

Thursday, December 1, 2022

8:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

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

*Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

- I. **Call to Order and Record of Attendance** Dr. Arthur Bracey 2 min
- II. **Approval of the Minutes of Previous Meeting** Dr. Arthur Bracey 2 min
 - Board Meeting – October 27, 2022
 - HRSA Special Called Board Meeting – November 10, 2022
- III. **Announcements / Special Presentations** Dr. Arthur Bracey 12 min
 - A. **CEO Report Including Special Announcements – Dr. Esmaeil Porsa** (10 min)
 - ARPA Funding
 - Harris Health System Received a Silver Badge Award for Health Center Quality Leader from the Health Resources and Services Administration (HRSA), a Division of the U.S. Health and Human Services Department, for the System’s Healthcare for the Homeless Program
 - Equity at Harris Health
 - B. **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 30 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 (10 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 – **Dr. Otis Egins** (10 min)
- VI. Reconvene to Open Meeting** Dr. Arthur Bracey 2 min
- VII. General Action Item(s)** Dr. Arthur Bracey 12 min
- A. General Action Item(s) Related to Quality: Medical Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. John Foringer** (2 min)
 2. Consideration of Approval of the Revised Harris Health System Radiology Clinical Privileges – **Dr. John Foringer** (2 min)
 3. Consideration of Approval of the Revised Harris Health System Medical Staff Bylaws – **Dr. John Foringer** (2 min)
 4. Consideration of Approval of the 2023-2024 Harris Health Utilization Review Plan – **Dr. John Foringer** (2 min)
- B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egins** (2 min)
 2. Consideration of Approval of New Harris Health System Correctional Health Clinical Privileges – **Dr. Otis Egins** (2 min)
 - Cardiology
 - Infectious Disease
 - Neurology
 - Obstetrics and Gynecology
 - Orthopedics
- VIII. New Items for Board Consideration** Dr. Arthur Bracey 30 min
- A. Consideration of Approval of the Tentative January 2023 Board of Trustees Schedule – **Board of Trustees** (5 min)
- B. Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health that will Support the Community Violence Intervention Program – **Dr. Amy Smith** (10 min)
- C. Consideration of Approval of Funding for Performance Incentive Compensation Specified in the Dental Services Agreement with Harris Health System and The University of Texas Health Science Center at Houston (UTHealth) for the Second (July 1, 2021 through June 30, 2022) and Third Contract Years (July 1, 2022 through June 30, 2023) – **Dr. Jennifer Small** (5 min)

D. Consideration of Approval of a Board Resolution Naming the Facility Formerly Known as Quentin Mease Community Hospital to Quentin Mease Clinic (5 min)
 – **Dr. Jennifer Small**

E. Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Texas Workforce Commission (5 min)
 – **Ms. Victoria Nikitin**

IX. Strategic Discussion **Dr. Arthur Bracey** **10 min**

A. Harris Health System Strategic Plan Initiatives

1. Update and Consideration of Approval of Goals, Objectives and Measurements for Harris Health Strategic Plan Pillar 6: Diversity, Equity and Inclusion (10 min)
 – **Dr. Jobi Martinez**
 [Strategic Pillar 6: Diversity, Equity and Inclusion]

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

- A. Consent Purchasing Recommendations
1. Consideration of Approval of Purchasing Recommendations (Items A1 through A86) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**
(See Attached Expenditure Summary: December 1, 2022)
- B. Consent Committee Recommendations
1. Consideration of Approval of Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments for Eligible Harris Health Patients for Calendar Year 2023
 – **Ms. Victoria Nikitin**
 2. Consideration of Acceptance of the Harris Health System September 2022 Financial Report Subject to Audit – **Ms. Victoria Nikitin**
 3. Consideration of Acceptance of the Harris Health System Second Quarter Stub Year 2022 Investment Report – **Ms. Victoria Nikitin**
 4. Consideration of Acceptance of the Harris Health System Third Quarter Calendar Year 2022 Pension Plan Report – **Ms. Victoria Nikitin**
 5. Consideration of Approval of Harris Health System Internal Audit Charter – **Ms. Errika Perkins, Chief Assistant County Auditor and Ms. Sharon Brantley Smith, Audit Director**
 6. Consideration of Approval of Compliance and Accreditation’s Audit Plans for FY23 and Enterprise Risk Management Plan
 – **Ms.Carolynn Jones**
 7. Consideration of Approval of FY2023 Internal Audit Plan
 – **Ms. Errika Perkins, Chief Assistant County Auditor and Ms. Sharon Brantley Smith, Audit Director**

C. New Consent Agenda Item(s) for Approval

1. Consideration of Approval of First Amendment to the Interlocal Agreement Between Harris Health System and Harris County for Legal Representation and Related Support Services of the Harris County Attorney's Office – **Ms. Sara Thomas**

D. Consent Grant Agreement Recommendations

1. Consideration of Approval of Grant Agreement Recommendations (Item D1)
(See Attached Expenditure Summary: December 1, 2022)

E. Consent Reports and Updates to Board

1. Harris Health System October Financial Report Subject to Audit
– **Ms. Victoria Nikitin**
2. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**
3. Harris Health System Council-At-Large October Meeting Minutes
– **Dr. Jennifer Small**
4. Update Regarding the ASC at LBJ Status Report
– **Dr. Scott Perry and Mr. Matthew Reeder**
5. Update Regarding the Riverside Dialysis Center Status Report
– **Dr. Scott Perry and Mr. Matthew Reeder**

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

(8 min)

- HCHP December 2022 Operational Update

- B. Consideration of Approval of HCHP 3rd Quarter Quality Report
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

- C. Consideration of Approval of the Amended HCHP Bylaws
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

XII. Executive Session

Dr. Arthur Bracey 85 min

- D. Discussion Regarding the 2023 Operating Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc.; and Review of the 2022 Financial Performance for the Nine Months Ending September 30, 2022, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071, Including Consideration of Approval of the 2023 Operating Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc. Upon Return to Open Session – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice**

(5 min)

- E. 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)
- F. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085 – **Ms. Sara Thomas and Mr. Louis Smith** (30 min)
- G. Consultation with Attorney and Possible Action Regarding the Agreement between Harris County Hospital District Foundation and Harris Health System Executed in 1998 and Philanthropic Strategies, Pursuant to Tex. Gov't Code Ann. §551.071, Including Delegation of Authority to Harris Health Administration to Take Any Action Under the Contract Contemplated by the Agreement, Including Article IV and/or Re-negotiation of the 1998 Agreement – **Ms. Sara Thomas** (20 min)
- H. Consultation with Attorney Regarding Settlement of a Healthcare Liability Claim, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session – **Ms. Ebon Swofford** (5 min)
- I. Discussion Related to Planning for LBJ Expansion Strategy, Pursuant to Tex. Gov't Code Ann. §551.085 – **Dr. Esmaeil Porsa and Ms. Maria Cowles** (15 min)

- XIII. Reconvene **Dr. Arthur Bracey 2 min**
- XIV. Adjournment **Dr. Arthur Bracey 1 min**

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting
Thursday, October 27, 2022
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 8:03 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>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – September 22, 2022 	<p><u>Motion No. 22.10-133</u> Moved by Dr. Ewan Johnson seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</p>
III. Announcements/ Special Presentations	<p>A. CEO Report Including Special Announcements</p> <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), recognized the following executive leadership:</p> <ol style="list-style-type: none"> 1) Mr. Ronald “Ron” Fuschillo, named as Senior Vice President and Chief Information Officer (CIO) 2) Ms. Amineh Kostov, named as Vice President, System Service Lines <p>Dr. Porsa delivered an update regarding COVID-19, noting a decline in the positivity rate across the Texas Medical Center (TMC). He reported a slow 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 there is a decline in the number of COVID-19 cases in the US as well as the daily monkey pox cases reported. He shared that Harris Health System (HHS) continues to see a drop in number of COVID-19 patients seen. Additionally, Dr. Porsa emphasized the importance of the Influenza (Flu) vaccine as Texas is among the states that has the highest flu activity level. Dr. Porsa stated that unfortunately, this year the Commissioners Court was unable to achieve a quorum which was required to pass a new tax rate. This means the County is forced to adopt the No New Revenue rate. Harris Health System’s tax rate reverted to No Net Revenue rate which places the System in a \$45M operational deficit.</p>	<p>As Presented.</p>

	<p>Dr. Porsa stated that Harris Health intends to overcome this deficit and finish the fiscal year with either and net zero or slight positive margin through a reduction in high cost contract labor, deferment of various strategic initiatives, and reduction of purchased clinical services only as a last resort.</p> <p>Dr. Porsa announced the following Bond Strategy and Communication Consultants:</p> <ol style="list-style-type: none"> 1) Mr. Mustafa Tameez, Founder and CEO, Outreach Strategists 2) Ms. Shannon Langrand, Founder and CEO, Langrand Communications 3) Mr. Darryl King, CEO and Principal, PPG Global, LLC <p>Mr. Lawrence Finder presented an article from the February 10, 2000 Houston Chronicle titled Crisis Looming Over Hospital District Budget. He shared that over 22 years ago, we thought that the sky was falling and it didn't fall. He stated that although Harris Health may have to cut services or contract labor, he is optimistic that the sky will not fall. Board discussion ensued regarding Flu, COVID-19 and Respiratory Syncytial Virus (RSV) vaccinations and the means of raising awareness and educating the public. A copy of the presentation and CEO report is available in the permanent record.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Bracey announced that Director Barbie Robinson was appointed as the Chair of the Compliance and Audit Committee. The Board would like thank Professor Marcia Johnson for her service as Chair of the Compliance and Audit Committee and note that she is now serving as Chair of DEI committee.</p>	
<p>IV. Public Comment</p>		<p>There were no public speakers registered to appear before the Board.</p>
<p>V. Executive Session</p>	<p>At 8:26 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. Dr. Arthur Bracey recused from cases involving care rendered by Baylor College of Medicine.</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>
	<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</p>	<p>No Action Taken.</p>
<p>VI. Reconvene to Open Meeting</p>	<p>At 8:40 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. There were twenty (20) initial appointments, (234) reappointments, ten (10) changes in clinical privileges and thirty (30) resignations. A copy of the credentialing changes is available in the permanent record.</p>	<p><u>Motion No. 22.10-134</u> Moved by Dr. Ewan Johnson seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.</p>
	<p>2. Approval of Revised Harris Health System Cardiology, Gastroenterology and Radiology Clinical Privileges</p> <p>Dr. Foringer noted the following revisions of the Cardiology, Gastroenterology, and Radiology Clinical Privileges:</p> <p><u>Cardiology Clinical Privileges</u></p> <ul style="list-style-type: none"> • Addition of Subcutaneous – Implantable Defibrillator (S-ICD) to the Clinical Cardiac Electrophysiology Core Procedures List • Addition of Leadless Pacemaker (MICRA) to the Clinical Cardiac Electrophysiology Core Procedures List <p><u>Gastroenterology Clinical Privileges</u></p> <ul style="list-style-type: none"> • Addition of Radiofrequency Ablation and Cryoablation to the Gastroenterology Core Procedures List 	<p><u>Motion No. 22.10-135</u> Moved by Ms. Alicia Reyes seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.</p>

	<p><u>Radiology Clinical Privileges</u></p> <ul style="list-style-type: none"> • Addition of TACK Endovascular System to the Vascular and Interventional Radiology Core Procedures List <p>A copy of the revisions to clinical privileges 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. There were fourteen (14) initial appointments. A copy of the credentialing report is available in the permanent record.</p>	<p><u>Motion No. 22.10-136</u> 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 Harris Health System Correctional Health Emergency Medicine, Family Medicine, Internal Medicine and Psychiatry Clinical Privileges</p> <p>Dr. Egins stated to fill any gaps in coverage, Harris Health is recruiting residents from Emergency Medicine, Family Medicine, and Internal Medicine. Of those specialties, individuals must be within their second year of residency or greater and for psychiatry services, the individual must be a fourth year resident. Dr. Bracey expressed an interest in looking at the aggregate, i.e., specialties that are representative in various hospitals and to access whether or not Harris Health is meeting the needs. Dr. Andrea Caracostis request to see a structured staffing plan that takes into account the exact needs and disparities within the jail and what are we doing to staff those gaps. Dr. Porsa stated that there is a staffing plan to assess the needs and that the residents are filling in the gaps until Harris Health can get a full staffing regime in place. A copy of the correctional health clinical privileges is available in the permanent record.</p>	<p><u>Motion No. 22.10-137</u> 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>
<p>VIII. New Items for Board Consideration</p>	<p>A. Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund</p> <p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, noted that this is a repeat request for approval from the September Board meeting, as not all procedural requirements were met in order to implement the Board approved rate. A copy of the resolution is available in the permanent record.</p>	<p><u>Motion No. 22.10-138</u> Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p>

	<p>B. Approval of the Proposed Harris Health Public Policy Platform for the Texas 88th Legislative Session</p> <p>Mr. R. King Hillier, Vice President, Public Policy & Government Relations, presented the Proposed Harris Health Public Policy Platform for the Texas 88th Legislative Session. Mr. Hillier expressed two primary areas of concern which includes: 1) voter approved tax rate and 2) Anthem Amerigroup charge to end mandatory contract language. Mr. Hillier stated that Harris Health supports legislation and appropriations to prevent the disenrollment of Medicaid beneficiaries following the ending of the Public Health Emergency. Harris Health supports legislative initiatives that address the current healthcare professional crisis in Texas, and ensure a sufficient healthcare and behavioral health workforce to meet the needs of vulnerable Texans. Mr. Hillier noted that Harris Health is in support of expansion of medical school loan repayment programs for physicians serving in a public hospital, in medical practices treating 50 percent or more Medicaid and uninsured patients, or in a county correctional health facility. Additionally, Mr. Hillier shared that Harris Health supports legislation improving workplace safety and security. A copy of the proposed Harris Health Public Policy Platform for the Texas 88th Legislative Session is available in the permanent record.</p>	<p><u>Motion No. 22.10-139</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and majority passed that the Board approve agenda item VIII.B. Motion carried.</p>
<p>IX. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p>	
	<p>1. Presentation and Discussion Regarding Harris Health’s Programming of the New LBJ Hospital and LBJ Campus Planning, Including Consideration of Approval for Campus Location and Programming for LBJ Replacement Hospital Facility, Including Initiation of Schematic Design Activities</p> <p>Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson (LBJ) Hospital, Dr. Tien Ko, Chief of Staff, LBJ, and Dr. Derek Curtis, Associate Administrator and Chief Nursing Officer, LBJ, led the discussion regarding Discussion Regarding Harris Health’s Programming of the New LBJ Hospital and LBJ Campus Planning. Ms. Darnauer provided a high-level overview of the Board approved actions and directives, space programming summary, campus master site plan, LBJ Campus Planning Strategy and Board Action Items and Next Steps.</p>	<p><u>Motion No. 22.10-140</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and majority passed that the Board approve agenda item IX.A.1. Motion carried.</p>

Board Approved Actions & Directives



Board of Trustees initial planning action for the LBJ Campus September 2021:

- The Board approved recommendations and campus priorities for re-development of the LBJ hospital and campus.

Service Priorities

Interventional Cardiology	Interventional Neurology	Stroke Services
Increased ICU Capacity	Flex Bed Space	GI (Endo) Lab

Throughput Priorities

Bed Capacity	ED Volume Management	Perioperative Services	Psych Volume
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Board Recommendation:

- Prioritize the building of a New Replacement Facility, parking garage and central plant.

Harris Health System ongoing activities:

- Initiated programming and development activities to support recommendations for a new hospital facility on the LBJ campus
- Performed physical site analysis and programming/ preconstruction activity to develop recommendations
- Initiated post occupancy opportunities for the existing hospital structure



Space Programming Summary



LBJ Hospital Bed Capacity			
Licensed Beds	Current	New Hospital "Day One"	Future Outlook
Adult Care Beds	142	270 Universal Beds*	300 Universal Beds*
ICU	24	60	30
Post Partum / Ante Partum	27	30	30
IMCU	23	30	30
Total Capacity	216	390	450
Observation Beds **	0	40	40
Shelved (Patient Rooms)	0	60	0

Treatment & Diagnostic			
	Current	New Hospital "Day One"	Future Outlook
Emergency Center (EC)	46	96	96
OR EC	0	23	23
Operative Room (OR)	8	24 (+4 Shaft)	20
Cath/IR/Neuro Labs	0	6 (+1 Shaft)	7
ED-Endo/Bronch Labs	3	6	6

Modalities***	Imaging Department Existing		New Hospital	
	Inpatient	Emergency Center	Inpatient	Emergency Center
X-Ray	3	2	3	3
Fluoro	2	0	3	0
CT	2	1	3	2
MRI	2	0	2	0
Ultrasound (Dist Vascular Ultrasound)	7	1	6	2
Hot Camera	3	0	4	0
Spect CT	1	0	1	0
Total	21	4	26	7

- All Patient rooms will be private and 390 will be programmed as Universal*
- In Emergency conditions universal rooms can be used as double occupancy
- 450 Bed Capacity / Day One accounting for 390 Beds and 60 Shelled
- Facility designed with expansion zone for future capacity needs

* Universal Beds: provide flexibility (Med/Surg bed and ICU are interchangeable based on our need)

** Observation Beds: New capacity to manage observation patients vs managing inpatient beds.

*** Outpatient Imaging in existing LBJ Hospital



Campus Master Site Plan

Existing Campus

Proposed New Campus 2028

- 1.2 Million SF Including new central plant
- 1 New Parking structure on the North of New Hospital
- 2 Bridge Connectors: From New Hospital to existing Hospital and from Garage (Under Construction) to Ambulatory Care Building (ACB).
- Metro Accessibility on Lockwood Drive

LBJ Campus Planning Strategy

Exploratory Discussions Clinical Support:
Psychiatry, Urgent Care, Outpatient Radiology

Harris Health System Support Opportunities:
Laboratory, Pharmacy, Supply Chain

Administrative and Outpatient Departments
Outpatient Rehabilitation, Occupational Health, Emergency Medical Services (EMS) Administration/Fleet

Pathways for Retention, Development and Recruitment:
Example: Community and HISD Partnerships. Onsite Daycare (Externally Managed)

Ms. Darnauer requested Board approval of the recommendations for Campus location and programming for LBJ replacement hospital facility including initiation of schematic design activities. Administration next steps includes 1) continue physical site programming and design activities to refine detailed recommendation for Board update and 2) continue to develop post occupancy opportunities for the existing hospital structure for Board approval. Board discussion ensued regarding recruitment efforts as well staff and community engagements. A copy of the presentation is available in the permanent record.

1. Presentation and Discussion Regarding Harris Health Community Engagement

As Presented.

Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, led the discussion regarding Harris Health Community Engagement. Ms. Sahira Abdool, Chief Administrative Officer, PPG, provided a brief overview of the outreach and community engagement activities over the past ninety (90) days. Some of which include focus group meetings, neighborhood bus tours, bus tours participants and town hall meetings.



Ms. Rodriguez provided an overview of the community partnerships such as Greater Houston Partnership, Antioch Missionary Baptist Church, El Centro de Corazon Health Center and Harris Health System Speakers Bureau. The purpose is to engage and connect with the community in order to advance the mission of Harris Health and work toward advancing common goals with stakeholders. Harris Health seeks to educate, evaluate and strengthen the community’s perception of Harris Health and the value it provides to the community. Director Barbie Robinson recommended that Harris Health ensure that we have geographic equity in terms of how we do outreach, what data is used to identify where access challenges are for vulnerable populations in the County, how are we reaching and messaging them, and how do we promote and market to potential clients within the hospital system. Dr. Johnson and Dr. Caracostis asked if PPG could correlate zip codes, life expectancy, and include a patient origin map. A copy of the presentation is available in the permanent record.

	<p>2. Update and Discussion Regarding Diversity, Equity and Inclusion Committee</p> <p>Professor Marcia Johnson led the discussion regarding Diversity, Equity and Inclusion (DEI) Committee. She shared that the committee has begun collaboration with Dr. Jobi Martinez, Vice President, Chief Diversity, Equity and Inclusion Officer, and her team to determine the systems overall DEI accountability. Professor Johnson expressed her thanks Ms. Alicia Reyes, Ms. Jennifer Tijerina, and Ms. Mia Mends, for their time spent as a member of the DEI committee. Professor Johnson stated that the DEI committee convened its inaugural meeting on October 12, 2022, in which the team reported on the status of their work regarding equity and patient care, personnel, purchasing and contracting. Additionally, Professor Johnson noted that the Board approved the creation of Strategic Pillar 6: Diversity Equity and Inclusion. Dr. Martinez announced that Harris Health was a recipient of a DEI Champion Award presented by the Texas Diversity Council for its DEI efforts in advancing a Chief diversity officer position and its commitment to the Minority/Women-owned Business Enterprises (MWBE) program. Dr. Martinez stated that that the committee has identified goals and metrics related to its strategic pillar and is in the process of assembling an Ad-Hoc Committee to assist with those efforts. She shared that Human Resources (HR) team has begun implementing a DEI dashboard. Mr. Derek Holmes, Administrative Director, Contracting Diversity, provided a brief overview of the ongoing DEI initiatives and focus areas which includes: 1) reviewing procurement over \$50K for goal setting opportunities, 2) finalizing the staffing plans, and 3) acquisition of B2G diversity management software, and 4) internal and external outreach efforts. 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 A47)</p> <p>Dr. Bracey noted that purchasing’s transmittals (B1 through B23) are not for approval.</p> <p>Mr. Dewight Dopslauf, Purchasing Agent, Harris County Purchasing Office, stated that purchasing recommendation Item A2, he inadvertently did not include the MWBE participation footnote. He clarified that HKS, Inc. is fully cooperating and adding in their goals related to MWBE participation. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><u>Motion No. 22.10-141</u> Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve purchasing recommendations (Items A1 through A47). Motion carried.</p>

B. New Consent Agenda Item(s) for Approval

Dr. Bracey noted that although item X. B.1. is listed as consent on the agenda, we would like to turn to Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care, and Ms. Holly Gummert, Deputy Division Director, Transactions Lead, for a brief overview of the ACCESS agreement prior to voting. Since ACCESS is a high priority initiative at the Commissioner’s Court, we thought the Board would benefit from a brief presentation.

Ms. Smith led the discussion regarding Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Harris Program. She delivered a brief overview of an organizational partnership between Harris Health and Harris County Public Health (HCPH). Ms. Smith shared that the program is an integrated care-coordination model that works to improve outcomes for vulnerable individuals through a multi-disciplinary care coordination team. This team will focus on supporting client holistically, addressing multiple needs that ensure better outcomes and greater stability. Ms. Smith stated that the proposal will include two (2) full-time equivalents (FTEs), one (1) FTE nurse manager within Ambulatory Care Management, and one (1) FTE social worker to assist with Ben Taub Care Management. She noted that the positions will be Harris Health employees however they will be funded by HCPH. Additionally, Ms. Smith noted that Harris Health will take program direction from HCPH. Ms. Gummert outlined the Board’s action and next steps regarding ACCESS and Violence Prevention Programs. She noted that today’s action will prompt next steps, but does not result in immediate action on Harris Health’s part. Additionally, Ms. Gummert provided an overview of the ACCESS Program Phase 2.

ACCESS and Violence Prevention Programs HARRISHEALTH SYSTEM

Today’s Action	Next Steps
<ul style="list-style-type: none"> • Formalizes Harris Health’s participation in the programs • Authorizes Dr. Porsa to execute contracts for both ACCESS Harris Program and CVIP • Prompts next steps, but does <u>not</u> result in immediate action on Harris Health’s part 	<ul style="list-style-type: none"> • HCPH to seek approval of contracts from the Commissioners Court • HCPH to develop or accept: <ul style="list-style-type: none"> a) Consent Form for participation in each program b) Harris Health authorization form for disclosure of patient information • HCPH to adopt and provide Harris Health with ACCESS Harris policies and procedures relevant to the Violence Prevention Cohort • Harris Health to explore Phase 2

harrishealth.org

ACCESS Program (Phase 2)

Harris Health to perform **system security validation testing** on HCPH's proposed data sharing system

Harris Health to negotiate a **separate contract and business associate agreement** with HCPH that addresses data sharing on relevant populations

Dr. Ewan Johnson inquired regarding the origin of this request. He also addressed his concerns regarding HIPAA and information security. Dr. Porsa stated that this is a program has been successfully implemented in several counties in California. He explained that the idea is to provide an awareness between the different entities who are taking care of the same patients, which may have both medical and social needs, and can be provided wrap around services. Dr. Porsa stated that Harris Health shares the same concern regarding HIPAA and cyber-attacks, however, the System will not take any steps until it has done risk assessments and has very good understanding and assurances that the data is protected from any breach or cyber-attack. Mr. Finder expressed his concern regarding Harris Health receiving directives from HCPH on PPI and HIPAA. Ms. Gummert reiterated Dr. Porsa's sentiments that Harris Health will provide its due diligence before going live for the ACCESS Program Phase 2. Board discussion ensued. Dr. Bracey stated that the recommendation is seeking permission for staff to proceed with the development of the program that will fulfill the security needs to protect the greater enterprise. Dr. Andrea Caracostis inquired what are the impacts and risk-associated with implementing the program. Ms. Gummert stated that today's approval is just for the ACCESS Program Phase 1. A copy of the presentation is available in the permanent record.

	<p>1. Approval of an Interlocal Agreement, to be Effective Upon the Occurrence of Two Conditions Precedent, Between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health for Assistance in Referring and Providing Case Management Services to Certain Clients in the County’s Accessing Coordinated Care and Empowering Self Sufficiency (ACCESS) Harris Program</p>	<p><u>Motion No. 22.10-142</u> Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and majority passed that the Board approve agenda item X.B.1. Motion carried. Dr. Ewan Johnson opposed this motion. Director Barbie Robinson recused on this matter related to Harris County Public Health.</p>
	<p>2. Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health that will Support the Community Violence Intervention Program</p> <p>Mr. Finder expressed concern regarding risk associated and potential safety concerns for employees. Ms. Gummert provided further clarification on Harris Health’s obligation as it relates to the Community Violence Intervention Program (CVIP). Dr. Caracostis recommended further education regarding the CVIP in order to make a clear and informed decision prior to a vote.</p> <p>Dr. Bracey motioned for a roll call vote to table item X.B.2. as follows:</p> <ul style="list-style-type: none"> • Dr. Arthur Bracey - Aye • Mr. Lawrence Finder – Aye • Dr. Andrea Caracostis - Aye • Dr. Ewan Johnson - Aye • Ms. Alicia Reyes - Aye • Professor Marcia Johnson – Aye 	<p><u>Motion No. 22.10-143</u> Moved by Mr. Lawrence Finder, seconded by Dr. Ewan Johnson, and unanimously passed that the Board table agenda item X.B.2. Motion carried. Director Barbie Robinson recused on this matter related to Harris County Public Health.</p>
	<p>3. Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health for Epic Licenses, Maintenance and Support Services to be Provided by Harris Health System</p> <p>Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer, stated that this is a new interlocal agreement between Harris Health and HCPH for the purpose of allowing HCPH to utilize EpicCare through a program known as Epic Community Connect. This agreement replaces the 2016 agreement entered between the parties, and outlines Harris Health’s responsibility for securing EpicCare licenses and providing maintenance and support for the software to HCPH.</p>	<p><u>Motion No. 22.10-144</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.3. Motion carried. Director Barbie Robinson recused on this matter related to Harris County Public Health.</p>

	<p>Mr. Smith noted that there are five (5) organizations that Harris Health has extended Epic out to which includes: 1) The Harris Center, 2) Harris County Public Health (HCHP), 3) Health Care for the Homeless Program (HCHP), 4) Vecino Health Centers, 5) Harris County Juvenile Probation Department and 6) Harris County Jail. A copy of the interlocal agreement is available in the permanent record.</p>	
	<p>C. Consent Grant Agreement Recommendations</p>	
	<p>1. Approval of Grant Agreement Recommendations (Items C1 through C4).</p>	<p><u>Motion No. 22.10-145</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.C.1. Motion carried. Dr. Bracey recused from grant agreement recommendations (C2 and C3) related to BCM.</p>
	<p>Dr. Bracey noted that Consent Agenda Items (X.D.1. and X.D.2.) 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> <p>1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</p> <p>2. Harris Health System Council-At-Large July and September Meetings Minutes</p>	<p>For informational purposes only - No action required.</p>
<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 October 2022 Operational Update <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, delivered a presentation regarding the Health Care for the Homeless Program (HCHP) October 2022 Operational Update including Patient Services and HCHP Consumer Advisory Report.</p>	<p><u>Motion No. 22.10-146</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>

	<p>For the month of September, Ms. Burdine reported 349 new adult patients, nine (9) new telehealth patients, and seventy-two (72) returning telehealth patients associated with the program as well as seventeen (17) new pediatric visits. At the close of month, HCHP served 1,054 unduplicated patients, which was an 8 percent decrease from the previous month. Ms. Burdine stated that the decrease is primarily attributed to provider call – ins for family practice visits. She also noted 1,924 completed visits, a 7 percent decrease from the previous month. She stated that this is attributed to clinic closures and provider call – ins.</p> <p>Ms. Burdine shared the following Consumer Advisory Council Highlights of Council Activities from June – August 2022:</p> <ul style="list-style-type: none"> • Members were informed of the increase in COVID-19 cases in shelter settings and how HCHP is educating shelter management on prevention strategies. • The council was informed that the DNV accrediting organization conducted site visits at Salvation Army Adult Rehabilitation Center and at Star of Hope Men’s Development Center and that HCHP received positive feedback with no negative findings. • The council approved the funding request - Health Resources and Services Administration (HRSA) grant “American Rescue Plan Uniform Data System Patient-Level Submission.” • The chair shared information from the council-at-large meetings. • The council was informed of the non-competing continuation budget period report to HRSA. <p>Ms. Burdine shared that the HCHP Bylaws will be deferred, however, the Bylaws will be submitted to the Board in December for approval. Additionally, Ms. Burdine informed the Board that the HRSA operational site visit will be held on January 31, 2023 through February 3, 2023. Dr. Bracey inquired regarding the mitigation efforts related to provider call – ins. Ms. Burdine stated that 90 percent of providers are currently on Family and Medical Leave Act (FMLA) therefore HCHP has temporarily reduced its operating days and closed site clinics while the program develops a new staffing plan. A copy of the operational update is available in the permanent record.</p>	
	<p>B. Approval of HCHP Consumer Advisory Report</p>	<p><u>Motion No. 22.10-147</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
	<p>C. Approval of HCHP Bylaws</p>	<p>PULLED</p>

<p>XII. Executive Session</p>	<p>At 10:32 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.071, Tex. Gov’t Code §551.074, 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. Discussion Regarding Harris Health Strategic Pillar 1, Quality and Patient Safety, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p>No Action Taken.</p>
	<p>E. Discussion Regarding Cybersecurity, Pursuant to Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.089, and Tex. Health & Safety Code §161.032, and Possible Action Upon Return to Open Session</p>	<p>No Action Taken.</p>
	<p>F. 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</p> <p><i>The Harris Health Board of Trustees hereby approves the proposed President/CEO compensation structure discussed in Executive Session and authorizes legal counsel and Harris Health system to prepare a CEO employment agreement pursuant to these terms and conditions.</i></p>	<p><u>Motion No. 22.10-148</u> Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and majority passed that the Board approve agenda item XII.F. Motion carried. Director Barbie Robinson abstained from voting on this matter.</p>
	<p>G. 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>H. 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>Mr. Finder recused on this matter related to M.D. Anderson.</p>
	<p>I. 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</p>	
<p>XIII. Reconvene</p>	<p>At 12:45p.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>Supplemental Notice</p>	<p>1. Approval to Discontinue Allocation of Funding and Termination of the Lease Agreement with Rycore Bellaire MOB, LLC. for the Robindell Clinic located at 5420 Dashwood, Houston, TX 77081</p>	<p><u>Motion No. 22.10-149</u> Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve supplemental item. Motion carried.</p>
<p>XIV. Adjournment</p>	<p>Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:48 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on October 27, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, October 27, 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)	Ms. Mia Mends
Dr. Ewan Johnson (Vice Chair)	Ms. Jennifer Tijerina
Dr. Andrea Caracostis (Secretary)	
Mr. Lawrence Finder	
Professor Marcia Johnson	
Ms. Alicia Reyes	
Director Barbie Robinson	

EXECUTIVE LEADERSHIP
Dr. Esmail 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
Mr. Anthony Williams, Vice President, Compliance Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Ms. Debbi Garbade, Vice President Patient Safety & Risk Management
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Ms. Errika Perkins, Chief Assistant County Auditor, Harris County Auditor’s Office
Dr. Esperanza (Hope) Galvan, 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
Mr. Jeffery Vinson, Vice President, Chief Cyber & Information Security Officer
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
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
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 Reggie Ekins, 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. Ron Fuschillo, Senior Vice President and Chief Information Officer
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. Siraj Anwar, Senior Vice President, Chief Health Informatics Officer
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
Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety

OTHERS PRESENT	
Alexander Yaffe (Pearl Meyer)	Karen Hughes (Burson Cohn & Wolfe)
Alison Perez	Katie Rutherford
Amanda Callaway	Matthew Schlueter
Antoinette (Toni) Cotton	Michael Norby
Brian Pitre	Mustafa Tameez (Outreach Strategists)
Cherry Pierson	Nicholas J Bell
Daniel Smith	Paul Lopez
Darryl King (PPG Global)	Randy Manarang
David Attard	Sahira Abdool (PPG Global)
Derek Curtis	Shannon Langrand (Languard)
Ebon Swofford	Shannon Otermat (Languard)
Elizabeth Winn	Sharon Brantley Smith
Holly Gummert	Tai Nguyen
Jake Goldstein	Teong Chai
Jennifer Zarate	Tracey Burdine
Jerry Summers	

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
HRSA Special Called Board Meeting
November 10, 2022
11:30 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	The meeting was called to order at 11:42 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.
III. Item(s) Related to Health Care for the Homeless Program	<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 November 2022 Operational Update <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, announced Dr. Nelson Gonzalez, Grants Project Manager, HCHP. Dr. Gonzalez provided an overview of Harris Health’s Health Care for the Homeless Program, Federally Qualified Health Centers (FQHCs) and HRSA key requirements for FQHCs. He stated that HCHP has eight (8) shelter based clinics, four (4) mobile units for medical, dental and outreach services within the homeless community. Dr. Gonzalez shared that HCHP has provided primary health care since 1988 and it is the oldest FQHC in Harris County. Additional services provided includes mental health, substance abuse, dental, health promotion and prevention, case management/social work, eligibility assistance, HIV services and Class D Pharmacy. Dr. Gonzalez mentioned that FQHCs are non-profit health centers located in medically underserved areas that provide comprehensive primary care, behavioral health and dental services to all individuals regardless of their ability to pay. FQHCs offer a sliding fee scale based on income for the uninsured. Dr. Gonzalez provided a brief overview of the Health Center Program fundamentals as well as key health center program requirements. There are nineteen (19) key health center program requirements which are divided into four (4) categories: 1) Need, 2) Services, 3) Management & Finance and 4) Governance. Dr. Gonzalez shared that the program conducts a needs assessment every three (3) years; the last assessment was completed in 2020.</p>	<p>Motion No. 22.11-150</p> <p>Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item III.A. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>As it relates to required and additional services, Dr. Gonzalez stated that for any services who are not provided directly through the program, HCHP has contracted with Baylor for Psychiatry Services, Cenikor Foundation for Substance Abuse Services, and University of Texas School of Dentistry for Dental Services. Dr. Gonzalez noted that the programs staffing requirements outline that each health center must maintain a core staff as necessary to carry out all required health services and additional health services as appropriate and necessary. Staffing should be culturally and linguistically appropriate for the population being served. Dr. Gonzalez stated that the health centers must provide services at times and locations that assure accessibility and meet the needs of the population to be served. He also shared that the health centers must provide professional coverage during hours when the center is closed. Dr. Gonzalez mentioned that health center physicians must have admitting privileges at one (1) or more referring hospitals, or other such arrangement to ensure continuity of care. He stated that the health centers must have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay. He noted that the sliding fee schedule is updated on an annual basis and that the sliding fee policy is reviewed at least every three (3) years. Dr. Gonzalez shared that the health centers must have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management and that maintains the confidentiality of the patient records. He shared that the health centers must maintain a fully staffed health center management team as appropriate for the size and needs of the center. He also noted that the health centers must exercise appropriate oversight and authority over all contracted services. Dr. Gonzalez stated that the health center must make effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers. He explained that the health center must maintain accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separate functions to safeguard assets and maintain financial stability. He stated that health centers must have documented billing and collections policies and procedures in place to maximize reimbursement. He also shared that the health center has a developed a budget that reflect the costs of operations, expenses, and revenues, including the Federal grant, necessary to accomplish the service delivery plan, including the number of patients to be served. The health center has systems which accurately collect and organize data for timely program reporting. Dr. Gonzalez stated that the health center maintains its funded scope of project (sites, services, service area, target population and providers), including any increases based on recent grant awards. He shared that the health center Governing Board maintains appropriate authority to oversee the operations of the center. The Board must hold monthly meetings, approve health center grant budgets, performance evaluation of the health center’s program director, select services to be provided and the health center hours of operations; engage in strategic planning, and establish general policies for the health center.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>The health center’s Governing Board is comprised of individuals, a majority (at least 51%) of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity and sex. The program has been granted HRSA approved waiver for Board composition. Dr. Gonzales shared that the health center’s bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by Board members, employees, consultants, and those who furnish goods or services to the health center. A copy of the presentation is available in the permanent record.</p>	
	<p>B. Approval of HCHP Annual Training</p>	<p>Motion No. 22.11-151 Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item III.B. Motion carried.</p>
<p>IV. Consent Grant Agreement Recommendations</p>	<p>A. Approval to Ratify Second Amendment of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A to Provide Primary Medical Care, Psychiatric Services, Obstetric and Gynecological Care, and Local Pharmacy Assistance Program to HIV Positive Patients of Harris Health System for a Term of March 1, 2022 – February 28, 2023</p> <p>Dr. Small noted that items IV.A and IV.B are HRSA funded programs related to Thomas Street Health Center.</p>	<p>Motion No. 22.11-152 Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item IV.A. Motion carried.</p>
	<p>B. Approval to Ratify a Grant Award Funding Increase from the United States Department of Health Resources and Services Administration (HRSA) to the Harris County Hospital District d/b/a Harris Health System Funded by Part C of the Ryan White HIV/AIDS Treatment Extension Act of 2009 to Provide Early Intervention Primary Medical Care to HIV Positive Patients of Harris Health System</p>	<p>Motion No. 22.11-152 Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item IV.B. Motion carried.</p>
<p>V. Adjournment</p>	<p>Moved by Mr. Lawrence Finder, 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 12:01 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Special Called Board Meeting held on November 10, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, November 10, 2022

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

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Ms. Errika Perkins, Chief Assistant County Auditor, Harris County Auditor’s Office
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
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
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
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Antoinette "Toni" Cotton	Matthew Schlueter
Daniel Smith	Nelson Gonzalez
Derek Curtis	Nicholas Bell
Ebon Swofford	Paul Lopez
Jennifer Zarate	Randy Manarang
Jerald Summers	Sharon Brantley Smith
Matthew Reeder	

Thursday, December 1, 2022

CEO Report Including Special Announcements

- Harris Health System Received a Silver Badge Award for Health Center Quality Leader from the Health Resources and Services Administration (HRSA), a Division of the U.S. Health and Human Services Department, for the System's Healthcare for the Homeless Program
- ARPA Funding
- Equity at Harris Health

From: [Communications](#)
To: [Board of Trustees](#)
Subject: NEWS RELEASE: Harris Health System Receives National Recognition for Its Homeless Program
Date: Tuesday, November 15, 2022 1:01:53 PM
Attachments: [ATT00001.png](#)



Harris Health System Receives National Recognition for Its Homeless Program

Nov. 15, 2022

HOUSTON (Nov. 15, 2022) — Harris Health System recently received a silver badge award for Health Center Quality Leader from the Health Resources and Services Administration (HRSA), a division of the U.S. Health and Human Services Department, for the system’s Healthcare for the Homeless Program. The award marks the program’s fourth national recognition in 2022 from the agency: Advancing Health Information Technology for Quality; COVID-19 Public Health Champion; and Patient Centered Medical Home.

“The great care we provide our homeless patients from primary to specialty care is remarkable,” says Dr. Esmail Porsa, president and CEO, Harris Health. “These awards and recognitions are the result of the dedicated staff who work in mobile units and through our homeless shelter partners to ensure all patients receive the best primary care and essential well-being checks that keep them healthy members in our community.”

Tracey Burdine, director, Healthcare for the Homeless Program, Harris Health, credits her team of providers, nurses and support staff for the achievements.

“Regardless of where a homeless individual may enter into our ‘circle of care,’ he or she will be able to connect to all the services that we provide within the homeless program and also within Harris Health,” she says. “You can enter the circle through a dental visit where a staff member can find out that a patient is not receiving entitled Social Security benefits. Staff can then say, ‘Let me connect you to one of our social workers.’ While the social worker visits with the patient, she may find out that the patient hasn’t had a physical in a while, so then the social worker makes a doctor’s appointment with the medical provider.”

Burdine says the homeless program offers robust services in medicine, dental, mental health, substance use disorder and vision. Staff is committed to easily connect patients to “multiple services where we’re able to address both their healthcare and social needs. That’s our mission, and I guess that’s why we’re special,” she adds.

In 2021, Harris Health’s homeless program provided care to about 5,000 unique patients:

- 87% Adults (18-64)
- 74% Racial/ethnic minority
- 15% Hispanic/Latino
- 26% White
- 59% Black/African American

Harris Health’s program is also helping patients manage their chronic diseases of hypertension, cardiovascular and diabetes. Additionally, the program offers preventive health screenings for cervical, breast and colorectal cancers, as well as, depression, HIV and obesity, and ways to quit smoking.

“To serve the homeless community and work in this department is a wonderful experience. It’s not

just a job, it has to be your mission,” Burdine says. “That said, my goal in life is to actually work myself out of a job. I likely won’t see it in my lifetime, but I hope homelessness is eliminated forever.”

The Health Resources and Services Administration (HRSA) awards are part of the agency’s Community Health Quality Recognition program to highlight notable quality improvements in areas of access, quality, health equity, health information technology and COVID-19 public health emergency response. According to HRSA, 11% of programs receive Health Center Quality Leader; 11% receive COVID-19 Public Health Champion; 54% receive Advancing HIT for Quality; and 79% receive Patient Centered Medical Home.

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Attached photo: (Courtesy of Harris Health System)
Harris Health’s Healthcare for the Homeless Program [mobile unit](#)

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Harris Health System is the public healthcare safety-net provider established in 1966 to serve the residents of Harris County, Texas. As an essential healthcare system, Harris Health champions better health for the entire community, with a focus on low-income uninsured and underinsured patients, through acute and primary care, wellness, disease management and population health services. Ben Taub Hospital (Level 1 Trauma Center) and Lyndon B. Johnson Hospital (Level 3 Trauma Center) anchor Harris Health’s robust network of 39 clinics, health centers, specialty locations and virtual (telemedicine) technology. Harris Health is among an elite list of health systems in the U.S. achieving Magnet® nursing excellence designation for its hospitals, the prestigious National Committee for Quality Assurance designation for its patient-centered clinics and health centers and its strong partnership with nationally recognized physician faculty, residents and researchers from Baylor College of Medicine; McGovern Medical School at The University of Texas Health Science Center at Houston (UTHealth); The University of Texas MD Anderson Cancer Center; and the Tilman J. Fertitta Family College of Medicine at the University of Houston.

This email was sent to: BoardofTrustees@harrishealth.org

Public Comment Request and Registration Process

Pursuant to Texas Government Code §551.007, members of the public are invited to attend the regular meetings of the Harris Health System Board of Trustees and may address the Board during the [Public Comment](#) segment regarding an official agenda item that the Board will discuss, review, or take action upon, or regarding a subject related to healthcare or patient care rendered at Harris Health System. Public Comment will occur prior to the consideration of all agenda items. If you have signed up to attend as a Public Speaker virtually, a meeting link will be provided. Note: Public Speakers will be removed from the meeting after speaking and have the option to join the meeting live via <http://harrishealthtx.swagit.com/live>.

