

Thursday, September 22, 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
 - Special Called Board Meeting – August 16, 2022
 - Board Meeting – August 25, 2022
- III. **Announcements / Special Presentations** Dr. Arthur Bracey 15 min
 - A. **CEO Report Including Special Announcements – Dr. Esmail Porsa** (10 min)
 - COVID-19
 - Monkeypox Update
 - Harris Health Tax Rate
 - Harris Health Workforce Planning
 - B. **Special Announcement** *Dr. Arthur Bracey*, will Recognize Good Catch Recipient (3 min)
 - C. **Board Member Announcements** Regarding Board Member Advocacy and Community Engagements (2 min)
- IV. **Public Comment** Dr. Arthur Bracey 3 min
- V. **Executive Session** Dr. Arthur Bracey 22 min
 - A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session (2 min)
– **Dr. Steven Brass and Dr. Yashwant Chathampally**

- B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff
– **Dr. John Foringer** (10 min)
- C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egin** (10 min)
- VI. **Reconvene to Open Meeting** Dr. Arthur Bracey 1 min
- VII. **General Action Item(s)** Dr. Arthur Bracey 16 min
- A. General Action Items Related to Quality: Medical and Nursing Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. John Foringer** (2 min)
 2. Review and Discussion Regarding the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance [**Part 1 of 2: Accountability**] – **Dr. Jackie Brock** (10 min)
- B. General Action Item 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 Egin** (2 min)
 2. Consideration of Approval of Addition to Correctional Health Medical Staff Bylaws – **Dr. Otis Egin** (2 min)
- VIII. **New Items for Board Consideration** Dr. Arthur Bracey 35 min
- A. Consideration of Approval of Diversity, Equity and Inclusion Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members – **Dr. Jobi Martinez and Board of Trustees** (5 min)
- B. Consideration of Approval of Governance Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members – **Board of Trustees** (5 min)
- C. Consideration of Approval of Harris Health System Minority-and Woman-Owned Business Enterprise Program Policy – **Mr. Michael Hill** (15 min)

- D. Consideration of Approval of a Resolution Setting the Amount of the Mandatory Payment to be Invoiced During the Time Frame of September 23, 2022 through June 30, 2023 as up to 6.00 Percent of the Net Patient Revenue of an Institutional Health Care Provider Located in the District for the Harris County Hospital District Local Provider Participation Fund – **Ms. Victoria Nikitin** (5 min)
- E. Discussion Regarding the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget – **Ms. Victoria Nikitin** (5 min)

IX. Strategic Discussion**Dr. Arthur Bracey 40 min****A. Harris Health System Strategic Plan Initiatives**

1. Update Regarding Harris County Hospital District Foundation Board Meeting – **Dr. Arthur Bracey** (10 min)
[Strategic Pillar 3: One Harris Health]
2. Update Regarding Harris Health Community Health Worker Home Visits – **Dr. Esperanza (Hope) Galvan** (10 min)
[Strategic Pillar 4: Population Health Management]
3. Presentation Regarding Harris Health System Outpatient Specialty Care – **Dr. Jennifer Small** (10 min)
[Strategic Pillars 4: Population Health Management & 5: Infrastructure Optimization]
4. Discussion Regarding the Evaluation of Harris Health’s Security Force Structure and Capability – **Mr. Louis Smith and Mr. Christopher Okezie** (10 min)
[Strategic Pillar 5: Infrastructure Optimization]

X. Consent Agenda Items**Dr. Arthur Bracey 5 min****A. Consent Purchasing Recommendations**

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A64) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**
(See Attached Expenditure Summary: September 22, 2022)

B. New Consent Agenda Item for Approval

1. Consideration of Acceptance of the Harris Health System FY2022 Annual Report – **Ms. Amanda Callaway**

C. Consent Grant Agreement Recommendations

1. Consideration of Approval of Grant Agreement Recommendations (Items C1 through C4) – **Dr. Jennifer Small**
(See Attached Expenditure Summary: September 22, 2022)

D. Consent Reports and Updates to Board

1. Harris Health System August Financial Report Subject to Audit
– **Ms. Victoria Nikitin**
2. Annual Interest Rate Management Agreement Disclosure
– **Ms. Victoria Nikitin**
3. Community Health Choice July Financial Performance
– **Ms. Lisa Wright and Ms. Anna Mateja, Community Health Choice**
4. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**

{End of Consent Agenda}

XI. Item(s) Related to the Health Care for the Homeless Program**Dr. Arthur Bracey 10 min**

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

(7 min)

– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

- HCHP September 2022 Operational Update

- B.** Consideration of Approval of HCHP 2nd Quarter Budget Report
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

- C.** Consideration of Approval of HCHP 2nd Quarter Patient Satisfaction Report
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

- D.** Consideration of Approval of HCHP 2nd Quarter Quality Management Report – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

*(1 min)***XII. Executive Session****Dr. Arthur Bracey 25 min**

- 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, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms.Carolynn Jones**

(10 min)

- E.** Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085

(10 min)

– **Ms. Sara Thomas and Mr. Louis Smith**

- F. Consultation with Attorney Regarding Philanthropic Strategies, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – ***Ms. Sara Thomas***

(5 min)

XIII. Reconvene

Dr. Arthur Bracey 2 min

XIV. Adjournment

Dr. Arthur Bracey 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Special Called Board Meeting
August 16, 2022
9:30 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	The meeting was called to order at 9:33 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. Public Comment		There were no public speakers present.
	Dr. Bracey shared that Harris Health Administration will be making a presentation at the Harris County Commissioner’s Court on August 23, 2022 regarding the proposed Hospital District Tax Rate. He stated that Administration has recently received information from the Harris County Budget Office related to the proposed Hospital District Tax rate and projections that Dr. Esmaeil Porsa, President and Chief Executive Officer, will present as the agenda item today. Dr. Bracey mentioned after Dr. Porsa’s presentation, the Board will consider taking action to recommend a proposed tax rate to the Harris County Commissioner’s Court for the Hospital District, which will reflect the voice of the Harris Health’s governing body.	
III. Discussion Regarding Hospital District Tax Rate and Possible Action to Recommend a Proposed 2022 Tax Rate to the Harris County Commissioner’s Court	Dr. Porsa led the discussion regarding Hospital District Tax Rate and Possible Action to Recommend a Proposed 2022 Tax Rate to the Harris County Commissioner’s Court. He stated that over the past two (2) years and due to the global pandemic, Harris Health received significant funding from the Federal Government in the form of CARES Act and Health Resources and Services Administration (HRSA) reimbursement for the care of COVID-19 patients. The total amount of patient care reimbursement that Harris Health received from both sources was approximately \$250M. For the same period, Harris Health provided over \$300M worth of care to COVID patients. While Harris Health continues to care for a significant number of COVID-19 patients, these revenue sources were abruptly stopped in March of this year. Dr. Porsa stated that over the past three (3) years, Harris Health’s effective tax rate has been cut twice, resulting in an annual net revenue reduction of close to \$50M. He mentioned that costs have increased dramatically over the past two (2) years, mainly due to increased cost of labor, supplies and services. He reported that Harris Health operating expense has risen by 26%, or \$420M. Dr. Porsa shared that Harris County has the highest number of uninsured adults in Texas (currently, around 1 million people). He noted that as the number of uninsured and underinsured in Harris County continues to grow with the rest of the population, so will the cost of providing essential health services to this group.	Motion No. 22.08-100 Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item III. Motion carried.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS																				
	<p>Compared to other hospital districts in large counties in Texas, Harris Health receives the lowest amount of tax dollars per uninsured County resident. Dr. Porsa emphasized that Harris Health is a critical resource for all residents of Harris County, not just the indigent population. He stated that Harris Health is currently confronted with an operational budget shortfall of \$45M for Fiscal Year (FY) 2023, which increases to \$150M in FY2024. With rapidly rising healthcare costs and lower reimbursement, Harris Health is in an untenable position to survive on less. While Harris Health continues to be committed to increasing efficiency and reducing costs, the current trajectory is not sustainable and will lead to an eventual reduction in public healthcare services. Dr. Porsa stated that this will result in a redistribution of the indigent and the uninsured populations who will seek needed care from the private and other providers in the community. This will in turn have a devastating impact on the health of our entire community because the health care capacity in Harris County is a zero sum situation:</p> <ul style="list-style-type: none"> • When one emergency room closes, other emergency rooms in the area become overcrowded and less able to provide timely, high quality and safe health care. • When one health care system stops or delays providing preventive health care, the entire population suffers. We are already dealing with a situation in which many people delayed necessary care during the COVID pandemic. This will only be exacerbated if Harris Health is forced to reduce services as a result of lower revenues. <p>Recommendation: Harris Health System recommends the Voter Approved Rate for FY2023.</p> <p style="text-align: center;">Impact Analysis of No New Revenue (NNR) Tax Rate Compared to Voter Approved Rate (VAR) Property Tax Year 2022 (Fiscal Year 2023)</p> <table border="1" data-bbox="443 976 1514 1143"> <thead> <tr> <th>Tax Year</th> <th>Maintenance District Tax Rate Per \$100</th> <th>Debt Service District Tax Rate Per \$100</th> <th>Total Tax Rate Per \$100</th> <th>Harris Health Fiscal Year</th> </tr> </thead> <tbody> <tr> <td>2021</td> <td>\$0.16047</td> <td>\$0.00174</td> <td>\$0.16221</td> <td>2022</td> </tr> <tr> <td>2022 – VAR</td> <td>\$0.15931</td> <td>\$0.00154</td> <td>\$0.16085</td> <td>2023</td> </tr> <tr> <td>2022—NNR</td> <td>\$0.14722</td> <td>\$0.00154</td> <td>\$0.14876</td> <td>2023</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div data-bbox="583 1174 953 1317" style="background-color: #00b050; color: white; padding: 10px; border: 1px solid black;"> <p style="text-align: center; margin: 0;">Voter Approved Rate</p> <p style="font-size: small; margin: 0;">The VAR, although still lower than the current effective tax rate per \$100, will allow Harris Health to achieve a budget with no operating loss in FY 2023.</p> </div> <div data-bbox="993 1174 1362 1317" style="background-color: #e53935; color: white; padding: 10px; border: 1px solid black;"> <p style="text-align: center; margin: 0;">No New Revenue Rate</p> <p style="font-size: small; margin: 0;">The NNR will not reduce the \$45M budgeted operating loss at all and may lead to an even higher operating loss than currently budgeted for FY 2023.</p> </div> </div>	Tax Year	Maintenance District Tax Rate Per \$100	Debt Service District Tax Rate Per \$100	Total Tax Rate Per \$100	Harris Health Fiscal Year	2021	\$0.16047	\$0.00174	\$0.16221	2022	2022 – VAR	\$0.15931	\$0.00154	\$0.16085	2023	2022—NNR	\$0.14722	\$0.00154	\$0.14876	2023	
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AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>The Board members expressed their support regarding the Hospital District Tax Rate and for the recommendation of the Proposed 2022 Tax Rate to the Harris County Commissioner’s Court.</p> <p>Dr. Bracey emphasized that the Voter Approved Rate is the only option that allows Harris Health to overcome operational budget shortfalls. The No New Revenue Rate is not recommended for approval because it further increases Harris Health’s Operating loss in the FY 2023 budget.</p> <p>Dr. Bracey entertained motioned and a second for the following:</p> <p><i>The Harris Health Board of Trustees recommends to the Harris County Commissioner’s Court the adoption of the Voter Approved Rate as the Hospital District Tax Rate for FY 2023.</i></p>	
<p>IV. Adjournment</p>	<p>Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting.</p> <p>There being no further business to come before the Board, the meeting adjourned at 9:56 a.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 16, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, August 16, 2022

Harris Health System Board of Trustees Special Called 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 W. Bracey (Chair)	Professor Marcia Johnson
Dr. Ewan D. Johnson (Vice Chair)	
Dr. Andrea Caracostis (Secretary)	
Ms. Alicia Reyes	
Director Barbie Robinson	
Ms. Jennifer Tijerina	
Ms. Mia Mends	
Mr. Lawrence Finder	

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
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
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization
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. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Michael Nnadi, Senior Vice President, Chief Pharmacy & Lab Officer

Mr. Omar Reid, Executive Vice President, Chief People Officer
Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Anwar Mohammad Sirajuddin, Senior Vice President, Chief Health Informatics Officer

OTHERS PRESENT	
Alison Perez	Jennifer Zarate
Antoinette Cotton	Jerald Summers
April Adams, MD	Nicholas Bell
Catherine Eppes, MD	Pamela Berens, MD
Cherry Pierson	Paul Lopez
Daniel Smith	Randy Manarang
Derek Curtis	Stephanie Ramirez
Ebon Swofford	Tai Nguyen
Efua Leke, MD	Yolanda Wall
Elizabeth Winn	

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting
Thursday, August 25, 2022
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p>I. Call to Order & Record of Attendance</p>	<p>The meeting was called to order at 8:01 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.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
<p>II. Approval of the Minutes of Previous Meeting</p>	<ul style="list-style-type: none"> Special Called Board Meeting – July 28, 2022 	<p><u>Motion No. 22.08-101</u> Moved by Dr. Ewan Johnson seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</p>
<p>III. Announcements/ Special Presentations</p>	<p>A. CEO Report Including Special Announcements</p> <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19, noting a positivity rate of 11% across the Texas Medical Center (TMC). He reported a significant decreases in COVID-19 hospitalizations and in the wastewater positivity rate across the city of Houston. Conversely, Dr. Porsa reported that Harris Health System (HHS) continues to see slight increase in the COVID-19 positivity rates.</p> <p>Dr. Porsa reported that year-to-date (YTD), HHS have tested over 100 patients for Monkeypox, of which fifty-four (54) have tested positive. He stated that HHS may have one (1) presumptive Monkeypox case, four (4) confirmed cases of patients who have been admitted with Monkeypox. Dr. Porsa shared that approximately eighty-nine (89) doses of the Monkeypox vaccine has been administered throughout the community.</p> <p>Dr. Porsa provided a brief overview of Lyndon B. Johnson Hospital (LBJ) Community Engagements including a bus tour hosted by PPG Global, HKS Architects, JLL Project Management Team and the Acres Home Chamber of Commerce, as well as a town hall event hosted by State Representative Senfronia Thompson regarding the LBJ expansion.</p>	<p>As reported.</p>

	<p>Dr. Porsa previously announced that Harris Health System received the 2022 Gage Award for Population Health from America’s Essential Hospitals for its home visit program that helps diabetes patients manage their disease, particularly through the COVID-19 pandemic. Dr. Porsa and the Board members recognized the Population Health Team for all of their hard work towards this wonderful program.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Bracey stated that Harris Health System Board of Trustees is pleased to welcome its new trustee, Ms. Barbie Robinson, who was appointed to our Board by Commissioner Ellis at the June 14, 2022 meeting of Harris County Commissioners Court. He shared that Director Robinson is the Executive Director for Harris County Public Health (HCPH) – the nationally accredited county public health agency for the nation’s third-largest county serving a population of approximately five million people. She has over 27 years of experience in health care administration, policy, and research. She earned her Bachelor of Arts with a triple major (Political Science, Spanish, and International Sociology) from Middlebury College, her Master of Public Policy, Health and Social Policy from Georgetown University McCourt School of Public Policy, and her Juris Doctor from the George Washington University Law School.</p>	
<p>IV. Public Comment</p>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding employee safety in the laboratory, governance over the Corporate Compliance department, as well as Harris Health’s succession plan for retirees departing in December 2022. Ms. Cole urged the Board evaluate how these matters are being addressed and she offered to provide some recommendations as it relates to employee concerns and budget constraints.</p>	
<p>V. Executive Session</p>	<p>At 8:14 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p>	
	<p>A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and 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.</p>	<p>No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.</p>

<p>VI. Reconvene to Open Meeting</p>	<p>At 8:27 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p>VII. General Action Item(s)</p>	<p>A. General Action Item(s) Related to Quality: Medical Staff</p> <p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.</p> <p>Dr. John Foringer, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For July 2022, there were forty-seven (47) initial appointments and fourteen (14) resignations/terms. For August 2022, there were thirty-three (33) initial appointments, (182) reappointments, twenty-three (23) resignations/terms, seventeen (17) change/add privileges. Copies of the reports are available in the permanent record.</p>	<p><u>Motion No. 22.08-102</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, 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.</p>
	<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p> <p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. There was one (1) initial appointment and eighty (80) temporary privileges. A copy of the report is available in the permanent record.</p>	<p><u>Motion No. 22.08-103</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
	<p>2. Approval of Revisions to Correctional Health Medical Staff Bylaws</p> <p>Dr. Ekins presented the revisions to Correctional Health Medical Staff Bylaws. Revisions were made to Article V, section 9 – Temporary Privileges of the Medical Staff Bylaws to grant temporary privileges to physicians and advanced health professionals to assist with staffing needs. The privileges expire if the applicant has not completed the full credentialing process by the 120th day of Correctional Health Medical Executive Committee (MEC) approval. A copy of the revisions is available in the permanent record.</p>	<p><u>Motion No. 22.08-104</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</p>
<p>VIII. Harris Health System Budget Approval</p>	<p>A. Approval of the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget</p> <p>Dr. Porsa led the discussion regarding the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget. The Board previously approved Harris Health System’s Proposed Fiscal Year 2023 Operating and Capital Budget on July 28, 2022.</p>	<p><u>Motion No. 22.08-105</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p>

Dr. Porsa shared that Harris Health discovered a miscalculation in Harris County’s Budget Office Board materials. As a result, Harris Health worked collaboratively and closely with the County’s budget office and received a new adjusted Voter Approved Rate (VAR), which was significantly higher than previously VAR proposed. Dr. Porsa emphasized that Harris Health continues to receive the lowest tax rate, the lowest per capita and lowest per uninsured resident tax dollar support among all other large hospital districts in Texas.

Dr. Porsa proposed a total tax rate per \$100 of **\$0.19078** as listed below:

Recommendation

Impact Analysis of No New Revenue (NNR) Tax Rate Compared to Voter Approved Rate (VAR)
Property Tax Year 2022 (Fiscal Year 2023)

Tax Year	Maintenance District Tax Rate Per \$100	Debt Service District Tax Rate Per \$100	Total Tax Rate Per \$100	Harris Health Fiscal Year
2021	\$0.16047	\$0.00174	\$0.16221	2022
2022 – VAR (adjusted)	\$0.18925	\$0.00154	\$0.19078	2023
2022—NNR	\$0.14722	\$0.00154	\$0.14876	2023
Voter Approved Rate The VAR allows Harris Health to: avoid a negative margin, continue with existing services, and attend to overdue capital investment in our infrastructure.		No New Revenue Rate The NNR will not reduce the \$45M budgeted operating loss at all and may lead to an even higher operating loss than currently budgeted for FY 2023.		

Harris Health System recommends the Voter Approved Rate for FY 2023.

Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, reported an adjustment to the proposed budget projections by \$6M for employee benefits. She stated that this adjustment is attributed to the growing healthcare insurance expense. The updated fiscal report reflects a combined total margin of 7.2% and subtotal margin before strategic expense of 8.3%. Ms. Nikitin noted that there were no additional changes to the proposed budget and is pending Harris County approval. A copy of the proposed budget is available in the permanent record.

Dr. Bracey motioned for the following action:
Approval of a Harris Health System Fiscal Year 2023 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2022 Tax Rate that will result in net ad valorem tax revenue not to exceed the amount shown in the proposed Budget.

<p>IX. New Items for Board Consideration</p>	<p>Dr. Bracey stated that next few items are related to replacement appointments for Ms. Elena Marks for Joint Conference committee, Quality Committee and for the Harris Health Board representative on the Harris County Hospital District Foundation Board.</p>	
	<p>A. Approval of Appointment of Harris Health Board Member, Dr. Andrea Caracostis, to the Joint Conference Committee of the Harris Health Board of Trustees</p>	<p><u>Motion No. 22.08-106</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item IX.A. Motion carried.</p>
	<p>B. Approval of Appointment of Harris Health Board Member, Dr. Ewan Johnson, to the Quality Committee of the Harris Health Board of Trustees</p>	<p><u>Motion No. 22.08-107</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item IX.B. Motion carried.</p>
	<p>C. Approval of Appointment of Harris Health Board Member, Ms. Jennifer Tijerina, to the Board of the Harris County Hospital District Foundation</p>	<p><u>Motion No. 22.08-108</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item IX.C. Motion carried.</p>
<p>X. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p> <p>1. Update Regarding Harris Health System’s Patient Experience</p> <p>Dr. Jacqueline Brock, Executive Vice President, Chief Nursing Executive, delivered an Update Regarding Harris Health System’s Patient Experience. She provided a high – level overview of Harris Health’s patient experience goals as well as a strategic approach to achieving the goal of continuous improvement in the following five (5) targeted focus areas: 1) Doctors Listened Carefully, 2) Nurses Listened Carefully, 3) Good Communication Between Providers and Nurses, 4) Care Transitions, and 5) Wait Times. Dr. Brock shared that Harris Health has developed an enhanced discharge folder to assist with transition of care. The folder includes standardized content with a checklist for consistent delivery; focuses on patient education, medications, after visit summary and follow-up appointments. Additional initiatives includes the use of key phrases to demonstrate good communication between providers and nurses as well as the Commit to Sit Program, which includes piloting folding wall mount chairs in four (4) inpatient units.</p>	<p>As Presented.</p>

	<p>Patient and Family Advisory Councils Update Includes:</p> <ul style="list-style-type: none"> • Membership stands at seventeen (17) community members • Five (5) bilingual members • Eleven (11) meetings held year – to – date • Engaged in a variety of Harris Health events, activities and committees including: <ul style="list-style-type: none"> ○ Field Trip to farm with Ecosystem Manager ○ Tour of Food Farmacy ○ Ben Taub Fall Safety Prevention ○ LBJ Gemba Walk and Flexx Study ○ Remote Patient Monitoring Program ○ Wayfinding Initiative ○ 2022 Annual Report photo shoot <p>Dr. Brock stated that the councils next steps include growing its membership by 20%, form bilingual sub-committee, and increase representation on committees. A copy of the presentation is available in the permanent record.</p>	
	<p>2. Bi-annual Update Regarding the Status of the Harris Health System Human Resources (HR) Program</p> <p>Mr. Omar Reid, Executive Vice President, Chief People Officer, delivered a Bi-annual Update Regarding the Status of the Harris Health System Human Resources (HR) Program. He provided a high-level overview of the findings and responses to Protiviti’s Report on Harris Health’s HR Process Review and Audit. Mr. Reid addressed several HR strengths, identified gaps as well as responsive action plans. He shared that the national hospital turnover rate for all employees increased from 19.5% to 25.9% in 2021. Mr. Reid also reported an annualized turnover rate of 18% for Harris Health System. Dr. Andrea Caracostis inquired regarding provider turnover rates. Dr. Steven Brass, Executive Vice President, Chief Medical Executive, stated that he will provide the Board with this information. Professor Marcia Johnson inquired regarding the potential mass exodus that Ms. Cole has anticipated for the end of the year. At the end of year, Harris Health is transitioning its post – retirement healthcare benefits to a Health Reimbursement Account (HRA). Mr. Reid shared that HR has been hosting informational sessions and webinars to ensure that staff and eligible retirees receive the most accurate information. Additionally, Mr. Reid stated that he will provide the Board with a copy of the presentation. Mr. Reid touched upon Harris Health’s Executive Leadership Rounding and Total Rewards Program.</p>	<p>As Presented.</p>

	<p>Mr. Gary Marsh, Associate Administrator, Learning & Talent Management, shared that Harris Health is seeking to make an assertive effort to develop internal talent through career counseling and career development. He stated that Harris Health’s goal is not only to develop and retain employees but also to ensure that employees are as productive as possible. A copy of the presentation is available in the permanent record.</p>	
	<p>3. Presentation Regarding Harris Health and Community Health Choice Collaboration</p> <p>Ms. Lisa Wright, President and CEO, Community Health Choice, delivered a presentation regarding Harris Health and Community Health Choice Collaboration. She stated that in 1996, Harris Health created Community Health Choice (Community), it was out of need because in 1997, the State of Texas would go – live with a Medicaid managed care program and Community and Harris Health collectively would receive its very first managed care member. Ms. Wright reported that Community has almost 500,000 members, and participates in Medicaid, CHIP, dual special needs and the Marketplace plans. She addressed the four (4) hospital district owned Managed Care Organizations (MCOs) including Harris Health, Parkland Health, University Health (San Antonio) and University Medical Center of El Paso. For the four (4) hospital district MCOs, revenue totaled over \$3.3B in State FY2021. Ms. Wright explained that the Hospital district MCO net income (profit) stays in Texas communities. The absence of community health plans would give national for-profit insurance companies complete control of Texas Medicaid dollars. Dr. Porsa mentioned Harris Health’s mission and its very close alignment to Community’s mission of improving the health and well-being of underserved Texans. Harris Health has 254,499 unduplicated patients, in which 9,615 are covered under Medicaid and 26,576 by the Marketplace, whereas, Community Medicaid members include 380,639 and 98,727 provided by the Marketplace. The total low income population provided access to care through the combined efforts of Harris Health and CHC is currently 697,674 individuals annually. Ms. Wright provided active initiatives including Marketplace Premium Subsidy, CHC as a Third Party Administrator (TPA), and Network Access Improvement Program (NAIP).</p> <p>Harris Health and CHC Collaboration – Future Opportunities include:</p> <ul style="list-style-type: none"> • Continue to leverage resources and federal programs to expand insurance coverage for the uninsured in Harris County. Subsidizing Marketplace premiums has allowed patients with specialty care needs to be connected to a providers more quickly than in the past. • Continue to explore and evaluate the clinical impact of remote monitoring opportunities (such as Livongo for diabetes management). Employees of Harris Health have benefited clinically from the Livongo program and now it is being offered to Harris Health patients who are insured by the CHC marketplace product. 	<p>As Presented.</p>

	<ul style="list-style-type: none"> • Increase the number of participating providers in the Harris Indigent Network to support and enhance timely specialty and inpatient care for uninsured Harris Health patients. • Continue to focus on mitigating health disparities that exist in underserved communities by addressing social determinants of health. • Increase shared services for patients/members. • Evaluate development of a managed care program for Harris Health indigent medical home patients who are not eligible for any type of insurance coverage to leverage the capabilities of CHC in care management. • Consider opportunities to work together as part of the Harris Health employee health plan. <p>Dr. Porsa shared a heart – felt patient testimonial to Ms. Lisa Wright and the CHC staff. The Board members expressed their thanks and support of the collaborative efforts displayed between Harris Health and CHC. A copy of the presentation is available in the permanent record.</p>	
	<p>4. Update Regarding ACS Clinic Strategic Plan and Delegation of Authority to Administration to Make Necessary Amendments to Medical School Agreements between Harris Health System and Baylor College of Medicine to Reflect the Closure of School Based Clinics and Transition of Services</p> <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, delivered an update regarding ACS Clinic Strategic Plan and Delegation of Authority to Administration to make necessary amendments to medical school agreements between Harris Health System and Baylor College of Medicine to reflect the closure of school based clinics and transition of services. She shared that ACS has closed all school – based clinics and transitioned to the existing sites: Pediatric and Adolescent Health Center (PAHC) – Pasadena, C.E. Odom (CEO), Gulf gate and Casa de Amigos Health Centers. Dr. Small mentioned that geriatric services have transitioned to Bayland Health Center and Bear Creek Health Center is now offering pediatric services. She stated that ACS continued focus includes: 1) improving access to specialty services, 2) further evaluate establishing new access locations, 3) ensuring efficient access to imaging and lab services and 4) exploring relationships with other providers of care. A copy of the presentation is available in the permanent record.</p>	<p><u>Motion No. 22.08-109</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.A.4. Motion carried. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.</p>
	<p>5. Presentation Regarding Diversity, Equity and Inclusion (DE&I), MWBE Program Updates and Consideration of Approval of the Addition of DE&I as the Sixth Pillar of the Harris Health 2021-2025 Strategic Plan</p>	<p><u>Motion No. 22.08-110</u> Moved by Ms. Alicia Reyes, seconded by Professor Marcia Johnson, and</p>

	<p>Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer, delivered a presentation regarding Diversity, Equity and Inclusion (DE&I), Minority and Women Owned Business Enterprise (MWBE) Program Updates and Consideration of Approval of the Addition of DE&I as the Sixth Pillar of the Harris Health 2021-2025 Strategic Plan. She noted that Harris Health Strategic Foundations is focused on Talent, Health Equity, MWBE Program, Leadership & Governance and Community Engagement. Dr. Martinez discussed the Executive Search Policy 6.51, designed to engage recruitment processes and activities that enhance DE&I.</p> <p>Mr. Michael Hill, EVP Chief Strategy & Integration Officer, provided a brief overview of the MWBE Program and Policy including outreach, disparity study, program development and resources. He shared that Harris Health has identified a candidate for the Administrative Director position and this individual is slated to start on September 12, 2022. Mr. Hill stated that Harris Health has engaged A.O. Phillips & Associates (AOP), a management consulting firm, to assist with development and implementation of the program. On August 2, 2022, a workshop was held with Harris County Department of Economic Equality & Opportunity, Harris County Purchasing and Harris Health Legal Department to clarify roles and responsibilities between entities, set goals and identify reporting metrics. Mr. Hill stated that Harris Health is in its final stage of completing the MWBE Policy and will present the policy during the September Board meeting. Harris Health will finalize the interlocal agreement with Harris County as it relates to the MWBE program and the interlocal agreement will be presented to the Board in October. Additionally, Mr. Hill stated that Harris Health will initiate system-wide education to facilitate and support the MWBE program in November 2022.</p> <p>Mr. Hill announced Mr. Ryan K. Phillips, Managing Partner, A.O. Phillips & Associates, who provided a brief introduction and overview of the consulting firm areas of expertise and relevant experience.</p> <p>Dr. Jobi Martinez introduced Harris Health’s Strategic Pillar 6 – Diversity, Equity & Inclusion. She outlined the next steps for DE&I which includes: 1) Appoint DEI strategic planning taskforce, 2) Evaluate & assess existing policies and practice, 3) Engage in strategic capacity building, 4) Conduct needs assessment, 5) Identify outcomes and impacts, and 6) Build and align strategies. Ms. Jennifer Tijerina request to have a copy of the MWBE policy in advance of distributing the Board packets. Extensive discussion ensued regarding Harris Health’s current policies, resources, strategies and best practices to help advance DE&I within the System. A copy of the presentation is available in the permanent record.</p>	<p>unanimously passed that the Board approve agenda item X.A.5. Motion carried.</p>
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<p>XI. Consent Agenda Items</p>	<p>A. Consent Purchasing Recommendations</p> <ol style="list-style-type: none"> 1. Approval of Purchasing Recommendations (Items A1 through A76) <p>Dr. Bracey noted that purchasing’s transmittals (B1 through B31) are not for approval. Ms. Jennifer Tijerina request to have a copy of the purchasing report including comments identifying MWBE vendors to be posted publically. Dr. Bracey suggested that DE&I workgroup meet to discuss this request and provide recommendations to the full Board. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><u>Motion No. 22.08-111</u> Moved by Ms. Jennifer Tijerina, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve purchasing recommendations (Items A1 through A76). Motion carried.</p>
	<p>Dr. Bracey stated that the following consent agenda items were discussed at length during the August Board Committee meetings. He noted that Consent Agenda items (XI.D.1. through XI.D.6.) are reports and updates only and were presented in the Board packet for informational purposes only.</p>	
	<p>B. Consent Committee Approval Recommendations</p> <ol style="list-style-type: none"> 1. Approval to Amend the Lease with Petereit Investments for the Squatty Lyons Health Center located at 1712 First Street, Humble, Texas 77338. 2. Acceptance of the Harris Health System May 2022 Quarterly Financial Report Subject to Audit. 3. Acceptance of the Harris Health System First Quarter Fiscal 2022 Investment Report. 4. Acceptance of the Harris Health System Second Quarter Calendar Year 2022 Pension Plan Report. 	<p><u>Motion No. 22.08-112</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.B.1 through XI.B.4. Motion carried.</p>
	<p>C. Consent Grant Agreement Recommendations</p> <ol style="list-style-type: none"> 1. Approval of Grant Agreement Recommendations (Items C1 through C2). 	<p><u>Motion No. 22.08-113</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.C.1. (Items C1 through C2). Motion carried.</p>
	<p>D. Consent Reports and Updates to Board</p> <ol style="list-style-type: none"> 1. Harris Health System June and July Financial Reports Subject to Audit 2. PULLED Update Regarding the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance 3. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System 	<p>For informational purposes only - No action required.</p>

	<ol style="list-style-type: none"> 4. Update Regarding the ASC at LBJ Status Report 5. Update Regarding the Riverside Dialysis Center Status Report 6. Harris Health System Council-At-Large June 13, 2022 Meeting Minutes 	
<p>XII. Item(s) Related to Health Care for the Homeless Program</p>	<p>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</p> <ul style="list-style-type: none"> • HCHP August 2022 Operational Update <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, presented Health Care for the Homeless Program (HCHP) August 2022 operational update including Patient Services, Change in Scope, UT Dental Contract and Notice of Award. For the month of July, Ms. Burdine reported 302 new adult patients, seventeen (17) new pediatric patients, and six (6) new telehealth patients associated with the program. She shared that HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of month, HCHP served 4,438 unduplicated patients, which is 45% of the program’s annual goal.</p> <p>Ms. Burdine provided highlights of the program’s operational strategies which include a new eligibility referral process, new dental agreement, Jensen open access site, as well the reopening of Harmony House Clinic.</p> <p>Ms. Burdine reported an increase of 6% as it relates to unduplicated patients from the previous month; having served 1,784 patients during the month of July. She stated that there was a slight decrease in the number of completed visits totaling 2,784 visits.</p> <p>Ms. Burdine stated that the program is requesting approval for a change in scope. This request is a change to Form 5A, deleting general primary medical care as a service provided under a “formal written contract” with Baylor College of Medicine. The contract was terminated on July 14, 2021, however, general primary medical services continue to be provided directly by the health center.</p> <p>Ms. Burdine stated that the program is requesting approval of the service agreement between Harris Health and The University of Texas Health Science Center at Houston. She stated that this contract will cover the cost of a 0.8 Full Time Equivalent (FTE) dentist in the contracted amount of \$176,845. Services are expected to begin September 2022.</p>	<p><u>Motion No. 22.08-114</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.A. Motion carried.</p>

	Ms. Burdine shared that the program was awarded a new grant under the FY 2022 American Rescue Plan in the amount of \$65K. This grant will serve the purpose of expanding analytics and the programs reporting capacity. A copy of the operational update is available in the permanent record.	
	B. Approval of HCHP’s Revised Form 5A for a Change in Scope; Deleting General Primary Medical Care as a Service Provided Under a “Formal Written Contract” with Baylor College of Medicine	<u>Motion No. 22.08-115</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XII.B. Motion carried. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.
	C. Approval of Professional Services Agreement between Harris County Hospital District d/b/a Harris Health System and The University of Texas Health Science Center at Houston for a Term of September 1, 2022 – August 31, 2023 in the Amount of \$176,845.00 to Provide Dental Health Services to Eligible Homeless Individuals through HCHP Mobile Dental Unit	<u>Motion No. 22.08-116</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.C. Motion carried.
	D. Approval of Fiscal Year 2022 American Rescue Plan Uniform Data System Patient-Level Notice of Award Submission in the Amount of \$65,500 to Provide One-time Funding for the Purpose of Expanding Analytics and/or Reporting Capacity	<u>Motion No. 22.08-117</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.D. Motion carried.
XIII. Executive Session	At 10:25 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 Ann. §551.074, Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.085, Tex. Gov’t Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.	
	B. Discussion Regarding the Evaluation of Chief Executive Officer, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session.	No Action Taken.
	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.	No Action Taken.

	D. 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	PULLED
	E. Discussion Related to Duties and Role of Board of Trustees and Board Governance, Including the Texas Open Meetings Act, Pursuant to Tex. Gov’t Code Ann. §551.074 and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.	No Action Taken.
XIV. Reconvene	At 11:39 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.	
XV. Adjournment	Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 11:39 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on August 25, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, August 25, 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)	Mr. Lawrence Finder
Dr. Ewan Johnson (Vice Chair)	Director Barbie Robinson
Dr. Andrea Caracostis (Secretary)	
Ms. Alicia Reyes	
Ms. Jennifer Tijerina	
Professor Marcia Johnson	
Ms. Mia Mends	

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice
Ms. Amineh Kostov, Vice President, Operations, Specialty Care & Service Lines
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
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
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
Mr. Jeffery Baker, Executive Director, Harris County Hospital District Foundation
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer
Dr. John Foringer, Chair, Medical Executive Board

Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Markan Sandeep, Chief of Staff, Ben Taub Hospital
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Mr. Michael Nnadi, Senior Vice President, Chief Pharmacy & Lab Officer
Ms. Monica Carbajal, Vice President, Contract Administration
Mr. Omar Reid, Executive Vice President, Chief People Officer
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
Mr. Sam Karim, Vice President, Project Management Office & Division Planning
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Scott Perry, Medical Director, Ambulatory Surgical Center at Lyndon B. Johnson Hospital
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Alison Perez	Jerry Summers
Antoinette Cotton	Katie Rutherford
Cherry Pierson	Matthew Reeder
Cynthia Cole (AFSCME)	Matthew Schlueter
Daniel Smith	Neethu Mathew
David Riddle	Nicholas J Bell
Derek Curtis	Pamela Berens, M.D.
Ebon Swofford	Paul Lopez
Elizabeth Winn	Randy Manarang
Gary Marsh	Ryan Phillips, A.O. Phillips & Associates
Holly Gummert	Sharon Brantley Smith

Esperanza Hope Galvan	Tai Nguyen
Jennifer Zarate	Tracey Burdine

Thursday, September 22, 2022

CEO Report Including Special Announcements

- COVID-19
- Monkeypox Update
- Harris Health Tax Rate
- Harris Health Workforce Planning

Thursday, September 22, 2022

Special Announcement

- Good Catch award

Thursday, September 22, 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.

- Page 31 Was Intentionally Left Blank -

Thursday, September 22, 2022

Executive Session Agenda Item

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session

Thursday, September 22, 2022

Executive Session Agenda Item

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

- Pages 34 - 55 Were Intentionally Left Blank -

Thursday, September 22, 2022

Executive Session Agenda Item

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

- Pages 57 - 60 Were Intentionally Left Blank -

Thursday, September 22, 2022

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

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

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

Board of Trustees Meeting



September 2022 Medical Staff Credentials Report

Medical Staff Initial Appointments: 50

BCM Medical Staff Initial Appointments - 22.....	Page 2
UT Medical Staff Initial Appointments - 27.....	Page 3
Harris County Hospital District (Harris Health) Medical Staff Initial Appointments - 1.....	Page 4

Medical Staff Reappointments: 60

BCM Medical Staff Reappointments - 37.....	Page 5
UT Medical Staff Reappointments - 22.....	Page 6
Harris County Hospital District (Harris Health) Medical Staff Reappointments - 1.....	Page 7

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 1.....Page 8

Medical Staff Resignations: 26

BCM Medical Staff Resignations-18.....	Page 9
UT Medical Staff Resignations - 7.....	Page 10
Harris County Hospital District (Harris Health) Resignations - 1.....	Page 11

Other Business

Robotics Privileges - Obstetrics & Gynecology.....	Page 12
Robotics Privileges - Urology.....	Page 14

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

Medical Staff Initial Appointment Files for Discussion - 3
Medical Staff Reappointment Files for Discussion - 0

Thursday, September 22, 2022

**Staffing Advisory Committee's Semi-Annual Evaluation of the
Nurse Staffing Plan & Aggregate Staffing Variance**

In accordance with Harris Health System policy and Department of State Health Services, Title 25, Texas Administrative Code, §133.41(f) and (o); the Staffing Advisory Committee reports semi-annually to the Board of Managers its evaluation of the effectiveness of the official nursing services staffing plan and aggregate staffing variance.

