

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, September 22, 2022

8:00 am

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
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| <p>I. Call to Order & Record of Attendance</p> | <p>The meeting was called to order at 8:02 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 – August 16, 2022 • Board Meeting – August 25, 2022 | <p>Motion No. 22.09-118 Moved by Ms. Alicia Reyes 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. Esmail Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19, noting a decline in the positivity rate at 7% across the Texas Medical Center (TMC). He reported a significant decrease in COVID-19 hospitalizations and positivity rate as well as a flattening in the wastewater positivity rate across the city of Houston. Dr. Porsa stated that Harris Health System (HHS) continues to see a slow but steady drop in number of COVID-19 patients seen for a peak of approximately 62.</p> <p>Dr. Porsa reported that year-to-date (YTD), HHS have tested over 165 patients for Monkeypox, of which eight (8) confirmed cases of patients who have been admitted with Monkeypox.</p> <p>Dr. Porsa provided a brief update regarding Harris Health's Workforce Planning. He shared that the organization is very closely tracking data related to the total application submitted and total employees retired per year. He also noted that a monthly update is provided from Mr. Reid, Executive Vice President, Chief People Officer.</p> <p>Dr. Porsa delivered the following statement regarding the Harris Health Tax Rate:</p> | <p>As presented.</p> |

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| | <p>I have one job and one job only, to ensure the success of Harris Health System in achieving its mission of improving the health of our community. Everything that I do and everything that I say in my role as the President and CEO of Harris Health System is and will always be painted with the color.</p> <p>We in Harris Health System proudly serve the entire community of Harris County and City of Houston. All of it and not just the uninsured and the indigent. Our doors are open to every member of our community. In addition, we fulfil our role of serving our entire community by being the largest training site for our future physicians, nurse practitioners, physician assistants, nurses, radiology techs and other allied health workers and countless other health care professionals. We are one of only two adult level one trauma centers in the third largest county in the US.</p> <p>As I have stated before in our last board meeting, our cost of care for the 24 month period before the end of our last fiscal year rose by 26% or \$420 million. \$420 million. The only reason we were able to absorb this, was the revenue fund provided to us by the Federal Government because of the COVID pandemic. This revenue stream stopped in March of this year.</p> <p>At the end of this month and ahead of the start of our next fiscal year on October 1, Harris Health System is going to post \$437 million loss for the stub year period of March 1 of this year through the end of September. A No New Revenue (NNR) rate or the flat budget will have a significant negative impact on our operations for next year and a devastating negative impact on our operations in the following year.</p> <p>For the next fiscal year, the NNR rate will guarantee an operational budget short fall of at least \$45 million dollars. We have every intention of closing this gap through reducing our cost of care wherever possible but focusing mainly on our contract labor costs. We are also postponing \$25 million worth of our strategic initiatives that were aimed at expanding our primary and specialty care services to reduce our unfortunately very long wait times and long wait lists. One of these initiatives was the expansion of our endoscopy capabilities at our newly renovated Quintin Mease building that is set to complete next summer. I am very sad to say that the NNR will not allow us to operationalize this facility. We will have a brand new facility to serve a great need in our community that will basically sit idle until and unless we are given enough funding to run this facility.</p> | |
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| | <p>This is just one example of the impact of the NNR tax rate. If the measures that I previously mentioned fail to close our operational budget gap, we will have no choice but to look at reducing services. We will do whatever possible to avoid this.</p> <p>Kicking the can down the road by maintaining a flat budget and forcing us to defer the \$25 million strategic initiatives to the future, will only exacerbate our operational budget short fall in FY24. We are currently looking at \$145 million budgetary shortfall in that year that will have to be adjusted to \$170 million. No amount of cost cutting will close a gap that large. Our only option at that time is to take the draconian measure of reducing or eliminating services. This will undoubtedly touch every resident in Harris County where other hospital systems will be forced to provide additional services. This means longer wait times and higher insurance premiums for everyone when the cost of these additional services is passed on to insurance carriers who will undoubtedly pass them on to everyone with health insurance.</p> <p>There has also been references to a large cash reserve that Harris Health System is hiding that we can tap into to address this short fall. I want to be very clear. Harris Health System has no cash reserve, no rainy day fund, not hidden savings account, no money set aside that is not currently being used to cover our day to day cost of operating the largest public health system in Texas that by the way receives the lowest tax support of any other large public hospital in Texas.</p> <p>I know this has been a long statement but I felt it was necessary to ensure that there are no misunderstandings, no misperceptions and no miscommunications.</p> <p>Board discussion ensued regarding the impacts of the NNR rate. Harris Health administration has been working on mitigating efforts in anticipation of this potential outcome. These efforts include:</p> <ul style="list-style-type: none"> • Reduction in contract labor cost • Postponement of Harris Health's strategic initiatives to FY24 (will increase Harris Health's anticipated operational shortfall for FY24 to \$170 million) • Reduction of outsourced medical services (only as last resort) <p>A copy of the presentation and CEO statement is available in the permanent record.</p> | |
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| | <p>B. Special Announcement</p> <p>Dr. Bracey stated in line with the Board’s commitment to a Just and Accountable Culture, today we recognize a Harris Health employee who exemplifies and embodies that commitment. Her escalation, advocacy, and intervention demonstrates commitment to the care of the patient. The Board expressed their thanked and recognized Ms. Oyinna Ogbonna Agana, Senior Patient Liaison, Ben Taub Hospital, as the recipient of the Good Catch Award.</p> | |
| | <p>C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>There were no Board member announcements.</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 AFSCME advocacy work on behalf of Harris Health employees. She mentioned that AFSCME will stand in solidarity to address Harris County Commissioner’s Court and to ensure that all entities receive the appropriate resources needed in order to survive. Ms. Cole shared a song titled “Love One Another” by Mr. Tito Jackson. She concluded by stating that she will continue to fight for her members and for Harris Health to continue to do the good work.</p> | |
| <p>V. Executive Session</p> | <p>At 8:34 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</p> | <p>No Action Taken.</p> |
| | <p>B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> | <p>No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.</p> |

