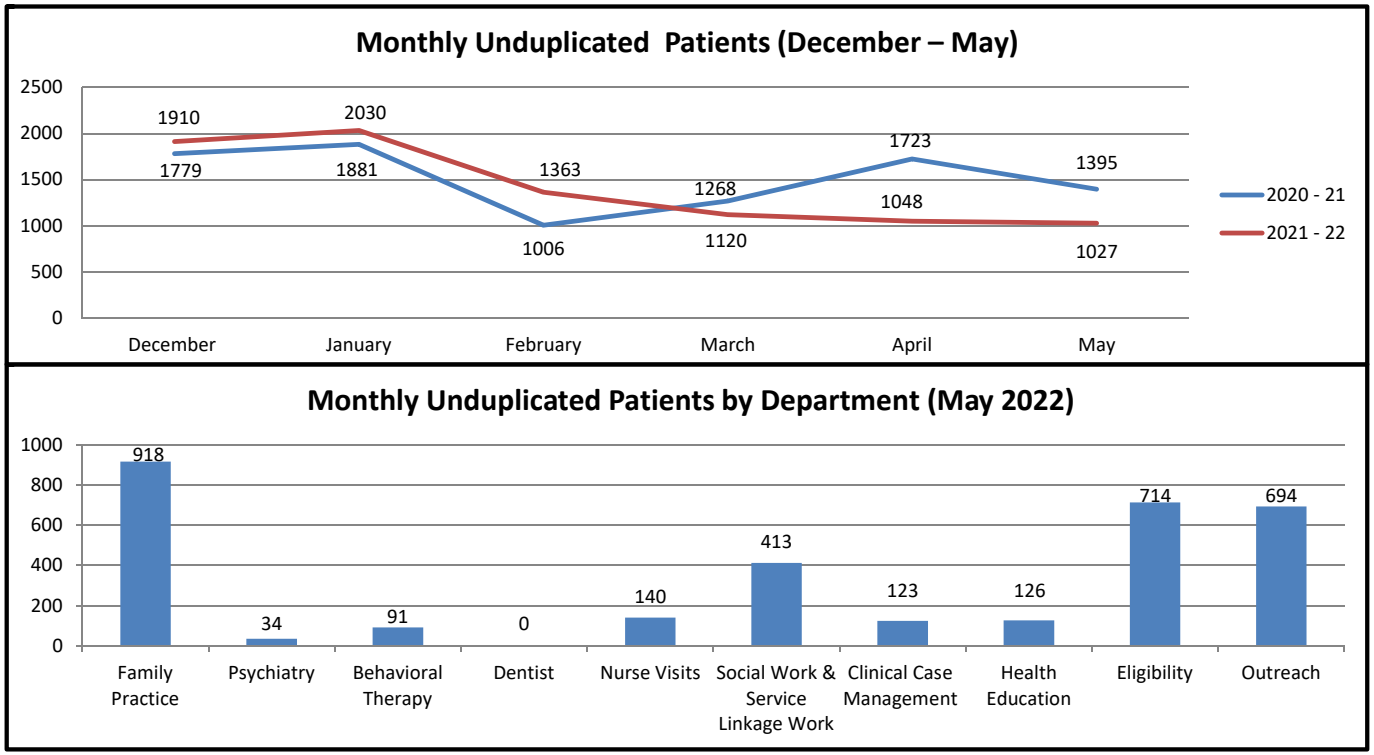
New Patient Visits

- Adult New Patients: 346
- Pediatric New Patients: 25

HRSA Target: 9,775

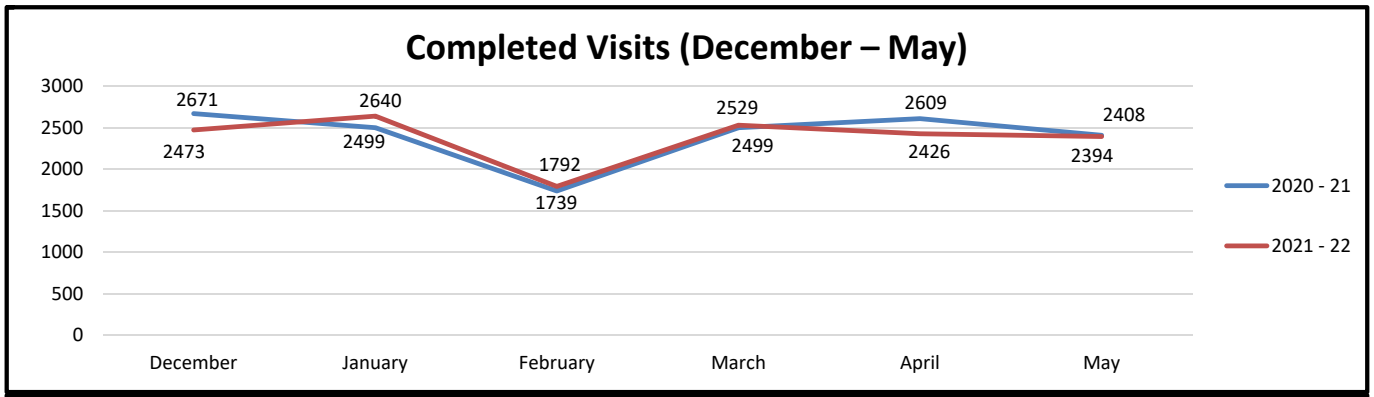
