

BOARD OF TRUSTEES
Governance Committee

Tuesday, February 7, 2023
11:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

- | | | |
|---|------------------------------|---------------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 2 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Andrea Caracostis | 2 min |
| • Governance Committee – December 8, 2022 | | |
| III. Diligent Training for Board Members – <i>Mr. Spencer Stolte, Diligent</i> | | 25 min |
| IV. Discussion Regarding Good Governance – <i>Ms. Marcia Johnson</i> | | 20 min |
| V. Additional Committee Topics for Future Meetings | Dr. Andrea Caracostis | 10 min |
| • Onboarding Process | | |
| • Potential Revisions to Board Standard Operating Procedures | | |
| • Healthcare Governance Core Curriculum | | |
| • Nomination Function Performed by Governance Committee for September 2023 Officer Election | | |
| • Parliamentary Procedure Training | | |
| • 2022 Board Self-Assessment Results | | |
| • Continuing Education | | |
| VI. Adjournment | Dr. Andrea Caracostis | 1 min |

GOVERNANCE COMMITTEE

Sara Thomas, Executive Sponsor

Committee Members:

Dr. Andrea Caracostis (Committee Chair)

Dr. Arthur Bracey (Ex-officio)

Alicia Reyes

Marcia Johnson

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
GOVERNANCE COMMITTEE MEETING
Thursday, December 8, 2022
11:00 AM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	<p>Dr. Andrea Caracostis, Chair, called the meeting to order at 11:04 a.m. It was noted there was a quorum present and the attendance was recorded. Dr. Caracostis announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live.</p>	
II. Review of Governance Charter	<p>Dr. Caracostis welcomed everyone to the inaugural Governance committee meeting. She acknowledged Professor Marcia Johnson for providing the committee with background information regarding governance. Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, provided an overview of the Governance Charter. She noted that the Charter was approved by the Board at the September 22, 2022 Board meeting. She stated that based on recommendations by the Board, the Charter was modified to clarify that the Committee does not have final decision making authority, but makes recommendations to the Board for final action.</p> <p>The Committee shall:</p> <ul style="list-style-type: none"> 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. 	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>d. Make recommendations related to ongoing education programs 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.</p> <p>e. Discuss and make recommendations on how and what materials are presented to the Board of Trustees for review.</p> <p>f. Lead and facilitate periodic Board self-assessments to ensure superior board performance and overall trust in effectiveness.</p> <p>A copy of the governance charter is available in the permanent record.</p>	
<p>III. Discussion Regarding Recommended Changes to New Board Member Onboarding Process</p>	<p>Dr. Caracostis led the discussion regarding recommended changes to New Board Member Onboarding Process. She shared that public health care systems have a steep learning curve in terms of how they operate, how the Board interacts with each other as well as the rules of governance. Dr. Caracostis stated that she would like to develop a system that helps streamline the learning curve and to support future Board members become more engaged in the current issues and needs of the System.</p> <p>Professor Marcia Johnson requested a formal informal way of sharing information to the Board that deals with governance and departmental operations.</p> <p>Professor Johnson provided the following recommendations:</p> <ul style="list-style-type: none"> • Develop a Board reference manual <ul style="list-style-type: none"> ○ Address how Governance has a role in operations, and this is what we generally do ○ Define what a public health entity is and what is the Board’s responsibilities ○ Include materials on the webpage under the Board of Trustees tab • Timely communication <ul style="list-style-type: none"> ○ Allow adequate time for the Board to review the materials ○ Ensure that the information presented are fully and completed materials • Converse with current Board members who have been recently on-boarded to assess strengths and weaknesses. 	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Dr. Arthur Bracey recommended the following:</p> <ul style="list-style-type: none"> • Assess current Board member competencies and develop a list of the needs to provide to Harris County Commissioners to consider for future Board appointees • Modify onboarding based upon skill level and competencies of incoming Board member <p>Dr. Caracostis recommended the following:</p> <ul style="list-style-type: none"> • Request onboarding at the committee level <ul style="list-style-type: none"> ○ Encourage all board members to participate in committees. ○ Include 1-on-1 meetings with Committee chairs • Include facility tours <ul style="list-style-type: none"> ○ Define how each facility ties into the inpatient process ○ Define how the medical schools and other partnering entities serve in the System. <p>Dr. Esmaeil Porsa, President & Chief Executive Officer, proposed to the committee establishing a minimum threshold (checklist) that a new Board member should have completed prior to attending a Board meeting. Dr. Caracostis requested that Administration return with a first draft and checklist for committee review. Ms. Alicia Reyes requested that the Governance committee meet more frequently. Dr. Caracostis agreed with Ms. Reyes sentiments, stating that the committee should meet more regularly in order to get the work done. Ms. Thomas stated that Administration will return to the committee with drafts as well as provide opportunity for robust discussion at the committee level before presenting the drafts to the full Board for approval.