This report is being presented for informational purposes only.

Harris Health System Board of Trustees
Staffing Advisory Committee Evaluation of FY22 Stub Year Nurse Staffing Plans
Summary
Board Date: September 22, 2022

I. Overview

Annually, Harris Health System Nursing Services plan for the adequate number of nurses and support staff for each nursing service provided. The staffing plan is based on historical data; projections for future program development and expansion; and the Staffing Advisory Committee’s input into the needs of patients, the unit and nursing staff. The plan takes into account patient census, scope of services provided on the unit; severity of illness and intensity of care; geographical layout of the unit; skill mix; and competency and experience of the nurses.

II. FY 2023 Staffing Plans

The table below shows the most recent update to the staffing plans, which includes a charge nurse who will not have a patient care assignment. The RN to patient ratios are consistent with community and national standards. Unlicensed assistive personnel ratios vary based on census, the patient population served, and the needs of the patients.

Patient Care Area	Charge Nurse	RN to Patient Ratio	Unlicensed Personnel	Clerical
Intensive Care	1	1:1-2	1:5-10	1
Coronary Care	1	1:1-2	1:5-10	1
Intermediate Care	1	1:3-4	1:5-10	1
Specialty Care	1	1:3-4	1:5-10	1
Medical/Surgical	1	1:5	1:5-10	1
Labor & Delivery	1	1:1-2	1	1
Perinatal Special Care		1:3		
Postpartum Couplets	1	1:3-4 couplets	1	1
Level III Nursery: Neonatal ICU	1	1:2		1
Level II Nursery	1	1:3-4		1
Psychiatry	1	1:6	1:5-6	
IMU/Med Surg/Tele Units	1	1:4-5	1:8-9	1
Operating Services	Follows The Association of periOperative Registered Nurses (AORN) Staffing Guidelines			

Any future updates to the staffing plans will be presented to the Board for review and approval and/or adoption.

III. Evaluation of the Nurse Staffing Plans – May 18, 2022

A. Ben Taub Hospital

Evaluators	Total attending the meeting	Total respondents	Response Rate	% Strongly agree or agree	% Disagree or strongly disagree*
Nurse Clinician members	18	18	100%	87.3%	7.1% - Disagreed 5.6% – Strongly disagreed

B. Lyndon B. Johnson Hospital

Evaluators	Total attending the meeting	Total respondents	Response Rate	% Strongly agree or agree	% Disagree or strongly disagree
Nurse Clinician members	13	13	100%	90.1%	9.9% - Disagreed 0% – Strongly disagreed

*Element with the highest level of disagreement: “There is a general sense of adequate staffing.”

IV. Year-to-Date Aggregate Staffing Variance

(As of Pay Period Ending 5/7/2022)

	Actual FTEs Worked	Budgeted FTEs Flexed	FTE Variance
BT – Nursing Services	1516.5	1531.7	15.2
LBJ – Nursing Services	934.8	983.2	48.4

V. Patient Care Outcomes

The Committee is looking at avoidable hospital acquired pressure injuries. A correlation analysis between the number of avoidable HAPIs and hours per patient day is conducted when a trend is identified.

Thank you.

Thursday, September 22, 2022

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

Board of Trustees Meeting



September 2022 Correctional Health Credentials Report

Initial Appointments: 1.....Page 2

Temporary Privileges: 3.....Page 3

Files for Discussion: 1

Thursday, September 22, 2022

Consideration of Approval of Addition to Correctional Health Medical Staff Bylaws

Board of Trustees Meeting



Correctional Health Executive Summary Medical Staff Bylaws Revisions

The Correctional Health Medical Executive Committee approved the addition of Article IV – Categories of the Medical Staff to the Correctional Health Medical Staff Bylaws. Correctional Health Medical Staff will be divided into two categories: Active Staff (Article IV, Section 2) or Moonlighters (Article IV, Section 3). Article IV starts on page 9 of the Bylaws.

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

ARTICLE IV — CATEGORIES OF THE MEDICAL STAFF

Section 1. Medical Staff

The Medical Staff shall be divided into the following categories: Active Staff and Moonlighters.

Section 2. Active Staff

- a. Service. All Active Staff shall be appointed to a specific service.
- b. Qualifications. The Active Staff shall consist of members who:
 - (1) Meet the general qualifications for membership set forth in Article III, Section 2;
 - (2) Hold faculty appointment at the University of Houston College of Medicine or are employed by or have a contractual relationship with the University of Houston College of Medicine or Harris Health; and
 - (3) If the member is a physician, has successfully completed an ACGME- or AOA-accredited residency-training program in their specialty. If the member is a dentist, has successfully completed an American Dental Association-approved school of dentistry accredited by the Commission of Dental Accreditation.
- c. Prerogatives. Except as otherwise provided, the prerogatives of an Active Staff member shall be:
 - (1) Exercise of Clinical Privileges granted to the member pursuant to Article V;
 - (2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service or committee of which such person is a member;
 - (3) Hold any staff or service office for which the member is qualified; and
 - (4) Serve as a voting member on any committee to which such person is duly appointed or elected.

Section 3. Moonlighters

- a. Service. All Moonlighters shall be appointed to either the Emergency Medicine, Family Medicine, Internal Medicine, or Psychiatry service.
- b. Qualifications. Moonlighters shall consist of members who:
 - (1) Meet the general qualifications for membership set forth in Article III, Section 2;
 - (2) Be employed by or have a contractual relationship with Harris Health; and
 - (3) Has successfully completed at least one (1) year of an ACGME- or AOA-accredited residency-training program with continued enrollment in the program.
- c. Prerogatives. Except as otherwise provided, the prerogatives of a Moonlighter shall be:
 - (1) Exercise of Clinical Privileges granted to the member pursuant to Article V;
 - (2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service or committee of which such person is a member;

Thursday, September 22, 2022

Consideration of Approval of Diversity, Equity and Inclusion (DEI) Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members

Harris Health Board of Trustees

Diversity Equity and Inclusion (DEI) Committee Charter

The Diversity Equity and Inclusion (“DEI”) Committee (“Committee”) shall comprise of at least three (3) voting members appointed by the Chair of the Board of Trustees (“Board”), one of whom shall be designated by the Board Chair as Chair of the Committee. The Chair of the Board shall be an ex-officio non-voting member of the Committee. The Committee shall support Harris Health System (“Harris Health”) on diversity, equity, and inclusion initiatives and hold Harris Health accountable to the Board’s DEI Philosophy Statement with the goal of providing equitable resources and opportunities for Harris Health staff and patients. The Committee shall meet a minimum of four (4) times per year unless the Committee determines that a lesser number of meetings is sufficient. The meetings of the Committee are open to the public and shall be conducted in accordance with the Texas Open meetings Act. The Committee may, when necessary, meet in closed executive session as allowed by the Texas Open Meetings Act. The agendas, minutes and materials submitted to the Committee are public information to the extent provided by applicable laws. The Committee shall receive regular reports from Administration to ensure it is appropriately informed and has access to and visibility to pertinent information and metrics to carry out its fiduciary obligations.

DEI DEFINED:

DIVERSITY is the presence of differences that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment, or political perspective. These are populations that have been—and remain—underrepresented among practitioners in the field and marginalized in the broader society.

EQUITY is promoting justice, impartiality, and fairness within the procedures, processes, and distribution of resources by institutions or systems. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.

INCLUSION is an outcome to ensure those that are diverse actually feel and are welcomed. Inclusion outcomes are met when [a person or institution], and its program are truly inviting to all. Diverse individuals are able to participate fully in the decision-making processes and development opportunities within an organization or group.

The Committee will support the work of diversity, equity, and inclusion at Harris Health through the following intentional functions:



Harris Health System Board Member Reference Manual

- a. Advancing a culture of diversity that integrates patient care, education, research, and community partnerships as key stakeholders.
- b. Providing guidance in the design and implementation of diversity, equity, and inclusion resources and activities.
- c. Receiving reports on short and long-term recommendations for activities and resources that foster a more diverse, equitable, and inclusive environment for staff, patients, and the communities we serve.
- d. Reviewing and discussing operational and quality metrics of success for diversity, equity, and inclusion.
- e. Reviewing and advising on the strategy to build capability and competency to lead and manage a diverse workforce.
- f. Collaborating with Harris Health Administration by evaluating standards for cultural competence for staff, physicians, nurses, and students.
- g. Exploring and advising on the relationship between Harris Health's diverse workplace and the outcomes of patient care.

The Committee Chair or the Board Chair may identify additional topics for discussion as issues arise and assign them to the Committee for discussion and consideration.

Thursday, September 22, 2022

Consideration of Approval of Governance Committee of the Board of Trustees,
Including Approval of Charter and Appointment of Members

Harris Health Board of Trustees

Governance Committee Charter

The Governance Committee (“Committee”) shall comprise at least three (3) voting members appointed by the Chair of the Board of Trustees (“Board”), one of whom shall be designated by the Board Chair as Chair of the Committee. The Chair of the Board shall be an ex-officio non-voting member of the Committee. The Committee shall assist the Harris Health Board of Trustees fulfill its fiduciary obligations related to Board governance. The Committee shall meet a minimum of two (2) times per year and may hold additional meetings as needed to fulfill its responsibilities as described in the Committee Charter and as called by the Governance Committee Chair. The meetings of the Committee are open to the public and shall be conducted in accordance with the Texas Open Meetings Act. The Committee may, when necessary, meet in closed executive session as allowed by the Texas Open Meetings Act. The agendas, minutes and materials submitted to the Committee are public information to the extent provided by applicable laws. The Committee shall receive regular reporting to ensure it is appropriately informed and has access to and visibility to pertinent information and metrics to carry out its responsibilities.

The Committee shall:

- a. Review relevant amendments to the Harris Health’s bylaws and committee charters prior to Board approval.
- b. Review and make recommendations for revisions to Board of Trustees related policies and procedures including Standard Operating Procedures and Conflicts of Interest Policy.
- c. Review and make recommendations about orientation for new Board members, designed ensure that new members have a comprehensive understanding of the organization and have sufficient background and information to fulfill their responsibilities in governing the organization.
- d. Make recommendations related to ongoing education program for Board members including governance best practices to ensure that Board members continue to have the appropriate skills and engagement level to positively impact the Harris Health.
- e. Discuss and make recommendations on how and what materials are presented to the Board of Trustees for review.



Harris Health System
Board Member Reference Manual

- f. Lead and facilitate periodic Board self-assessments to ensure superior board performance and overall trust in effectiveness.
- g. Serve as a nominations function by making recommendations to the Board of Trustees for Board Officers, Committee Chairs and Committee Members.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, September 22, 2022

Consideration of Approval of Harris Health System Minority-and Woman-Owned
Business Enterprise (MWBE) Program Policy

Harris Health System Minority-and Woman-Owned Business Enterprise Program Policy
September 22, 2022

Executive Summary

The Harris Health System's Minority-and Woman-Owned Business Enterprise Program Policy (M/WBE) policy was developed in coordination with the Harris County Department of Economic Equity and Opportunity (DEEO), the Harris County Purchasing Department, Harris Health System's leadership team including legal counsel and A.O. Phillips, a consulting firm specializing in assisting entities develop similar programs.

The recommendations provided by the Disparity Study performed for Harris Health System and conducted by Colette & Associates were used as the source document in developing the strategies to increase M/WBE opportunities for Harris Health-funded contracts and are incorporated in the policy.

The policy, tailored after Harris County's policy provides Harris Health the opportunity to work in collaboration with the DEEO and Harris County Purchasing and to take advantage of the economies of scale offered by Harris County's current M/WBE program and its capabilities while maintaining internal controls, management and monitoring of the Harris Health program. Outlined in the policy are the roles and responsibilities of each of the aforementioned entities, identification of the applicable types of contracts included in the program, the goal setting process, reporting results and monitoring of the program, outreach to businesses and possible penalties to business for non-compliance with the program.

The Harris Health policy will be internally led by the recently hired Administrative Director of Business & Supplier Diversity in collaboration with Harris Health's Office of Diversity and Inclusion, and we anticipate that the policy will be supported by an interlocal agreement with Harris County. Harris Health is now in the process of developing the positions to support the M/WBE program and will be actively recruiting for these positions over the next several weeks. Outreach activities continue with local businesses and our Purchasing agenda has been modified to identify current contracts awarded to M/WBE businesses.

Harris Health System
Minority- and Woman-Owned Business Enterprise Program
Policy

Effective:

POLICY STATEMENT

The Harris County Hospital District d/b/a/ Harris Health System (“Harris Health”) recognizes minority- and women-owned business enterprises, hereinafter M/WBEs, as key economic engines and major employers in Harris County and surrounding areas. Harris Health is committed to seeking out, identifying, assisting, and utilizing business enterprises owned by minorities and women. To this end, Harris Health shall seek mutually beneficial business relationships with diverse businesses, provide equal access to Harris Health’s purchasing opportunities, and promote M/WBE inclusion to reflect the business community of Harris County and surrounding areas.

Harris Health, its Contractors and Subcontractors shall not discriminate on the basis of race, color, religion, national origin, sex, age, or disability in the award and/or performance of contracts. Contractors shall afford equal opportunity required by applicable federal, state, or local law to all employees and applicants for employment, and shall afford equal opportunity to M/WBE Subcontractors.

Harris Health shall establish ongoing and robust procedures for a M/WBE program that will provide awareness of upcoming contracting opportunities, helpful tools for monitoring and promoting M/WBEs, and opportunities M/WBE owners to meet with and be mentored by Prime Contractors who will submit Proposals on Harris Health Contracts.

This M/WBE Program Policies and Procedures Manual (this “M/WBE Policy”) sets forth Harris Health’s rules and procedures to meet the goals set forth in this Policy Statement. Procedures for implementation, including good faith effort requirements, requirements for contract proposals, reporting procedures, etc., shall be consistent with the terms of this M/WBE Policy. This M/WBE Policy shall be consistent with the County Purchasing Act, Ch. 262, Texas Local Government Code, as applicable to Harris Health by order of the commissioners court of Harris County.

SECTION 1. BACKGROUND

Colette Holt & Associates conducted a Disparity Study to analyze Harris Health’s historical utilization of M/WBEs in Harris Health-funded contracts. The Disparity Study was presented to the Harris Health Board of Trustees in April 2022. The Disparity Study assessed the availability of M/WBE prime and subcontractors, based on market and industry sectors, and found significant disparities between Harris Health’s utilization of M/WBEs compared to the availability of M/WBEs in Harris County and surrounding areas. The study further analyzed the experiences of M/WBEs throughout the Houston area economy and in Texas as a whole, and likewise found large and significant disparities in opportunities for M/WBEs. The Disparity Study also gathered qualitative data on the experiences of M/WBEs in seeking work with Harris Health, other governments, and the private sector and found that qualified and capable M/WBEs were encountering systemic barriers in locating and utilizing opportunities to contract. Based on these findings, the Disparity Study made recommendations to Harris Health about possible strategies to increase opportunities for M/WBEs for Harris Health-funded contracts.

SECTION 2. DEFINITIONS

Aspirational Goal: A non-mandatory annual aspirational percentage goal for utilization and participation of M/WBEs in the overall pool of applicable Harris Health contracts. *See Section 4.C.1, below.*

Award: The final decision to approve the Contractor that will provide a good or service, along

with relevant terms and conditions of the Contract. Approval could be made by the Board, the Purchasing Agent, or any other individual legally authorized to approve a Contract on behalf of Harris Health.

Bid: A specific type of Proposal made in response to a Solicitation in which the Contract will be awarded to the Business whose Submittal is the lowest price.

Board: The Harris Health Board of Trustees.

Broker: A Business who contracts with third parties on behalf of a principal. A broker acts as a facilitator in transactions between a buyer and a seller, generally receiving a commission or fee for work performed. A distributor is not a broker.

Business: Any legal entity that is properly licensed and/or otherwise authorized to do business in the State of Texas.

Certification or Re-certification: The process by which a Business meets the criteria to be qualified as an M/WBE according to the requirements of an approved Certification Program.

Certification Program: A program for the certification of a Business as qualifying for M/WBE status in publically-funded contracts. For purposes of this policy, the City of Houston's MBE certification, Historically Underutilized Business (HUB) certifications from the State of Texas, Disadvantaged Business Enterprise (DBE) certifications from the Texas Unified Certification Program and 8(a) certifications from the U.S. Small Business Administration. This list may be amended by the M/WBE Program Director or DEEO; except that any amendment shall only be prospective.

Commercially Useful Function: A distinct element of the work of a Contract that is carried out by a Subcontractor by using its own workforce.

Construction: A type of service that involves the construction, alteration, or repair of a public building or the construction or completion of a public work. Construction includes any element involved in the public work, including, but not limited to, painting, landscaping, interior design, and finish-work. *See also Section 4.A.*

Contract: A legally binding relationship obliging the Contractor to furnish goods or services to Harris Health.

Contract Goals: The M/WBE goals established according to this Policy for each specific applicable Contract. *See Section 4.C.2, below.*

Contractor: A general term that refers to any Business who is awarded a Contract to provide goods or services.

DEEO: The Harris County Department of Economic Equity and Opportunity.

Distributors: Individuals or companies that sell or disseminate a product of another company or corporation. They can hold title and/or take possession of the product(s) they are distributing, but it is not mandatory.

Good Faith Efforts: The Contractor's reasonable efforts, including scope, intensity, and appropriateness to seek and utilize M/WBEs in order to comply and meet the Contract Goals.

Good Faith Effort Form: The form submitted by a Contractor to detail the Contractor's Good

Faith Efforts to meet the requirements of the M/WBE Contract Goals.

Goods: A tangible product; something manufactured or produced for sale. *See also Section 4.A.*

Harris County Purchasing Agent: The Purchasing Agent for Harris Health, which is responsible for the procedures involved with Harris Health's purchase of goods and services, according to the Harris Health Purchasing Manual.

Harris Health: The Harris County Hospital District d/b/a/ Harris Health System.

Harris Health Purchasing Manual: The practices and procedures, rules, and guidelines that relate to the procurement, control, and disposal of goods and services by Harris Health, as managed and operated through the Harris County Purchasing Agent.

Joint Venture: A business arrangement in which two or more parties agree to pool their resources for the purpose of accomplishing a specific task. This task can be a new project or any other business activity.

Marketplace: The primary geographic market area defined by Harris Health that includes the following five (5) counties: Harris, Galveston, Montgomery, Fort Bend, and Brazoria.

MBE: A for-profit Business certified as a Minority-Owned Business Enterprise by an approved Certification Program that has a place of business located within the Marketplace or has a Significant Local Business Presence.

M/WBE: An MBE or a WBE Business.

M/WBE Contract Categories. Categories of Contracts that are identified as being appropriate for the inclusion of Contract Goals as set forth in this M/WBE Policy.

M/WBE Manufacturer: A Business certified as an M/WBE under a Certification Program and operates or maintains a factory or establishment that produces on the premises the materials, supplies, articles, or equipment required under the Contract, and of the general character described by the specifications.

M/WBE Policy: This Harris Health System Minority- and Woman-Owned Business Enterprise Program Policy and Procedures.

M/WBE Program: The procedures, measures, plans, and actions taken by Harris Health to achieve the goals of the M/WBE Policy.

M/WBE Program Director: The Admin Director for Business & Supplier Diversity, or his/her designee.

NAICS Code: The North American Industry Classification System or the 6-digit standard coding system used by businesses and governments to classify and measure economic activity in the United States, Canada, and Mexico. A NAICS Code illustrates the business activity of a company. Contractors may find their NAICS code at this website: <https://www.naics.com/search/>

Owner: An individual or entity that has possession of at least 51% ownership of a business. Ownership is carefully defined to ensure that the minority, women, and diverse businesses enterprise member(s) enjoy the normal and customary privileges and responsibilities of ownership.

Participation: The rate of M/WBE utilization.

Payment: Dollars actually paid to Prime Contractors and/or Subcontractors for performance under a Contract.

Prime Contractor: The Contractor responsible for providing goods or services under a Contract that also includes performance by one or more Subcontractors.

Professional Services: Those services as defined by the laws of the State of Texas usually requiring a license, certification, or registration in accordance with Ch. 2254, Texas Government Code. *See also Section 4.A.*

Proposal: A Respondent's response to a Solicitation. See also: Submittal.

Purchasing: The Office of the Harris County Purchasing Agent.

Reconsideration Official: a Harris Health representative that has not participated in the original determination that a Respondent or Contractor did not comply with an element of the M/WBE Program or with its contractual commitment related to the M/WBE Program.

Reporting: The documentation that a Prime Contractor is required to report to Harris Health, including, among other requirements, the actual payments to all Subcontractors, in the time intervals and format prescribed by Harris Health.

Respondent: A general term that refers to a Business that submits a Proposal on a Solicitation.

Responsible Submitter: A person who has the capability in all respects at the time of award, to perform the contract requirements fully and satisfactorily, and with the integrity and reliability that will ensure Good Faith performance.

Responsive Submitter: A person who has submitted a bid that conforms in all material respects to the Invitation for Bids or Request for Proposals.

Significant Local Presence: Having a location in the Marketplace or having done business within the market area in the last three years.

Site Visit: An inspection of the site where services are performed by a Subcontractor under a Contract in order to measure M/WBE utilization for Construction or Professional Services.

Solicitation: A document prepared by the Harris County Purchasing Agent in order to make the selection of a Contractor for a future Contract including: an Invitation for Bid; Best Value Bid; Request for Qualifications, Request for Proposals; Request for Competitive Sealed Proposal; Construction Manager at Risk; Design-Build; or other competitive method used to procure services or goods.

Subcontractor: Any Business that receives work from a Prime Contractor under a Contract with Harris Health.

Subcontracts: All purchase orders, contracts, and other agreements issued by the Prime Contractor to a Subcontractor.

Submittal: A Respondent's response to a Solicitation.

User Department: The Harris Health department that develops the requisition for Purchasing.

Utilization Plan: The plan, in the form specified by Harris Health, which must be submitted by a

Respondent listing the certified firms that the Respondent intends to use in the performance of a Contract, the scopes of the work and the dollar values or the percentages of the work to be performed.

WBE: A for-profit Business certified as a Woman-Owned Business Enterprise by an approved Certification Program that has a place of business located within the Marketplace or has a Significant Local Business Presence.

SECTION 3: M/WBE PROGRAM OVERVIEW

A. Leadership of Harris Health's M/WBE Program

The Admin Director, Business & Supplier Diversity is responsible for the Harris Health M/WBE Program and acts as the M/WBE Program Director.

The M/WBE Program Director shall formulate, propose and implement rules and regulations for Harris Health's M/WBE Program in accordance with this M/WBE Policy. The M/WBE Program Director's duties shall include, but not be limited to:

- 1) Reviewing, monitoring, and ensuring compliance with the requirements of this M/WBE Policy, including developing rules, regulations, policies and procedures to implement or improve the M/WBE Program;
- 2) Developing and maintaining procedures and outreach activities that maximize the ability for M/WBEs to compete on Harris Health Contracts;
- 3) Coordinating with DEEO, Purchasing and other Contract Administration team members, as appropriate, in all matters affecting the M/WBE Program;
- 4) Reviewing Solicitations, including the evaluation criteria, where appropriate, to ensure the inclusion of the M/WBE Program requirements and the removal of artificial barriers to potential M/WBE participation;
- 5) Developing, recommending, and reviewing Aspirational Goals and Contract Goals;
- 6) Evaluating a Prime Contractor's achievement of the Contract Goal or Good Faith Efforts to meet a Contract Goal, including whether an M/WBE Subcontractor is performing a Commercially Useful Function on a Contract;
- 7) Conducting semi-annual reviews of the progress of each Harris Health department and Purchasing toward the overall achievement of the Aspirational Goals;
- 8) Preparing and presenting periodic reports on compliance with the M/WBE Program, any issues that need to be addressed, and the progress towards meeting the Aspirational Goals;
- 9) Acting as the Reconsideration Official, when appropriate;
- 10) Assisting all Harris Health departments in their efforts to assist Prime Contractors and Subcontractors with implementing and monitoring of the Contract Goals and Good Faith Efforts;
- 11) Reviewing opportunities for additional race- and gender-neutral measures, including outreach and support for small businesses in the Marketplace;
- 12) Managing the collection of data to facilitate a thorough review of the M/WBE Program; and

13) Receiving, reviewing and acting upon complaints and suggestions concerning the Program.

B. Utilization of External Resources

DEEO. The M/WBE Program Director shall identify opportunities to partner with and coordinate through DEEO in all appropriate aspects of this M/WBE Policy. Harris Health may enter into an interlocal agreement with Harris County to have DEEO administer any portion of the M/WBE Program, including delegating the duties of the M/WBE Program Director.

C. User Department M/WBE Program Roles and Responsibilities

User Departments are responsible for promoting, supporting and assisting in carrying out the purpose of the M/WBE Program. User Departments will be held accountable for the following duties which shall include, but not be limited to:

- 1) No later than ten (10) business days prior to the procurement announcement, notify and provide to the M/WBE Program Director or designee the necessary information when a solicitation is anticipated, to determine whether a Contract Goal should be set;
- 2) Manage Contracts in a consistent manner to assure compliance with the M/WBE Program;
- 3) Notify the M/WBE Program Director no later than five business days prior to any key post-award Contract meetings or issues that could affect the Prime Contractor's ability to achieve the M/WBE Contract Goal. For example, if a Prime Contractor is experiencing challenges achieving their M/WBE Contract Goal, the User Department can connect the M/WBE Program Director or designee with the Prime Contractor at Contract kick-off meetings, monthly meetings, or meetings to address Contract performance issues;
- 4) Assist and support the M/WBE Program Director by ensuring that the Contractor provides all necessary documents and information to close out the Contract, including a final accounting for M/WBE utilization and all other Subcontractor participation on the Contract; and
- 5) Develop and advertise forecasts of upcoming procurement opportunities, including on an annual basis.

D. Non-Harris Health Funds

Nothing herein shall be construed to authorize or require expenditure of funds for goods or services in a manner inconsistent with statutory requirements of Harris Health. In situations where procurement involves the expenditure of state or federal funds, Harris Health shall comply with all state or federal law and authorized regulations that are mandatorily applicable, and that are not presently reflected in this M/WBE Policy.

SECTION 4. M/WBE PROGRAM COMPONENTS

A. M/WBE Contract Categories

The following M/WBE Contract Categories are hereby established to identify the contracting and procurement activities covered by this M/WBE Policy. The M/WBE Program Director may recommend revisions to these M/WBE Contract Categories through a written amendment to this M/WBE Policy:

- 1) **Construction:** Including all contracts relating to new construction, renovation and/or maintenance of existing buildings, facilities, underground utilities, and non-building structures owned or leased by Harris Health.
- 2) **Goods:** Including the purchase of all products, equipment, office and other supplies, art, furniture, and other tangible personal property.
- 3) **Services:** Including the purchase of all services, such as maintenance services; printing services; non-construction repairs; janitorial services; services related to training seminars and workshops; computer and information systems security-related services; shipping, courier and mailing services; document copy, retention or destruction services; consulting and other non-professional services. Does not include Professional Services, as defined below.
- 4) **Professional Services:** Those services as defined by the laws of the State of Texas usually requiring a license, certification, or registration in addition to those listed in Ch. 2254, Texas Government Code.

B. Non-M/WBE Contract Categories

This M/WBE Policy does not apply to the following types of Contracts:

- 1) Purchases through an authorized Group Purchasing Organization (GPO);
- 2) A loan transaction in which Harris Health acts as a debtor or creditor;
- 3) Agreements to use, lease, sell, or purchase real property;
- 4) Individual employee contracts;
- 5) Gifts or bequests to Harris Health;
- 6) Grants or Contracts entered into by Harris Health in order to comply with a grant;
- 7) Purchases necessary to preserve or protect public health or safety;
- 8) Contracts for personal services;
- 9) Contracts with other governmental entities; or
- 10) Contracts for sole-source goods or services.

C. M/WBE Program Goals

1. Aspirational Goals

- a. **In General.** Attainment of the annual Aspirational Goal is based on Contract dollars spent with M/WBEs in relation to the total value of all Contracts awarded for the M/WBE Contract Categories set forth in this Policy. To achieve the Aspirational Goal, the M/WBE Program Director will encourage the utilization of M/WBEs as both Prime Contractors and as Subcontractors in Contract performance. Payments to Prime Contractors that are certified as M/WBE in an approved Certification Program shall be counted towards satisfaction of the Aspirational Goals. These overall goals are intended to be benchmarks for evaluating overall performance of the M/WBE Program on an annual basis. These Aspirational Goals are not and shall not be quotas.

- b. **Initial Aspirational Goals.** Upon the approval of this M/WBE Policy by the Board, Harris Health shall adopt an overall Aspirational Goal of twenty percent (20%) for spending with M/WBEs across all M/WBE Contract Categories.
 - c. **Setting Future Aspirational Goals.** The M/WBE Program Director may establish annual Aspirational Goals for M/WBE participation in M/WBE Contract Categories. The following factors may be used as part of the goal-setting methodology in establishing annual Aspirational Goals:
 - i. The number of M/WBEs in the Marketplace certified or eligible for certification;
 - ii. The availability of M/WBEs in the Marketplace that are eligible for certification and willing to do business with Harris Health;
 - iii. The findings and conclusions contained in any disparity studies and other reports undertaken by Harris Health or other governmental and quasi-governmental entities that may be relevant or beneficial to Harris Health and its M/WBE Program, including, but not limited to:
 - Annual Participation figures for qualified M/WBEs in both Harris Health contracting and the private sector in the Marketplace; or
 - Analysis of disparities between the availability and participation of qualified M/WBEs.
 - d. **Monitoring Aspirational Goals.** The annual Aspirational Goal will be reviewed from time to time by the M/WBE Program Director to determine Harris Health's current progress towards meeting the goal.
2. **Contract Goals.** The M/WBE Program Director, or designee, shall establish a Contract Goal for all Contracts where Harris Health intends to spend more than \$50,000.00. The Contract Goal may be based on 1) type of contract, 2) required type of subcontracting work, 3) and availability of M/WBEs for the type of subcontracting work. Every Harris Health-funded contract in the M/WBE Contract Categories shall be evaluated to determine the appropriate method for enhancing M/WBE participation, including progress towards achievement of the annual Aspirational Goal. Contract Goals for certain purchases may also be established based on any goal-setting objectives or directives of this M/WBE Policy. Prime Contractors shall be required to make Good Faith Efforts to subcontract with, schedule and utilize M/WBEs in a manner that will meet or exceed the Contract Goals for each Contract. A Contractor's compliance with the requirements for Good Faith Efforts shall be measured utilizing the guidance provided in this M/WBE Policy.

SECTION 5. CONTRACTOR M/WBE PERFORMANCE

A. Compliance at Time of Procurement Submittal

- 1. **In General.** A Respondent shall comply with the M/WBE Submittal requirements set forth in the Solicitation and this M/WBE Policy or include thorough documentary evidence to support the Good Faith Efforts made by the Respondent to meet the Contract Goals. A Respondent's failure to comply with the requirements of this Section 5.A or to prove Good Faith Efforts, according to this M/WBE Policy, shall result in the rejection of the Respondent's Submittal as Non-Responsive.

2. **Contract Goal Notification.** All Contract Solicitations that require a Contract Goal shall include a notification, as developed and deemed appropriate by the M/WBE Program Director and Purchasing, that they must comply with the requirements of the M/WBE Program.
3. **M/WBE Procurement Procedures for all Contracts over \$50,000.00.** All Solicitations for Contracts where Harris Health intends to spend more than \$50,000.00 for the M/WBE Contract Categories shall include the following:
 - a. A Contract Goal;
 - b. A Contract Goal Notification as set forth in A.2 of this Section 5.
 - c. A requirement that the Respondent submit a Subcontractor Utilization Plan with the Proposal and an affirmation by the Respondent that it will comply with the Good-Faith Effort requirements of this M/WBE Policy. This requirement may be waived in the discretion of the M/WBE Program Director after considering 1) the type of service, 2) the likelihood of the work being split into sub-components available for subcontracting opportunities, and 3) the determination of the M/WBE Program Director as to whether a Subcontractor Utilization Plan is appropriate.

B. Compliance During Contract Performance

1. A Prime Contractor performing under a Contract with Contract Goals shall include an M/WBE Subcontractor Utilization Status Report with each invoice or pay estimate submitted by the Contractor. This Status Report shall include without limitation the following information for each of the M/WBE Subcontractors utilized by the Prime Contractor: a) A description of the categories of contracts awarded to and spent with M/WBEs; b) the dollar value of contracts awarded to and spent with M/WBEs; and c) the contract number(s) and contact information for the M/WBEs. Additionally, the Prime Contractor shall provide information regarding its progress toward attaining the Contract Goal for the Contract.
2. Prime Contractors shall not discriminate or retaliate against M/WBE Subcontractors. In considering a Prime Contractor's conduct to determine discrimination or retaliation, where relevant, the M/WBE Program Director may consider the lack of timely payment of a Subcontractor to be a form of discrimination or retaliation, based upon a review of the circumstances.
3. Any M/WBE Subcontractors utilized by the Prime Contractor in connection with the services covered by the Contract shall be limited to the individuals or firms that were specifically identified by the Prime Contractor in the Submittal or post-selection documents, as applicable, and agreed upon by Harris Health in connection with the award of the Contract.
4. Prime Contractors must submit a Letter of Intent for each M/WBE Subcontractor that will be utilized to supply any services, labor, or materials pursuant to the M/WBE Subcontractor Participation Plan during the Contract negotiation with Harris Health or as requested by the M/WBE Program Director. This Letter of Intent confirms the intent of the Prime Contractor and M/WBE Subcontractor to conduct Good Faith negotiations toward a Subcontract Agreement, with terms agreeable to both parties, for the scope of work identified in the Letter of Intent. The parties acknowledge that any obligation of the Prime

Contractor to enter into a Subcontract Agreement with any M/WBE Subcontractor is expressly contingent upon the Prime Contractor entering into the Contract with Harris Health for the work defined in the Solicitation. The Letter of Intent must be completed in its entirety by the Prime Contractor and signed by both the Prime Contractor and the M/WBE Subcontractor.

5. In the event subcontracting opportunities arise after Contract award, Prime Contractors shall consider M/WBE Subcontractors in the same manner as the consideration given M/WBE Subcontractors before the new opportunities arose.
6. Any substitution of M/WBE Subcontractors must be submitted to Harris Health by the Prime Contractor in writing and will be subject to the prior approval of M/WBE Program Director. The Prime Contractor shall make a Good Faith Effort to substitute one M/WBE with another M/WBE. The written request for approval shall provide the name of the listed M/WBE Subcontractor; the name of the replacement M/WBE Subcontractor; the reason(s) for the proposed substitution; a brief description of the work to be performed by the substituted party; and the dollar amount of the subcontract or procurement involved. The M/WBE Program Director shall evaluate for fairness and outreach efforts the selection process for the substitute Subcontractor. Notwithstanding the foregoing, the Prime Contractor may immediately substitute a Subcontractor without approval in the event of an unusual and compelling circumstance such as the M/WBE Subcontractor's insolvency, bankruptcy, anticipatory repudiation, or the protection of property or people. Every effort must be made to provide notice of the substitution to Harris Health as soon as practical. The substitution of an M/WBE Subcontractor does not excuse the Prime Contractor's failure to make Good Faith Efforts to satisfy the Contract Goal.
7. The Prime Contractor is expressly prohibited from enforcing any type of exclusive arrangement, non-competition requirement, or any restriction on the discretion of an M/WBE Subcontractor to bid or submit on current or future solicitations. Violation of this provision shall result in one or more penalties set forth in Subsection F.1. of this Section 5, in the sole discretion of the M/WBE Program Director.

C. Post-Contract Compliance

1. Within thirty (30) days after the completion of performance on a Contract in which there were Contract Goals, each Prime Contractor shall provide Harris Health with close-out documentation summarizing the information provided pursuant to Subsection B.1 of this Section 5, above.
2. The close-out documentation may also include, in the sole discretion of the M/WBE Program Director, verification from M/WBE Subcontractors that the work claimed by the Prime Contractor was actually completed and payment was received.
3. Failure to provide the documentation set forth in this Subsection C may result in one or more of the penalties set forth in Subsection F.1. of this Section 5, in the sole discretion of the M/WBE Program Director.

D. Good Faith Efforts

1. When a Respondent or Contractor submits documentation claiming Good Faith Efforts, the M/WBE Program Director shall make a determination of adequate Good Faith Efforts based on those submitted documents. Additional submittals will not be permitted, with the

exception of evidence requested by the M/WBE Program Director.

2. In determining whether a Respondent or Contractor made Good Faith Efforts to comply with this M/WBE Policy, the M/WBE Program Director shall be guided by the assumption that compliance was possible and the burden of proof shifts to the Respondent or Contractor to prove Good Faith Efforts.
3. Respondents that fail to meet M/WBE Contract Goals and fail to demonstrate adequate Good Faith Efforts shall be deemed non-responsive to the Harris Health Solicitation and shall not be eligible to receive the contract award. Continuous failures to demonstrate adequate Good Faith Efforts in more than one Solicitation Submittal, in the sole discretion of the M/WBE Program Director, may result in debarment from participation in future Harris Health Solicitations and Contracts.
4. Upon completion of the Contract, Respondents that fail to meet M/WBE Contract Goals and fail to demonstrate Good Faith Efforts, as determined by the M/WBE Program Director in its sole discretion, shall be subject to the penalties set forth in Subsection F. of this Section 5, including possible debarment from participation in future Harris Health Solicitations and Contracts.
5. The M/WBE Program Director shall apply the following Good Faith Efforts criteria in considering a Contractor's Good Faith Efforts:
 - a. Identification of sufficient subcontracting work: Respondent identified and selected specific work items to be performed and/or procurement to be filled by M/WBEs. The Respondent subdivided total Contract work requirements and/or procurements into smaller portions or quantities to permit maximum active participation by M/WBEs, even when the Respondent might otherwise prefer to perform these work items with its own workforces. Content of advertisements and written notices to Subcontractors may demonstrate compliance with this objective.
 - b. Broad-based advertisement: Respondent conducted an advertising campaign designed to reach all segments of the community by advertising in newspapers, trade association publications, special interest publications, trade journals, community papers, or another media. Advertisement must be specific to the Harris Health contract or procurement, not generic, and may not be a place holder advertisement provided by the publication. Advertisement must be worded to ensure it does not exclude or limit the number of potential subcontractor respondents. Advertisement must include the project name; the name of the Respondent; areas of work available for subcontracting; contact person's name and phone number; information on the availability of plans and specifications; date the Subcontractor's interest and written bid/estimate are due to the Respondent; and Respondent's policy concerning assistance to Subcontractors in obtaining bonds, financing, and/or insurance. Respondents are encouraged to advertise no less than two weeks prior to the bid submittal due date, when time permits. Also, the Subcontractor written bid/estimate should be submitted to the Respondent no earlier than seventy-two (72) hours prior to Harris Health's submittal due date. Documentation that may satisfy this requirement includes copies of advertisements and proof of publication dates.
 - c. Written notice to M/WBE Subcontractors: Respondent provided, no less than ten (10) days prior to bid submittal, written notice of its interest in receiving Subcontractor bids related to the Harris Health contract or procurement to M/WBEs with an interest in performing identified work items. Contents of the notice must include the project name; the name of the Respondent; areas of work available for subcontracting and

procurement opportunities; contact person's name and phone number; information on availability of plans and specifications; date the Subcontractor's notification of interest and written bid/estimate are due to the Respondent; and Respondent's policy concerning assistance to Subcontractors in obtaining bonds, financing, and/or insurance. Respondents are encouraged to review all appropriate websites to view a list of M/WBEs available for use to meet the M/WBE Subcontractor participation goals. Documentation that will satisfy this requirement includes, but is not limited to, a copy of each notice sent to Subcontractors by the Respondent for each item of work to be performed or procured. If there is only one master notification, the Respondent must submit a copy with a list of its recipients. Faxed copies of the notice and copies sent by electronic transmission or e-mail must include fax transmittal confirmation slip or electronic confirmation of receipt by e-mail from the recipient, showing the date of transmission.