- Unduplicated Patients: 3,421
- Total Complete Visits: 11,266

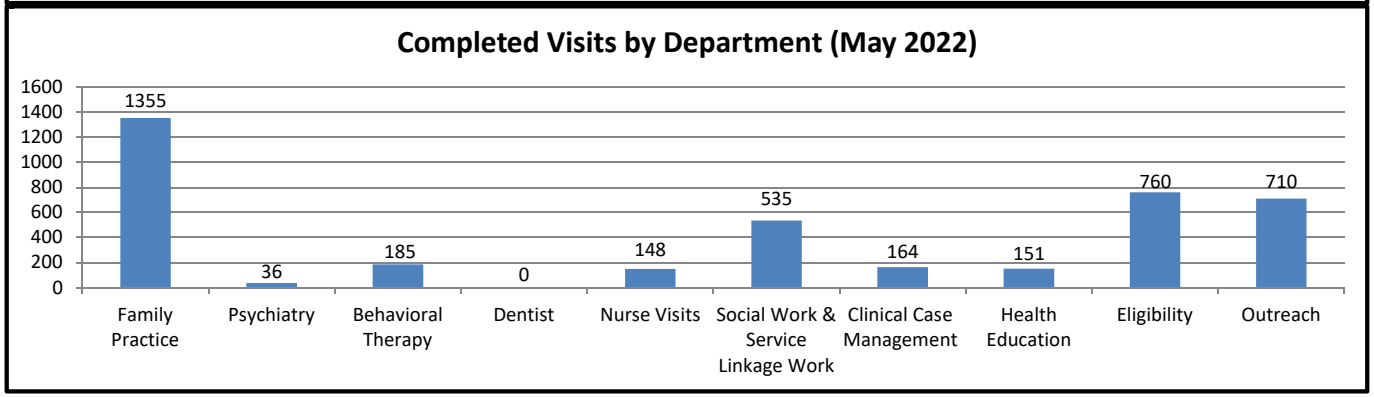
Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance

Operational Update

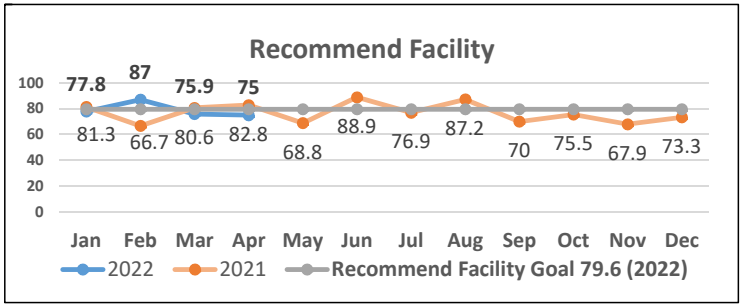


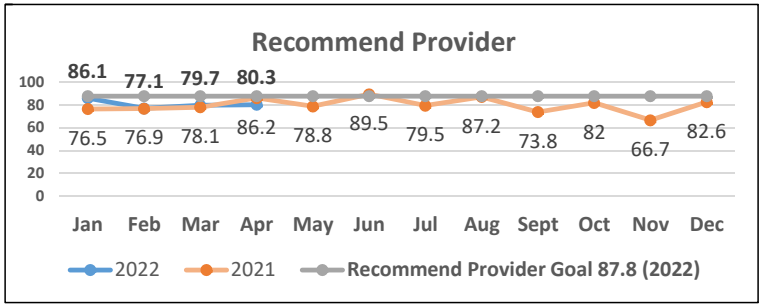


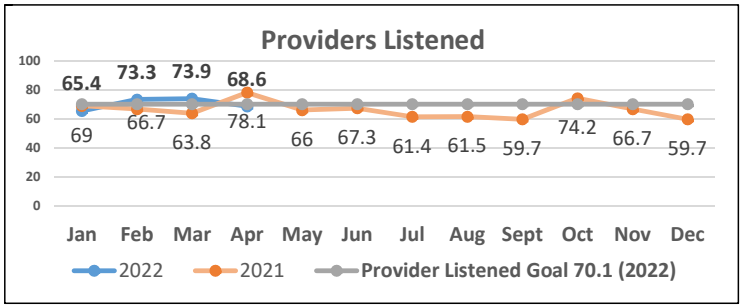
Mobile Dental Unit services suspended due to vehicle maintenance.

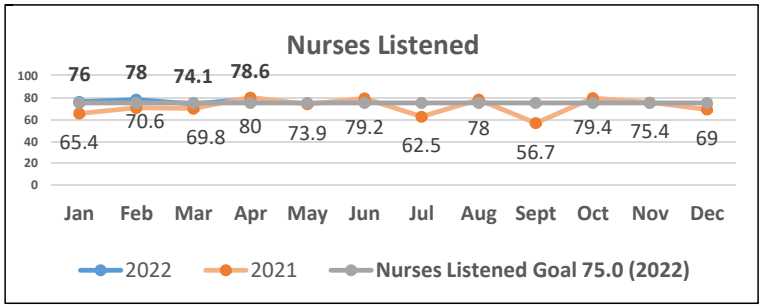
HCHP Patient Satisfaction Trending Data Q1