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p>IV. Discussion and Possible Action Regarding Proposed Revisions to Harris Health Board of Trustees Conflict of Interest and Nepotism Policy</p>	<p>Ms. Thomas requested that this item be pulled from full discussion today. She noted that additional edits are needed and will be brought back for committee discussion. Professor Johnson inquired how the issues of conflict of interest and nepotism became the focal point of governance. Ms. Thomas shared that the Board has traditionally approved documents and policies including the bylaws, charters, conflict of interest and nepotism policy, and standard operating procedures (SOPs). She noted that although the conflict of interest and nepotism policy was brought forth to the committee for review and discussion, it is in no way indicative of importance of the topics with respect to other priorities in governance. Professor Johnson recommended performing a comprehensive review as opposed to piece meal or limiting members to one specific item. Ms. Thomas recommended that the SOPs and Bylaws are considered together as a matter of priority. Dr. Caracostis recommended an update on federal and state requirements regarding the Bylaws, policies and procedures that need to be reviewed by the Board. Ms. Thomas noted that staff will develop a chart which includes all future topics for the committee to discuss and prioritize next steps. Dr. Caracostis shared that the next Governance committee meeting is in February. In addition, Dr. Caracostis proposed meeting on a monthly basis until June, and then the committee will reconvene after the summer months.</p>	<p>PULLED</p>
<p>V. Engagement of Consultants for Future Governance Committee Meetings</p>	<p>Dr. Caracostis led the discussion regarding engagement of consultants for future governance committee meetings. She recommended engaging consultants such as Mr. Jamie Orlikoff to assist with creating an onboarding process which is transparent and effective. Dr. Caracostis and Dr. Porsa provided an overview of Mr. Orlikoff's knowledge and history working with the Board. Professor Johnson challenged if there is a need to retain consultants for governance and if so, where are the deliverables so that the committee is not needing consultants in perpetuity and that we have the value in their work. In addition, Professor Johnson believes it important that the Board deliberate among each other as opposed to having an individual talk to them about certain topics and be able to deliberate in discussion. Committee discussion ensued regarding the role of the governance committee as opposed to working with consulting firms. Dr. Bracey recommended performing a needs assessment to determine how much time is committed to this effort and to ensure there is sufficient staff.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p>VI. Discussion and Possible Action Regarding the 2023 Harris Health Board Meeting Calendar</p>	<p>Dr. Caracostis led the discussion regarding the 2023 Harris Health Board Meeting Calendar. She noted that the proposed calendar was included in the Board packet for review. Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, provided an overview of the proposed changes to the committee. She also shared the following recommendations:</p> <ul style="list-style-type: none"> • Change July “Special Called” Board Meeting to a full regular Board meeting • Added Ambulatory Surgical Center Governing Body 2023 dates • Changed Budget Workshop date from December to August • Added Diversity, Equity and Inclusion (DEI) Committee Dates • Added Governance Committee Dates <p>Ms. Rodriguez noted that the committee charters set a minimum number of meetings to be held but additional meetings can be added. Professor Johnson stated that Board previously discussed having the work done at the committee level, however, the number of committee meetings has now been reduced. She recommended expanding committees to do the preliminary work and they provide recommendations to the full Board. In addition, Professor Johnson recommended having the committees meet on a monthly basis, in particularly the Budget and Finance Committees. Dr. Caracostis stated that the committee members should provide a recommendation to meet on a monthly basis. She recommended that the Board office email the committee chairs to obtain their recommendations. Ms. Thomas stated that the committee recommendations can be presented during the January Board meeting.</p> <p>Dr. Caracostis provided the following recommendations:</p> <ul style="list-style-type: none"> • Quality committee – Monthly; Change from 8:00 am to 12:00 pm (noon) or 1:00pm • Governance committee – Monthly; Change from 8:00 am to 11:00 pm 	<p>Moved by Ms. Alicia Reyes, seconded by Professor Marcia Johnson, and unanimously accepted that the committee recommends that the Board approve item VI.A.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Ms. Tijerina proposed that the DEI committee meet on a quarterly basis. Professor Johnson requests to meet with the DEI committee members to discuss the sequence, and once decided upon, she will provide their recommendations to the Board office. She also recommended reviewing committee meeting times overall.</p> <p>Dr. Caracostis motioned to recommend the changes proposed by Ms. Rodriguez, in addition to delegation to administration to confer with all of the committee chairs on the cadence and frequency of each committee for the 2023 calendar year. A copy of the 2023 Harris Health Board Meeting Calendar is available in the permanent record.</p>	
<p>A. Discussion and Possible Action Regarding Board Meeting Location</p>	<p>Ms. Rodriguez led the discussion regarding Board meeting location. She stated that Harris Health currently hosts monthly Board meetings at the administration building located at 4800 Fournace in Bellaire, Texas. Meetings are generally held at 8:00 a.m. on the fourth Thursday of the month. She noted that almost all Board and committee meetings, with very few exceptions are live streamed on the internet and are accessible to the public via our website (assuming availability of a working internet connection). Ms. Rodriguez shared that a citizen may access all agendas and view all recordings of meetings 24/7 via the Harris Health website. Additionally, she noted that all agenda items are posted inside and outside of the administration building at least seventy-two (72) hours prior to each scheduled meeting. Meeting agendas are also posted at the Commissioners Court location for public viewing. Pursuant to State law and the Harris Health Board Videoconferencing Policy, if any Trustee desires to participate in a meeting by videoconference, the meeting must be live streamed to the public and a quorum of the Board must be physically present at the meeting location. Ms. Rodriguez presented public agency location alternatives as well as pros and cons of hosting Board meetings in the evenings and at various locations throughout Harris County. In addition, Ms. Rodriguez presented an alternative option of hosting four (4) special town hall meetings in lieu of changing all Board meeting times and locations.</p>	