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| | <p>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</p> | <p>No Action Taken.</p> |
| <p>VI. Reconvene to Open Meeting</p> | <p>At 8:57 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 and Nursing 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 September 2022, there were fifty (50) initial appointments, sixty (60) reappointments, one (1) change/add privileges and twenty-six (26) resignations/terms. Dr. Foringer noted that the credentialing report also includes robotic privileges for obstetrics & gynecology as well as urology. A copy of the credentialing report is are available in the permanent record.</p> | <p><u>Motion No. 22.09-119</u></p> <p>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried. Dr. Arthur Bracey recused on this matter related to Baylor College of Medicine.</p> |
| | <p>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</p> <p>Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive, announced her participation in the Texas legislature where she addressed the Public Health Committee on opportunities to strengthen the state's nursing workforce, residency programs and grants for innovation centered on education and retention.</p> <p>Dr. Brock led the discussion regarding the Harris Health System Staffing Advisory Committee's Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance. She stated that the Texas Health and Safety Code requires hospitals to create staffing advisory committees in facilities where 60% of the registered nurses (RNs) spend at least 50% of their time conducting direct patient care. She noted that there is one staffing advisory committee per hospital in which the committee meets to discuss challenges related to staffing and to make recommendations to leadership regarding any changes. The staffing plan is reviewed by the Board twice a year to determine if it meets the elements required.</p> | <p>As Presented.</p> |