How to Request to Address the Board of Trustees

Members of the public must register in advance to speak at the Harris Health System Board of Trustees meetings. To register, members of the public must contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 5:00 p.m. Members of the public must submit the registration no later than 4:00 p.m. on the day before the scheduled meeting and may only register in one of the following manners:

1. Providing the requested information located in the “Speak to the Board” tile found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
2. Printing and completing the downloadable registration form found at: <https://www.harrishealth.org/about-us-hh/board/Pages/public-comment-request-and-registration-process.aspx>.
 - 2a. A hard-copy may be scanned and emailed to BoardofTrustees@harrishealth.org.
 - 2b. Mailing the completed registration form to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401.
3. Contacting staff at (346) 426-1524.

Prior to submitting a request to address the Harris Health System Board of Trustees, please take a moment to review the rules to be observed during the Public Comment Period.

Rules During Public Comment Period

The presiding officer of the Board of Trustees or the Board Secretary shall keep the time for speakers.

Three Minutes

A speaker, whose subject matter, as submitted, relates to an identifiable item of business on the agenda, will be requested by the presiding officer to come to the podium where they will be provided three (3) minutes to speak. A speaker, whose subject matter, as submitted, does not relate to an identifiable item of business on the agenda, will also be provided three (3) minutes to speak. A member of the public who addresses the body through a translator will be given at least twice the amount of time as a member of the public who does not require the assistance of a translator.

Thursday, December 1, 2022

Executive Session

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

- Pages 35 - 38 Were Intentionally Left Blank -

Thursday, December 1, 2022

Executive Session

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 40 - 57 Were Intentionally Left Blank -

Thursday, December 1, 2022

Executive Session

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

- Pages 59 - 62 Were Intentionally Left Blank -

Thursday, December 1, 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 November 2022.

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

Board of Trustees Meeting



November 8, 2022 Medical Staff Credentials Report

Medical Staff Initial Appointments: 53

BCM Medical Staff Initial Appointments-24	-----	Page 2
Harris County Hospital District (Harris Health) Medical Staff Initial Appointments - 1	-----	Page 3
UT Medical Staff Initial Appointments - 28	-----	Page 4

Medical Staff Reappointments: 37

BCM Medical Staff Reappointments - 22	-----	Page 5
UT Medical Staff Reappointments - 15	-----	Page 6

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 1	-----	Page 7
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Medical Staff Resignations: 2

BCM Medical Staff Resignations- 2	-----	Page 8
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BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 5

Medical Staff Initial Appointment Files for Discussion - 4

Medical Staff Reappointment Files for Discussion - 1

Thursday, December 1, 2022

Consideration of Approval of Revised Harris Health System Radiology Clinical Privileges

The Harris Health System Medical Executive Board approved the revised Harris Health System Radiology Clinical Privileges.

The Harris Health System Medical Executive Board requests the approval of the revised Harris Health System Radiology Clinical Privileges.

Board of Trustees Meeting



November 8, 2022 Medical Staff Credentials Report Revisions to Clinical Privileges

The Medical Executive Board approved the revisions of the Radiology Clinical Privileges.

Radiology Clinical Privileges

- Addition of Inari Device to the Vascular and Interventional Radiology Core Procedures List

Record of Clinical Privileges Requested and Granted
Radiology Service

Page 4 of 12

Applicant Name: _____

- drainage, nephrostomy, biliary procedures, colostomy and tumor ablation
- 11. Non-invasive diagnostic vascular radiology to include vascular ultrasonography, pulse volume recordings, CT and MRI
- 12. Placement of catheter for tumor treatment
- 13. Placement of vena cava filter
- 14. Pulmonary angiography
- 15. Therapeutic infusion of vasoactive agents
- 16. Therapeutic vascular radiology including balloon angiography, stent placement, atherectomy, thrombotic therapy and embolization/ablation [includes transarterial chemoembolization, embolization in cases of trauma, uterine artery embolization and etc.
- 17. Transcervical fallopian tube recanalization
- 18. Vascular ultrasonography
- 19. Venography and venous sampling
- 20. Transjugular Intrahepatic Portosystemic Shunt placement (TIPS)
- 21. Vertebroplasty and Kyphoplasty
- 22. Venous ablation
- 23. TACK Endovascular System
- 24. Inari Device

Vascular and Interventional Radiology Core Privileges Requested

Qualifications for Neuroradiology

To be eligible to apply for core privileges in Neuroradiology, the initial applicant must meet the following criteria:

As for Diagnostic Radiology plus successful completion of ACGME or American Osteopathic Association (AOA) accredited postgraduate training program in neuroradiology.

AND/OR

Required Previous Experience: Applicants for initial appointment must be able to demonstrate that they have performed at least 100 neuroradiology procedures in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship, or research within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges in Neuroradiology, the applicant must meet the following Maintenance of Privilege Criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results in the privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Neuroradiology Core Privileges

Evaluate, diagnose, treat, and/or provide consultation to patients of all ages except as specifically excluded from practice with diseases, disorders, injuries of the brain, spine and spinal cord, head, neck, and organs of special sense in adults and children utilizing integration of neuroimaging with laboratory examinations, and physiologic testing. Includes performance of history and physical exam. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core

Thursday, November 10, 2022

Consideration of Approval of the Revisions to the Medical Staff Bylaws

The Harris Health System Medical Executive Board and Medical Staff have approved the attached revisions to the Medical Staff Bylaws.

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

Summary of Revisions to Medical Staff Bylaws

- **Removal of all references to “Quentin Mease Hospital Campus” throughout the Medical Staff Bylaws** - This hospital campus no longer exists at Harris Health and the building where this hospital campus was located is currently being remodeled and will be a part of Ambulatory Care Services when it reopens.
- **Removal of all references to “Registered Dietician” throughout the Medical Staff Bylaws (Page 1)** – Registered Dieticians will provide services through an approved protocol and ordering process in Epic, instead of being granted clinical privileges through the medical staff process.
- **Article III, Section 5 – Liability Coverage (Page 2)** - Revised language related to liability insurance carried by medical staff to reference that liability coverage is determined by the applicable contractual agreement.
- **Article XI – Chief Medical Executive (Pages 3-4)** – This article was revised to: (1) Update the position title from “Chief Medical *Officer*” to “Chief Medical *Executive*”; (2) clarify that the Chief Medical Executive may be, but is not required to be, a member of the Active Staff; (3) clarify that the Chief Medical Executive is the executive champion for the Governing Body (Harris Health’s Board of Trustees) Quality Committee; and (4) clarify that the Chief Medical Executive, or his designee, serves as a voting ex-officio member of all Medical Staff Committees, except the Practice Improvement (formerly Peer Review) Committee and the Professionalism and Well-Being Committee.
- **Article XIV – Committees (Pages 5-7)** – This article was revised significantly in collaboration with the Chairs and Vice-Chairs of the various Medical Staff Committees. The key revisions are as follows:

Introductory Paragraphs (Pages 5-7)

- Clarified requirement for each Medical Staff Committee to have a Chair *and* a Vice/Co-Chair unless the Chair of the Medical Executive Board determines a Vice/Co-Chair is not necessary;
- Set a minimum quorum threshold for all Medical Staff Committees of at least 50% of the voting members of the committee, including at least one representative from UT and one representative from BCM, and allowing voting members to send a designee to a meeting if approved by the committee Chair;
- Set a minimum meeting attendance threshold for voting members of each Medical Staff Committee of at least 50% each calendar year;
- Added language in the spirit of promoting education and leadership development, to encourage Medical Staff Committee members to bring other Medical Staff members, Housestaff members, and students as non-voting guests to committee meetings with approval of the committee Chair; and
- Clarified obligation of all Medical Staff Committee members to report potential conflicts of interest when applicable to the work of the committee.

Section 1 - Medical Executive Board (Page 7)

- Added Chiefs of Staff for the Ben Taub Hospital Campus and the Lyndon B. Johnson Hospital Campus as voting members of the Medical Executive Board

Section 2 – Bylaws Committee (Page 8)

- Revised “annual” review to “ongoing” review of the Medical Staff Bylaws; and
- Clarified that quorum requires at least (5) committee members.

Section 3 – Cancer Committee (Pages 8-9)

- Clarified that quorum requires at least (5) committee members; and
- Clarified that attendance will comply with accrediting body requirements (the Commission on Cancer currently requires 75% attendance).

Section 6 – Ethics Committee (Pages 10-11)

- Clarified duties of the committee

Section 7 – Infection Prevention and Control Committee (Page 11)

- Renaming of committee from “Infection Control Committee” to “Infection *Prevention and Control* Committee”;
- Addition of two (2) non-medical staff voting members – the Chief Medical Executive and Chief Nursing Executive; and
- Revised from monthly to quarterly meeting cadence.

Section 8 – Medical Records Committee (Pages 11-12)

- Clarified duties of the committee; and
- Clarified that quorum requires at least (5) committee members.

Section 9 – Practice Improvement Committee (PIC) (Pages 12-16)

- Renaming of committee from “Peer Review Committee” to “Practice Improvement Committee”
- This entire section was re-written to align with the work recently done by the Medical Staff on this subject

Section 10 – Pharmacy and Therapeutics Committee (Page 16-18)

- Clarified duties of the committee; and
- Revised the membership of the committee

Section 14 – Utilization Review Committee (Page 19)

- Clarified duties of the committee

Section 15 – Hospital Campus Committees (Pages 20-21)

- **Article XV – Ambulatory Care Services (Pages 22-23)** – This article was revised to address how this topic is described in medical school affiliation agreements.
- **Article XVII – Meetings of Committees and Clinical Services (Page 25-26)** – Deleted
- **Article XIX, – Performance Improvement (Page 27)** – Deleted

Wednesday, November 30, 2022

Consideration of Recommendation for Approval of the 2023-
2024 Harris Health Utilization Review Plan

Biennial Review of the Harris Health Utilization Review Plan

As required by the CMS Conditions of Participation and the Medical Staff Bylaws, the 2023-2024 Utilization Review Plan is presented for approval. Updates to the Utilization Review Plan for 2023-2024 include; change to the effective dates of the updated UR Plan to 2023-2024; changed Case Management to Care Management throughout the document; Appendix A lists the ongoing Utilization Review (UR) initiatives and has been updated to reflect the current system and pavilion-based UR areas of focus, DSRIP report out has been removed; Revision of Appendix C to include updated Extended Stay workflows involving Care Management, the Physician Advisor's and Utilization Management.

HARRIS HEALTH SYSTEM
Ben Taub Hospital
Lyndon B. Johnson Hospital
Ambulatory Care Services

UTILIZATION REVIEW PLAN 2023-2024

I. INTRODUCTION

The Utilization Review (UR) Plan of the Harris Health System has been developed by UR staff in collaboration with Medical Staff leaders.

II. PURPOSE OF THE UTILIZATION REVIEW COMMITTEE

The System Utilization Review Committee is established within the Medical Staff Bylaws with the following objectives:

- A. To ensure the maintenance of high-quality patient care.
- B. To assure that inpatient/outpatient services provided are medically necessary.
- C. To increase effective utilization of inpatient/outpatient services through analysis and an evidenced-based approach involving studies of patterns of care within the hospital and Ambulatory Care Services.
- D. To establish and carry out a program of utilization review for patients in accordance with applicable requirements and regulations (i.e., Prospective Payment System {PPS}; Prospective Payment System Exempt Units):
 - 1. Review of medical services to determine whether the services were reasonable and medically necessary, were furnished in the appropriate setting, and were of a quality that meet professionally recognized standards of care;
 - 2. Review of cases involving preadmission and pre-procedure review requirements established by the Centers of Medicare and Medicaid Services (CMS);
 - 3. Review of cases in support of Hospital Payment Monitoring Programs and determinations made by Kepro, the Quality Improvement Organization (QIO) for Texas.

III. ORGANIZATION OF UTILIZATION REVIEW COMMITTEE & HOSPITAL-BASED UR SUBCOMMITTEES

- A. The System Utilization Review Committee is a standing committee of the Medical Staff, as well as other professional personnel, as established in accordance with the Medical Staff Bylaws.
1. The Chair and Medical Staff members are appointed by the Chair of the Medical Executive Board. Membership on the committee is composed of at least four (4) members of active medical staff, including the Chief Medical Executive and Chief Executive Officer or designee. Terms of appointment will be according to the Harris Health System Medical Staff Bylaws.
 2. Members of Administrative Staff and departmental representatives will be appointed by the Chair of the System UR Committee or Hospital-Based UR Subcommittees. The appointees may include at least one representative for each Hospital and Ambulatory Care Services from the following:
 - a) Administration
 - b) Utilization Management
 - c) Quality & Patient Safety
 - d) Care Management
 - e) Nursing
 - f) Health Information Management
 - g) Patient Financial Services
 - h) Decision Support Services
 - i) Patient Access/Registration
 - j) Corporate Compliance
 - k) Business Development & Strategic Planning
 3. No member of the committee's utilization review staff shall participate in the review of a case that he/she is professionally involved in the care of the patient.
- B. The Hospital-Based UR Sub-Committees are an established forum in which to provide a platform for the development and enhancement of clinical operations related to utilization management. These sub-committees will provide recommendations, reports, and information back to the System UR Committee in order to assist in the evaluation of systems, services or provider specific performance across system sites. See Appendix A for a listing of current UR initiatives.

IV. UTILIZATION REVIEW COMMITTEE OR SUBCOMMITTEE MEETINGS

- A. The System Utilization Review Committee or Hospital-Based UR Sub-Committees shall meet quarterly, at a minimum, or as deemed necessary by the UR chair. At least 50% of the voting members of Utilization Review Committee or Hospital-Based UR Subcommittee must be present for the Committee to conduct business. In addition, the Utilization Review Committee must have at least one representative from The University of Texas Health Science Center at Houston and one representative from Baylor College of Medicine. The Utilization Review Chair may call a special meeting when necessary.

Minutes and records of all Utilization Review Committee or Hospital-Based UR Sub-Committee meetings will be maintained by Medical Staff Services.

V. GENERAL PROCEDURES FOR REVIEW

All patients may be subject to review without regard to payment source with respect to medical necessity of:

- A. Admissions or Continued Stay Review
 - 1. Review of admissions or continued stay may be performed before, at, or after, hospital admission.
 - 2. Reviews may be conducted on a sample basis.
 - 3. The determination that an admission or continued stay is not medically necessary:
 - a) May be made by one physician member of the System-UR committee if the attending practitioner or practitioners responsible for the care of the patient, concur with the determination or fail to present their views when afforded the opportunity; and
 - b) Must be made by at least two physician members of the System-UR committee in all other cases.
 - 4. Before making a determination that an admission or continued stay is not medically necessary, a physician from the System-UR committee must consult the attending practitioner or practitioners responsible for the care of the patient and afford the practitioner or practitioners the opportunity to present their views.
 - 5. If the attending physician contests the System UR committee's findings, or if they present additional information relating to the patient's need for extended stay, at

least one additional physician member of the System UR committee must review the case. If the two physician members determine that the patient's stay is not medically necessary or appropriate after considering all the evidence, their determination becomes final.

5. If the committee decides that admission to or continued stay in the hospital is not medically necessary, written notification must be given after the determination, to the hospital administrator, the patient(or next of kin), the attending practitioner or practitioners responsible for the care of the patient, and the single State agency (in the case of Medicaid) no later than 2 days after such final determination and in no event later than 3 working days after the end of the assigned extended stay period.
 6. If, after referral of a questioned case to the committee or subgroup thereof, the physician reviewer determines that an admission or extended stay is justified, the attending physician shall be so notified and an appropriate date for subsequent extended stay review will be selected and noted on the patient's record.
 6. Initial screenings and review activities will be performed by non-physician reviewers of the Care Management department. When someone other than a doctor of medicine or osteopathy makes an initial finding that the written criteria for extended stay are not met, the case must be referred to the committee, or subgroup thereof which contains at least one physician. In no case will a non-physician make a final determination that a patient's stay is not medically necessary or appropriate.
 7. A nationally recognized medical necessity screening tool will be utilized in the review process.
- B. Extended Stay Reviews
1. The System UR Committee will review all cases reasonably assumed to be outlier cases because the extended length of stay exceeds the threshold criteria for the diagnosis. A case review escalation process is followed in order to identify the outliers. See Addendum B.
 2. The System-UR Committee will make the periodic reviews no later than seven (7) days after the outlier threshold of thirty (30) days and reports quarterly at the UR Committee meeting.
- C. Review of Professional Services
1. The UR Committee will review professional services identified to be of resource concern to determine medical necessity and to promote the most efficient use of available Harris Health facilities and services. Cases for review will include those designated as outlier cases based on extraordinarily high costs.

2. “Professional services” includes services provided by practitioners, including both physicians and non-physician practitioners. Professional Services review topics are established by the System Utilization Review Committee and may include the availability and use of necessary services (underused, overuse, appropriate use), timeliness of scheduling of services (operating room, diagnostic procedures), and the appropriate utilization of therapeutic procedures.
3. Current Professional Services Reviews are listed in Appendix A.

VI. PRIVILEGE/CONFIDENTIALITY OF UTILIZATION REVIEW ACTIVITIES

While certain statistical information provided and discussed in the System Utilization Review Committee is publicly reported to the Harris Health System Board of Trustees, the Utilization Review Committees also functions as a “medical committee” and/or “medical peer review committee” pursuant to state law. Other than the information publicly reported to the Board of Trustees, the Utilization Review Committees records and proceedings are confidential, legally privileged, and protected from discovery based on the function of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer review activities. Medical committee activities also include the evaluation of medical and health care services. The medical committee privilege protection extends to the minutes of meetings, correspondence between committee members relating to the deliberative process, and any final committee product, such as any recommendation or determination.

In order to protect the confidential nature of the quality and peer review activities conducted by the System or Hospital-Based Utilization Review Sub-Committees, its records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions to be protected as described herein. Therefore, System or Hospital-Based Utilization Review Sub-Committee meetings must be limited to only the Committee members and invited guests who need to attend the meetings. The Committees must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health care practitioners and patient care provided by those practitioners. At the beginning of each meeting,

the Committees members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in Committees meetings, without prior approval from the Committees Chair. Documents prepared by or considered by the Committees in these meetings must clearly indicate that they are not to be copied, are solely for use by the Committees, and are privileged and confidential.

The records and proceedings of Harris Health departments that support the quality and peer review functions of the Utilization Review Committees, are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the Committees and are not kept in the ordinary course of business. Routine administrative records prepared by Harris Health System in the ordinary course of business are not legally privileged or protected from discovery. Documents that are gratuitously submitted to the Committees, or which have been created without Committees impetus and purpose, are also not protected.

VII. AMENDMENTS/REVISIONS TO THE UTILIZATION REVIEW PLAN

- A. The System Utilization Review Committee may amend this plan with the approval of the Medical Staff and Harris Health System Board of Trustees.
- B. A copy of any amendment or revision, properly signed dated by the Chair of the Harris Health System Board of Trustees and the Chair of the Medical Executive Board will be forwarded to Utilization Management and Medical Staff Service Departments.
- C. Upon approval by the aforementioned parties, the amendment or revision will become part of the official Harris Health System UR Plan.

Appendix A

<i>Title</i>	<i>Defined</i>	<i>Report Frequency</i>	<i>System Committee</i>	<i>BT Subcommittee</i>	<i>LBJ Subcommittee</i>
<i>UM Executive Scorecard Review</i>	Overview of System performance metrics, strategic outcomes, and goals	Monthly	X	X	X
<i>Medicaid RAC Audit Report & Action Plan Summary</i>	Retrospective evaluation of primary payer of System [Medicaid inpatient potentially preventable readmissions (PPR)] due to high-cost dollars at risk with implementation of a reporting process and reimbursement action plan	Bi-annual	X	—	—
<i>Radiology – Care Select</i>	Evaluate effectiveness focused on improving the indication selection workflow in Epic; predicts the most relevant indications based on patient data, provider, order, and care setting	Quarterly	X	—	—
<i>IM/MOON Compliance Report</i>	Evaluate compliance of CMS required documentation for Medicare beneficiaries	Bi-annual	X	—	—

Outside Medical Services (OMS) Utilization Data	Evaluation of coordinated care and services provided by outside contracted vendors/agencies	Quarterly	X	—	—
ACS: Virtual Care Data	Evaluation of telemedicine data statistics to address alternative modalities for outpatient appointments	Quarterly	X	—	—
ACS: Transition of Care Report	Evaluate the effectiveness of post-acute Transition of Care referral process in patients who are problem prone and/or have a chronic high-risk diagnosis to appropriate physician and non-physician providers, promote self-management, adherence with treatment goals and decrease utilization	Quarterly	X	—	—
Medical Necessity GZ Modifier Pilot Program	Analysis of applying GZ Modifier (indicating medical necessity has not been met for specific tests, services, etc.) in funded cases (outpatient setting) to identify the impact on reimbursement and opportunities for improvement within the System	Bi-annual	X	—	—
ACS Taskforce: F/U Appointment w/PCP	Evaluation of data related to discharge process, variation and scheduling complexities related to follow-up appointment at time of discharge from hospital unit	Quarterly	X	—	—

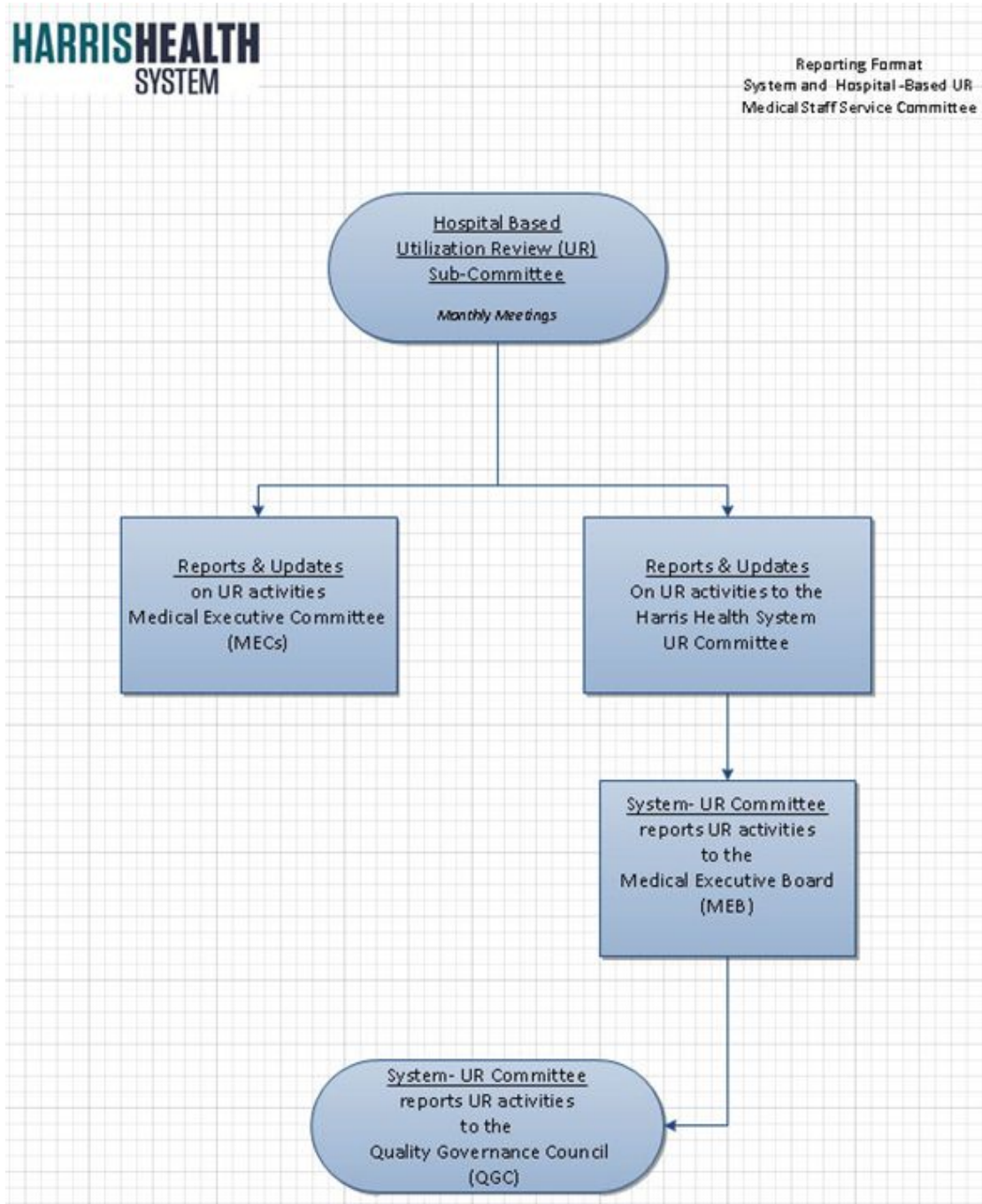
<i>Pro-calcitonin Utilization Ordering in EPIC</i>	PI Project to address overutilization and cost impact of Pro-calcitonin lab ordering by providers	Quarterly	X	—	—
<i>Inpatient CDI Statistics Report - Working MS-DRG</i>	Overview on effectiveness of CDI Program on CMI, review rate, query rate, response rate, response time and revenue impact for each pavilion	Quarterly	—	X	X
<i>Avoidable Delay w/Action Plan</i>	Assess top reasons for hospital delays with action plan to address impact to hospital	Monthly	—	X	X
<i>Care Management Order Volume</i>	Assess volume and type of Care Management orders in acute care setting to identify opportunities for improvement in patient care flow	Quarterly	—	X	—
<i>Patient Throughput Dashboard Summary</i>	Overview of top Throughput metrics with fallouts and action plan to address inefficiencies	Monthly	—	X	X
<i>Blood Bank – Blood Wastage Utilization</i>	Evaluation of wastage data, identification of factors affecting product wastage and effectiveness of implemented interventions	Quarterly	—	X	X

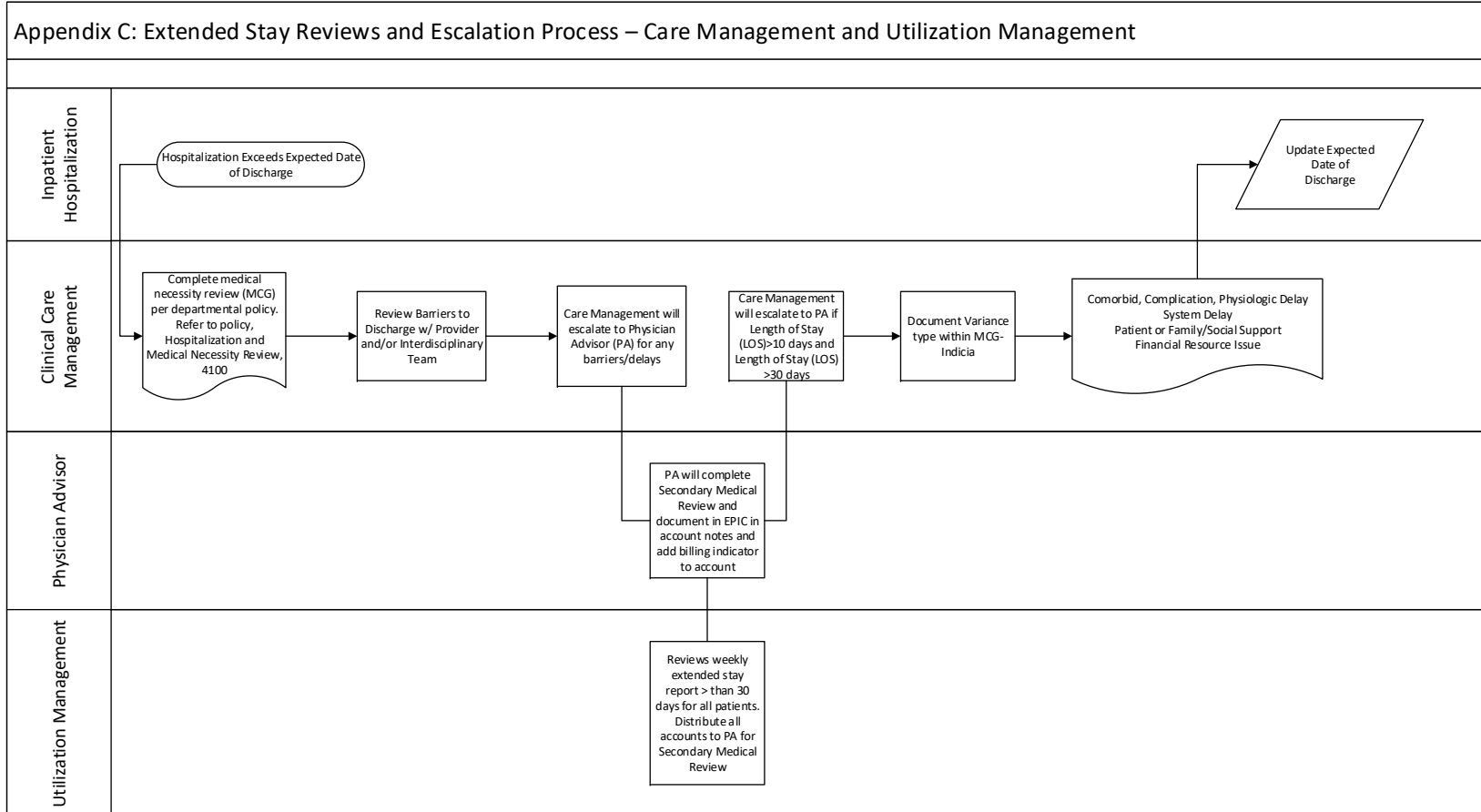
Laboratory – Beaker Metric	Data analysis of high-cost lab tests for each pavilion which represents largest area of improvement opportunity for System	Quarterly	—	X	X
Radiology – Imaging Services Utilization	Overview of EC Radiology turn-around-times (TATs), identification of barriers and evaluation of action plan to address inefficiencies	Quarterly	—	X	X
Radiology – Imaging IR Delays	Evaluation of IR delays, barriers to hospital workflow, and implementation of action plan to improve cost savings	Quarterly	—	X	X
CDI – Clinical Validation Denial	Evaluation of high-risk clinical diagnoses with highest improvement opportunity in denial rate	Bi-annual	—	X	X
Physician Advisor Program Development - Focus Update	Evaluation of initiatives, contributions, and challenges to address inefficiencies in PA Program and in the System	Quarterly	—	X	X
PT/OT Consults Data	Overview of data collection regarding appropriateness of PT/OT consults with action plan to improve inefficiencies	Bi-annual	—	X	X

Radiology – PICC Team Productivity Tracking	Evaluation of new central line placement protocol, statistical data, and impact on improving efficiency	Quarterly	—	X	X
Top 3 DRG Project (formerly Top 10 DRG)	Identification, selection, and audit of top MS-DRG diagnoses at each pavilion with action plan to address opportunities for improvement	Annually - On Hold	—	X	X

System UR Committee meeting 11-4-22 – Approved
Medical Executive Board 11-8-22 – Approved
Board Quality Subcommittee 11-30-22

Appendix B





Thursday, December 1, 2022

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

The Harris Health System Correctional Health Medical Executive Committee approved the credentialing changes for members of the Harris Health System Correctional Health Medical Staff.

The Harris Health System Medical Executive Committee requests the approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff.

Board of Trustees Meeting



October 31, 2022 Correctional Health Credentials Report

Medical Staff Initial Appointments: 8

Initial Appointments - Harris Health Medical Staff Services Credentialing-5

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Initial Appointments - Delegated Credetnialing (PRI)-3

Page 3

Other Business:

Files for Discussion: 1

Thursday, December 1, 2022

Consideration of Approval of New Harris Health System Correctional Health Clinical Privileges

The Harris Health System Correctional Health Medical Executive Committee approved the new Harris Health System Correctional Health Clinical Privileges:

- Cardiology
- Infectious Disease
- Neurology
- Obstetrics and Gynecology
- Orthopedics

The Harris Health System Medical Executive Committee requests the approval of the new Harris Health System Correctional Health Clinical Privileges listed above.

Board of Trustees Meeting



October 31, 2022 Medical Staff Credentials Report New Clinical Privileges

The Correctional Health Medical Executive Committee approved new clinical privileges for Cardiology, Infectious Disease, Neurology, Obstetrics and Gynecology and Orthopedics.

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

Applicant Name: _____

Initial Application **Reappointment Application**

All new applicants must meet the following requirements as approved by the governing body effective: ____/____/____.

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Chief Medical Officer/Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

- Note that privileges granted may be exercised only at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CARDIOVASCULAR DISEASE (CARDIOLOGY)

To be eligible to apply for core privileges in cardiovascular disease (cardiology), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited fellowship in cardiovascular disease.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

OR

Required previous experience: Applicants for initial appointment must be able to demonstrate successful completion of an ACGME or AOA-accredited residency, or clinical fellowship within the past 12 months.

Applicant Name: _____

Reappointment requirements: To be eligible to renew core privileges in cardiovascular disease, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CARDIOVASCULAR DISEASE (CARDIOLOGY) CORE PRIVILEGES

Evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases of the heart, lungs, and blood vessels, and manage complex cardiac conditions, Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Cardiovascular Disease (Cardiology) Core Procedures

These lists are samples of procedures included in the cores. They are not intended to be all-encompassing lists, but rather are reflective of the categories/types of procedures included in the cores.

Cardiovascular Disease (Cardiology) Core Procedures List

1. Interpretation of Adult transthoracic echocardiography
2. Ambulatory electrocardiology monitor interpretation
3. ECG interpretation, including signal average ECG
4. Perform history and physical exam
5. Transthoracic 2D echocardiography, Doppler, and color flow
6. Telemedicine- Evaluate and diagnose patients, and provide treatment recommendations to an originating site physician(s), advanced practice professional(s), registered nurse(s), and technician(s) for patients with conditions listed in the provider's Correctional Health primary privileges, using Harris Health System's approved telemedicine platform(s) for which the applicant has been trained.

Cardiovascular Disease (Cardiology) Core Procedures Requested

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence as determined acceptable by the department chairman/chief.

1. _____
 2. _____
 3. _____
-

Applicant Name: _____

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

Signature _____ **Date** _____



- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for Cardiology Privileges.

Notes

Chief Medical Officer/Medical Director

Name: _____
Signature: _____
Date: _____

**Record of Clinical Privileges Requested and Granted
Correctional Health Infectious Disease Clinical Privileges**

Page 1 of 4

Applicant Name: _____

Initial Application **Reappointment Application**

All new applicants must meet the following requirements as approved by the governing body effective: ____/____/____.

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Chief Medical Officer/Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

1. Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR INFECTIOUS DISEASE

To be eligible to apply for core privileges in infectious disease, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in internal medicine and successful completion of a fellowship in infectious disease.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

OR

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME- or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

**Record of Clinical Privileges Requested and Granted
Correctional Health Infectious Disease Clinical Privileges**

Page 2 of 4

Applicant Name: _____

Reappointment requirements:

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

INFECTIOUS DISEASE CORE PRIVILEGES

Evaluate, diagnose, consult, and provide care to patients of all ages with acute and chronic infectious or suspected infectious or immunologic diseases, underlying diseases that predispose to unusual severe infections, unclear diagnoses, uncommon diseases, and complex or investigational treatments. This includes but is not limited to patients who are post-solid organ or bone marrow transplantation; have HIV/AIDS or are immunocompromised by other disease or medical therapies. May provide care to patients in the medical infirmary setting in conformance with infirmary policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

INFECTIOUS DISEASE CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

1. Administration of antimicrobial and biological products via all routes
2. Application and interpretation of diagnostic tests
3. Aspiration of superficial abscess
4. Interpretation of Gram's stain
5. Perform history and physical exam

INFECTIOUS DISEASE CORE PRIVILEGES REQUESTED

QUALIFICATIONS FOR HIV/AIDS SPECIALIST

To be eligible to apply for core privileges as a HIV/AIDS specialist, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited postgraduate training program.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

Required previous experience: Applicants for initial appointment must demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in infectious disease, the applicant must meet the following maintenance of privilege criteria:

**Record of Clinical Privileges Requested and Granted
Correctional Health Infectious Disease Clinical Privileges**

Page 3 of 4

Applicant Name: _____

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

HIV/AIDS SPECIALIST CORE PRIVILEGES

Evaluate, diagnose, consult, and provide care to patients of all ages with AIDS and secondary infections and other related medical conditions. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

HIV/AIDS Core Procedures List

1. Coordinate interdisciplinary care by a range of specialists, including all of the medical specialties as well as social services.
2. Manage antiretroviral therapy
3. Manage opportunistic infections and diseases
4. Monitor patient immune system
5. Perform history and physical exam
6. Provide expertise in the use of new drugs and possible side effects, including treatment-related metabolic disorders and interactions with other drugs
7. Provide patient education, including risk reduction and harm reduction counseling
8. Participate in and recommending post exposure prophylaxis protocols and infection control measures
9. Test for and diagnose HIV/AIDS, using state of the art diagnostic techniques, including quantitative viral measures and resistance testing
10. Manage commonly associated comorbid conditions, including tuberculosis, hepatitis B and C, and syphilis

HIV/AIDS SPECIALIST CORE PRIVILEGES REQUESTED

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

Signature _____ **Date** _____

**Record of Clinical Privileges Requested and Granted
Correctional Health Infectious Disease Clinical Privileges**

Page 4 of 4

Applicant Name: _____

Chief Medical Officer/Medical Director

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for Infectious Disease privileges.

Notes

Chief Medical Officer/Medical Director

Name: _____

Signature: _____

Date: _____

**Record of Clinical Privileges Requested and Granted
Correctional Health Neurology Clinical Privileges**

Page 1 of 3

Applicant Name: _____

Initial Application

Reappointment Application

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the governing body effective: ____/____/____.

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts related to qualifications for requested privileges. If you wish to exclude any procedures, please strike through those procedures you do not wish to request, then initial and date.

Chief Medical Officer/Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

- Note that privileges granted may be exercised only at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NEUROLOGY

To be eligible to apply for core privileges in neurology, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in neurology.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

OR

Required previous experience: Neurological services reflective of the scope of privileges requested, within the past 12 months or successful completion of an ACGME- or AOA-accredited residency or clinical fellowship within the past 12 months.

**Record of Clinical Privileges Requested and Granted
Correctional Health Neurology Clinical Privileges**

Page 2 of 3

Applicant Name: _____

Reappointment Requirements: To be eligible to renew privileges in adult neurology, the applicant must meet the following criteria:

Current demonstrated competence for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Neurology Core Privileges

The core privileges in neurology require that physicians are able to evaluate, diagnose, treat and provide consultation to patients with disorders involving the central and peripheral nervous systems using a combination of clinical evaluation, imaging, and therapeutic interventions in all outpatient, emergency center, inpatient, and intensive care unit settings. The core privileges in neurology include performing a history and physical exam.

Additional qualifications for privileges in neurology are: certification in Neurology by the American Board of Psychiatry and Neurology and/or successful completion of an ACGME approved residency in neurology and demonstrated current competence and experience in the core privileges listed above.

NEUROLOGY CORE PROCEDURES LIST

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

1. Interpretation of EMG, EEG, nerve conduction velocity
2. Perform a history and physical examination
3. Telemedicine- Evaluate and diagnose patients, and provide treatment recommendations to an originating site physician(s), advanced practice professional(s), registered nurse(s), and technician(s) for patients with conditions listed in the provider's Correctional Health primary privileges, using Harris Health System's approved telemedicine platform(s) for which the applicant has been trained.

Neurology Core Privileges Requested

Special Non-Core Privileges (See Specific Criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence acceptable to the department chair/chief..

1. _____
 2. _____
 3. _____
-

**Record of Clinical Privileges Requested and Granted
Correctional Health Neurology Clinical Privileges**

Page 3 of 3

Applicant Name: _____

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

Signature _____ **Date** _____

Chief Medical Officer/Medical Director

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for Neurology Privileges.

Notes

Chief Medical Officer/Medical Director

Name: _____

Signature: _____

Date: _____

**Record of Clinical Privileges Requested and Granted
Correctional Health - Obstetrics/Gynecology Service**

Page 1 of 5

Applicant Name: _____

All new applicants must meet the following requirements as approved by the governing body effective ___/___/___.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Chief Medical Officer/Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Emergency Situations:

1. That the following delineation applies in non-emergency situations;
2. That it is not necessary to request "emergency" clinical privileges;
3. That an emergency is deemed to exist whenever serious permanent harm or aggravation of injury or disease is imminent, or the life of a patient is in immediate danger, and any delay in administering treatment could add to that danger
4. That in such emergency I am authorized and will be assisted, when better alternative sources of care are not reasonably available given the patients' condition, to do everything possible to save the patients life or to save the patient from serious harm to the degree permitted by my license but, regardless of Service/Division affiliation, Staff category or Level of privileges; and,
5. That if I provide services to a patient in an emergency, I am obligated to utilize appropriate consultative assistance when available and to arrange, when it is my responsibility, for appropriate follow-up care.

New, Untried, Unproven or Experimental Procedures/Treatment Modalities/Instrumentation:

Experimental drugs, procedures, or other therapies or tests may be administered or performed only after approval of the protocols involved by the Institutional Review Board. Any other new, untried, or unproven procedure/treatment modalities/instrumentation may be performed or used only after the regular credentialing process has been completed, and the privilege to perform or use said procedure/treatment modality/instrument has been granted to the individual practitioner. For the purposes of this paragraph, a new, untried, or unproven procedure/treatment modality/instrumentation is one that is not generalizable from an established procedure/treatment modality/instrumentation in terms of involving the same or similar skills, the same or similar instrumentation and technique, the same or similar complications, or the same or similar indications as the established procedure/treatment modality/instrumentation.

**Record of Clinical Privileges Requested and Granted
Correctional Health - Obstetrics/Gynecology Service**

Page 2 of 5

Applicant Name: _____

Other Requirements:

- Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR OBSTETRICS AND GYNECOLOGY

To be eligible to apply for core privileges in obstetrics and gynecology, the initial applicant must meet the following criteria:

Successful completions of an Accreditation Council for Graduate Medical Education (ACGME) - or American Osteopathic Association (AOA) – accredited residency in obstetrics and gynecology,

AND/OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

Required previous experience: Applicants for initial appointment must be able to demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in obstetrics and gynecology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

OBSTETRICS CORE PRIVILEGES

Evaluate, diagnose, treat, and provide consultation to adolescent and adult female patients and provide medical and procedural care for the female reproductive system and associated disorders, including major medical diseases that are complicating factors in pregnancy. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**Record of Clinical Privileges Requested and Granted
Correctional Health - Obstetrics/Gynecology Service**

Page 3 of 5

Applicant Name: _____

Obstetrics Core Privileges List

1. Cervical biopsy or conization of cervix in pregnancy – NC
2. Recognition, management and referral escalation of high-risk pregnancy, preeclampsia, postdatism, third trimester bleeding, intrauterine growth restriction, premature rupture of membranes, premature labor and multiple gestation and placental abnormalities
3. Managements of patients with/without medical surgical or obstetrical complications for normal labor, threatened abortion, normal puerperal patient, normal antepartum and postpartum care, postpartum complications, fetal demise
4. Normal spontaneous vaginal delivery
5. Obstetrical ultrasound, Category 1= fetal position, placenta localization
6. Perform history and physical exam
7. Treatment of medical complications of pregnancy, including pregnancy induced hypertension, chronic hypertension, diabetes mellitus, renal disease, coagulopathies, cardiac disease, anemias and hemoglobinopathies, thyroid disease, sexually transmitted disease, pulmonary disease, thromboembolic disorders, infectious disease, ectopic pregnancy, and other accidents of pregnancy, such as incomplete, complete, or missed abortion
8. Immediate resuscitation of newborn inside the correctional setting

Obstetric Core Privileges Requested

GYNECOLOGY CORE PRIVILEGES

Evaluate, diagnose, treat, and provide consultation and pre-, intra-, and postoperative care necessary to correct or treat female patients of all ages presenting with injuries and disorders of the female reproductive system and the genitourinary system and non-surgically treat disorders and injuries of the mammary glands. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

Gynecology Core Privileges List

1. Cervical biopsy including conization
2. Colposcopy
3. Gynecologic sonography
4. I&D of pelvic abscess
5. Perform history and physical exam

Gynecology Core Privileges Requested

**Record of Clinical Privileges Requested and Granted
Correctional Health - Obstetrics/Gynecology Service**

Page 4 of 5

Applicant Name: _____

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.