AGENDA ITEM	DISCUSSION		ACTION/RECOMMENDATIONS
	<p>PROS</p> <ul style="list-style-type: none"> • Community Engagement • Possibly Improve Accessibility for Citizen Participation 	<p>CONS</p> <ul style="list-style-type: none"> • Possible Difficulty for Community Members and Trustee Participation • Technology Challenges: Adequate Streaming Capability • Costs • Public Confusion • Possibly Longer Meetings 	
	<p>Special Meetings</p> <ul style="list-style-type: none"> • Host four annual meetings a year, one in each precinct, county commissioners can possibly co-host and assist with public outreach • At least 5 Trustees must commit to attending at least three of these weekday evening meetings in person • Meetings will not be livestreamed due to technical challenges • Board members will not be able to attend the town hall meeting via videoconference <p>Dr. Caracostis recommended that Ms. Rodriguez continue to review the idea of the town hall meetings and bring forth potential topics, issues, and recommendations to the next committee meeting. A copy of the presentation is available in the permanent record.</p>		
<p>VII. Additional Committee Topics for Future Meetings</p>			<p>PULLED</p>
<p>VIII. Adjournment</p>	<p>Moved by Professor Marcia Johnson, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 12:26 p.m.</p>		

I certify that the foregoing are the Minutes of the Meeting of the Governance Committee of the Board of Trustees of the Harris Health System held on December 8, 2022.

Respectfully submitted,

Andrea Caracostis, M.D., MPH, Chair

Recorded by Cherry Pierson

Thursday, December 8, 2022

Harris Health System Board of Trustees Board Meeting – Governance Committee Attendance

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

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

EXECUTIVE LEADERSHIP
Dr. Esmaeil 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
Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. John Foringer, Chair, Medical Executive Board
Ms. Kari McMichael, Vice President, Controller
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Mr. Omar Reid, Senior Vice President, Human Resources
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Mr. Ron Fuschillo, Senior Vice President and Chief Information Officer
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Ms. Victoria Nikitin, Senior Vice President, Finance

OTHERS PRESENT	
Antoinette Cotton	Jerry Summers
Cherry Pierson	Matthew Schlueter
Daniel Smith	Nicholas Bell
Ebon Swofford	Paul Lopez
Elizabeth Winn	Randy Manarang
Jennifer Zarate	Bill Walker