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| | <p>Ms. Patricia Wanza, Staffing Advisory Committee Chair, LBJ, stated that 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. Ms. Wanza reported that the hospital's staffing committee consists of thirteen (13) nurse clinicians and received a response rate of 100%. She stated that 90.1% of those respondents strongly agreed with the staffing plan and 9.9% disagreed. The element with the highest level of disagreement is that there is a general sense of adequate staffing. The committee reviewed avoidable hospital acquired pressure injuries and hours per patient days, noting that no correction was identified.</p> <p>Ms. Monica Manthey, Staffing Advisory Committee Chair, BTH, reported that the staffing committee consists of eighteen (18) nurse clinicians and received a response rate of 100%. She stated that 87.3% of those respondents strongly agreed with the staffing plans and 7.1% disagreed and 5.6% strongly disagreed. The element with the highest level of disagreement is that there is a general sense of adequate staffing. In accessing quality outcomes, Ms. Manthey shared that the committee reviewed avoidable hospital acquired pressured injuries, where no trends were identified. A copy of the executive summary is available in the permanent record.</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 Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For September 2022, there was one (1) initial appointment. A copy of the credentialing report is available in the permanent record.</p> | <p>Motion No. 22.09-120</p> <p>Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p> |
| | <p>2. Approval of Addition to Correctional Health Medical Staff Bylaws</p> <p>Dr. Egins presented the addition to Correctional Health Medical Staff Bylaws. He stated that the Correctional Health Medical Executive Committee (MEC) approved the addition of Article IV – Categories of the Medical Staff to the Correctional Health Medical Staff Bylaws. The medical staff will be divided into two categories: Active Staff (individuals who meet the credentialing criteria) and Moonlighters (individuals who meet criteria but are still in training second year or greater). A copy of the Correctional Health Medical Staff Bylaws are available in the permanent record.</p> | <p>Motion No. 22.09-121</p> <p>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</p> |

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| <p>VIII. New Items for Board Consideration</p> | <p>A. Approval of Diversity, Equity and Inclusion Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members</p> <p>Dr. Bracey noted his appointment of the Diversity, Equity and Inclusion Committee of the Board of Trustees members as follows:</p> <ul style="list-style-type: none"> • Professor Marcia Johnson, Chair • Ms. Mia Mends • Ms. Alicia Reyes • Ms. Jennifer Tijerina <p>B. Approval of Governance Committee of the Board of Trustees, Including Approval of Charter and Appointment of Members</p> | <p><u>Motion No. 22.09-122</u></p> <p>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracotis, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p> |
| | <p>Mr. Finder noted an omission of the word “to” within the first paragraph of Governance Committee Charter. The charter should read as follows: <i>The Committee shall assist the Harris Health Board of Trustees to fulfill its fiduciary obligations related to Board governance.</i> Additionally, Mr. Finder recommended that the Committee consider the cost of Board continuing education opportunities and best use of resources. Dr. Ewan Johnson inquired regarding the need for a governance committee. Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, shared that it is best practice for a Board to have a Governance committee. She mentioned that the committee will assist with matters such as the Bylaws reviews and providing recommendations to the full Board on best practices. Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, elaborated by stating that the Board identified Board governance as a duty of the Board. She shared that the committee would make recommendations and work alongside herself and Ms. Rodriguez on matters related to governance. Extension discussion ensued. Director Barbie Robinson recommended that the charter further define how work comes forward before the full Board as well as defined roles and responsibilities of the Governance Committee. Dr. Bracey stated that the notion is to have this body not as an overarching final definitive decision making body but it is basically doing the work to present to the Board in terms of how the processes would come forth to the full Board.</p> <p>Dr. Bracey noted his appointment of the Governance Committee of the Board of Trustees members as follows:</p> <ul style="list-style-type: none"> • Dr. Andrea Caracotis, Chair • Professor Marcia Johnson • Ms. Alicia Reyes | <p><u>Motion No. 22.09-123</u></p> <p>Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and majority passed that the Board approve agenda item VIII.B. Motion carried.</p> <p>*Board member qualified their affirmative vote with a comment that the roles and responsibilities of the Governance committee be clearly defined.</p> |