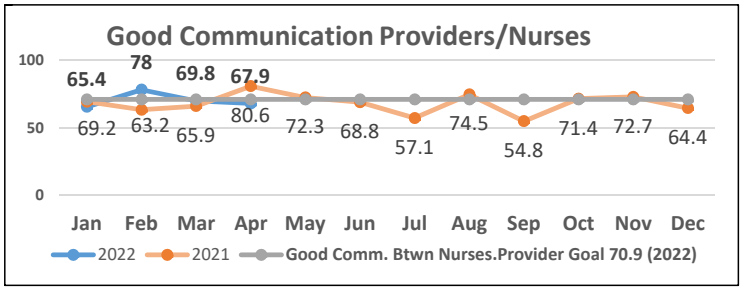
HARRISHEALTH SYSTEM

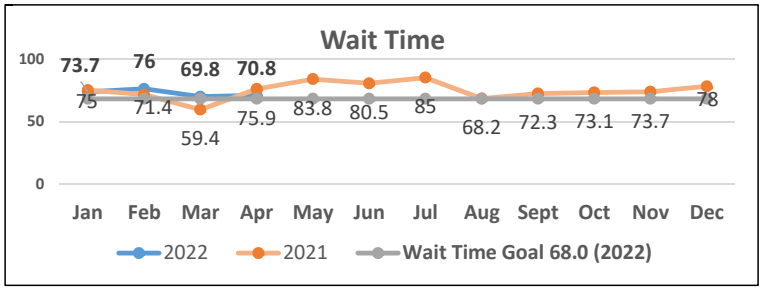












HARRISHEALTH SYSTEM

HRSA Service Descriptors Forms 5A – 5C

5A Services Provided	5B Service Sites	5C Other Activities/Locations
• Service Type • Service Delivery Method • **Example:** Diagnostic Radiology Services; Referral Arrangement (Health Center DOES NOT pay)	• Site Type & Setting • Location/Zip Code • Hours of Operation • Medicare & NPI number • **Example:** Salvation Army; Service Delivery; Permanent	• Type of Activity • Description of Activity • Frequency of Activity • Location Activity Conducted • **Example:** Outreach; Daily; Homeless shelters

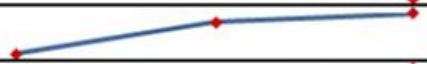
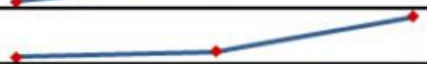
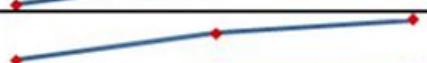
HARRIS HEALTH SYSTEM

Health Care for the Homeless
Q1 Quality Management Report

LaResa A. Ridge MD, MBA, Health Care for the Homeless Medical Director, Ambulatory Care Services

HARRISHEALTH SYSTEM

HCHP Quality Metrics

Quality Measure	UDS Benchmark	HCHP Goal	January	February	March	Q1	Trend
Cervical Cancer Screening	> 41%	70%	62%*	62%*	61%*	56%*	
Colorectal Cancer Screening	> 31%	50%	30%	40%*	43%*	34%*	
Breast Cancer Screening	> 38%	50%	44%*	46%*	48%*	40%*	
Adult BMI/F/U Plan	> 56%	85%	48%	49%	55%	54%	
Depression Screening / F/U	> 55%	80%	72%*	77%*	80%*	76%*	
HIV Screening	> 47%	80%	94%*	96%*	97%*	94%*	
Tobacco Screening/Counseling/ Pharmacotherapy	> 78%	90%	98%*	99%*	99%*	98%*	
Child BMI %ile/Diet & Physical Activity Counseling	> 60%	82%	53%	100%*	89%*	76%*	
IVD & Aspirin	> 79%	85%	81%*	83%*	81%*	82%*	
Statin Therapy	> 72%	80%	77%*	77%*	82%*	77%*	
Diabetes A1C > 9	< 39%	40%	57%	51%	48%	56%	
Hypertension BP < 140/90	> 54%	63%	69%*	65%*	67%*	63%*	

Asterisk (*) indicates the program is above the UDS average for like facilities

Problem Statement: The following quality metrics are top fallouts that did not meet HCHP goal in Quarter 1 of 2022. After identifying the root cause for the fall outs, corrective action plan is written for each item. Approve and continue the corrective action plan.