Tuesday, February 7, 2023

Discussion Regarding Good Governance

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BOARD OF TRUSTEES

Quality Committee

Tuesday, February 7, 2023
12:00 P.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

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|---|------------------------------|-----------------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 1 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Andrea Caracostis | 2 min |
| <ul style="list-style-type: none"> • Quality Committee Meeting – January 10, 2023 | | |
| III. Harris Health Safety Message: Post Op Infection Prevention | | 2 min |
| <i>– Dr. Steven Brass</i> | | |
| IV. Presentation Regarding Maternal Health Service Line – Dr. April Adams, Dr. Pamela Berens, Dr. Efua Leke, Dr. Karen Schneider and Ms. Amineh Kostov | | 8 min |
| V. Population Health and Health Equity | | 8 min |
| <i>– Dr. Esperanza Galvan and Ms. Karen Tseng</i> | | |
| <ul style="list-style-type: none"> • Update Regarding Multi-Visit Patients | | |
| VI. Executive Session | Dr. Andrea Caracostis | 67 min |
| A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002, to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services | | <i>(62 min)</i> |
| <i>– Dr. Steven Brass and Dr. Yashwant Chathampally</i> | | |

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

(5 min)

VII. Reconvene

Dr. Andrea Caracostis 1 min

VIII. Adjournment

Dr. Andrea Caracostis 1 min

QUALITY COMMITTEE

Dr. Steven Brass, Executive Sponsor

Committee Members:

Dr. Andrea Caracostis (Committee Chair)

Dr. Arthur W. Bracey (Ex-officio)

Alicia Reyes

Dr. Ewan D. Johnson

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
Tuesday, January 10, 2023
12:00 PM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	Dr. Andrea Caracostis, Chair, called the meeting to order at 12:04 p.m. It was noted that a quorum was present and the attendance was recorded. Dr. Caracostis announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live .	
II. Approval of the Minutes of Previous Meeting Quality Committee Meeting – November 30, 2022		Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously approved the minutes of the previous meeting.
III. Harris Health Safety Message: Catheter Associated Urinary Tract Infection (CAUTI)	Dr. Steven Brass, Executive Vice President & Chief Medical Executive, delivered a Minute for Medicine video series related to Catheter Associated Urinary Tract Infection (CAUTI). He stated that complications associated with CAUTI result in increased length of stay by two (2) to four (4) days, patient discomfort, increased mortality and excess health care costs. In addition, Dr. Brass recognized Harris Health’s Chief of Nursing Officer’s (CNOs) for a job well done at each of their respective pavilions. A copy of the presentation is available in the permanent record.	As Presented.
IV. Presentation Regarding Harris Health’s “Don’t Wait to Escalate” Educational Campaign	Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety, delivered a presentation regarding Harris Health’s “Don’t Wait to Escalate” Educational Campaign. He shared that the campaign kicked off in December 2022 and will continue through January 2023. He noted that efforts are being made to raise awareness by posting flyers and utilizing multimedia opportunities. A copy of the presentation is available in the permanent record.	As Presented.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
V. Update Regarding Quality Assessment & Performance Improvement (QAPI) Contracted Services Oversight	<p>Ms. Monica Carbajal, Vice President, Contract Administration, delivered an update regarding Quality Assessment & Performance Improvement (QAPI) Contracted Services Oversight. She stated that Harris Health is required to monitor the quality and efficiency of its contracted vendors and the services provided. Ms. Carbajal noted that compliance was sustained in 2022 and that there has been increasing process maturity across operations. She shared that each patient facing contract has a least one identified measure and that vendor evaluations have been completed for each contract. She noted that the Multidisciplinary Committee meets monthly to assist in the oversight of QAPI contracted services. Ms. Carbajal delivered a brief overview of the vendor evaluation process. She shared that vendor evaluations are requested six (6) months prior to the contract renewal, contract owners are urged to identify any patient quality concerns, and also to include physician feedback in vendor evaluations. Ms. Carbajal concluded by sharing the QAPI keys to success. Dr. Caracostis inquired regarding the six (6) month review period. Ms. Carbajal shared that each contract is reviewed six (6) months prior to the next renewal. She reported that there are approximately 800 active contracts including Community Health Choice, Inc. Dr. Arthur Bracey requested a summary of any success stories as it relates the QAPI oversight. A copy of the presentation is available in the permanent record.</p>	As Presented.
VI. Executive Session	<p>At 12:18 p.m., Dr. Caracostis stated that the Quality Committee of the Board of Trustees would go into Executive Session as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002.</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 in Connection with the Evaluation of the Quality		No Action Taken.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p>of Medical and Healthcare Services</p>		
<p>B. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Texas Health & Safety Code §161.032, and Possible Action Regarding this Matter Upon Return to Open Session</p>		<p>No Action Taken.</p>
<p>VII. Reconvene</p>	<p>At 1:33 p.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session.</p>	
<p>VIII. Adjournment</p>	<p>Moved by Dr. Arthur Bracey, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 1:33 p.m.</p>	