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| | <p>Dr. Bracey issued a roll call vote as follows:</p> <ul style="list-style-type: none"> • Dr. Arthur Bracey - Aye • Dr. Ewan Johnson - Nay • Dr. Andrea Caracostis – Aye • Director Barbie Robinson – Aye * • Professor Marcia Johnson – Aye • Ms. Alicia Reyes – Aye* • Mr. Lawrence Finder – Aye <p>(*) Board member qualified their affirmative vote with a comment that the roles and responsibilities of the Governance Committee be clearly defined.</p> | |
| | <p>C. Approval of Harris Health System Minority-and Woman-Owned Business Enterprise Program Policy</p> <p>Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer introduced Mr. Derek Holmes, Administrative Director, Contracting Diversity, and Mr. Ryan Phillips, Managing Partner & President, A.O. Phillips & Associates LLC. Mr. Holmes shared that he comes to Harris Health with vast MWBE experience working for the City of Houston as well as Harris County. Mr. Hill delivered a presentation of Harris Health System Minority and Woman – Owned Business Enterprise Policy. He shared that the program is tailored after Harris County's program and is a culmination of a collaborated effort between Harris Health leadership, Harris County leadership and A.O. Phillips & Associates LLC.</p> <p>Focused Areas of the Program Includes:</p> <ul style="list-style-type: none"> • Internal resources to facilitate program • Goal setting • Monitoring of program compliance • Information Systems requirements • Interlocal Agreement with Harris County • Updates to Board of Trustees • Community Outreach <p>Mr. Holmes addressed the focus areas of the program in addition to the programs status. Mr. Phillips further touched upon previous and future community outreach initiatives. Professor Johnson expressed her thanks to Dr. Porsa and the team for their work done on implementing the MWBE program policy.</p> | <p>Motion No. 22.09-124 Moved by Professor Marcia Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</p> |

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| | <p>Mr. Finder publicly thanked Professor Johnson, stating that if it wasn't for her efforts the Board would not be having this discussion today. A copy of the presentation is available in the permanent record.</p> | |
| | <p>D. 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</p> <p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, stated that resolution is a process improvement as well as to align with other Local Provider Participation Fund's (LPPF) in Texas. Administration recommends the approval of the 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. A copy of the resolution is available in the permanent record.</p> | <p>Motion No. 22.09-125 Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</p> |
| | <p>E. Discussion Regarding the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget</p> <p>Ms. Nikitin delivered an update regarding the Proposed Harris Health System Fiscal Year 2023 Operating and Capital Budget. She shared that Harris County Commissioners Court will hold a public hearing on September, 27, 2022 which includes the NNR budget and reductions/cuts associated with the operating budget. She emphasized that Harris Health will be operating at a \$45M deficit in FY2023. This deficit will be bridged by several mitigating strategies to achieve a break-even operating budget, including:</p> <ul style="list-style-type: none"> • Labor Management: \$11.6M deficit reduction • Strategic Initiatives: \$24.7M deficit reduction • Purchased Clinical Services/Supplies: \$8.5M deficit reduction <p>Dr. Porsa emphasized that Harris Health's focus is assessing where the system can reduce cost. Due to the deficit, Dr. Porsa shared that Harris Health will be forced to decrease and delay its strategic priorities which were meant to extend access of care and specialty services. Harris Health will be closely monitoring the developments and advising the Board and staff of any changes.</p> | <p>As Presented.</p> |
| <p>IX. Strategic Discussion</p> | <p>A. Harris Health System Strategic Plan Initiatives</p> | |