- d. Follow-up to initial solicitations: Respondent followed up on initial written notices to M/WBE Subcontractors to determine their interest in specific portions of project work and/or procurement; answered questions; recorded phone quotes; and recorded Subcontractors' interest in bidding on any portion of subject project. Documentation that demonstrates compliance with this requirement includes a copy of telephone logs, including name of caller and the name of and telephone number of Subcontractor's contact person. Telephone logs must be submitted to demonstrate follow-up with all Subcontractors to whom Respondent sent written notices.
 - e. Provision of plans, specifications, and requirements: Respondent provided interested M/WBE Subcontractors with access to plans, specifications, and requirements for the subject project. Documentation that demonstrates compliance with this requirement includes the content of advertisements and written notices to Subcontractors.
 - f. Assistance with bonds, financing, and insurance: Respondent made efforts to advise and assist interested Subcontractors in obtaining information regarding bonds, financing, and insurance required for the subject project. Documentation that demonstrates compliance with this requirement includes, but is not limited to, the content of advertisements and written notices to M/WBE Subcontractors.
 - g. Sound judgement: Respondent rejected M/WBEs as being unqualified only with sound reasons based on a thorough investigation of their capabilities. The Subcontractor's standing within its industry, membership in specific groups, organizations, or associations and political or social affiliations (for example union vs. non-union employee status) are not legitimate causes for the rejection or non-solicitation of bids in the Respondent's efforts to meet the project goal.
 - h. Effectively utilizing the services of community organizations: Respondent contacted Contractors' groups; local, state, and federal business assistance offices; and other organizations as allowed on a case-by-case basis to provide assistance in the recruitment and placement of M/WBEs. Required documentation shall include a copy of telephone logs, including name of caller and the name of and telephone number of the organization's and/or agency's contact person.
6. **Reconsideration.** A Respondent may request a reconsideration of the determination of Good Faith Efforts from the Reconsideration Official. A Respondent's request for reconsideration must be received within three (3) business days of the Respondent's receipt of Harris Health's determination that it did not make adequate Good Faith Efforts to meet

the Contract Goal. As part of the reconsideration, the Respondent must have the opportunity to provide written documentation or argument concerning the issue of whether it met the Contract Goal or made adequate Good Faith Efforts to do so. Harris Health's decision on reconsideration must be made by a Reconsideration Official who did not take part in the original determination that the Respondent failed to meet the Contract Goal or made adequate Good Faith Efforts to do so. If requested by the Respondent at the time of the request for Reconsideration, the Respondent must have the opportunity to meet with the Reconsideration Official to discuss the issue of whether it met the Contract Goal or made adequate Good Faith Efforts to do so.

E. Measuring Contract Goals. When an M/WBE participates in a Contract, only the payments to the M/WBE for value of the work actually performed shall be counted towards the Contract Goal, in accordance with the following provisions:

1. Count the entire amount of the portion of a Contract that is performed by the M/WBE's own forces shall be counted;
2. Count the cost of supplies and materials obtained by the M/WBE for the work of the Contract, including supplies purchased or equipment leased by the M/WBE (except supplies and equipment the M/WBE purchases or leases from the Contractor or its affiliate). Expenditures by M/WBEs for materials or supplies may be counted toward Contract Goals as described below:
 - a. If the materials or supplies are obtained from an M/WBE Manufacturer, count 100% of the cost of the materials or supplies toward the Contract Goals;
 - b. If the materials or supplies are purchased from an M/WBE regular dealer (defined below), count 60% of the cost of the materials or supplies toward the Contract Goals. The M/WBE Program Director may conduct a review of the company to determine whether the dealer is a bona-fide business that performs a commercially useful function by using the following guidelines:
 - i. For the purposes of this section, a regular dealer is a business that owns, operates, or maintains a store, warehouse, or other establishment in which the materials, supplies, articles, or equipment of the general character described by the specifications and required under the Contract are bought, kept in stock, and regularly sold or leased to the public in the usual course of business.
 - ii. To be a regular dealer, the business must be an established, regular business that engages—as its principal business and under its own name—in the purchase and sale or lease of the products in question.
 - iii. A person may be a regular dealer in such bulk items as petroleum products, steel, cement, gravel, stone, or asphalt without owning, operating, or maintaining a place of business as provided in this section if the person both owns and operates distribution equipment for the products. Any supplementing of regular dealers' own distribution equipment shall be by a long-term lease agreement and not on an ad hoc or contract-by-contract basis.
 - iv. Packagers, brokers, manufacturers' representatives, or other persons who arrange or expedite transactions are not regular dealers within the meaning of this section.
 - c. With respect to materials or supplies purchased from an M/WBE that is neither a manufacturer nor a regular dealer, count only the amount of fees or commissions

charged for assistance in the procurement of the materials and supplies—or fees or transportation charges for the delivery of materials or supplies required on a job site—towards the Contract Goals, provided the M/WBE Program Director determines the fees to be reasonable and not excessive, as compared with fees customarily allowed for similar services. However, in such an event, the cost of the materials and supplies themselves shall not count towards the Contract Goals.

3. Count the entire fee or commission charged by an M/WBE for providing a bona fide service, such as professional, technical, consultant, or managerial services—or for providing bonds or insurance specifically required for performance of the Contract—provided the fee was determined to be reasonable and not excessive, as compared with fees customarily allowed for similar services;
4. Count the value of work an M/WBE Subcontractor subcontracts to another M/WBE Subcontractor (“Secondary M/WBE Subcontractor”) only if the Secondary M/WBE Subcontractor is itself certified as an M/WBE in an approved Certification Program. Work that an M/WBE subcontracts to a non-certified M/WBE business does not count toward the Contract Goals;
5. Only first, second, and third tier M/WBE Subcontractors count when calculating participation toward the Contract Goal;
6. When an M/WBE performs as a participant in a Joint Venture, count the portion of the total dollar value of the Contract equal to the distinct-defined portion of the Contract work that the M/WBE performs with its own forces;
7. Count expenditures toward the Contract Goals only if the M/WBE is performing a Commercially Useful Function on the Contract. The following factors must be considered in making this determination:
 - a. An M/WBE performs a Commercially Useful Function when it is responsible for execution of the work of the Contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved;
 - b. An M/WBE does not perform a Commercially Useful Function if its role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of M/WBE participation. In determining whether an M/WBE is such an extra participant, the M/WBE Program Director will examine similar transactions, particularly those in which M/WBEs do not participate.
 - c. If an M/WBE Prime Contractor does not perform or exercise responsibility for at least 30% of the total cost of the Contract with its own workforce, or the M/WBE subcontracts a greater portion of the work of the Contract than would be expected on the basis of typical industry practice for the type of work involved, the M/WBE Program Director shall presume that M/WBE Prime Contractor is not performing a Commercially Useful Function.
 - d. The M/WBE Program Director shall develop factors similar to the DBE Program at 49 C.F.R. part 26, as amended, in determining whether an M/WBE trucking company is performing a Commercially Useful Function.
8. If an M/WBE is the Prime Contractor, count 100% of the participation performed by its own workforces toward the Contract Goal;
9. Do not count the dollar amount of work performed under a Contract with an M/WBE after

it: 1) has ceased to be a certified M/WBE or 2) has ceased performing a Commercially Useful Function; and

10. Do not count the participation of an M/WBE Subcontractor toward a Contractor's final compliance with its Contract Goal obligations on a Contract until the amount being counted has actually been paid to the M/WBE.
11. When an M/WBE is presumed not to be performing a Commercially Useful Function, the M/WBE may present evidence to rebut this presumption. After reviewing the additional information submitted, the M/WBE Program Director may determine that the M/WBE is performing a Commercially Useful Function, given the type of work involved and typical industry practices.

The M/WBE Program Director may revise or further define how to measure Contract Goals, consistent with this M/WBE Policy, in order to administer the M/WBE Program.

F. Results of Non-Compliance

1. All documents submitted by a Respondent in compliance with this Policy, including Subcontractor certifications, shall be verified by Harris Health or Purchasing prior to the issuance of a notice to proceed or a purchase order to the Prime Contractor to commence the work. Failure to secure such prior approval shall result in the application of one or more of the penalties set forth below.
2. Falsification or misrepresentation of a sub-agreement as to company name, contract amount, and/or actual work performed by a Subcontractor—submitted on any Contracts or forms required or otherwise requested by Harris Health— shall result in the application of one or more of the penalties set forth below.
3. When an allegation of discrimination or retaliation is sustained, the M/WBE Program Director shall recommend to Harris Health any one or more of the penalties set forth below.
4. The M/WBE Program Director, may recommend that Purchasing declare the Respondent's Submittal as non-responsive or reject other Submittals or Proposals related to the Harris Health contracts or procurements submitted by that Contractor for non-compliance with this M/WBE Policy.
5. The M/WBE Program Director may recommend to a committee of persons designated by the Executive Vice President, Chief Strategy Officer, and the committee shall make the decision to impose any of the following penalties for non-compliance with the provisions of this M/WBE Policy:
 - a. Declaring the Prime Contractor to be in material breach of the Contract, with all appropriate legal and equitable remedies available to Harris Health for such breach;
 - b. Placing the Respondent under probation during a period of time to be determined by the M/WBE Program Director. During probation, the Respondent shall comply with affirmative steps, as determined by the M/WBE Program Director, to show that the Respondent is acting in good faith with the requirements of this policy for all Contracts during the probationary period;
 - c. Debarment of the Respondent or Prime Contractor from future Solicitations or Contracts, according to the following guidelines:
 - i. After the first instance of non-compliance, for a period of time determined in the sole discretion of the M/WBE Program Director, but in no event less than six (6)

- months or longer than one (1) year,
 - ii. After the second instance of non-compliance, for a period of time determined in the sole discretion of the M/WBE Program Director, but in no event less than two (2) years or longer than three (3) years, or
 - iii. After the third instance, and any instance thereafter, of non-compliance, for a period of time determined in the sole discretion of the M/WBE Program Director, but in no event less than four (4) years or longer than five (5) years; and/or
 - d. Referral to the appropriate law enforcement agency for criminal prosecution.
5. The M/WBE Program Director has the right to report any suspected false, fraudulent, or dishonest conduct or documents in the commitment and attainment of any Contract Goal on Harris Health Solicitations or Contracts to the Office of the Harris County Attorney or any applicable enforcement agency.

SECTION 6. COMPLAINTS

- A. General Policy.** Harris Health is committed to enforcing this M/WBE Policy, and in turn encourages all M/WBEs, Businesses, and individuals to promptly report any suspected unethical, unlawful, or illegal activities by others related to this M/WBE Policy. Such activities may include, but are not limited to, falsification of information or documentation provided to Harris Health or other certifying bodies for purposes of obtaining M/WBE certification status or vendor registration, bidding on contracts, M/WBE participation on contracts awarded, discrimination against others in whatever form or capacity, and any retaliation against others for any reason or purpose associated with this M/WBE Program. Any person or organization with information that supports the unethical, unlawful, or illegal participation by an M/WBE, business enterprise, firm, or individual in the M/WBE Program should provide a detailed statement in writing to the M/WBE Program Director, specifying such unlawful or illegal acts and explaining the basis for such claim or statement.
- B. Complaints of Discrimination or Retaliation.** Any adult person, business entity, association, organization, or government agency may file a sworn complaint with the M/WBE Program Director stating facts showing or tending to show that a Respondent or Prime Contractor has, within the preceding one (1) year period from the date of the alleged incident, engaged in discrimination or retaliation in connection with a Harris Health Contract or Solicitation. Within fourteen (14) days, the M/WBE Program Director shall notify the Respondent or Prime Contractor against whom the complaint was filed that a sworn complaint has been received.
- C. Complaint Procedure, Initial Findings, and Recommendations.** The M/WBE Program Director shall be responsible for investigating complaints of discrimination or violation of this M/WBE Policy in coordination with DEEO, Purchasing, and/or the Office of the Harris County Attorney.

SECTION 7. OUTREACH TO BUSINESSES

- A.** To ensure that Harris Health contract participation and procurement opportunities are available to the widest feasible universe of interested, available, competitive, and qualified businesses, the M/WBE Program Director may perform any or all of the following actions:
1. Disseminate information describing Harris Health contract opportunities, the M/WBE

Program, the functions of the M/WBE Program Director, DEEO, and Purchasing at external outreach events, community events, trade shows, matchmaking events, and other appropriate M/WBE business functions;

2. Establish a procedure to engage in continuous recruitment and outreach efforts directed at M/WBE business assistance organizations, minority business chambers of commerce, small business enterprise organizations, contractor associations, and other minority certification agencies, with the goal of increasing the pool of M/WBEs available in the Marketplace to do business with Harris Health;
3. Actively encourage businesses to attend the pre-bid meetings in order to meet potential Respondents for Solicitations;
4. Create workshops for businesses located within the Marketplace to instruct them on how to compete for Solicitations, including advice on marketing, soliciting, and preparing a Proposal; and
5. Develop a website or other outreach platform to provide general information on doing business with Harris Health, the solicitation process, M/WBE certification attainment guidance, the process and resources for certification, and provide downloadable forms and other pertinent information.

B. The M/WBE Program Director may work with anyone, including existing advocacy groups in the Marketplace, to perform any of the outreach activities listed in this section.

SECTION 8. MONITORING AND REPORTING RESULTS OF M/WBE PROGRAM

A. In General. The effectiveness of this M/WBE Program will be measured by a review of Prime Contractor and Subcontractor spending with M/WBEs and the efforts by Harris Health to provide contracting opportunities for M/WBEs.

B. The M/WBE Program Director, in coordination with the DEEO and other management and staff involved in any contracting and/or procurement activities, shall perform the following actions to assist in meeting the outcomes included in this M/WBE Policy:

1. Establish direct notification of bid opportunities to M/WBEs;
2. When appropriate, discuss synopsising procurements and obtaining interested bidders lists in advance of solicitation postings;
3. Ensure that the appropriate Harris Health staff actively participates in trade fairs and certifying organization meetings for M/WBEs;
4. Maintain a tracking chart of the number of M/WBEs contacted, including the quotes received by Harris Health and Prime Contractors;
5. Conduct bi-annual, in-house training sessions for Harris Health staff who are involved in contracting and procurement to ensure awareness of the M/WBE Program;
6. Evaluate the effectiveness and performance of all Harris Health staff and managers involved in any contracting and/or procurement activities in utilizing M/WBEs in purchasing all services, for continuous improvement;
7. Conduct debriefing sessions with the cooperation of Purchasing, as necessary, to explain and analyze why certain M/WBE Solicitations and Contract Goals were unsuccessful;

8. Generate monthly and quarterly M/WBE participation reports for M/WBE Contract Categories to monitor Prime Contractor M/WBE compliance.
- C. To ensure the effective monitoring and reporting under this M/WBE Policy, the following activities shall be completed:
1. Purchasing shall provide the M/WBE Program Director with information regarding every Harris Health contract or procurement on which a Contractor is an M/WBE or on which an M/WBE is part of a Joint Venture or strategic partnership team serving as a Contractor. The information shall include the name and contact information of the M/WBE, the type of contract, and the dollar value of the contract.
 2. The M/WBE Program Director, in coordination with the DEEO, shall prepare consolidated quarterly reports based on a compilation and analysis of the reports submitted by each Prime Contractor and information from Purchasing regarding Harris Health's use of M/WBEs as Prime Contractors and Subcontractors. The consolidated reports will identify and assess the awards and payments to M/WBEs on Harris Health contracts; Prime Contractors' use of M/WBE Subcontractors; Prime Contractors' progress in achieving Contract Goals; and other M/WBE development and contracting efforts. Specifically, the M/WBE Program Director shall maintain records and prepare reports showing information such as, but not limited to:
 - a. Awards and payments to M/WBE Prime Contractors and Subcontractors, including the contract name and number, names of Prime Contractors and Subcontractors, contact persons, nature of the work/services performed, and the percentage of M/WBE participation per Contract;
 - b. Copies or summaries of utilization reports and outreach efforts by Prime Contractors to M/WBEs;
 - c. Harris Health awards to M/WBE Prime Contractors in which an M/WBE was a Joint Venture partner. This information shall include without limitation the contract name and number, the name and contact information of the M/WBEs, the type of contract, and the dollar value of the Contract;
 - d. Requests for assistance from M/WBEs interested in bidding/proposing on Harris Health contracts and subcontracts;
 - e. Workshops, seminars, and training programs conducted for M/WBEs;
 - f. Workshops, seminars, and training programs conducted for Small Business Enterprises; and
 - g. Any additional information the M/WBE Program Director deems relevant or is requested to provide by the Harris Health Chief Executive Officer or the Board of Trustees.
 3. The M/WBE Program Director or designee shall also prepare and submit an annual M/WBE Utilization Report to the Executive Vice President, Chief Strategy Officer. This report shall include a summary of the information described in in this Section 8, plus an analysis of the total dollar value of M/WBE Prime contracts/subcontracts awarded and paid to M/WBEs during the preceding year, categorized by prime contracting dollars and subcontracting dollars. The report also will provide the percentage of the total dollar value of the contracts awarded and paid to M/WBEs during the preceding year.

SECTION 9. SUNSET REVIEW

- A. Sunset Review Periods.** The M/WBE Program, upon its adoption and approval by the Harris Health Board of Trustees, shall be subject to review every (5) five years, with a recommendation for continuation or cessation of the M/WBE Program by the M/WBE Program Director.
- B.** Any recommendation of cessation of the M/WBE Program by the M/WBE Program Director shall be accompanied by a Disparity Study that includes appropriate data that supports the recommendation, including, but not limited to, disparity ratios and the weighted availability of M/WBEs in the Marketplace that validate the recommendation.

Thursday, September 22, 2022

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

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

Management recommends the approval of the attached Resolution Authorizing Harris County Hospital District to set the amount of the mandatory payment to be invoiced during the time frame of September 23, 2022 through June 30, 2023 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the district. This would grant Harris Health the flexibility to invoice any portion of this amount in installments at any point through the end of June 2023 (i.e. the authority to send invoices expires on July 1, 2023).

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

Resolution Setting Rate of Mandatory Payment

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

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

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

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

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

1. The District sets the amount of the mandatory payment to be invoiced during the time frame of September 23, 2023 through June 30, 2023 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the District.
2. The District may invoice any portion of the mandatory payment in installments, so long as the total rate invoiced during September 23, 2023 through June 30, 2023 does not exceed 6.00 percent.
3. This Resolution shall be in full force and effect from and after the date of its adoption.

PASSED AND APPROVED this 22nd day of September, 2022.

187737

Thursday, September 22, 2022

Discussion Regarding the Proposed Harris Health System
Fiscal Year 2023 Operating and Capital Budget

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, September 22, 2022

Update Regarding Harris County Hospital District Foundation Board Meeting

Thursday, September 22, 2022

Presentation Regarding Harris Health Strategic Plan Update: Pillar 4, Population Health

Update by Dr. Hope Galvan, Interim Senior Vice President Chief Health Officer, Population Health on the Harris Health System Strategic Plan regarding:

- Community Health Worker Home Visits
 - Program Details
 - Harris Health – CHW Home Visit Service Areas
 - Outcomes of Success
 - Need-Driven Innovation



Pillar 4: Population Health Management

Community Health Worker Home Visits

Esperanza (Hope) Galvan, PhD, MS, CVRN-BC, CDCES
Interim Sr. Vice President, Chief Health Officer
Population Health

HARRISHEALTH SYSTEM

Community Health Worker Home Visits

- ❖ **Community Health Workers (CHWs)** at Harris Health: a trusted workforce with an understanding of their organization and the community they serve
- ❖ **Community-based** intervention that goes beyond clinic walls to proactively connect disengaged high-risk patients to care
- ❖ Builds on CHW model, a well-known strategy for **addressing health disparities**
- ❖ Prioritizes identification and resolution of **barriers to care and social needs**
- ❖ Further catalyzed by COVID-19 to **improve outreach to at-risk patients**, ensuring access and continuity of clinical and social resources



GAGE AWARDS

Innovation and Excellence

Program Details

Initiative Overview

CHWs support disengaged patients with uncontrolled diabetes (HbA1c >9) through:

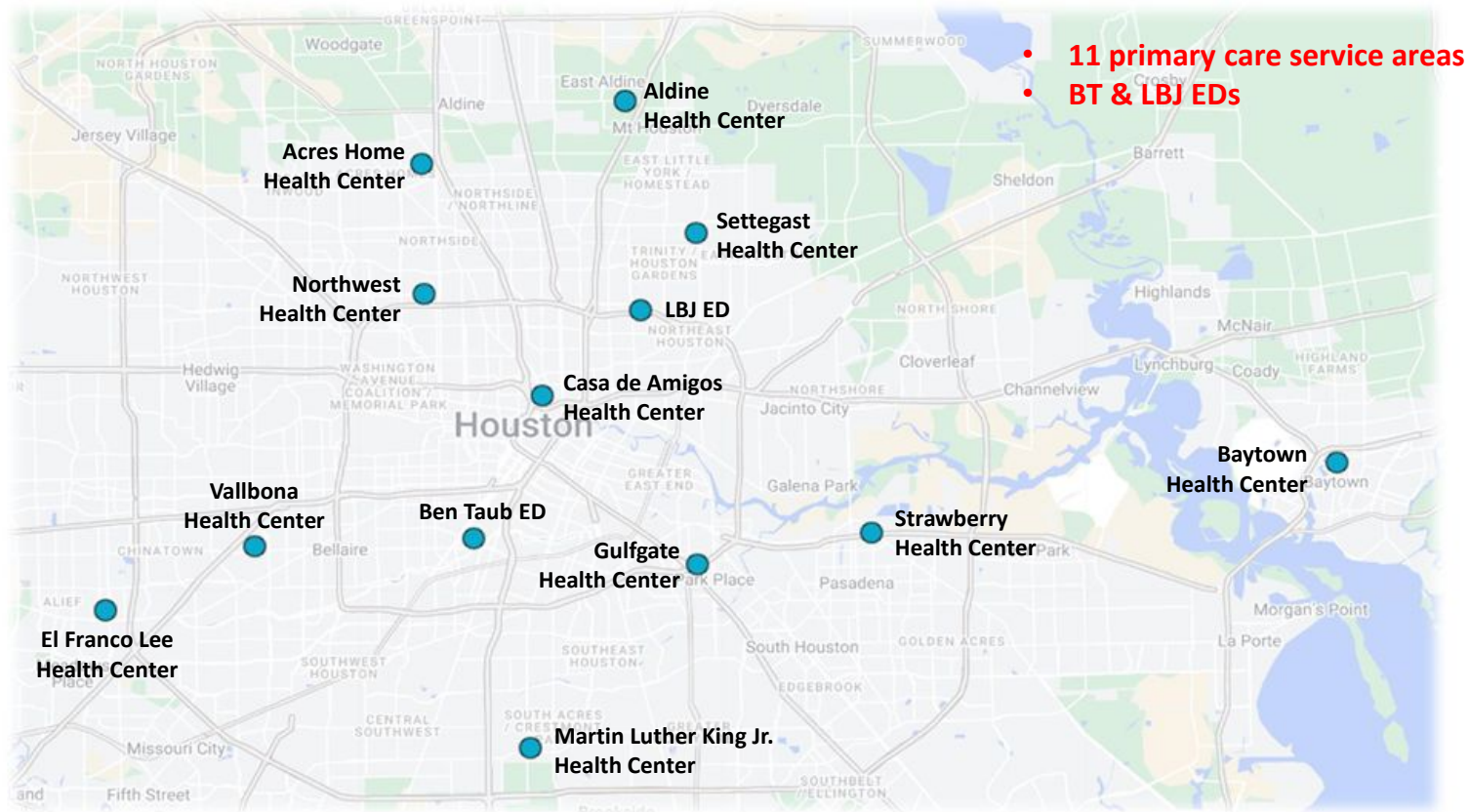
- Home visits, in combination with telehealth and telephonic visits over ~ 4 months
- A customized care plan developed through comprehensive assessment of:
 - Health-related social needs
 - Diabetes knowledge
 - Self-management behaviors
 - Barriers to care
 - Neighborhood and home barriers/facilitators

Key Scorecard Metrics

- Δ in Diabetes Knowledge IQ (18-item survey)
- % of enrolled patients with updated HbA1c levels from baseline to endpoint
- Change in HbA1c
- Impact of system and community navigation (in progress)



Harris Health – CHW Home Visit Service Areas



Outcomes of Success

Measures	Description	Goal	Performance YTD
Outcome Measure 1: Hemoglobin A1c control	% of enrolled HV patients with updated Hgb A1c results to support disease management	85% of enrolled patients will have updated Hgb A1c levels by endline	73%
	Average Hgb A1c level from baseline to end-line	Decrease average Hgb A1c level from baseline	2.3% point decrease
Outcome Measure 2: Diabetes Management Questionnaire (DMQ score)	Average DMQ score based on assessment between baseline to end-line	Increase average DMQ score by 15% from baseline	23% improvement

Need-Driven Innovation

- COVID-19 conditions spurred adaptations enabling expansion of scope, reach, and benefits to more Harris Health patients:
 - Integration of virtual and telehealth components expanded reach through a 130% increase in patient graduates (pre vs. post COVID-19)
 - March 2019 – February 2020: n=181 graduates
 - November 2020 – October 2021: n=417 graduates
 - Outcomes sustained throughout COVID-19 pandemic

Thursday, September 22, 2022

Presentation Regarding Harris Health Strategic Plan Update: Pillar 4 & 5, Population Health and Infrastructure Optimization

Update by Dr. Jennifer Small, Executive Vice President of Ambulatory Care Services, on the Harris Health System Strategic Plan regarding:

- Outpatient Specialty Care
 - Optimization of Specialty Care Delivery
 - Domains for Improving Ambulatory Specialty Performance
 - Specialty Initiatives by Area of Intervention
 - Primary Care – Current State



Pillar 4: Population Health Management
Pillar 5: Infrastructure Optimization

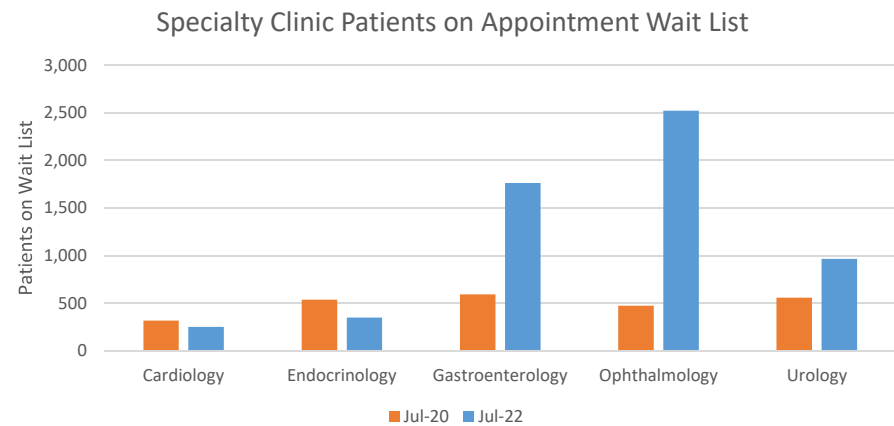
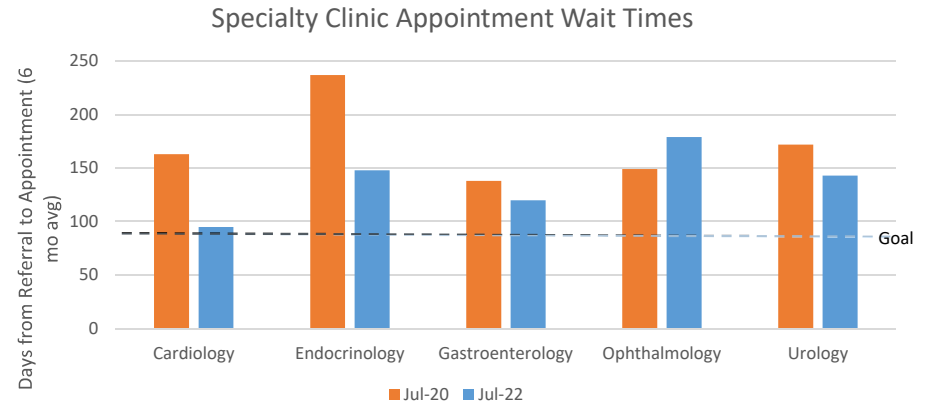
Outpatient Specialty Care Strategic Plan

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

HARRISHEALTH SYSTEM

Optimize Specialty Care Delivery

- Focus on optimization of the five specialties with the largest wait times & waitlists:
 - Cardiology
 - Endocrinology
 - Gastroenterology
 - Ophthalmology
 - Urology



Domains for Improving Ambulatory Specialty Performance

Process

- Patient flow improvements
- Predictable OR time to avoid clinic cancellations

People

- Increase number of clinical specialty FTEs in contract
- Increase number of support staff
- Increase cross-system medical leadership collaboration & leader efficacy
- Staff roles
- Increased procedural and OR time

Performance

- Dedicated recovery rooms for procedures
- Ambulatory surgical centers
- Schedule template modifications
- Reduce cancellations
- Use of e-consults

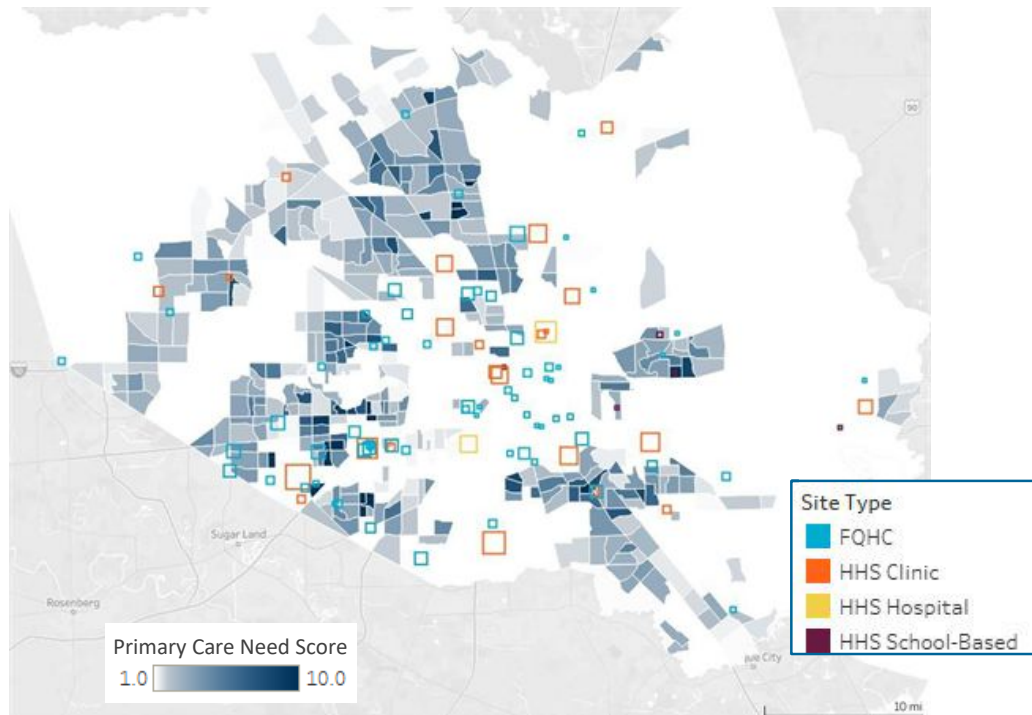
+ Most specialties need a mix

+ Partners may be needed in some specialties to meet patient needs in the short and medium term

Specialty Initiatives by Area of Intervention

Specialty	Process	People	Performance
Cardiology	Completed template optimization and development of Cardiac Risk Assessment e-consult to reduce demand on clinics	Added provider at LBJ/OC	In Process: Sonographer ability to start IV and administer contrast
Endocrinology	Template assessment in queue	Added provider at Danny Jackson and Smith	N/A
Gastroenterology	Currently optimizing template	Added provider at Smith	Completed additional Anesthesia capable endoscopy suites at BT and LBJ. Added FTEs in preparation for Quentin Mease opening.
Ophthalmology	Currently optimizing template	Added provider at LBJ/OC and BT	Will review OR Blocks against Clinic schedules to understand impacts
Urology	Template assessment in queue	Assessment in queue	Will review OR Blocks against Clinic schedules to understand impacts

Primary Care - 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
- All school-based clinics were closed and transitioned to existing sites: PAHC-Pasadena, CEO, Gulfgate & Casa
- Bear Creek: Provider transitioned to 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

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, September 22, 2022

Discussion Regarding the Evaluation of Harris Health's Security Force Structure and Capability

HARRISHEALTH SYSTEM

**Harris Health System
Security Program Update**

Harris Health
Department of Public Safety
September 2022



Harris Health Security Program Current State Overview

The four segments of the Harris Health Security Program are all licensed by the State of Texas under a single license and all share common uniforms, forms, policies, training, dispatching system, parking systems, equipment work order system, and a system access control and video management system.

	Ben Taub	LBJ	ACS	Admin	All
Security Officer I	19	11	19	0	49
Security Officer II*	30	20	73	13	137
Security Officer III*	26	8	0	0	34
Supervisor	4	3	4	1	12
LEO (registry)	13	12	.2	.2	25
LEO Supervisor (registry)	.6	.6	0	0	1.2
Total	93	55	96	14	258

Beginning in 2006, with the installation of the first internet protocol security cameras and the replacement of a failing security system, the Security Department continually implemented and expanded an enterprise access control and video management systems for Harris Health. With the security improvement projects of the last fiscal years, these systems were expanded, upgraded and improved.

Security Controls	2006	2022	Increase
Camera	717.0	2778.0	287%
Card Access doors/gates	229.0	1439.0	528%
Panic Buttons	46.0	957.0	1980%

Over the past six years, a mandatory annual review for security employees was implemented and **International Association for Healthcare Security & Safety (IAHSS)** certifications are now required for the Security Officer positions.

Completed/Ongoing Security Initiatives

- Recently increased staffing in Emergency Centers and high risk areas.
- Partnership with nursing and emergency care personnel to fully develop team responses to emergency incidents and participate in daily briefing and incident debriefings.
- Creation of additional system wide training programs, including those for Active Shooter Responses, that improve service quality and are conducive to employee development and retention
- Expansion of physical security controls to include lighting, cameras, and electronic access controls.
- Engaged with a Workplace Violence consultant in 2021 to review the program and provide recommendations
- Adoption of discreet metal detectors for enhanced screening of high risk patients after completion of pilot in April 2022.
- Participation in Town Hall meetings to address employee security concerns
- Implementation of advanced Security Officer positions to better respond to violent patient threats
- Strengthening the partnership with the Harris County Sheriff's Office to improve inmate security in Harris Health facilities.
- Engaged HPD Crisis Intervention Team (CIT) Sgt. Rebecca Skillern to expand training programs for HPD Registry Law Enforcement personnel
- Expanding current license plate recognition systems and adoption of video analytic systems to detect disruptive and assaultive behaviors and provide notification to security staffing.

The Probability of Crime at Harris Health Locations

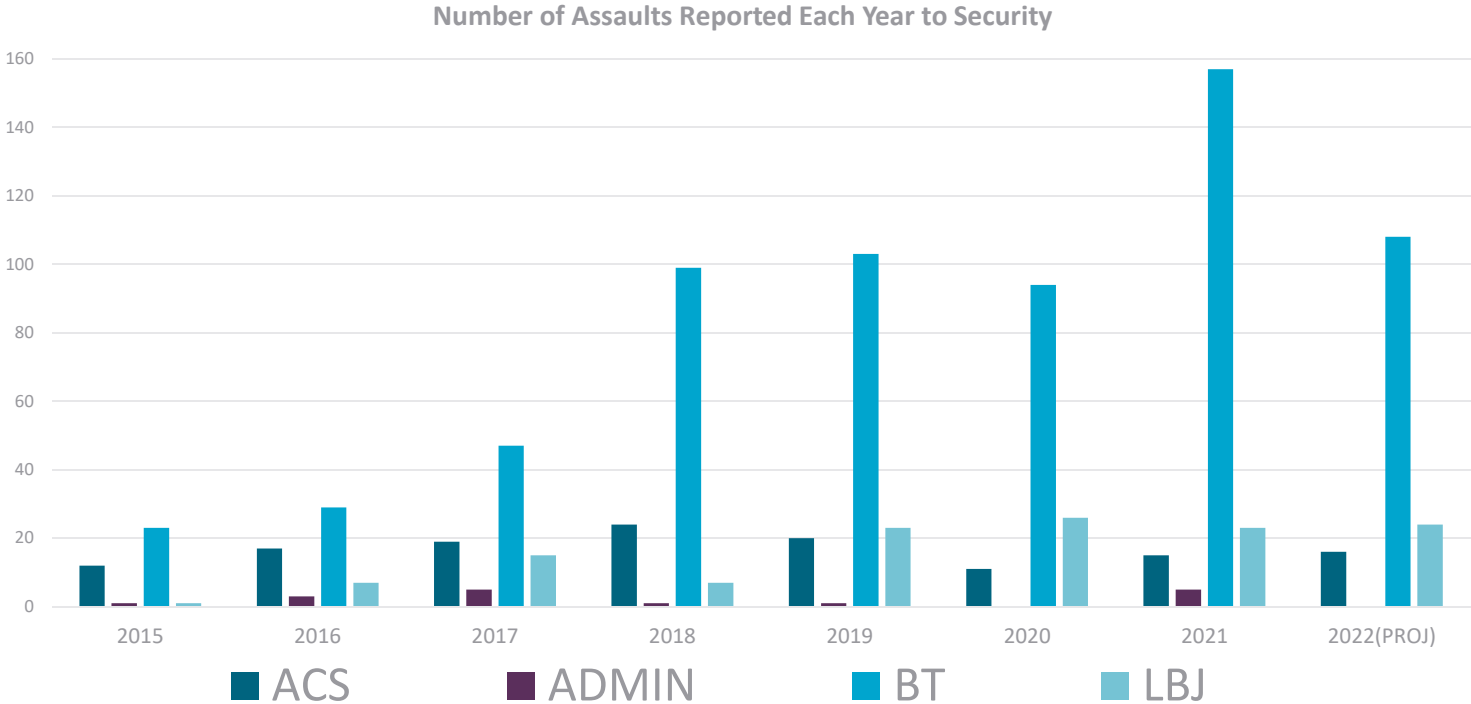
Current Harris County Cap Index Score with Trends for Harris Health Locations.