I certify that the foregoing are the Minutes of the Meeting of the Quality Committee of the Board of Trustees of the Harris Health System held on January 10, 2023.

Respectfully submitted,

Andrea Caracostis, M.D., MPH, Chair

Recorded by Cherry Pierson

Tuesday, January 10, 2023

Harris Health System Board of Trustees Board Meeting – Quality Committee Attendance

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

QUALITY COMMITTEE BOARD MEMBERS PRESENT	QUALITY COMMITTEE BOARD MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Andrea Caracostis (<i>Chair</i>)		
Dr. Arthur W. Bracey (<i>Ex-Officio</i>)		
Dr. Ewan D. Johnson		
Ms. Alicia Reyes		

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
Mr. Anthony Williams, Vice President, Compliance Officer
Ms. Carolyn Jones, Executive Vice President & Chief Compliance and Risk Officer
Dr. Esperanza “Hope” Galvan, Interim Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. Joseph Kunisch, Vice President, Quality Programs
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, 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
Ms. Monica Carbajal, Vice President, Contract Administration
Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications
Mr. Omar Reid, Executive Vice President, Chief People Officer
Dr. Otis Reggie Ekins, Chief Medical Officer, Correctional Health
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital

Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety

OTHERS PRESENT	
Antoinette "Toni" Cotton	Jerald Summers
Cherry Pierson	John Matcek
Daniel Smith	Nicholas Bell
Derek Curtis	Randy Manarang
Ebon Swofford	Tai Nguyen
Elizabeth Winn	Yolanda Wall
Jennifer Zarate	

Tuesday, February 7, 2023

Harris Health Safety Message

- Video: Harris Health Minute for Medicine
 - Post Op Infection Prevention

HARRISHEALTH SYSTEM

HRO Safety Message

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

**Board of Trustees Quality Committee
February 7, 2023**

SAFETY MESSAGE

HARRIS
HEALTH
SYSTEM

ZERO
HARM

Safety 1st. Always.

Having a High-reliability Organization's Mindset

High-reliability Organizations (HROs) are those that successfully complete their missions despite massive complexity and high risk. Examples include the Federal Aviation Administration's Air Traffic Control system, aircraft carriers, and nuclear power plants. In each case, even a minor error could have catastrophic consequences. Yet, adverse outcomes in these organizations are rare. The key components of High Reliability Organizations (HROs), including leadership, a safety-focused culture, and a dedication to continuous learning and improvement.



HRO Mindset:

- Minute for Medicine Video
- Post Op Infection Prevention
- <https://youtu.be/auqd-mldxHg>

BOARD OF TRUSTEES

Quality Committee

HARRISHEALTH
SYSTEM

Tuesday, February 7, 2023

Presentation Regarding Maternal Health Service Line

Maternal Health Service Line

April Adams, MD - BCM Maternal Medical Director

Pamela Berens, MD - UT OB/GYN Service Chief

Efua Leke, MD - BCM OB/GYN Service Chief

Karen Schneider, MD - UT Labor & Delivery Medical Director

Amineh Kostov, Vice President, System Service Lines

Board of Trustees Quality Committee

February 7, 2023

Accomplishments

- Maternal Health level designations successfully achieved
- Baby Friendly Re-Designation awarded

Current Initiatives

- Collaboration with ED at BT
- Both BT and LBJ participate in Texas AIM
 - Post Partum Hemorrhage
 - Severe Hypertension

Maternal Health Service Line Year in Review

- Implemented a universal substance abuse screening tool in prenatal and inpatient settings
- Developed a post partum framework in accordance with ACOG guidelines
- Created guidelines for referral to High Risk Obstetrics by Primary Care and Midwifery
- Collaborated with informatics to develop a Prenatal Lab Console in EMR
- Development of order set for VTE prophylaxis