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| | <p>1. Update Regarding Harris County Hospital District Foundation Board Meeting</p> <p>Dr. Bracey stated that he alongside Dr. Porsa, Dr. Johnson, Ms. Tijerina and Mr. Hill attended the Harris County Hospital District Foundation Board Meeting on September 14, 2022. He shared that Harris Health thanked to the Foundation Board for their efforts to raise money, promote awareness for Harris Health’s mission, and for their work in supporting Harris Health’s ability to meet the growing healthcare needs of the residents of Harris County. Harris Health conveyed that its Board as an entity has the sole responsibility for setting the strategic direction of the health system and to make decisions that support the systems strategic goals and priorities. Harris Health noted that with the increasing demands on its System, it is important for Harris Health Board to consider ways to optimize its philanthropic strategies. Harris Health also addressed its concern regarding a sense of misalignment for the vision of Harris Health’s Board and the Foundation Board primarily given the restrictions applied the grants that were provided by the Foundation. Additionally, Harris Health shared with the Foundation that Dr. Porsa meets with their Executive Director monthly to discuss Harris Health’s most current plans and most critical needs. Dr. Bracey stated that the Board recommended collaboration between the Foundation’s operational staff and Harris Health executives to develop plans to best direct the Foundation support to areas where it is most needed. Dr. Bracey stated that it is his hope that the ongoing discussions between staff will create a clearer understanding of the collaboration that will in the end lead to success and achieving our mutual goal which is improving the health of those most in need. He expressed that overall it was a positive meeting and that the Board is hopeful that it will result in greater clarity and collaboration that will to help to maximize the Foundation efforts moving forward. Dr. Porsa stated that Harris Health administration will work with the Foundation to create a plan on how we are going about to raising funds and how the System will support the Foundation in their endeavors to raise the funds. Additionally, Dr. Porsa shared that Harris Health recognized the Foundations efforts by mentioning them in Harris Health’s annual plan.</p> | <p>As Presented.</p> |
| | <p>2. Update Regarding Harris Health Community Health Worker Home Visits</p> <p>Dr. Esperanza Hope Galvan, Interim Senior Vice President, Chief Health Officer, delivered an update regarding Harris Health Community Health Worker Home Visits. The program utilizes Community Health Workers (CHWs), lay health workers recruited from and assigned to the communities they come from or have close familiarity with, often with lived experiences of these same barriers and challenges.</p> | <p>As Presented.</p> |

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| | <p>Dr. Galvan stated the CHWs provide community-based intervention to address health disparities, prioritize, identify and resolve barriers to care and social needs. CHW home visits were further catalyzed by COVID-19 to improve outreach to at-risk patients, ensuring access and continuity of clinical and social resources. Ms. Denise LeRue, Director, Care Integration, provided a brief overview of the CHW program details. CHWs support disengaged patients with uncontrolled diabetes (HbA1c >9) through home visits, in combination with telehealth and telephonic visits as well as a customized care plan.</p> <p>Care plans are developed through comprehensive assessment of:</p> <ul style="list-style-type: none"> • Health-related social needs • Diabetes knowledge • Self-management behaviors • Barriers to care • Neighborhood and home barriers/facilitators <p>Key Scorecard Metrics:</p> <ul style="list-style-type: none"> • 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) <p>Dr. Galvan briefly touched upon the CHW Home Visits Service Areas, Outcomes of Success and Need-Driven Innovation. Discussion ensued regarding efforts to address other health disparities, social determinants of health as well as health screenings. A copy of the presentation is available in the permanent record.</p> | |
| | <p>3. Presentation Regarding Harris Health System Outpatient Specialty Care</p> <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, delivered a presentation regarding Harris Health System Outpatient Specialty Care. She stated that the strategic plan focuses on optimization of the five (5) specialties with the largest wait times and wait lists. The service lines include Cardiology, Endocrinology, Gastroenterology, Ophthalmology and Urology with a goal of 90 days on wait times. Dr. Small mentioned three (3) domains for improving ambulatory specialty performance, which includes process, people and performance. Additionally, Dr. Small addressed specialty initiatives by area of intervention as primary care strategic plan based on the Harris Health access sites. Discussion ensued regarding efforts of prioritization on wait times. A copy of the presentation is available in the permanent record.</p> | <p>As Presented.</p> |