1. _____
2. _____
3. _____

Special Procedures Listed Above Requested

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

Signature _____ **Date** _____

**Record of Clinical Privileges Requested and Granted
Correctional Health - Obstetrics/Gynecology Service**

Page 5 of 5

Applicant Name: _____

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for OB/GYN Privileges.

Notes

Chief Medical Officer/Medical Director

Name: _____

Signature: _____

Date: _____

**Record of Clinical Privileges Requested and Granted
Correctional Health Orthopedic Surgery Service**

Page 1 of 3

Applicant Name: _____

Initial Application

Reappointment Application

INSTRUCTIONS

All new applicants must meet the following requirements as approved by the governing body effective ____/____/____.

If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each core privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Chief Medical Officer/Medical Director: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

- Note that privileges granted may be exercised only at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ORTHOPEDIC SURGERY

To be eligible to apply for core privileges in orthopedic surgery, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited residency in Orthopedic Surgery.

OR

Current certification or active participation in the examination process with achievement of certification within **5 years** leading to certification in Orthopedic Surgery by the American Board of Orthopedic Surgery or the American Osteopathic Board of Orthopedic Surgery.

OR

Demonstrated previous experience: Applicants for initial appointment must be able to demonstrate the performance of orthopedic procedures, reflective of the scope of privileges requested as determined by the department chairman/chief of service.

**Record of Clinical Privileges Requested and Granted
Correctional Health Orthopedic Surgery Service**

Page 2 of 3

Applicant Name: _____

Reappointment requirements: To be eligible to renew core privileges in orthopedic surgery, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience as determined by the department chairman/chief of service with acceptable results reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

ORTHOPEDIC SURGERY CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages to correct or treat various conditions, illnesses, and injuries of the extremities, spine, and associated structures by medical, surgical, and physical means including but not limited to congenital deformities, trauma, infections, tumors, metabolic disturbances of the musculoskeletal system, deformities, injuries, and degenerative diseases of the spine, hands, forearm, elbow, arm, shoulder, feet, leg, knee, thigh, hip, and pelvis, including primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the musculoskeletal system. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

These lists are a sampling of procedures included in the cores. They are not intended to be all encompassing lists, but rather are reflective of the categories/types of procedures included in the cores.

Orthopedic Surgery Procedures

1. Performance of history and physical exams, including assessment of neurologic function of the spinal cord and nerve roots
2. Ordering and interpretation of appropriate laboratory, imaging, and diagnostic procedures
3. Arthrocentesis/arthrography for diagnostic or therapeutic effects
4. Injection of medications into joints, bursa, trigger points, and tendon sheaths
5. Excision of ganglions, cysts, or benign tumors/masses of bone, muscle, tendons, or soft tissues
6. Irrigation and debridement, incision and drainage of the extremities
7. Management of infections of the bones, joints, muscles, tendons, soft tissues
8. Repair of injuries to skin
9. Treatment of growth disturbances including growth plate injuries, epiphysiodesis, bone shortening or lengthening
10. Treatment of congenital deformities of the upper and lower extremities, pelvis, and spine

Orthopedic Surgery Core Requested

**Record of Clinical Privileges Requested and Granted
Correctional Health Orthopedic Surgery Service**

Page 3 of 3

Applicant Name: _____

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Correctional Health, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Correctional Health Medical Staff Bylaws or related documents.

Signature _____ **Date** _____

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

Recommend all requested privileges as noted below:

- Orthopedic Surgery Core**
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____

I recommend that the above-named applicant be considered for the following Orthopedic Privileges.

Notes

Chief Medical Officer/Medical Director

Name: _____

Signature: _____

Date: _____

Thursday, December 1, 2022

Consideration of Approval of the Tentative January 2023 Board of Trustees Schedule

Harris Health System recommends approval of the proposed January 2023 meeting dates:

- January 10, 2023 – Quality Committee (8:00 a.m. - 9:30 a.m.)
- January 12, 2023 – Joint Conference Committee (8:00 a.m. – 9:00 a.m.)
- January 26, 2023 – Board of Trustees Board Meeting (8:00 a.m. – 12:00 p.m.)

Thursday, December 1, 2022

Consideration of Approval of an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Harris County Public Health that will Support the Community Violence Intervention Program



Harris Health System and Harris County Public Health Partnership Update

Amy Smith, DNP, MSN, RN, CCM, ACM
Sr. Vice President, Transitions & Post-Acute Care

HARRISHEALTH SYSTEM

Community Violence Interruption Program (CVIP)

What is the purpose of the Community Violence Interruption Program?

CVIP is a multidisciplinary, community-based solution to reducing violence using a public health approach that operates outside and is complementary to law enforcement. This pilot program utilizes credible messengers to interrupt violence and defuse immediate tensions in effort to help build long-term peace while creating a safer community for everyone. This is achieved by employing members of the community who have had similar life experiences to those the at highest risk of committing acts of violence or becoming a victim of violence.

CVIP Program Four Components

Credible
Messengers

Community
Based
Outreach

Hospital
Based
Intervention

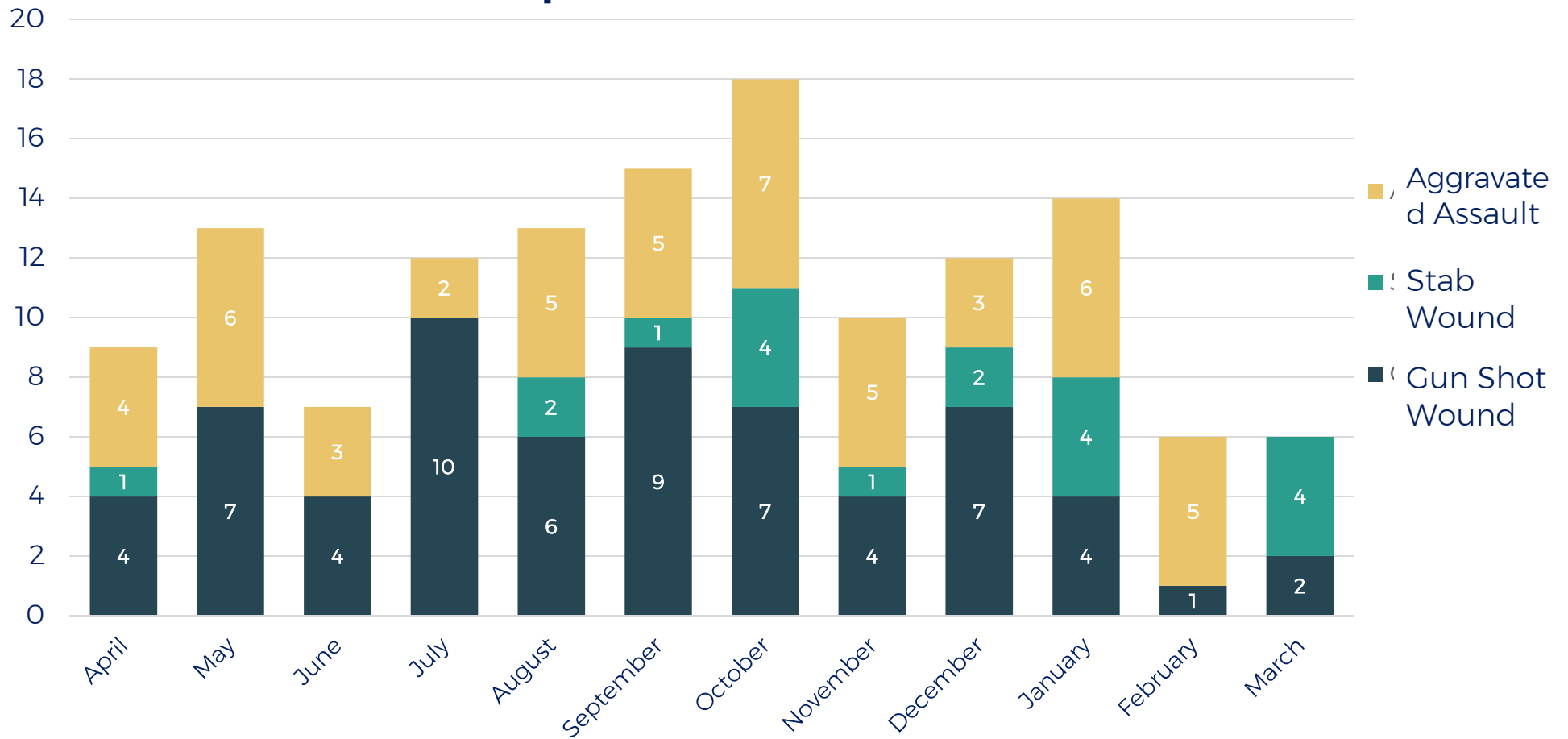
Ongoing
Community
Engagemen
t

Harris Health System (Ben Taub Hospital) will be a partner in the *Hospital Based Intervention* component of this program, as the most common destination for victims of serious violent injuries, emergency rooms and trauma centers serve as key resources in efforts to break cycles of violence.

Source: <https://publichealth.harriscountytx.gov/chvps>

Ben Taub Violent Injury Admissions

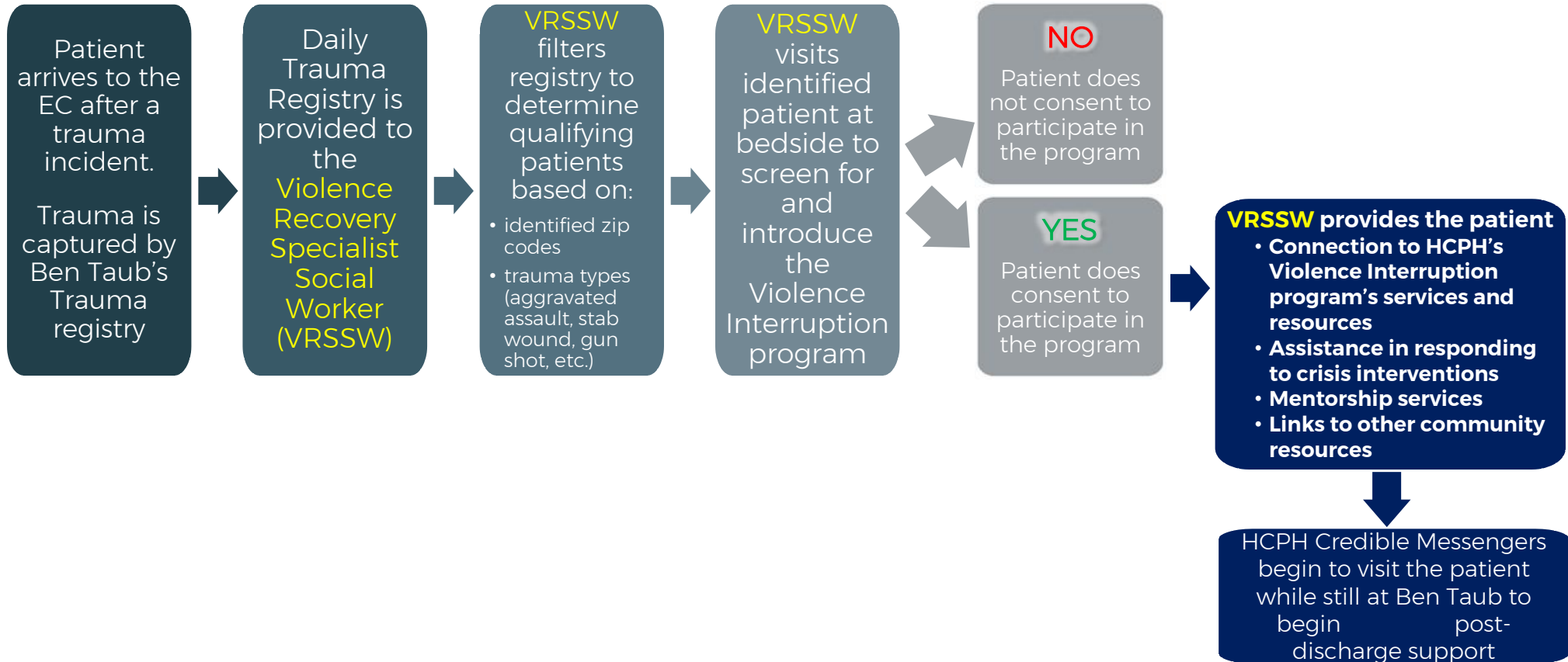
April 2021 – March 2022



To hire a Harris Health Social Worker, utilizing HCPH funds, to:

- **Identify patients** that meet defined program criteria
- Complete the **initial encounter** to assess for service needs and obtain patient consent
- Coordinate and **serving as a liaison** between the patient and HCPH interventions, engaging HCPH team members

CVIP Process



Note: Harris Health System will continue to report gunshot wounds to police in accordance with state law.

Thursday, December 1, 2022

Consideration to Approve funding for Performance Incentive Compensation specified in the Dental Services Agreement with Harris Health System and The University of Texas Health Science Center at Houston (UTHealth) for the second (July 1, 2021 through June 30, 2022) and third Contract Years (July 1, 2022 through June 30, 2023).

Harris Health System and UTHealth entered into a Dental Services Agreement effective October 1, 2020 (the "Agreement") to jointly provide Covered Dental Services at Harris Health System dental facilities to the indigent and needy residents of Harris County, Texas.

The Performance Incentive Compensation amount is a portion of the Total Compensation Amount budgeted for the continued support of UTHealth's provision of Covered Dental Services for Harris Health patients.

Administration recommends approval of the funding for the Performance Incentive Compensation under the Agreement in an amount not to exceed \$98,699 for the second Contract Year (July 1, 2021 through June 30, 2022) and in an amount not-to-exceed \$144,079 for the third Contract Year (July 1, 2022 through June 30, 2023).

Thursday, December 1, 2022

Consideration of Approval of a Board Resolution Naming the Facility Formerly Known as
Quentin Mease Community Hospital to Quentin Mease Clinic

STATE OF TEXAS
COUNTY OF HARRIS

MOTION NO. _____

On December 1, 2022, the Harris County Hospital District d/b/a Harris Health System (Harris Health) Board of Trustees convened in regular session at its regular meeting place. The following members of the Board were present:

		Present	Absent
Arthur Bracey, MD	Chair	<input type="checkbox"/>	<input type="checkbox"/>
Ewan D. Johnson, MD, PhD	Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>
Andrea Caracostis, MD	Secretary	<input type="checkbox"/>	<input type="checkbox"/>
Lawrence D. Finder	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Mia Mends	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Alicia Reyes	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina	Board Member	<input type="checkbox"/>	<input type="checkbox"/>
Barbie Robinson	Board Member	<input type="checkbox"/>	<input type="checkbox"/>

The Board determined that a quorum was present. Among other business, a resolution on the following matter was considered:

Consideration of Approval of a Board Resolution Naming the Facility Formerly Known as Quentin Mease Community Hospital to Quentin Mease Clinic

_____ introduced the resolution and made a motion that it be adopted. _____ seconded the motion for adoption. The motion, carrying with it the adoption of the resolution, prevailed by the following vote:

	Yes	No	Abstain	Absent
Arthur Bracey, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ewan D. Johnson, MD, PhD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Andrea Caracostis, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawrence D. Finder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marcia Johnson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mia Mends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alicia Reyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jennifer Tijerina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbie Robinson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The adopted resolution reads as follows:

Harris Health, by and through its Board of Trustees, hereby approves a Resolution Naming the Facility Formerly Known as Quentin Mease Community Hospital to Quentin Mease Clinic.

PASSED AND APPROVED this 1st of December, 2022.

Attest:

Dr. Arthur W. Bracey, Chair

Dr. Andrea Caracostis, Secretary

Thursday, December 1, 2022

**Consideration of Approval for an Interlocal Agreement between the Harris County
Hospital District d/b/a Harris Health System and Texas Workforce Commission**

Pursuant to this Interlocal agreement, the Texas Workforce Commission (TWC) will provide Harris Health with online access to Wage Information and Unemployment Benefits for Harris Health patients applying for financial assistance under the Harris Health Financial Assistance Program. This access will allow the Eligibility department to reduce possible fraud and verify unemployment benefits. In consideration of the access provided by TWC, Harris Health will compensate TWC an amount not to exceed \$6,000 on an annual basis over the five-year term of the Agreement, beginning February 1, 2023 and ending January 31, 2028.

Thursday, December 1, 2022

Update and Consideration of Approval of Goals, Objectives and Measurements for Harris Health Strategic Plan Pillar 6: Diversity, Equity and Inclusion

Update by Jobi Martinez, Vice President – Chief Diversity Officer, on the Harris Health System Strategic Plan regarding:

- Board of Trustees Diversity, Equity & Inclusion (DEI) Committee
 - Pillar Foundations
 - Board of Trustees DE&I Philosophy Statement
 - Pillar 6 Aim
 - Pillar 6 Goals

Strategic Pillar 6: Diversity, Equity, & Inclusion

Introduction

Diversity, equity, and inclusion are embedded in Harris Health System's core values. Harris Health's diversity is one of its greatest strengths, yet there must be continued efforts to provide an equitable and inclusive environment for employees, patients, and the community. Guided by a shared understanding of diversity, equity, and inclusion at Harris Health System, Strategic Pillar 6 was established with its own set of goals, objectives, measurements, and tactics to articulate actionable steps that Harris Health System can take both immediately and in the future. It includes five focus areas: talent, health equity, M/WBE, leadership and governance, and community engagement.

As Harris Health introduces this strategic pillar and goals, it has also created an initial list of prioritized actions. This list of actions builds on on-going efforts to advance diversity, equity, and inclusion throughout the System. These actions build on the existing work to build and support a diverse workforce, provide inclusive and equitable patient care, foster an inclusive vendor, supplier, and contractor environment, and collaboratively partner with others to advance high-value, patient and family centered, quality care. These actions also build on efforts to hold individuals accountable for fostering an environment where everyone feels responsible and engaged in advancing diversity, equity, and inclusion. Pillar 6 will not exist as a stand-alone pillar; moreover, it builds on Harris Health's existing strategic plan and will serve as a living document that will evolve with greater input from all stakeholders as the work continues.

Aim

Harris Health will ensure equitable access to high-quality care for our patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden our reach and our understanding of the communities we serve.

Focus Area: Talent

Goal

1. Enhance the employee and provider experience (from recruitment to retirement) by advancing diversity, equity, and inclusion, through policies, practices, values, and organizational culture.

Objectives

1. Ensure talent acquisition policies, practices, and procedures, provide equal opportunities for diverse applicants and strive to close representation gaps at all levels.
 - a. Measurements

- i. Increase in diverse applicants for positions and opportunities across the system
- ii. Improvement in employee engagement score for “this organization’s work environment is accepting and supportive of people with diverse backgrounds”
- iii. Increase ERG membership and engagement
- iv. Increase in DEI knowledge, awareness, competencies, or skills to meet DEI performance objectives

Tactics

- Advance DEI training for recruiters, hiring managers, panelists, and others engaged in talent acquisition
- Enhance HR assessments, including employee engagement and performance evaluations, to identify and measure DEI
- Evaluate internal mobility, transfer of position, or promotion to ensure DEI measures
- Collaborate with HR to enhance recruit to retirement DEI policies and practices
- Develop a DEI Strategist Team to advance DEI policies, practices, and competencies across the system
- Develop ERG SynERG program to enhance leadership development and strategic DEI advocacy and support amongst ERG leaders and members

Focus Area: Health Equity

Goal

1. Advance health equity for employees and patients through promising practices, procedures, and policies that ensure equitable care, benefits, and resources to address disparities through culturally and linguistically appropriate resources and strategies and care that is high-value and patient centered.

Objectives

1. Examine data to identify disparities in the health and well-being of employees and patients based on race/ethnicity, geography, language, income, and other social determinants of health.
 - a. Measurements
 - i. Increased staff engagement in Harris Health wellness and benefits.
 - ii. Enhance REGAL data capture to reflect diversity, equity, and inclusion
 - iii. Expand language access, health literacy, and culturally competent care resources and services
2. Develop capacity as a minority-serving institution to research health disparities and social determinants of health, understand root causes of health disparities, and disseminate best practices uncovered through research based publications.
 - a. Measurements
 - i. Increase and promote DEI based research and publications

Tactics

- Increase strategic partnerships to address social determinants of health
- Increase promotion of and engagement in employee health equity opportunities, resources, and programs
- Expand the collection, reporting, and analysis of health equity data
- Strategically advance a health equity framework
- Advance a benefits equity audit
- Advance opportunities to share emerging or existing research

Focus Area: Minority/Women Business Enterprise (M/WBE)

Goal

1. Promote the growth and success of M/WBEs in doing business with Harris Health by addressing marketplace barriers through education, information, and collaboration.

Objective

1. Increase M/WBE participation with HHS contracting opportunities
 - a. Measurements
 - i. Review 100% of contracts under and over \$50k for M/WBE opportunities
 - ii. Increase M/WBE community outreach efforts
 - iii. Report and analyze Harris Health performance semi-annually

Tactics

- Identify marketplace barriers for conducting business with Harris Health
- Develop and promote M/WBE website
- Develop M/WBE certification programs and resources
- Develop a M/WBE communication plan
- Identify M/WBE strategic recruitment industries, sectors, and opportunities
- Recognize M/WBE vendors, contractors, and success stories

Focus Area: Leadership & Governance

Goal

1. Ensure that leaders at all levels promote the vision and health equity case for DEI by taking actions to increase diversity and equity in the workforce, maintain an inclusive workplace, advance M/WBE, and inclusive patient care.

Objectives

1. Develop results-oriented and innovative DEI resources, practices, and strategies based on actionable data and promising practices
 - a. Measurements
 - i. Improved knowledge, competencies, and capacities amongst Harris Health leadership to advance throughout the system

Tactics

- Develop a DEI Leadership toolbox that includes training, resources, and coaching
- Develop and advance a DEI communication plan that promotes DEI understandings, goals, resources, and other activities
- Prioritize cultural competencies training and resources for non-patient and patient facing employees

Focus Area: Community Engagement

Goal:

1. Promote Harris Health across Harris County as an equitable and inclusive employer and innovative leader in DEI healthcare.

Objective

1. Expand academic and community partnerships to enhance and promote DEI workforce pipeline and talent acquisition initiatives, programs, and resources

a. Measurements

- i. Increased pipeline partnerships

Tactics

- Engage PFAC and community alliances to advance DEI pipeline initiatives and resources
- Develop and advance a DEI strategic community outreach and engagement communication plan in conjunction with the Community Engagement and Corporate Communication department



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

November 07, 2022

Board of Trustees Office
Harris Health System

**RE: Board of Trustees Meeting – December 01, 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: December 01, 2022 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Morris & Dickson Co., LLC¹	Primary Pharmaceutical Wholesaler for Harris Health System - To provide prime distributor services for pharmaceutical products to Harris Health System. <i>Premier Healthcare Alliance, L.P. Contract Public Health or Safety Exemption</i>	Award Best contract	Michael Nnadi		\$ 144,000,000
A2	Community Health Choice, Inc.⁵	Marketplace Insurance for Eligible Patients for Harris Health System - To continue to provide marketplace insurance for eligible patients at Harris Health System. <i>Interlocal Agreement</i>	Approval Interlocal January 31, 2023 through December 31, 2023	Holly A. Hernandez	\$ 45,000,000	\$ 45,000,000
A3	ProLink Healthcare, LLC (HCHD-503)⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel to meet demand of patient healthcare at various locations through the Harris Health System. <i>Professional Services Exemption, Board Motion 22.05-67</i>	Ratify Renewal Professional Services Exemption August 04, 2022 through August 03, 2023	Pamela Russell	\$ 13,360,000	\$ 13,360,000
A4	Cross Country Staffing, Inc. d/b/a Cross Country Healthcare Services (HCHD-541)⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel at Harris Health hospitals. <i>Professional Services Exemption</i>	Ratify Purchase Professional Services Exemption One (1) year initial term with four (4) one-year renewal options	Pamela Russell		\$ 12,510,000
A5	WalkerHealthcare (HCHD-489)⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel at Harris Health hospitals. <i>Professional Services Exemption</i>	Ratify Purchase Professional Services Exemption August 26, 2021 through August 25, 2022	Pamela Russell		\$ 8,160,000
A6	WalkerHealthcare (HCHD-489)⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel at Harris Health hospitals. <i>Professional Services Exemption</i>	Ratify Renewal Professional Services Exemption August 26, 2022 through August 25, 2023	Pamela Russell	\$ 8,160,000	\$ 8,160,000
A7	Laboratory Corporation of America (HCHD-498)¹	Clinical Reference Laboratory Testing Services for Harris Health System - To continue providing clinical reference laboratory testing services to Harris Health patients. <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.03-40</i>	Renewal January 01, 2023 through December 31, 2023	Michael Nnadi	\$ 4,562,320	\$ 4,562,230
A8	Avant Healthcare Professionals, LLC (HCHD-727)⁵	Temporary Nursing Personnel for Harris Health System - To provide for temporary staffing of international nursing personnel to meet the increase in demand of patient healthcare at various locations throughout Harris Health System.	Ratify Professional Services Exemption	Pamela Russell		\$ 4,000,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A9	F.F.F. Enterprises, Inc (PPPW14FFF01)	Blood Plasma Products Distribution Program - To continue providing biological blood plasma products for treating Harris Health System patients. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113	Funding Yr. 10 January 01, 2023 through July 26, 2023	Michael Nnadi	\$ 3,712,140	\$ 3,712,140
A10	Philips Healthcare¹	Physiological Monitoring Systems - To provide Harris Health System with new vital signs machines replacing the current units past their expected life. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	Teong Chai		\$ 3,387,276
A11	SHI Government Solutions, Inc. (HCHD-566)⁴ Asian Female HUB	Microsoft Enterprise Agreement Software Maintenance for Harris Health System. - To continue to provide software maintenance and licenses for Microsoft software used on Harris Health System computer workstations and servers, which includes productivity software (i.e. MS Office- Word, Excel, Outlook and PowerPoint). State of Texas Department of Information Resources (DIR) Cooperative Contract	Renewal January 01, 2023 through December 31, 2023	Ronald Fuschillo	\$ 2,272,601	\$ 2,534,694
A12	Jones Lang LaSalle Americans, Inc.⁵	Construction Manager-Agent for Harris Health System - Additional funds are required to cover services for Lyndon B. Johnson Hospital replacement project and unanticipated needs for other budgeted projects. Job No. 20/0322	Additional Funds	Teong Chai		\$ 2,500,000
A13	Favorite Healthcare Staffing (HCHD-647)⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel at Harris Health hospitals. Professional Services Exemption	Ratify Purchase Professional Services Exemption One (1) year initial term with four (4) one-year renewal options	Pamela Russell		\$ 2,450,000
A14	Merc Medical Supply⁵	Purchase and/or Rental of Durable Medical Equipment (DME) and Home Oxygen for Harris Health System - To provide DME and home oxygen for Harris Health System patients at Medicaid rates. Job No. 220317	Award Only proposal received One (1) year initial term with five (5) one-year renewal options	Amy Smith		*
A15	Linbeck Group, LLC⁴	Construction Manager at Risk for the Renovation and Conversion of Quentin Mease Hospital to an Outpatient Clinic - The increase of the guaranteed maximum price (GMP) is associated with increase in total project cost after subcontractor bids were received and validated to develop the expected true cost of construction. The County Attorney's Office is preparing the Second Amendment for the additional funds. This purchase is subject to the execution of the Amendment. Job No. 190021	Additional Funds	Babak Zare	\$ 38,314,871	\$ 1,946,512
A16	Cardinal Health (AD- NS-1439)¹	ECG Electrodes, Cable, Lead Wires & Defibrillator Pads - To continue to provide Harris Health Systems with ECG electrodes, cables, lead wires and related items. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 1,437,097	\$ 1,508,951

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A17	Stryker Sales Corporation through Stryker Endoscopy Division ⁵	Laparoscopic Surgical Services for the Harris Health System - To provide for continued laparoscopic surgical services to assist periOperative Services in operating room (OR) setup and equipment sterilization processing. Stryker on-site specialist services include OEM training and certification for Harris Health owned Endoscopy equipment. Services are provided on a fee per case basis. Public Health or Safety Exemption, Board Motion 21.12-113	Renewal Public Health or Safety Exemption February 05, 2023 through February 04, 2024	Doug Creamer	\$ 1,446,679	\$ 1,446,679
A18	Nephron Pharmaceutical, Corp ¹ (PPPH21NAP02) SCA Pharmaceutical, LLC (PPPH21SCA01) ¹ QuVa Pharma, Inc (PPPH21QVA01) ¹	Outsourced I.V. Admixture Services - To continue providing unique compounding services, minimize wastage of batch pharmaceutical products and greater than 24-hour dating on intravenous admixture products. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.01-06	Funding Yr. 5 January 01, 2023 through December 31, 2023	Michael Nnadi	\$ 1,152,117	\$ 1,152,117
A19	Amwell ⁵	Virtual Care Carts for Harris Health System - On March 24, 2022, the Board of Trustees approved an award for telehealth services and virtual care carts. Since that time, Harris Health Administration has decided to reassess the requirement and capabilities of providing telehealth services and virtual care carts. Job No. 21/0370	Rescind Award	Louis Smith		\$ 705,608
A20	Bayer Healthcare (PP-IM-421) ¹	Contrast Media Injectors and Disposables - To continue providing Harris Health System with automatic power injectors used to administer contrast media during imaging studies, such as angiographic (including cardiac catheterization) procedures. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 632,100	\$ 632,100
A21	Best Care EMS, LTD (HCHD-659) ⁴ <small>Caucasian Female-HUB</small>	Ambulance Services for Harris Health System - Additional funds are required due to the underestimated volume of calls for service and increased waiting time throughout Harris Health locations. Public Health or Safety Exemption, Board Motion 22.02-20	Ratify Additional Funds Public Health or Safety Exemption March 01, 2022 through February 28, 2023	Mike Hill	\$ 280,000	\$ 620,000
A22	Vizient Data Services, LLC (GA-07108) ⁵	Benchmarking Program Services for Harris Health System - To provide Vizient's benchmarking program which includes data analytics, advisory services, and learning improvement collaboratives for Harris Health System to become more clinically and operationally effective to achieve its patient care objectives. Public Health or Safety Exemption	Renewal Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Victoria Nikitin	\$ 551,591	\$ 568,650
A23	W. L. Gore & Associates, Inc.(GA-07394) ⁵	Endoprosthesis Stents for Harris Health System - The term is corrected to coincide with the term stated in the Agreement. The amount was underestimated and is corrected to reflect the two-year initial term. Public Health or Safety Exemption, Board Motion 21.101	Ratify Additional Funds Extension Public Health or Safety Exemption November 01, 2021 through October 31, 2022	Douglas Creamer	\$ 566,055	\$ 541,005

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A24	Olympus America Inc. PP-OR-1798) ¹ Boston Scientific Corporation (PP-OR-1797) ¹	Specialty Urological Products - To provide Harris Health System with specialty urological products such as stents, guide wires, stone retrieval, and catheters for the operating room. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101	Funding Yr. 3 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 525,189	\$ 525,189
A25	Highlights Electrical ⁵	Job Order Contracting for Electrical and/or Electrical Related Projects for Harris Health System - To provide electrical repair, renovation, or alteration to various hospitals and clinics for Harris Health System. Job No. 180070, Board Motion 21.12-113	Renewal December 13, 2022 through December 12, 2023	Kia Scales	\$ 700,000	\$ 500,000
A26	RevSpring Inc. (fka Letter Logic, Inc.) ⁵	Patient Billing Services for Harris Health System - To outsource patient billing services until the competitive proposal process is complete and a new Agreement is in place. Job No. 11/0198	Ratify Purchase January 01, 2022 through December 31, 2022	Nikki Martinez		\$ 500,000
A27	Medtronic USA, Inc.(GA-07454) ⁵	Neurovascular and Stroke Therapy Products for Harris Health System - To continue providing neurovascular and stroke therapy products used for treating ischemic stroke patients at Ben Taub Hospital. Job No. 170331, Board Motion 21.12-113	Renewal December 21, 2022 through December 20, 2023	Douglas Creamer	\$ 460,899	\$ 474,726
A28	Haemonetics Corporation (GA-07372) ⁵	Whole Blood Hemostasis Testing System including Analyzer(s), Reagents, Controls, Supplies and Service for Harris Health System - To provide for continued real-time analyzers that will deliver rapid comprehension and accurate identification of various hemostasis conditions. Job No. 160322, Board Motion 21.12-113	Renewal January 12, 2023 through January 11, 2024	Michael Nnadi	\$ 385,117	\$ 423,629
A29	First DataBank, Inc.(GA-07073) ³	FDB MedKnowledge License and Maintenance for Harris Health System - To continue to provide maintenance and support for the MedKnowledge™ software drug interaction database designed for medication ordering and prescribing at the point of care. The software is integrated into Epic's Computerized Physician Order Entry application. Sole Source Exemption, Board Motion 21.12-113	Renewal Sole Source Exemption December 15, 2022 through December 14, 2023	Ronald Fuschillo	\$ 386,165	\$ 400,194
A30	Facility Interiors Inc. (PP-FA-861) ⁴ <small>HUB - Caucasian Female</small>	Furniture for Quentin Mease - To provide Quentin Mease Renovation project with Stance tandem seating and physician stools. Premier Healthcare Alliance, L.P. Contract	Ratify Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 369,404
A31	Hologic, Inc. (PP-IM- 295) ¹	Mammography Products and Services - To continue providing Harris Health System with mammography products such as breast biopsy devices, breast density analysis tools, consumables, disposables and breast biopsy markers. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.09-86	Ratify Funding Yr. 4 October 01, 2022 through September 30, 2023	Douglas Creamer	\$ 350,878	\$ 368,421

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A32	Cardinal Health 200, LLC (AD-OR-1969) ¹	Sterile Packs and Gowns - To continue providing Harris Health System with sterile packs, gowns, sterile and nonsterile drapes. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.02-20	Funding Yr. 2 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 331,083	\$ 347,637
A33	Roche Diagnostics Corporation ³	Liat Product Agreement - To provide consumables for existing COBAS Liat equipment at Ben Taub and Lyndon B. Johnson Hospitals. Sole Source Exemption	Purchase Sole Source Exemption One (1) year initial term with three (3) one-year renewal options	Michael Nnadi		\$ 347,130
A34	Seril Inc. dba Houston Grotech Services (GA-07638) ⁵	Grounds Maintenance at Various Locations for Harris Health System - To provide landscaping and ground maintenance services at various Harris Health locations. Job No. 180302, Board Motion 21.10-101	Renewal February 01, 2023 through January 31, 2024	Terry Elliott	\$ 273,782	\$ 346,000
A35	Baylor College of Medicine (HCHD-375) ⁵	Psychiatric Medical Services for the Healthcare for the Homeless Program for Harris Health System - To provide qualified physicians licensed by Texas State Board of Medical Examiners who will provide comprehensive outpatient psychiatric services and treatment at various homeless shelters designated by Harris Health System. Professional Services Exemption, Board Motion 22.01-06	Renewal Professional Services Exemption January 01, 2023 through December 31, 2023	Lydia Rogers	\$ 175,000	\$ 341,230
A36	Letourneau Interests Inc. (PP-FA-859) ¹	Furniture for Quentin Mease - To provide Quentin Mease Renovation project with National steelcases and storage. Premier Healthcare Alliance, L.P. Contract	Ratify Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 339,457
A37	Hewlett Packard Enterprise Company (DIR-TSO-4160) ²	Hewlett-Packard Annual Hardware and Software Maintenance Renewal for Harris Health System. - To provide hardware and software maintenance and support for Hewlett-Packard server and storage equipment. The maintenance provides next business day, 6-hour call to repair and includes onsite replacement of failed equipment, operating systems updates, and 24/7 technical support. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote January 25, 2023 through January 24, 2024	Ronald Fuschillo		\$ 313,284
A38	Teleflex Inc (PP-NS-1430) ¹ Covidien Sales LLC (AD-NS-1427) ¹	Dialysis Access Catheters - To continue to provide Harris Health System with acute and chronic hemodialysis catheters and peritoneal dialysis catheters, associated kits, and accessories. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 307,312	\$ 307,312
A39	Maxim Healthcare Staffing Services, Inc. (Primary) (HCHD-634) ⁵ AMN Healthcare Inc. (Secondary) (HCHD- 648) ⁵	Temporary Coding Staff for Harris Health System - To continue to provide temporary staffing to allow Harris Health System to maintain scheduled services when positions are vacant and/or employees are on leave. Job No. 220248	Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Michael Kaitschuck		*

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A40	Katten Muchin Rosenman LLP (HCHD-884) ⁵	Special Counsel to Represent Harris Health System - To provide legal services for federal healthcare privacy law, including 42 CFR Part 2, interoperability rules under the 21st Century Cures Act, and correctional health standards. <i>Professional Services Exemption</i>	Ratify Purchase Professional Services Exemption One (1) year initial term with two (2) one-year renewal options	L. Sara Thomas		\$ 300,000
A41	HealthStream, Inc.(HCHD-516) ⁵	Competency Development System for Harris Health System - To provide an online competency assessment using videos and clinical scenarios to determine the level of registered nurses' ability to think critically and apply clinical judgement when caring for their patient population. <i>Public Health or Safety Exemption, Board Motion 22.01-06</i>	Renewal Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Maureen Padilla	\$ 290,150	\$ 288,977
A42	LinkedIn Corporation ⁵	Employee Engagement and Satisfaction Survey for the Harris Health System - To provide LinkedIn's Glint platform to conduct and analyze employee engagement and satisfaction surveys for Harris Health System. <i>Job No. 22/0034</i>	Award Best Proposal Meeting Requirements	Gary Marsh		*
A43	Infolob Solutions, Inc. (GA-07570) ⁵	Information Technology Consulting, Implementation and Staff Augmentation - To augment Information Technology (IT) capabilities and resources by providing staff and support for operations and IT projects as needed. <i>Job No. 180274, Board Motion 22.01-06</i>	Ratify Renewal May 21, 2022 through May 20, 2023	Sam Karim	\$ 270,000	\$ 270,000
A44	Baylor College of Medicine (HCHD-118) ⁵	Pediatric Tele-Psychiatry Services for Harris Health System - To provide expanded access to behavioral health services and mental health services to children and adolescents ages 9 through 17 in Harris Health community health centers, the Pediatric/Adolescent Health Center and surrounding communities. <i>Professional Services Exemption</i>	Ratify Purchase Professional Services Exemption August 01, 2022 through July 31, 2023	William Walker		\$ 254,435
A45	Ben E. Keith (040522-BEK) ⁵	Food Products for Harris Health System - To provide food products for Harris Health System. Ben E. Keith will be a secondary supplier for food products. <i>Sourcewell</i>	Award Only quote	Shweta Misra		\$ 236,411
A46	Alliant Insurance Services, Inc. (HCHD-93) ⁵	Human Resources Consulting Services for Harris Health System - To continue provide comprehensive advisory services to assist Human Resources in the areas of health and welfare benefit plan strategy and management. <i>Job No. 190044, Board Motion 21.12-113</i>	Renewal January 02, 2023 through January 01, 2024	Omar Reid	\$ 235,000	\$ 235,000
A47	RevSpring Inc. (fka Letter Logic, Inc.) ⁵	Patient Billing Services for Harris Health System - To outsource patient billing services until the competitive proposal process is complete and a new Agreement is in place. <i>Job No. 11/0198</i>	Purchase January 01, 2023 through June 30, 2023	Clement Gerard		\$ 225,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A48	Baylor College of Medicine (HCHD-890) ⁵	HIV Perinatal Transmission Prevention Activities Program for Harris Health System - To provide Harris Health System with HIV screening, education, training, quality assurance, and consultation services. Evaluations of Harris Health's HIV perinatal transmission program will also be conducted as part of the rendered services. Professional Services Exemption	Ratify Purchase Professional Services Exemption September 01, 2022 through August 31, 2023	Dawn Jenkins		\$ 221,262
A49	Careport Health, LLC. a.k.a. WellSky Corporation (HCHD-514) ⁵	Careport Care Management Solution for Harris Health System - To provide for an electronic care management solution to efficiently coordinate transitions of care for patients being discharged after a post-acute placement and service needs, therefore, increasing bed availability due to faster turnaround time to care for additional patients. Public Health or Safety Exemption, Board Motion 21.08-77	Renewal Public Health or Safety Exemption January 07, 2023 through January 06, 2024	Amy Smith	\$ 391,677	\$ 207,907
A50	Stryker Corporation ¹	External Defibrillators and Related Products - To provide defibrillators required to support new ambulances for patient care services. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 206,454
A51	Globus Medical North America, Inc.(HCHD-0573) ⁵	Spinal Implants and Related Products - To continue providing physician clinically preferred spinal implants and related products used for various operating procedures. Public Health or Safety Exemption, Board Motion 21.10-101	Renewal Public Health or Safety Exemption February 25, 2023 through February 24, 2024	Doug Creamer	\$ 202,031	\$ 206,072
A52	KGI Holdings LLC dba KGI ⁴ Metro SBE - Caucasian Male	Pre and Post-Employment Background Screening For Harris Health System - The additional funds are needed due to increased utilization resulting from performing pre and post-employment background screening for Correctional Health. Job No. 130326, Board Motion 22.02-20	Ratify Additional Funds February 01, 2022 through January 31, 2023	Keith Manis	\$ 240,000	\$ 202,532
A53	Advanced Air Ambulance Corporation (HCHD-685) ⁵	Air Transportation Services for Harris Health System - Additional funds are required to cover the continuation of air ambulance services for patient repatriation throughout Harris Health System. Professional Services Exemption, Board Motion 22.08-111	Additional Funds Professional Services Exemption One (1) year initial term with four (4) one-year renewal options	Amy Smith	\$ 200,000	\$ 200,000
A54	Concentric Healthcare Solutions, LLC dba Concentric Healthcare Staffing (HCHD-487) ⁵	Temporary Nursing Personnel for Harris Health System - To provide temporary nursing personnel at Harris Health hospitals. Professional Services Exemption, Board Motion 22.04-56	Ratify Renewal Professional Services Exemption August 04, 2022 through August 03, 2023	Pamela Russell	\$ 200,000	\$ 200,000
A55	Skeletal Dynamics, Inc. ⁵	Small Joint Implants – Upper Extremities for Harris Health System - The term is corrected to coincide with the term stated in the Agreement. The amount was underestimated and is corrected to reflect the two-year initial term. Public Health or Safety Exemption	Corrected term and amount Public Health or Safety Exemption	Douglas Creamer		\$ 200,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A56	B. Braun Medical Inc. (PP-NS-1433)¹	Dialysis Equipment and Fluids - To continue to provide peritoneal and hemodialysis equipment, solutions and supplies to be used by Harris Health System Dialysis Services. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.04.56	Funding Yr. 3 February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 199,172	\$ 199,172
A57	Philips Healthcare¹	Physiological Monitoring Equipment - To provide IntelliVue Information Center iX, Accessories Equipment, and Implementation for Lyndon Baines Johnson Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	James Young		\$ 193,746
A58	Edward Don & Company¹	Foodservice Equipment and Supplies Distribution - To provide a new conveyor dishwasher to replace the current dishwasher past its expected useful life for Harris Health System Food and Nutrition Services. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Christopher Okezie		\$ 191,113
A59	Insight Direct USA, Inc. (PP-IT-241)¹	Imperva Database Monitoring Software for Harris Health System - To provide for a database security monitoring solution to monitor and audit all access to sensitive data from SQL and Oracle databases. This solution assists Harris Health to maintain continuous HIPAA compliance for electronic patient health information. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Jeffrey Vinson		\$ 170,647
A60	Stryker Corporation¹	Powered Loading Systems - To purchase power loading equipment that will be needed for new ambulances and is compatible with our current stretchers. Public Health or Safety Exemption	Ratify Purchase Public Health or Safety Exemption	Teong Chai		\$ 170,575
A61	Hall Render Advisory Services LLC (HCHD-896)⁵	Compliance Coding Audit Services for the Harris Health System - To provide compliance coding audit services for the Harris Health System Job No. 220044	Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Anthony Williams		*
A62	Rauland-Borg Corporation through Lone Star Communications Houston (PP-IT-256)¹	Maintenance for the Nurse Call Communication System for Harris Health - This is the annual maintenance renewal for the Nurse Call Communications system, which provides wireless phones to the nursing staff in order to expedite response times for increased patient satisfaction and quality of care Premier Healthcare Alliance, L.P. Contract, Board Motion 21.12-113	Renewal January 01, 2023 through December 31, 2023	Ronald Fuschello	\$ 147,816	\$ 153,662
A63	Galls, LLC⁵	Customized Uniforms for Harris Health System - To provide customized security uniforms, emergency medical technician uniforms, Department of Public Safety uniforms, and other customized uniforms throughout Harris Health System. BuyBoard	Award Only quote	Jon Hallaway		\$ 150,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A64	CareSignal (HCHD571) ⁵	A Remote Patient Monitoring Platform for Harris Health System. - To continue providing support services for the remote patient monitoring platforms. This allows monitoring of Harris Health's chronic disease patients through text messaging and phone calls with real-time access to Harris Health's care team. Public Health or Safety Exemption, Board Motion 21.12-113	Renewal Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Esperanza Galvan	\$ 147,000	\$ 147,000
A65	Hamilton Medical ¹	Ventilators - To provide transport ventilators for six (6) new ambulances for patient care services. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 136,199
A66	Tripp Umbach, Inc.(HCHD-652) ⁵	Economic Impact Study for Harris Health System - To provide a written document that quantifies the overall economic impact that Harris Health System has on Harris County, the City of Houston, State of Texas and potentially beyond those areas. Job No. 220365	Ratify Award Only proposal received One (1) year initial term with four (4) one-year renewal options	Olga Rodriguez		*
A67	Insight Direct USA, Inc. (PP-IT-241) ¹	LinkedIn Online Recruitment and Networking Subscription Services for Harris Health System - To utilize online recruitment and networking subscription services for job postings, professional networking, and individual recruiter sourcing tools. Premier Healthcare Alliance, L.P. Contract	Award Only Offer Received December 31, 2022 through December 30, 2023	Keith Manis		\$ 122,687
A68	America's Essential Hospitals ⁵	Membership for Harris Health System - As a member, America's Essential Hospitals provides support with advocacy, policy, development, research and education to ensure access to care for America's medically underserved and uninsured populations. Public Health or Safety Exemption	Purchase Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Victoria Nikitin		\$ 120,000
A69	McCoy Rockford (TXMAS-19-7111) ⁵	Furniture for Quentin Mease - To provide Quentin Mease Renovation project with Steelcase task seating. Texas Multiple Award Schedule (TXMAS) Cooperative Program	Ratify Award Best quote meeting specifications	Teong Chai		\$ 114,093
A70	Cardinal Health 200, LLC (PP-OR-1754) ¹	Lap Sponges, OR Towels and Specialty Sponges - To provide lap sponges, OR towels and specialty sponges used by clinicians at Harris Health System. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 December 01, 2022 through November 30, 2023	Douglas Creamer	\$ 111,528	\$ 111,528
A71	Office Pavilion (PP-FA-849) ¹	Furniture for Quentin Mease - To provide Quentin Mease Renovation project with furniture. Premier Healthcare Alliance, L.P. Contract	Ratify Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 110,673
A72	Lantheus Medical Imaging (PP- IM-418) ¹	Contrast Media Ultrasound - To continue providing Harris Health System with contrast media agents used to enhance ultrasound imaging. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.02-20	Funding Yr. 3 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 109,414	\$ 109,414