Maternal Health Service Line Measures

- Meeting Timely Inpatient Treatment of Severe Hypertension in Pregnancy and MEWS Compliance
- Working with infection prevention on measure specifications and target for SSI-Cesarean Delivery per 100 procedures
Developing action plan with appropriate locations to increase DAST Screening compliance to target rates
- Actively working with IT for reports on four additional measures: Syphilis/HIV Testing, Post-Partum Visit Compliance, Prenatal Depression Screening, and Post-Partum Depression Screening

Academic Year 2023 Goals

Pillar	Goal
Development of one clinical pathway	Develop comprehensive system wide standardized guidelines for timely identification and treatment of OB patients with severe hypertensive emergency. Meet or exceed 90% compliance with inpatient treatment guidelines.
Development of one standard of care	Create and implement system wide standardized scheduling and postpartum visit guidelines to ensure timely follow up for postpartum patients with hypertension.
Development of one standard of care	Create report to ensure compliance of workflow for Drug and Substance Abuse Screening Test for OB patients. (compliance of screening and then if appropriate, intervention i.e., order for follow-up)

Maternal Mortality in Texas and Harris Health

Texas MMMRC recommendations to improve maternal outcomes	Harris Health Progress
Increase access to comprehensive health services peripartum to facilitate continuity of care, enable effective care transitions, promote safe birth spacing, and improve the lifelong health of women.	Recommendations: <ul style="list-style-type: none"> • Re-create OB navigation positions • CWH in clinics to transition CHIP-P to FAP • Universal SDoH screening and referrals in prenatal care
Engage Black communities and apply health equity principles in the development of maternal and women’s health programs.	(Population Health prioritized area) Needed expansion with community outreach, partnerships, SDoH screening and resources, implicit bias training and health equity incorporation into all maternal health programs.
Improve access to integrated behavioral health care from preconception through one-year postpartum for women with mental and substance use disorders.	<ul style="list-style-type: none"> • Integration at Ben Taub of psych and OB services • SUD program at Ben Taub • Universal DAST screening as service line goal
Implement statewide maternal health and safety initiatives to reduce preventable maternal mortality and morbidity.	<ul style="list-style-type: none"> • Implemented AIM PPH bundle, MEWs, HTN • Further recommendations: NTSV bundle with resource mapping
Foster supportive community environments and leverage programs and services that help women of childbearing age achieve their full health potential.	Outreach to the community including birthing centers Work with faith-based community and increase patients with live—experiences involvement in our internal quality improvement processes
Support coordination between emergency and maternal health services, and implement evidence-based, standardized protocols to identify and manage obstetric and postpartum emergencies.	<ul style="list-style-type: none"> • Ben Taub submitted TCHMB PPED enrollment 12/14 • Ongoing simulation and QAPI with EC from Ben Taub
Improve postpartum care management including education and health care coordination for those with mental health and/or high-risk medical conditions	Recommendations: <ul style="list-style-type: none"> • Expansion of coverage for all postpartum women to 12 months after delivery in Harris Health System • Re-create OB navigation positions thru the postpartum period (as patient educators, care coordination assistance and improvement in self efficacy) • CWH in clinics to transition CHIP-P to FAP
Continue and strengthen activities to increase public awareness and prevention.	Ongoing outreach for maternal programs and work with AIM, TCHMB and Houston endowment.

Maternal Mortality in Texas and Harris Health

Texas MMMRC recommendations to improve maternal outcomes	Harris Health Progress
<p>Prioritize continuing education, diversification, and increasing capacity of the maternal health workforce</p>	<ul style="list-style-type: none"> • Development of simulation program and infrastructure, inclusive of supported time and content-experts to implement the program • Sustaining TEAMS STEPPS training for the service line (neo, Ob, anesthesia providers and nurses) • Develop, implement and sustain an education program inclusive of: shared decision making, trauma informed care, breakthrough communication, CLAS, implicit bias • Implement and sustain staffing plans as developed by Cara Cook consultants
<p>Apply continuous process improvement strategies for maternal mortality review protocols to support and increase case review capacity, quality, and recommendation development</p>	<ul style="list-style-type: none"> • Resources to augment the quality and safety process at both hospitals and community clinics • Change the case review and data collection process from manual to automated and validated