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| | <p>4. Discussion Regarding the Evaluation of Harris Health’s Security Force Structure and Capability</p> <p>Mr. Christopher Okezie, Vice President, System Operations, led the discussion regarding the Evaluation of Harris Health’s Security Force Structure and Capability. 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. Mr. Okezie reported that Harris Health currently employs 258 full-time equivalents (FTEs), comprised of four levels ranging from Security Officer 1 up to Law Enforcement Officer (LEO) Supervisor. 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 system. Mr. Okezie stated that over the past six years, a mandatory annual review for security employees was implemented and International Association for Healthcare Security and Safety (IAHSS) certifications are now required for the Security Officer positions. He presented current and ongoing security initiatives some of which includes: 1) recently increased staffing in Emergency Centers (ECs) and high risk areas; 2) engaged with a workplace violence consultant in 2021 to review the program and provide recommendations; 3) adoption of discreet metal detectors for enhanced screening of high risk patients after completion of pilot in April 2022, and 4) participation in town hall meetings to address employee security concerns. Mr. Okezie further addressed the probability of crime at Harris Health locations, assaults reported to security since 2015 as well as identified opportunities for improvements. Mr. Lawrence Finder inquired whether Harris Health Administration and security officers have any law enforcement experience, taken a Texas Commission on Law Enforcement (TCOLE) approved course, or have the appropriate license to carry a firearm by the State of Texas. Additionally, Mr. Finder inquired regarding security at Harris Health’s high-risk areas, Harris County cap index scores in addition to ongoing security initiatives. Mr. Finder recommended facilitating a workgroup which consists of local law enforcement agencies who can provide expertise. Dr. Johnson recommended further discussion in Executive Session at a future Board meeting. A copy of the presentation is available in the permanent record.</p> | <p>As Presented.</p> |
| <p>X. Consent Agenda Items</p> | <p>A. Consent Purchasing Recommendations</p> <p>1. Approval of Purchasing Recommendations (Items A1 through A64)</p> <p>Dr. Bracey noted that purchasing’s transmittals (B1 through B13) are not for approval. A copy of the purchasing recommendations is available in the permanent record.</p> | <p>Motion No. 22.09-126</p> <p>Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the</p> |

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| | | <p>Board approve purchasing recommendations (Items A1 through A64). Motion carried. Director Robinson recused on purchasing item A64 related to Harris County.</p> |
| | <p>B. New Consent Agenda Item for Approval</p> <p>1. Acceptance of the Harris Health System FY2022 Annual Report</p> | <p><u>Motion No. 22.09-127</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda items X.B.1. and X.C.1.) Motion carried.</p> |
| | <p>C. Consent Grant Agreement Recommendations</p> <p>1. Approval of Grant Agreement Recommendations (Items C1 through C4).</p> | <p><u>Motion No. 22.09-127</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda items X.B.1. and X.C.1.) Motion carried.</p> |
| | <p>Dr. Bracey noted that Consent Agenda Items (X.D.1 – X.D.4) are reports and updates only and were presented in the Board packet for informational purposes only.</p> | |
| | <p>D. Consent Reports and Updates to Board</p> <ol style="list-style-type: none"> 1. Harris Health System August Financial Report Subject to Audit 2. Annual Interest Rate Management Agreement Disclosure 3. Community Health Choice July Financial Performance 4. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System | <p>For informational purposes only - No action required.</p> |

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| <p>XI. 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 September 2022 Operational Update <p>Dr. Small delivered a presentation regarding the Health Care for the Homeless Program (HCHP) September 2022 Operational Update to include Patient Services, Change in Scope, Q2 Budget Report, Q2 Patient Satisfaction Report and Q2 Quality Management Report. For the month of August, Dr. Small reported 395 new adult patients, forty-nine (49) new pediatric patients, and three (3) 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 4,648 unduplicated patients seen, approximately 48% of the program’s goal. Dr. Small stated that this is primarily attributed to few provider vacancies as well as a service linkage worker out on medical leave. Dr. Small is pleased to share that HCHP has engaged a few new nurse practitioner (NP) providers as well a dental provider that will help to better bridge the gap.</p> <p>Dr. Small presented the HCHP Q2 Budget Report. She stated that the program has approximately \$6.2M of its annual budget, which includes grant funding and Harris Health funding of the program. Overall, the program is expected to expense 76% of funds to fund the program and any excess funds will rollover for the ensuing calendar year. Dr. Small addressed the HCHP Patient Satisfaction Trending Data for Q2. She stated that the program has meet its target for half of the six (6) measures and the others they will continue to work on with its providers and staff.</p> <p>Dr. LaResa Ridge, Medical Director, Healthcare for the Homeless Program, presented the HCHP Q2 Management Report. She addressed the quality metrics in which the program has fell below target goal. She stated that the program is working to improve compliance on all five (5) quality measures. Dr. Ridge noted that the program has specifically elected to focus on improving the Cervical, Colorectal and Breast Cancer screening metrics. Dr. Caracostis recommended engaging in the Texas Association of Community Health Centers regarding best practices, conferences, and peer support. A copy of the operational update is available in the permanent record.</p> | <p>Motion No. 22.09-128 Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p> |
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| | <p>B. Approval of HCHP 2nd Quarter Budget Report</p> | <p><u>Motion No. 22.09-129</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p> |
| | <p>C. Approval of HCHP 2nd Quarter Patient Satisfaction Report</p> | <p><u>Motion No. 22.09-130</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p> |
| | <p>D. Approval of HCHP 2nd Quarter Quality Management Report</p> | <p><u>Motion No. 22.09-131</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.D. Motion carried.</p> |
| <p>XII. Executive Session</p> | <p>At 11:10 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov't Code §551.071, Tex. Gov't Code §418.183, Tex. Gov't Code §551.085, Tex. Gov't Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</p> | |
| | <p>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.</p> | <p>No Action Taken.</p> |
| | <p>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.</p> | <p>No Action Taken.</p> |