The County Cap-Index Score is “The Probability of Crime” compared to County crime rates with an average set to 100

A cap-index score of 238 signifies the potential for crime is 2.38 the County average

Site Name	2025 County Projected CAP Index® Score	2020 County Current CAP Index® Score	2010 County Past CAP Index® Score
Acres Home	238	263	323
Aldine	200	215	246
Baytown	108	108	180
Bear Creek Clinic	185	177	151
Ben Taub General Hospital	186	187	180
Casa de Amigos	267	262	467
Cypress Clinic	141	125	127
Danny Jackson Clinic	134	118	75
Dental Center	207	218	221
E.A. Squatty Lyons	104	107	142
El Franco Lee	289	315	296
Fournace	228	211	257
Gulfgate	236	249	244
LBJ General Hospital	218	243	266
Martin Luther King	186	187	181
Monroe Clinic	246	257	262
Northwest	112	112	160
Pasadena Pedi	117	125	123
Quentin Mease	244	254	252
Riverside	321	324	331
Robindell Clinic	199	193	224
Sareen Clinic	218	237	229
Settegast	194	213	220
Smith Clinic	198	196	229
Strawberry	105	112	116
Sunset Heights Clinic	134	124	146
Thomas Street	260	263	290
Valbonna	260	262	325
Warehouse	132	139	155

Assaults Reported to Security Since 2015



Opportunities for Improvement

- 1) Improve consistency, coverage and quality of service of Law Enforcement Officer services
- 2) Improve support for responding to criminal incidents that occur on the grounds of Harris Health
- 3) Improve support for Emergency Detention Order requests
- 4) Response to Active Shooter Threats
- 5) Provide deterrent to active shooter incidents
- 6) Increase collaboration with other healthcare organizations in our region and state-wide
- 7) Continued exploration of new security technology platforms - Artificial Intelligence, Behavioral Analytics etc.



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

September 6, 2022

Board of Trustees Office
Harris Health System

**RE: Board of Trustees Meeting – September 22, 2022
Budget and Finance Agenda Items**

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

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA/ea
Attachments



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

Expenditure Summary: September 22, 2022 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Angel Staffing Inc. ⁴ Caucasian Female Favorite Healthcare Staffing Inc. ⁵ Maxim Healthcare Staffing Services, Inc. ⁵ SHC Services, Inc dba Supplemental Health Care ⁵ WalkerHealthcare ⁵	Temporary Nursing Personnel Provided to the Harris County Jail by Harris Health System - To provide temporary travel nurses for the Harris County jail. Professional Services Exemption	Ratify Purchase Professional Services Exemption One (1) year initial term with two (2) one-year renewal options	Michael Hill		\$ 7,500,000
A2	Life Insurance Company of North America (LINA), a Cigna Company (GA-06955) ⁵	Long-Term and Short-Term Disability Coverages, Family Medical Leave Act and Americans with Disabilities Act Administration for Harris Health System - To provide integrated and comprehensive long-term and short-term disability coverage and Family Medical Leave Act and Americans with Disabilities Act administration. Job No. 160335, Board Motion 21.09-86	Renewal October 01, 2022 through September 30, 2023	Monica Marshall	\$ 5,500,000	\$ 5,500,000
A3	O'Donnell Snider Construction, LLC ⁵	Ben Taub Neuropsychiatric Center Levels 3 and 4 Buildout for Harris Health System - To provide all labor, materials, equipment and incidentals for the Ben Taub Neuropsychiatric Center levels 3 and 4 buildout. The owner contingency provides for coverage on unanticipated costs throughout the construction project. Job No. 22/0240	Award lowest priced proposal	David Attard		\$ 5,460,464
A4	Olympus America Inc (PP-OR-1999) ¹	Gastrointestinal (GI) Video Endoscopy Equipment for the Harris Health System - To add GI video endoscopy equipment required to meet the operational needs of new GI outpatient endoscopy suite for the Quentin Mease Ambulatory Care Services Clinic. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	David Attard		\$ 3,827,323
A5	Philips Healthcare ¹	Physiological Monitoring Equipment - To provide Ben Taub and Lyndon B. Johnson Hospitals with new monitors and multi measurement modules replacing the current units past their expected life. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	David Attard		\$ 3,706,709
A6	Life Insurance Company of North America (LINA), a Cigna Company (GA-06955) ⁵	Long-Term and Short-Term Disability Coverages, Family Medical Leave Act and Americans with Disabilities Act Administration for Harris Health System - Additional funds cover the addition of paid parental leave benefit coverage, which increase the cost per case. Job No. 160335, Board Motion 21.09-86	Ratify Additional Funds October 01, 2021 through September 30, 2022	Monica Marshall	\$ 3,000,000	\$ 2,500,000
A7	J.T. Vaughn Construction, LLC ⁵	Replacement of OR Surgical Boom at Lyndon B. Johnson Hospital for Harris Health System - To provide all labor, materials, equipment and incidentals for the replacement of existing anesthesia booms to serve ten (10) operating rooms on levels 2 and 3 of the Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. Job No. 220269	Please approve the following award Only Proposal	Babak Zare		\$ 2,201,820

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	CareFusion Solutions, LLC (PP-IV-110, PP-IV-120, PP-IV-150) ⁵	IV Therapy Infusion Devices, Dedicated Sets, Infusion Sets, Accessories, and IV Needleless Connectors - To continue providing Harris Health System with large volume infusion therapy pumps, IV therapy pain management pumps, IV syringe pumps, tubing and sets, IV ambulatory pumps, tubing and sets, medication management software, needleless connectors designed to allow connection of intravenous sets, catheter hubs without the use of needles, IV gravity tubing, and extension sets without needleless. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.05-67</i>	Award Best Contract(s) One (1) year initial term with four (4) one-year renewal options	Esmail Porsa		\$ 2,185,683
A9	Signature Healthcare Services, LLC dba Houston Behavioral Healthcare Hospital (HCHD-475) ⁵	Psychiatric Services for Patients of Harris Health System - Additional funds are required due to an increase in the volume of transferred psychiatric patients from Ben Taub and Lyndon B. Johnson Hospitals to Houston Behavioral Healthcare Hospital for inpatient psychiatric treatment when Harris Health System lacks sufficient resources to provide the services. <i>Professional Services Exemption, Board Motion 21.05-55</i>	Ratify Additional Funds Professional Services Exemption July 10, 2021 through July 09, 2022	Amy Smith	\$ 5,000,000	\$ 1,700,000
A10	Johnson & Johnson Healthcare Systems Inc. (HCHD-576) ⁵	Spinal Implants and Related Products for the Harris Health System - To continue providing physician clinically preferred spinal implants and related products used for various operating procedures. <i>Public Health or Safety Exemption, Board Motion 21.10-101</i>	Renewal Public Health or Safety Exemption December 17, 2022 through December 16, 2023	Doug Creamer	\$ 1,364,705	\$ 1,364,705
A11	Covidien Sales LLC ¹	Surgical Energy Products - To provide Harris Health System with surgical energy and smoke evacuation products. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.05.55</i>	Best Contract(s) October 01, 2022 through September 30, 2023	Douglas Creamer	\$ 1,241,520	\$ 1,241,520
A12	Fisk Electric Company(Primary) ⁵ Walker Engineering (Secondary) ⁵	Structured Cabling, Audio/Visual Installation and Related Items for Harris Health System - To continue providing labor and materials for telephone and data infrastructure throughout Harris Health System. <i>Job No. 190290, Board Motion 21.10-101</i>	Renewal November 01, 2022 through October 31, 2023	George Hickman	\$ 1,200,000	\$ 1,200,000
A13	3M Health Information System (HCHD-479) ³	3M Software Maintenance for Harris Health System. - To provide maintenance and support for coding and reimbursement applications for Harris Health. <i>Sole Source Exemption, Board Motion 22.0-20</i>	Renewal Sole Source Exemption October 28, 2022 through October 27, 2023	George Hickman	\$ 2,519,983	\$ 1,132,616
A14	Perkins Coie LLP (HCHD-627) ⁵	Legal Services for a Proposed Oncology Collaboration for Harris Health System - To provide legal services for a proposed oncology collaboration for Harris Health System implicating healthcare regulations and other complex healthcare matters, including the use of human subjects. <i>Professional Services Exemption, Board Motion 22.04-56</i>	Renewal Professional Services Exemption October 08, 2022 through October 07, 2023	Sara Thomas	\$ 950,000	\$ 950,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A15	Karl Storz Endoscopy- America, Inc. ¹	Surgical Endoscopy - Rigid - To provide general surgery rigid endoscopes and video endoscopy systems replacing units past their expected useful life for the Ambulatory Surgery Center OR. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	David Attard		\$ 913,450
A16	Hill-Rom (PP- NS-1577) ¹	Electric Medical Surgical Beds - To provide medical surgical beds replacing beds that are past their expected useful life for Ben Taub and Lyndon B. Johnson Hospitals. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Purchase Best Contract(s)	David Attard		\$ 902,444
A17	Haemonetics ³	Blood Management System for the Harris Health System - To provide a blood management system to track and document the issuance and storage of blood products in areas outside of the blood bank. <i>Sole Source Exemption</i>	Purchase Sole Source Exemption	David Attard		\$ 842,388
A18	FujiFilm Medical Systems USA, Incorporated ³	License and Maintenance Services for Synapse Picture Archiving and Communication System (PACS) for the Harris County Hospital District dba Harris Health System. - To provide for continued use, maintenance and support for FUJIFILM Synapse Radiology Imaging System. <i>Sole Source Exemption, Board Motion 21.10-101</i>	Renewal Sole Source Exemption November 01, 2022 through October 31, 2023	Antony Kilty	\$ 730,900	\$ 730,900
A19	Medline Industries Inc. ¹ Retractable Technologies ¹ Kawasumi Lab Amer. ¹ Greiner Bio-One N.A. ¹ Smiths Med ASD Inc. ¹ Becton Dickinson & Co. ¹	Safety Phlebotomy - To provide Harris Health System with Food and Drug Administration (FDA) approved safety engineered devices used for the collection of blood specimens. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s) December 01, 2021 through November 30, 2022	Doug Creamer	\$ 709,463	\$ 651,436
A20	C.L. Davis and Company ⁵	Land Surveying Services for the Harris County Hospital District dba Harris Health System - Additional funds are required to cover services due to the extension and an increase of projects at various locations for Harris Health System <i>Professional Services Exemption</i>	Please ratify the additional funds and an extension of the following Professional Services Exemption	Dave Attard		\$ 95,000
A21	Nestle Health Sciences (AP- DI-1767) ⁵	Enteral Nutrition for Harris Health System - To provide oral and tube feeding formulas for adults for the Harris Health System. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best ASCEND Contract One (1) year initial term	Esmaeil Porsa		\$ 525,250
A22	GE Healthcare (PP-NS-682) ¹	Mobile C-Arm System - To provide one (1) mobile C-arm system for the Radiology and Pulmonary departments at Lyndon B. Johnson Hospital <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	David Attard		\$ 514,629
A23	FMA Alliance ⁵	Collection Services for Overdue Patient Accounts for Harris Health System - To assist Harris Health System in recovering overdue payments until the competitive proposal process is complete and new Agreement has been executed 11/0223	Ratification N/A	Victoria Nikitin		\$ 511,956

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A24	University of Texas Health Science Center – Houston (HCHD-306) ⁵	Anatomical Pathology Reference Testing and Services for Harris Health System - To continue providing anatomical pathology reference testing services for Harris Health System. <i>N/A</i>	Renewal Interlocal Agreement October 01, 2022 through September 30, 2023	Michael Nnadi Patricia Darnauer George Gaston Georgia Vega	\$ 442,640	\$ 497,788
A25	Fresenius USA Marketing, Inc. (GA-07338) ⁵	Hemodialysis Machines for the Harris Health System - To add hemodialysis machines for the Dialysis department at Quentin Mease facility. <i>Job No. 170270, Board Motion 20.12-149</i>	Renewal September 21, 2022 through September 20, 2023	David Attard	\$ 0	\$ 478,000
A26	Sarstedt Inc. ¹ S2S Global ¹ Greiner Bio-One ¹ North America Inc. ¹ Becton Dickinson and Company ¹	Laboratory Specimen Collection - To provide Harris Health System with Food and Drug Administration (FDA) approved blood collection tubes/containers used for the collection of venous and capillary blood specimens for adults and children. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s) December 01, 2021 through November 30, 2022	Douglas Creamer	\$ 492,660	\$ 467,410
A27	Mark III Systems, Inc. ⁴ <i>Caucasian Female</i>	VMware vSAN servers for the Harris Health System - To support additional vSAN software to accommodate the organic growth of the virtual environment, which supports the Work From Home program and other organizational initiatives. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	George Hickman		\$ 446,208
A28	Karl Storz Endoscopy-America, Incorporated ³	Preventative Maintenance and Repair Services for Karl Storz Endoscopy Equipment for the Harris County Hospital District dba Harris Health System. - To provide preventative maintenance and repair services for telescopes, intubation video scopes and related equipment at Ben Taub and Lyndon B. Johnson Hospitals. <i>Sole Source Exemption, Board Motion 21.10-101</i>	Renewal Sole Source Exemption October 01, 2022 through September 30, 2023	James Young	\$ 435,960	\$ 435,960
A29	Nestle Health Sciences ⁵	Enteral Nutrition for Harris Health System - To continue to provide adult nutrition to outpatients for the Harris Health System. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption October 01, 2022 through September 30, 2023	Sunny C. Ogbonnaya	\$ 412,000	\$ 412,000
A30	Stryker Corporation ¹	Surgical Sponge Detection Systems - To provide a surgical sponge detection system that utilizes RFID tagged sponges and wireless readers used to scan, count and find sponges in the operating room to maintain patient safety. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	Douglas Creamer		\$ 407,340
A31	Texas Children's Hospital (GA-04784) ⁵	On-Call Health Services for Pediatric Patients of Harris Health System - To provide continued services for pediatric patients when Harris Health System is unable to accommodate the volume or when services are not available at Harris Health System facilities. <i>Professional Services Exemption, Board Motion 21.09-86</i>	Ratify Renewal Professional Services Exemption July 01, 2022 through June 30, 2023	Amy Smith	\$ 400,000	\$ 400,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A32	Specialtycare ⁵	Perfusion Services for Harris Health System - This item was originally approved by the Harris Health System Board of Trustees on June 23, 2022. Since then, it was determined the correct term and amount of the First Amendment were not correctly reflected. GA-06895	correction NA	Glorimar Medina		\$ 390,000
A33	Boston Scientific (PP-OR-1837) ¹	Holmium Lasers - To provide new Holmium Lasers replacing obsolete systems for Ben Taub Hospital OR department. Premier Healthcare Alliance, L.P. Contract	Award Purchase Best Contract(s)	David Attard		\$ 380,000
A34	CFI Mechanical, Inc. ⁵	Medical Air Compressor Replacement at Ben Taub Hospital - To replace the Medical Air Compressors at Ben Taub Hospital. The owner contingency (\$34,000) provides for coverage on unanticipated costs throughout the project. Choice Partners, a division of Harris County Department of Education Cooperative Program	Ratify Purchase Low quote	David Attard		\$ 368,380
A35	Set Solutions, Inc. ²	Cyber-Ark Privileged Account Security Tool License for Harris Health System - To provide licenses for a security tool needed to protect, identify, and monitor privileged accounts to detect potential cyber-attacks on information systems across the entire organization. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote	Jeffrey Vinson		\$ 318,422
A36	Philips Healthcare (PP-IM-282) ¹	General Radiography - To replace one general purpose radiographic system at Casa de Amigos that is past its expected useful life. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	David Attard		\$ 276,092
A37	Outreach Strategists, LLC (HCHD-850) ⁴ Asian Male	Bond Referendum Consulting Services - To assist with strategy and preparations for the placement of bond measures. 22/0180	Ratify Award Best proposal	Olga Rodriguez		*
A38	S2S Global (AD-NS-1539) ¹ Breg, Inc (PP-NS-1534) ¹	Orthopedic Soft Goods - To provide Harris Health System with orthopedic soft goods such as postoperative shoes, braces, splints and supports. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40	Funding Yr. 2 December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 233,027	\$ 233,027
A39	Mark III Systems, Inc. ⁴ Caucasian Female	vRealize Automation Software for Harris Health System - To support the vRealize Automation software that will track, visualize, manage, and automate all the virtual server requests that are submitted to the IT department. The software will enhance the creative process of the virtual servers and help track department resources for server requests. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Low quote	George Hickman		\$ 220,464

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A40	Penumbra Inc (PP-CA-466) ¹	Neurovascular Interventional Radiology Products - To continue providing Harris Health System with diagnostic and interventional products used in the treatment of cerebral vascular disease. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113	Funding Yr. 3 December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 198,280	\$ 210,175
A41	Cellco Partnership dba Verizon Wireless ²	Wireless Voice and Data Services for Harris Health System - To provide wireless voice and data services for on-call smart devices that support 24-hour, seven days per week Harris Health Operations. This purchase covers all Verizon accounts used throughout Harris Health System. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote	George Hickman		\$ 210,000
A42	USI ⁵	Actuarial Services for Harris Health System - To continue providing actuarial services related to pension and welfare plans for Harris Health System HCHD-41	Approval of assignment, renewal, and exemption N/A	Kari McMichael		\$ 200,000
A43	LabCorp Employer Services, Inc. ⁵	Occupational Health Employee Testing Services for Harris Health System - To provide testing services for new hires such as drug, alcohol and tuberculosis testing. Professional Services Exemption	Ratify Purchase Professional Services Exemption January 01, 2022 through December 31, 2022	Donna McKee		\$ 189,000
A44	Medtronic, Inc. ⁵	Electromagnetic Navigation System - To replace an electromagnetic navigation bronchoscopy (ENB) system past its expected useful life that is no longer supported by the manufacturer. The existing system has been removed from use in the department per clinical engineering team's assessment, which has resulted in patient service backlog. Public Health or Safety Exemption	Ratify Purchase Public Health or Safety Exemption	David Attard		\$ 189,000
A45	Epic Systems Corporation (GA-04577) ³	Epic MyChart Subscription for Harris Health - To provide for continued use of the Epic MyChart application which allows patients access to their electronic medical records on-line. Sole Source Exemption, Board Motion 21.09-86	Purchase Sole Source Exemption September 28, 2022 through September 27, 2023	George Hickman		\$ 187,000
A46	Set Solutions, Inc. ²	Security Configuration Management Platform License for Harris Health System - To provide licenses for Gytpol Security Configuration Management Platform needed to continuously monitor and remediate the organization's current on-premises active directory environment and provide support during the migration to the Cloud. Choice Partners, a division of Harris County Department of Education Cooperative Program	Purchase Only quote	Jeffrey Vinson		\$ 186,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A47	Integra Lifesciences Corporation (PP-OR- 1769) ¹	Neurosurgical Critical Care Products - To continue providing Harris Health System with neurosurgical critical care products that are utilized for the patient undergoing procedures, such as craniotomy and shunt placement. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101	Funding Yr. 3 December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 180,525	\$ 180,525
A48	Evoqua Water Technologies LLC ⁵	Deionized Water Services for the Harris County Hospital District dba Harris Health System - To provide deionized water services for various Harris Health System facilities. GA-07348	Approval Assignment and Renewal September 28, 2022 through September 27, 2023	David Attard	\$ 179,699	\$ 171,477
A49	Connection Public Sector Solutions ¹	Imprivata Resident Engineering Support Services for Harris Health System - To provide support for the Imprivata infrastructure used in Epic's environment as well as in others clinical and business applications. Imprivata provides administration, system configuration, issue escalation, and management, service desk support, onsite configuration, assessments, epic clinical workflow specialist engagement, administration of all upgrades, and migrations. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Jin Lee		\$ 159,959
A50	Stryker Corporation (PP-NS-1417) ¹ Zoll Medical Corporation (PP-NS-1418) ¹	Patient Temperature Management - To continue to provide Harris Health System invasive (endovascular) and non-invasive (surface or conductive) temperature therapy management products and devices specifically designed to cool, warm or regulate a patient's body temperature as part of a therapeutic treatment regimen. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101	Funding Yr. 3 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 157,131	\$ 157,131
A51	Stryker Craniomaxillofacial (PP-OR-1767) ¹	Neurosurgical - Dural Repair & Related Products - To continue providing Harris Health System with products utilized for the repair of the dura mater including patches, onlays, suturable grafts and accessories. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 156,566	\$ 156,566
A52	University of Texas Health Science Center at Houston ⁵	Substance Abuse and Mental Health Services for Harris Health System - To provide one or more physicians to Harris Health System for the delivery of medically assisted treatment services related to substance abuse and mental health. HCHD-602	Approval N/A September 30, 2022 through September 29, 2023	Maria Cowles	\$ 154,337	\$ 154,337
A53	Lepow Podiatric Medical Associates LLP (GA-06573) ⁵	Podiatry Services for Harris Health System - Additional funds are required to provide continued podiatry services to patients at Harris Health System. The Agreement is being extended to provide for services until this project completes the pre-qualifications process and a new Agreement has been executed. 160114	Additional funds and an extension NA November 01, 2022 through January 31, 2023	Chris Dewey	\$ 1,356,400	\$ 153,870

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A54	Langrand and Company, LLC (HCHD-848) ⁴ Hispanic Female	Strategic Communication and Community Engagement Plan for Harris Health System - To provide consulting services to develop a strategic communication and community engagement plan for Harris Health System. <i>Job No. 220120</i>	Ratify Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Amanda Callaway		*
A55	Sequel Data Systems, Inc. ⁴ Hispanic Male	Virtual Environment Expansion for Harris Health System - To provide for the expansion of the Information Security Virtual Environment to support the sustainment and growth of cybersecurity tools that are tested and deployed to protect Harris Health System. This purchase includes hardware, software, and services. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Jeffrey Vinson		\$ 144,035
A56	B. Braun Medical, Inc. ¹	Regional Anesthesia Trays and Supplies - To provide Harris Health System with regional anesthesia trays and consumables required for epidural and spinal procedures. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 21.06-65</i>	Best ASCEND Contract July 01, 2022 through June 30, 2023	Douglas Creamer	\$ 125,638	\$ 125,638
A57	NeoGenomics Laboratories, Inc.(HCHD-346) ¹	Clinical Reference Laboratory Testing Services - To continue providing genetic and oncology testing, as well as other esoteric testing, where turnaround times are improved over the primary reference lab. <i>Premier Healthcare Alliance, L.P. Contract</i>	Renewal November 01, 2022 through October 31, 2023	Michael Nnadi Georgia Vega	\$ 125,000	\$ 125,000
A58	Cook Medical, LLC (PP-CA-518) ¹	Interventional Sheaths and Introducers - To provide Harris Health with sheaths and introducers used in diagnostic and interventional coronary and vascular procedures. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s) July 01, 2022 through June 30, 2023	Douglas Creamer	\$ 121,179	\$ 121,179
A59	Conmed Corporation ¹	Surgical Energy and Smoke Evacuation Products - To replace three electrosurgical units that are now unsupported by the manufacturer and past their expected useful life. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	David Attard		\$ 115,908
A60	Aon Hewitt Investment Consulting, Inc. (GA-07380) ⁵	Investment and Consulting Services for the Harris Health System - To provide investment and consulting services which include a review and analysis of Harris County Hospital Districts' retirement and pension programs. <i>Job No. 180102, Board Motion 21.09-86</i>	Renewal October 01, 2022 through September 30, 2023	Kari McMichael	\$ 115,724	\$ 115,724
A61	Philips Healthcare ¹	Physiological Monitoring - To provide a wireless medical telemetry system in order to meet the operational needs of a new GI outpatient endoscopy suite per the Quentin Mease Building Renovation Project. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	David Attard		\$ 115,570

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A62	CFI Mechanical, Inc. ⁵	Replacement of Heating, Ventilation and Air Conditioning Controls at Ben Taub Hospital for Harris Health System - To replace modulating valves at Ben Taub Hospital to allow for integration with Building Automation System. The owner contingency provides for coverage on unanticipated costs throughout the project. <i>Choice Partners No. 18/036MC-02</i>	Approval Best Proposal Meeting Requirement	Akintunde Badru		\$ 137,707
A63	General Datatech, L.P. (HCHD-456) ²	Patient Engagement Solution for Harris Health System - To provide for the maintenance and support of the SpinSci Patient Engagement Solution. This solution drives call-handling efficiency and provides a channel diversion to allow for patient self-service management of appointment confirmations and cancellations through an automated self-service portal. <i>Job No. DIR Cooperative Contract State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Renewal October 22, 2022 through October 21, 2023	George Hickman	\$ 355,538	\$ 106,271
A64	Harris County (GA-01416) ⁵	Use of Public Safety Radio System for Harris Health System - To provide access to Harris County's radio communications system. NA	Renewal November 05, 2022 through November 04, 2023	Jon Hallaway	\$ 100,000	\$ 100,000
					Total Expenditures	\$ 56,528,206
					Total Revenue	\$ (0)

1 Premier GPO - Diversity vendor not available for award

2 Technology purchase

3 Sole Source procurement

4 MWBE participation awarded

5 MWBE participation N/A

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

Expenditure Summary: September 22, 2022 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Ace Surgical Assistant, LLC ⁵	Surgical Assistant Services for Harris Health System - To provide qualified surgical assistants to function as first assistants to the operating surgeon for Endoscopic Vein-Harvesting (EVH) and other vascular related surgical procedures at Harris Health System. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption January 01, 2022 through December 31, 2022	Glorimar Medina		\$ 100,000
B2	Agfa HealthCare Corporation (GA-07304) ³	Expansion of the Enterprise Imaging Solution for Harris Health System. - Additional Implementation Services and Training are needed for Phase II (Cardiology) of the Agfa HealthCare Imaging Solution, which is for the migration of cardiology images. <i>Sole Source Exemption, Board Motion 21.08-77</i>	Purchase Sole Source Exemption	George Hickman	\$	\$ 99,690
B3	Stryker ¹	Laparoscopic Suction Irrigation Products - To Provide Harris Health System with instruments that are used during laparoscopic procedures that provide suction to remove fluid and smoke from the surgical field, cauterize tissue and irrigate the surgical field when needed. <i>Premier Healthcare Alliance, L.P. Contract</i>	Best ASCEND Contract July 01, 2022 through June 30, 2023	Douglas Creamer		\$ 97,337
B4	EndoSoft, LLC. (GA-07477) ³	Maintenance and Support for Endoscopic Software Solution for Harris Health System - To provide for continued software support to the Video Endoscopy management system for Gastrointestinal and Pulmonary Laboratories at Ben Taub and Lyndon B. Johnson Hospitals. The software solution tracks patient information from the order of the procedure to the final report, and charges. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption November 05, 2022 through November 04, 2023	George Hickman	\$ 115,717	\$ 95,213
B5	Hamilton Medical ¹	Ventilators - To replace transport ventilators that are past their expected useful life. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	David Attard		\$ 89,945
B6	Spectrio, LLC. dba Vericom (GA-06546) ³	Maintenance and Support of On-Hold Telecommunications Message System for Harris Health System - To continue to provide maintenance and support for equipment and software which delivers on-hold music and health-related information to Harris Health System incoming callers. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption October 01, 2022 through September 30, 2023	George Hickman	\$ 82,780	\$ 82,780
B7	Extend Health, LLC, a Willis Towers Watson Company (GA-07772) ⁵	Retiree Health Reimbursement Accounts and Support Services for Harris Health System - The additional funds are required to cover the anticipated increase of eligible retirees starting January 1, 2023 who will only have the option of the HRA account through Extend Health, LLC. <i>Job No. 180246</i>	Additional Funds July 10, 2022 through July 09, 2023	Amanda Jones,	\$ 5,000	\$ 69,580

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B8	Patterson Dental Supply, Inc. ⁵	Dental X-Ray Intraoral Sensors - To provide twelve new intraoral sensors replacing non-operational equipment no longer supported by the manufacturer to meet patient needs for the Ambulatory Care Services Dental Clinic. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption	David Attard		\$ 65,462
B9	Mar Cor Purification, Inc. ⁵	Deionization Water Purification System - To replace an obsolete deionization water purification system that serves a chemistry analyzer used in the LBJ Hospital Laboratory. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption	David Attard,		\$ 62,392
B10	Boston Scientific, Inc. (HCHD-510) ³	Rezūm™ Water Vapor Therapy for the Harris Health System - To provide the Rezūm™ water vapor therapy generator and consumables used for treatment of benign prostatic hyperplasia (BPH). <i>Sole Source Exemption</i>	Renewal Sole Source Exemption November 22, 2022 through November 21, 2023	Doug Creamer	\$ 55,200	\$ 55,200
B11	American College of Surgeons (HCHD-847) ⁵	National Surgical Quality Improvement Program (NSQIP) for Harris Health System - To help achieve improved surgical care, fewer complications, lower cost of care, and better outcomes for Harris Health System's patient population. <i>Public Health or Safety Exemption</i>	Purchase Public Health or Safety Exemption One (1) year initial term with one (1) one-year renewal options	Joseph Kunisch		\$ 52,000
B12	Direct Difference Inc (HCHD-646) ⁵	General Abstraction Services for Harris Health System - To provide abstraction services for quality measures such as CMS Core Measures, National Surgical Quality Improvement Program (NSQIP) registry, Society of Thoracic Surgeons (STS) registry, and American Heart Association's Get with the Guidelines. <i>Job No. 220141</i>	Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Joseph Kunisch		*
B13	Sterling (HCHD-657) ⁵	Nonprofit Management Consulting Services for Harris Health System - To provide nonprofit management consulting services to help implement the strategies for improvement that were developed for Harris Health System. <i>Personal Services Exemption</i>	Additional Funds Personal Services Exemption January 11, 2022 through January 10, 2023	Carolynn Jones	\$ 46,000	\$ 20,000
					Total Expenditures	\$ 919,599
					Total Revenue	\$ (0)

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

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Thursday, September 22, 2022

Consideration of Acceptance of the Harris Health System FY2022 Annual Report

Attached for your review and consideration is the FY2022 Harris Health System Annual Report.

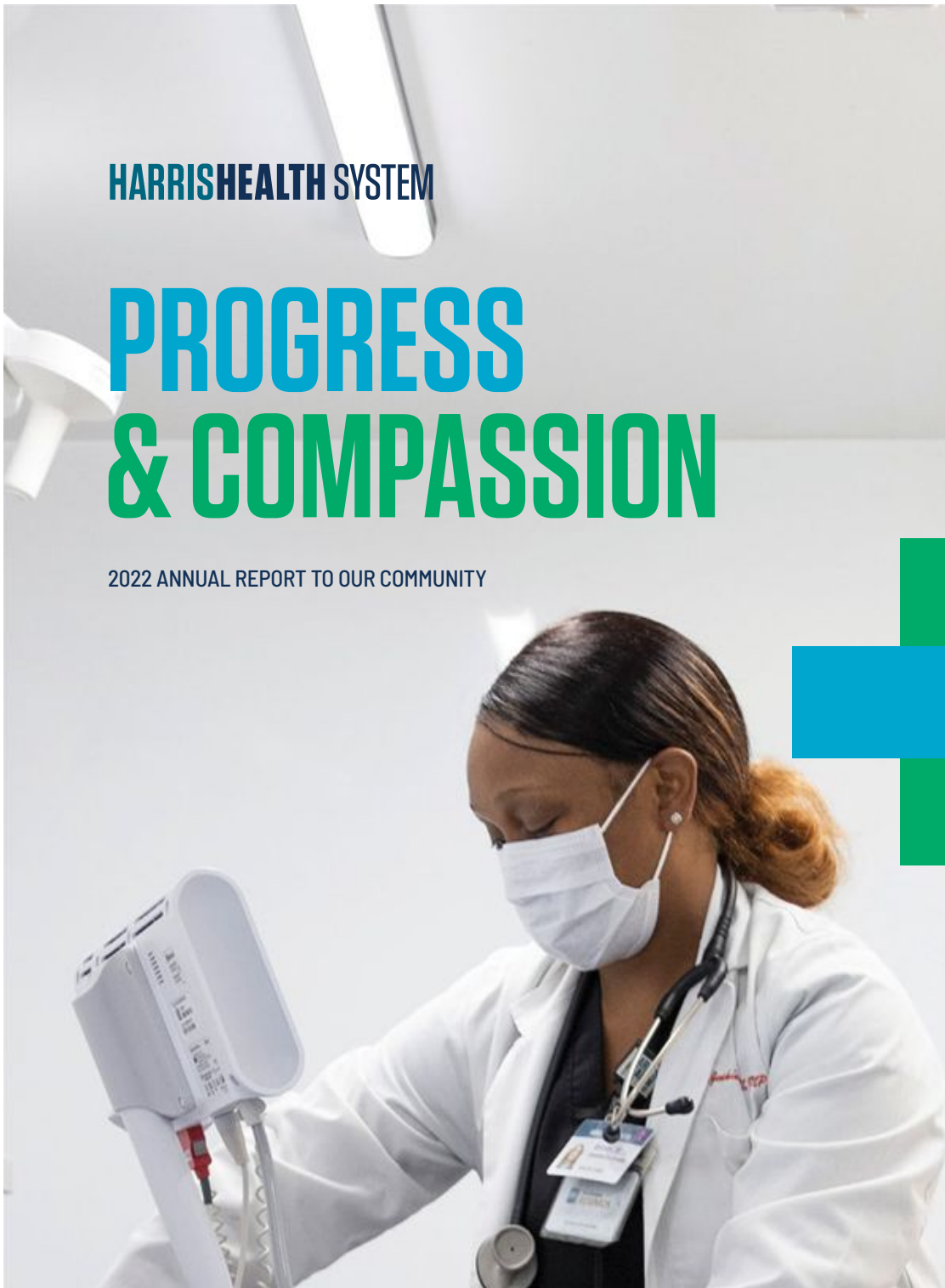
This report introduces the Lyndon B. Johnson Hospital project to a larger audience as well as highlights our expanded partnerships with the County related to correctional health, Community Health Choice and our joint efforts in providing access to care for the uninsured and community organizations furthering our efforts to address social factors of health.

Administration recommends approval and acceptance of the FY2022 Harris Health System Annual Report.

HARRISHEALTH SYSTEM

PROGRESS & COMPASSION

2022 ANNUAL REPORT TO OUR COMMUNITY



CONTENTS

Progress + compassion
in our hearts **3**

Progress + compassion
in the community **7**

Progress + compassion
within our ranks **12**

Progress + compassion
across our system **14**

Progress + compassion
for the future **16**

Progress + compassion
in collaboration **19**

Progress + compassion
by the numbers **28**



INVESTING IN TODAY, READY FOR TOMORROW

Harris Health System is here to serve those for whom quality healthcare and social services are too often out of reach. In fiscal year 2022, our teams, leadership and community partners and supporters continued to battle the ebb and flow of the pandemic. At the same time, we remained steadfast in providing exceptional medical care, expanded community outreach services and genuine compassion to our neighbors in need—all in alignment with our 2021-2025 Strategic Plan.



PROGRESS + COMPASSION IN OUR HEARTS

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.

VISION

Harris Health will become the premier public academic healthcare system in the nation.

VALUES

- Q - quality and patient safety
- U - united as One Harris Health System
- A - accountable and just culture
- L - leadership and integrity
- I - innovation, research and education
- T - trust, respect and recognition
- Y - you: patients, employees and medical staff



TO OUR COMMUNITY

It is with great pleasure that we present this 2022 report, dedicated to all our Harris Health System employees and medical staff partners. Your devotion and contribution to our community as healers continue to inspire us.

Despite the challenges of a persistent coronavirus, we're enthusiastically optimistic about the progress our One Harris Health System is making toward reaching our 2021-2025 Strategic Plan goals. We remain laser-focused on becoming a high-reliability organization with quality and patient safety as a core value. On the following pages are shining examples of innovative ways we are improving care and making it more accessible.

As the public health and hospital system for Harris County, we proudly serve our community's most vulnerable. We are determined to base any plans affecting our hospitals, health centers and outreach services on the needs of those who rely on us most, seeking their input and feedback and keeping them well informed. The process we've implemented to replace Harris Health Lyndon B. Johnson Hospital is a perfect example of this. We are also committed to helping our community thrive by supporting small, local and minority-owned businesses.

Harris Health is well on the way to transforming the organization according to our ambitious plan. This is thanks to our teams and partners who help us fulfill our responsibilities to the health of our community and each other with professionalism and the utmost respect. It is also, of course, only made possible by the leadership of our board of trustees and the financial support of Harris County taxpayers.

Arthur W. Bracey, MD
Chair
Harris Health System Board of Trustees

Esmail Porsa, MD, MBA, MPH
President and Chief Executive Officer
Harris Health System

As the public health and hospital system for Harris County, we proudly serve our community's most vulnerable.



PROGRESS + COMPASSION IN THE COMMUNITY

BETTER CARE AND ACCESS FOR ALL

In fiscal year 2022, our teams across the system made big things happen for patients from all walks and stages of life by recognizing special challenges and developing resourceful solutions.



“I was home, walking my dogs and playing music, the day after my surgery.”

Ernesto Zenteno

Cutting-edge treatments for the underserved

In August 2021, Harris Health, in partnership with Baylor College of Medicine, launched a minimally invasive valve procedure to treat severe aortic stenosis (narrowing of the aortic valve). An alternative to traditional open-heart surgery, this new transcatheter aortic valve implantation, or TAVI, minimizes hospital stays and recovery time.

Musician Ernesto Zenteno's failing heart caused him breathing difficulties, fatigue, chest pain and memory loss. Wishing to avoid open-heart surgery, he gladly became Harris Health Ben Taub Hospital's fifth patient to undergo the TAVI procedure. His doctors successfully replaced his damaged heart valve through a tiny catheter inserted into an artery in his groin and upper thigh.

Onsite correctional health program

Harris Health has always provided care for detainees from the Harris County Jail. In 2022, the Harris County Sheriff's Department engaged us to expand our services to include oversight of a new medical partnership offering onsite primary and limited specialty care services. This partnership will reduce the need for escorted inmate transfers to Harris Health and improve health outcomes. We will provide telehealth services, testing, new exam tables and hospital beds, enhanced monitoring of controlled substances and electronic medication administration and health records. Upon their release, we will also help these individuals transition to continuing care at Harris Health.

Expanded mental health services

In January 2022, Ben Taub Hospital opened a dedicated psychiatric unit in the Emergency Center. With 13 single-occupancy rooms, the unit offers a therapeutic, calming environment for both families and patients suffering a mental health crisis, including medical care resources for psychiatric patients who experience medical issues while there. New private consultation rooms allow medical teams and families to discuss the well-being of their loved ones in confidence.

"This new state-of-the-art unit was specifically designed to provide the peaceful, healing environment our psychiatric patients need."

Glorimar Medina, MD
Executive Vice President
Ben Taub Hospital





“This place is a blessing to me.”

Sampson Collins

Open Door Mission Respite and Recuperative Care Center

Where do the homeless go after surgery? In the past, Lyndon B. Johnson and Ben Taub hospitals routinely kept patients, rather than releasing them to the street. Now, Open Door Mission's new Respite and Recuperative Care Center offers a safe place for many qualified patients to recover, while freeing up hospital beds for others in need.

Sampson Collins was one of the first homeless men to be admitted to the new center after surgery at Ben Taub to repair his broken ankle. He was able to heal physically and emotionally, as he cleared his head and reconnected with his faith and a daughter he hadn't seen in nearly 20 years.

SEEING AND SERVING HOUSTON'S HOMELESS

Harris Health is committed to finding innovative ways to help people move off the streets and into safe housing environments through creative community partnerships.