Tuesday, February 7, 2023

Population Health and Health Equity

- Population Health & Health Equity
 - Update Regarding Multi-Visit Patients



HARRISHEALTH
SYSTEM

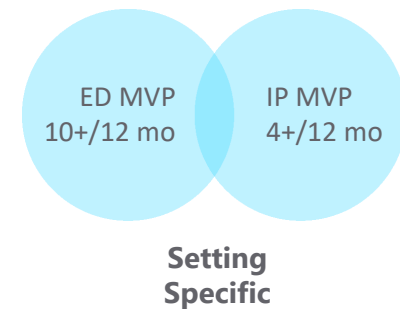
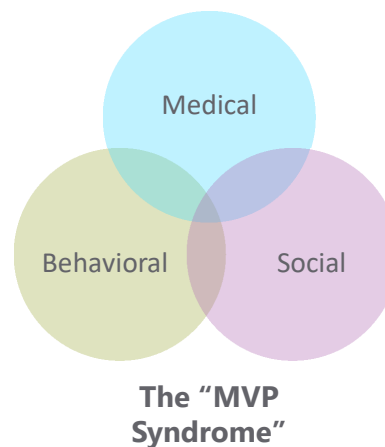
Population Health & Health Equity: MVP Update

Esperanza Galvan, PhD, MS
Karen Tseng, JD
Board of Trustees Quality Committee
February 7, 2023

Who Are Multi-Visit Patients (MVPs[©])?

MVPs are patients with a combination of medical, behavioral, and social conditions that are driving their utilization of the emergency or inpatient setting.

The Multi-Visit Patient methodology is a formal, clinically and fieldwork validated care approach developed by Dr. Amy Boutwell. Both Harris Health and Memorial Hermann have received structured coaching and expert support from Dr. Boutwell in adapting the method to be most clinically relevant at both systems.



MVP Program Advances Health Equity via...

Addressing Structural Disparities in Access to Care

- MVP Program prioritizes marginalized populations historically characterized as “un-impactable”
- MVP Program avoids pitfalls of traditional care navigation programs that exclude patients with, e.g., behavioral health or substance use disorder needs,^{1,2} thereby creating structural barriers to access

Improving Quality of Care by Addressing Disparities in Care Outcomes

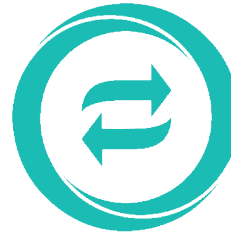
- MVPs experience poor health outcomes, the root causes of which require attention to social and behavioral needs, not just medical
- MVP Program focuses on holistic, interdisciplinary care to stabilize MVPs, improve outcomes, and reduce disparities

1. Capp R, et. al. Coordination Program Reduced Acute Care Use And Increased Primary Care Visits Among Frequent Emergency Care Users. *Health Affairs*. 2017;36(1):1705-11.
2. Mandala RS. A Review of The Characteristics of Super-Utilizers and Evidence-Based Approaches to Reduce Healthcare Utilization. *University of Nebraska Medical Center Capstone Experience*. 2020;154:1-45.

Introduction to Greater Houston MVP Collaborative



No
hospital is
an island



High-Utilizers
travel from one
ED to another



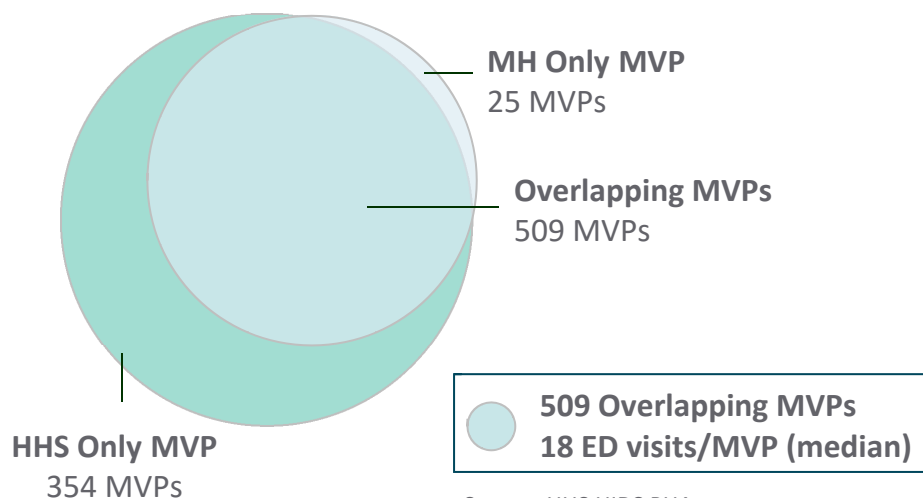
High-Utilizers are often
known to multiple
providers and agencies