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A73	UpToDate, Inc. fka Wolters Kluwer Clinical Drug Information, Inc. and Lexi-Comp, Inc.(GA-05505) ³	Drug Database Software System for Harris Health System - To continue to provide a clinical drug reference library for Harris Health System. Sole Source Exemption, Board Motion 21.10-101	Renewal Sole Source Exemption December 26, 2022 through December 25, 2023	Ronald Fuschillo	\$ 95,364	\$ 101,086
A74	Bio-Rad Laboratories, Inc.(HCHD-586) ⁵	Geenius™ Reader and HIV^{1/2} Supplemental Assay for Harris Health System - To provide continued confirmatory testing for HIV positive results received from Harris Health System patients. Public Health or Safety Exemption	Renewal Public Health or Safety Exemption December 22, 2022 through December 21, 2023	Michael Nnadi	\$ 65,860	\$ 100,774
A75	Maxor National Pharmacy Services (HCHD-245) ⁵	Discharge Medication Fill Services for Harris Health System - To provide prescription medication for Harris Health transfer patients upon their discharge from St. Joseph Medical Center. Public Health or Safety Exemption, Board Motion 21.12.113	Renewal Public Health or Safety Exemption December 11, 2022 through December 10, 2023	Amy Smith	\$ 80,407	\$ 100,000
A76	Stryker Corporation ¹	Orthopedic Power Tools and Accessories - To replace large bone surgical drills and saws that are well past their expected useful life and experiencing maintenance issues at Ben Taub Hospital OR. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	Teong Chai		\$ 99,959
A77	Trinity Biotech, Inc.(GA-05562) ⁵	Hemoglobin A1c Testing System including Analyzer(s) Reagents, Consumables and Service for Harris Health System - The term is being extended to continue providing Hemoglobin A1c testing of Harris Health System patients until newly purchased equipment is fully operational. Additional funds are required to cover the extended term. Job No. 130232, Board Motion 22.03-40	Additional Funds Extension April 18, 2022 through December 31, 2022	Michael Nnadi	\$ 189,053	\$ 76,500
A78	The University of Houston (HCHD-316) ⁵	Clinical Neuropsychology Consultation Services for Harris Health System - To provide Harris Health System with clinical neuropsychology consultation services for HIV positive patients.	Ratify Interlocal Renewal November 01, 2022 through October 31, 2023	Dawn Jenkins	\$ 55,061	\$ 55,061
A79	Edwards Lifesciences LLC (GA-07090) ⁵	Heart Valves - The term is being extended to continue providing physician clinically preferred heart valves used in cardiovascular surgical procedures for the Operating Room at Ben Taub Hospital. Additional funds are required to cover the extended term. Public Health or Safety Exemption, Board Motion 21.10-101	Additional Funds Extension Public Health or Safety Exemption December 01, 2021 through November 30, 2022	Douglas Creamer	\$ 67,595	\$ 54,720
A80	Ace Surgical Assistant, LLC ⁵	Surgical Assistant Services for Harris Health System - Additional funds will cover an increased demand for vendor's services. Public Health or Safety Exemption	Ratify Additional Funds Public Health or Safety Exemption January 01, 2022 through December 31, 2022	Glorimar Medina	\$ 100,000	\$ 50,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A81	City of Houston (GA-05919) ⁵	Professional Development Training and Other Training Resources for Employees of Harris Health System - To allow Harris Health System employees continued access to professional development training and other training resources at City of Houston facilities.	Renewal Interlocal Agreement January 06, 2023 through January 05, 2024	Cleveland Black	\$ 20,000	\$ 40,000
A82	Harris County (GA-01021) ⁵	Financial Investment Services for Harris Health System - To continue to provide financial investment services for Harris Health System.	Renewal Interlocal Agreement January 31, 2023 through January 30, 2024	Kari McMichael	\$ 30,616	\$ 30,616
A83	San Jacinto Community College District (HCHD-476) ⁵	Spanish Language Classes for Harris Health System - To provide Spanish language courses to Harris Health employees to enhance communication in and out of the healthcare system.	Ratify Interlocal Agreement September 10, 2022 through September 09, 2023	Gary Marsh	\$ 17,700	\$ 17,700
A84	ATEB, Inc (GA-04561) ⁵	Pharmacy Interactive Voice Response (IVR) Software Maintenance and Support for Harris Health System - The additional funds are required to provide foreign languages for the IVR system recorded pick-up prompts reminders as detailed in Spanish, Vietnamese, and English. Public Health or Safety Exemption, Board Motion 21.01-06	Additional Funds Public Health or Safety Exemption January 01, 2022 through December 31, 2022	Sunny Ogbonnya	\$ 96,000	\$ 8,765
A85	Region 6 Education Service Center ⁵	Educational Purchasing Interlocal Cooperative (EPIC6) - To participate in cooperative purchasing services program offered through Region 6 Education Service Center. The purpose of EPIC6 is to obtain substantial savings for any participating School District, University, College, Community College, City, County or Other Public Agencies through cooperative purchasing.	Approval Interlocal Agreement	Douglas Creamer		\$ 0
A86	Returns R Us, Inc. an Illinois corporation d/b/a Pharma Logistics, Ltd (GA-07359) ¹	Onsite & Box & Ship Returned Goods Service for Harris Health System - To provide Harris Health System with the pick up and processing of outdated, recalled, and overstocked prescription drugs. Premier Healthcare Alliance, L.P. Contract	Ratify Renewal October 09, 2021 through January 31, 2023	Sunny Ogbonnya	\$ (221,438)	\$ (276,798)
					Total Expenditures	\$ 278,615,899
					Total Revenue	\$ (276,798)

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: December 01, 2022 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	ASI Busines Group ³	Discharge patient folders for Harris Health System - To provide discharge folders at Ben Taub and Lyndon B. Johnson in English and Spanish. These folders include tabs that will separate any documentation regarding medications, and follow up appointments. <i>Sole Source Exemption</i>	Purchase Sole Source Exemption	Maureen Padilla		\$ 99,000
B2	Boston Scientific Corporation (PP-OR-1743)¹	Surgical Disposable Scopes - To provide single-patient-use disposable scopes and accessories that provide the visualization to see and record images inside the body. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2 November 01, 2022 through October 31, 2023	Douglas Creamer	\$ 99,000	\$ 99,000
B3	GE Healthcare (PP-IM-411)¹	Contrast Media X-Ray - To provide Harris Health System with iodinated contrast media agents that enhance body structure for general radiography, special procedures, CT scans, and mammography, etc. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2 January 01, 2023 through December 31, 2023	Douglas Creamer	\$ 97,564	\$ 97,564
B4	Debner Inc. (PP-FA-846)¹	Furniture for Quentin Mease - To provide Quentin Mease Renovation project with seating for basement level, levels 1A, 1B, 2A, 2B, and levels 3 and 4. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Purchase Best Offer(s) Meeting Requirements	Teong Chai		\$ 94,302
B5	Craneware, Inc. (GA-07749)³	Chargemaster Toolkit® Software for Harris Health System - To provide Craneware's software solution to assist the hospital to effectively price, charge, code, and retain earned revenue for patient care services and supplies. This solution optimizes reimbursement, increases operational efficiency, minimizes compliance issues, and helps increase revenue. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption December 31, 2022 through December 30, 2023	Ronald Fuschillo	\$ 87,098	\$ 91,453
B6	Hologic, Inc.¹	Bone Densitometry - To replace a malfunctioning bone densitometer past its expected useful life at Lyndon B. Johnson Hospital. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Teong Chai		\$ 90,800
B7	Cardinal Health 200, LLC (GA-06423)³	Prime Distribution Services for Medical/Surgical Supplies for the Harris Health System - To provide additional storage services for existing inventory transitioned from Daryl Flood Warehouse. Additional funds are required to cover the services. <i>Job No. 140281, Board Motion 22.05-67</i>	Additional Funds	Doug Creamer	\$ 1,567,000	\$ 89,907
B8	OrthoScan, Inc.¹	Mobile C-arms - To replace a malfunctioning mini c-arm past its expected useful life at Lyndon B. Johnson Hospital. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	David Attard		\$ 87,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	Baylor College of Medicine (HCHD-353)⁵	Support Services for the Maternal Opioid Misuse (MOM) Model for Harris Health System - To continue to provide support services to pregnant and postpartum women with opioid use disorder and their infants to improve the quality and availability of care. Professional Services Exemption, Board Motion 21.12-113	Renewal Professional Services Exemption January 01, 2023 through December 31, 2023	Kelli Fondren	\$ 141,685	\$ 80,030
B10	Netsync Network Solutions, Inc.² <small>COH MBE - Hispanic Female</small>	VMWare Licenses for Harris Health System - To provide VMWare licenses needed for the Unified Communications technology refresh of servers that support the Voice Over IP telephone system for the organization. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Low quote	Ronald Fuschillo		\$ 79,593
B11	Set Solutions, Inc. (HCHD – 362)⁵	Patient Privacy Monitoring Software for Harris Health System - To provide for proactive patient privacy monitoring software to adhere to the organization's HIPAA privacy standards. Choice Partners, a division of Harris County Department of Education Cooperative Program	Renewal February 04, 2023 through February 03, 2024	Jeffrey Vinson	\$ 74,995	\$ 74,995
B12	Letourneau Interests Inc. (PA-FF-859)¹	Furniture for Quentin Mease - To provide Quentin Mease Renovation project with tables and chairs. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 73,311
B13	Beaver-Visitec International³	Ophthalmic Diode Laser - To provide an ophthalmic diode laser used to coagulate abnormal vascular tissue in the retina for Ben Taub Hospital. Sole Source Exemption	Award Sole Source Exemption	Teong Chai		\$ 73,067
B14	Avanos Medical Inc (AD-NS-1223)¹	Closed Ventilation Suction - To provide Harris Health System with products used in neonate, pediatric and adult patients to aspirate or suction the bronchial tree or trachea with an endotracheal tube (ET) tube or tracheostomy. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) July 01, 2022 through June 30, 2023	Doug Creamer	\$ 71,549	\$ 71,549
B15	Mar Cor Purification, Inc.⁵	Reverse Osmosis Water Purification System - To provide three (3) RO water purification systems to be utilized for travel dialysis and address the treatment needs for critically ill patients in the Intensive Care Unit and Emergency Center at Lyndon B. Johnson Hospital. Public Health or Safety Exemption	Purchase Public Health or Safety Exemption	Teong Chai		\$ 69,911
B16	Draeger Inc.¹	Anesthesia Equipment, Accessories and Supplies - To replace one anesthesia machine that is past its expected useful life at Lyndon B. Johnson Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Contract(s)	Teong Chai		\$ 69,841
B17	Sentact LLC (GA-06698)⁵	Tracer Template Program (Rounding Application) for Harris Health System - To continue to provide best practice tracer templates used to capture Det Norske Veritas (DNV) measures of success and provide a centralized method of validating levels of compliance. Job No. 160188	Renewal February 23, 2023 through February 22, 2024	Vivian Trang Ho-Nguyen	\$ 52,164	\$ 66,960

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B18	Sterling (HCHD-657)⁵	Nonprofit Management Consulting Services for Harris Health System - To develop and help implement nonprofit management strategies for Harris Health System. <i>Personal Services Exemption</i>	Renewal Personal Services Exemption January 11, 2023 through January 10, 2024	Carolynn Jones	\$ 66,000	\$ 66,000
B19	Gartner, Inc (DIR-TSO-4099) (HCHD-771)²	IT Research and Advisory Subscription Services for Harris Health System - To provide Harris Health System with one (1) Gartner for Technical Professionals Team Leader and four (4) Gartner for Technical Professionals Team Member levels of access. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Renewal February 01, 2023 through January 31, 2024	Vinh Trugon	\$ 31,035	\$ 65,175
B20	Santa Maria Hostel, Inc. (HCHD-352)⁵	Support Services for the Maternal Opioid Misuse (MOM) Model for Harris Health System - To continue to provide support services to pregnant and postpartum women with opioid use disorder and their infants to improve the quality and availability of care. <i>Public Health or Safety Exemption</i>	Renewal Public Health or Safety Exemption January 01, 2023 through December 31, 2023	Kelli Fondren	\$ 68,485	\$ 62,256
B21	Covidien Sales LLC (AD-OR-1943)¹	Endotracheal Tubes and Related Products - To provide Harris Health System with endotracheal tubes, stylets and pharyngeal airways and holders. <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2 January 01, 2023 through December 31, 2023	Douglas Creamer		\$ 61,673
B22	Diligent Corporation (GA-07143)³	Diligent Boards Software Subscription for Harris Health System - To provide for Diligent Boards which is an IT standard software used by the Board of Trustees to access all of the agendas, documents, annotations, and discussions of board meetings online through a secure portal. <i>Sole Source Exemption</i>	Renewal Sole Source Exemption February 13, 2023 through February 12, 2024	Ronald Fuschillo	\$ 53,030	\$ 55,682
B23	TB&A Hospital Television Inc. (PP-FA-793)¹	Television hardware and interactive software systems - To provide televisions for patients at the Dialysis clinic at Quentin Mease. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Tim Tatum		\$ 51,434
B24	Biotronik, Inc. (HCHD-708)¹	Drug Eluting Coronary Stents - To provide the consignment of tubular metallic scaffolds coated with antiproliferative drugs and placed during a percutaneous coronary intervention. Additional funds are required to cover the consigned inventory. <i>Premier Healthcare Alliance, L.P. Contract</i>	Additional Funds	Douglas Creamer	\$ 47,000	\$ 27,085
B25	Clark/Linbeck - LBJ Hospital, a Joint Venture⁴	Construction Manager at Risk for the Construction of the Lyndon B. Johnson Hospital Replacement Project for Harris Health System - The County Attorney's Office is preparing Agreements for these services. Award is subject to execution of the First Amendment. If Harris Health System and Clark/Linbeck – LBJ Hospital, a Joint Venture are unable to agree on an executable contract the Harris Health System, at its sole discretion, may discontinue negotiations and proceed to negotiate with the next ranking offeror. <i>Job No. 22/0056</i>	Additional Funds	Babak Zare	\$ 950,000	\$ 0
					Total Expenditures	\$ 1,797,588

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
					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, November 10, 2022

Consideration of Approval of Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments for Eligible Harris Health Patients for Calendar Year 2023

Harris Health System has worked with Community Health Choice, Inc., since 2017 to assist in the enrollment of eligible Harris Health indigent patients into the appropriate Marketplace plans. The agreement between Harris Health and Community Health Choice for the Marketplace enrollment of Harris Health patients will automatically renew on December 31, 2022, subject to approval of the annual funding of premium subsidies for Calendar Year 2023.

In addition to providing subsidies for eligible indigent patients, Harris Health began an additional subsidy program in 2021 for eligible Harris Health low-income patients (uninsured self-pay) with household incomes between 150% and 200% of the Federal Poverty Level (FPL), and plans to continue that program in 2023.

The projected subsidy cost for 2023 is substantially lower than prior years, primarily as a result of Community Health Choice plan pricing that was much closer to the price of the Benchmark plan for Harris County than in 2022 and earlier years. The average price of the Benchmark plan increased by 25.1 percent in 2023, while the average price of the specific Community plan for Harris Health subsidized members only increased by 11.6 percent from 2022 to 2023. Please see the attached Executive Summary and Annual Trend report for more information about the Harris Health Marketplace Subsidy Program.

Administration requests that the Board of Trustees authorize Harris Health System to provide, and Community Health Choice, Inc. to accept, the non-federal subsidy payments for those indigent and low-income patients for the insurance coverage term of January 1, 2023 through December 31, 2023. The total premium subsidies shall not exceed \$3,000,000.

Executive Summary – Marketplace Subsidy Program for Calendar 2023

As of September 30, 2022, Harris Health has 93,099 unique participants in the Financial Assistance Program. Participants must be uninsured residents of Harris County with household income under 150 percent of the federal poverty limit (FPL) who have applied for the Program, and provided sufficient documentation to support residency and income requirements.

There are 20,892 of those Financial Assistance Program patients also enrolled in a Silver 94 (for eligible applicants under 150% FPL) Marketplace insurance plan sponsored by Community Health Choice. Another 3,054 patients in the 150 – 200% FPL window are enrolled in a Silver 87 plan. Harris Health System has worked with Community Health Choice since 2017, enrolling eligible Harris Health indigent patients into the appropriate Marketplace plan(s).

Plan participation grew steadily from 2017 to 2021, and has now stabilized at around 24,000 average monthly members, optimizing the Marketplace enrollment of eligible Harris Health Financial Assistance Program patients.

The attached summary report highlights the positive impact of the Marketplace strategy for Harris Health and its Financial Assistance patients. For the last completed year (Calendar 2021) Harris Health subsidized \$33.3 million in individual premiums, while the federal government provided \$162.4 million in APTC (Advance Premium Tax Credit) funding to Community Health Choice for these patients. Harris Health and the medical schools were reimbursed \$79.8 million for healthcare services provided to this patient population in Harris Health facilities, exceeding the premium subsidies by \$46.5 million.

Sponsored patients also received \$104.2 million in healthcare services from other providers in Harris County in Calendar 2021. In total, \$184.0 million of healthcare service claims were paid for these subsidized patients, leveraging the Harris Health subsidy of \$33.3 million.

While Calendar 2022 is not yet completed, the annualized results reflect comparable success for the subsidy program. The reduction in subsidies in 2022 from 2021 was primarily the result of the full year's impact of the enhanced APTC that was begun in mid-2021; the increased federal contribution reduced the individual premiums and related Harris Health subsidies. The enhanced APTC was recently extended through Calendar 2025.

The projected Marketplace subsidy cost of \$3.0 million for 2023 is substantially lower than prior years, primarily as a result of Community Health Choice 2023 plan pricing that was much closer to the price of the Benchmark plan for Harris County than in 2022 and earlier years. The average price of the Benchmark plan increased by 25.1 percent in 2023, while the average price of the specific Community plan for Harris Health subsidized members only increased by 11.6 percent from 2022 to 2023. On average, the Community plan was \$2.62 per month higher than the 2023 Benchmark plan for the Silver 94 product. The enhanced APTC is designed to cover 100% of the Benchmark plan premium cost for the Silver 94 plan.

The projection for Calendar 2023 is to replicate the successes of prior years. In fact, with the significant reduction in subsidy costs, 2023 should reflect the best performance since the inception of the Marketplace subsidy program in 2017.

The impact of the Affordable Care Act, and the creation of the Marketplace Health Insurance program has been very beneficial to Harris Health System. Prior to the ACA, Harris Health's commercial payor mix was approximately 2% of overall payor activity. The creation of the Marketplace – before the implementation of the Harris Health subsidy program – grew the commercial payor activity to about 6% of the overall mix, as low-income individuals signed up for the newly affordable coverage on their own.

The addition of the subsidy program and the increase in Harris Health subsidized members has grown the commercial payor mix to roughly 16.5% of the overall payor mix, enhancing reimbursement for services, and easily covering the cost of the subsidy payments. In addition, the Community Health Choice Marketplace plans offer participating patients access to timely healthcare services anywhere in the contracted provider network for the plans, helping to mitigate the physical capacity limitations of existing Harris Health facilities and services.

**Harris Health System
Marketplace Subsidy Program
Annual Trends**

	2018 Actual	2019 Actual	2020 Actual	2021 Actual (1)	2022 Annualized (2)	2023 Projected (3)
Average Monthly Membership						
1. Silver 94 (0 - 150% FPL)	9,497	12,935	18,642	20,500	20,892	21,193
2. Silver 87 (150 - 200% FPL)	N/A	N/A	N/A	3,037	3,054	3,046
3. Average Total Membership	9,497	12,935	18,642	23,537	23,946	24,239
4. Average Member Age	53	53	54	52	53	54
Premium Dollars:						
5. Total Premium	\$80,108,283	\$113,576,687	\$172,932,531	\$195,714,262	\$195,076,905	\$220,369,093
6. Federal APTC	\$66,032,421	\$90,942,203	\$136,718,426	\$162,393,845	\$171,166,778	\$217,369,093
7. Member Premium (Harris Subsidy)	\$14,075,862	\$22,634,484	\$36,214,105	\$33,320,417	\$23,910,127	\$3,000,000
Average Monthly Premium:						
8. Total CHC Premium	\$702.93	\$731.71	\$773.04	\$692.93	\$678.88	\$757.64
9. Federal APTC	\$579.41	\$585.89	\$611.16	\$574.96	\$595.67	\$747.33
10. APTC % of Total CHC Premium	82.4%	80.1%	79.1%	83.0%	87.7%	98.6%
11. Member Premium (Subsidy) / Month	\$123.51	\$145.82	\$161.88	\$117.97	\$83.21	\$10.31
12. Benchmark Premium (Average Age)	\$624.41	\$630.89	\$656.16	\$598.38	\$603.67	\$755.02
13. APTC % of Total Benchmark Premium	92.8%	92.9%	93.1%	96.1%	98.7%	99.0%
14. Harris Commercial Payor % (4)	8.55%	9.36%	11.07%	16.10%	16.54%	16.54%
15. Harris Health Facility Services Reimb	\$20,948,682	\$47,618,249	\$46,373,593	\$79,812,232	\$77,254,500	\$78,000,000
16. Other Locations Provider Reimb	\$27,412,080	\$45,282,898	\$81,513,551	\$104,230,936	\$110,315,000	\$112,000,000
17. Total Services to Members	\$48,360,762	\$92,901,147	\$127,887,144	\$184,043,168	\$187,569,500	\$190,000,000

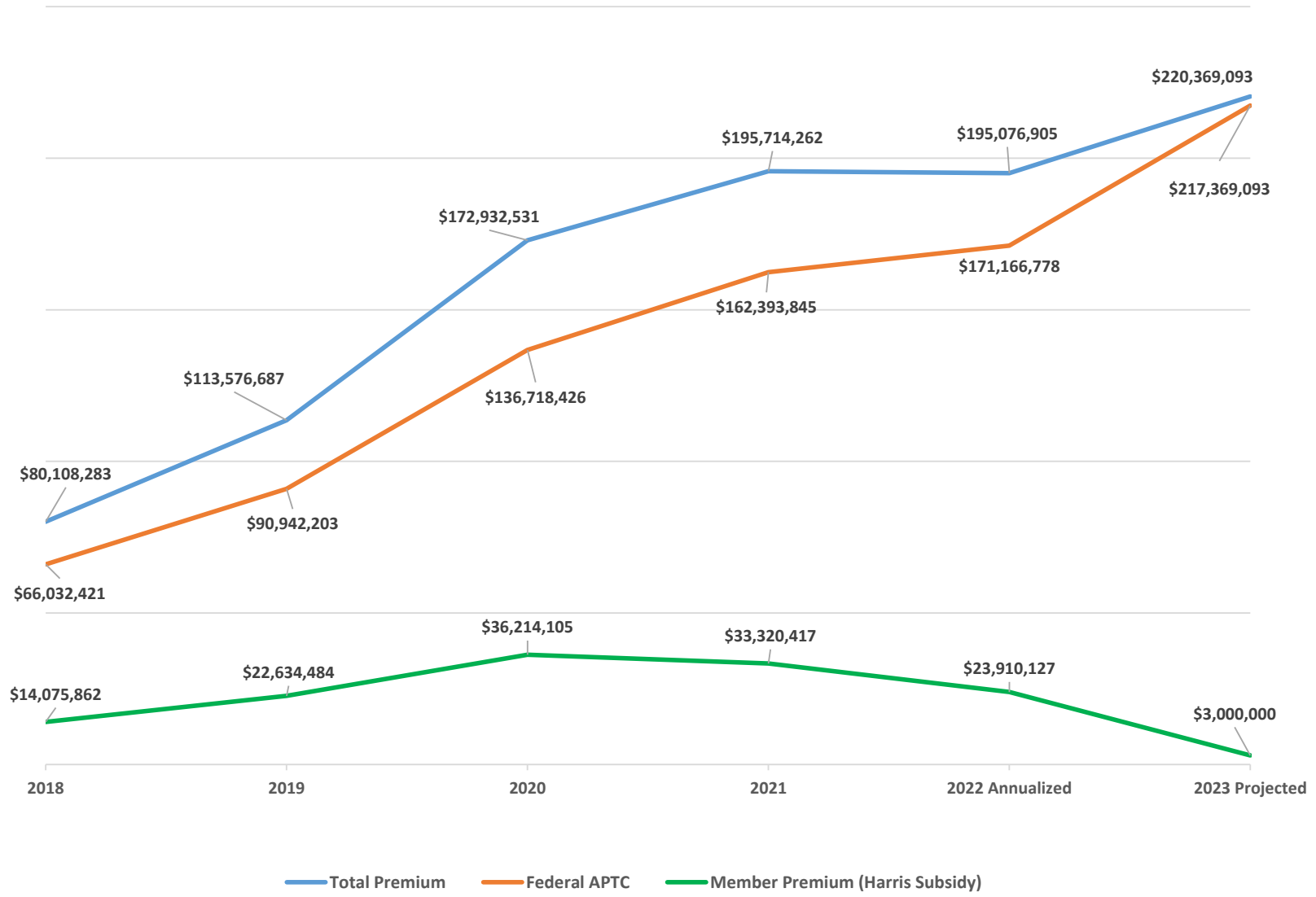
Note (1) 2021 Actual numbers are still subject to minor revision, as reporting is updated.

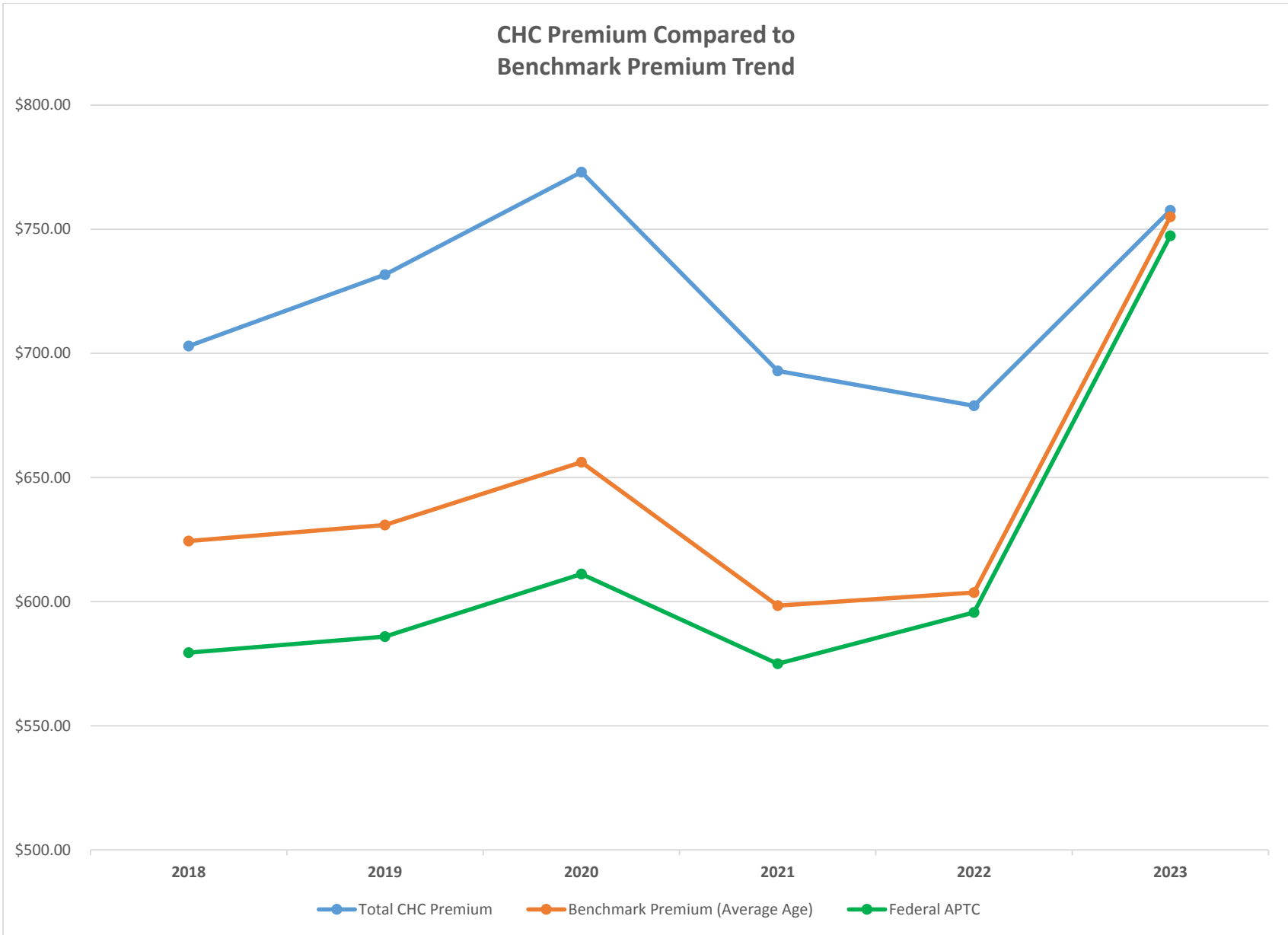
Note (2) 2022 Annualized numbers are based on year-to-date September membership and premiums, and June claims paid.

Note (3) 2023 Projected numbers are based on current year (2022) active membership.

Note (4) Commercial payor mix reflects the Harris fiscal year ending two months after each calendar year; for example FY 2022 for CY 2021.

Marketplace Premium Dollar Trend





Thursday, November 10, 2022

Consideration of Acceptance of the Harris Health System September 2022
Financial Report Subject to Audit

Attached for your review and consideration is the September 2022 Financial Report for the fiscal year ended September 30, 2022.

Administration recommends that the Board accept the financial report for the period ended September 30, 2022, subject to final audit.



Financial Statements

As of September 30, 2022



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Financial Highlights Review



As of September 30, 2022

Operating loss for the short fiscal year ended September 30 was \$145.6 million compared to budgeted income of \$26.2 million.

Total net revenue at September of \$1,095.9 million was \$244.8 million or 18.3% less than budget. Ad valorem tax revenue was \$477.1 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 was 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 is recognized during the stub period of March 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.

On September 1, 2022, the Texas Health and Human Services Commission (HHSC) announced that it received approval from CMS to implement Hospital Augmented Reimbursement Program (HARP) for non-state government-owned and operated hospitals. The approval is retroactive to October 1, 2021 and covers the entire federal fiscal year 2022. As a result, the System posted \$237.6 million in HARP revenues under Medicaid Supplemental programs. Also in September, Provider Relief Funds were recognized and resulted in \$20.9 million in COVID CARES Act income.

At September 30, total expenses of \$1,241.6 million were \$73.0 million or 5.6% less than budget. Due to the fiscal year transition, annual actuarial valuations were recorded for benefit plans (pension plan and post-employment health benefit) resulting in a net decrease of \$38.8 million favorable to budget. Other favorable trends were noted in purchased services and supplies.

Through September of the short fiscal year, total patient days and average daily census increased 2.2% compared to budget. Inpatient case mix index, a measure of patient acuity, was 5.2% lower and length of stay 2.2% lower than planned. Emergency room visits were up 5.4% from budget year-to-date. Total clinic visits, including telehealth, were 11.4% lower compared to budget; however, births were up 14.2%.

The System has \$822.8 million in unrestricted cash, cash equivalents and investments, representing 146.8 days cash on hand. Harris Health System has \$114.9 million in net accounts receivable, representing 62.0 days of outstanding patient accounts receivable at September 30, 2022. The September balance sheet reflects a combined net receivable position of \$467.2 million under the various Medicaid Supplemental programs.

Income Statement

As of September 30, 2022 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 58.0	\$ 60.3	-3.8%	\$ 396.5	\$ 431.4	-8.1%	\$ 482.1	-17.8%
Medicaid Supplemental Programs	281.8	37.7	647.6%	583.3	341.0	71.1%	380.3	53.4%
Other Operating Revenue	10.2	10.6	-3.4%	67.4	74.6	-9.6%	24.9	171.0%
Total Operating Revenue	\$ 350.0	\$ 108.6	222.3%	\$ 1,047.2	\$ 847.0	23.6%	\$ 887.2	18.0%
Net Ad Valorem Taxes	3.0	68.5	-95.7%	2.2	479.4	-99.5%	459.8	-99.5%
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	23.0	0.2	15045.3%	29.7	1.1	2687.0%	1.2	2331.0%
Total Nonoperating Revenue	\$ 26.0	\$ 68.6	-62.1%	\$ 48.7	\$ 493.7	-90.1%	\$ 474.3	-89.7%
Total Net Revenue	\$ 376.0	\$ 177.2	112.2%	\$ 1,095.9	\$ 1,340.7	-18.3%	\$ 1,361.6	-19.5%
EXPENSE								
Salaries and Wages	\$ 77.8	\$ 77.4	-0.5%	\$ 510.4	\$ 513.2	0.5%	\$ 449.1	-13.7%
Employee Benefits	(15.1)	24.0	163.2%	120.7	167.4	27.9%	152.3	20.8%
Total Labor Cost	\$ 62.6	\$ 101.4	38.2%	\$ 631.1	\$ 680.6	7.3%	\$ 601.3	-4.9%
Supply Expenses	23.2	23.2	0.1%	162.8	171.3	5.0%	158.2	-2.9%
Physician Services	32.6	32.8	0.5%	245.7	241.0	-1.9%	217.3	-13.0%
Purchased Services	19.4	24.8	21.5%	151.6	173.3	12.5%	166.6	9.0%
Depreciation & Interest	8.8	6.9	-27.0%	50.4	48.4	-4.3%	41.0	-23.0%
Total Operating Expense	\$ 146.7	\$ 189.1	22.4%	\$ 1,241.6	\$ 1,314.5	5.6%	\$ 1,184.4	-4.8%
Operating Income (Loss)	\$ 229.3	\$ (11.9)		\$ (145.6)	\$ 26.2		\$ 177.1	
Total Margin %	61.0%	-6.7%		-13.3%	2.0%		13.0%	

Balance Sheet

HARRISHEALTH
SYSTEM

September 30, 2022 and 2021 (In \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 822.8	\$ 852.5
Net Patient Accounts Receivable	114.9	112.1
Net Ad Valorem Taxes, Current Portion	-	454.4
Other Current Assets	578.0	324.8
Total Current Assets	\$ 1,515.7	\$ 1,743.7
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 418.8	\$ 446.6
Construction in Progress	166.3	93.6
Right of Use Assets	46.6	-
Total Capital Assets	\$ 631.8	\$ 540.1
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 39.9	\$ 50.4
LPPF Restricted Cash	71.0	104.4
Capital Gift Proceeds	45.3	-
Other - Restricted	1.1	1.1
Total Assets Limited As to Use & Restricted Assets	\$ 157.3	\$ 155.9
Other Assets	20.6	11.7
Deferred Outflows of Resources	188.5	179.3
Total Assets & Deferred Outflows of Resources	\$ 2,513.9	\$ 2,630.7
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 230.9	\$ 300.2
Employee Compensation & Related Liabilities	124.4	136.6
Estimated Third-Party Payor Settlements	13.5	8.6
Current Portion Long-Term Debt and Capital Leases	20.7	12.2
Total Current Liabilities	\$ 389.6	\$ 457.7
Long-Term Debt	333.4	308.1
Net Pension & Post Employment Benefits Liability	600.7	736.2
Other Long-Term Liabilities	8.1	24.3
Deferred Inflows of Resources	218.7	112.4
Total Liabilities	\$ 1,550.5	\$ 1,638.8
Total Net Assets	\$ 963.4	\$ 991.9
Total Liabilities & Net Assets	\$ 2,513.9	\$ 2,630.7

Cash Flow Summary

As of September 30, 2022 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 68.3	\$ 59.7	\$ 410.2	\$ 470.7
Medicaid Supplemental Programs	(147.1)	2.6	332.7	353.9
Net Ad Valorem Taxes	0.9	1.0	28.8	51.1
Tobacco Settlement	-	-	16.7	13.3
Other Revenue	4.3	5.0	105.7	35.6
Total Cash Receipts	\$ (73.6)	\$ 68.3	\$ 894.2	\$ 924.5
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 116.2	\$ 84.2	\$ 720.3	\$ 549.5
Supplies	27.1	28.9	169.9	163.7
Physician Services	32.2	29.5	250.3	219.5
Purchased Services	18.8	15.9	131.6	127.6
Capital Expenditures	11.2	5.9	64.5	46.2
Debt and Interest Payments	0.3	0.3	6.6	6.6
Other Uses	(5.8)	9.2	(38.9)	49.6
Total Cash Disbursements	\$ 200.0	\$ 173.9	\$ 1,304.3	\$ 1,162.6
Net Change	\$ (273.5)	\$ (105.6)	\$ (410.1)	\$ (238.1)

Unrestricted Cash, Cash Equivalents and Investments - February 28, 2022	\$ 1,232.9
Net Change	(410.1)
Unrestricted Cash, Cash Equivalents and Investments - September 30, 2022	\$ 822.8

Performance Ratios

As of September 30, 2022

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	61.0%	-6.7%	-13.3%	2.0%	13.0%
Run Rate per Day (In\$ Millions)	\$ 4.6	\$ 6.1	\$ 5.6	\$ 5.9	\$ 5.4
Salary, Wages & Benefit per APD	\$ 1,549	\$ 2,636	\$ 2,324	\$ 2,450	\$ 2,268
Supply Cost per APD	\$ 574	\$ 604	\$ 599	\$ 616	\$ 597
Physician Services per APD	\$ 807	\$ 853	\$ 905	\$ 867	\$ 820
Total Expense per APD	\$ 3,627	\$ 4,917	\$ 4,572	\$ 4,732	\$ 4,467
Overtime as a % of Total Salaries	5.5%	2.8%	3.7%	3.0%	3.6%
Contract as a % of Total Salaries	10.4%	4.8%	9.4%	5.2%	3.7%
Full-time Equivalent Employees	9,840	10,334	9,744	10,149	9,110
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			3.8		3.7
Unrestricted Cash (In \$ Millions)			\$ 822.8	\$ 687.4	\$ 852.5
Days Cash on Hand			146.8	115.6	158.5
Days Revenue in Accounts Receivable			62.0	53.8	49.8
Days in Accounts Payable			47.8		41.6
Capital Expenditures/Depreciation & Amortization			174.9%		133.0%
Average Age of Plant(years)			10.7		12.9

Harris Health System Key Indicators



Statistical Highlights

As of September 30, 2022

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	40,444	38,468	5.1%	271,573	277,815	-2.2%	265,135	2.4%
Outpatient % of Adjusted Volume	60.5%	63.5%	-4.7%	62.2%	63.5%	-2.1%	62.7%	-0.8%
Primary Care Clinic Visits	47,100	42,977	9.6%	298,122	307,974	-3.2%	242,073	23.2%
Specialty Clinic Visits	20,973	21,675	-3.2%	144,518	154,658	-6.6%	135,995	6.3%
Telehealth Clinic Visits	11,821	18,590	-36.4%	85,398	133,443	-36.0%	162,355	-47.4%
Total Clinic Visits	79,894	83,242	-4.0%	528,038	596,075	-11.4%	540,423	-2.3%
Emergency Room Visits - Outpatient	11,782	9,874	19.3%	80,145	75,989	5.5%	77,405	3.5%
Emergency Room Visits - Admitted	1,750	1,397	25.3%	11,308	10,762	5.1%	10,978	3.0%
Total Emergency Room Visits	13,532	11,271	20.1%	91,453	86,751	5.4%	88,383	3.5%
Surgery Cases - Outpatient	883	1,000	-11.7%	6,425	7,347	-12.5%	5,610	14.5%
Surgery Cases - Inpatient	831	840	-1.1%	5,537	5,853	-5.4%	5,287	4.7%
Total Surgery Cases	1,714	1,840	-6.8%	11,962	13,200	-9.4%	10,897	9.8%
Total Outpatient Visits	132,998	149,544	-11.1%	889,749	1,070,809	-16.9%	1,026,944	-13.4%
Inpatient Cases (Discharges)	2,503	2,301	8.8%	17,223	16,627	3.6%	16,038	7.4%
Outpatient Observation Cases	918	1,177	-22.0%	7,755	7,995	-3.0%	8,034	-3.5%
Total Cases Occupying Patient Beds	3,421	3,478	-1.6%	24,978	24,622	1.4%	24,072	3.8%
Births	508	444	14.4%	3,100	2,715	14.2%	2,724	13.8%
Inpatient Days	15,972	14,056	13.6%	102,756	101,380	1.4%	98,982	3.8%
Outpatient Observation Days	2,890	3,725	-22.4%	24,981	23,637	5.7%	24,037	3.9%
Total Patient Days	18,862	17,781	6.1%	127,737	125,017	2.2%	123,019	3.8%
Average Daily Census	628.7	592.7	6.1%	596.9	584.2	2.2%	574.9	3.8%
Average Operating Beds	680	670	1.5%	681	681	0.0%	659	3.3%
Bed Occupancy %	92.5%	88.5%	4.5%	87.7%	85.8%	2.2%	87.2%	0.5%
Inpatient Average Length of Stay	6.38	6.11	4.5%	5.97	6.10	-2.2%	6.17	-3.3%
Inpatient Case Mix Index (CMI)	1.714	1.799	-4.7%	1.706	1.799	-5.2%	1.772	-3.7%
Payor Mix (% of Charges)								
Charity & Self Pay	46.2%	47.8%	-3.3%	46.7%	47.8%	-2.3%	48.2%	-3.1%
Medicaid & Medicaid Managed	23.5%	20.5%	14.7%	22.7%	20.5%	10.8%	20.6%	10.3%
Medicare & Medicare Managed	11.6%	12.4%	-6.4%	11.0%	12.4%	-11.0%	12.4%	-10.9%
Commercial & Other	18.7%	19.2%	-2.8%	19.5%	19.2%	1.8%	18.9%	3.7%
Total Unduplicated Patients - Rolling 12				247,496			258,613	-4.3%
Total New Patient - Rolling 12				83,189			81,729	1.8%