800+
homeless patients discharged to respite care



Harmony House

A valued Harris Health partner for 10+ years, Harmony House is a communal residential program for working homeless men. Together, we provide medical, dental and behavioral health services and health education. The new three-story, 128-unit Harmony House facility, built to replace the original building destroyed in a fire, opened in April 2022.

3 stories
128 units
2,000 annual encounters

Health Care for the Homeless Program (HCHP)

Harris Health's HCHP earned numerous community health quality recognitions from the Health Resources and Services Administration: Health Center Quality Leaders (top 10%), Advancing Health Information Technology for Quality, COVID-19 Data Reporter and Patient Centered Medical Home.



8
homeless shelter clinics + mobile medical, dental and immunization units

4,714
unduplicated patients annually

22,000+
health encounters



The HCHP outreach team and mobile medical van participated in various decommissioning efforts in encampment areas led by the Coalition for the Homeless with The Way Home partners. HCHP provided medical care as other organizations helped connect people to opportunities for placement in supportive or permanent housing programs.



PROGRESS + COMPASSION WITHIN OUR RANKS

GETTING BETTER ALL THE TIME

Harris Health is committed to continuous improvement in all aspects of the human experience—from creating a diverse, equitable and inclusive working environment to ensuring the safety of our patients as we provide high-quality care. Across our system, Harris Health teams have taken these goals to heart, earning impressive recognition for their achievements along the way.

Fostering diversity, equity and inclusion

Over the last 12 months, we have introduced several progressive programs and initiatives and, more recently, hired the system's first vice president and chief diversity officer. Additionally, we created employee workgroups in the areas of:

- Women empowerment
- Embracing multi-religious and faith-based backgrounds
- Promoting employees with disabilities
- Fostering a work environment that understands and embraces multigenerational differences
- Promoting a diverse and culturally competent workforce
- Recruitment, retention and professional development for our nation's veterans
- Creating a safe and inclusive work environment for the LGBTQIA+ community

Zero Harm

Ben Taub and Lyndon B. Johnson hospitals celebrated our journey in becoming a high-reliability organization by awarding Zero Harm recognition to more than 40 inpatient units for achieving 12 months with no incidents of catheter-associated urinary tract infections, central line-associated bloodstream infections or patient falls.

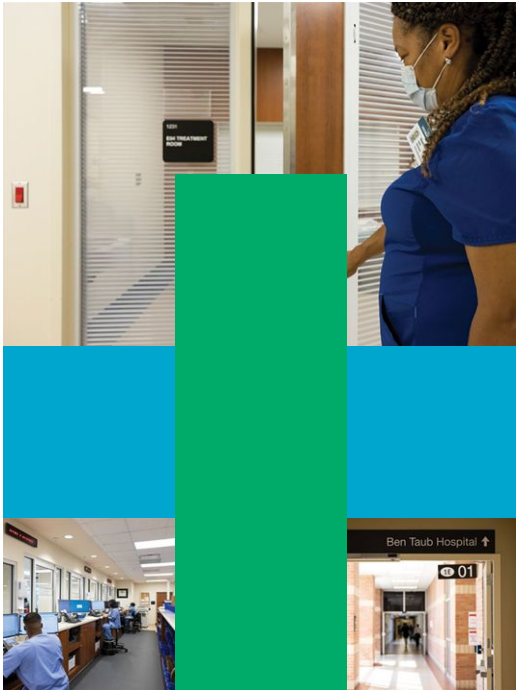


“The last two years have been really difficult. It’s important to celebrate the things we do well.”

Patricia Damauer
Executive Vice President
Lyndon B. Johnson Hospital

The Harris Center for Mental Health and IDD

In Spring 2021, Harris Health strengthened our collaborative relationship with The Harris Center for Mental Health and IDD by bringing our Epic electronic health records to their operations. This was no easy feat, but for those needing mental health and intellectual and developmental disability services, it's a major innovation. Allowing providers at both health systems to see patients' latest medical and mental health information improves care coordination and health outcomes and, in turn, reduces healthcare expenses.



PROGRESS + COMPASSION ACROSS OUR SYSTEM

CONTINUOUS IMPROVEMENT

Our responsibility to our community's health requires that we maintain safe, well-equipped environments across our system and continue to expand our service offerings to meet the unique needs of the people we serve. To that end, here are some of the highlights from fiscal year 2022.



Ambulatory Care Services

Renovations underway at Casa de Amigos Health Center will increase the clinic's footprint by 3,000 square feet and offer patients greater convenience and efficiencies, along with a safer parking and clinic access area. The new clinic will have an expanded outpatient pharmacy, as well as a new clinic area for pediatrics and women's services (OB/GYN and midwifery). Construction is expected to be completed by July 2024.

The former Quentin Mease Hospital is undergoing major reconstruction to transform it into a much-needed outpatient center for clinical services. The new center, scheduled to open mid 2023, includes outpatient chronic hemodialysis and peritoneal dialysis, as well as HIV care and additional specialty care services. The improved Quentin Mease footprint will increase

endoscopic services by an estimated 400 percent, as well as create a more efficient and friendlier environment for HIV patients and their families and those seeking more in-depth specialty care.

Nursing Center of Excellence

We converted a former eligibility center into a premiere nursing educational center featuring a full simulation lab. Open in August 2022, the center is named for Lois J. Moore, who began her career as a nurse at Jefferson Davis Hospital and eventually became president and CEO of what is Harris Health System today. As a priority, the center will promote better health outcomes, increased patient safety and zero patient harm.

Ben Taub Hospital

Given the age of Ben Taub Hospital, we are focusing our maintenance and renovation activities to ensure a safe and efficient environment. Emergency center renovations are halfway completed. The new "pod" format gives us space for more private patient rooms, easier access to equipment and provides a quieter, more calming environment of particular benefit to patients with both physical and mental health needs. We have also begun upgrading our air-handler systems to ensure a more comfortable healing environment and, most



recently, worked to upgrade our electrical distribution system. The goal of these renovations is to extend the life of the hospital to meet the projected patient and operational demands for the next 12 to 15 years.

Lyndon B. Johnson Hospital

Opened in 1989, this hospital continues to serve as an oasis of care and compassion in an area where residents otherwise have little access to quality healthcare. As it stands, however, LBJ Hospital is approaching the end of its useful life. Harris Health has begun planning for a total replacement of the hospital on the same campus. Read more about this exciting project on the following pages.

In the meantime, we addressed critical hospital plumbing issues in 2022 to protect the safety of our patients and maintain stable operations.



PROGRESS + COMPASSION FOR THE FUTURE

THE NEW HARRIS HEALTH LYNDON B. JOHNSON HOSPITAL

In March 2022, the Harris Health Board of Trustees hired JLL, a global commercial real estate services company, to lead the transformation of the LBJ Hospital campus in alignment with our strategic plan. HKS is the lead architect and engineering design team, and PPG Global has been selected for their experience in community engagement.

Proposed timeline



As highlighted in our strategic plan, many issues make this hospital-replacement project imperative for us to more fully support residents of northeast Harris County.

- The current hospital is not equipped to meet increasing needs for mental health and psychiatric care.
- Houston needs many more Level I trauma centers with helipads; this campus is an ideal location for one.
- The LBJ campus currently lacks cardiac catheterization and neurosurgery services.

- Community assessments show we need 350-450 licensed beds (versus our current 215) to accommodate current and projected needs.
- While industry standards call for hospital saturation at 85 percent to reserve space for emergency and trauma cases, LBJ routinely operates at 90-105 percent.
- Cancer care is extremely limited at LBJ, and with no radiation therapy available, cancer patients in the area must travel 15 to 20 miles to Smith Clinic for care.

Priority One: Community engagement

Perhaps what's most exciting about the plans for the new campus is the mutual commitment of Harris Health and all our project partners to engage the local community and our staff—through ongoing tours and forums, and with a custom microsite where area residents can provide feedback online—to ensure we meet the community's needs and expectations for their new healthcare destination.



18

PROGRESS + COMPASSION IN COLLABORATION

STRATEGIC PARTNERSHIPS

Harris Health is proud of our academic partnerships with other leading medical authorities in the Texas Medical Center and with community organizations, nonprofits, social service agencies and community health workers who enable us to provide high-quality care and vital resources to so many of our neighbors in need.

“We consider it a privilege to help develop our community’s next generation of pharmacists and look forward to welcoming them into the workforce.”

Michael Nnadi
Senior Vice President and Chief Pharmacy and Lab Officer
Harris Health System

New pharmacy partnership with Texas Southern University

Harris Health recently partnered with TSU to provide pharmacy students in their final year a longitudinal advanced pharmacy practice experience (LAPPE).

LAPPE is a cumulative learning experience designed to help students gain a foundational clinical education and prepare for independent practice and their residency program. Students participate in various learning opportunities, including managing a project, presentation skills, effective communication, critical thinking and preparing a curriculum vitae.

“The inaugural class was very successful and went a long way toward getting young people interested in nursing.”

Maureen Padilla
Senior Vice President of Nursing Affairs
Harris Health System

Patient care assistant externship

As an innovative way to solve healthcare staffing shortages, Harris Health partnered with nonprofit job-placement organization Capital IDEA Houston to launch a fully funded eight-week training program for students at Barbara Jordan High School and Houston Community College. Students receive 100 hours of classroom and clinical training at Ben Taub and LBJ hospitals to kickstart a career as patient care assistants (PCA)—a valuable pathway to becoming a full-fledged nurse.

Inaugural class highlights:

27 students
25 completed the program
21 accepted full-time PCA positions at Harris Health

Training the next generation

In fiscal year 2022, Harris Health launched a partnership with the new University of Houston Tilman J. Fertitta Family College of Medicine to serve as a training ground for primary care physicians performing their clinical studies. This is an exciting addition to our longstanding collaborative agreements with some of the nation's top academic institutions and nursing schools, through which our hospitals, pharmacies, labs, clinics and health centers provide exceptional real-life training.

5,500+ physicians, nurses and allied medical professionals trained

40+ partnerships with highly ranked nursing programs

Academic partners

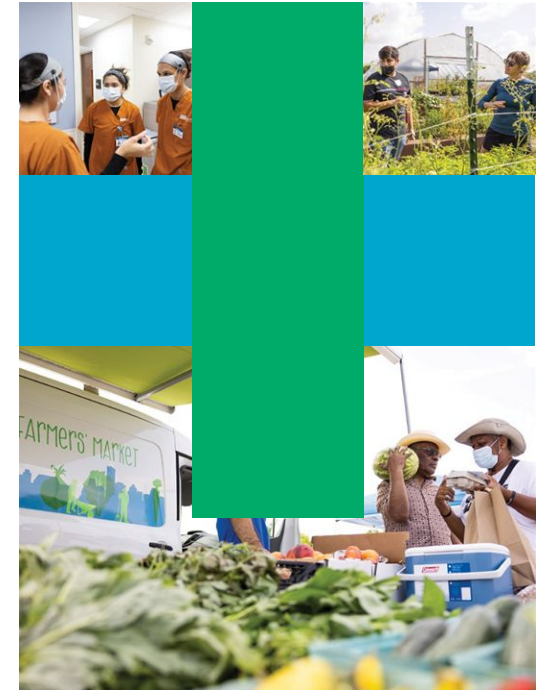


LBJ Hospital Community Farm

The Community Farm on the LBJ campus has grown to three-quarters of an acre and, during peak season, produces 200 to 350 pounds of vegetables a week. The farm also hosts the Northeast Community Farmers Market every first and third Saturday. Thanks to wonderful partnerships with Northeast Houston Redevelopment Council, Urban Harvest, SNAP and their Double Up Food Bucks program, our northeast neighbors have access to healthy produce as local farmers benefit too.

“Hosting the Farmers Market on its campus from the beginning of the pandemic, LBJ Hospital has provided a lifeline to Northeast Houston with affordable produce. This relationship is producing great fruit for our community.”

Huey German-Wilson
President
Northeast Houston Redevelopment Council





“This is life changing for the family and so greatly appreciated.”

Aracely Khand
Community Health Worker
Population Health/Harris Health System

Community outreach partnership

One of Harris Health's Home Visit staff members had a patient who was unable to keep up with his mortgage payments due to a family tragedy and a COVID-19 emergency. The man was in tears when he received word that he was approved for six months of assistance with the possibility of receiving five more.



Award-winning population health initiatives

The Harris Health Population Health team developed a Home Visit program to address the negative health outcomes of disengaged patients with uncontrolled diabetes. After identifying patients' individual social needs, knowledge and understanding of their diabetes diagnosis and ability to manage the disease on their own, community health workers developed personalized care plans to establish reliable access to care and connect them to local social services that can address non-medical needs, such as rental assistance, reliable food sources and public transportation. The program earned the 2022 Gage Award for Population Health, America's Essential Hospitals' highest honor, for innovation and success in improving health outcomes.

Another example of our dedication to community outreach through our Population Health program is our partnership with Harris County Community Services Department, which provides access to certain special funds for people experiencing hardships. Over the last two years, their case management staff has helped with a variety of social needs at 11 Harris Health locations in response to our staff and clinical case managers referring patients who struggle to pay for housing or utilities.

800+
referrals over the last 2 years



Community Health Choice

As trusted stewards of public tax dollars, Harris Health launched Community Health Choice, a local nonprofit managed care organization in 1997 as a cost-effective way to provide STAR Medicaid coverage to uninsured families. Since that time, we've expanded our partnership with Community to help more of our most vulnerable neighbors live a healthy life.

In 2019, for example, Community and Harris Health collaborated to create an innovative initiative to enroll qualified low-income Harris Health patients in Community's Marketplace plans. Harris Health covers the cost of their premiums, which lets them continue to receive the care they need and saves the system the higher cost of providing charity care.

Harris Health was one of the first health systems in the nation and is one of three in Texas to use this groundbreaking solution to address the increasing demand and strain on safety net institutions.

Patients enrolled in the Marketplace plan have access to free 24/7 telehealth services and a large portion

of Community's network of high-quality physicians, greatly expanding access to care for our patients. This was a godsend during the worst of the pandemic, allowing us to free up beds by moving covered COVID-19 and critically ill patients to other hospitals. As needed, we can do the same for covered patients seeking routine screenings, giving them faster connections to preventive and specialty care.

In addition to case management programs that help Members manage their diabetes and other chronic conditions, Community aims to improve the health and wellbeing of their Members by addressing their unmet social needs. As examples, Community provides college scholarships, job training and life coach support to eligible Members.

Through our combined efforts, Harris Health and Community Health Choice have provided coverage and healthcare for 697,674 low-income Harris County residents annually, as of April 2022. We have exciting plans in the works to continue our work together to address population health in our community for the long term.

"We're so proud of this collaborative partnership. It means faster, better care for those in need, and fewer uninsured Texans. And that's why our organization was born."

Lisa Wright
CEO
Community Health Choice

24,000
individuals receiving Harris Health premium subsidies

\$31M
paid in Member premiums

\$94.5M
reimbursements

GENEROUS COMMUNITY INVOLVEMENT

Our volunteer teams, working remotely and onsite, made it possible for us to offer special comforts to our patients and employees in fiscal year 2022.

Thank you to all who shared your time and gifts.

To donate in-kind items, visit harrishealth.org/give/in-kind-donations.

To make a monetary donation, please visit harrishealth.org.

We greatly appreciate your support.

Harris Health also gratefully acknowledges the Harris County Hospital District Foundation for its recent capital campaign contribution of \$45.9 million, included in the figures shown above.

DONATIONS AND GIFTS

34,189
donated items

\$48.2M
monetary gifts

\$48.5M
total value donations/gifts

GIFTS OF TIME

261
volunteers

\$475,563
value of volunteered time

18,240
volunteer hours



Board of Trustees



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Chair
Ewan D. Johnson, MD, PhD
Vice Chair
Andrea Caracostis, MD
Secretary



Lawrence D. Finder
Professor **Marcia Johnson**
Elena Marks
Mia Mendis
Alicia Reyes
Jennifer Tijerina



Harris County Commissioners Court



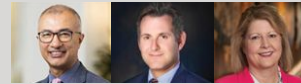
Lina Hidalgo
County Judge
Rodney Ellis
Commissioner, Precinct 1
Adrian Garcia
Commissioner, Precinct 2



Tom S. Ramsey
Commissioner, Precinct 3
R. Jack Cagle
Commissioner, Precinct 4

EXCEPTIONAL LEADERSHIP

Executive Leadership



Esmaeil Porsa, MD
President and Chief Executive Officer
Steven Brass, MD
Executive Vice President and Chief Medical Executive
Victoria Nikitin
Executive Vice President and Chief Financial Officer



Jacqueline Brock
Executive Vice President and Chief Nursing Executive
Patricia Darnauer
Executive Vice President Lyndon B. Johnson Hospital
Omar C. Reid
Executive Vice President and Chief People Officer



Jennifer Small, AuD
Executive Vice President Ambulatory Care Services
Michael Hill
Executive Vice President and Chief Strategy and Integration Officer
Louis Smith Jr.
Senior Executive Vice President and Chief Operating Officer



Carolynn Jones, JD
Executive Vice President and Chief Compliance and Risk Officer



FINANCIAL HIGHLIGHTS

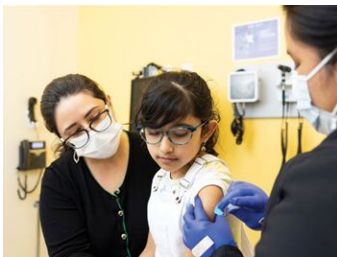
As a result of the continuing COVID-19 surge, Harris Health's fiscal year 2022 operating expenses grew by over \$254 million (14.3 percent) compared to the previous fiscal year.

Salaries, wages and benefits alone accounted for \$158 million of this increase, which covered higher staff needs and the loss of personnel due to poaching from contract nursing agencies and burnout among many experienced healthcare workers. We received \$92 million from the Health Resource and Service Administration for our role in caring for uninsured COVID-19 patients.

Harris Health System Fiscal Year 2022 Revenues and Expenses
 Fiscal year ended February 28, 2022. All numbers shown in thousands.

Operating revenues		Non-operating revenues	
Net patient service revenue	\$ 822,086	Ad valorem tax—net	\$ 814,846
Medicaid supplemental programs	\$ 561,109	Net tobacco settlement	\$ 13,273
Other operating	\$ 42,552	Investment income	\$ 1,553
Total operating revenues	\$ 1,425,757	Provider Relief Fund revenue*	\$ 34,027
		Total non-operating revenues	\$ 863,699
Operating expenses		Non-operating expenses	
Salaries, wages and benefits	\$ 1,052,089	Interest expense	\$ (10,727)
Purchased services, supplies and other	\$ 922,249	Other	\$ 5,136
Depreciation and amortization	\$ 61,159	Total non-operating expenses	\$ (5,591)
Total operating expenses	\$ 2,035,497		
Operating loss	\$ (609,740)	Capital gifts and grants	\$ 45,900
		Change in net position	\$ 294,268

*COVID-19-related federal funding



COVID-19 vaccines shared with our community

Harris Health also shared 106,510 COVID-19 vaccines with 27 hospitals, pharmacies, clinics, schools, public health venues, wellness centers and more throughout the community.

100,460

Pfizer

4,600

Moderna

1,450

Janssen

FISCAL YEAR 2022 BY THE NUMBERS

Financial health

\$2.29B
total revenue

\$814.8M
ad valorem tax

\$822M
net patient service revenue

\$561.1M
Medicaid supplemental programs

\$96.5M
investment and other

\$795.3M
charity care

Patient services

1,662,493
total outpatient visits

431,813
primary care clinic visits

228,773
specialty clinic visits

236,968
telehealth clinic visits

897,554
total clinic visits

18,207
total surgery cases

Patient numbers

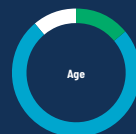
261,901
total unique patients

46,451
self-pay patients

85,821
charity patients

572.9
Average number of patients occupying beds in the hospital(s) each day

Patient demographics



COVID-19 across our system

8,439
number of COVID-19 patients

84,794
individuals receiving COVID-19 vaccine

148,415
doses of COVID-19 vaccine distributed

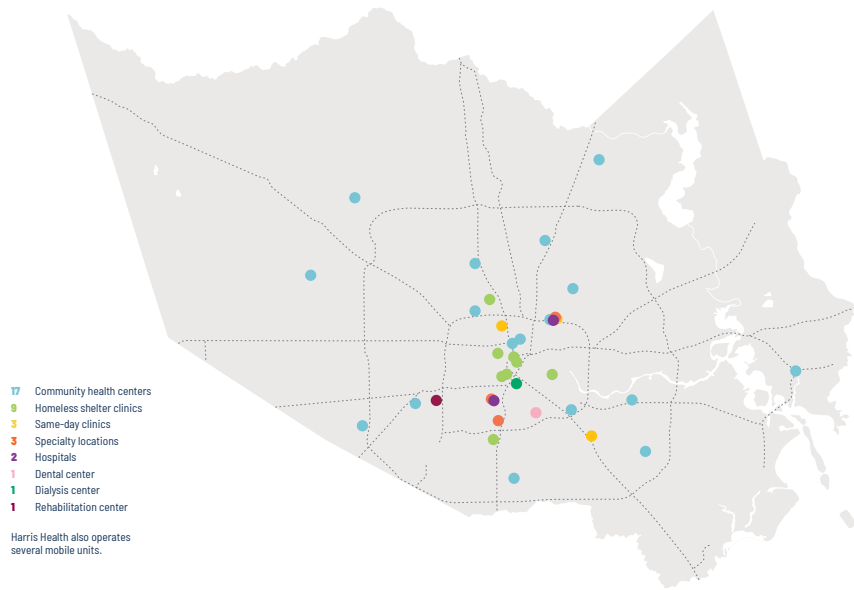
Vaccines were distributed through our community health centers, hospitals and House Call Service.

Recognitions



Harris Health
Ben Taub and
Lyndon B. Johnson
hospitals

HARRIS HEALTH SYSTEM LOCATIONS



HARRISHEALTH.ORG

Thursday, September 22nd, 2022

Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Harris Health System is a recipient to a HHSC (Texas Health and Human Services Commission) grant to fund Title V Child Health and Dental Services.

- This amendment adds \$152,295 for the term of September 1, 2022 through August 31, 2023.
- The number of clients to be served is 1,336.

Administration Recommends Ratification of this Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Thank you.

Thursday, September 22nd, 2022

Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Harris Health System is a recipient to a HHSC (Texas Health and Human Services Commission) grant to fund Title V Prenatal Medical and Dental Services.

- This amendment adds \$50,247 for the term of September 1, 2022 through August 31, 2023.
- The number of clients to be served is 76.

Administration Recommends Ratification of this Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Thank you.

Thursday, September 22nd, 2022

Consideration of Approval to Ratify a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission

Harris Health System is a recipient to a HHSC (Texas Health and Human Services Commission) grant to fund Epilepsy Program Services.

- This amendment adds \$145,952.00 for the term of September 1, 2022 through August 31, 2023

Administration Recommends Ratification of this Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Thank you.

Thursday, September 22nd, 2022

Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Harris Health System is a recipient to a HHSC (Texas Health and Human Services Commission) grant to fund Women's Health Program Services. This amendment adds \$6,062,315 and will fund the following for the term of September 1, 2022 through August 31, 2023:

- Breast and Cervical Cancer Services – \$1,156,381.00 to serve 5,974 clients.
- Family Planning Program – \$4,796,879.00 to serve 17,820 clients.
- Healthy Texas Women – \$109,055.00.

Administration Recommends Ratification of this Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission.

Thank you.

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: September 22, 2022**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Texas Health and Human Services Commission (HHSC)	Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Fund Title V Child Health and Dental Services for a Number of Clients to be Served of 1,336.	Ratification of Amendment to a Grant Agreement	September 1, 2022 through August 31, 2023	Dr. Jennifer Small	\$ 152,295
C2	Texas Health and Human Services Commission (HHSC)	Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Fund Title V Prenatal Medical and Dental Services for a Number of Clients to be Served of 76.	Ratification of Amendment to a Grant Agreement	September 1, 2022 through August 31, 2023	Dr. Jennifer Small	\$ 50,247

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C3	Texas Health and Human Services Commission (HHSC)	Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Provide Epilepsy Program Services.	Ratification of Amendment to a Grant Agreement	September 1, 2022 through August 31, 2023	Dr. Jennifer Small	\$ 145,952
C4	Texas Health and Human Services Commission (HHSC)	Consideration of Approval to Ratify an Amendment to a Grant Agreement between Harris County Hospital District d/b/a Harris Health System and the Texas Health and Human Services Commission to Fund Women's Health Program Services. <ul style="list-style-type: none"> • Breast and Cervical Cancer Services: \$1,156,381.00 to serve 5,974 clients • Family Planning Program: \$4,796,879.00 to serve 17,820 clients • Healthy Texas Women: \$109,055.00 	Ratification of Amendment to a Grant Agreement	September 1, 2022 through August 31, 2023	Dr. Jennifer Small	\$ 6,062,315
TOTAL AMOUNT:						\$6,410,809.00

Thursday, September 22, 2022

Harris Health System August Financial Report Subject to Audit



Financial Statements

As of the Quarter Ended August 31, 2022



Table of Contents



Financial Highlights Review.....3

FINANCIAL STATEMENTS

Income Statement.....4

Balance Sheet.....5

Cash Flow Summary.....6

Performance Ratios.....7

KEY STATISTICAL INDICATORS

Statistical Highlights.....9

Statistical Highlights Graphs.....10 – 21

Financial Highlights Review

As of the Quarter Ended August 31, 2022

Operating loss for the quarter ended August 31, 2022 was \$149.9 million compared to budgeted income of \$34.7 million.

Total quarterly net revenue of \$395.9 million was \$208.7 million or 34.5% less than budget. Medicaid Supplemental programs were \$7.7 million greater than expected primarily due to payment of CHIRP (formerly known as UHRIP) program revenues that had been delayed due to the CMS challenge of the State Medicaid Supplemental programs. Net patient revenue contributed \$10.8 million to the negative variance. Ad valorem tax revenue was \$205.7 million less than budget due to the change in the accounting practice (revenue recognition) related to the fiscal year transition by Harris County and Harris Health System. This transition is required to align the related tax rate approval process in September—October 2022 with the new fiscal year October 2022—September 2023. Because the 2022 tax levy is deemed to cover the new fiscal year above, no ad valorem tax revenue will be recognized during the stub period of March 2022 to September 2022. The change in the accounting practice does not impact the System's ad valorem cash collections practice, which remains unchanged. Detailed discussion of the accounting change adopted by Harris County and Harris Health System was provided by the System's external auditor, Forvis LLP, at the May 2022 meeting of the Compliance and Audit Committee.

Total quarterly expenses of \$545.8 million were \$24.1 million or 4.2% less than budget. Contract labor continues to be heavily utilized by nursing to combat the turnover and labor shortages.

For the first quarter, total patient days and average daily census increased 2.7% compared to budget. Inpatient case mix index, a measure of patient acuity, was 5.0% lower while length of stay was 1.1% higher than budget. Emergency room visits were 7.2% greater than planned for the quarter and 3.2% greater year-to-date. Total clinic visits, including telehealth, were 13.7% lower compared to budget; however, births were up 9.3%.

Total cash receipts for the quarter were \$332.7 million. The System has \$1,096.3 million in unrestricted cash, cash equivalents and investments, representing 190.3 days cash on hand. Harris Health System has \$119.2 million in net accounts receivable, representing 64.8 days of outstanding patient accounts receivable at August 31, 2022. The August balance sheet reflects a combined net receivable position of \$44.2 million under the various Medicaid Supplemental programs.

The quarterly expenses incurred by Harris Health for Foundation personnel and other costs were \$135,000.

Income Statement



As of the Quarter Ended August 31, 2022 (In \$ Millions)

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 165.8	\$ 176.6	-6.1%	\$ 338.5	\$ 371.1	-8.8%	\$ 398.1	-15.0%
Medicaid Supplemental Programs	197.9	190.2	4.1%	301.6	303.3	-0.6%	320.2	-5.8%
Other Operating Revenue	28.2	31.9	-11.7%	57.2	64.0	-10.6%	19.3	196.2%
Total Operating Revenue	\$ 391.9	\$ 398.7	-1.7%	\$ 697.2	\$ 738.4	-5.6%	\$ 737.6	-5.5%
Net Ad Valorem Taxes	(0.2)	205.4	-100.1%	(0.7)	410.9	-100.2%	394.4	-100.2%
Net Tobacco Settlement Revenue	-	-	0.0%	16.7	13.3	26.2%	13.3	26.2%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	-	0.0%
Interest Income & Other	4.2	0.5	821.9%	6.6	0.9	627.3%	1.0	569.7%
Total Nonoperating Revenue	\$ 4.0	\$ 205.9	-98.1%	\$ 22.7	\$ 425.1	-94.7%	\$ 408.6	-94.5%
Total Net Revenue	\$ 395.9	\$ 604.6	-34.5%	\$ 719.9	\$ 1,163.5	-38.1%	\$ 1,146.2	-37.2%
EXPENSE								
Salaries and Wages	\$ 212.0	\$ 218.3	2.9%	\$ 432.6	\$ 435.8	0.7%	\$ 375.2	-15.3%
Employee Benefits	69.5	72.3	3.8%	135.8	143.4	5.3%	130.1	-4.4%
Total Labor Cost	\$ 281.5	\$ 290.6	3.1%	\$ 568.4	\$ 579.2	1.9%	\$ 505.3	-12.5%
Supply Expenses	71.1	73.9	3.8%	139.6	148.0	5.7%	133.7	-4.4%
Physician Services	106.0	109.7	3.4%	213.0	208.2	-2.3%	186.8	-14.0%
Purchased Services	66.5	74.9	11.3%	132.2	148.5	11.0%	142.8	7.4%
Depreciation & Interest	20.8	20.7	-0.2%	41.7	41.5	-0.5%	35.0	-19.1%
Total Operating Expense	\$ 545.8	\$ 569.9	4.2%	\$ 1,094.9	\$ 1,125.4	2.7%	\$ 1,003.6	-9.1%
Operating Income (Loss)	\$ (149.9)	\$ 34.7		\$ (375.0)	\$ 38.1		\$ 142.6	
Total Margin %	-37.9%	5.7%		-52.1%	3.3%		12.4%	

Balance Sheet

HARRISHEALTH
SYSTEM

As of August 31, 2022 and 2021 (In \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,096.3	\$ 958.1
Net Patient Accounts Receivable	119.2	90.1
Net Ad Valorem Taxes, Current Portion	0.6	388.1
Other Current Assets	160.5	271.3
Total Current Assets	\$ 1,376.6	\$ 1,707.7
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 419.2	\$ 439.8
Construction in Progress	149.0	90.2
Right of Use Assets	46.0	-
Total Capital Assets	\$ 614.1	\$ 530.0
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 46.3	\$ 53.2
LPPF Restricted Cash	91.6	104.4
Capital Gift Proceeds	45.2	-
Other - Restricted	1.2	1.4
Total Assets Limited As to Use & Restricted Assets	\$ 184.4	\$ 159.0
Other Assets	24.0	9.1
Deferred Outflows of Resources	152.7	179.3
Total Assets & Deferred Outflows of Resources	\$ 2,351.8	\$ 2,585.1
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 284.0	\$ 294.1
Employee Compensation & Related Liabilities	133.4	131.7
Estimated Third-Party Payor Settlements	13.5	8.6
Current Portion Long-Term Debt and Capital Leases	20.2	12.2
Total Current Liabilities	\$ 451.3	\$ 446.5
Long-Term Debt	334.2	308.3
Net Pension & Post Employment Benefits Liability	596.8	736.2
Other Long-Term Liabilities	17.8	24.4
Deferred Inflows of Resources	218.7	112.4
Total Liabilities	\$ 1,618.8	\$ 1,627.8
Total Net Assets	\$ 733.0	\$ 957.4
Total Liabilities & Net Assets	\$ 2,351.8	\$ 2,585.1

Cash Flow Summary

As of the Quarter Ended August 31, 2022 (In \$ Millions)

	QUARTER-TO-DATE		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 179.9	\$ 231.6	\$ 341.9	\$ 411.0
Medicaid Supplemental Programs	98.1	137.4	479.8	351.3
Net Ad Valorem Taxes	4.9	6.3	27.9	50.1
Tobacco Settlement	-	-	16.7	13.3
Other Revenue	49.8	8.4	101.4	30.6
Total Cash Receipts	\$ 332.7	\$ 383.7	\$ 967.8	\$ 856.3
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 288.8	\$ 206.2	\$ 604.1	\$ 465.3
Supplies	74.9	66.8	142.9	134.8
Physician Services	121.7	99.1	218.1	190.0
Purchased Services	56.3	51.5	112.8	111.7
Capital Expenditures	22.8	18.9	53.3	40.3
Debt and Interest Payments	5.5	5.4	6.3	6.3
Other Uses	(21.4)	45.3	(33.1)	40.4
Total Cash Disbursements	\$ 548.5	\$ 493.1	\$ 1,104.3	\$ 988.7
Net Change	\$ (215.8)	\$ (109.4)	\$ (136.6)	\$ (132.5)

Unrestricted Cash, Cash Equivalents and Investments - February 28, 2022

\$ 1,232.9

Net Change

(136.6)

Unrestricted Cash, Cash Equivalents and Investments - August 31, 2022

\$ 1,096.3

Performance Ratios

As of the Quarter Ended August 31, 2022

	QUARTER-TO-DATE		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	-37.9%	5.7%	-52.1%	3.3%	12.4%
Run Rate per Day (In\$ Millions)	\$ 5.7	\$ 6.0	\$ 5.8	\$ 5.9	\$ 5.3
Salary, Wages & Benefit per APD	\$ 2,400	\$ 1,214	\$ 2,459	\$ 2,420	\$ 2,213
Supply Cost per APD	\$ 606	\$ 309	\$ 604	\$ 619	\$ 586
Physician Services per APD	\$ 904	\$ 459	\$ 922	\$ 870	\$ 818
Total Expense per APD	\$ 4,654	\$ 2,381	\$ 4,737	\$ 4,702	\$ 4,396
Overtime as a % of Total Salaries	3.7%	3.0%	3.5%	3.0%	3.4%
Contract as a % of Total Salaries	8.8%	5.2%	9.3%	5.3%	3.5%
Full-time Equivalent Employees	9,747	10,242	9,728	10,119	9,085
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			3.0		3.8
Unrestricted Cash (In \$ Millions)			\$ 1,096.3	\$ 623.8	\$ 958.1
Days Cash on Hand			190.3	105.4	180.8
Days Revenue in Accounts Receivable			64.8	54.0	41.6
Days in Accounts Payable			44.8		36.9
Capital Expenditures/Depreciation & Amortization			168.7%		136.1%
Average Age of Plant (years)			12.7		12.9

Harris Health System Key Indicators



Statistical Highlights

As of the Quarter Ended August 31, 2022

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	117,280	119,557	-1.9%	231,129	239,347	-3.4%	228,296	1.2%
Outpatient % of Adjusted Volume	61.7%	63.4%	-2.7%	62.5%	63.5%	-1.7%	63.4%	-1.5%
Primary Care Clinic Visits	123,049	132,688	-7.3%	251,022	264,997	-5.3%	207,588	20.9%
Specialty Clinic Visits	61,765	66,987	-7.8%	123,545	132,983	-7.1%	117,783	4.9%
Telehealth Clinic Visits	37,042	57,504	-35.6%	73,577	114,853	-35.9%	143,873	-48.9%
Total Clinic Visits	221,856	257,179	-13.7%	448,144	512,833	-12.6%	469,244	-4.5%
Emergency Room Visits - Outpatient	35,310	32,747	7.8%	68,363	66,115	3.4%	67,604	1.1%
Emergency Room Visits - Admitted	4,845	4,718	2.7%	9,558	9,365	2.1%	9,456	1.1%
Total Emergency Room Visits	40,155	37,465	7.2%	77,921	75,480	3.2%	77,060	1.1%
Surgery Cases - Outpatient	2,714	3,160	-14.1%	5,542	6,347	-12.7%	4,929	12.4%
Surgery Cases - Inpatient	2,368	2,618	-9.5%	4,706	5,013	-6.1%	4,581	2.7%
Total Surgery Cases	5,082	5,778	-12.0%	10,248	11,360	-9.8%	9,510	7.8%
Total Outpatient Visits	379,180	459,965	-17.6%	756,751	921,265	-17.9%	902,373	-16.1%
Inpatient Cases (Discharges)	7,359	7,249	1.5%	14,720	14,326	2.8%	13,687	7.5%
Outpatient Observation Cases	3,209	3,512	-8.6%	6,837	6,818	0.3%	7,054	-3.1%
Total Cases Occupying Patient Beds	10,568	10,761	-1.8%	21,557	21,144	2.0%	20,741	3.9%
Births	1,364	1,248	9.3%	2,592	2,271	14.1%	2,257	14.8%
Inpatient Days	44,881	43,722	2.7%	86,784	87,324	-0.6%	83,505	3.9%
Outpatient Observation Days	10,610	10,336	2.7%	22,090	19,912	10.9%	21,134	4.5%
Total Patient Days	55,491	54,058	2.7%	108,874	107,236	1.5%	104,639	4.0%
Average Daily Census	603.2	587.6	2.7%	591.7	582.8	1.5%	568.7	4.0%
Average Operating Beds	681	677	0.6%	681	683	-0.3%	659	3.3%
Bed Occupancy %	88.6%	86.8%	2.0%	86.9%	85.3%	1.8%	86.3%	0.7%
Inpatient Average Length of Stay	6.10	6.03	1.1%	5.90	6.10	-3.3%	6.10	-3.4%
Inpatient Case Mix Index (CMI)	1.709	1.799	-5.0%	1.705	1.799	-5.2%	1.744	-2.2%
Payor Mix (% of Charges)								
Charity & Self Pay	46.0%	47.8%	-3.8%	46.8%	47.8%	-2.1%	48.7%	-3.9%
Medicaid & Medicaid Managed	23.3%	20.5%	13.9%	22.6%	20.5%	10.1%	20.4%	10.4%
Medicare & Medicare Managed	11.3%	12.4%	-9.0%	10.9%	12.4%	-11.8%	12.3%	-11.2%
Commercial & Other	19.4%	19.2%	1.1%	19.7%	19.2%	2.6%	18.6%	6.1%
Total Unduplicated Patients - Rolling 12				247,554			257,359	-3.8%
Total New Patient - Rolling 12				82,431			80,610	2.3%