HARRISHEALTH SYSTEM

Quality Measures		Q4 (2021)			Q1 (2022)			Q2 (2022)			Q3 (2022)		
Quality Measures	**Goal**	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Adult BMI Assessment & Intervention	85%	46%	47%	52%	48%	49%	55%						
IVD & Aspirin	85%	82%	67%	90%	81%	83%	81%						
Cervical Cancer Screening	80%	69%	69%	60%	62%	62%	61%						

Plan (Root Cause-Based on analysis of the problem)-WHY?	Do-(Action, Responsible Person, Implementation Date)
1. Adult BMI Assessment and Intervention: Fall outs due to 1) Appropriate referrals or order interventions to nutrition or other services not being satisfied 2) Patients who did not meet parameters for BMI; not following up within the reporting period . **2. IVD & Aspirin :** Fall outs due to 1) failure to prescribe Aspirin to all patients who met criteria under protocol. 2) Lack of knowledge regarding the latest update for prescription standards. **3. Cervical Cancer Screening:** Fall outs due to 1) High rate of patients refusing pap smear at the time of visit due to several factors including time restraints, Menstrual cycle etc. even after education provided on the importance of cervical cancer screening.	Responsible Persons: Dr. LaRessa Ridge (Medical Director), Chamica Keys (Nurse Manager), Sarath Roy (Quality Assurance Coordinator) **1) Adult BMI Assessment & Intervention:** 1)Provide a list of services available within the system; Providers can reference in the event patients do not meet BMI parameters. 2) Designate an Outreach employee to attempt to connect with the patients to complete the follow up. 3) Created a smart list embedded within the HCHPHealthcare smart phrase (RidgeBMI 26161) to address BMI directly. Implementation date: March 2022. **2) IVD and Aspirin:** 1)Provide education on the latest updates in medical practice to cover the changes on determining appropriate candidates for prescription. 2)Provide hard copy of protocol to providers 3) Monthly drill down for compliance with corrective action plan submission from each provider for fallouts. Implementation date: June 2022 **3) Cervical Cancer Screening:** 1)Designated LVN and Medical Assistant to call patients to remind them about their upcoming pap smear. 2)If patient refuses pap smear during the time of visit, schedule the follow up appointment before patient leaves the clinic. 3)Incentives for pap – implemented at additional clinics. Implementation date: June 2022
	ACT (Effective/Ineffective): Adopt, Adapt, or Abandon
Check (How will you measure effectiveness?)	1. Adult BMI: Jan-22:48%, Feb-22:49%, Mar-22:55% 2. IVD & Aspirin: Jan-22:81%, Feb-22:83%, Mar-22:81% 3. Cervical Cancer Screening: Jan-22:62%, Feb-22:62%, Mar-22:61%
Via the monthly UDS Dashboard Report	

Self Updates: Services details

H80CS00038: HARRIS COUNTY HOSPITAL DISTRICT, Houston, TX

Grant Number: H80CS00038 **BHCMIS ID:** 061600 **Project Period:** 11/01/2001 - 12/31/2024

Budget Period: 01/01/2022 - 12/31/2022

Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X		
Diagnostic Radiology	X		
Screenings	X		
Coverage for Emergencies During and After Hours	X		
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		
Obstetrical Care			
Prenatal Care	X		
Intrapartum Care (Labor & Delivery)	X		
Postpartum Care	X		
Preventive Dental	X	X	
Pharmaceutical Services	X		
HCH Required Substance Use Disorder Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation		X	
Translation	X		X

Additional Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Additional Dental Services	X	X	
Behavioral Health Services			
Mental Health Services	X	X	
Occupational Therapy	X		
Physical Therapy	X		
Nutrition	X		

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
Psychiatry		X	

Close Window

Self Updates: Site details

H80CS00038: HARRIS COUNTY HOSPITAL DISTRICT, Houston, TX

Grant Number: H80CS00038 **BHCMIS ID:** 061600 **Project Period:** 11/01/2001 - 12/31/2024

Budget Period: 01/01/2022 - 12/31/2022

Site Id: BPS-H80-033571 **Site Status: Pending Verification**

Site Information

Site Name	Jackson Hinds Gardens	**Physical Site Address**	607 Thornton St., Houston, TX 77018
Site Type	Service Delivery Site	**Site Phone Number**	(713) 697-4411
Web URL			
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	10/25/2021	**Site Operational Date**	
FQHC Site Medicare Billing Number Status		**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	24.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	77018