Harris Health System

Statistical Highlights

September FY STUB

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,421	3,478	3,331

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
24,978	24,622	24,072

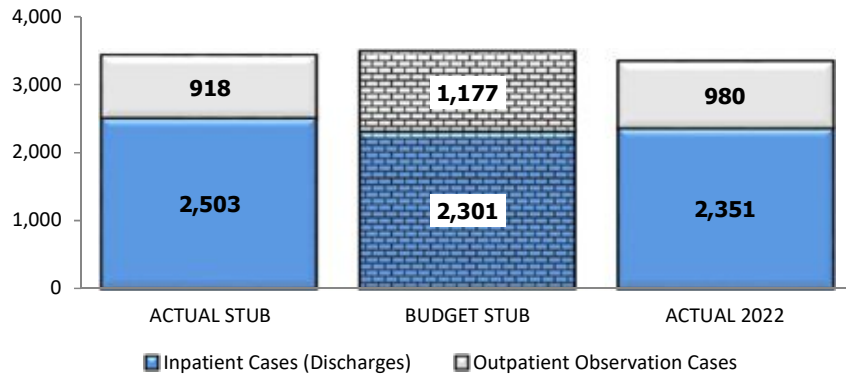
Emergency Visits - CM

Actual	Budget	Prior Year
13,532	11,271	11,323

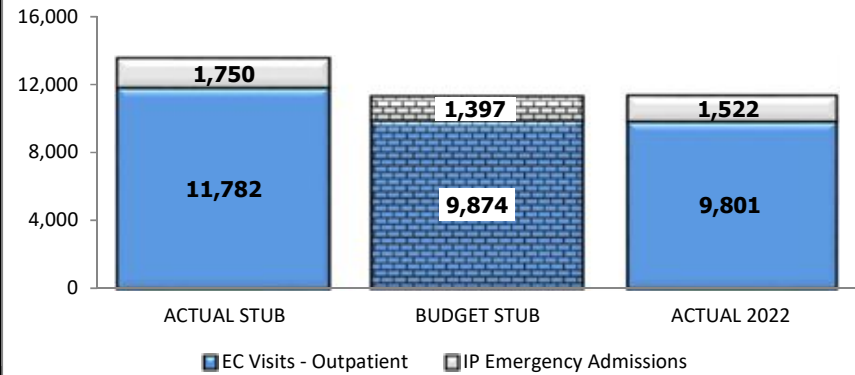
Emergency Visits - YTD

Actual	Budget	Prior Year
91,453	86,751	88,383

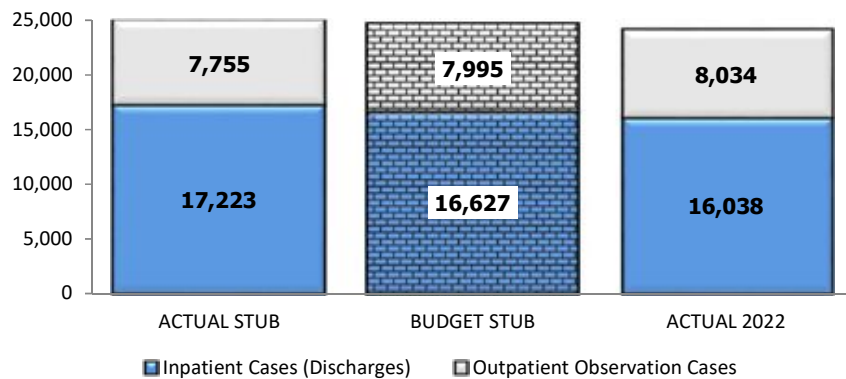
Cases Occupying Beds - Current Month



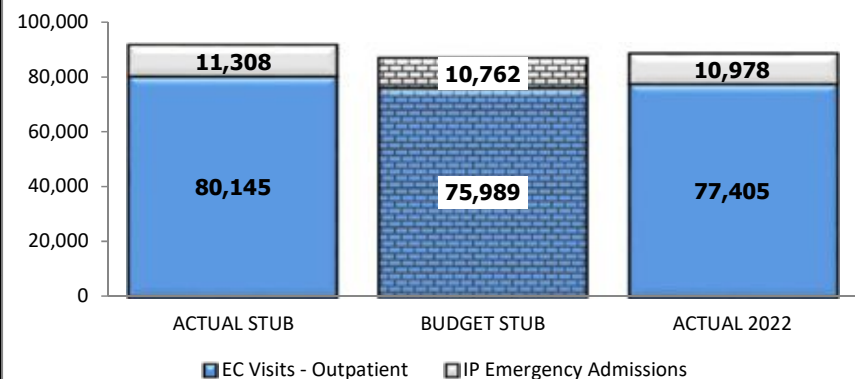
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

September FY STUB

Surgery Cases - CM

Actual	Budget	Prior Year
1,714	1,840	1,387

Surgery Cases - YTD

Actual	Budget	Prior Year
11,962	13,200	10,897

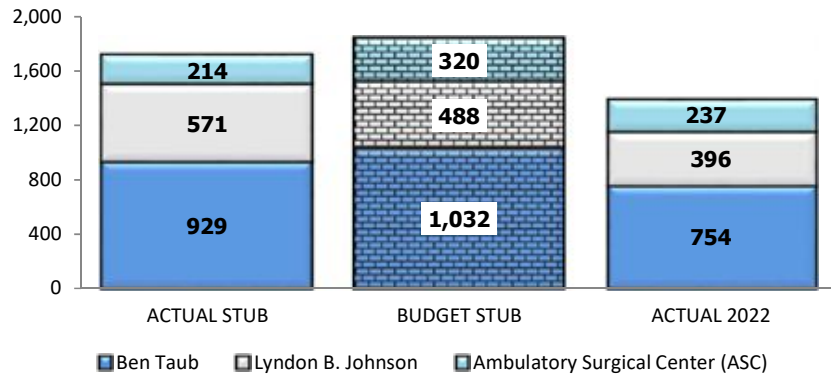
Clinic Visits - CM

Actual	Budget	Prior Year
79,894	83,242	71,179

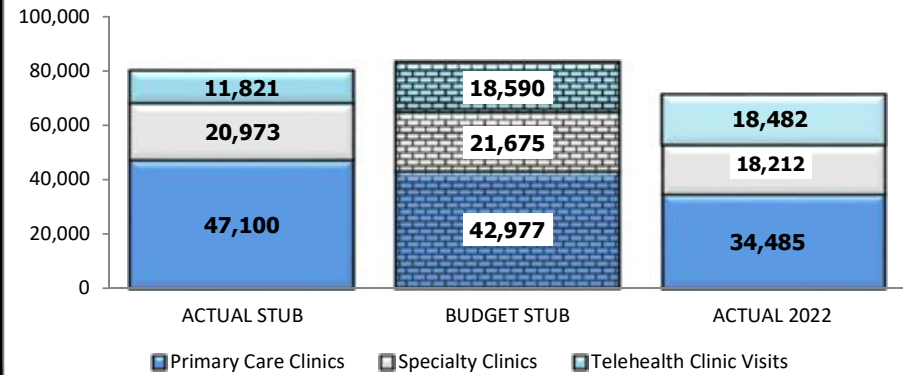
Clinic Visits - YTD

Actual	Budget	Prior Year
528,038	596,075	540,423

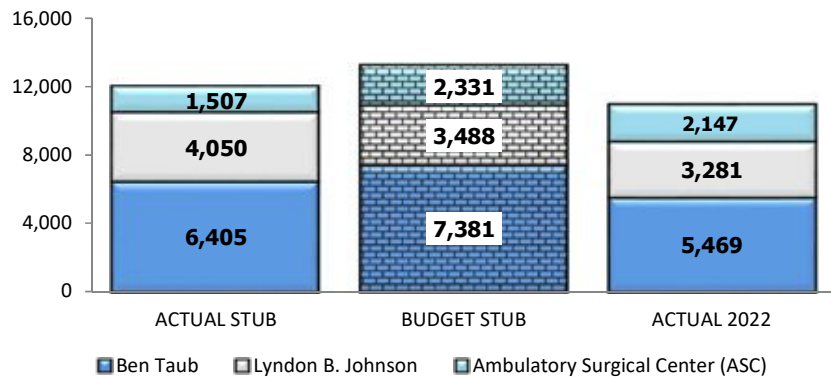
Surgery Cases - Current Month



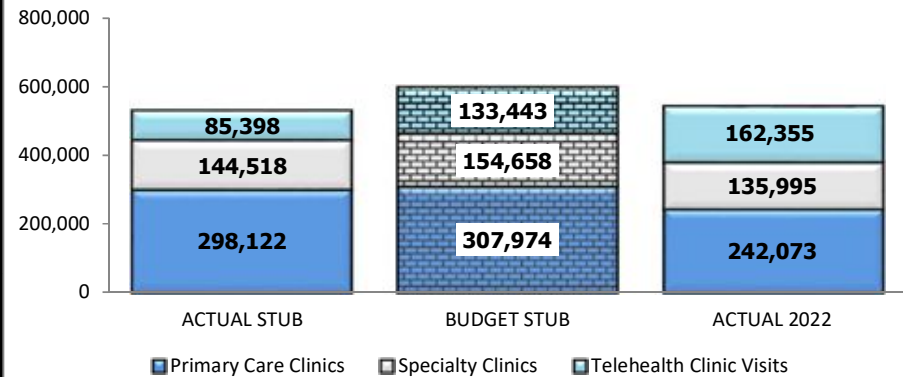
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

September FY STUB

Adjusted Patient Days - CM

40,444

Adjusted Patient Days - YTD

271,573

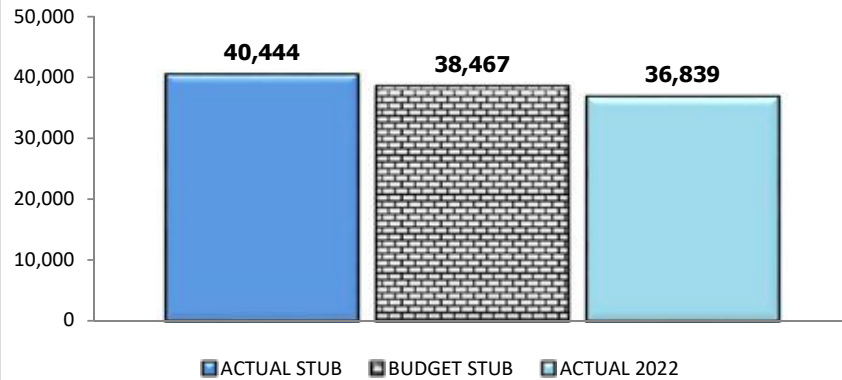
Average Daily Census - CM

628.7

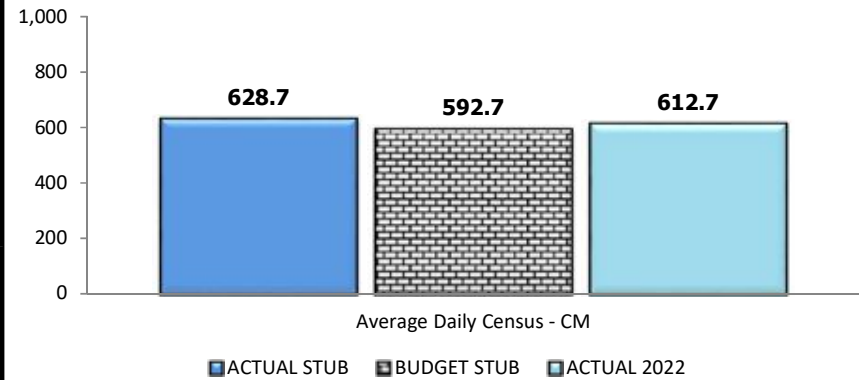
Average Daily Census - YTD

596.9

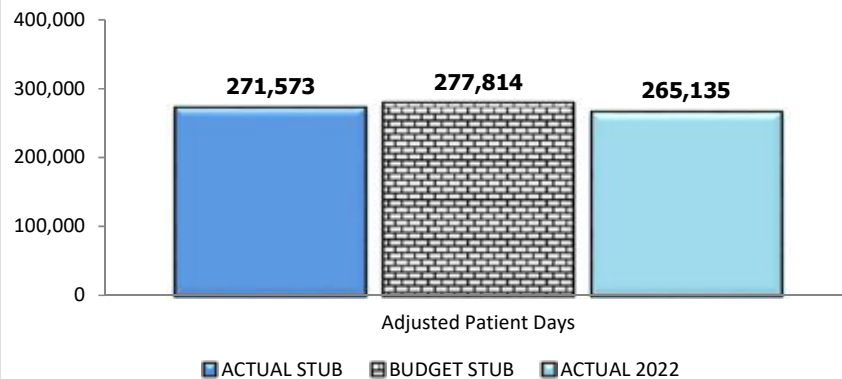
Adjusted Patient Days - Current Month



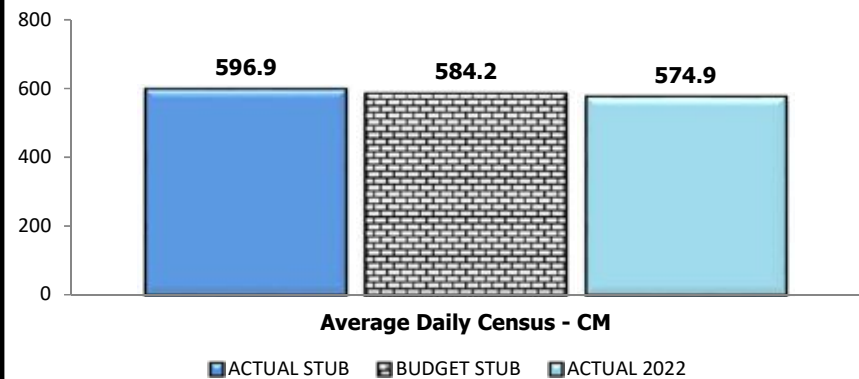
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

September FY STUB

Inpatient ALOS - CM

6.38

Inpatient ALOS - YTD

5.97

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.714

1.924

Case Mix Index (CMI) - YTD

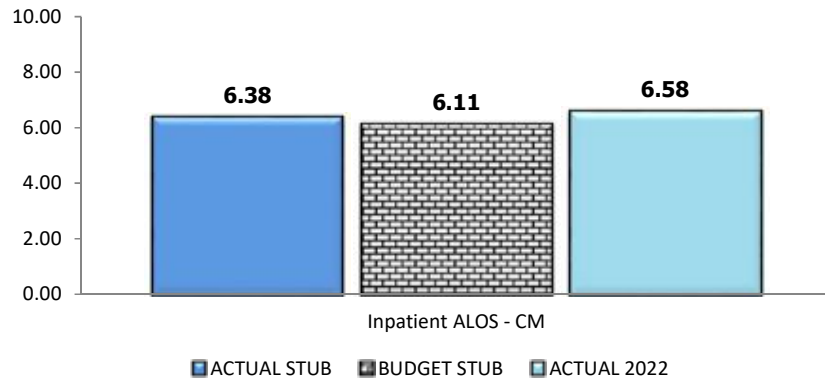
Overall

Excl. Obstetrics

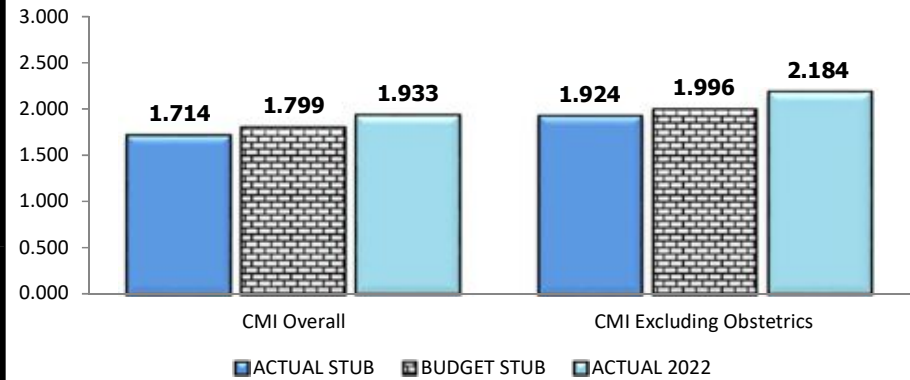
1.706

1.885

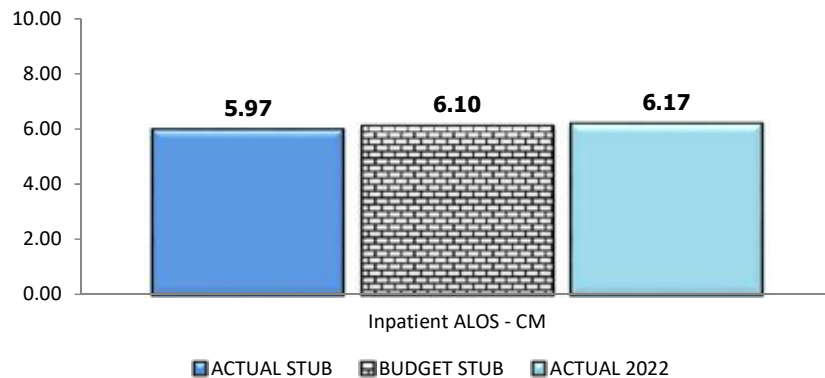
Inpatient ALOS - Current Month



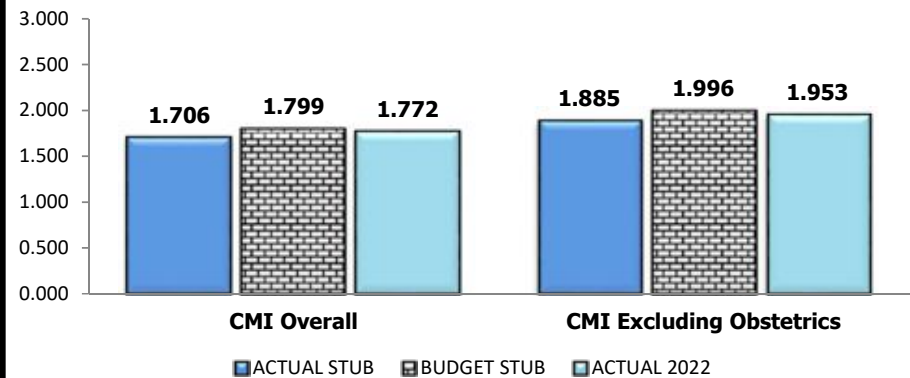
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

September FY STUB

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,050	2,084	2,038

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,819	14,930	14,731

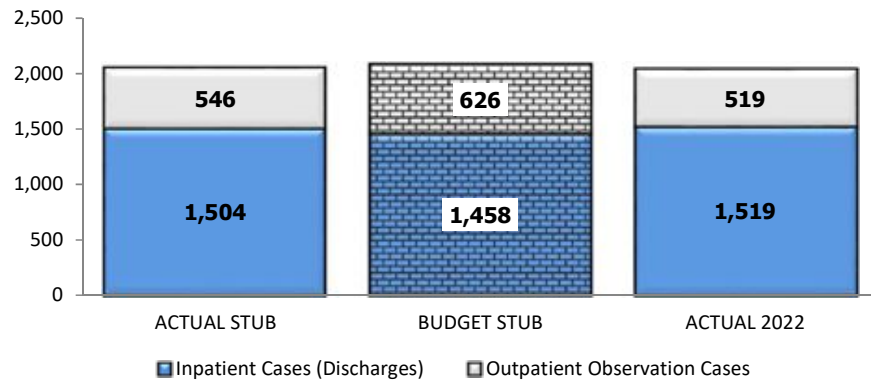
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,371	1,394	1,293

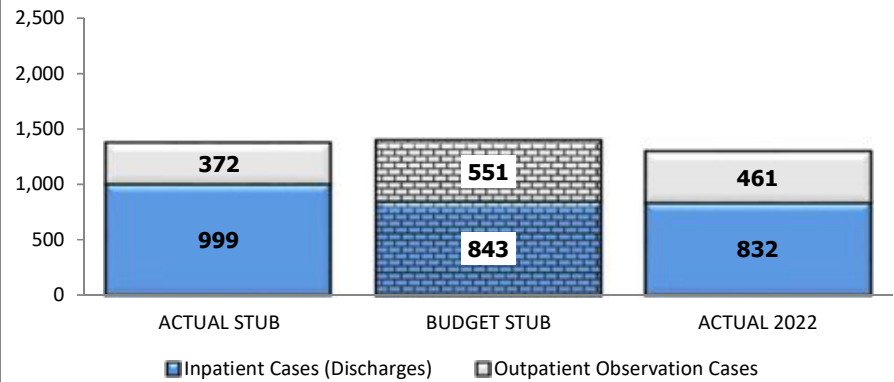
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
10,159	9,692	9,341

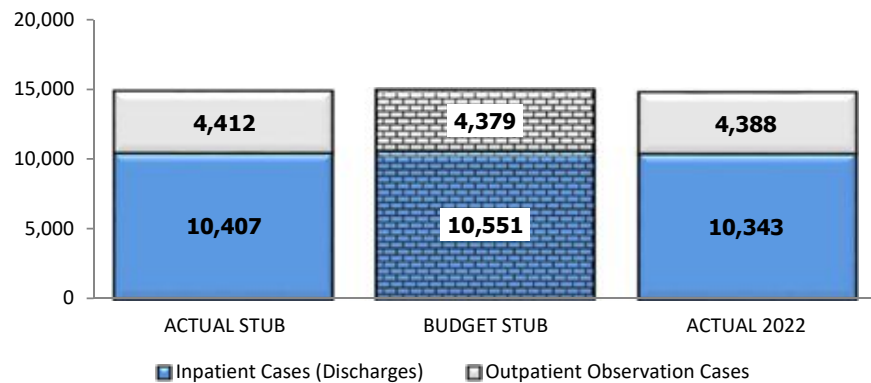
Ben Taub Cases - Current Month



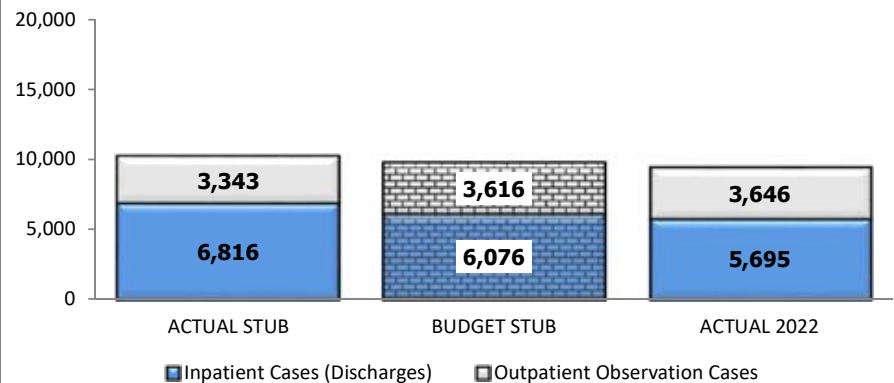
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

September FY STUB

BT Surgery Cases - CM

Actual	Budget	Prior Year
929	1,032	754

BT Surgery Cases - YTD

Actual	Budget	Prior Year
6,405	7,381	5,469

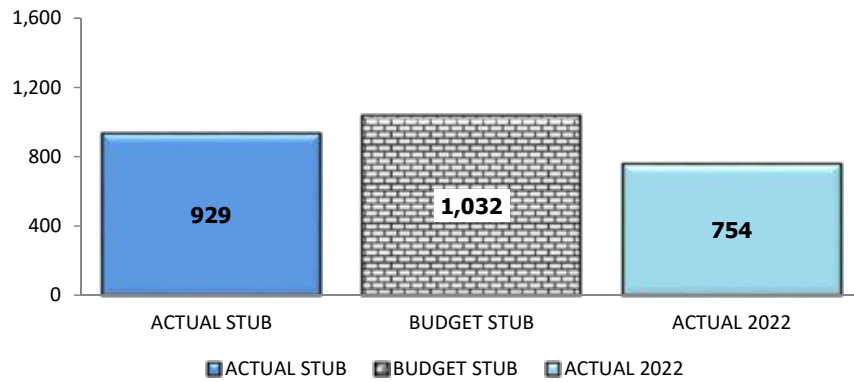
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
785	808	633

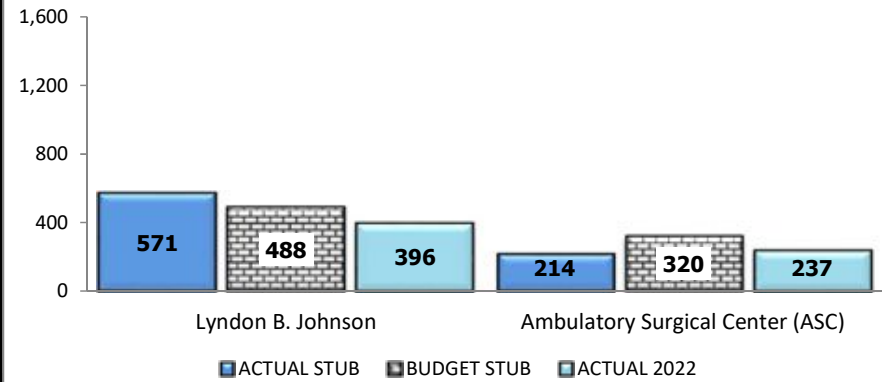
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
5,557	5,819	5,428

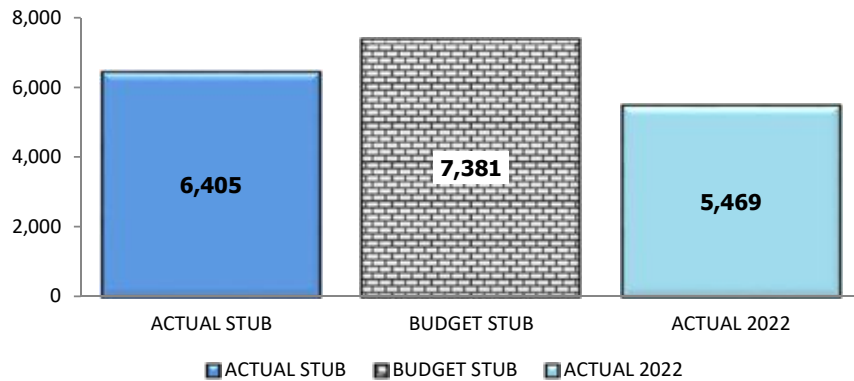
Ben Taub OR Cases - Current Month



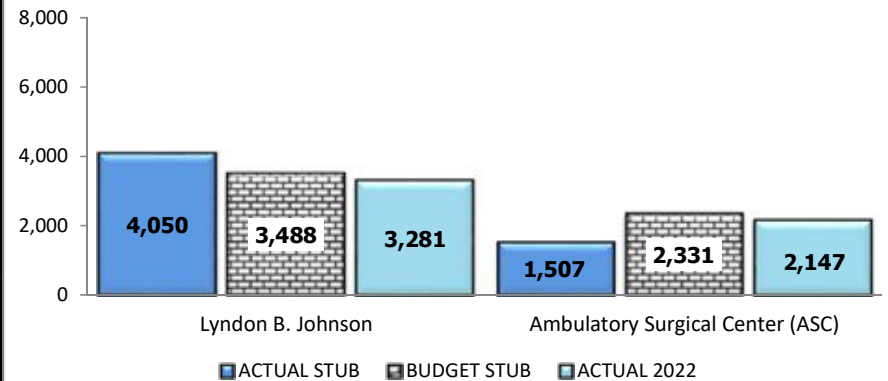
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

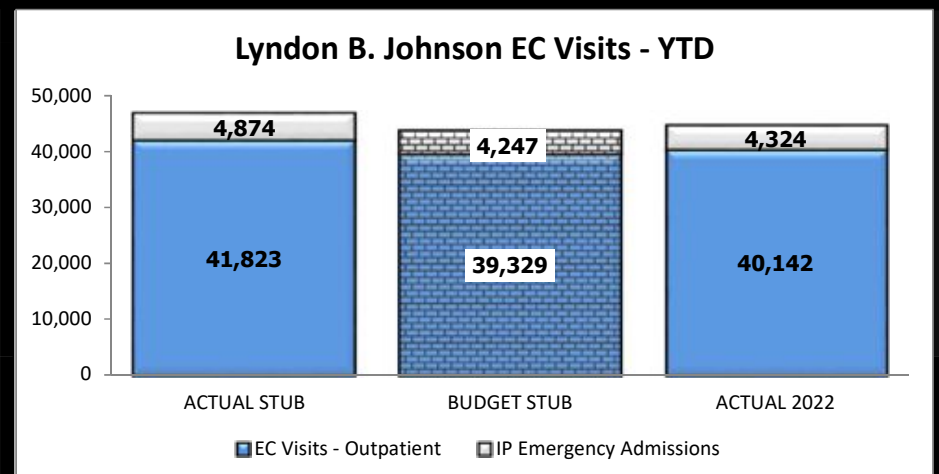
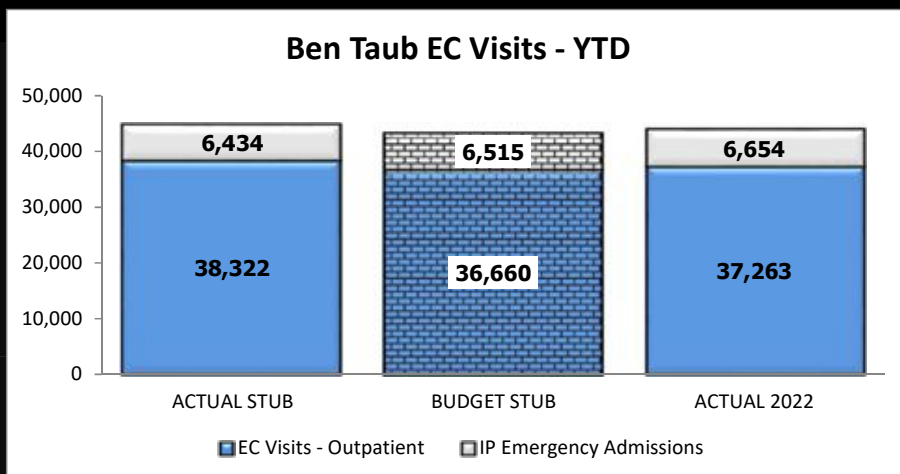
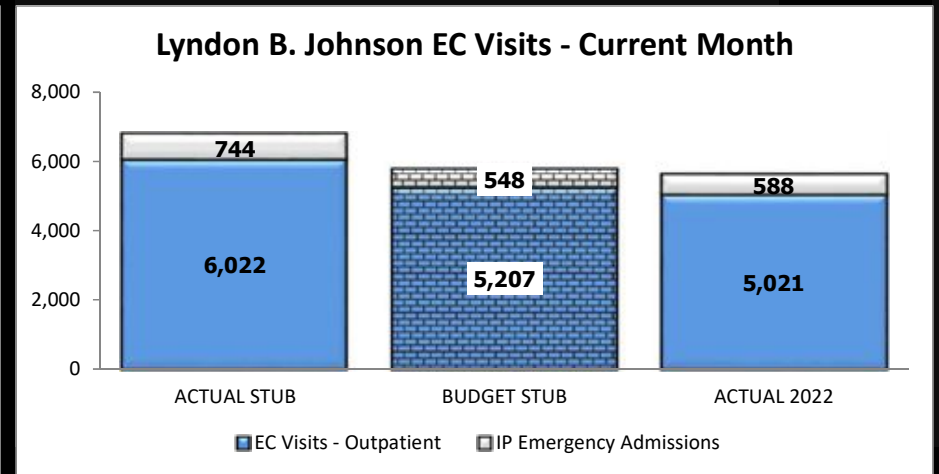
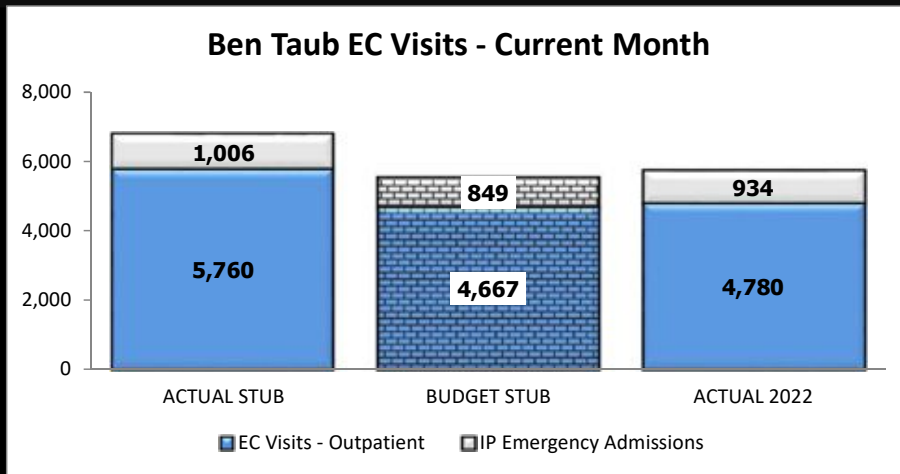


Harris Health System

Statistical Highlights - Emergency Room Visits

September FY STUB

<u>BT Emergency Visits - CM</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - CM</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
6,766	5,516	5,714	44,756	43,175	43,917	6,766	5,755	5,609	46,697	43,576	44,466



Harris Health System

Statistical Highlights - Births

September FY STUB

BT Births - CM

Actual	Budget	Prior Year
320	292	274

BT Births - YTD

Actual	Budget	Prior Year
1,817	1,757	1,632

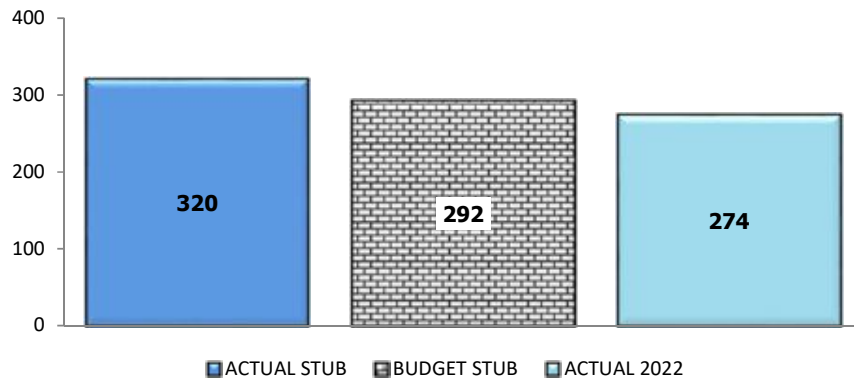
LBJ Births - CM

Actual	Budget	Prior Year
188	152	193

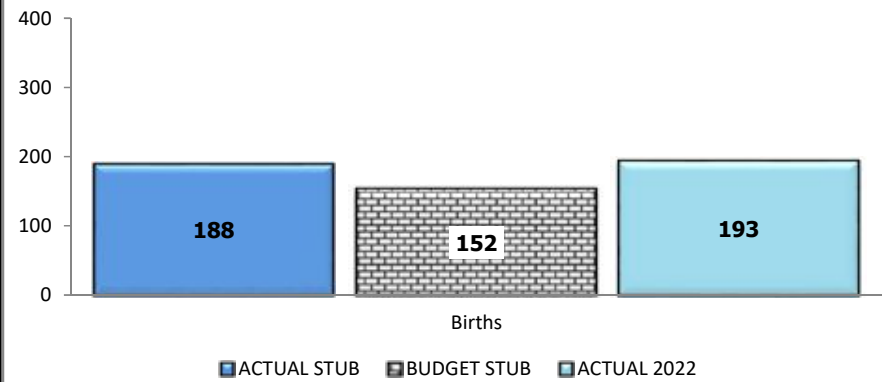
LBJ Births - YTD

Actual	Budget	Prior Year
1,283	958	1,092

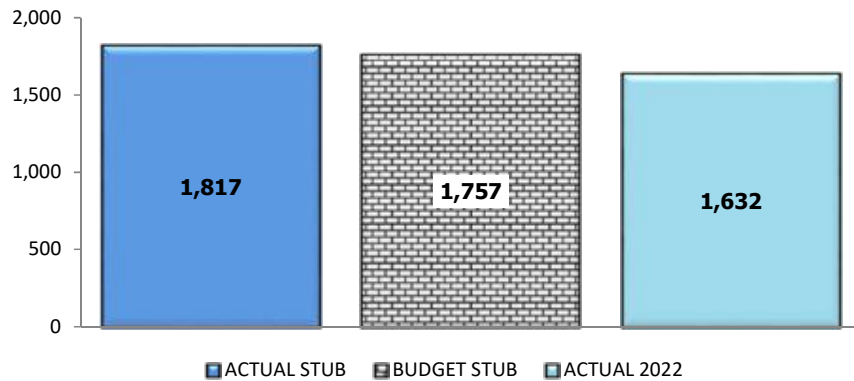
Ben Taub Births - Current Month



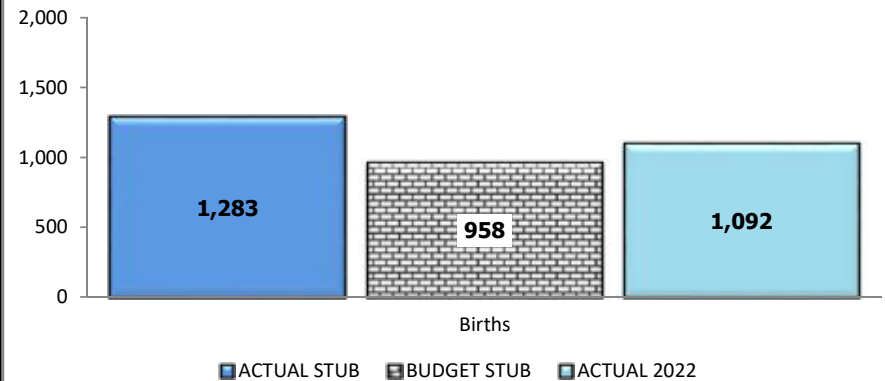
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

September FY STUB

BT Adjusted Patient Days - CM

20,090

BT Adjusted Patient Days - YTD

134,890

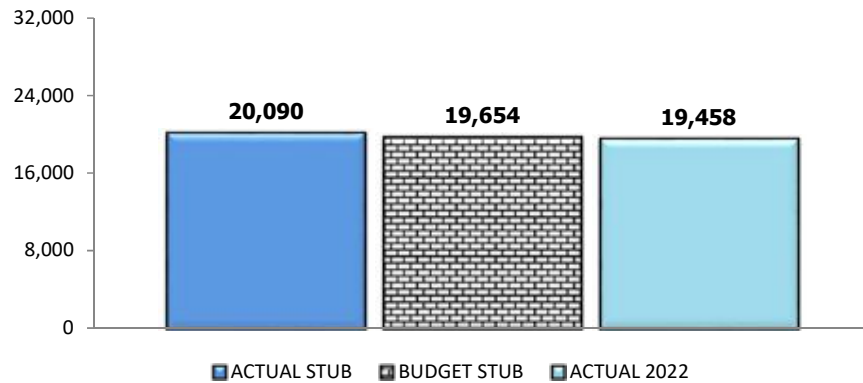
LBJ Adjusted Patient Days - CM

13,213

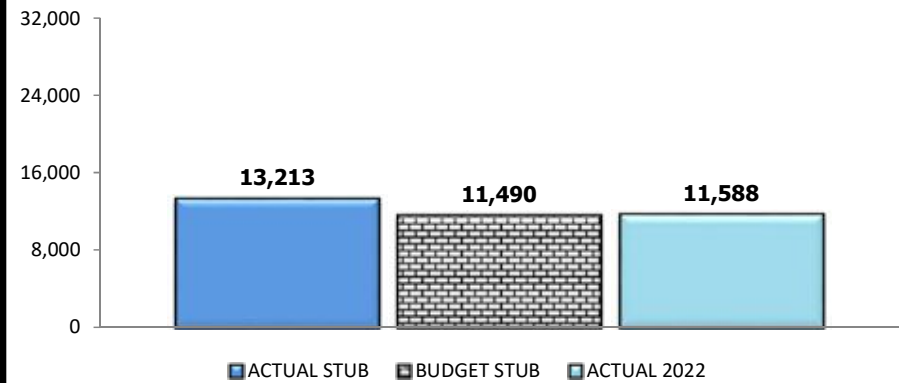
LBJ Adjusted Patient Days - YTD

89,854

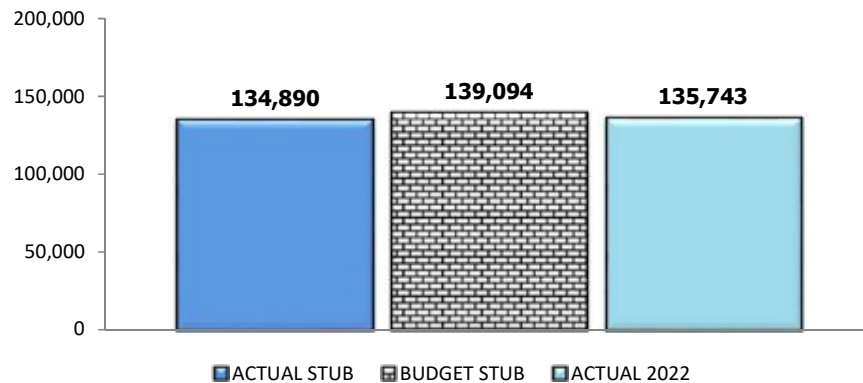
Ben Taub APD - Current Month



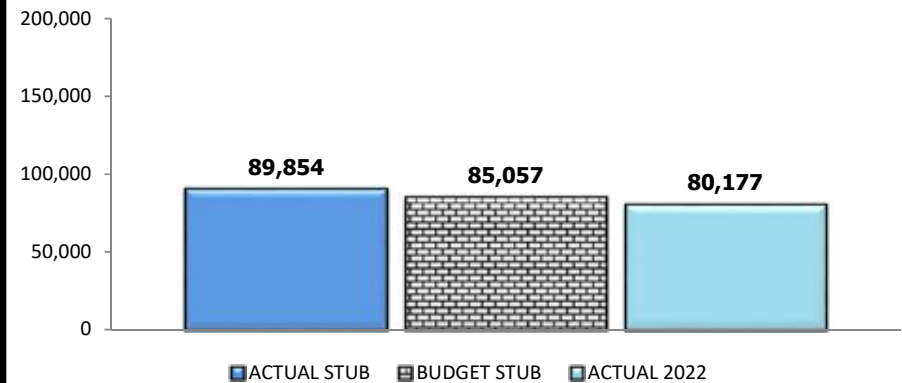
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