Harris Health System

Statistical Highlights

As of the Quarter Ended August 31, 2022

Cases Occupying Beds - Q2

Actual	Budget	Prior Year
10,568	10,761	10,285

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
21,557	21,144	20,741

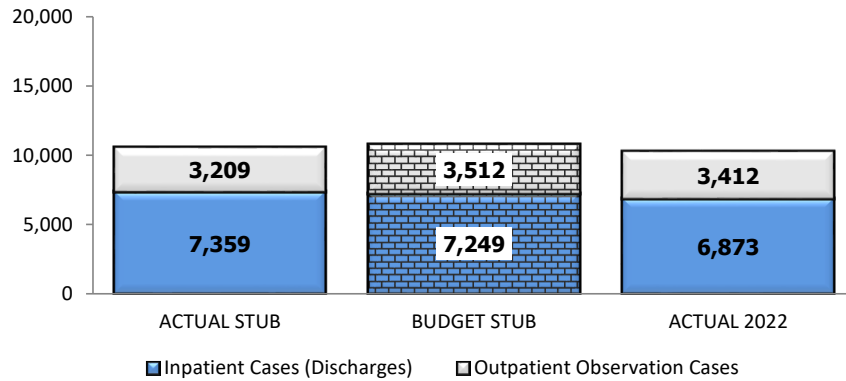
Emergency Visits - Q2

Actual	Budget	Prior Year
40,155	37,465	39,971

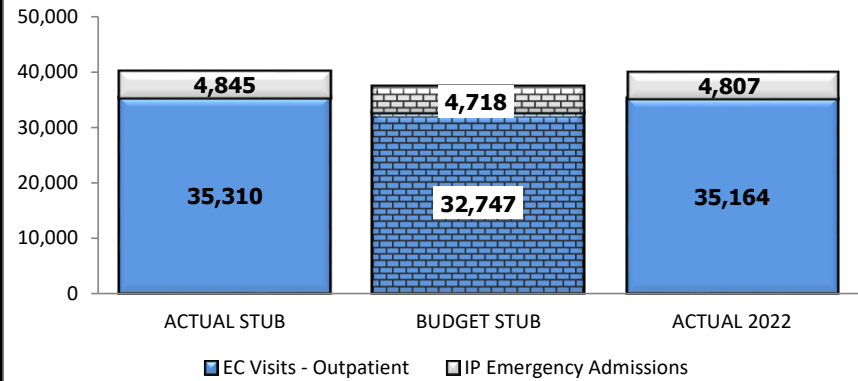
Emergency Visits - YTD

Actual	Budget	Prior Year
77,921	75,480	77,060

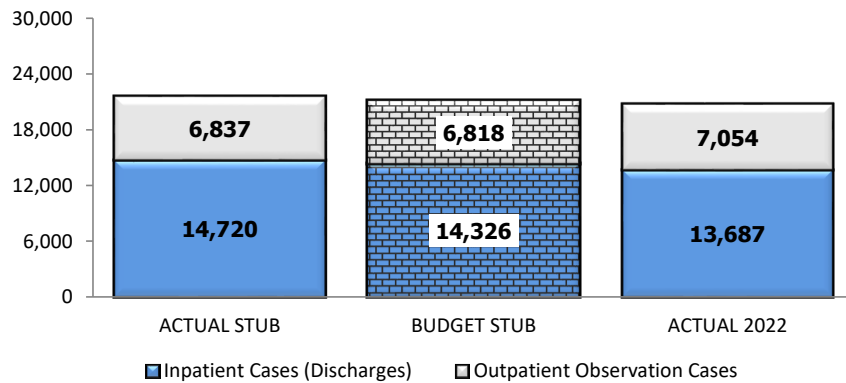
Cases Occupying Beds - Quarter End



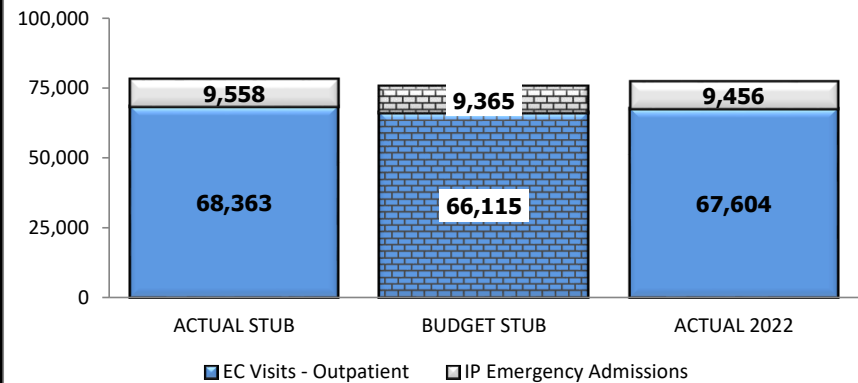
Emergency Visits - Quarter End



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended August 31, 2022

Surgery Cases - Q2

Actual	Budget	Prior Year
5,082	5,778	4,820

Surgery Cases - YTD

Actual	Budget	Prior Year
10,248	11,360	9,510

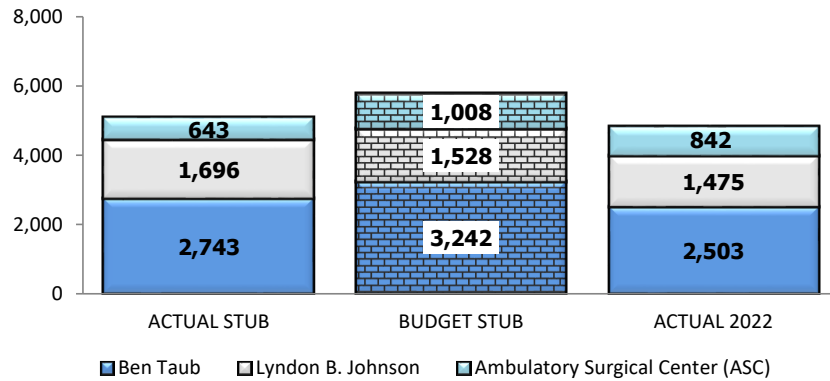
Clinic Visits - Q2

Actual	Budget	Prior Year
221,856	257,179	235,698

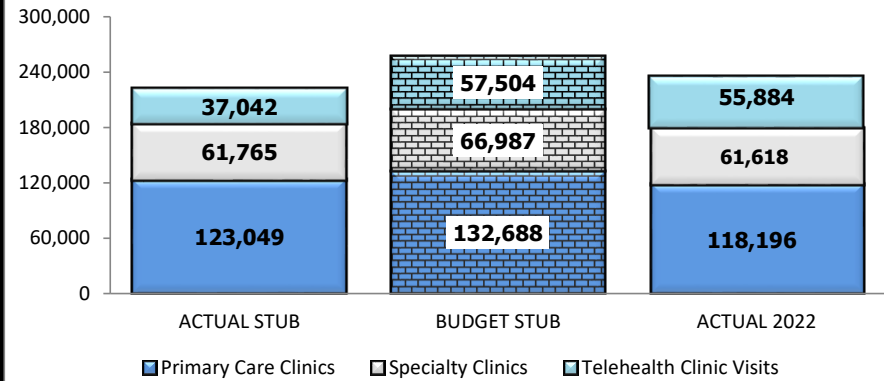
Clinic Visits - YTD

Actual	Budget	Prior Year
448,144	512,833	469,244

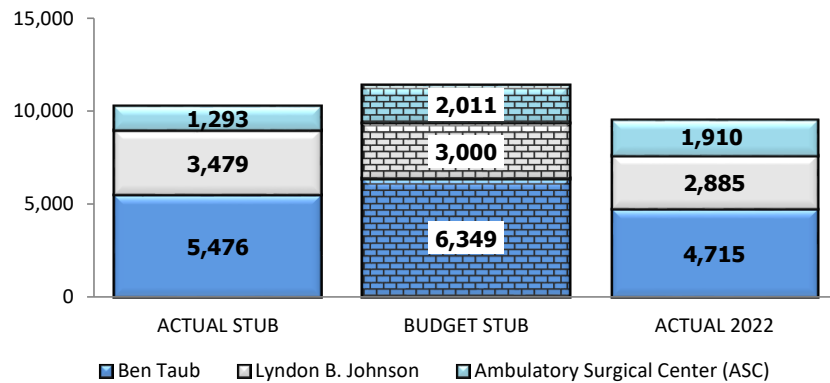
Surgery Cases - Quarter End



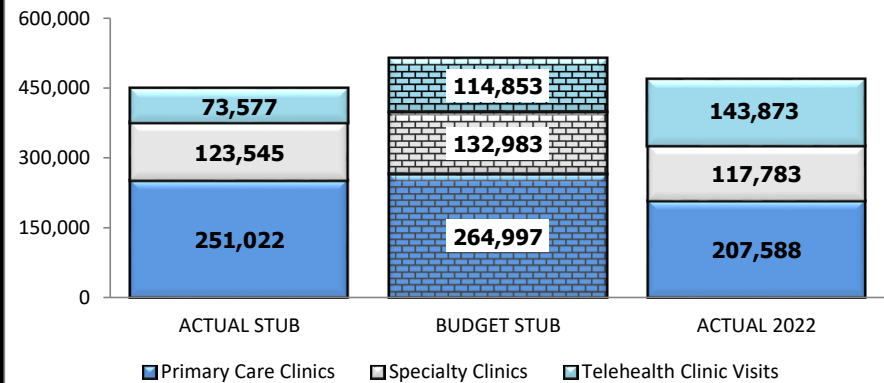
Clinic Visits - Quarter End



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended August 31, 2022

Adjusted Patient Days - Q2

117,280

Adjusted Patient Days - YTD

231,129

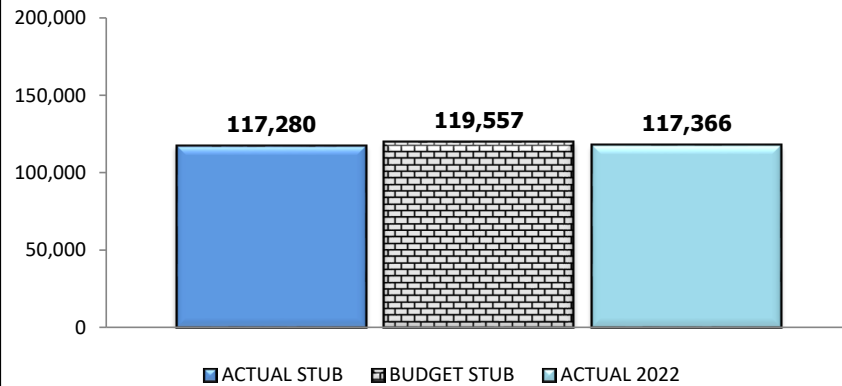
Average Daily Census - Q2

603.2

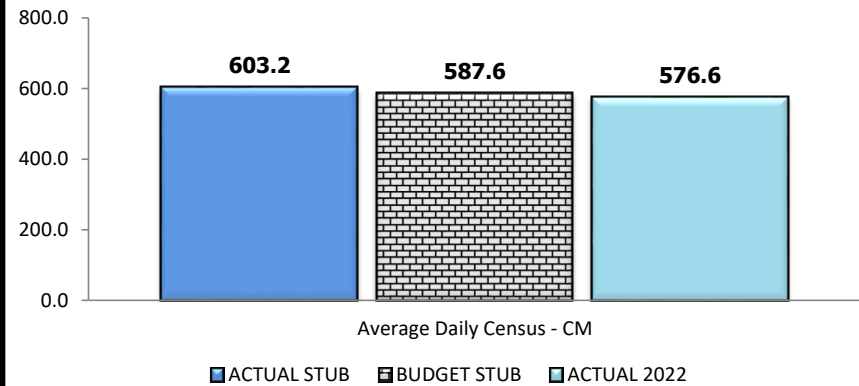
Average Daily Census - YTD

591.7

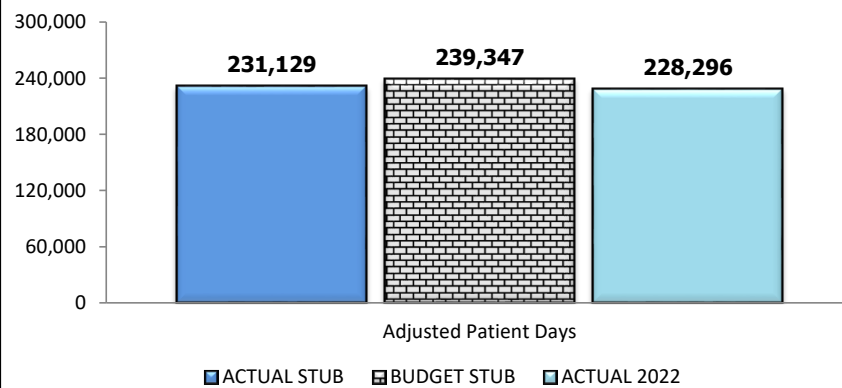
Adjusted Patient Days - Quarter End



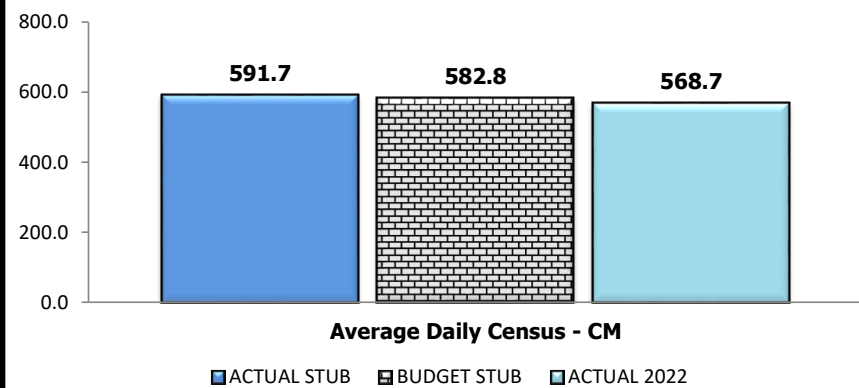
Average Daily Census - Quarter End



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended August 31, 2022

Inpatient ALOS - Q2

6.10

Inpatient ALOS - YTD

5.90

Case Mix Index - Q2

Overall
1.709

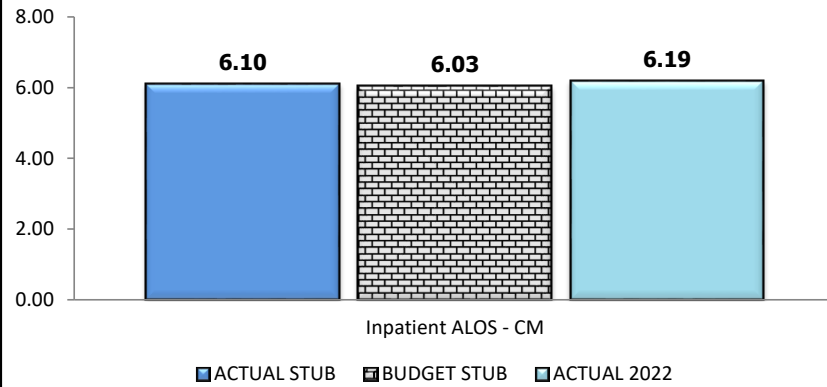
Excl. Obstetrics
1.895

Case Mix Index (CMI) - YTD

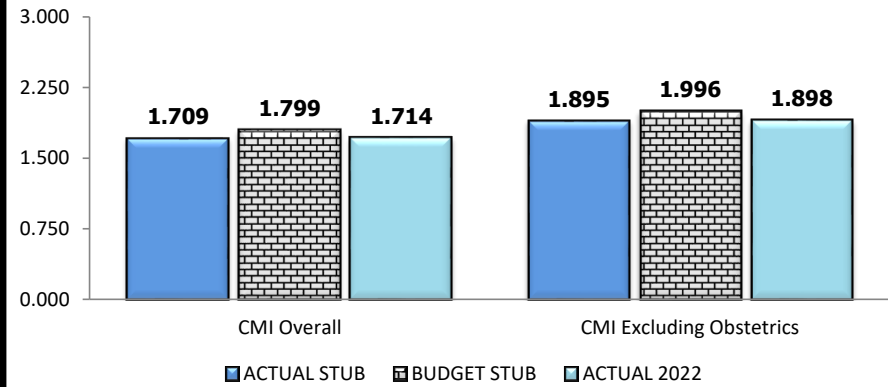
Overall
1.705

Excl. Obstetrics
1.879

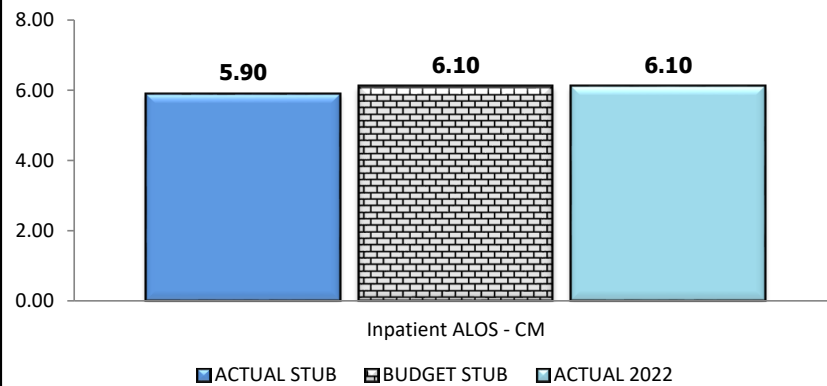
Inpatient ALOS - Quarter End



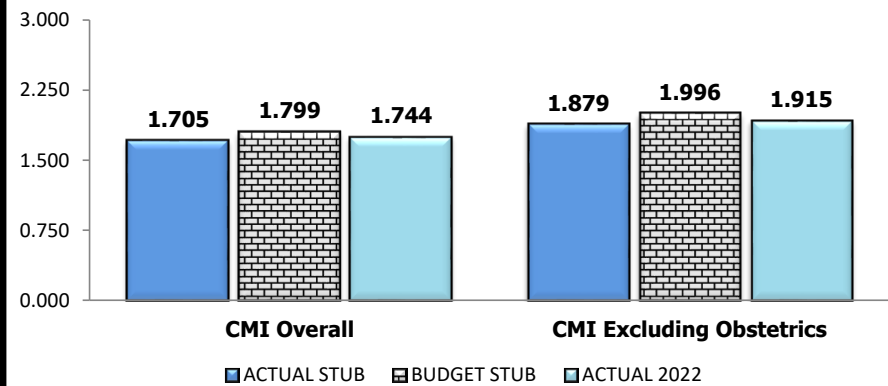
Case Mix Index - Quarter End



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

As of the Quarter Ended August 31, 2022

BT Cases Occupying Beds - Q2

Actual	Budget	Prior Year
6,288	6,562	6,307

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
12,769	12,846	12,693

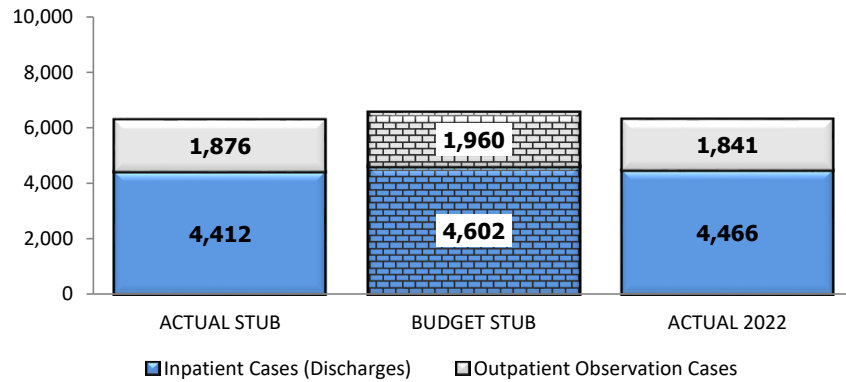
LBJ Cases Occupying Beds - Q2

Actual	Budget	Prior Year
4,280	4,199	3,978

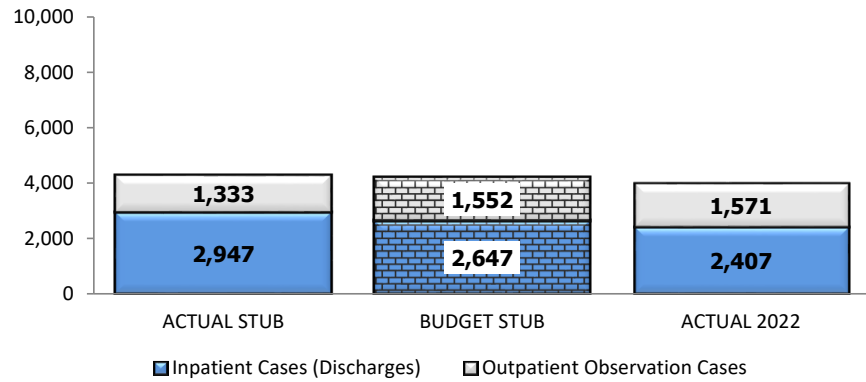
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
8,788	8,298	8,048

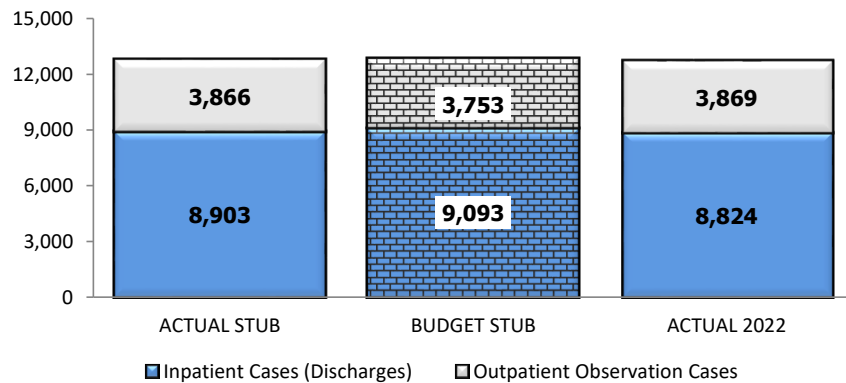
Ben Taub Cases - Quarter End



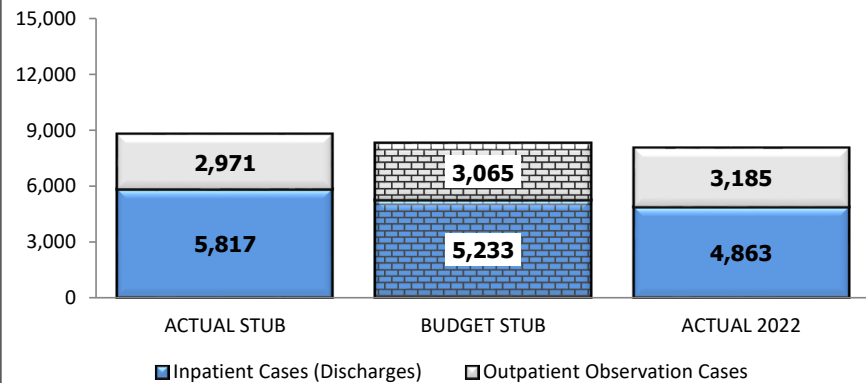
Lyndon B. Johnson Cases - Quarter End



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

As of the Quarter Ended August 31, 2022

BT Surgery Cases - Q2

Actual	Budget	Prior Year
2,743	3,242	2,503

BT Surgery Cases - YTD

Actual	Budget	Prior Year
5,476	6,349	4,715

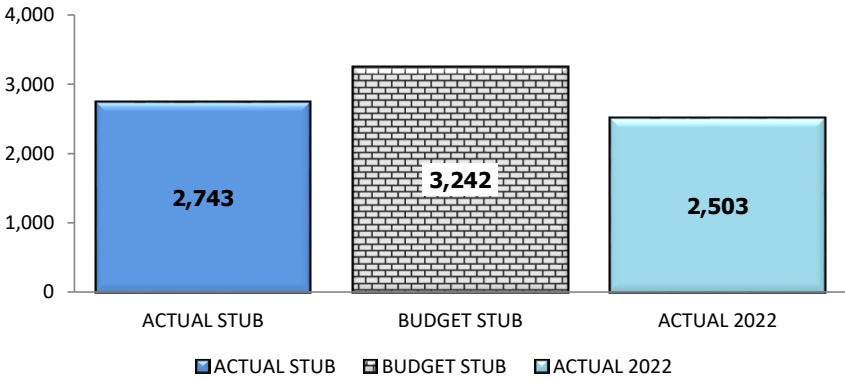
LBJ Surgery Cases - Q2

Actual	Budget	Prior Year
2,339	2,536	2,317

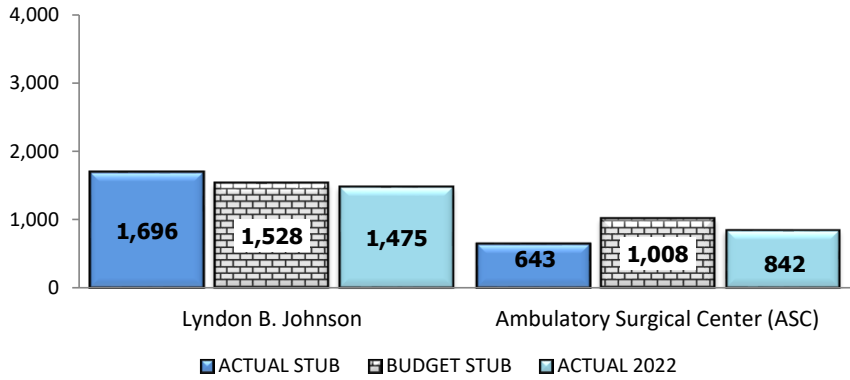
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
4,772	5,011	4,795

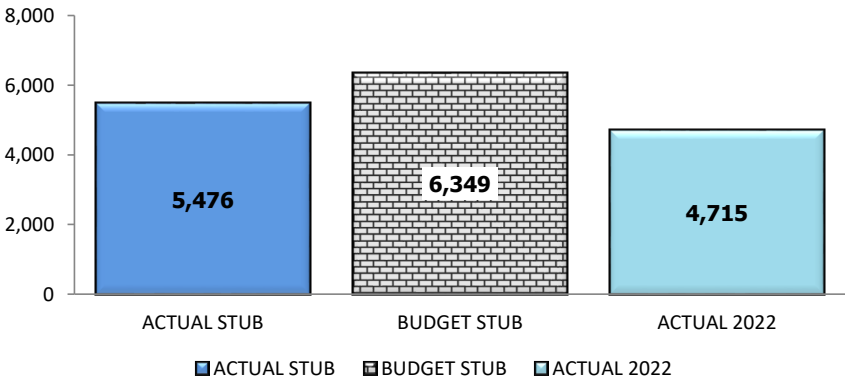
Ben Taub OR Cases - Quarter End



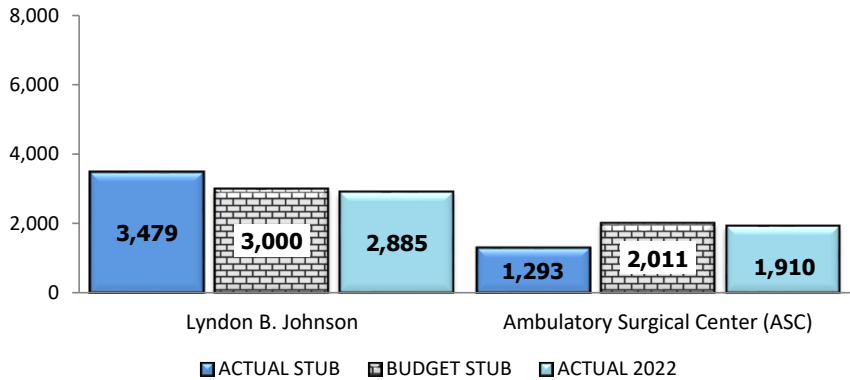
Lyndon B. Johnson OR Cases - Quarter End



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health System

Statistical Highlights - Emergency Room Visits

As of the Quarter Ended August 31, 2022

BT Emergency Visits - Q2

Actual	Budget	Prior Year
19,422	18,662	20,064

BT Emergency Visits - YTD

Actual	Budget	Prior Year
37,990	37,659	38,203

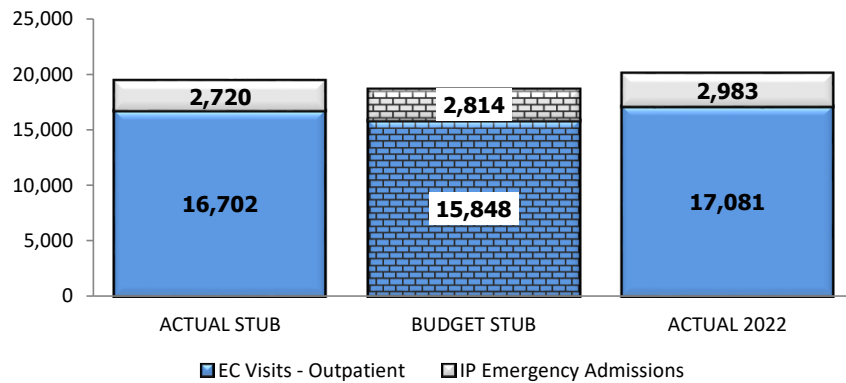
LBJ Emergency Visits - Q2

Actual	Budget	Prior Year
20,733	18,803	19,907

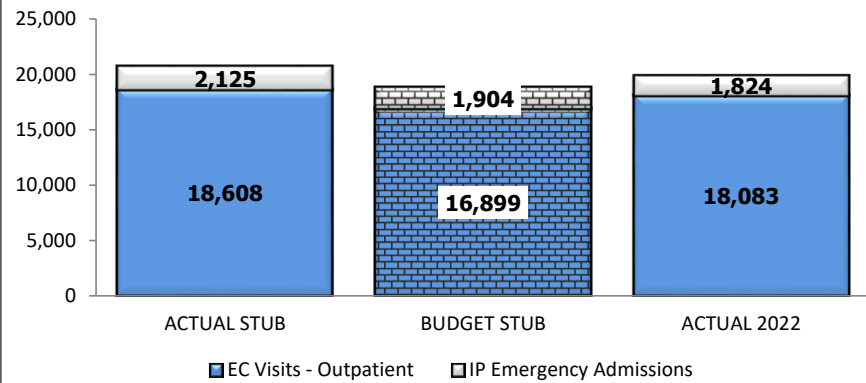
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
39,931	37,821	38,857

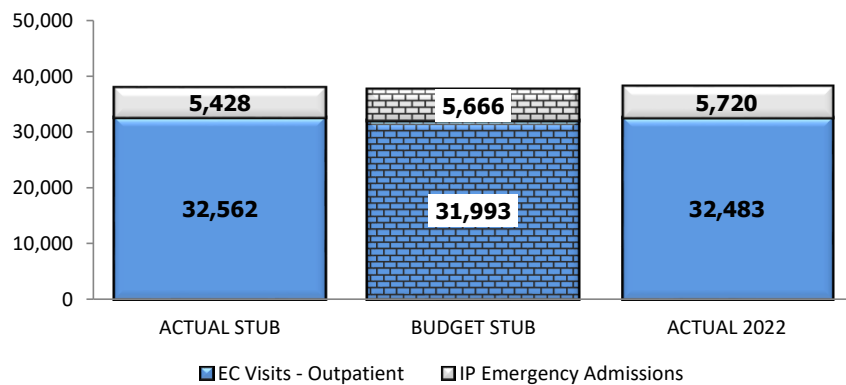
Ben Taub EC Visits - Quarter End



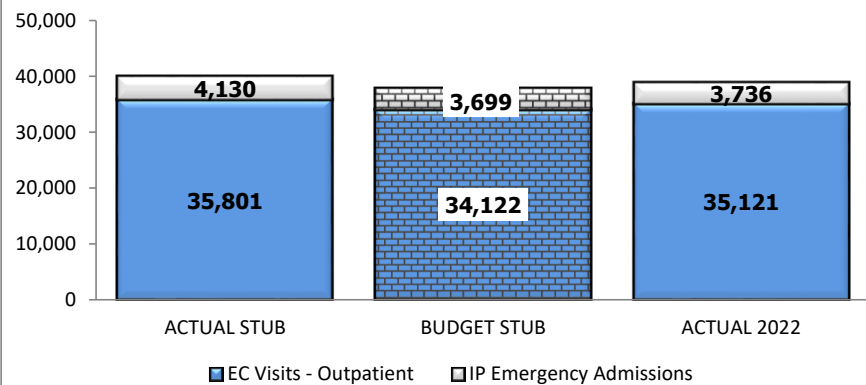
Lyndon B. Johnson EC Visits - Quarter End