Site Id: BPS-H80-013531 **Site Status: Active**

Site Information

Site Name	Lord of the Streets	**Physical Site Address**	3401 Fannin St., Houston, TX 77004
Site Type	Service Delivery Site	**Site Phone Number**	(713) 526-0311
Web URL			
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	01/09/2014	**Site Operational Date**	01/09/2014
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number	

FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	77004

Site Id: BPS-H80-020948 **Site Status: Active**

Site Information

Site Name	Star of Hope Cornerstone Community	**Physical Site Address**	2575 Reed Rd, Houston, TX 77051
Site Type	Service Delivery Site	**Site Phone Number**	(713) 497-0930
Web URL			
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	07/31/2017	**Site Operational Date**	09/06/2017
FQHC Site Medicare Billing Number Status		**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	44.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	77051

Site Id: BPS-H80-006814 **Site Status: Active**

Site Information

Site Name	SALVATION ARMY FAMILY	**Physical Site Address**	1603 Megowan St, Houston, TX 77004

Site Type	Service Delivery Site	**Site Phone Number**	(713) 650-6530
Web URL	www.salvationarmyhouston.org		
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	01/10/1987	**Site Operational Date**	01/10/1987
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	16.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	77004

Site Id: BPS-H80-004932 **Site Status: Active**

Site Information

Site Name	OPEN DOOR MISSION	**Physical Site Address**	5803 Harrisburg Blvd, Houston, TX 77011
Site Type	Service Delivery Site	**Site Phone Number**	(713) 921-7520
Web URL	www.opendoorhouston.org		
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	01/10/1987	**Site Operational Date**	01/10/1987
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)		
Subrecipient/Contractor Organization Name	**Subrecipient/Contractor Organization Physical Site Address**	**Subrecipient/Contractor EIN**
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	77011

Site Id: BPS-H80-005539 **Site Status: Active**

Site Information

Site Name	SALVATION ARMY ADULT REHAB CTR	**Physical Site Address**	2118 Washington Ave, Houston, TX 77007
Site Type	Service Delivery Site	**Site Phone Number**	(713) 869-3551
Web URL	www.salvationarmyhouston.org		
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	01/09/1996	**Site Operational Date**	01/09/1996
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)		
Subrecipient/Contractor Organization Name	**Subrecipient/Contractor Organization Physical Site Address**	**Subrecipient/Contractor EIN**
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	77007

Site Id: BPS-H80-033388 **Site Status: Active**

Site Information

Site Name	Dental Mobile Unit	**Physical Site Address**	5656 Kelley St, Houston, TX 77026
Site Type	Service Delivery Site	**Site Phone Number**	(346) 426-0500
Web URL			
Location Type	Mobile Van	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	09/28/2021	**Site Operational Date**	09/29/2021
FQHC Site Medicare Billing Number Status		**Medicare Billing Number** (Required if "This site has a Medicare billing number" is	

		Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	32.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	77002

Site Id: BPS-H80-033387 **Site Status: Active**

Site Information

Site Name	Medical Mobile Unit	**Physical Site Address**	5656 Kelley St, Houston, TX 77026
Site Type	Service Delivery Site	**Site Phone Number**	(346) 426-0500
Web URL			
Location Type	Mobile Van	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	09/28/2021	**Site Operational Date**	09/29/2021
FQHC Site Medicare Billing Number Status		**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	40.00
Saved Months of Operation			
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	77002

Site Id: BPS-H80-031892 **Site Status: Active**

Site Name	Administrative Offices	**Physical Site Address**	4800 Fournace Pl, Bellaire, TX 77401
Site Type	Administrative	**Site Phone Number**	(346) 426-0691
Web URL			
Location Type	Permanent	**Site Setting**	
Date Site was Added to Scope	01/19/2021	**Site Operational Date**	
FQHC Site Medicare Billing Number Status		**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	