September FY STUB

BT Average Daily Census - CM

401.7

BT Average Daily Census - YTD

378.9

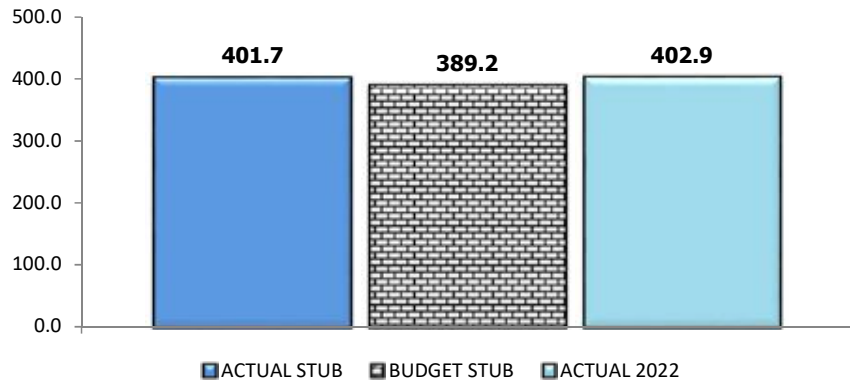
LBJ Average Daily Census - CM

227.0

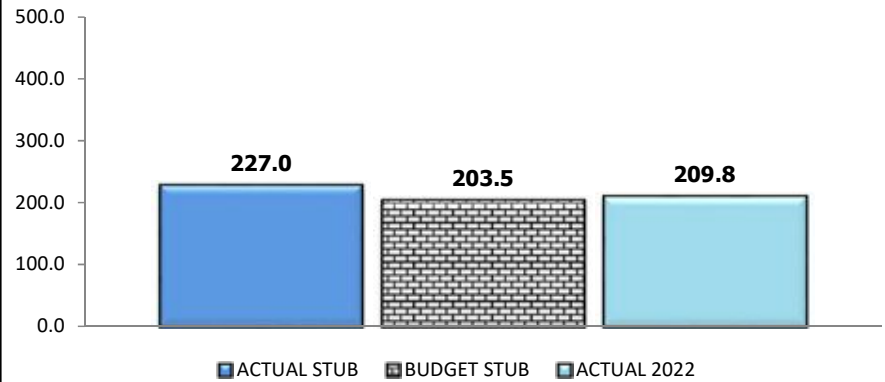
LBJ Average Daily Census - YTD

218.0

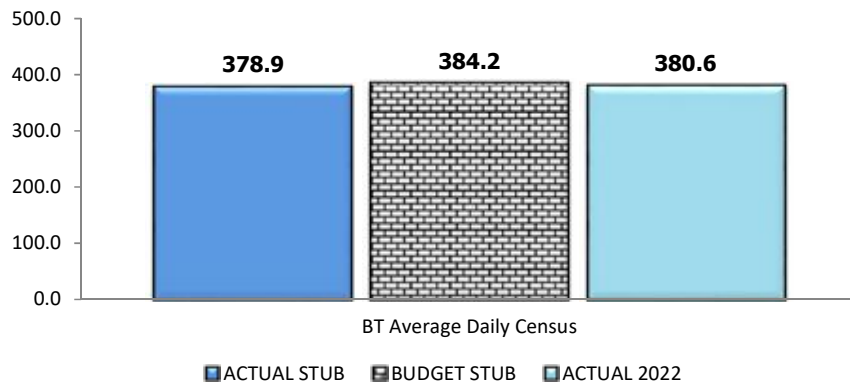
Ben Taub ADC - Current Month



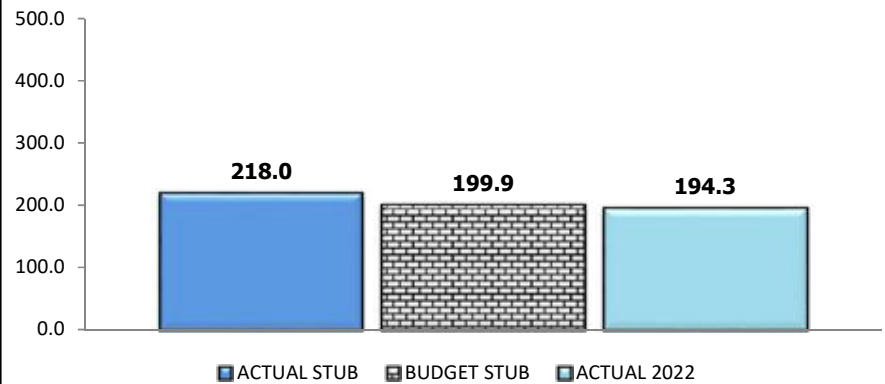
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

September FY STUB

BT Inpatient ALOS - CM

6.79

BT Inpatient ALOS - YTD

6.34

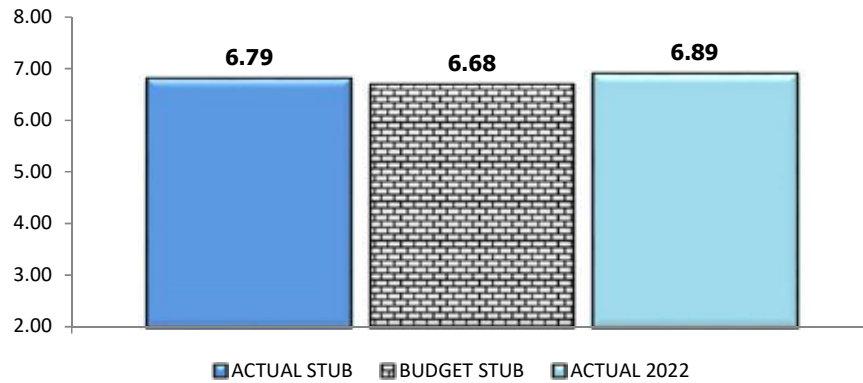
LBJ Inpatient ALOS - CM

5.76

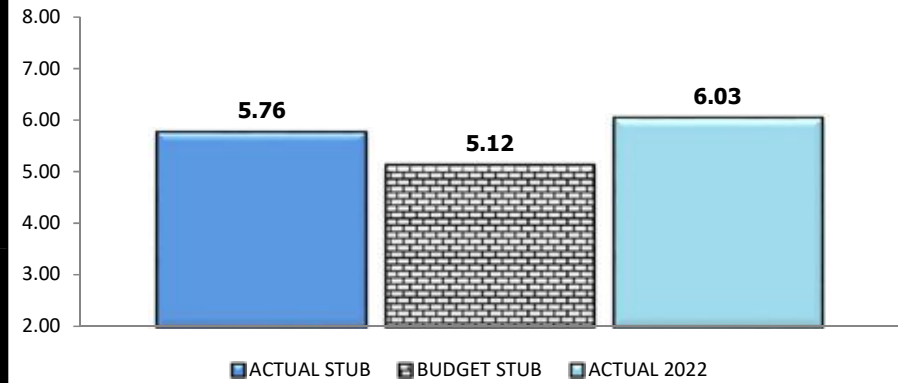
LBJ Inpatient ALOS - YTD

5.40

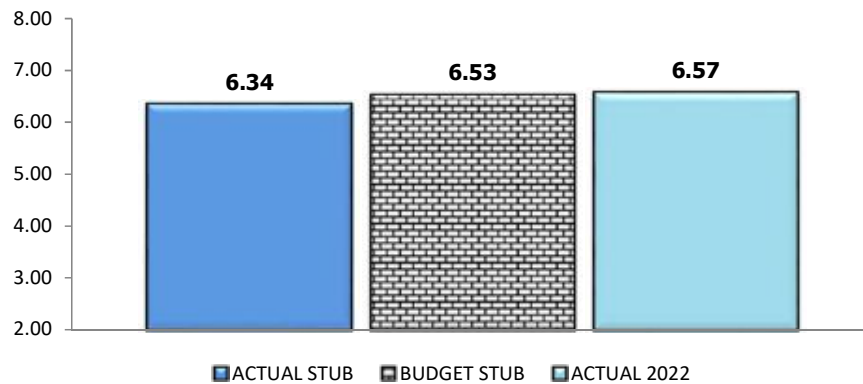
Ben Taub ALOS - Current Month



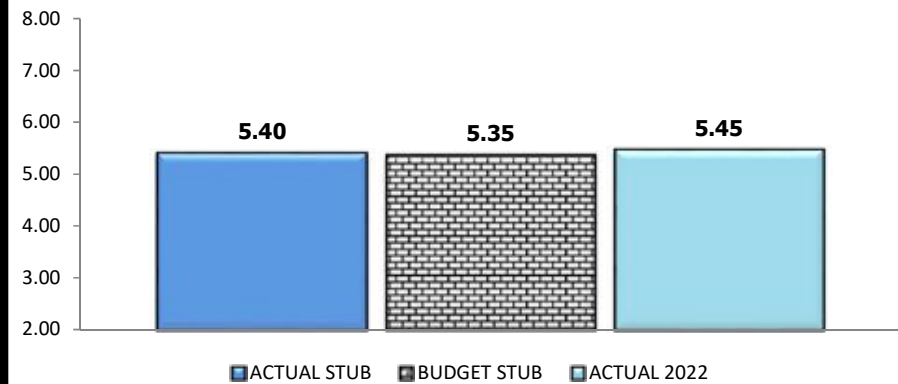
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

September FY STUB

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.784	2.021

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.800	1.987

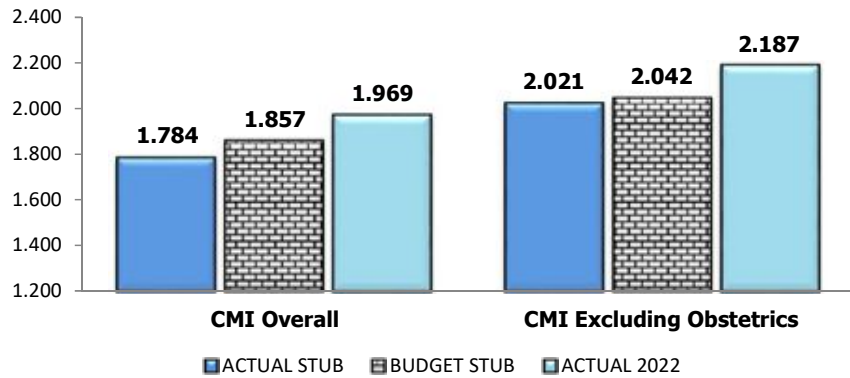
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.609	1.783

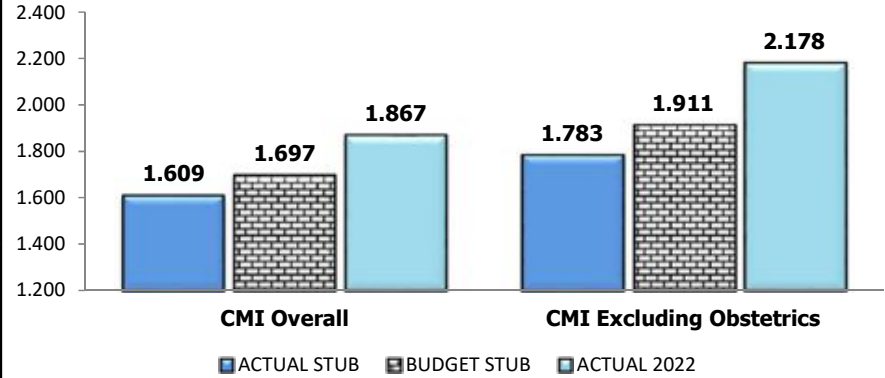
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.563	1.727

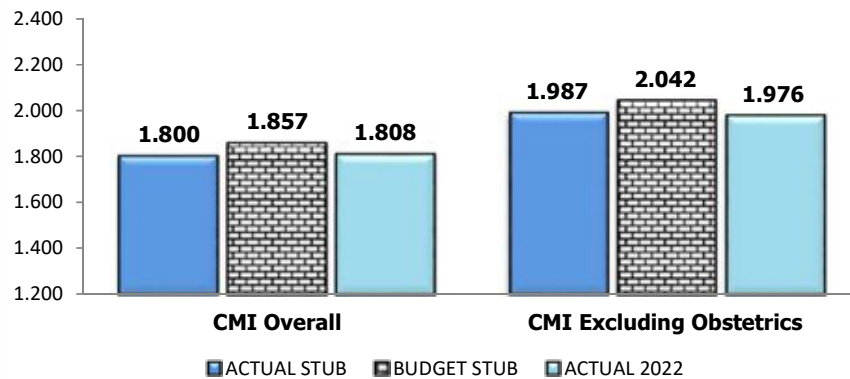
Ben Taub CMI - Current Month



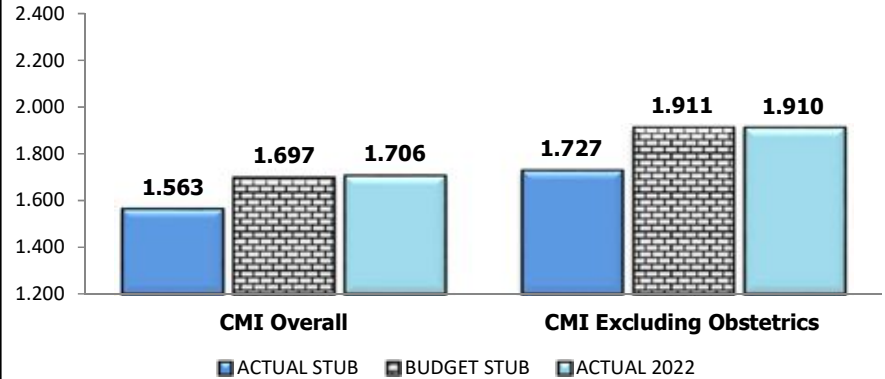
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, November 10, 2022

Consideration of Acceptance of the Harris Health System
Second Quarter Stub Year 2022 Investment Report

Attached for your review and acceptance is the Second Quarter Stub Year 2022 Investment Report for the period June– August 2022.

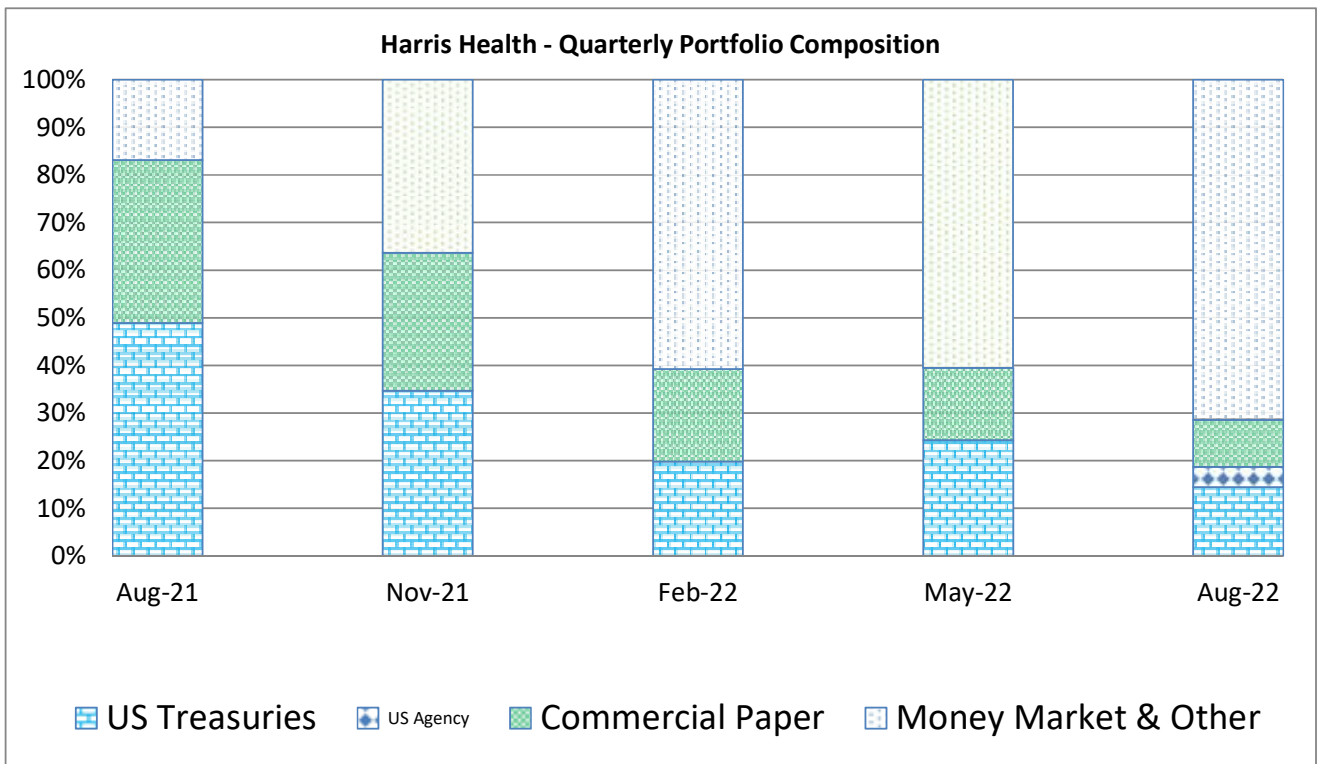
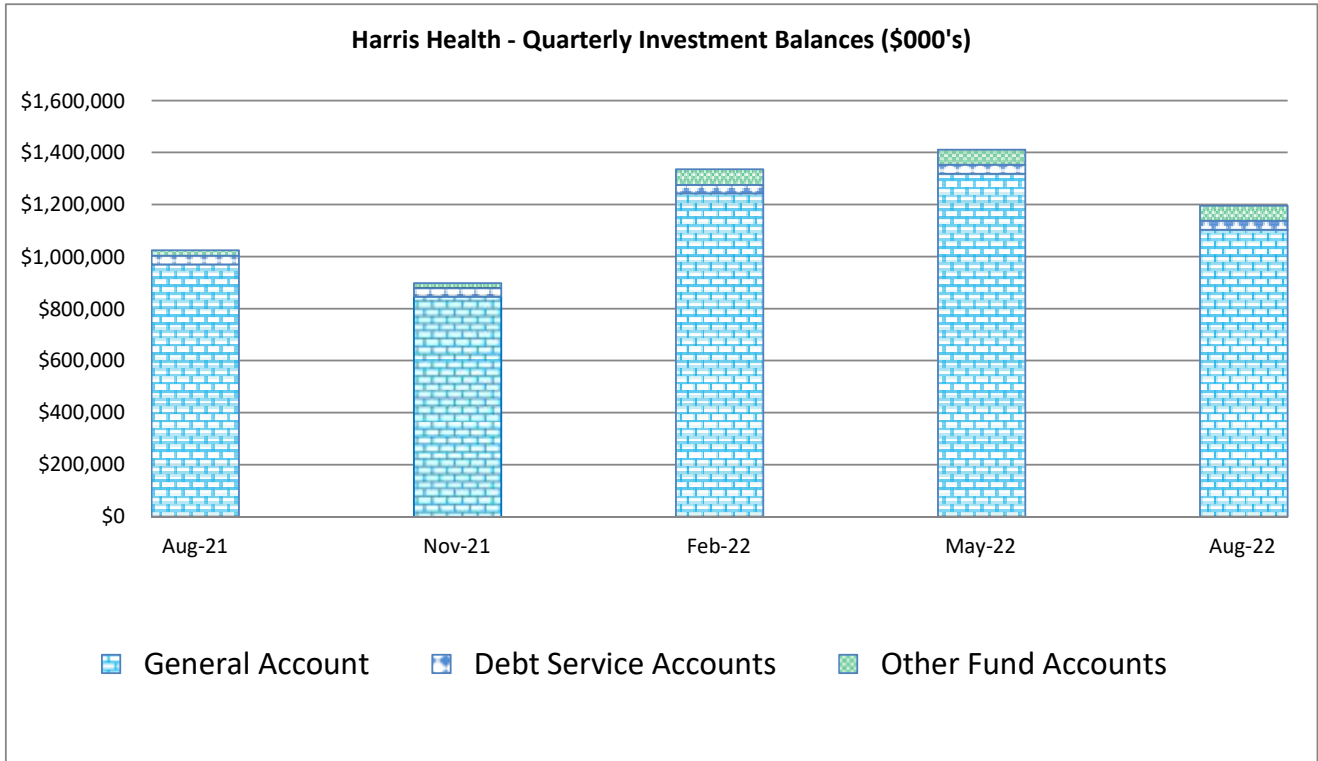
Administration recommends that the Board accept the Second Quarter Investment Report for the period ended August 31, 2022.

**HARRIS COUNTY HOSPITAL DISTRICT
dba HARRIS HEALTH SYSTEM**

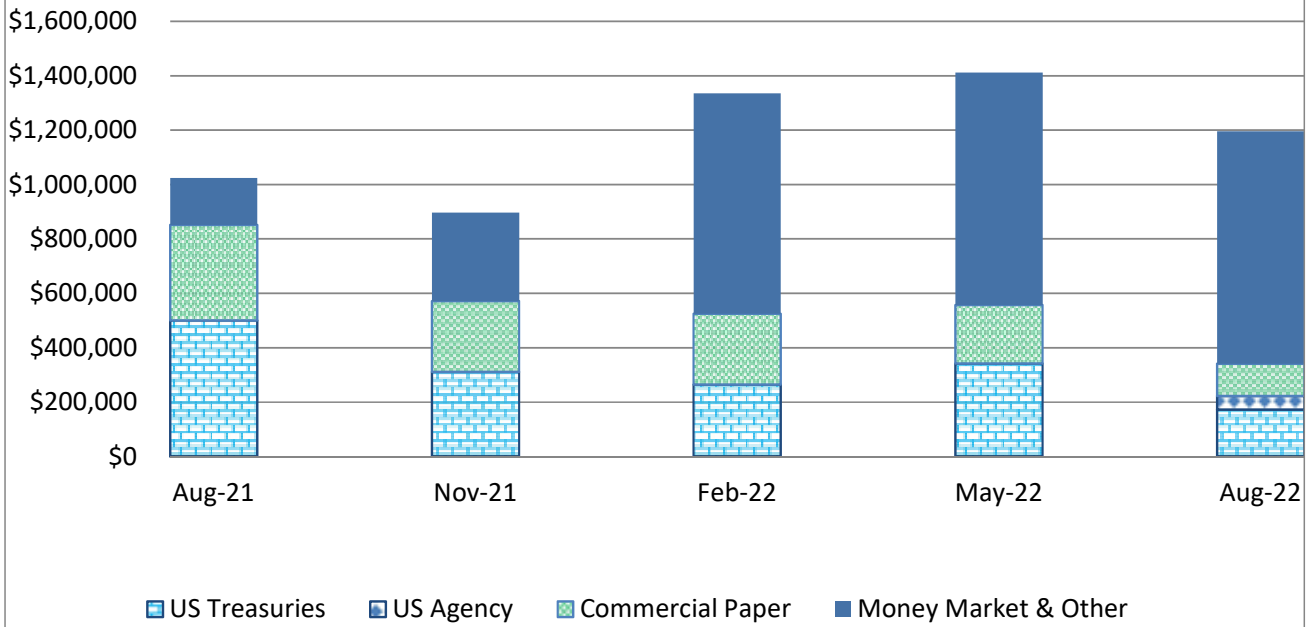
INVESTMENT REPORT

As of August 31, 2022

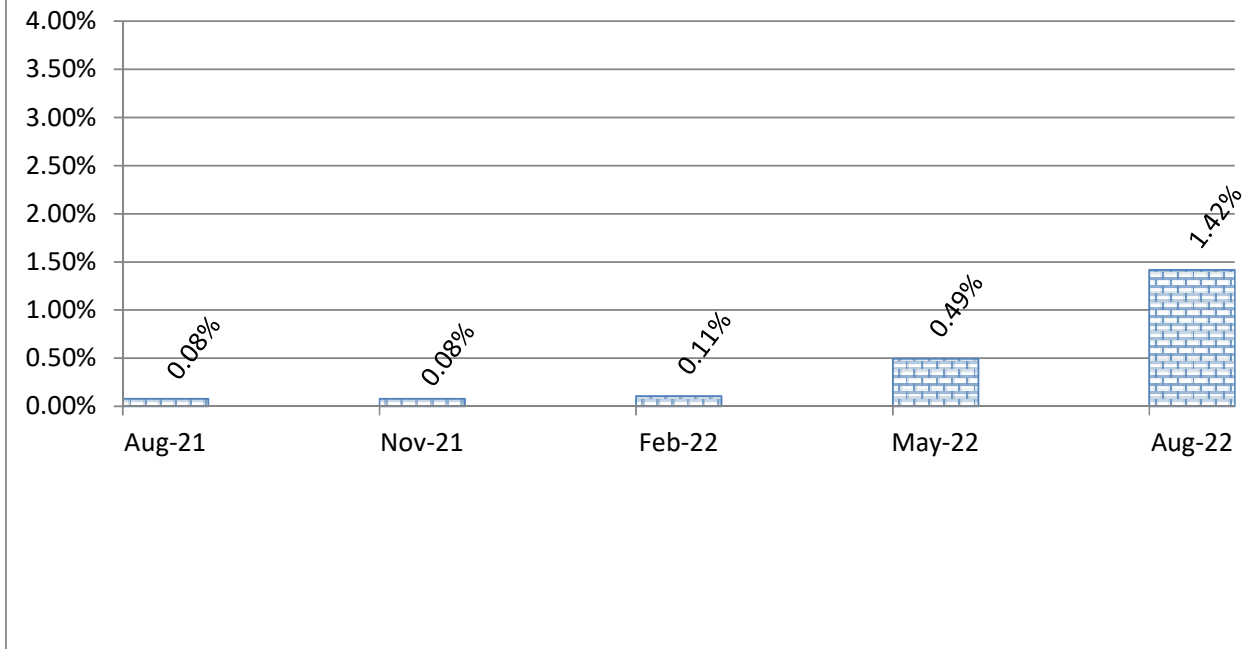
- Executive Summary Charts and Quarterly Trend Schedule for Harris Health System
- Quarter End Investment Report from Harris County Office of Financial Management



Harris Health - Quarterly Earnings (\$000's)



Harris Health - Quarterly Average Earnings %

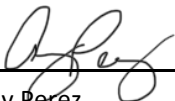


HARRISHEALTH SYSTEM

QUARTERLY INVESTMENT REPORT SECOND QUARTER 2022

PREPARED BY:
OFFICE OF MANAGEMENT AND BUDGET
FINANCIAL MANAGEMENT


The report is presented in accordance with the Texas Government Code - Public Funds Investment Act, Section 2256.023. Financial Management certifies that to the best of our knowledge that Harris Health System is in compliance with the provisions of Government Code 2256 and with the stated policies and strategies of Harris Health System.



Amy Perez
Deputy Executive Director, OMB



Diana Elizondo
Investment Manager



Mark LaRue
Financial Analyst

Table of Contents

Section I: Summary of Portfolio Balances & Characteristics

Section II: Total Rate of Return vs. Benchmark

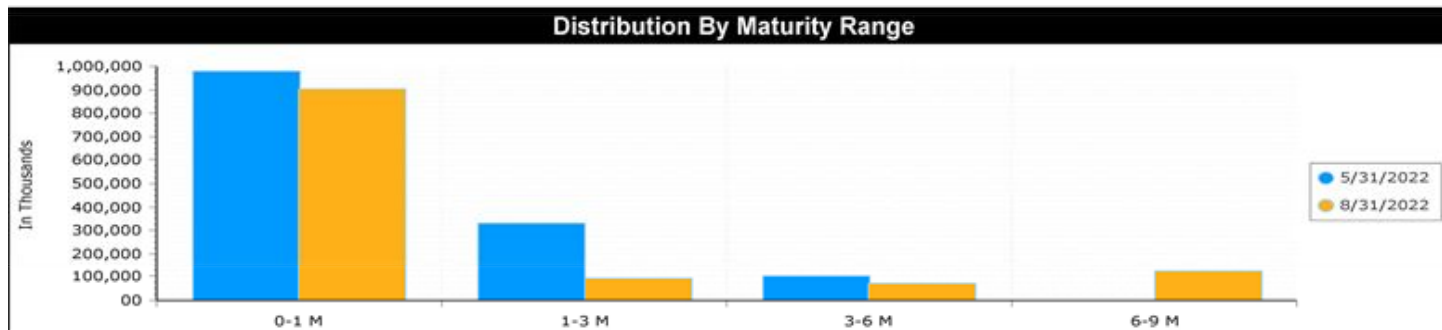
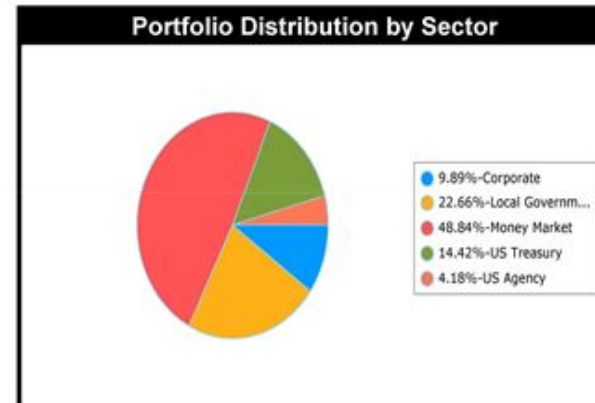
Section III: Current Portfolio Holdings & Quarterly Income

Summary of Portfolio Balances & Characteristics

May 31, 2022 through August 31, 2022

Book & Market Value Comparison							
Month	Market Value	Book Value	Unrealized Gain/Loss	YTM @ Cost	YTM @ Market	Duration	Days To Maturity
Beginning	1,411,188,193.99	1,411,526,577.02	-338,383.03	0.67	0.79	0.06	24
6/30/2022	1,325,066,227.09	1,325,498,162.49	-431,935.40	0.84	1.07	0.05	18
7/31/2022	1,273,173,582.31	1,273,544,547.12	-370,964.81	1.64	1.96	0.03	10
8/31/2022	1,195,083,376.30	1,195,412,211.03	-328,834.73	1.53	1.68	0.12	40
Average	1,264,441,061.90	1,264,818,306.88	-377,244.98	1.33	1.57	0.07	23

Quarterly Investment Income By Sector		
	Ending BV + Accrued Interest	Investment Income-BV
Certificate of Deposit	\$0.00	\$0.00
Corporate	\$118,358,212.50	\$382,943.05
Local Government Investment Pool	\$270,861,864.58	\$1,539,163.94
Money Market	\$583,719,196.52	\$2,286,775.79
Municipal	\$0.00	\$0.00
US Agency	\$50,000,000.00	\$0.00
US Treasury	\$172,744,506.73	\$444,631.16
Total	\$1,195,683,780.33	\$4,653,513.94

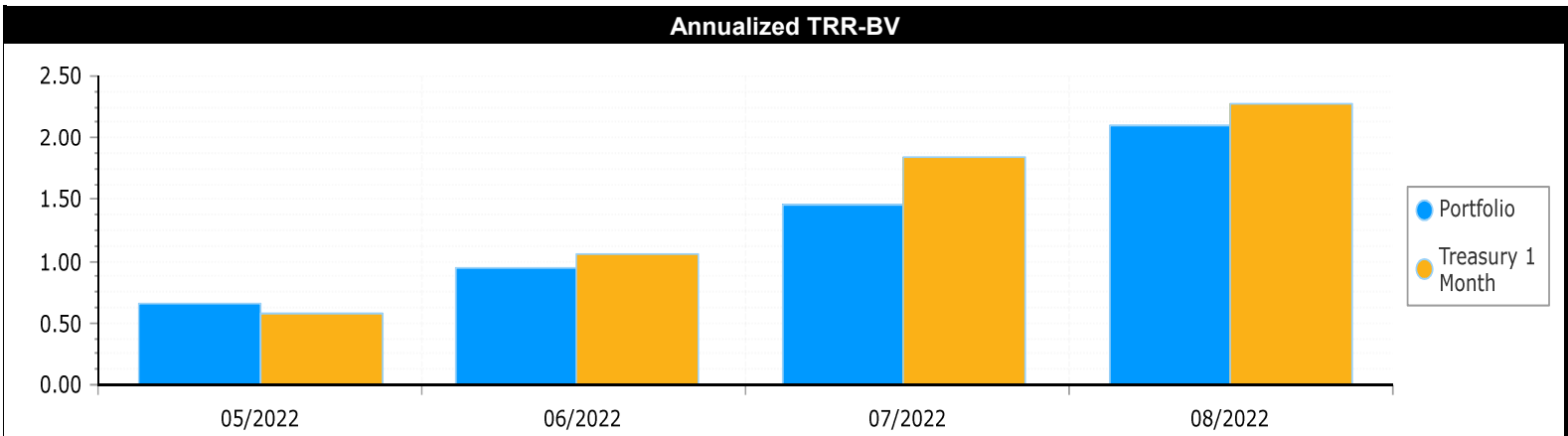


Total Rate of Return vs. Benchmark 1 Month Treasury

May 31, 2022 through August 31, 2022



Month	Beginning BV + Accrued Interest	Interest Earned During Period-BV	Realized Gain/Loss-BV	Investment Income-BV	Average Capital Base-BV	TRR-BV	Annualized TRR-BV	Treasury 1 Month
Beginning	1,533,182,637.75				1,484,788,321.06	0.06	0.67	0.58
6/30/2022	1,411,526,577.02	1,066,057.05	0.00	1,066,057.05	1,342,018,816.40	0.08	0.96	1.06
7/31/2022	1,325,498,162.49	1,501,803.85	0.00	1,501,803.85	1,242,092,091.04	0.12	1.46	1.85
8/31/2022	1,273,544,547.12	2,085,623.33	0.00	2,085,623.33	1,200,852,454.74	0.17	2.10	2.28
Total/Average	1,336,856,428.88	4,653,484.23	0.00	4,653,484.23	1,261,654,454.06	0.12	1.51	1.73



Current Portfolio Holdings and Earnings

Begin Date: 5/31/2022, End Date: 8/31/2022

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
H9902 Hospital - General Fund								
H9902 Hospital - Unrestricted Donations DDA MM	D1359	7,085.01	1,544.02	7,085.01	7,085.01	7.09	2.160	N/A
H9902 Hospital - Cadence General Funds DDA MM	D3837	551,100,427.57	50,024,900.91	551,100,427.57	551,100,427.57	1,770,612.27	0.500	N/A
LoneStar Gov H9902 LGIP	LONESTARGH9902	208.85	172,637,033.22	208.85	208.85	122,812.88	2.214	N/A
LoneStar H9902 LGIP	LONESTARH9902	117,649,328.29	185,292,448.02	117,649,328.29	117,649,328.29	582,604.82	2.444	N/A
H9902 Hospital - Cadence General Funds MMF MM	M3837	26,388,093.23	20,803,385.00	26,388,093.23	26,388,093.23	469,760.63	2.000	N/A
H9902 Hospital - HRA Sweep MMF MM	M3845	146,528.26	217,812.67	146,528.26	146,528.26	782.95	2.000	N/A
H9902 Hospital - Cigna Health Benefits MMF MM	M3944	5,087,517.73	12,683,730.24	5,087,517.73	5,087,517.73	41,457.52	2.000	N/A
H9902 Hospital - FSA Plan MMF MM	M3951	389,113.82	401,151.84	389,113.82	389,113.82	1,595.44	2.000	N/A
H9902 Hospital - Donations Sweep MM	M5899	116,292.00	84,493.90	116,292.00	116,292.00	431.42	2.000	N/A
TexasCLASS Gov H9902 LGIP	TXCLASSGOVH9902	0.00	183,901,570.25	0.00	0.00	115,931.14		N/A
TexasCLASS H9902 LGIP	TXCLASSH9902	94,470,117.22	169,000,765.22	94,470,117.22	94,470,117.22	466,488.81	2.379	N/A
T-Bill 0 6/7/2022	912796V89	0.00	49,995,800.00	0.00	0.00	3,645.84		6/7/2022
T-Bill 0 6/9/2022	912796R35	0.00	44,994,510.00	0.00	0.00	4,162.50		6/9/2022
NATX DISC CP 0 6/24/2022	63873KFQ5	0.00	29,980,830.00	0.00	0.00	8,400.00		6/24/2022
T-Bill 0 7/7/2022	912796R68	0.00	44,966,835.00	0.00	0.00	20,581.25		7/7/2022
BNP DISC CP 0 7/8/2022	09659CG85	0.00	49,945,600.00	0.00	0.00	52,777.78		7/8/2022
T-Bill 0 7/21/2022	912796S42	0.00	49,941,500.00	0.00	0.00	24,348.96		7/21/2022
T-Bill 0 7/28/2022	912796S59	0.00	39,946,800.00	0.00	0.00	32,737.78		7/28/2022
TMCC DISC CP 0 8/5/2022	89233HH56	0.00	24,941,425.00	0.00	0.00	53,625.00		8/5/2022
BNP DISC CP 0 8/9/2022	09659CH92	0.00	49,876,500.00	0.00	0.00	107,916.66		8/9/2022
T-Bill 0 8/11/2022	912796L64	0.00	29,938,950.00	0.00	0.00	34,500.00		8/11/2022
NATX DISC CP 0 8/26/2022	63873KHS9	0.00	39,855,640.00	0.00	0.00	57,033.34		8/26/2022
MUFG BK CP 0 9/2/2022	62479MJ20	20,000,000.00	19,914,180.00	19,997,480.00	19,998,400.00	73,600.00	1.447	9/2/2022
T-Bill 0 9/8/2022	912796M71	30,000,000.00	29,906,040.00	29,988,240.00	29,996,293.33	42,626.66	0.566	9/8/2022
T-Bill 0 10/6/2022	912796M89	20,000,000.00	19,909,060.00	19,957,220.00	19,987,975.00	30,730.55	0.612	10/6/2022
T-Bill 0 11/17/2022	912796W62	40,000,000.00	0.00	39,770,240.00	39,844,000.00	150,000.00	1.839	11/17/2022
MUFG BK CP 0 1/31/2023	62478YNX2	35,000,000.00	0.00	34,491,870.00	34,546,312.50	20,756.94	3.092	1/31/2023
SANTANDER BK UK DISC CP 0 1/31/2023	80285QNX4	40,000,000.00	0.00	39,395,280.00	39,413,500.00	3,833.33	3.502	1/31/2023
FHLB 3.25 4/20/2023-22	3130AT4Y0	50,000,000.00	0.00	49,969,800.00	50,000,000.00	0.00	3.250	4/20/2023
MUFG BK CP 0 4/28/2023	62479MRU9	25,000,000.00	0.00	24,367,650.00	24,400,000.00	5,000.00	3.689	4/28/2023
T-Note 1.625 4/30/2023	912828R28	50,000,000.00	0.00	49,435,550.00	49,482,606.74	4,345.88	3.206	4/30/2023
Sub Total/Average H9902 Hospital - General Fund		1,105,354,711.98	1,319,162,505.29	1,102,728,041.98	1,103,023,799.55	4,303,107.44	1.486	
H9906 Hospital - SPFC								
H9906 Hospital - SPFC Money Market MM	M3936	48,015.28	50,812.57	48,015.28	48,015.28	217.64	2.000	N/A
TexasCLASS H9906 LGIP	TXCLASSH9906	877,375.52	873,621.73	877,375.52	877,375.52	3,753.79	2.379	N/A
Sub Total/Average H9906 Hospital - SPFC		925,390.80	924,434.30	925,390.80	925,390.80	3,971.43	2.360	
H9917 Hospital - Debt Service 2010								
H9917 Hospital - Series 2010 DS Sweep MMF MM	M3993	29,312.15	29,233.44	29,312.15	29,312.15	128.42	2.000	N/A
TexasCLASS H9917 LGIP	TXCLASSH9917	20,272.29	20,185.58	20,272.29	20,272.29	86.71	2.379	N/A

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
T-Bill 0 10/6/2022	912796M89	6,400,000.00	6,370,899.20	6,386,310.40	6,392,686.72	18,689.49	1.165	10/6/2022
Sub Total/Average H9917 Hospital - Debt Service 2010		6,449,584.44	6,420,318.22	6,435,894.84	6,442,271.16	18,904.62	1.173	
H9918 Hospital - Debt Service Reserve 2010								
H9918 Hospital - Series 2010 DSR Sweep MMF MM	M4017	43,536.96	43,420.05	43,536.96	43,536.96	190.75	2.000	N/A
TexasCLASS H9918 LGIP	TXCLASSH9918	22,582.70	22,486.08	22,582.70	22,582.70	96.62	2.379	N/A
T-Bill 0 10/6/2022	912796M89	6,000,000.00	5,972,718.00	5,987,166.00	5,993,143.80	17,521.40	1.165	10/6/2022
Sub Total/Average H9918 Hospital - Debt Service Reserve 2010		6,066,119.66	6,038,624.13	6,053,285.66	6,059,263.46	17,808.77	1.176	
H9920 Hospital - Debt Service 2016 Rev & Ref								
H9920 Hospital - Series 2016 DS Sweep MMF MM	M4009	67,679.39	67,497.66	67,679.39	67,679.39	296.54	2.000	N/A
TexasCLASS H9920 LGIP	TXCLASSH9920	23,651.11	23,549.93	23,651.11	23,651.11	101.18	2.379	N/A
T-Bill 0 10/6/2022	912796M89	10,200,000.00	10,153,620.60	10,178,182.20	10,188,344.46	29,786.38	1.165	10/6/2022
Sub Total/Average H9920 Hospital - Debt Service 2016 Rev & Ref		10,291,330.50	10,244,668.19	10,269,512.70	10,279,674.96	30,184.10	1.173	
H9921 Hospital - Debt Service Reserve 2016 Rev & am								
H9921 Hospital - Series 2016 DSR Sweep MMF MM	M4033	119,777.99	119,456.36	119,777.99	119,777.99	524.83	2.000	N/A
T-Bill 0 10/6/2022	912796M89	10,600,000.00	10,551,801.80	10,577,326.60	10,587,887.38	30,954.47	1.165	10/6/2022
Sub Total/Average H9921 Hospital - Debt Service Reserve 2016 Rev & am		10,719,777.99	10,671,258.16	10,697,104.59	10,707,665.37	31,479.30	1.175	
H9924 Hospital - Capital Assets Series 2020								
H9924 Hospital - Capital Assets Ser 2020 Sweep MMF	M6228	161,274.21	160,841.15	161,274.21	161,274.21	706.67	2.000	N/A
TexasCLASS H9924 LGIP	TXCLASSH9924	12,571,195.99	12,517,410.61	12,571,195.99	12,571,195.99	53,785.38	2.379	N/A
Sub Total/Average H9924 Hospital - Capital Assets Series 2020		12,732,470.20	12,678,251.76	12,732,470.20	12,732,470.20	54,492.05	2.375	
H9925 Hospital - Capital Gift Proceeds								
H9925 Hospital - Capital Gift Proceeds Sweep MM	M1367	14,542.92	14,503.94	14,542.92	14,542.92	63.62	2.000	N/A
TexasCLASS H9925 LGIP	TXCLASSH9925	45,227,132.61	45,033,630.00	45,227,132.61	45,227,132.61	193,502.61	2.379	N/A
Sub Total/Average H9925 Hospital - Capital Gift Proceeds		45,241,675.53	45,048,133.94	45,241,675.53	45,241,675.53	193,566.23	2.379	
Total / Average		1,197,781,061.10	1,411,188,193.99	1,195,083,376.30	1,195,412,211.03	4,653,513.94	1.522	

Thursday, November 10, 2022

**Consideration of Acceptance of the Harris Health System Third Quarter
Calendar Year 2022 Pension Plan Report**

Attached for your review and acceptance is the Third Quarter Calendar Year 2022 Pension Plan Report for the period July - September 2022.

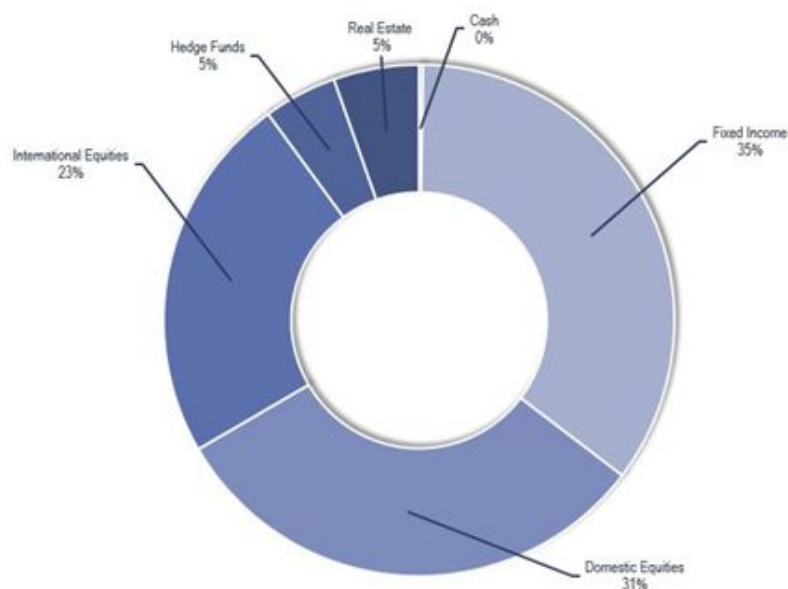
Administration recommends that the Board accept the Third Quarter Pension Plan Report for the period ended September 30, 2022.