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD



Harris Health System

Statistical Highlights - Births

As of the Quarter Ended August 31, 2022

BT Births - Q2

Actual	Budget	Prior Year
789	818	741

BT Births - YTD

Actual	Budget	Prior Year
1,497	1,465	1,358

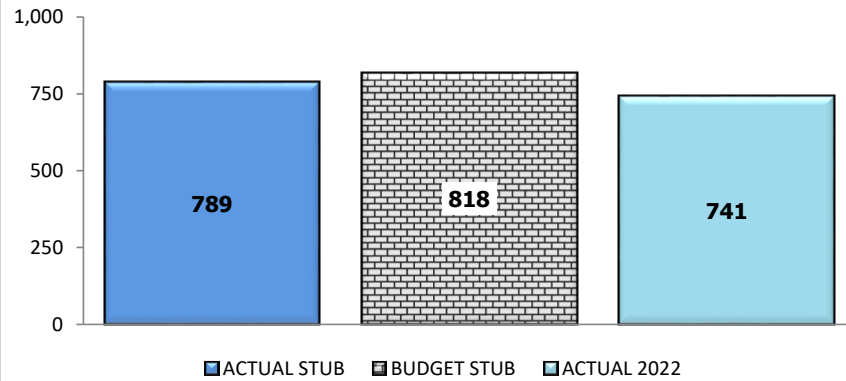
LBJ Births - Q2

Actual	Budget	Prior Year
575	430	490

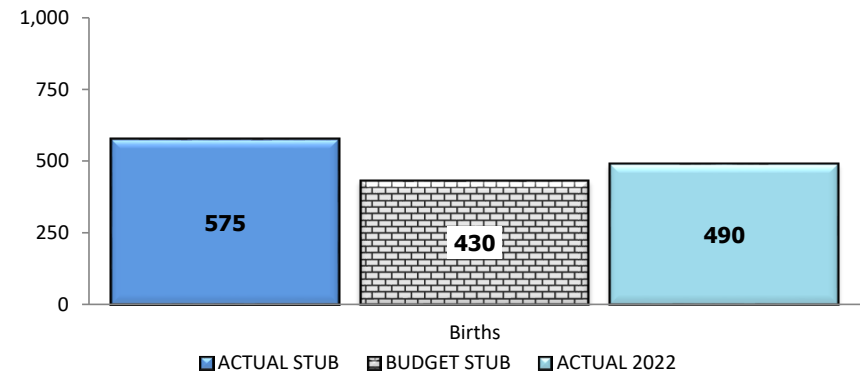
LBJ Births - YTD

Actual	Budget	Prior Year
1,095	806	899

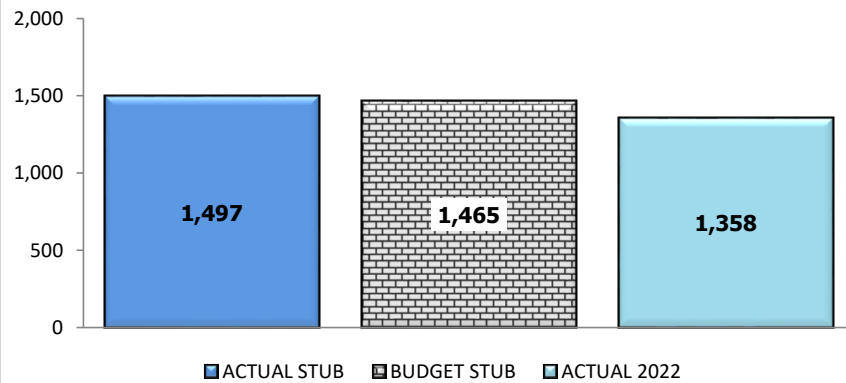
Ben Taub Births - Quarter End



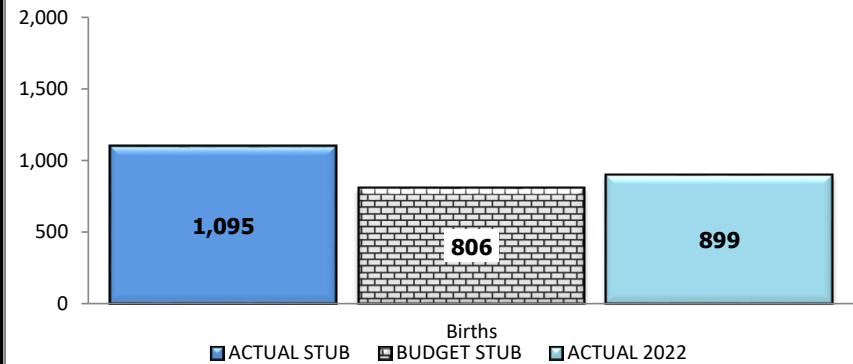
Lyndon B. Johnson Births - Quarter End



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

As of the Quarter Ended August 31, 2022

BT Adjusted Patient Days - Q2

57,996

BT Adjusted Patient Days - YTD

114,800

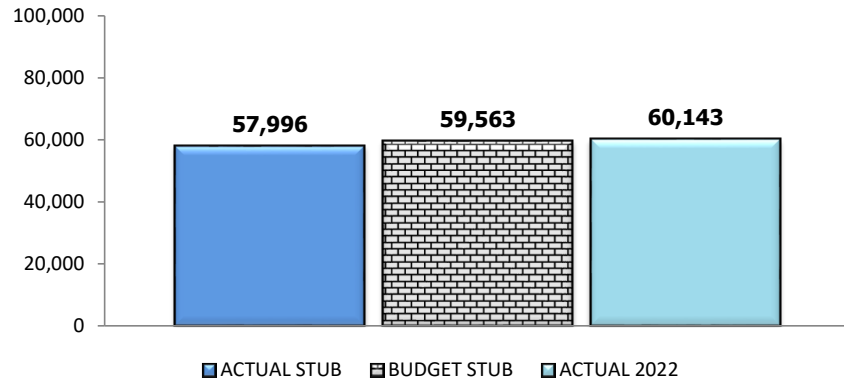
LBJ Adjusted Patient Days - Q2

39,262

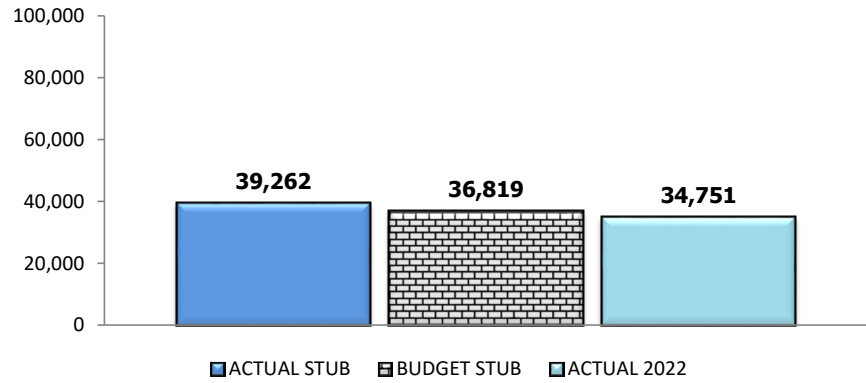
LBJ Adjusted Patient Days - YTD

76,641

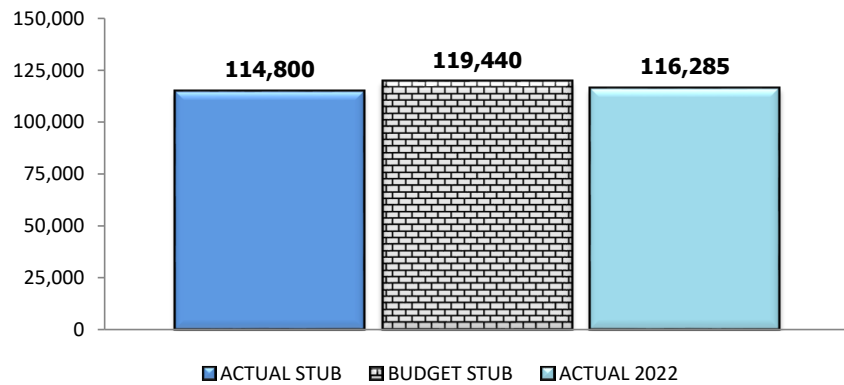
Ben Taub APD - Quarter End



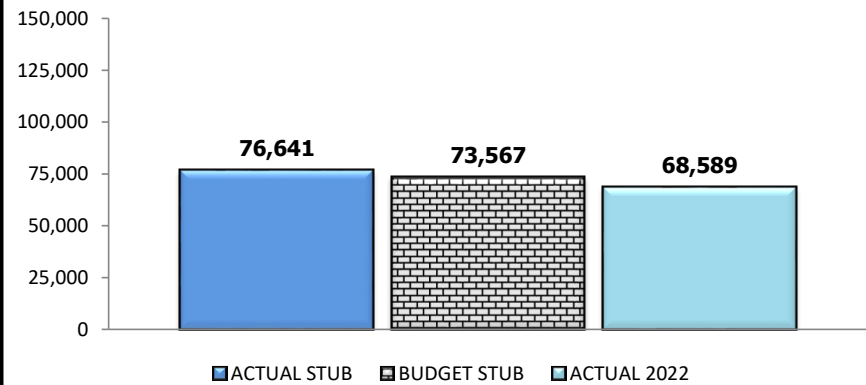
Lyndon B. Johnson APD - Quarter End



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD

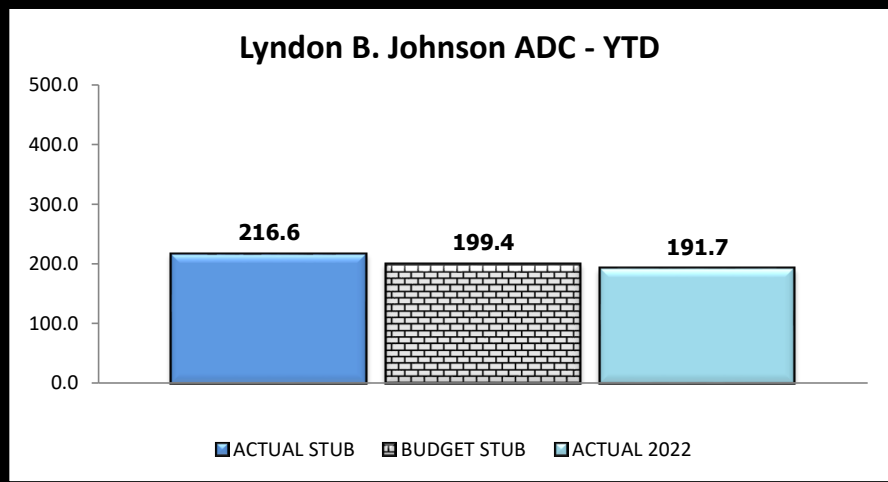
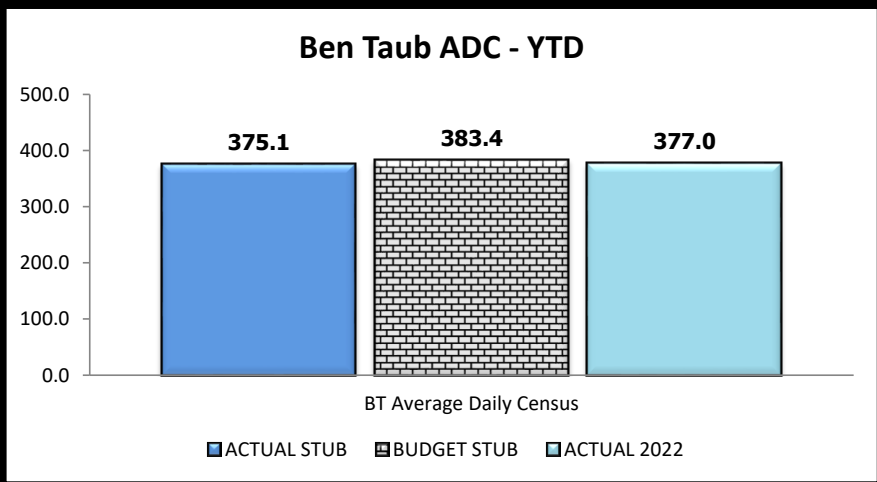
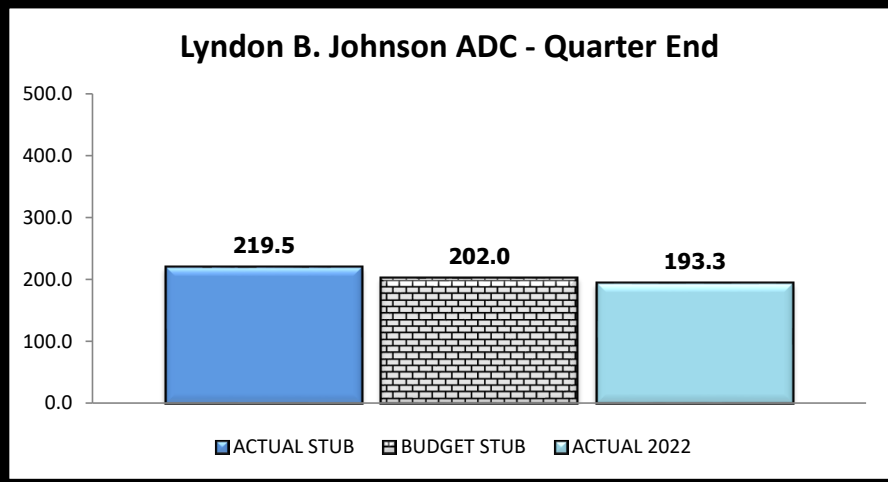
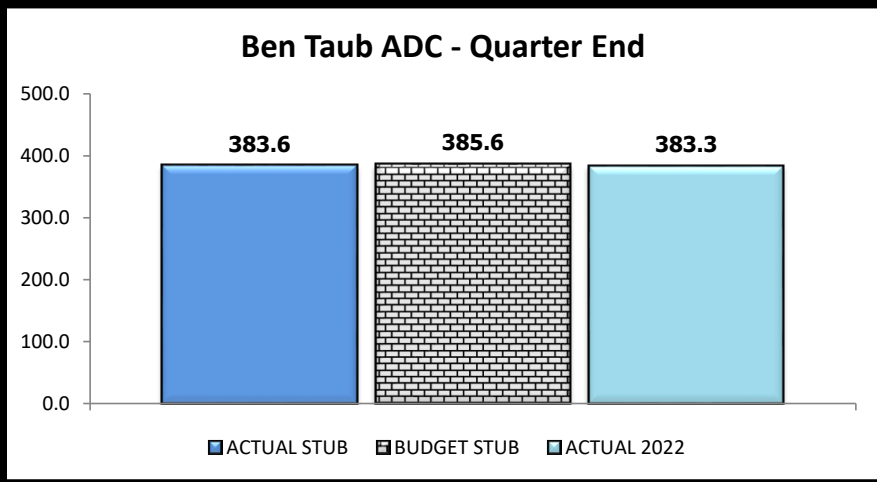


Harris Health System

Statistical Highlights - Average Daily Census (ADC)

As of the Quarter Ended August 31, 2022

<u>BT Average Daily Census - Q2</u>	<u>BT Average Daily Census - YTD</u>	<u>LBJ Average Daily Census - YTD</u>	<u>LBJ Average Daily Census - YTD</u>
383.6	375.1	219.5	216.6



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

As of the Quarter Ended August 31, 2022

BT Inpatient ALOS - Q2

6.49

BT Inpatient ALOS - YTD

6.26

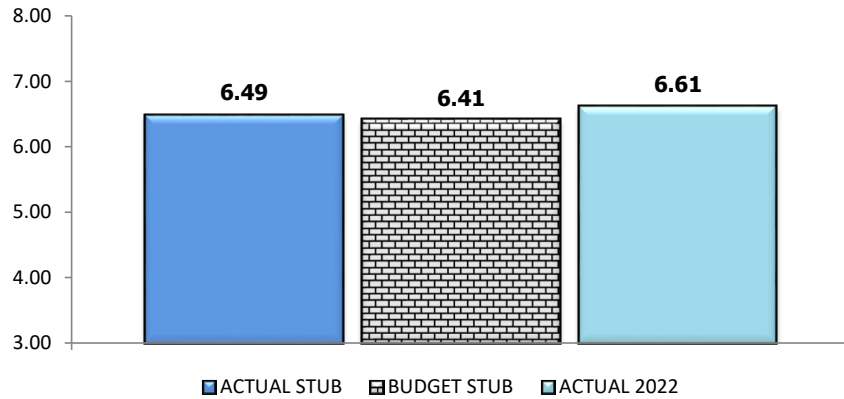
LBJ Inpatient ALOS - Q2

5.51

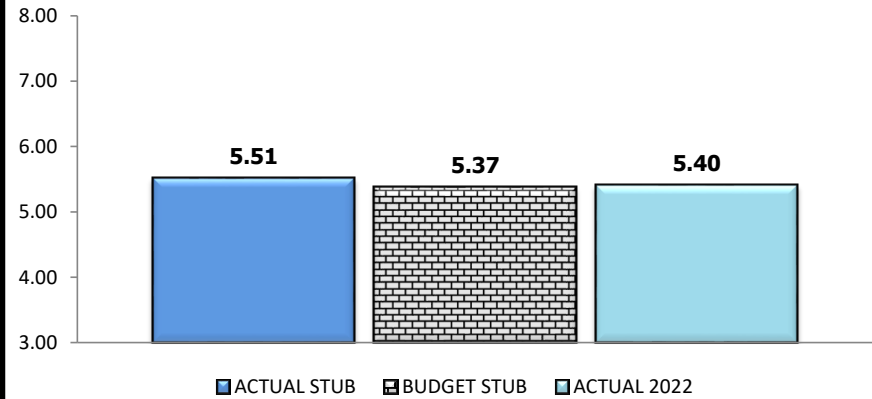
LBJ Inpatient ALOS - YTD

5.33

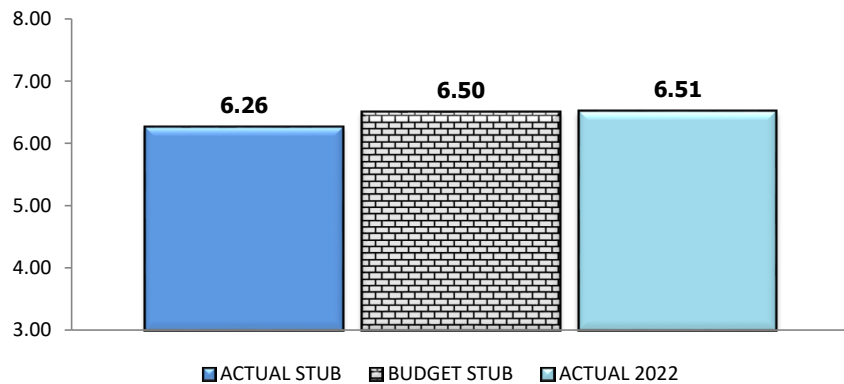
Ben Taub ALOS - Quarter End



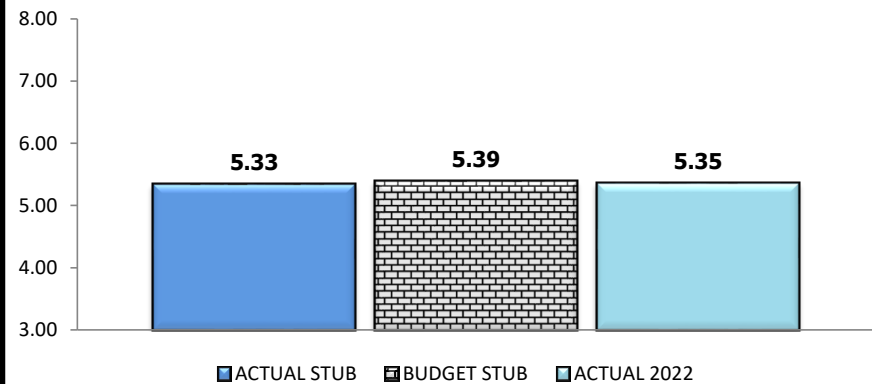
Lyndon B. Johnson ALOS - Quarter End



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

As of the Quarter Ended August 31, 2022

BT Case Mix Index (CMI) - Q2

Overall	Excl. Obstetrics
1.814	2.010

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.803	1.981

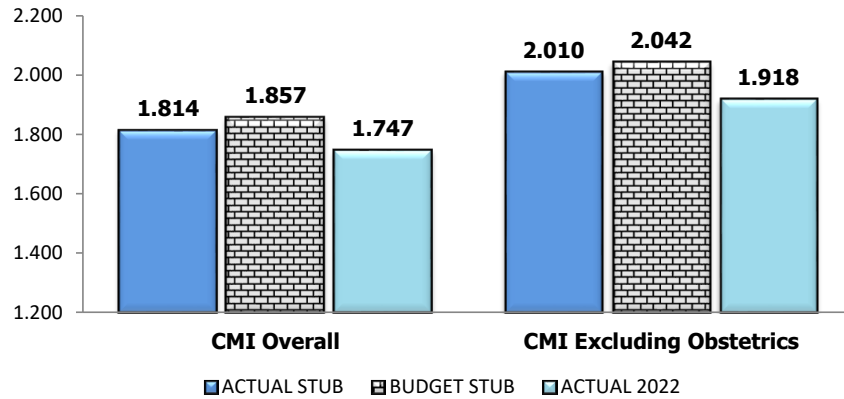
LBJ Case Mix Index (CMI) - Q2

Overall	Excl. Obstetrics
1.552	1.718

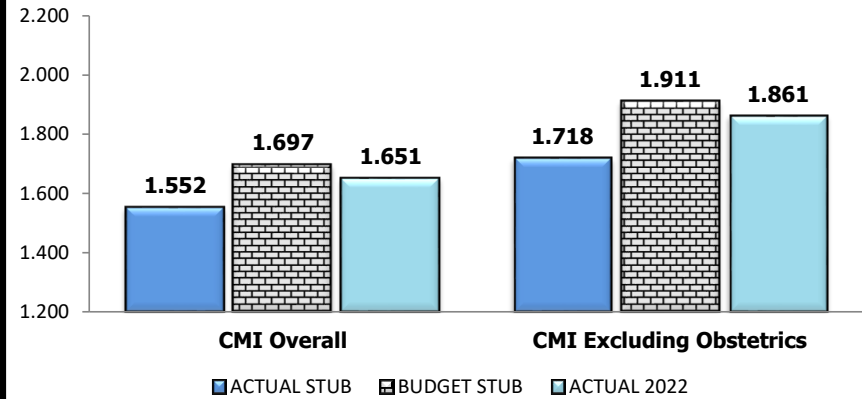
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.555	1.718

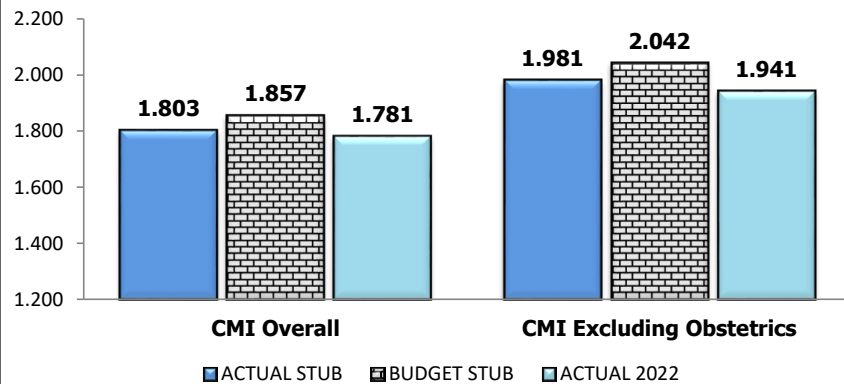
Ben Taub CMI - Quarter End



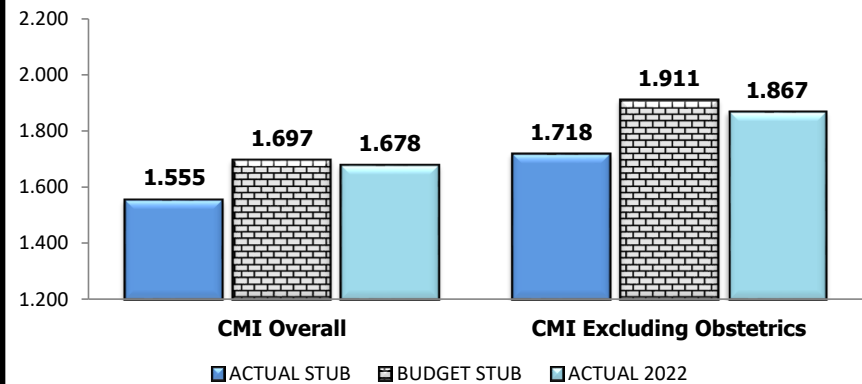
Lyndon B. Johnson CMI - Quarter End



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, September 22, 2022

Annual Interest Rate Management Agreement Disclosure

Texas Government Code 1371.061 requires an annual Management Report regarding any interest rate management agreement (swap) that the governing body has authorized. The requirement applies to the swap agreement that is associated with the Series 2010 Variable Rate Demand Bonds issued by the Hospital District.

The presentation is for information only.

Harris Health System
Interest Rate Management Agreement (Swap) Management Report
February 28, 2022

Texas Government Code 1371.061 requires an annual Management Report regarding any interest rate management agreement (swap) that the governing body has authorized. The requirement applies to the swap agreement that is associated with the Series 2010 Variable Rate Demand Bonds issued by the Hospital District.

On September 25, 2007, the System entered into an interest rate swap agreement in connection with the Series 2007B Bonds with the settlement date on October 3, 2007. 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. 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. No collateral is required under the agreement.

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 4.218 percent. The termination date of the swap is February 15, 2042; the same as the Series 2010 Bonds. The District pays the Counterparty, Deutsche Bank (current credit ratings – Moody's A3, S&P and Fitch BBB+), the difference between the fixed interest rate of 4.218% and the floating SIFMA Municipal Swap Index, on the 15th calendar day of every month. The effectiveness of the interest rate swap has been measured using the regression analysis method. The System has concluded that the transactions are effective.

The redesignated swap had a zero fair value at its inception date and a fair value of \$(10) million at February 28, 2022, 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.

The System's swap agreement does 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 the 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 the 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, termination of the original swap agreement would create a liability of \$20 million and would result in a reversal of the derivative liability, the borrowing payable amount and the unamortized loss on refunding. Any resulting net change would be recorded through nonoperating expenses.

At February 28, 2022 the swap counterparty was rated A- by Standards & Poor's (S&P), A2 by Moody's Investor Services (Moody's), and A- by Fitch.

The continuation of the transaction is in compliance with the District's interest rate management policy which is included in the Investment Policy.

Victoria Nikitin

Victoria Nikitin, Chief Financial Officer

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, September 22, 2022

Community Health Choice July Financial Performance

July 2022

FINANCIAL PERFORMANCE



2022 By the Numbers



489,082

Members as of July
Member Months 24% Favorable compared to Budget



88.4% MLR

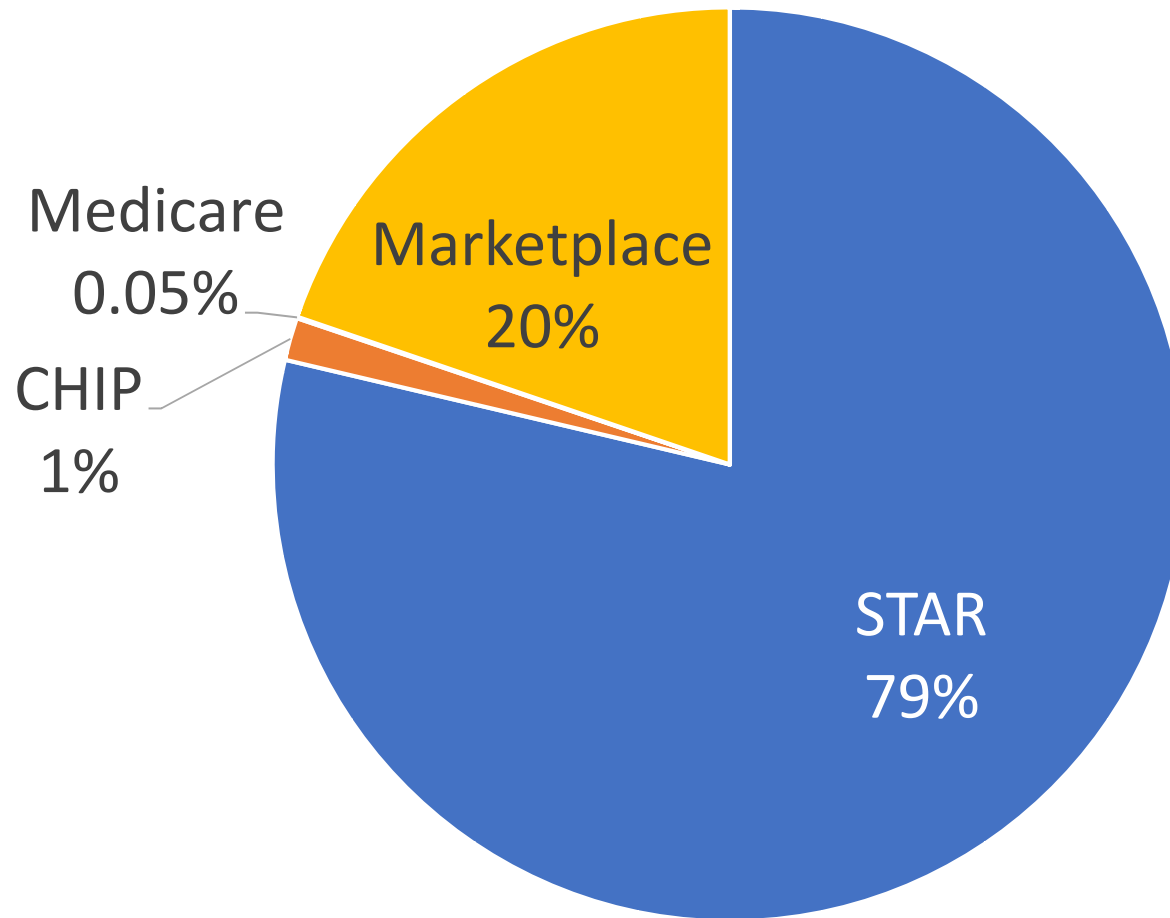


2.7% Net Income

Combined Net Income as Percent of Revenue
(CHCI+CHCT)

As of July 2022

Membership Distribution



As of July 2022

2022 By the Numbers

7 months ending July 31, 2022

CHCI Net Income

\$11.8 Million

\$1.7M favorable compared to
\$10.1M budget

- YTD membership growth exceeds budget by 17%
- \$524 million in revenue+risk adjustment premium
- 87.6% of revenue is paid to providers as medical expenses
- Cash \$43 million
- Net Surplus \$113 million; Risk Based Capital (RBC) of 386%

CHCT Net Income

\$34.9 Million

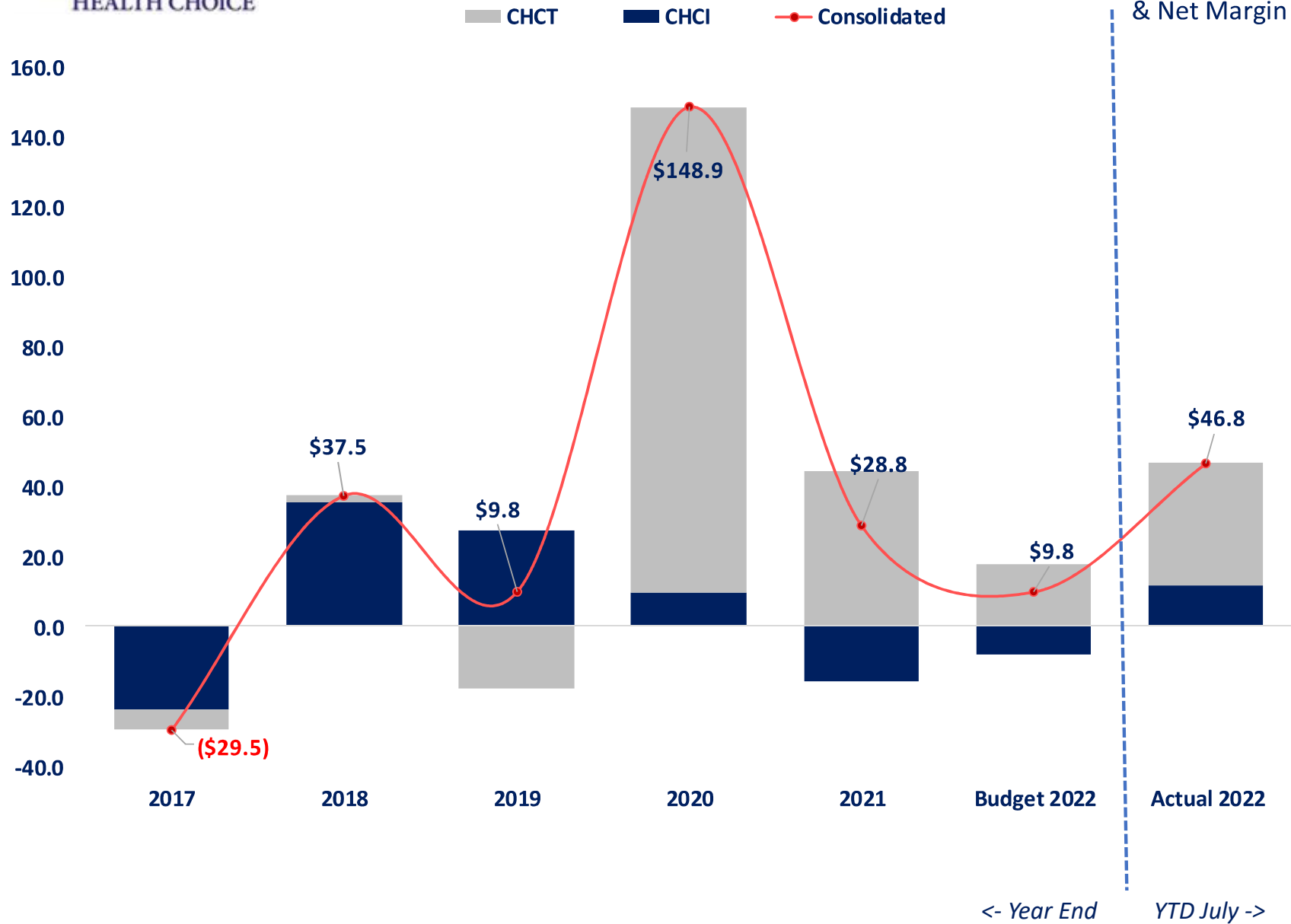
\$7.8M favorable compared to
\$27.1M budget

- YTD membership growth exceeds budget by 13% and is driven by delay in HHSC recertification
- \$1.19 billion in revenue (includes \$530.6 million in HHSC Directed Payment Program premium)
- 88.8% of revenue is paid to providers as medical expense
- Cash and Investments \$633 million
- Net Surplus \$274 million; RBC of 682%

As of July 2022



Consolidated Net Income (\$ in M) & Net Margin



Thursday, September 22, 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

September 22, 2022

Federal Update

Inflation Reduction Act: President Joe Biden signed the Inflation Reduction Act (IRA) of 2022 on August 16. The bill signing marked a significant legislative win for Democrats and Biden, who worked for more than a year to get a “human infrastructure” bill passed.

Significant provisions of note for Harris Health include:

- Extends, through 2025, the Affordable Care Act advance premium tax credits to help low-income individuals who do not qualify for Medicaid afford health insurance;
- Establishes a Medicare Drug Price Negotiation Program, which directs the secretary of health and human services to negotiate maximum fair prices for select drugs for the Medicare program, beginning with 10 drugs in 2026, up to 15 additional drugs in 2027 and 2028, and up to 20 additional drugs annually in 2029 and beyond;
- Requires drug manufacturers to pay a rebate to the Federal Supplementary Medical Insurance Trust Fund for Part B and Part D drugs should they increase prices faster than inflation;
- Caps the monthly cost of insulin furnished under Medicare Part D and remove deductibles and reduce coinsurance for insulin provided through durable medical equipment in Medicare Part B;
- Establishes a \$2,000, out-of-pocket cap on payments under Medicare Part D and Medicare Advantage Part D (MA-PD) plans in 2025 and beyond;
- Improves access to adult vaccines under Medicare and Medicaid; and
- Expands eligibility for low-income subsidies under Part D of the Medicare Program from 135 percent of the federal poverty line (FPL) to 150 percent, beginning Jan. 1, 2024.

Congressional Schedule: Both chambers of Congress were in recess for most of August with the Senate returned on August 6 and the House returned August 13. Congress will need to pass a stop-gap spending bill to keep the federal government running before September 30. . The House is only scheduled to be in session for 11 days this month. Once the House has concludes its work this month members will not return to DC until after November 14 for a potential “lame duck” session.

Republican cooperation will be necessary in the Senate for the temporary funding bill that will last until early or mid-December. .There are two controversial issues that could prevent agreement on a massive spending bill. Those are codifying same-sex marriage and the \$47.1 billion in new spending proposed by President Biden. The new funding request is for the Ukraine war effort; COVID-19 aid; natural disasters from recent western wildfires and flooding; and monkey pox. The Senate will need to garner 10 Republican votes for passage, and the question becomes whether a massive spending bill provides enough cover for those Republicans to vote yes or conversely provides enough cover for them to vote no. Right now there are 7 Republican Senators who have signaled support for codifying same-sex marriage.

State Update

1115 Waiver Update: On August 31, the Centers for Medicare and Medicaid Services (CMS) approved the public Hospital Augmented Reimbursement Program (HARP) retroactive to October 1, 2021 thru August 31, 2022. This new program provides Medicaid supplemental payments for fee-for-service patients. These types of patients account for a large percentage of Harris Health's Medicaid volume which are new enrollees and immigrants under Emergency Medicaid TP-30.

Equity work groups are being formed by HHSC to review supplemental payment system reform under the Directed Provider Payments and the Medicaid Disproportionate Share Hospital (DSH) program. Harris Health has appointed four individuals to these work groups. The goal is to better align payments for the state's hospital districts and to gain parity/equity with private hospitals in the Medicaid program.

State Budget: State Comptroller Glenn Hager on July 14th issued a revised budget estimate which is \$13.73 billion higher than his November General Revenue estimate for the 2023. The Economic Stabilization Fund is projected to have a balance of \$13.66 billion.

Last month, the Lt. Governor prioritized using the surplus for property tax reductions, suspension of the gasoline tax, and a thirteenth paycheck for teachers among other things. Governor Abbott announced late in August his budget will take half of the proposed surplus and apply it to property tax relief. The Speaker has yet to make public his priorities for the surplus.

88th Legislature Priorities: With the anticipated \$30 + billion surplus many legislators are looking at one time infrastructure projects property tax cuts. From a policy perspective, expected priorities include COVID and monkey pox response, the grid, school safety and the Dobbs decision.

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

Health care policy debate will include workforce issues, 12 months continuous Medicaid coverage for postpartum women, telehealth/telemedicine, Food Rx, Medicaid MCO procurements, Local Provider Participation Fund renewals, and trauma funding.

Attached are three policy documents that Harris Health has worked with the Teaching Hospitals of Texas (THOT) regarding the response to the nursing shortage, workforce training, and hospital at home programs.

Next month the Harris Health System's legislative platform will be presented to the Board of Trustees for adoption.



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Texas Teaching Hospitals' Response to the Nursing Shortage

Summary of Findings



The nursing shortage is likely to continue and requires short- and long-term solutions to solve.



A cooling down of the rates for contract labor is essential to stabilize the nursing workforce and disrupt the cycle of hospitals competing for the same pool of talent and of permanent nurses leaving staff positions for temporary, travel roles.



Having temporary contract nurses is critical during pandemic surges to meet care needs, but hospitals cannot assume that every temporary nurse has the necessary skills and competencies to deliver care at the level expected and required.



Hospitals are investing significant financial and human resources in revamping clinical education programs, using preceptors, and implementing other training to maintain care quality and safety while relying on temporary staff.



More retirements of experienced nurses combined with new graduates with minimal clinical experience means hospitals have to spend more time and resources on clinical education for new hires—further delaying getting a nurse working full-time.



Maintaining a focus on mission and culture is challenging when inflated hourly wages are such an influential factor in nurses' decision-making about their careers.



The effectiveness of financial incentives, other than hourly wages, and soft incentives on nurse retention and employment choice is unclear and varies by market.



A sustained focus on addressing burnout and bolstering resiliency will be required.



Texas Teaching Hospitals' Response to the Nursing Shortage

Overview

The pandemic shone a bright light on Texas' nursing workforce shortage. What existed prior to the pandemic worsened as each surge of cases and hospitalizations drove exhausted nurses to retire early or replace working at the hospital bedside with a nursing position in another clinical setting or choose a different profession entirely. The pandemic also illuminated how indispensable nurses are to patient care. The hospital nurse is irreplaceable. Patients are hospitalized when they need 24-hour care; the nurse is the linchpin to that care.

Teaching hospitals are in the unique position not only of employing more registered nurses than other hospitals to meet their missions to care for their communities but also of having an essential role in ensuring an educated nurse workforce. Texas' teaching hospitals comprise 12.5 percent of hospital beds in the state and employ more than 15 percent of the state's hospital-based

registered nurses. They also serve as clinical rotation sites for nursing students to receive critical hands-on education and training before graduating from nursing school. In addition, many teaching hospitals offer both residency programs to help recently graduated nurses gain knowledge and hands-on experience before entering full-time staff employment and fellowship programs for more experienced nurses for ongoing education and professional development.

In October 2021, THOT interviewed nursing leaders with three of our member institutions to better understand the impact of the pandemic on the nursing shortage as well as the operational shifts and investments taken to ensure that high quality, safe patient care is prioritized, despite the significant staffing challenges, and that the professional practice of nursing is appropriately acknowledged and supported.



Wage Pressures

When COVID-19 cases surged, and hospitals filled to, or even over, capacity, hospitals turned to their staffing agencies for temporary help, and the state and FEMA also allocated travel nurses to fill staffing gaps, particularly in intensive care units. The Texas Department of State Health Services deployed more than 8,100 state-funded health care workers, including nurses and respiratory therapists, in the late summer surge of 2021. During the winter surge of 2020/2021, almost 14,000 medical personnel were deployed.

As the pandemic continued, the nursing shortage became more acute, and hospital-employed nurses began leaving their permanent positions for the often higher-paying temporary positions offered through private staffing and government agencies, creating a troubling cycle for hospitals having to pay increasingly higher wages and fees for a dwindling pool of nurses. Prior to the pandemic, travel nurse wages were between \$40 and \$75 an hour, depending on the specialty. Today, they average \$90 to \$150 and, in some cases, are upwards of \$200 an hour. At the same time, hospitals are paying more to retain current nurses and to recruit additional permanent staff nurses.

Over the course of the pandemic, it became increasingly difficult for hospitals



to maintain morale of employed staff nurses who stayed in their positions as the wage differential between the salaried nurses and the temporary hourly nurses became evident, compounding the already elevated levels of stress and exhaustion brought on by the prolonged pandemic. Employed nurses began leaving for the higher-paying temporary positions to earn in 13 weeks what many might earn in a year as an employed nurse. To retain existing staff, one hospital reported offering shift pay four times more than what was the average rate before the pandemic. Another increased pay for a couple of months for its ICU nurses but

Texas Teaching Hospitals' Response to the Nursing Shortage

acknowledged that the pay increase was not financially sustainable or seen as fair by other nurses working in other units of the hospital over the long term. This hospital also added pay for preceptors to recognize the extra work they took on to mentor and teach contract nurses and provided incentive pay for charge nurses who took on significantly more organizational and operational duties to manage patient flow and operations on COVID floors.

As the pandemic eases, hospitals are putting considerable effort toward

encouraging nurses to commit to full-time, permanent employment by creating organizational cultures that support nurses in their professional role and advance their development, although the trend of nurses preferring contract work to permanent staff roles appears to be lingering because of the wage differential and ability to choose flexible shifts. Hospitals are increasing nurse representation on system committees and implementing shared governance, for example, to make sure nurses' perspectives are heard and woven into strategic planning and decision-making.

Commitment to Education

Even as hospitals tried to stretch existing resources to manage care demand, none could avoid use of travel or contract labor as the number of patients requiring hospitalization and the number of severely ill patients requiring ICU care increased.

Hospitals quickly realized the need to train not just on skills and practices but on mission, communication, leadership, and clinical judgment.

This commitment of staff and educational resources to onboarding temporary nurses was particularly important as some of the deployed nurses had worked in other clinical settings, such as long-term care facilities, or perhaps a small rural hospital but never in a tertiary care hospital where a large proportion of patients have complex, high-acuity medical needs. In addition, documenting orders, medications, and notes in an electronic health

record, for example, was not a universally held skill, or a nurse had experience only with different electronic charting tools from the one used in the specific hospital.

After one hospital saw the potential for an increase in patient falls primarily related to increased use of temporary nurse staffing, it expanded its existing fellowship program in place for new nursing hires to include all temporary nurses, including those from the state and FEMA. In this

“ True to their missions, teaching hospitals dedicated significant educational resources to ensuring that the temporary, contract nurses had the professional competencies, knowledge, and as full as integration into the mission and protocols of the hospital system as possible. ”



Texas Teaching Hospitals' Response to the Nursing Shortage

program, nurse educators conduct rounds with the travel nurses. This hospital onboarded 400 temporary nurses from March to December 2020, all of which had a staff nurse partner for education.

Another hospital reporting needing to individualize the onboarding for travel nurses as each had different and varying skills and competencies. The hospital developed a self-assessment tool for each temporary nurse to declare where they needed education and support to deliver care at the level needed in a complex care environment. After the nurse manager skills review, either the hospital was able to quickly get the nurse up to speed or could assign them to a care environment more suited to their skills.

This hospital also revised its onboarding to compress the number of hours of required training because the need to get the nurses onto the floors was overwhelming. The hospital did not have the luxury of allocating 14 to 20 hours of the nurses' time to traditional education. Its nursing leadership team was able to compress its module-based learning to 4 hours or less. In addition, to accelerate the time a new nurse came on to the time he or she could get to the bedside,



the hospital quickly stood up a program that brought a team together of disparate divisions within the hospital, such as IT, human resources, and clinical education so that no time was wasted from the basics about where to park to the more complex of how to appropriately chart in the hospital's EHR.

A 10-day onboarding at another hospital for clinical and EHR orientation was compressed to 3 days, only two of which were in the classroom, and the other dedicated to pairing together temporary



Texas Teaching Hospitals' Response to the Nursing Shortage

and staff nurses to assess and validate competencies essential to delivering bedside care in a complex care environment. The hospital's professional development team very quickly went from onboarding nurses once every two weeks or so to onboarding new nurses every day.

No hospital lost sight of keeping care quality and patient safety foremost. Demobilizing temporary nurses, no matter how needed they were, was sometimes a difficult but necessary

choice for hospitals if there were concerns that quality and safety would be compromised because the nurse was not ready for the care environment. Hospitals kept focus on being high-reliability organizations and empowering nurses to speak up with concerns about patient care even if it meant not being able to have a nurse position filled. The hospitals also expressed appreciation to the state for working with them to quickly replace any demobilized nurse.

Nursing Students and the Workforce Pipeline

When the pandemic first hit in March 2020, nursing schools, just like other academic institutions, shifted to virtual learning, and many pulled their student nurses from clinical rotations in hospitals. Consequently, nurses who graduated during the early phases of the pandemic did not have the same level of clinical, hands-on training as previous graduates. The result, according to nursing leaders, is that more nurses need more post-graduation education and hands-on training before they are truly ready to work independently on a medical/surgical floor or ICU.