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| | <p>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. <i>The Harris Health Board of Trustees delegates authority to Administration to make necessary amendments to the strategic plan to modify sections related to the Hospital District Foundation in consultation with the Harris Health Board Officers.</i></p> | <p>Motion No. 22.09-132 Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XII.F. Motion carried.</p> |
| <p>XIII. Reconvene</p> | <p>At 12:10 p.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present. He shared that the Board will take action on Item “F” of the Executive Session agenda.</p> | |
| <p>XIV. Adjournment</p> | <p>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 12:11 p.m.</p> | |

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on September 22, 2022.

Respectfully Submitted,



Arthur Bracey, M.D., Chair



Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, September 22, 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 | |
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| Dr. Arthur Bracey (Chair) | | Ms. Mia Mendis | |
| Dr. Ewan Johnson (Vice Chair) | | | |
| Dr. Andrea Caracostis (Secretary) | | | |
| Mr. Lawrence Finder | | | |
| Professor Marcia Johnson | | | |
| Ms. Alicia Reyes | | | |
| Director Barbie Robinson | | | |
| Ms. Jennifer Tijerina | | | |
| EXECUTIVE LEADERSHIP | | | |
| Dr. Esmaeil Porsa, President & Chief Executive Officer | | | |
| Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice | | | |
| Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care | | | |
| Ms. Anna Majeta, Chief Financial Officer, Community Health Choice, Inc. | | | |
| Mr. Anthony Williams, Vice President, Compliance Officer | | | |
| Ms. Carolyn Jones, Executive Vice President & Chief Compliance and Risk Officer | | | |
| Mr. Christopher Okezie, Vice President, System Operations, | | | |
| Mr. David Attard, Senior Vice President, Facilities, Construction and System Engineering | | | |
| Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office | | | |
| 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 | | | |
| Mr. Jack Adger, Assistant Purchasing Agent, Harris County Purchasing Office | | | |
| Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive | | | |
| Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization | | | |
| Dr. Jennifer Small, 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 | | | |

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| Ms. Kari McMichael, Vice President, Controller |
| Ms. Kelli Fondren, Vice President, Chief Development Officer |
| 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 Nhadi, Senior Vice President, Chief Pharmacy & Lab Officer |
| 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. 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

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|--------------------------|---|
| Alison Perez | Jerry Summers |
| Amanda Callaway | Katie Rutherford |
| Antoinette Cotton | LaDale George, Perkins Cole LLP |
| Antoinette (Toni) Cotton | LaResa Ridge, MD |
| Carole Lewis | Matthew Schlueter |
| Cherry Pierson | Monica Manthey |
| Cynthia Cole (AFSCME) | Nicholas J Bell |
| Daniel Smith | Patricia Wanza |
| Denise LaRue | Paul Lopez |
| Derek Curtis | Randy Manarang |
| Ebon Swofford | Ryan Phillips, A.O. Phillips & Associates |
| Elizabeth Winn | Tai Nguyen |
| Holly Gummert | Tracey Burdine |
| Jennifer Zarate | Zubin Khambatta, Perkins Cole LLP |