A **multi-hospital emergency department collaboration** has the potential to:

- **Help** high-utilizers obtain needed supports and services
- **Reduce** overreliance on Emergency Departments for non-emergent needs
- **Facilitate and sustain** linkages to critical community resources
- **Improve** throughput within hospitals

MVPs Shared Between Memorial Hermann & Harris Health

Harris Health System (HHS) + Memorial Hermann (MH) MVPs
 Patients with ≥ 10 visits in past 365 days at HHS and/or MH, 1/1/2021 to 12/31/2021



Source: HHS HIDS PHA

Initial MVPs for Care Collaboration


20 shared MVPs account for 2,800 ED visits in one-year period

Patient	ED Visits	Patient	ED Visits
A	559	K	98
B	475	L	91
C	174	M	90
D	134	N	90
E	114	O	86
F	109	P	79
G	108	Q	76
H	103	R	74
I	98	S	71
J	98	T	69

Year 1 Goals of Collaboration


- Case conference on high-utilizers of mutual interest to refine/reinforce common care plan
- Train teams to view and exchange notes from respective MVP teams
- Strengthen linkages with community services
- Encourage member institutions to monitor impact on ED utilization
- Improve the care that we provide our community's most vulnerable patients

Through **monthly case conferences**, our collaborative shares insights, refines our collective understanding of shared MVPs' drivers of utilization, and seeks to reinforce a consistent care plan.




Stabilizing Patients via Holistic, Interdisciplinary Care: The Story of Mr. Z


- **Background:** 70 year-old man with a history of homelessness, schizoaffective disorder, and substance use disorder
- **Utilization in 2020:**
 - Over 330 visits to Harris Health System EDs
 - Over 410 visits total to Harris Health + neighboring EDs



Assess

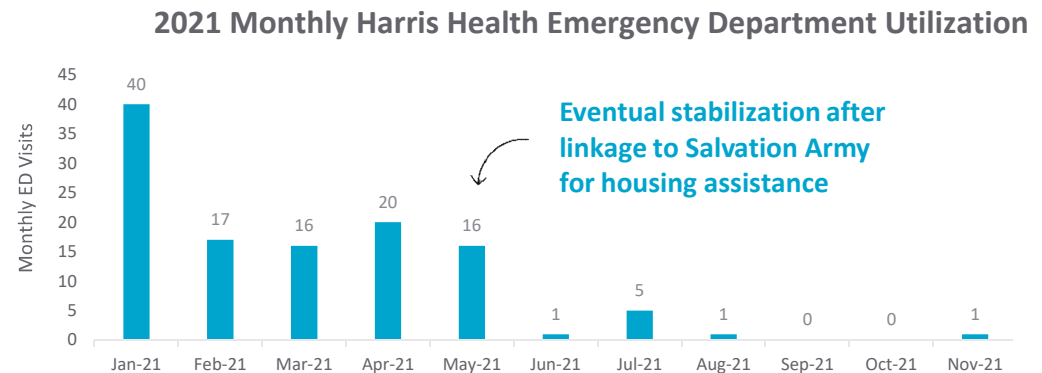


Respond



Link

MVP Team consistently engaged with Mr. Z to gain trust, learn he has unstable housing, and support him over time in securing **housing support**



Next Steps for Continuous Improvement

Year 2 Goals

- **Render elements of intervention more consistent at member institutions** to enable methodical assessment of key elements of success
- **Commit to resource an automated/dynamic registry of multi-facility MVPs** to enable standardized measurement and monitoring
- With better data, hone in on priority **drivers of utilization**

With appropriate investment in a shared dynamic registry:

- **Derive insights** to accelerate process improvement opportunities
- Identify **impactful expansion opportunities** to additional facilities and subpopulations
- **Improve the health of vulnerable patients**
- **Serve as an example of this transformative cross-continuum care delivery approach** for communities nationwide

Tuesday, February 7, 2023

Executive Session

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002, to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services

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