One positive outcome of the pandemic seems to be increasing nursing school enrollment. Nationally, enrollment in baccalaureate nursing programs increased nearly 6 percent in 2020, according to preliminary results from an annual survey of

“Just like the nursing shortage itself, the “complexity gap” between new nurses and more experienced ones existed prior to the pandemic. The difference now is the unprecedented and immediate need for experienced nurses.

900 nursing schools by the American Association of Colleges of Nursing. In Texas, one nursing program experienced a 20 percent increase in enrollment in fall 2021 compared to the previous year. The challenge will be to make sure these student nurses and new graduates have opportunities to continue learning at the bedside from more experienced, hospital-based nurses.

Our Purpose:

THOT is the principal voice and advocate for health systems that teach the next generation of health professionals and who are united in their commitment to support policies and funding that will ensure health care access for all Texans.

THOT also partners with other health care advocacy organizations, including the Texas Hospital Association and Texas Organization of Rural and Community Hospitals, to amplify the voice of all Texans who depend on a strong health care system.



A History of Advocacy

Founded in 1986, THOT exists to support the academic, research, and patient care missions of our members. THOT advocates for policies and funding that:

- ✓ Support access to care for all in our communities with a special focus on vulnerable populations.
- ✓ Sustain essential community health programs and services, such as trauma, public health, and disaster planning, response, and management.
- ✓ Prepare for the future by training tomorrow's healthcare providers and supporting health research and healthcare transformation.

Solutions

As part of its advocacy on behalf of Texas teaching hospitals, THOT looks forward to engaging legislative and regulatory leaders on long-term health care workforce solutions.

Members appreciate state and legislative support and look forward to continued partnership for Texas health care workforce sustainability.



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Teaching Hospitals – Critical Workforce Training Partners

Members of Teaching Hospitals of Texas (THOT) may be best known for providing the lion's share of critical Graduate Medical Education (GME) training for Texas' medical school graduates. That residency training helps keep medical graduates in Texas and helps ensure physicians stay in-state to practice medicine and care for Texans.

But teaching hospitals' education and training investment extends beyond physicians. THOT members provide education and clinical training for thousands of Texas' health care students, including nursing and allied health. This education and training is needed for students to graduate, to become licensed and to secure the clinical skills required to join the healthcare workforce.

Teaching hospitals provide the often forgotten but essential clinical training component of healthcare education that keeps the healthcare workforce pipeline flowing.

A Texas nursing survey found that 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*. And a recent Texas Future of Nursing summit highlighted the need to develop a more coordinated approach to address clinical learning gaps between the academic setting and clinical practice.



The pandemic highlighted the existing challenges of clinical education and the need for state investments to support clinical training. Investments in hospital clinical work will help expand workforce capacity and improve readiness and clinical expertise to help meet Texans' healthcare needs.

Harris Health System– Houston

Harris Health in Houston, Texas is one of the largest public healthcare systems in the country and a teaching institution for Baylor College of Medicine, the McGovern Medical School at UTHealth, UT's School of Dentistry as well as nursing schools and allied health programs. Through 150 partnerships and affiliation agreements, in addition to 2,036 physician residents, Harris Health provides clinical training to more than 4,670 students, annually.

- 1,279 nursing students
- 1,600 medical students
- 602 fellows
- 500 high school students participating for clinical observation
- 200 nurse residents
- 177 dental students
- 123 physician assistant students
- 65 student registered nurse anesthetists
- 80 diagnostic imaging and radiology students
- 21 patient care assistants
- 9 pharmacy residents
- 7 nurse practitioner students
- 5 physical therapy residents
- 5 chaplain residents
- 3 psychology students



University Health – San Antonio

University Health, through its longstanding affiliation with UT Health San Antonio, is the region's academic medical center, committed to delivering patient-centered, culturally competent, high quality and compassionate care, based on a strong foundation of outcomes-based research and innovative teaching. University Health in each of the past 11 years has been recognized for its ongoing outstanding employee learning and talent development by the global Association of Talent Development in its BEST Award, making University Health a member of the elite "Best of the BEST". University Health is the sole recipient of the inaugural Talent Development for Good Award, recognizing that its talent development "improves the lives of others, changed an industry or community for the better, or served society in a powerful way." In 2019, 3,100 students from 56 schools participated in internships or clinical training on site:

- 2,875 adult students
- 225 high school students
- 1,074 students participated in nursing clinical training: licensed vocational nurse (LVN); LVN to registered nurse (RN); RN; nurse practitioner; and doctorate in nursing.
- 1,052 students participated in medical assistant training programs.
- 974 students participated in programs for pharmacy and pharmacy tech; physical, occupational and speech therapy; emergency med tech; sonography; pathology; physician assistant; respiratory therapy; vascular technology; surgical technologist; psychology; pastoral care; blood bank; social care; radiology tech; healthcare administration; laboratory tech; public health; and health information technology.



Parkland Health – Dallas

Parkland Health in Dallas is the primary teaching hospital for the University of Texas Southwestern Medical Center. It trained 3,282 students from more than 150 schools on site in 2021.

- 1,856 students participated in nursing clinical training: licensed vocational nurse (LVN); LVN to registered nurse (RN); RN; nurse practitioner; and doctorate in nursing
- 800 students participated in programs in allied health sciences, such as physical, respiratory and speech therapy and radiology
- 400 medical students
- 150 physician assistants and 43 psychology students received training in the behavioral health programs and psychiatric emergency department.
- Since 2016, more than 250 students have participated in Parkland's Workforce Development programs, which help students and staff earn clinical degrees, including 58 nursing graduates, 46 patient care assistant graduates, and graduate in healthcare technology, radiology, and occupational therapy.



University Medical Center of El Paso

University Medical Center of El Paso, the primary teaching institution for Texas Tech University's medical school, hosted 2,408 students from 36 schools in internships or clinical training on site in 2019.

- 2058 adult students
- 350 high school students, participating in health sciences technology
- 441 medical students
- 867 students participated in nursing clinical training: licensed vocational nurse (LVN); LVN to registered nurse (RN); RN; nurse anesthesia nurse; practitioner; and doctorate in nursing.
- 739 students participated in allied health programs including physical therapy, physical therapy assistants, speech and respiratory therapy, radiology, sonography as well as EMT programs, pharmacy, dietary, and medical lab technology.



Midland Health

Midland Health provided on-site training to 570 students from 27 schools in addition to its 59 graduate medical education physician residents in 2021

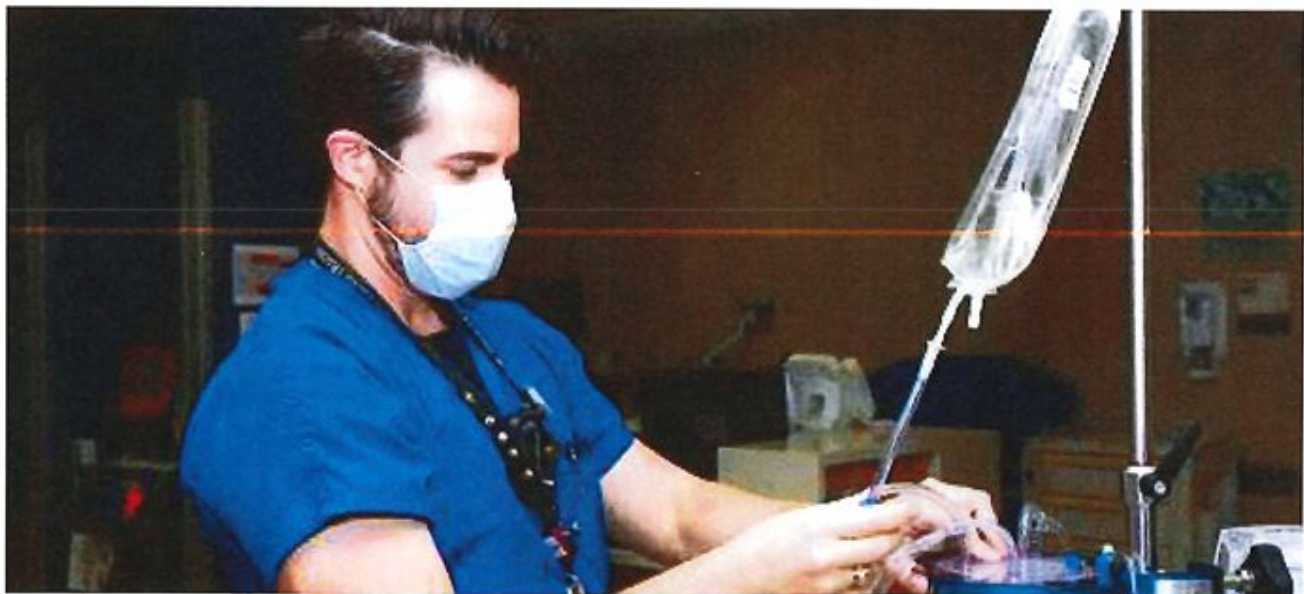
- 26 medical students
- 331 students participated in nursing clinical training: licensed vocational Nurse (LVN); LVN to registered nurse (RN); RN; nurse practitioner
- 22 physician assistant students
- 3 students participated in medical assistant training programs.
- 198 students participated in programs for pharmacy; physical, occupational and speech therapy; emergency medical tech (EMT); sonography; respiratory therapy; surgical tech; radiology tech; social work; paramedic; dietetic; phlebotomy; kinesiology; and patient care tech (PCT).
- 17 high school students participated in a Jr. Scholar Program, which included classes and observation of patient care.
- 10 undergraduates on an accelerated path to medical school through Midland College's Primary Care Pathway program.



UTMB Health – Galveston

UTMB Health (the University of Texas Medical Branch) in Galveston provides training for 677 physician residents, and more than 3,900 students with clinical training.

- 959 medical students
- 677 residents
- 181 physicians' assistant students
- 1,002 allied health students in programs for Surgical Technology, EMT, Sterile Processing, Perfusion Technology, Patient Care Technician, Physical Therapy, Occupational Therapy, Respiratory Care, Clinical Lab Sciences, Nutrition and Metabolism, Pathology Assistant, Blood Banking and Transfusion Medicine.
- 1,769 nursing students in programs leading to degreed Licensed Vocational Nurses (LVN), Registered Nurses (RN), Bachelor's of Science in Nursing (BSN), Master's of Science in Nursing (MSN), or a Doctorate of Nursing Practice (DNP).



DHR Health

DHR Health serves the Rio Grande Valley, a region of over 1.3 million people. In addition to its 120 graduate medical education physician residents and 16 GME physician fellows, DHR Health provided on-site training to 1,022 students from 70 affiliated schools and programs in 2021-2022.

- 123 medical students
- 544 students participated in nursing clinical training: licensed vocational nurse (LVN); RN; MSN; nurse practitioner
- 19 physician assistant students
- 11 students participated in behavioral health training: clinical psychology, counseling, MSSW, social work
- 4 students participated in medical assistant training programs
- 142 students participated in programs for dietetic; exercise science; occupational therapy; pharmacy and pharmacy tech; phlebotomy; physical therapy; radiology; respiratory therapy; speech-language therapy; sonography; surgical tech



About Us

THOT is the principal voice and advocate for health systems that teach the next generation of health professionals and who are united in their commitment to support policies and funding that will ensure healthcare access to all Texans.

THOT members' shared commitments include:

- Supporting access to care for all in our communities, with a special focus on vulnerable populations;
- Providing and coordinating essential community health services, such as trauma and disaster management;
- Preparing for the future by training tomorrow's healthcare providers and supporting health research and healthcare transformation.



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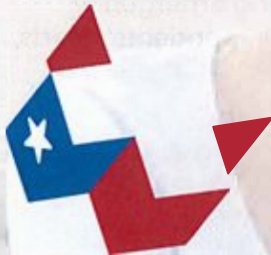
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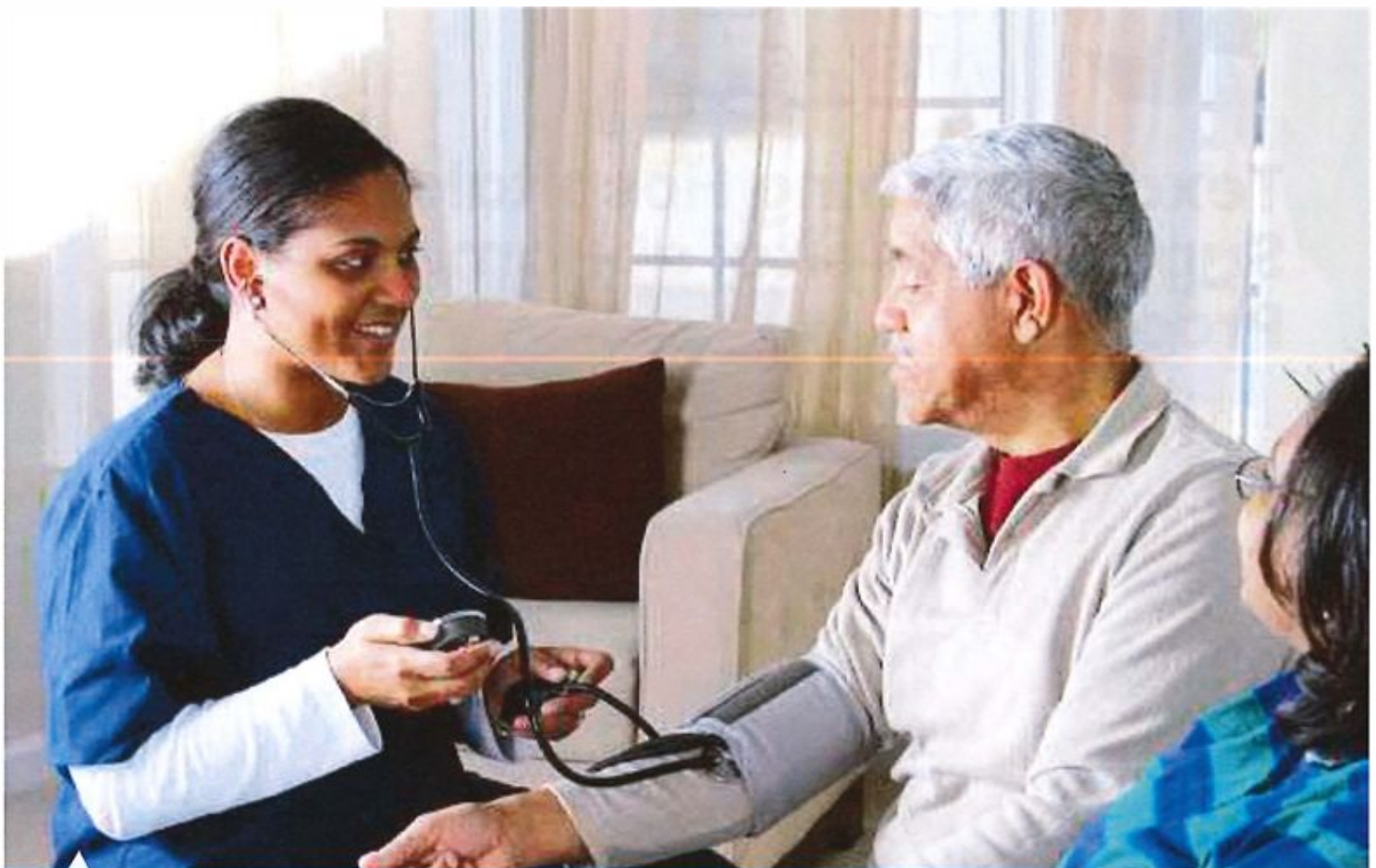


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**Texas Teaching Hospitals
Support Hospital at Home
Programs**

Key Takeaways

- Without Congressional action, the Hospital at Home program expires when the COVID-19 public health emergency (PHE) expires.
- THOT supports legislation introduced to extend the Hospital at Home program for two years beyond the end of the COVID-19 PHE.
- At least three large public teaching hospitals in Dallas, Houston, and San Antonio operate or are planning to operate Hospital at Home programs.
- Hospital at Home programs are a highly effective alternative to hospitalization at a brick-and-mortar hospital for patients qualifying for inpatient treatment.
- Hospital at Home programs vary according to community need and hospital staffing and other operational characteristics but share a commitment to alleviating emergency department crowding, creating additional inpatient capacity, better meeting patients' needs, and improving outcomes.



Overview

The Hospital Inpatient Services Modernization Act, by Senators Tom Carper (D-Delaware) and Tim Scott (R-South Carolina), would extend the Acute Hospital Care at Home COVID-19 waiver for two years. The bill would allow continuation of the Acute Hospital Care at Home program and Medicare reimbursement for services, even in the absence of a continued public health emergency. Companion legislation in the U.S. House of Representatives is sponsored by Representatives Earl Blumenauer (D-Oregon) and Brad Wenstrup (R-Ohio).

THOT supports legislation to continue the Hospital at Home program. Hospital at Home strengthens patient care by giving hospitals the ability to:

- Serve more acutely ill patients.
- Alleviate emergency department congestion.
- Improve outcomes.
- Integrate episodic hospital care with broader health aims by addressing food insecurity and need for social services, remediating home safety and other environmental concerns, and creating more opportunities for health education.

Hospital at Home programs also bring needed flexibility to quickly create increased capacity for high quality care in response to any future public health emergencies that may emerge.

Hospital at Home programs are made possible by a Centers for Medicare & Medicaid Services waiver in November 2020 of several Medicare Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient. With an Acute Hospital Care at Home waiver, under certain conditions, hospitals can deliver hospital care for patients in their homes. Although patient care is delivered in the patient's home, the program is limited to patients who need inpatient hospitalization. Patients receive at least daily physician visits, which can be conducted via telemedicine, and twice daily in-person nurse visits (one of these visits may be by a mobile integrated health care - community medicine provider, i.e. a qualified EMS provider working as part of the hospital's coordinated care team). Nurses can also deliver meals, if needed. In addition, telemedicine visits are established with members of pharmacy, care coordination, spiritual care teams or other resources as needed.

Texas Hospital at Home Programs

More than 200 hospitals in 34 states have received permission from CMS to provide home-based acute medical care. Among these hospitals are two THOT members – Parkland Health in Dallas and University Health in San Antonio. In addition, Harris Health in Houston is beginning preparations to operate a hospital at home programs

These hospitals are among the largest health systems in the country with some of the busiest emergency departments. Inpatient bed capacity is often at a premium, which puts a strain on emergency departments; hospital at home programs are integral to create additional care capacity while elevating care quality and outcomes.



These Texas Hospital at Home programs vary in maturation, scope, and planned number of patients, but all share a commitment to ensuring high quality care, improving patients' experience of care, increasing hospitals' capacity to care for acutely ill patients, reducing ED length of stay, and increasing ED throughput. All the participants also view Hospital at Home as an opportunity to eliminate barriers to care and to address social and environmental factors that can inhibit access to care and good health care outcomes.

University Health, San Antonio

University Health was among the first health systems to receive CMS approval to operate a hospital at home program. Operational since July 2021, the program has cared for more than 280 patients as of April 2022, saving more than 1,200 bed days to the hospital. Many of these patients (84) were patients with COVID-19. The average length-of-stay for UH's hospital-at-home patients is 4.21 days, and the hospital has an average daily census of 8.1 patients in the program.

Goals:

- Increase acute bed capacity.
- Increase ED throughput.
- Reduce hospital-acquired infections.
- Reduce readmissions.
- Increase access to care.
- Improve patient outcomes and satisfaction.
- Tailor to patients' home environment.
- Smooth the transition to ambulatory care.

The program provides two pathways for patients to qualify for hospital at home:

- 1 Patients in the hospital ED who meet criteria for inpatient admission and criteria for hospital at home (for example, have a safe home environment and have completed all or most of their diagnostic work up)
or
- 2 Patients in the inpatient unit of the hospital who can complete their inpatient stay at home.



Parkland Health, Dallas

Parkland Health received approval from CMS in July 2021 for its Hospital at Home program. The health system anticipates admitting its first patients in April 2022 and will start with internal medicine patients. The Hospital at Home team expects initially to serve four patients, expanding to eight, 12, and 16 within 12 months. It will admit patients from both ED and inpatient settings. Expansion to additional service lines, including oncology and surgery, is planned in fiscal year 2024.

Goals

- Improve hospital capacity.
- Decrease readmissions.
- Increase patient and family satisfaction.
- Reduce health care-acquired infections.
- Increase patient activity.
- Increase patient and family satisfaction.



Harris Health, Houston

Harris Health is in the pre-launch stage of its hospital-at-home program.

Goals:

- Alleviate patient volume pressures in the system's two hospitals' EDs.
- Deliver a patient-friendly mode of care.
- Relieve the longstanding acute hospital bed shortage.
- Maximize workforce efficiencies by leveraging current EMS and "Home Calls" outpatient services programs.

If approved, Harris Health's hospital-at-home program will start by identifying patients waiting for inpatient admission in the hospitals' EDs. The intent is to begin admitting five qualifying patients a week into the program by August 2022. The initial qualifying medical criteria will be narrow at first with future expansion contingent on program outcomes.

The program also fits into the system's long-term pandemic preparedness as the enhanced care capacity will support the system's ability to deal with additional surges or a new pandemic altogether that creates heightened need in the community for hospital care.



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Thursday, September 22, 2022

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

Operational Update for Review and Discussion

- **HCHP September 2022 PowerPoint**

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

HARRIS HEALTH SYSTEM

Healthcare for the Homeless Monthly Update Report September 2022

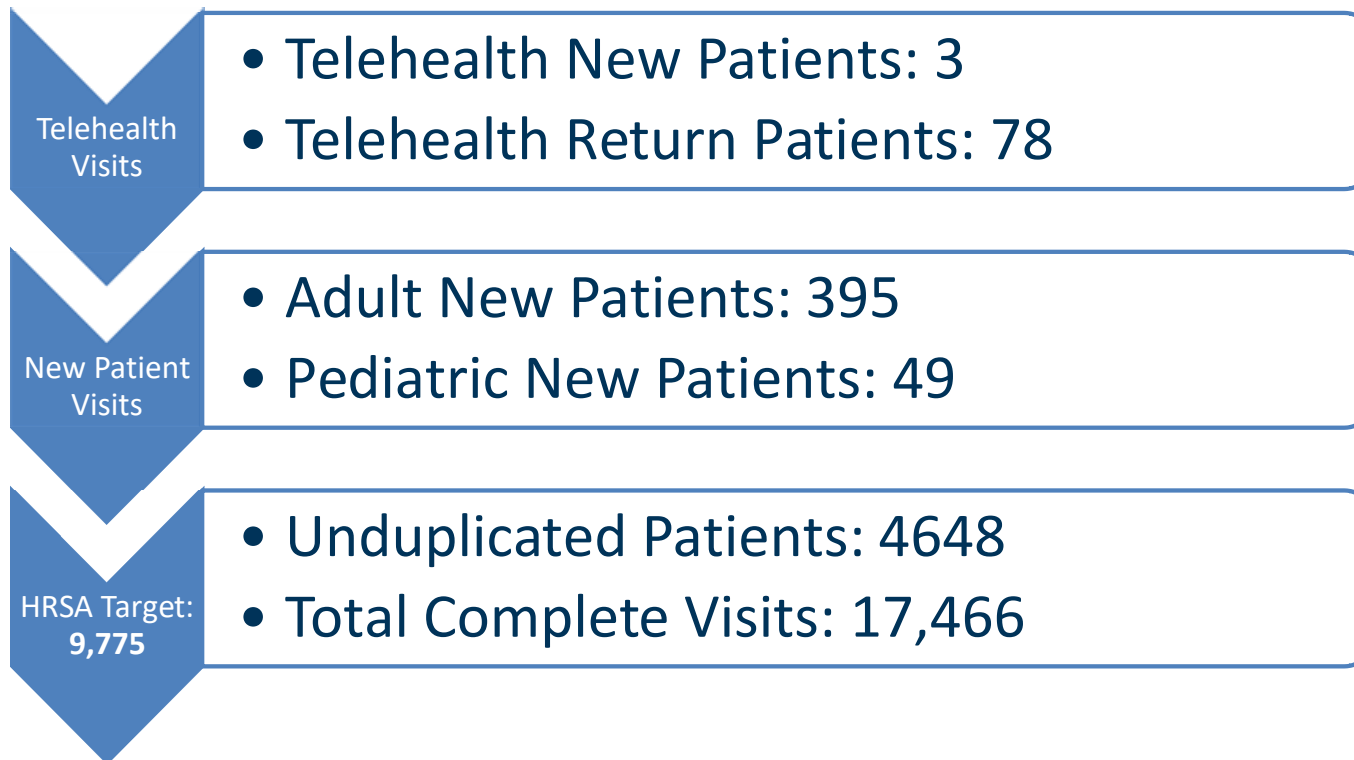
Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services

Tracey Burdine, Director, Healthcare for the Homeless Program

Agenda

- Operational Update
 - Patient Services
 - HCHP Q2 Budget Report
 - HCHP Q2 Patient Satisfaction Report
 - HCHP Q2 Quality Management Report

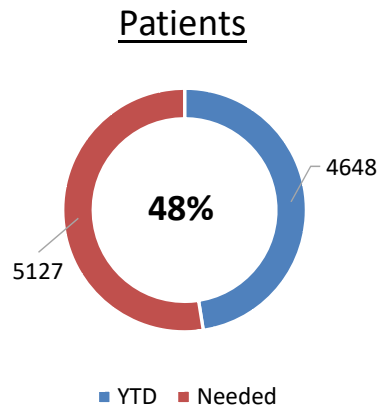
Patients Served



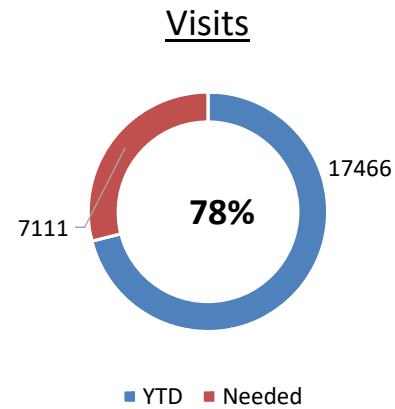
Operational Update

2022 Yearly HRSA Target:
9,775 Patients and 22,500 Visits

Note: Need to see **1,067** patients a month to reach target

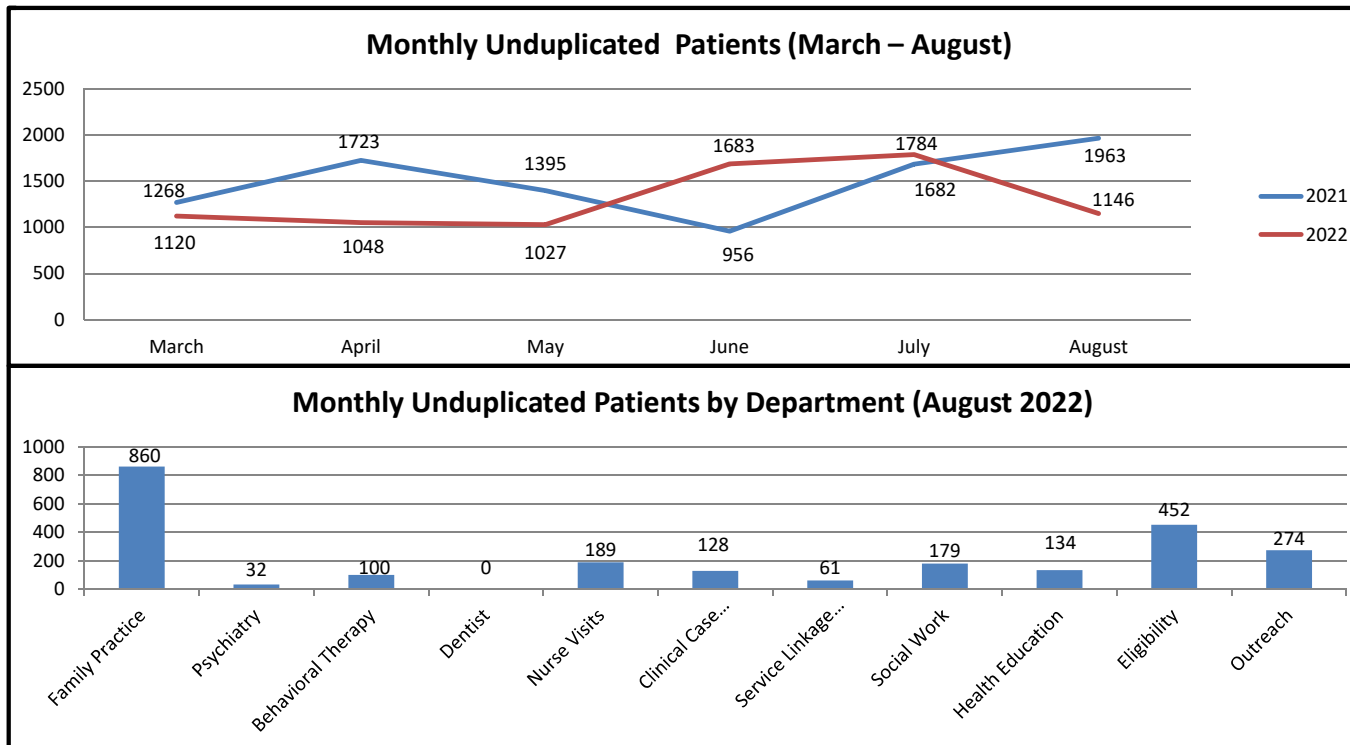


Not on Track



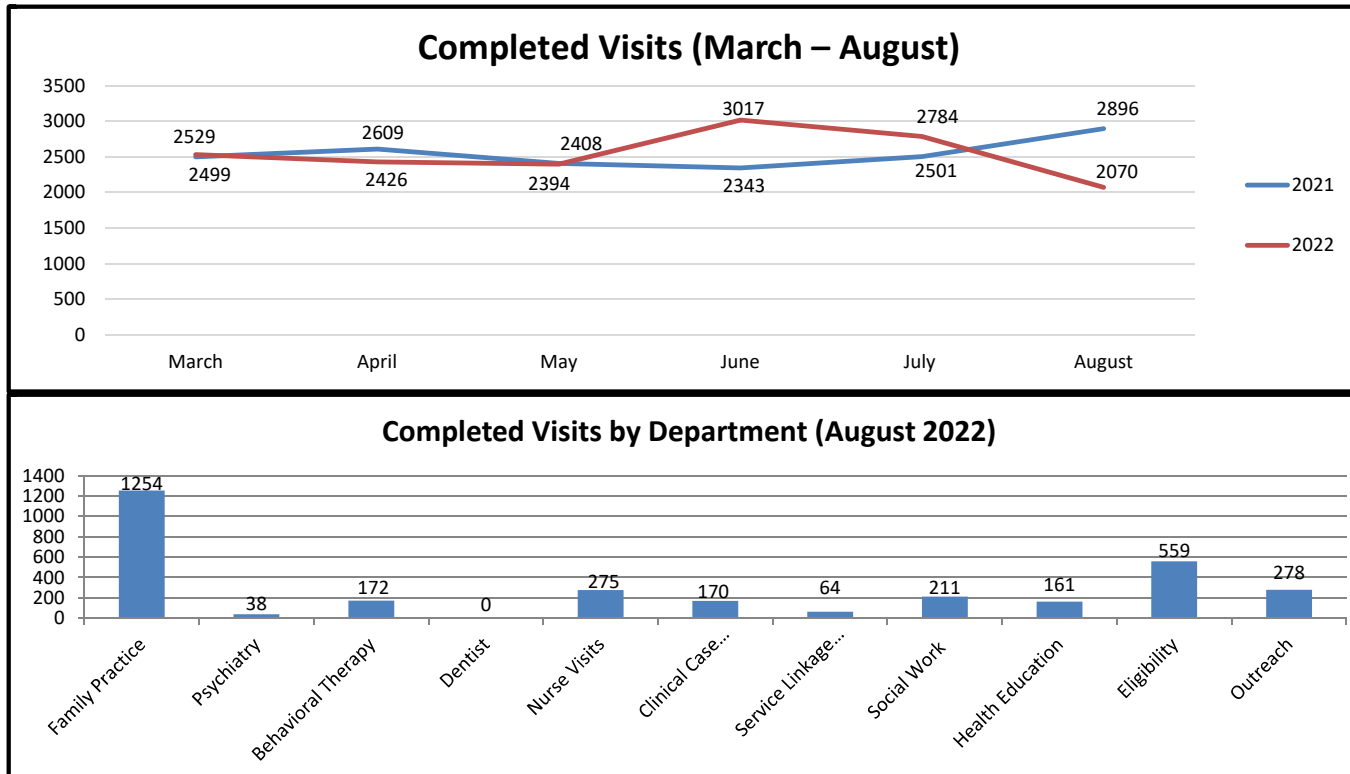
On Track

Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance

Operational Update

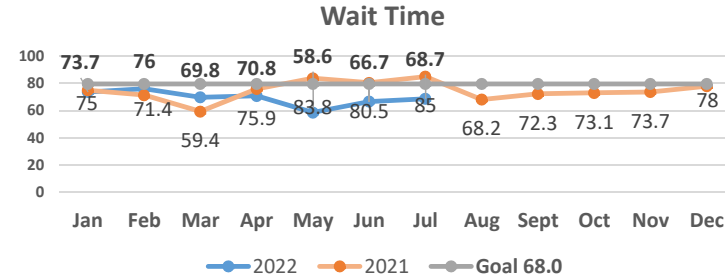
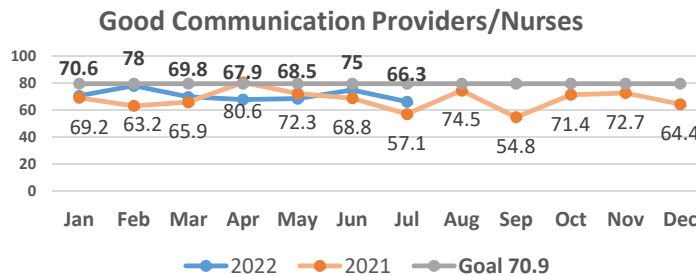
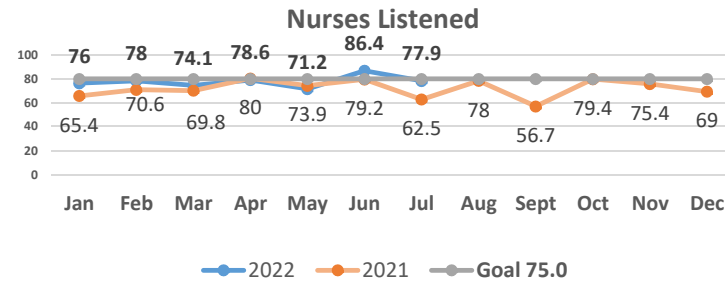
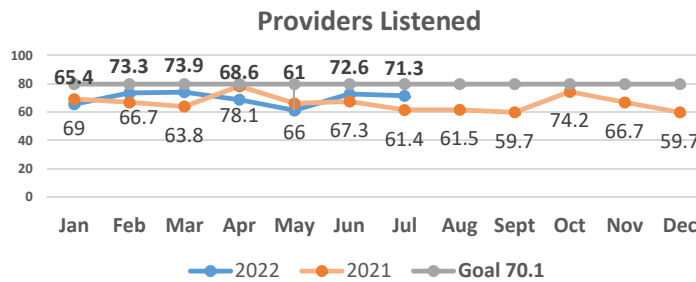
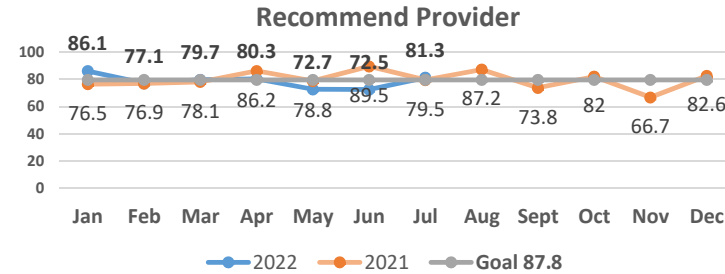
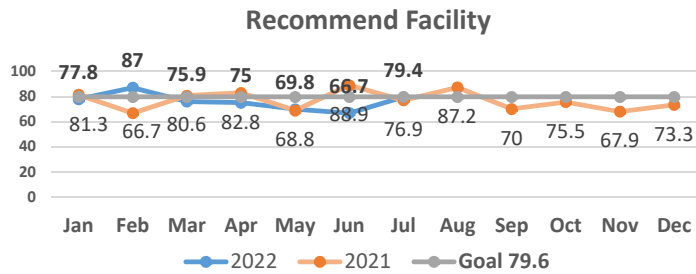


Mobile Dental Unit services suspended pending contract.

Operational Update

Homeless -Primary Grants and Harris Health Funding				
Period: January 1, 2022 – December 31, 2022				
YTD June 2022				
Line Item	Annual Budget	YTD Total Expense	Total Projected Expenses	% Used Total Projected Expenses
Personnel/Fringe	\$ 4,914,841	\$ 1,867,947	\$3,735,894	74%
Travel	\$6,109	\$3,410	\$6,821	112%
Supplies	\$231,935	\$ 111,135	\$ 222,269	96%
Equipment	\$522,933	\$231,203	\$ 462,406	88%
Contractual	\$436,720	\$ 97,499	\$ 253,946	58%
Other	\$77,093	\$ 19,318	\$ 38,637	50%
Total	\$ 6,189,632	\$ 2,330,513	\$ 4,719,974	76%

HCHP Patient Satisfaction Trending Data Q2



HARRIS HEALTH SYSTEM

Health Care for the Homeless Q2 Quality Management Report – September 2022

LaResa A. Ridge MD, Health Care for the Homeless Medical Director,
Ambulatory Care Services

HCHP Quality Metrics

Quality Measure	UDS Benchmark	HCHP Goal	April	May	June	Q2	Trend
Cervical Cancer Screening	41%	70%	66%*	70%*	68%*	65%*	
Colorectal Cancer Screening	31%	50%	46%*	47%*	50%*	43%*	
Breast Cancer Screening	38%	50%	56%*	51%*	44%*	44%*	
Adult BMI/F/U Plan	56%	85%	62%*	63%*	61%*	67%*	
Depression Screening / F/U	55%	80%	80%*	82%*	80%*	79%*	
HIV Screening	47%	80%	98%*	97%*	97%*	96%*	
Tobacco Screening/ Counseling/ Pharmacotherapy	78%	90%	99%*	99%*	100%*	99%*	
Child BMI %/Diet & Physical Activity Counseling	60%	82%	93%*	79%*	100%*	92%*	
IVD & Aspiring	79%	85%	84%*	86%*	87%*	85%*	
Statin Therapy	72%	80%	81%*	79%*	83%*	80%*	
Diabetes A1C > 9	39%	40%	39%	39%	43%	40%	
Hypertension BP < 140/90	54%	63%	65%*	69%*	71%*	66%*	

Asterisk (*) indicates the program is above the UDS average for like facilities

Thursday, September 22, 2022

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

Attached for consideration of approval:

- **HCHP Q2 Budget Report**

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

Thursday, September 22, 2022

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

Attached for consideration of approval:

- **HCHP Q2 Patient Satisfaction Report**

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

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Attached for consideration of approval:

- **HCHP Q2 Quality Management Report**

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

Thursday, September 22, 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, September 22, 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, September 22, 2022

Executive Session

Consultation with Attorney Regarding Philanthropic Strategies, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session