Pension Plan Summary

For the Quarter Ended and Year to Date September 30, 2022

	YEAR-TO-DATE	QUARTERLY			YEAR-TO-DATE
	12/31/21	03/31/22	06/30/22	09/30/22	09/30/22
Investment Return	9.7%	-5.9%	-11.4%	-4.8%	-21.9%
Market Value of Assets (in millions)	\$ 966.4	\$ 911.6	\$ 808.9	\$ 776.2	\$ 776.2
Employer Contributions (in millions)	\$ 57.0	\$ 14.7	\$ 9.9	\$ 20.2	\$ 44.8
Benefit Payments (in millions)	\$ 53.3	\$ 13.8	\$ 14.1	\$ 14.2	\$ 42.1
Funded Ratio	86.2%	80.8%	68.4%	0.0%	80.8%

Current Asset Allocation:



Market Updates:

The market value of the Plan assets decreased \$32.7 million this quarter and \$190.2 million since the beginning of the calendar year. Investment return was -4.8% for the quarter ended September 30, 2022, due to the following market conditions:

- During the third quarter of 2022, capital markets were dominated by geopolitical uncertainty and higher interest rates amidst soaring inflation. Volatility remained elevated throughout the quarter. Yields trended higher with major central banks indicating an aggressive monetary policy stance to control rising inflation.
- After initially rebounding early in the quarter on the back of better-than-expected earnings and a fall in inflation expectations, equities ended the quarter with significant losses as rising interest rates weighed on valuations. U.S. equities performed the best of the major regions, followed by developed ex.-U.S. equities and emerging markets equities. Non-U.S. equities suffered from energy headwinds, China struggles, and U.S. dollar strength.
- Global bonds ended down for the quarter after a volatile period that began with unfounded expectations of a pivot from central banks on the back of a looming recession. Expectations of softer future rate hikes dried up as all major central banks reaffirmed their commitment to higher rates until inflation is curbed.

*The Plan was in compliance with target asset allocations per the Board approved Pension Plan Investment Policy.

Thursday, November 10, 2022

Consideration for Approval: Internal Audit Charter

Per the Harris Health System Board of Trustees Compliance and Audit Committee Charter, the Board is required to annually review and recommend approval of the Internal Audit Activity Charter. The red-lined charter is included on the subsequent pages for review and approval.

1200 – HARRIS HEALTH SYSTEM AUDIT CHARTER

INTRODUCTION

An interlocal agreement between Harris County and Harris Health System dedicates a portion of the Harris County Auditor's Office Audit Division to Harris Health. While serving in this capacity as Harris Health Internal Auditors, the Audit Executive reports to the Harris Health Board of Trustees' Compliance and Audit Committee (CAC). As a result, a separate audit charter has been created.

1200.01 PURPOSE

The purpose of Harris Health Internal Audit (HHIA) is to provide independent, objective assurance and consulting services designed to add value and improve Harris Health System's operations.

The mission of HHIA is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. HHIA helps Harris Health accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve effectiveness of governance, risk management, and control processes.

1200.02 STANDARDS FOR THE PROFESSIONAL PRACTICE OF INTERNAL AUDITING

Harris County Auditor's Office Audit Division (Audit Division) is governed by adherence to the mandatory elements of The Institute of Internal Auditor's Professional Practices Framework (IPPF), including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing (Standards), and the Definition of Internal Auditing. ~~Internal Audit~~HHIA will also consider the IPPF's recommended and supplemental guidance for insight on how to execute compliance efficiently and effectively with the mandatory elements of the IPPF. The Chief Assistant County Auditor of the ~~internal audit department~~Audit Division, as appointed by the Harris County Auditor, is the Chief Audit Executive for Harris Health. The Chief Audit Executive will report periodically to the County Auditor, Harris Health senior management, and the ~~Board~~CAC regarding ~~the internal audit department's~~HHIA's conformance to the Code of Ethics and the Standards.

1200.03 AUTHORITY

The Chief Audit Executive will report functionally to the ~~Board~~CAC and administratively to the County Auditor. To establish, maintain, and assure that Harris Health's Internal Audit has sufficient authority to fulfill its duties, the Board will:

- Approve the internal audit department's charter.
- Approve the risk-based internal audit plan.
- Approve the internal audit department's budget and resource plan.

- Receive communications from the Chief Audit Executive on the internal audit department's performance relative to its plan and other matters.
- Make appropriate inquiries ~~of County Officials and the Audit Executive~~ to determine whether there are inappropriate scope or resource limitations.

The Chief Audit Executive will have unrestricted access to communicate and interact directly with the Board of Trustees and/or the CAC, including private meetings without management present as allowed by statute.

The Board authorizes HHIA ~~the internal audit department~~ to:

- Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.
- Obtain assistance from the necessary personnel of Harris Health, as well as other specialized services from within or outside Harris Health, to complete the engagement.

1200.04 INDEPENDENCE AND OBJECTIVITY

The Chief Audit Executive will ensure that ~~the internal audit department~~HHIA remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the Chief Audit Executive determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous two years
- Performing any operational duties for Harris Health or its affiliates
- Initiating or approving transactions external to the internal audit department
- Directing the activities of any Harris Health employee not employed by the internal audit department, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors

Where the Chief Audit Executive has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.

~~Internal auditors~~HHIA will:

- Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.

The Chief Audit Executive will confirm to the CAC, Board, at least annually, the organizational independence of ~~the internal audit department~~HHIA.

1200.05 SCOPE OF INTERNAL AUDIT ACTIVITIES

The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the ~~Board~~CAC, management, and outside parties on the adequacy and effectiveness of governance, risk management, and control processes for Harris Health. Internal audit assessments include evaluating whether:

- Risks relating to the achievement of Harris Health's financial strategic objectives are appropriately identified and managed
- The actions of Harris Health's officers, directors, employees, and contractors comply with Harris Health's policies, procedures, and applicable laws, regulations, and governance standards
- The results of operations or programs are consistent with established goals and objectives
- Operations or programs are being carried out effectively and efficiently
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact Harris Health
- Information and the means used to identify, measure, analyze, classify, and report such information are reliable and have integrity
- Resources and assets are acquired economically, used efficiently, and protected adequately

The Chief Audit Executive will report periodically to senior management and the Board-CAC regarding:

- The internal audit department's purpose, authority, and responsibility
- The internal audit department's plan and performance relative to its plan

- The internal audit department's conformance with The IIA's Code of Ethics and Standards, and action plans to address any significant conformance issues
- Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or requested by, the County Auditor, and/or the Board
- Results of audit engagements or other activities
- Resource requirements
- Any response to risk by management that may be unacceptable to Harris Health

The Chief Audit Executive also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed. The internal audit department may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided the internal audit department does not assume management responsibility.

Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

1200.06 RESPONSIBILITY

The Chief Audit Executive has the responsibility to:

- Submit, at least annually, to the County Auditor and the ~~Board-CAC~~ a risk-based internal audit plan for review and approval.
- Communicate to the County Auditor and the ~~Board-CAC~~ the impact of resource limitations on the internal audit plan.
- Review and adjust the internal audit plan, as necessary, in response to changes in Harris Health's statutory requirements, risks, operations, programs, systems, and controls.
- Communicate to the County Auditor, senior management, and the ~~Board-CAC~~ any significant interim changes to the internal audit plan.
- Ensure each engagement of the internal audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
- Follow up on engagement findings and corrective actions, and report periodically to senior management and the Board any corrective actions not effectively implemented.
- Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.
- Ensure the internal audit department collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the internal audit charter.

- Ensure trends and emerging issues that could impact Harris Health are considered and communicated to ~~the County Auditor,~~ senior management, and the [BoardCAC](#), as appropriate.
- Ensure emerging trends and successful practices in internal auditing are considered.
- Establish and ensure adherence to policies and procedures designed to guide the internal audit department.
- Ensure adherence to Harris Health's relevant policies and procedures unless such policies and procedures conflict with the internal audit charter. Any such conflicts will be resolved or otherwise communicated to the County Auditor, senior management, and the Board.
- Ensure the internal audit department's conformance with the Standards, with the following qualifications:
 - If the internal audit department is prohibited by law or regulation from conformance with certain parts of the Standards, the Chief Audit Executive will ensure appropriate disclosures and will ensure conformance with all other parts of the Standards.

1200.07 QUALITY ASSURANCE AND IMPROVEMENT PROGRAM

~~The internal audit department~~[HHIA](#) will maintain a quality assurance and improvement program that covers all aspects of the internal audit department. The program will include an evaluation of the internal audit department's conformance with the Standards and an evaluation of whether internal auditors apply The IIA's Code of Ethics. The program will also assess the efficiency and effectiveness of the internal audit department and identify opportunities for improvement.

The Chief Audit Executive will communicate to the County Auditor, senior management and the ~~Board-CAC~~ on the internal audit department's quality assurance and improvement program, including results of external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside Harris Health.

Thursday, November 10, 2022

Executive Session

Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA, Other Federal and State Healthcare Program Requirements, and an Update on the Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval for Compliance and Accreditation's Audit Plans for FY23 and Enterprise Risk Management Plan

Summary
Enterprise Risk Management Plan
October 11, 2022

Purpose: To provide a summary of the Harris Health System Enterprise Risk Management (ERM) Plan.

Background: Harris Health System has developed a five year strategic plan that includes the implementation of an ERM program to manage strategic risks posed across the organization. The ERM Plan was created to provide the necessary structure and process for enterprise risk management and support successful implementation of the program. The ERM program will create transparency and standardization around risks that pose threats to Harris Health at the system level.

Discussion: The ERM Plan includes principles that were recommended by the American Society for Health Care Risk Management (ASHRM) as the foundation for an effective ERM program. ERM brings value by allowing the organization to recognize that all risks are interrelated while creating capacity to manage uncertainty, reduce performance variability, demonstrate legal/regulatory compliance, and improve the organization’s credit rating. When implementing the ERM framework, it is critical to acknowledge the risk management activities that are being performed at the operational and clinical levels and ensure risks are elevated to the strategic level as necessary. The strategic risks should be appropriately categorized and ranked to establish the organization’s risk profile and facilitate transparent communication to all levels of leadership. A summary of the ERM Plan is as follows:

1. PURPOSE, SCOPE, AND DEFINITION

- Describe purpose, framework and applicability of the ERM program, along with common terms and definitions used within the ERM context.

2. GOVERNANCE AND CULTURE

- Delineates the program’s oversight, authority, roles and responsibilities at the Board and Executive Leadership levels. The Compliance and Audit Committee of the Board will be the ultimate oversight committee that will define and shape the organizational risk culture and support an effective ERM process. At the implementation level, the Executive Corporate Compliance and Enterprise Risk Committee will review, comment, and approve risk responses to minimize the previously identified strategic risks.

3. STRATEGY AND OBJECTIVE

- Explains the inter-relationship of Harris Health System’s strategic plan, organizational objectives, and the need to integrate ERM into the business strategy for achieving the organization’s mission and vision. In this section, executive leaders set the tone of the risk culture by establishing the level of risk the organization is willing to take to achieve objectives. Such tone is described in the risk appetite and risk tolerance statements.

4. PERFORMANCE

- Provides detailed methodology and guidance for performing ERM. It includes procedures for risk identification, risk prioritization, and establishing risk responses to minimize risk impact.

5. REVIEW AND REVISION

- Sets a structure for risk groups to review, evaluate, and revise strategic risks that impact Harris Health System's ability to achieve strategic objectives. The review and revision process allows the organization to continuously re-assess risks and align its risk portfolio with the ever-changing healthcare environment.

6. INFORMATION, COMMUNICATION AND REPORTING

- This section considers the existing data and information systems in place to support an effective risk identification process. It also describes the types of risk information to be communicated and shared throughout the organization and to the oversight committees. This section is crucial for a healthy and transparent risk culture.

7. ATTACHMENTS & REFERENCES

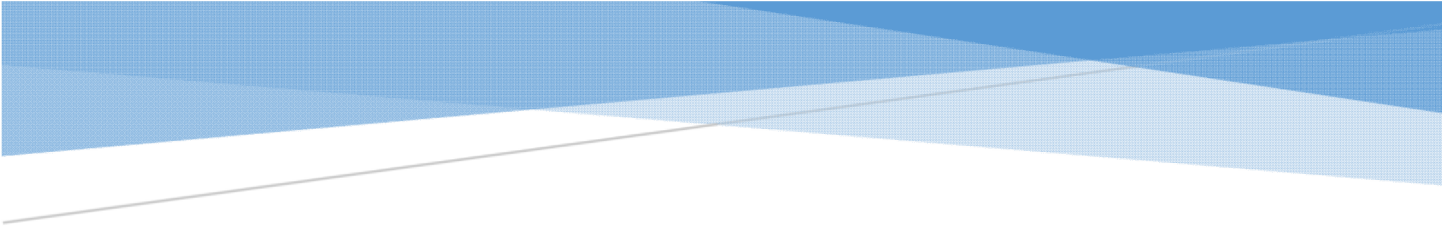
- Includes the tools and best practice references that will be used to support the development and implementation of the ERM program.

Next Step:

- Request for Executive Leadership team and Board approval of the Harris Health System ERM Plan.

Prepared by:

Vivian Ho-Nguyen, MBA, BS, MT (ASCP), CPHQ, ASQ-CQA
Administrative Director, Accreditation & Regulatory Affairs
Enterprise Risk Management Liaison



HARRIS HEALTH SYSTEM

ENTERPRISE RISK MANAGEMENT PLAN

Version October 2022

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Section 1: PURPOSE

The Enterprise Risk Management (ERM) Plan provides the operating structure and process to identify organizational risks and monitor and evaluate the impact of risks on the achievement of Harris Health System's strategic objectives, mission, and vision. The Harris Health's ERM Plan is written based on the components and principles adopted by the American Society for Healthcare Risk Management (ASHRM). These principles are adopted from the Committee of Sponsoring Organization of the Treadway Commission's (COSO) enterprise risk management framework. The framework allows Harris Health to understand the importance of enterprise risk management in strategic planning and implement a risk management process so strategic goals can be met.

ASHRM ERM Framework



ASHRM promotes a comprehensive framework for making risk management decisions which maximize value protection and creation by managing risk and uncertainty and their connections to total value. This framework is built on the foundation of system governance with the following guiding principles:

1. Advance safe and trusted healthcare
2. Managing uncertainty
3. Maximize value protection and creation
4. Encourage multidisciplinary accountability
5. Optimize organizational readiness
6. Promote positive organizational culture which will impact readiness and success
7. Utilize data/metrics to prioritize risks
8. Align risk appetite and strategy

COSO ERM Framework



COSO aims to help organizations understand and prioritize risks and create a strong link between risk, strategy and how a business performs. COSO refers to 5 interrelated components:

1. Governance & Culture
2. Strategy & Objective Setting
3. Performance
4. Review & Revision
5. Information, Communication & Reporting

Section 2: SCOPE

Harris Health is a county-owned healthcare system comprised of two acute care hospitals and 26 primary and specialty care locations that include an Ambulatory Surgical Center, a Chronic Dialysis Center, and a Dental Center. In addition, Harris Health provides operational oversight for Harris County Correctional Health Services at the county jail. The ERM scope extends to all facilities and services Harris Health offers to Harris County residents.

Section 3: DEFINITIONS

- **Enterprise Risk Management** – a strategic discipline that supports the identification, assessment and management of risks. Through an enterprise-wide approach, ERM can advance internal control of all relevant risks and improve an organization’s ability to generate greater value from strategic and operational activities.
- **Risk Management Procedure** – a five-step process to risk management that includes identifying, analyzing, evaluating, and responding to risks, as well as monitoring and review of the risks.
- **Risk Assessment** - involves employing a systematic process to identify and evaluate potential risks to the organization’s strategies, business objectives, and mission.
- **Risk Domains** – referred to as categories or areas of risk; a method used to segregate similar risks into manageable groupings.
- **Risk Domain Leader** – a leader of a respective risk domain who has direct oversight for the domain’s risk management procedures.
- **Risk Group Leader** – a leader of a respective risk group within a risk domain who leads the risk group in performing the risk management procedures.
- **Risk Owner** – an owner of a particular risk designated by the risk group leader or the risk domain leader.
- **Risk Appetite** - the amount and type of risk an organization is willing to pursue, retain, or take in pursuit of achieving the strategic goals and objectives.
- **Risk Tolerance** - the acceptable deviation from the organization's risk appetite.
- **Risk Capacity** - the maximum amount of risk that the organization can take and remain viable.
- **Risks** – the probability that events will occur and affect the achievement of an organization’s strategy and objectives, or the positive or negative effect of uncertainty on objectives.
- **Uncertainty** – the state not knowing how or if potential events may manifest.
- **Risk Response** - the process of developing strategic options and determining actions to enhance opportunities and reduce threats to the project's objectives. Risk responses include acceptance, avoidance, pursuit, reduction, and sharing.
- **Key Risk Indicators (KRIs)** – critical predictors of unfavorable events that can adversely impact organizations.
- **Key Performance Indicators (KPIs)** - measurable values that demonstrate how effectively an organization is achieving key strategic objectives.

Section 4: GOVERNANCE AND CULTURE

Principle 1 – Board Oversight

The Harris Health Board of Trustees (BoT) Compliance and Audit Committee will provide oversight of the organization’s ERM program. The BoT will receive high-level periodic reports of ERM implementation and results to ensure accountability for the organizational risks.

Principle 2 – Operating Structure

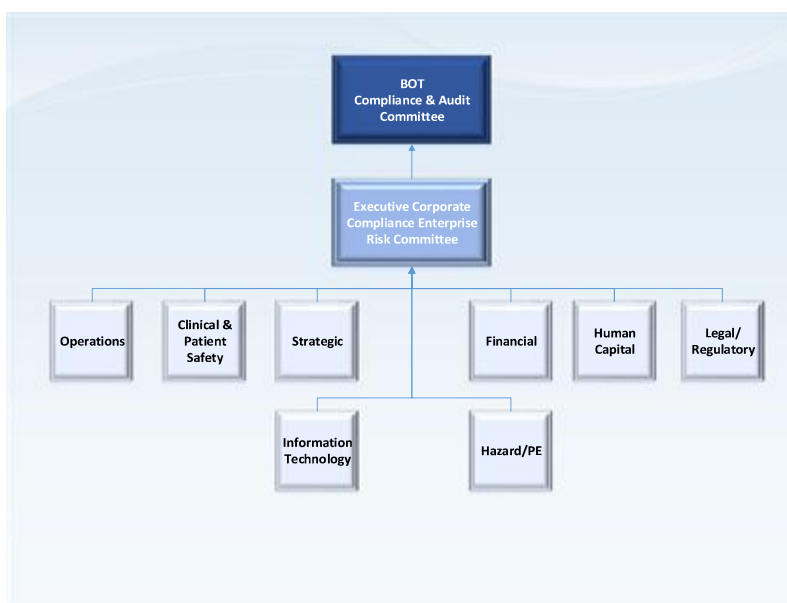
A. Executive Corporate Compliance & Enterprise Risk Committee

The Executive Corporate Compliance & Risk Officer received the authority from the BoT to maintain the corporate compliance program and ERM for the health system. To provide oversight for the two programs, the Executive Corporate Compliance & Enterprise Risk (ECCER) Committee is established. This committee is responsible for overseeing the Corporate Compliance program, along with coordinating the implementation of system-wide ERM Plan and the ongoing assessment and evaluation of strategic risks across the system. Refer to [Attachment 1](#) for Committee’s charter, duties, and membership.

B. Enterprise Risk Management Risk Domains and Risk Groups

ASHRM developed a total of eight (8) risk domains: Operational, Clinical/Patient Safety, Strategic, Financial, Human Capital, Legal/Regulatory, Technology, and Hazard. Harris Health's ERM Risk Domains are adopted based on the ASHRM's domains and are aligned with the respective Executive Vice Presidents under the leadership of the President & Chief Executive Officer and the BoT. Each risk domain may have more than one risk group to ensure risks are assessed and managed to achieve Harris Health's strategic goals and objectives.

Membership of each risk domain is comprised of a Risk Domain Leader, Risk Group Leader, and Risk Owners. Refer to [Appendix A](#) for the ERM Risk Domains and Risk Groups membership.



C. Roles and Responsibility of ERM Risk Leaders/Risk Owners

The ERM Risk Groups will perform a minimum of one annual risk assessment for each of their assigned risk domains to ensure risks are identified, analyzed, evaluated, responded, and reported to the ECCER Committee. Upon identification of risks, the Risk Group will analyze the risks, evaluate the potential impact, and remediate the risks that may adversely impact the outcome of the system strategic objectives. The Risk Group will develop and implement action plans to address the risks according to the risk management process.

D. Roles of ERM Liaisons

The ERM program will foster effective working relationships with all the Risk Groups of the eight risk domains to promote a risk-aware culture. ERM Liaisons will support the ERM program by providing education, facilitating communication around ERM topics, and coordinating system-wide ERM activities.

Principle 3 – Risk-aware Culture

Harris Health's BoT and Executive Leadership define the culture of the organization by influencing how risks are identified, determining the types of risk to accept, and determining and how risk is managed. The risk culture will affect:

- a. Our strategic goals and objectives as prescribed in Harris Health's five-year Strategic Plan;
- b. Application of the risk identification and assessment processes;

- c. Selection of risk responses and allocation of finite resources; and
- d. Our review of how risks impact the organization's performance.

Principle 4 – Commitment to Core Values

Harris Health's ERM program seeks to identify and manage the risks that pose a threat to fulfillment of the Harris Health's mission, vision, and values.

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

Harris Health's values are QUALITY:

- Q Quality and Patient Safety
- U United as One Harris Health System
- A Accountable and Just Culture
- L Leadership
- I Innovation, Education, Research
- T Trust, Recognition, Respect
- Y You: Patients, Employees, Medical Staff

The BoT and Executive Leadership will ensure that the ERM program reflects the values of the organization by embracing a risk-aware culture and holding everyone accountable for performance conducive to achieving strategic objectives. The Executive Leadership team, including the Board, will cultivate open communication and transparency about risks and risk-taking expectations.

Principle 5 – ERM Risk Liaison(s)

Harris Health will retain a Director of Enterprise Risk Management and Liaison(s) to guide the development and implementation of the ERM program and the management of day-to-day program operations. The ERM Liaison will report to Harris Health's Executive Vice President of Corporate Compliance & Risk Officer and work in collaboration with the Harris County Auditor's Office.

Section 5: STRATEGY AND OBJECTIVE

Principle 6 - Consideration of Business Context

Harris Health considers business context when developing strategies to support our mission, vision, and values. We understand that business context may be dynamic, complex, and unpredictable. New risks may emerge at any time and disrupt the routine business operation. There will be many interconnections and interdependencies among processes and unanticipated changes. We will consider these factors when implementing the ERM program to accommodate the changing business context and its impact on Harris Health's risk profile.

Principle 7 – Risk Appetite and Tolerance

Not all risks should be eliminated. Harris Health must therefore be willing to accept or pursue a certain level of risk when striving to achieve objectives (risk appetite) and must establish boundaries after a thorough

assessment (risk tolerance) for acceptable performance variances in relation to achieving its goals and mission. Harris Health has established a low appetite and tolerance for risks that impact the health and safety of patients, workforce members, and visitors. The organization has a marginally higher appetite for operational and financial risks and will continue to focus on legal and regulatory requirements while navigating the operational and financial risks.

Principle 8 – Evaluates Alternative Strategies

In an event where alternative strategic objectives must be considered, Harris Health will evaluate any alternative strategies selected to ensure they align with our mission, vision, and values as described in the Strategic Plan. We will continue to identify and understand the potential risks and opportunities of each strategy. The identified risks will collectively form a risk profile for each strategy. The risk profile will allow Harris Health to appropriately allocate resources to execute action to achieve the strategic objectives.

Principle 9 – Formulates Business Objectives

Harris Health will consider risk while establishing the business objectives at various levels that align and support strategy. Strategic objectives are developed at various levels, across functions and departments within our health system. They are aligned with and support the system strategies as written in Harris Health System Strategic plan. Operational and patient safety objectives also align with the organization’s risk appetite for us to remain and operate within the assessed risk capacity.

Section 6: PERFORMANCE

Principle 10 – Identification of Risks

A risk management policy and procedure will be developed, implemented, and reviewed annually to provide guidance and direction for evaluating and responding to risks. This policy and procedure includes risk identification, risk scoring, prioritization, and suggested mitigating actions respective to the various level of risks identified. Refer to [Attachment 2](#) for additional details on *Enterprise Risk Management Policy & Procedure*.

The ERM Risk Groups will identify significant risks that may impact the achievement of Harris Health’s strategic objectives. The ERM Risk Groups will follow the risk management policy and provided tool to develop the risk list.

Principle 11 – Assessment for the Severity of Risk

Once the risks are identified, the ERM Risk Groups will score the risks based on the “likelihood of occurrence” within the next three years, and the “potential impact” the risk will have on Harris Health. Upon completion, the risks will be reorganized in order of significance based on the risk score. The ERM Risk Groups will follow the risk assessment policy and prescribed tool in [Attachment 2](#) to assess the risks.

Principle 12 – Prioritization of Risks

The ERM Risk Groups will review the risk list and prioritize the risks that will be managed. During this review, the ERM Risk Groups will focus on understanding of the type of risks and discussing the risk appetite and tolerance levels for each risk. Risk prioritization allows Harris Health to recognize that some risks may be tolerable because they are already considered to be managed to an acceptable degree, while other risks are not managed and need to be mitigated. Mitigation strategies or action plans may need to be developed to address other risks that the group has determined to be in low tolerance or low appetite.

Principle 13 – Implementation of Risk Responses

The ERM Risk Groups are responsible for developing and implementing one or more risk responses to reduce the likelihood or impact of each risk; evaluating the effectiveness of risk responses and implementing additional risk responses when warranted; and reporting the results of risk response activities to the ECCER Committee and the Compliance and Audit Committee. Risk responses may include:

- **Risk Acceptance:** taking no action to reduce the likelihood or impact of a risk when the risk is already within the defined risk appetite.
- **Risk Avoidance:** taking action to remove the risk completely if there is no identifiable response that would reduce the risk to an acceptable level.
- **Risk Pursuit:** Actively and knowingly accepting an increased risk to achieve increased performance, without exceeding the bounds of acceptance risk tolerance.
- **Risk Reduction:** taking action to reduce the perceived likelihood and/or impact of a risk to stay based on the defined risk appetite and capacity. This may come in a form of risk reduction strategy or corrective action plan.
- **Risk Sharing:** transferring or sharing a risk through insurance, contractual provisions, outsourcing, or hedging activities.

Principle 14 – Development of Risk Portfolio View

A risk portfolio view will be developed to include risk types, appetite, and tolerance. A portfolio view of risk allows the Board and Executive Leadership to determine whether the risk profile aligns with the stated appetite. The risk profile also provides Executive Leadership:

- a. The assumptions underpinning the assessment of the significance of a risk;
- b. The behaviors of individual risks under stressed conditions;
- c. The interdependence of risks within the portfolio view; and
- d. The effectiveness of existing risk responses.

Section 7: REVIEW AND REVISION

Principle 15 – Assessment for Substantial Change

A risk refresh or re-assessment process may be considered periodically to identify significant changes in the likelihood and impact of risks on the established risk list and to capture information about the new and emerging risks Harris Health may encounter. Substantial change in the internal or external environment may lead to new or changed risks and affect key assumptions underpinning strategy. Harris Health's ERM program will consider how such change can/will impact the system's ERM profile. Examples of internal changes may include expansion or added health services, technological or process innovation, and leadership or key personnel changes. External changes may include changes to healthcare legal or regulatory requirements. Both internal and external changes may require a re-assessment of the risks on the risk list that may change the overall risk portfolio.

Principle 16 – Reviews Risk and Performance

The ECCER Committee will conduct an annual review of Harris Health's ERM program. The review will evaluate the effectiveness of the program on:

- The identification, assessment and prioritization of risks;
- The appropriateness of existing key performance indicators and key risk indicators;
- Levels of actual performance of business objectives compared to established performance targets; and
- The effectiveness of risk responses.

If performance is not within the acceptable risk tolerances or if performance results in a different risk profile than expected, Harris Health may consider revisions to the organization's strategy, strategic objectives, risk culture, performance targets, assessment of the significance of specific risks, risk priorities, risk responses, and/or risk appetite. The extent of any corrective action taken will align with the magnitude of the deviation in performance, the importance of Harris Health's strategic objectives, and the costs and benefits associated with altering risk responses. Harris Health's resources and existing capacities will be considered in the deployment of any corrective actions.

Principle 17 – Pursues Improvement in Enterprise Risk Management

Harris Health System will pursue ERM process maturity by embedding continual identification and evaluation of risk into routine operational practices, Harris Health systematically identifies potential improvements in our risk management processes.

Specific opportunities to improve the efficiency and usefulness of risk management processes are sought by the organization in the following areas:

- a. Introduction of new technology to improve efficiency and effectiveness
- b. A review of historical gaps or opportunities in performance and a root cause analysis of significant incidents
- c. Organizational changes in governance structures or changes in senior or operational leadership
- d. Changes in risks appetite due to changing business context, legal, regulatory, and economic environment
- e. Identification of new or additional risk categories or domains
- f. Enhanced communications capabilities or access to improved performance data
- g. Benchmark, where applicable, to determine performance compared to other healthcare systems

Section 8: INFORMATION, COMMUNICATION AND REPORTING

Principle 18 - Leverages Information and Technology

Harris Health's ERM process seeks to provide relevant information to enhance strategic decision-making ability and support an understanding of the current and evolving risk profile.

Data used to support an objective risk assessment comes from quality and operational metrics tracked by Harris Health. Existing IT and data systems will be leveraged to capture the information needed to understand risk, make risk-aware decisions, and fulfill reporting requirements. Data capture and preservation will be managed through Harris Health's data governance structure.

Principle 19 - Communication of Risk Information

Harris Health uses various communication channels to provide risk data and information within the Health System, medical school affiliates, and other interested parties. Internally, the Board and Executive Leadership communicates our Health System's strategic plan, objectives, strengths, and opportunities throughout the organization so that all levels of the workforce members understand their roles and responsibilities. Such communication allows leadership to emphasize:

- a. The importance, relevance, and value of ERM
- b. The characteristics, behaviors, and values that defines the culture of quality and safety at Harris Health
- c. The strategies, objectives, and tactics to achieve performance
- d. The organization's risks appetite and tolerance
- e. The expectations of the Board and Executive Leadership in relation to ERM and performance improvement

Communication with the Board is delegated to the Compliance and Audit Committee so that the BoT understands risks as it relates to the strategy and business objectives and provides leadership and support the implementation of ERM program.

The Compliance and Audit Committee or designee will discuss the organization's risk appetite with the Board, and the Board will ensure that the communication regarding risk appetite remains open. Harris Health's risk appetite statement serves as a touchstone, allowing the Board and Executive Leadership to identify the risks that impact organization's strategy, monitor the risk profile, and track the effectiveness of the ERM program.

Principle 20 – Reports on Risk, Culture, and Performance

Communication of risks to all Harris Health's workforce members allows them to understand the relationships between risk, culture, and performance. At Harris Health, a Just and Accountable Culture, along with Red Rule policy, allows staff to consider risks when carrying out daily patient care and service functions. Their efforts to consistently do the right thing will help build a culture of improvement and high reliability.

The organization's strategic risk profile allows executive leadership to make decisions that align with the system's strategic plan. When performing management reviews on quality, safety, operational efficiencies, and other key performance indicators, leadership also reviews forward-looking early warning information (risks) and analyzes trends and shifts in performance to make necessary improvements.

ERM Reporting may include the following:

- a. Portfolio view of risk that outlines the significance of risks at the system level that may impact achievement of strategic goals and objectives
- b. Root cause analysis of a recognized risks or known event
- c. Analysis of new, emerging and changing risks to provide a forward-looking view with anticipation of changes in the risk list, the effects on resource requirements, resource allocation, and anticipated performance
- d. Key performance indicators (KPIs) to measure the risk tolerance of a risk domain
- e. Key risk indicators (KRIs) to identify the status of early warning signals and precursors to changes in the likelihood or impact of a risk
- f. Trend analysis that demonstrates movements and changes in the risk portfolio
- g. Disclosure of incidents, breaches, and losses that provides insights into the effectiveness of a risk response
- h. Tracking ERM plans and activities to provide a summary of process development and implementation, investment of resources, and commitment to ERM and culture by the BoT and Executive Leadership in responding to risks

The risk portfolio and all ERM program activities will be reported to the BoT through the Compliance and Audit Committee. The committee plays an integral role in the Board's ability to consider risks to executing strategy, reviewing risk appetite, and providing oversight to ERM practices deployed by the executive leadership team.

ERM program management (ERM Liaisons) works closely with the ERM Risk Groups to identify the specific risk information required, its intended use, the required frequency of reporting, and user preferences for the level of detail and presentation and display of information. ERM program management maintains appropriate controls so that reporting is timely, accurate, concise, and complete.

Section 9: ATTACHMENTS

Attachment 1: EXECUTIVE CORPORATE COMPLIANCE & ENTERPRISE RISK COMMITTEE CHARTER

Attachment 2: ENTERPRISE RISK MANAGEMENT POLICY & PROCEDURE

Section 10: REFERENCES

American Society for Healthcare Risk Management (ASHRM) - Enterprise Risk Management Framework

Committee of Sponsoring Organizations of the Treadway Commission (COSO) 2017 Enterprise Risk Management

International Standards Organization (ISO) 3100:2018 – Risk Management

Section 11: APPROVALS

9/20/2022	V.1	Executive VP, Chief Compliance and Risk Officer

APPENDIX A - ERM RISK DOMAINS AND RISK GROUPS MEMBERSHIP

ERM Risk Domains	ERM Work Groups	Risk Group Members
Operations	Operations & Support	<p>Risk Domain Leader: EVP & Chief Operating Officer: Louis Smith Risk Group Leaders: EVP, Pavilion’s Administrators: G. Medina MD; T. Darnauer; J. Small; SVP Trans & Post-Acute Care: Amy Smith Risk Owners:</p> <ul style="list-style-type: none"> • Pharmacy & Laboratory: SVP Chief Pharmacy & Lab Officer: Michael Nnadi • Ancillary Support: VPs of Operations: Jamie Hons; A. Syed; H. Patel; VPs Business & Ancillary Ops: Bill Walker; George Gaston; VP, System Service Lines: Amineh Kostov • Correctional Health: VP of Operations: Kiki Teal
Clinical & Patient Safety	Quality & Safety	<p>Risk Domain Leader: EVP & Chief Medical Executive: Steven Brass MD Risk Group Leaders: SVP Chief Quality & Safety Officer: Yashwant Chathampally MD; EVP Chief Nursing Executive: Jackie Brock DNP; Chiefs of Staff: Sandeep Markan MD, Tien Ko MD, Matasha Russell MD Risk Owner: VP, Patient Safety & Risk Management: Debbi Garbade</p>
Strategic	Strategic Planning	<p>Risk Domain Leader: President & CEO: Esmaeil Porsa MD Risk Group Leader: EVP, Chief Strategy & Integration Officer: Michael Hill Risk Owners:</p> <ul style="list-style-type: none"> • Quality & Patient Safety: EVP & Chief Medical Executive: Steven Brass MD; Chief of Staff: Markan Sandeep MD, Tien Ko MD, Matasha Russell MD • People: EVP, Chief People Officer: Omar Reid • One Harris Health System: EVP, Chief Operating Officer: Louis Smith • Population Health Management: SVP, Chief Health Officer, Interim: Hope Galvan • Infrastructure Optimization: SVP, Facility Contr. & Systems Engineering: David Attard; CIO: George Hickman; CISO: Jeff Vinson
Finance	Financial Services	<p>Risk Domain Leader: EVP, Chief Financial Officer: Victoria Nikitin Risk Group Leader: EVP, Chief Financial Officer: Victoria Nikitin Risk Owners:</p> <ul style="list-style-type: none"> • Accounting: VP, Controller: Kari McMichael • Revenue Cycle: Admin Director, Patient Finance: Tina Strawn • Government Reporting: Admin Director, Government Reimb/Rpt: Julie Rabat-Torki
Human Capital	Human Resources	<p>Risk Group Leader: EVP, Chief People Officer: Omar Reid Risk group Leader: EVP, Chief People Officer: Omar Reid Risk Owners:</p> <ul style="list-style-type: none"> • Associate Administrator, Learning & Talent Acquisition: Gary Marsh • Chief Nurse Executive: Jackie Brock • Chief Medical Executive: Steven Brass MD
Legal/Regulatory	Legal/Audit/Regulatory Compliance	<p>Risk Domain Leader: EVP, Chief Compliance & Risk Officer: Carolynn Jones Risk Group Leaders: VP, Legal Affairs: Sara Thomas; Chief Assistant County Auditor: Errika Perkins; VP, Compliance Officer: Anthony Williams; VP, CCISO: Jeffrey Vinson Risk Owners:</p> <ul style="list-style-type: none"> • Legal: VP, Legal Affairs: Holly Grummet; Ebon Swofford • Internal Audit: Audit Director: Sharon Brantley Smith; Admin Director, Accreditation & Regulatory Affairs: Vivian Ho-Nguyen

ERM Risk Domains	ERM Work Groups	Risk Group Members
		<ul style="list-style-type: none"> • Compliance: Administrative Director, Compliance: Catherine Walther, Rika Waldrop • Information Security: Tom Odour
Technology	IT Infrastructure	<p>Risk Domain Leader: SVP, Chief Information Officer: Ron Fuschillo Risk Group Leaders: VP, Technology Officer: Vinh Truong and VP, Epic Integrated Systems: David Webb; SVP, CISO: Jeff Vinson</p> <p>Risk Owners:</p> <ul style="list-style-type: none"> • Epic EMR: Admin Directors: Jose Mathews; Azuka Ameoha; Raj Nair • IT architecture: Cary Fagan • Information Security: Kevin Schramm, Tom Odour
Hazard	Physical Environment	<p>Risk Domain Leader: Sr. EVP, Chief Operating Officer: Louis Smith Risk Group Leaders: SVP Facility Const & Systems Engineering: vacant; Admin Director, PE: Chip Whitten</p> <p>Risk Owners:</p> <ul style="list-style-type: none"> • Facility/Plants: Admin Director, Facility Engineering: Terry Elliot; VPs of Ops: Aown Syed & Jamie Hons, and Administrative Director ACS Ancillary Services: Jake Goldstein • Life Safety Management System: Guillermo De Leon • Safety: Suzanne Young • HazMat: Denise Ronquille-Bell • Emergency Management: Vacant • Security: Chris Okezie and Jon Hallaway • Medical Equipment: James Young

Thursday, November 10, 2022

Executive Session

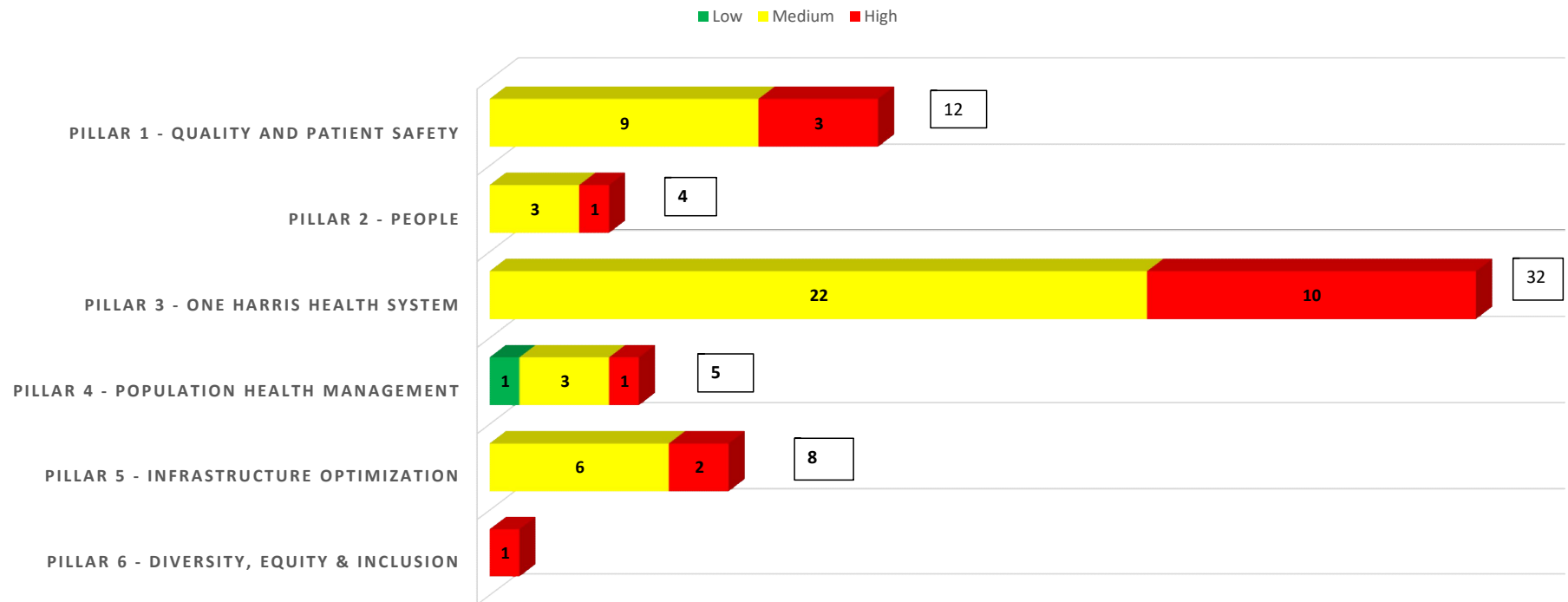
Discussion Regarding Harris County Internal Audit Report on FY2023 Annual Risk Assessment and Audit Plan Process, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002, Tex. Gov't Code §418.183 and Tex. Gov't Code §551.089