Site Id: BPS-H80-002086 **Site Status: Active**

Site Information

Site Name	STAR OF HOPE MEN'S SHELTER	**Physical Site Address**	1811 Ruiz St, Houston, TX 77002
Site Type	Service Delivery Site	**Site Phone Number**	(713) 226-5424
Web URL	www.sohmission.org		
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	01/10/1987	**Site Operational Date**	01/10/1987
FQHC Site Medicare Billing Number Status	This site is neither permanent nor seasonal per CMS	**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)		
Subrecipient/Contractor Organization Name	**Subrecipient/Contractor Organization Physical Site Address**	**Subrecipient/Contractor EIN**
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	77002

Site Id: BPS-H80-013530 **Site Status: Active**

Site Information			
Site Name	Harmony House Respite Center	**Physical Site Address**	602 Girard, Houston, TX 77007
Site Type	Service Delivery Site	**Site Phone Number**	(713) 221-6219
Web URL			
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	01/09/2014	**Site Operational Date**	01/09/2014
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	**Medicare Billing Number** (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
FQHC Site National Provider Identification (NPI) Number (Optional field)		**Total Hours of Operation** (when Patients will be Served per Week)	40.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		**Number of Intermittent Sites** (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)		
Subrecipient/Contractor Organization Name	**Subrecipient/Contractor Organization Physical Site Address**	**Subrecipient/Contractor EIN**
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
Saved Service Area Zip Code(s)	77007

Close Window

Self Updates: Activity details

H80CS00038: HARRIS COUNTY HOSPITAL DISTRICT, Houston, TX

Grant Number: H80CS00038 **BHCMIS ID:** 061600 **Project Period:** 11/01/2001 - 12/31/2024

Budget Period: 01/01/2022 - 12/31/2022

Existing Activities/Locations

Type of Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted
Health Fairs	Intermittently	Health screenings and health promotion and prevention education	Homeless shelters
Portable Clinical Care	Intermittently.	A small medical mobile unit which is primarily used for health fairs, outreach, immunizations, and TB skin testing.	Homeless shelters and areas where persons experiencing homelessness congregate such as soup kitchens and encampments.
Non-Clinical Outreach	Daily	Outreach, education and in-person enrollment assistance to eligible uninsured individuals in Medicaid, CHIP, and the health insurance marketplace.	Homeless shelters and areas where persons experiencing homeless congregate such as soup kitchens and encampments.

Close Window

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 23, 2022

Consideration of Approval of HCHP 2022 1st Quarter Patient Satisfaction Report

Thursday, June 23, 2022

Consideration of Approval of HCHP UDS Service Details Report

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 23, 2022

Consideration of Approval of HCHP 2022 1st Quarter Quality Management Report

Thursday, June 23, 2022

Consideration of Approval to Remove Board of Trustee Member from the Ambulatory Surgical Center at LBJ Governing Body

Thursday, June 23, 2022

Executive Session

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 a Status of Fraud and Abuse Investigations, Pursuant to Texas Health & Safety Code §161.032, and Possible Action Regarding This Matter Upon Return to Open Session.

This information is being presented for informational purposes only.

Thursday, June 23, 2022

Executive Session

Discussion Regarding Financial Planning Information for Community Health Choice, Inc. and Community Health Choice, Texas, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session

Thursday, June 23, 2022

Executive Session

Consultation with Attorney Regarding the Harris County Hospital District Foundation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH SYSTEM

Thursday, June 23, 2022

Executive Session

Discussion Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov't Code Ann. §551.074, Including Approval of CEO Evaluation Framework Upon Return to Open Session

- Pages 631-639 Were Intentionally Left Blank -

Thursday, June 23, 2022

Executive Session

Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085.

Thursday, June 23, 2022

Executive Session

Consultation with Attorney Regarding Ambulatory Care Services, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085.

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