Internal Audit FY 2023 Risk Assessment & Audit Plan

November 11, 2022

62 Traditional Risks by Strategic Pillar

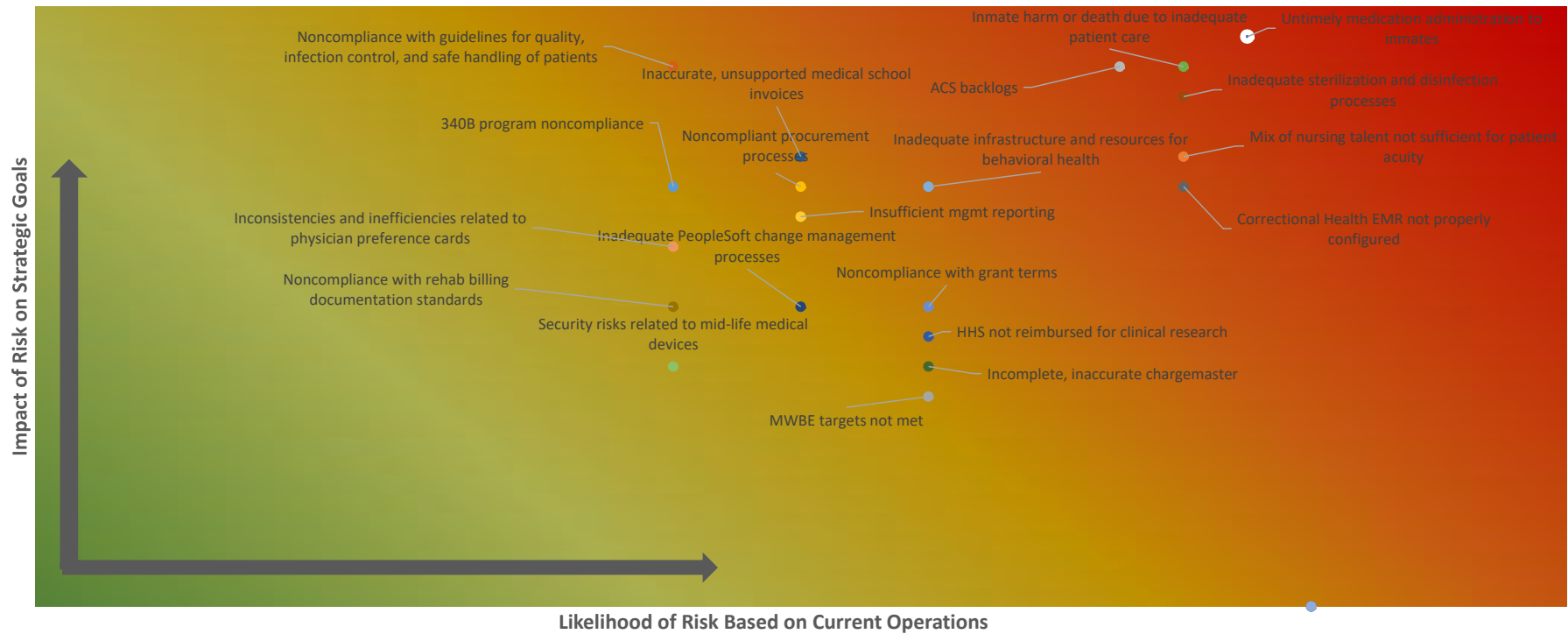


Top 20 Traditional Risks by Assurance Provider

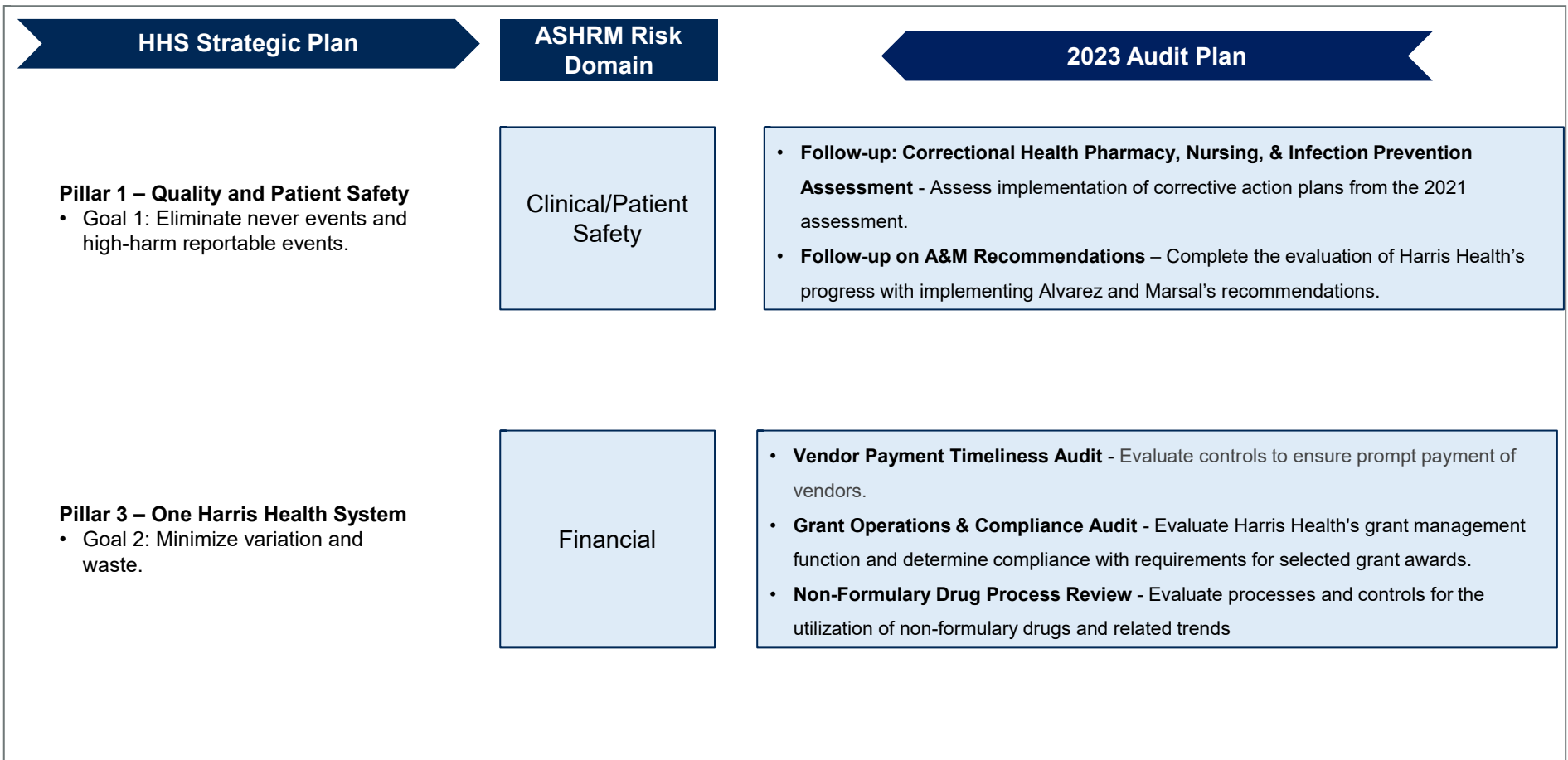


ASHRM Risk Domain	Risk Statement	Harris Health Strategic Pillar	Assurance Provider
<i>Clinical/Patient Safety</i>	Inmates are not administered medication in a timely manner due to inadequate resources, throughput, and drug diversion processes.	Pillar 1 - Quality and Patient Safety	Internal Audit
<i>Clinical/Patient Safety</i>	Mix of nursing talent not sufficient to address acuity of patient population.	Pillar 2 - People	Management
<i>Operational</i>	Targets for MWBE outreach and goals not met.	Pillar 6: Diversity, Equity & Inclusion	Management Internal Audit
<i>Operational</i>	Procurement process does not comply with regulations and policy and do not support open and fair bidding.	Pillar 3 - One Harris Health System	Internal Audit
<i>Legal/Regulatory</i>	Noncompliance with 340B program requirements, resulting in loss of funding and/or removal from the program.	Pillar 3: One Harris Health System	Management Compliance
<i>Clinical/Patient Safety</i>	Risk of harm or death to inmates due to inadequate, untimely patient care.	Pillar 1 - Quality and Patient Safety	Management Internal Audit
<i>Operational</i>	PeopleSoft change management environment does not provide a secure and controlled structure for software changes.	Pillar 5: Infrastructure Optimization	Internal Audit
<i>Clinical/Patient Safety</i>	Patient and staff exposure to high-level pathogens caused by ineffective sterilization and disinfection processes.	Pillar 1 - Quality and Patient Safety	Accreditation
<i>Operational</i>	Correctional health EMR not configured to support jail's operational workflows.	Pillar 3 - One Harris Health System	Management
<i>Legal/Regulatory</i>	Noncompliance with regulatory standards for rehab billing documentation.	Pillar 3 - One Harris Health System	Compliance
<i>Financial</i>	Medical school invoices for provider services are inaccurate or not properly supported.	Pillar 3 - One Harris Health System	Internal Audit
<i>Financial</i>	Chargemaster may not be complete and accurate.	Pillar 3 - One Harris Health System	Compliance
<i>Financial</i>	Decentralized grant administration resulting in noncompliance with terms of grant.	Pillar 3 - One Harris Health System	Internal Audit
<i>Operational</i>	Physician preference cards not updated timely & surgical inventory not consistent for same procedures creating inefficiencies in the OR and supply waste.	Pillar 3 - One Harris Health System	Internal Audit
<i>Clinical/Patient Safety</i>	Ambulatory Care Services backlogs leading to noncompliance with insurance contract obligations and inability to provide timely patient care.	Pillar 3 - One Harris Health System	Management
<i>Strategic</i>	Insufficient reporting for management decision making and process improvements.	Pillar 3: One Harris Health System	Management
<i>Clinical/Patient Safety</i>	Inadequate infrastructure and resources to address behavioral health patient population.	Pillar 4: Population Health Management	Management
<i>IT</i>	Mid-life medical devices expose the hospital's network to security breaches due to untimely security patches.	Pillar 5 - Infrastructure Optimization	Internal Audit
<i>Financial</i>	Harris Health not fully reimbursed for clinical research services provided by the sponsor.	Pillar 3 - One Harris Health System	Management
<i>Clinical/Patient Safety</i>	Noncompliance with regulatory guidelines and evidence-based practices for quality of care, infection control, and safe handling and movement of patients.	Pillar 1 - Quality and Patient Safety	Accreditation

Heat Map - Top 20 Traditional Risks



Draft FY 2023 Internal Audit Plan



Draft FY 2023 Internal Audit Plan (cont.)

HHS Strategic Plan

ASHRM Risk Domain

2023 Audit Plan

Pillar 4 – Population Health Mgmt.

- Goal 1: Optimize primary care to improve outcomes and control costs/avoidable utilization while enhancing the patient experience.

Pillar 6 (new) – Diversity, Equity & Inclusion

Operational

- **UT Provider Invoice Payments** - Determine whether controls exist to ensure UT physician services invoices are complete, compliant with the agreement, and accurate prior to payment.
- **Baylor Provider Invoice Payments** - Determine whether controls exist to ensure Baylor physician services invoices are complete, compliant with the agreement, and accurate prior to payment.
- **Physician Preference Card Audit** - Evaluate processes and controls for ensuring the accuracy of physician preference cards to increase efficiency and minimize waste.
- **MWBE Program and Policy Audit** – Validate the status of corrective action plans from the Disparity Study and evaluate current processes against the MWBE policy and program that were established as a result of the Study.

Pillar 5 – Infrastructure Optimization

- Goal 2: Ensure up-to-date effective and safe IT and IS infrastructure

Technology

- **Cybersecurity Training Compliance Assessment** - Assess compliance with the State’s annual cybersecurity training and reporting requirements.
- **PeopleSoft Change Management Audit** - Provide observations and recommendations for enhancing the control environment prior to any upgrades.
- **Medical Device Security Audit** - Evaluate controls to confirm medical devices are updated with the latest security patches/software per vendor and IT security requirements.
- **HIPAA Privacy Controls Audit** - Evaluate processes and controls for monitoring, identifying, and mitigating breaches to medical record documentation.

Thank You



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The logo for Harris Health System is a vertical stack of three words: "HARRIS" in a teal color, "HEALTH" in a dark blue color, and "SYSTEM" in a dark blue color. The text is set within a thin white rectangular border.

**HARRIS
HEALTH
SYSTEM**

Thursday, December 1, 2022

Consideration of Approval of First Amendment to the Interlocal Agreement Between Harris Health System and Harris County, Texas for Legal Representation and Related Support Services Provided by the Harris County Attorney's Office

For your consideration is an amendment to the Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System ("Harris Health") and Harris County, Texas, for Legal Representation and Related Support Services provided by the Harris County Attorney's Office.

Pursuant to this Amendment, Harris Health will compensate Harris County in an amount not-to-exceed \$3,400,000.00 for Fiscal Year 2023. This amount covers the cost of attorneys, paralegals, investigators, an administrative assistant, and project coordinator.

Thursday December 1st, 2022

**Consideration of Approval to Ratify a Grant Agreement Between Harris County
Hospital District d/b/a Harris Health System and the American Cancer Society**

Harris Health System is a recipient to an American Cancer Society grant to fund The Cancer Patient Navigation (CANTO) Collaborative project.

- This agreement funds \$300,000 for the term of July 1, 2022 through December 31, 2024.

**Administration Recommends Ratification of this Grant Agreement Between Harris County
Hospital District d/b/a Harris Health System and the American Cancer Society.**

Thank you.

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: December 1, 2022**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
D1	American Cancer Society	Consideration of Approval of a Grant Agreement between the Harris County Hospital District d/b/a Harris Health System and the American Cancer Society to Fund the Cancer Patient Navigation (CANTO) Collaboration Project in the amount of \$300,000.	Grant Agreement	July 1, 2022 through December 31, 2024	Dr. Jennifer Small	\$ 300,000.00
TOTAL AMOUNT:						\$ 300,000.00

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, December 1, 2022

Harris Health System October Financial Report Subject to Audit



Financial Statements

As of October 31, 2022



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Financial Highlights Review



As of October 31, 2022

October 2022 Financial Statement Summary Variance Discussion

Operating income for October was \$7.8 million compared to budgeted income of \$4.8 million.

Total net revenue for October of \$191.3 million was \$813 thousand or 0.4% greater than budget. Net patient revenue contributed \$2.8 million and improved investment returns added \$1.9 million to the positive variance. Medicaid Supplemental programs were \$3.9 million lower than expected primarily due to timing.

In October, total expenses of \$183.6 million were \$2.2 million or 1.2% less than budget. Staff costs were \$2.0 million under budget as a result of a reduction in contract labor utilization and decreases in benefits expense.

Also in October, total patient days and average daily census increased 5.8% compared to budget. Inpatient case mix index, a measure of patient acuity, was 5.3% lower while length of stay was 0.4% lower than budget. Emergency room visits were 6.7% higher than planned for the month. Total clinic visits, including telehealth, were 10.2% higher compared to budget. Births were up 26.3%.

Total cash receipts for October were \$511.4 million. The System has \$1,141.6 million in unrestricted cash, cash equivalents and investments, representing 199.1 days cash on hand. The improved cash position in October was due to a late lump-sum annual payment for Hospital Augmented Reimbursement Program (HARP) for non-state government-owned and operated hospitals. On September 1, 2022, the Texas Health and Human Services Commission (HHSC) announced that it received approval from CMS to implement the new program. The approval, and the corresponding payment, is retroactive to October 1, 2021 and covers the entire federal fiscal year 2022 from October 2021 to September 2022.

Harris Health System has \$122.9 million in net accounts receivable, representing 60.2 days of outstanding patient accounts receivable at October 31, 2022. The October balance sheet reflects a combined net receivable position of \$58.6 million under the various Medicaid Supplemental programs.

Income Statement

As of October 31, 2022 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 63.3	\$ 60.5	4.6%	\$ 63.3	\$ 60.5	4.6%	\$ 81.4	-22.2%
Medicaid Supplemental Programs	47.1	51.0	-7.7%	47.1	51.0	-7.7%	31.3	50.5%
Other Operating Revenue	9.5	9.3	2.3%	9.5	9.3	2.3%	2.4	302.6%
Total Operating Revenue	\$ 119.9	\$ 120.8	-0.7%	\$ 119.9	\$ 120.8	-0.7%	\$ 115.1	4.2%
Net Ad Valorem Taxes	69.3	69.3	0.0%	69.3	69.3	0.0%	65.5	5.8%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	-	0.0%
Interest Income & Other	2.1	0.4	406.0%	2.1	0.4	406.0%	16.0	-86.8%
Total Nonoperating Revenue	\$ 71.4	\$ 69.7	2.4%	\$ 71.4	\$ 69.7	2.4%	\$ 81.5	-12.4%
Total Net Revenue	\$ 191.3	\$ 190.5	0.4%	\$ 191.3	\$ 190.5	0.4%	\$ 196.6	-2.7%
EXPENSE								
Salaries and Wages	\$ 72.2	\$ 71.9	-0.4%	\$ 72.2	\$ 71.9	-0.4%	\$ 74.4	2.9%
Employee Benefits	22.2	24.4	9.2%	22.2	24.4	9.2%	24.7	10.3%
Total Labor Cost	\$ 94.3	\$ 96.3	2.0%	\$ 94.3	\$ 96.3	2.0%	\$ 99.1	4.8%
Supply Expenses	25.2	23.3	-8.3%	25.2	23.3	-8.3%	22.0	-14.6%
Physician Services	35.3	36.0	1.7%	35.3	36.0	1.7%	30.5	-15.7%
Purchased Services	21.7	22.5	3.6%	21.7	22.5	3.6%	23.1	6.1%
Depreciation & Interest	7.0	7.7	9.4%	7.0	7.7	9.4%	6.1	-14.6%
Total Operating Expense	\$ 183.6	\$ 185.7	1.2%	\$ 183.6	\$ 185.7	1.2%	\$ 180.8	-1.5%
Operating Income (Loss)	\$ 7.8	\$ 4.8		\$ 7.8	\$ 4.8		\$ 15.8	
Total Margin %	4.1%	2.5%		4.1%	2.5%		8.1%	

Balance Sheet

HARRISHEALTH
SYSTEM

October 31, 2022 and 2021 (In \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,141.6	\$ 903.9
Net Patient Accounts Receivable	122.9	124.5
Net Ad Valorem Taxes, Current Portion	68.3	520.6
Other Current Assets	184.2	150.6
Total Current Assets	\$ 1,517.1	\$ 1,699.5
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 418.9	\$ 444.5
Construction in Progress	171.0	96.1
Right of Use Assets	45.9	-
Total Capital Assets	\$ 635.8	\$ 540.6
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 40.0	\$ 50.4
LPPF Restricted Cash	71.2	28.3
Capital Gift Proceeds	45.5	-
Other - Restricted	1.0	1.5
Total Assets Limited As to Use & Restricted Assets	\$ 157.6	\$ 80.2
Other Assets	31.9	7.8
Deferred Outflows of Resources	188.5	179.3
Total Assets & Deferred Outflows of Resources	\$ 2,530.9	\$ 2,507.4
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 238.4	\$ 181.0
Employee Compensation & Related Liabilities	122.4	115.8
Estimated Third-Party Payor Settlements	13.5	8.6
Current Portion Long-Term Debt and Capital Leases	20.6	12.2
Total Current Liabilities	\$ 395.0	\$ 317.6
Long-Term Debt	332.9	308.0
Net Pension & Post Employment Benefits Liability	605.1	737.4
Other Long-Term Liabilities	8.1	24.3
Deferred Inflows of Resources	218.7	112.4
Total Liabilities	\$ 1,559.7	\$ 1,499.7
Total Net Assets	\$ 971.2	\$ 1,007.7
Total Liabilities & Net Assets	\$ 2,530.9	\$ 2,507.4

Cash Flow Summary

HARRISHEALTH
SYSTEM

As of October 31, 2022 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 52.3	\$ 64.7	\$ 52.3	\$ 64.7
Medicaid Supplemental Programs	452.7	213.1	452.7	213.1
Net Ad Valorem Taxes	0.0	0.0	0.0	0.0
Tobacco Settlement	-	-	-	-
Other Revenue	6.4	(19.1)	6.4	(19.1)
Total Cash Receipts	\$ 511.4	\$ 258.8	\$ 511.4	\$ 258.8
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 102.5	\$ 110.6	\$ 102.5	\$ 110.6
Supplies	21.2	24.9	21.2	24.9
Physician Services	34.0	30.0	34.0	30.0
Purchased Services	14.3	21.0	14.3	21.0
Capital Expenditures	12.8	12.1	12.8	12.1
Debt and Interest Payments	0.3	0.3	0.3	0.3
Other Uses	7.6	8.5	7.6	8.5
Total Cash Disbursements	\$ 192.6	\$ 207.4	\$ 192.6	\$ 207.4
Net Change	\$ 318.8	\$ 51.3	\$ 318.8	\$ 51.3

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

\$ 822.8

Net Change

318.8

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

\$ 1,141.6

Performance Ratios

As of October 31, 2022

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	4.1%	2.5%	4.1%	2.5%	8.1%
Run Rate per Day (In\$ Millions)	\$ 5.7	\$ 5.8	\$ 5.7	\$ 5.8	\$ 5.7
Salary, Wages & Benefit per APD	\$ 2,228	\$ 2,451	\$ 2,228	\$ 2,451	\$ 2,581
Supply Cost per APD	\$ 596	\$ 593	\$ 596	\$ 593	\$ 573
Physician Services per APD	\$ 835	\$ 915	\$ 835	\$ 915	\$ 796
Total Expense per APD	\$ 4,335	\$ 4,727	\$ 4,335	\$ 4,727	\$ 4,710
Overtime as a % of Total Salaries	3.9%	1.7%	3.9%	1.7%	3.0%
Contract as a % of Total Salaries	6.1%	7.4%	6.1%	7.4%	5.4%
Full-time Equivalent Employees	9,823	9,918	9,823	9,918	9,286
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			3.8		5.3
Unrestricted Cash (In \$ Millions)			\$ 1,141.6	\$ 710.4	\$ 903.9
Days Cash on Hand			199.1	127.6	159.4
Days Revenue in Accounts Receivable			60.2	54.8	47.4
Days in Accounts Payable			45.1		38.7
Capital Expenditures/Depreciation & Amortization			213.3%		232.6%
Average Age of Plant(years)			11.3		12.4

Harris Health System Key Indicators



Statistical Highlights

As of October 31, 2022

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	42,344	39,292	7.8%	42,344	39,292	7.8%	38,386	10.3%
Outpatient % of Adjusted Volume	61.0%	62.6%	-2.4%	61.0%	62.6%	-2.4%	62.7%	-2.6%
Primary Care Clinic Visits	48,550	41,320	17.5%	48,550	41,320	17.5%	40,296	20.5%
Specialty Clinic Visits	21,467	19,817	8.3%	21,467	19,817	8.3%	19,627	9.4%
Telehealth Clinic Visits	10,890	12,261	-11.2%	10,890	12,261	-11.2%	16,820	-35.3%
Total Clinic Visits	80,907	73,398	10.2%	80,907	73,398	10.2%	76,743	5.4%
Emergency Room Visits - Outpatient	11,977	11,313	5.9%	11,977	11,313	5.9%	10,034	19.4%
Emergency Room Visits - Admitted	1,794	1,589	12.9%	1,794	1,589	12.9%	1,408	27.4%
Total Emergency Room Visits	13,771	12,902	6.7%	13,771	12,902	6.7%	11,442	20.4%
Surgery Cases - Outpatient	835	1,052	-20.6%	835	1,052	-20.6%	734	13.8%
Surgery Cases - Inpatient	790	881	-10.3%	790	881	-10.3%	714	10.6%
Total Surgery Cases	1,625	1,933	-15.9%	1,625	1,933	-15.9%	1,448	12.2%
Total Outpatient Visits	126,812	123,745	2.5%	126,812	123,745	2.5%	139,166	-8.9%
Inpatient Cases (Discharges)	2,851	2,533	12.6%	2,851	2,533	12.6%	2,259	26.2%
Outpatient Observation Cases	940	1,175	-20.0%	940	1,175	-20.0%	1,164	-19.2%
Total Cases Occupying Patient Beds	3,791	3,708	2.2%	3,791	3,708	2.2%	3,423	10.8%
Births	523	414	26.3%	523	414	26.3%	426	22.8%
Inpatient Days	16,496	14,708	12.2%	16,496	14,708	12.2%	14,327	15.1%
Outpatient Observation Days	2,833	3,564	-20.5%	2,833	3,564	-20.5%	3,403	-16.7%
Total Patient Days	19,329	18,272	5.8%	19,329	18,272	5.8%	17,730	9.0%
Average Daily Census	623.5	589.4	5.8%	623.5	589.4	5.8%	571.9	9.0%
Average Operating Beds	681	681	0.0%	681	681	0.0%	681	0.0%
Bed Occupancy %	91.6%	86.6%	5.8%	91.6%	86.6%	5.8%	84.0%	9.0%
Inpatient Average Length of Stay	5.79	5.81	-0.4%	5.79	5.81	-0.4%	6.34	-8.8%
Inpatient Case Mix Index (CMI)	1.616	1.706	-5.3%	1.616	1.706	-5.3%	1.853	-12.8%
Payor Mix (% of Charges)								
Charity & Self Pay	47.8%	46.2%	3.5%	47.8%	46.7%	2.4%	48.2%	-0.7%
Medicaid & Medicaid Managed	22.5%	23.5%	-4.3%	22.5%	22.7%	-1.0%	20.6%	9.2%
Medicare & Medicare Managed	11.0%	11.6%	-4.9%	11.0%	11.0%	0.3%	12.4%	-10.9%
Commercial & Other	18.7%	18.7%	-0.2%	18.7%	19.5%	-4.3%	18.9%	-1.0%
Total Unduplicated Patients - Rolling 12				246,784			259,271	-4.8%
Total New Patient - Rolling 12				84,260			82,689	1.9%

Harris Health System

Statistical Highlights

October FY 2023

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,791	3,708	3,423

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
3,791	3,708	3,423

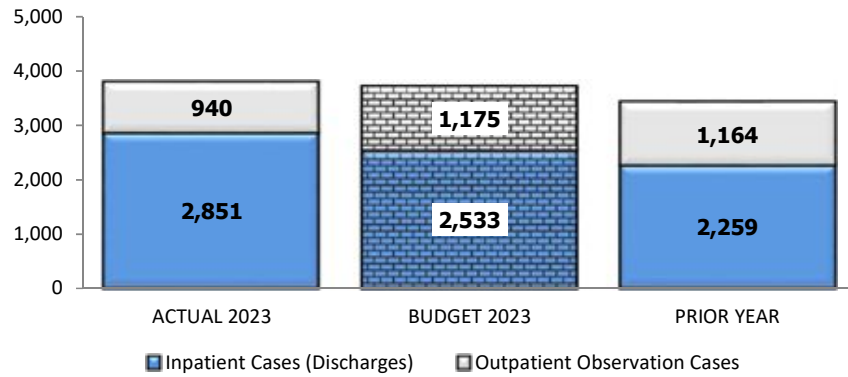
Emergency Visits - CM

Actual	Budget	Prior Year
13,771	12,902	11,442

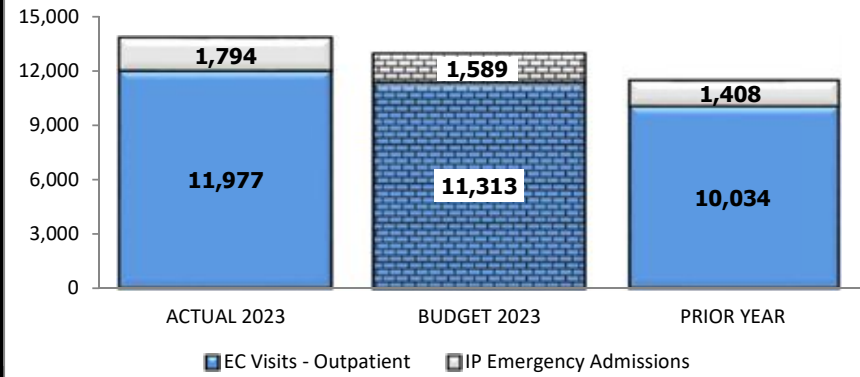
Emergency Visits - YTD

Actual	Budget	Prior Year
13,771	12,902	11,442

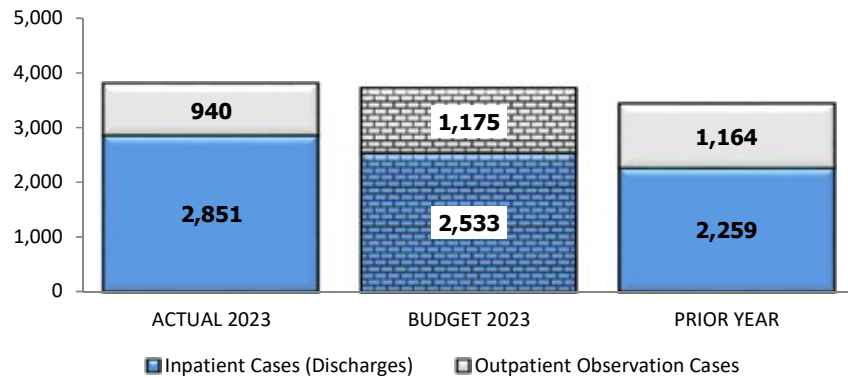
Cases Occupying Beds - Current Month



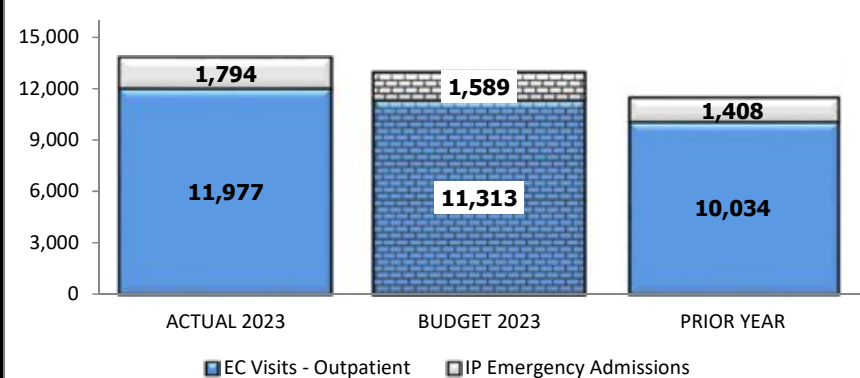
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

October FY 2023

Surgery Cases - CM

Actual	Budget	Prior Year
1,625	1,933	1,448

Surgery Cases - YTD

Actual	Budget	Prior Year
1,625	1,933	1,448

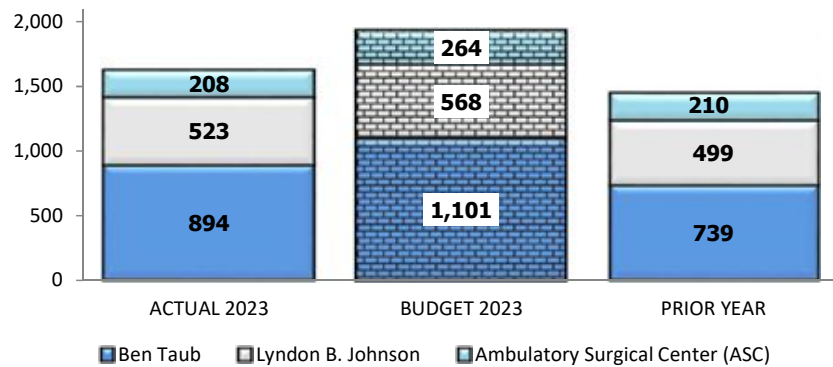
Clinic Visits - CM

Actual	Budget	Prior Year
80,907	73,398	76,743

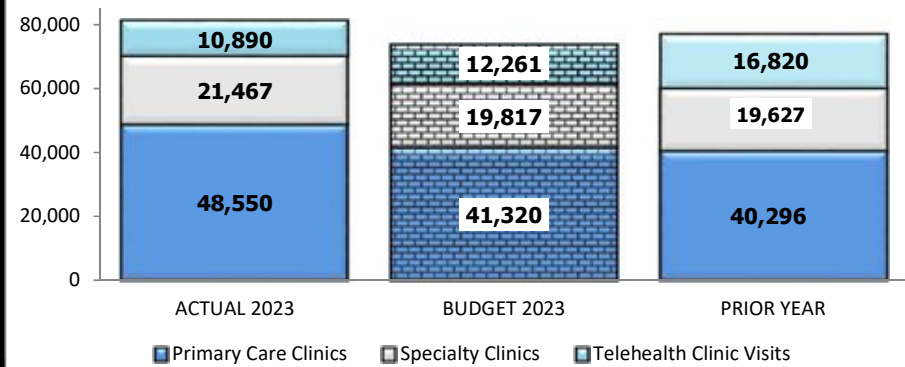
Clinic Visits - YTD

Actual	Budget	Prior Year
80,907	73,398	76,743

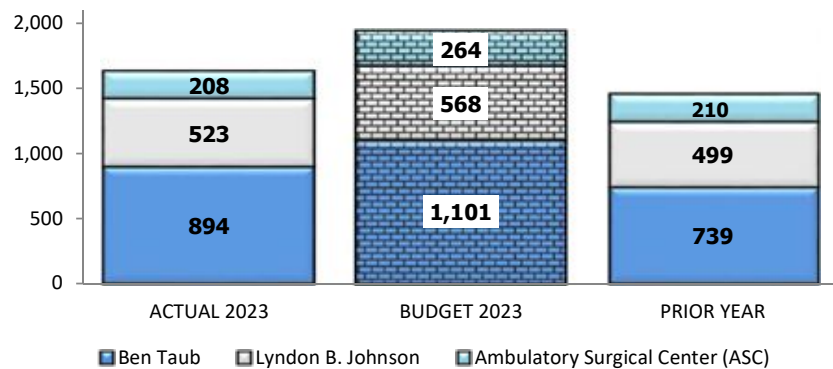
Surgery Cases - Current Month



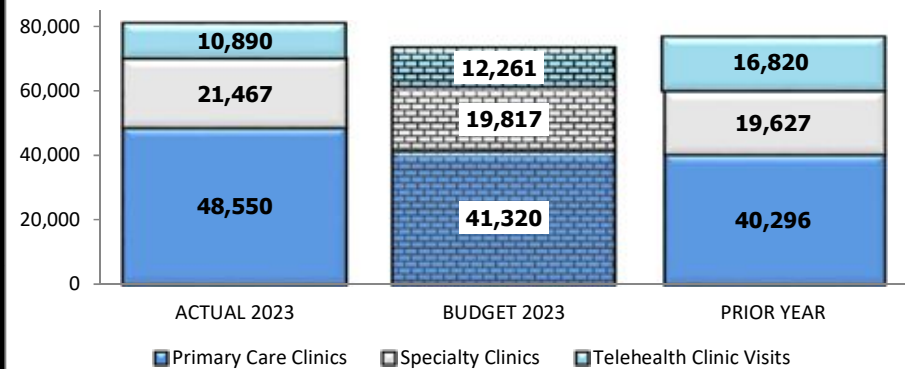
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

October FY 2023

Adjusted Patient Days - CM

42,344

Adjusted Patient Days - YTD

42,344

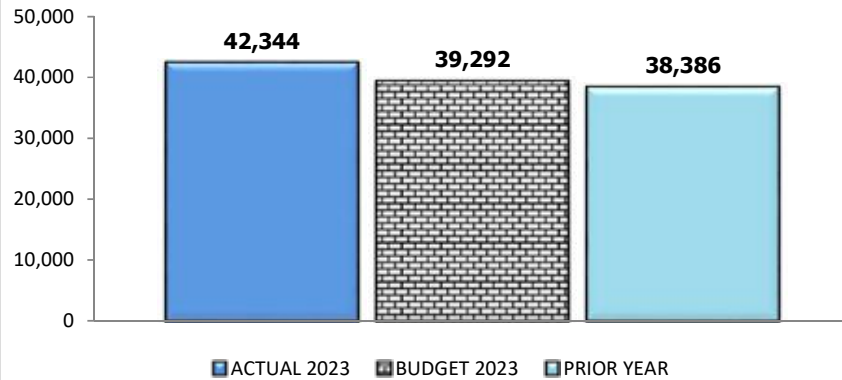
Average Daily Census - CM

623.5

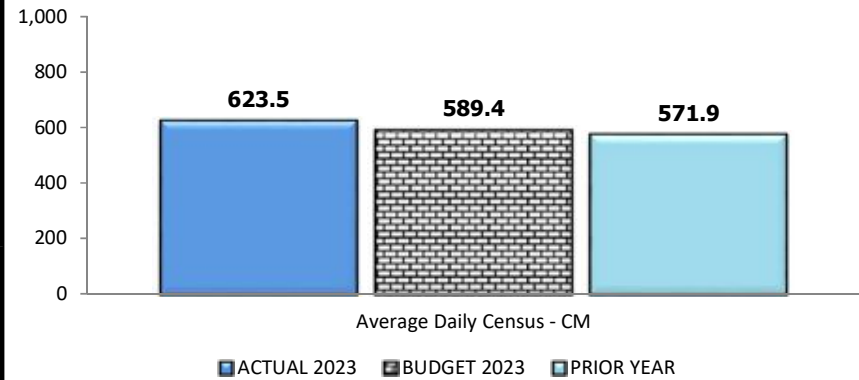
Average Daily Census - YTD

623.5

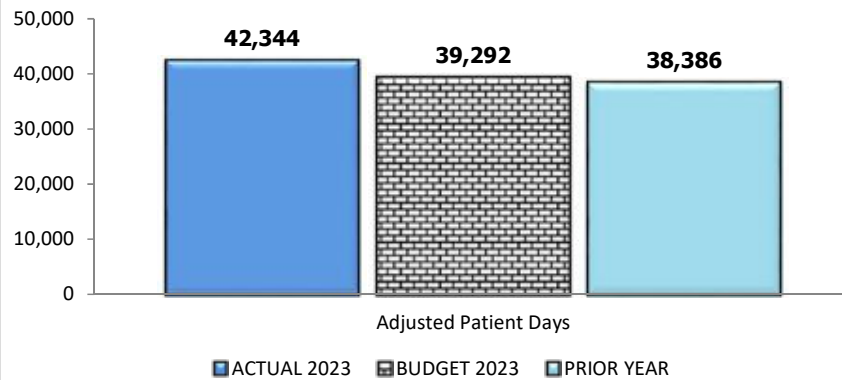
Adjusted Patient Days - Current Month



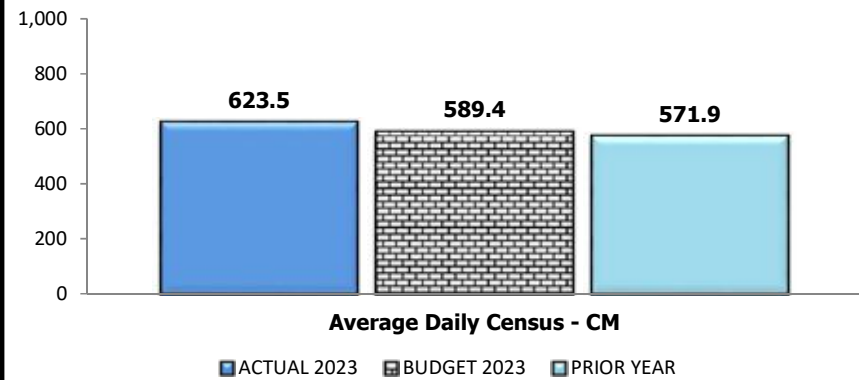
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

October FY 2023

Inpatient ALOS - CM

5.79

Inpatient ALOS - YTD

5.79

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.616

1.691

Case Mix Index (CMI) - YTD

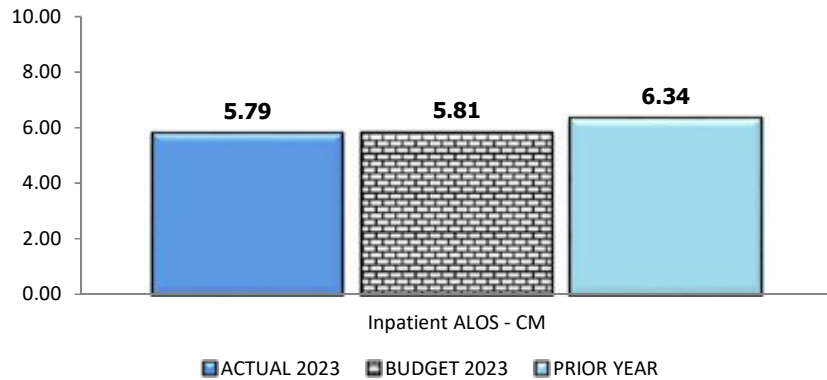
Overall

Excl. Obstetrics

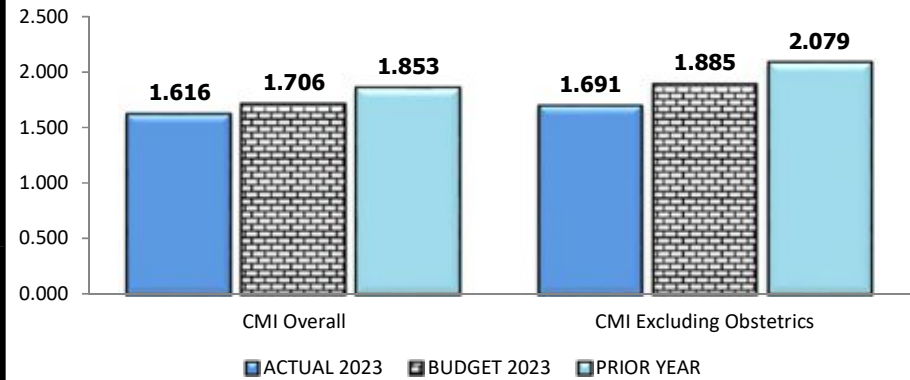
1.616

1.691

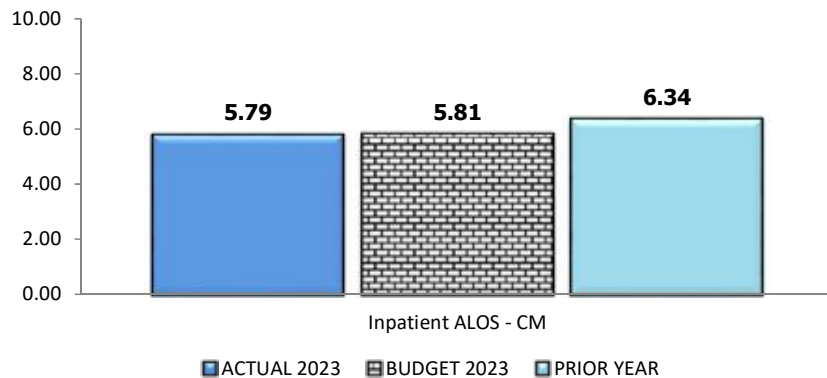
Inpatient ALOS - Current Month



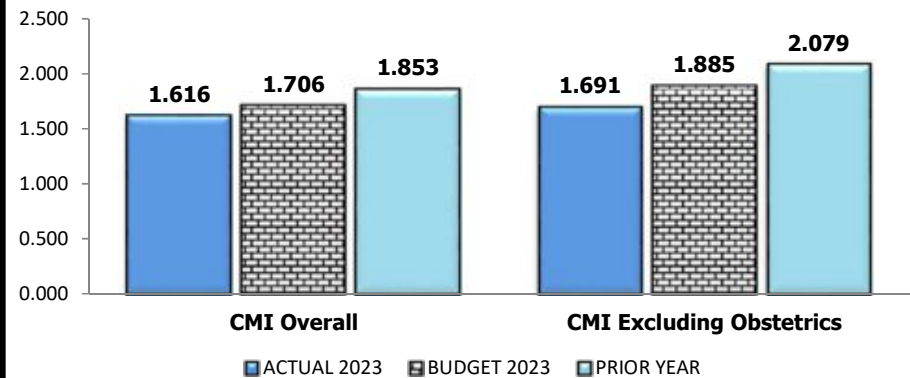
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

October FY 2023

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,210	2,170	2,091

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
2,210	2,170	2,091

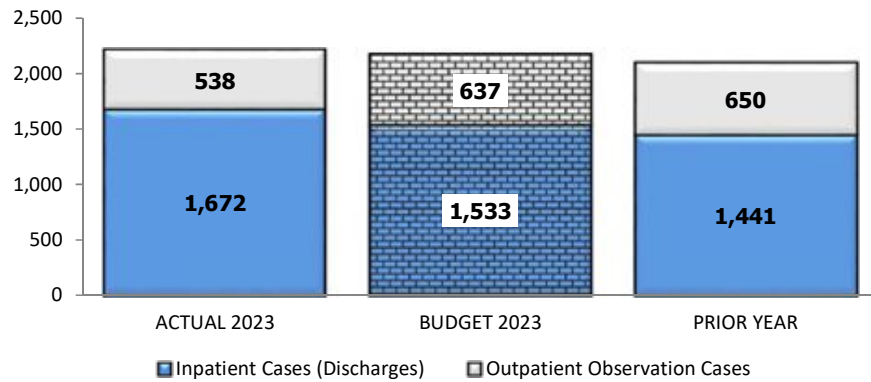
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,581	1,538	1,332

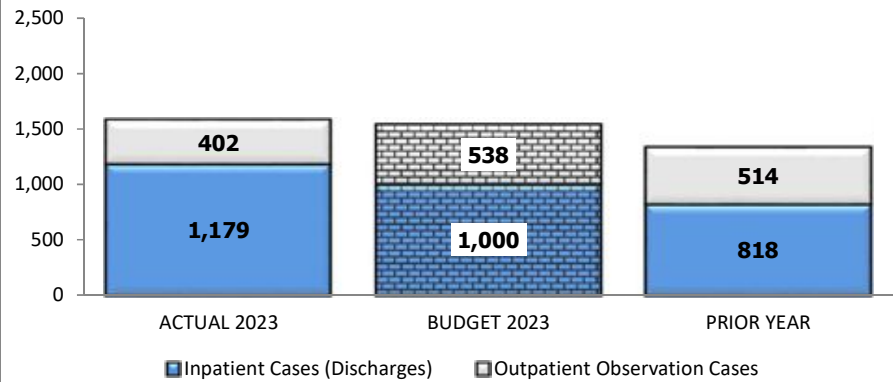
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
1,581	1,538	1,332

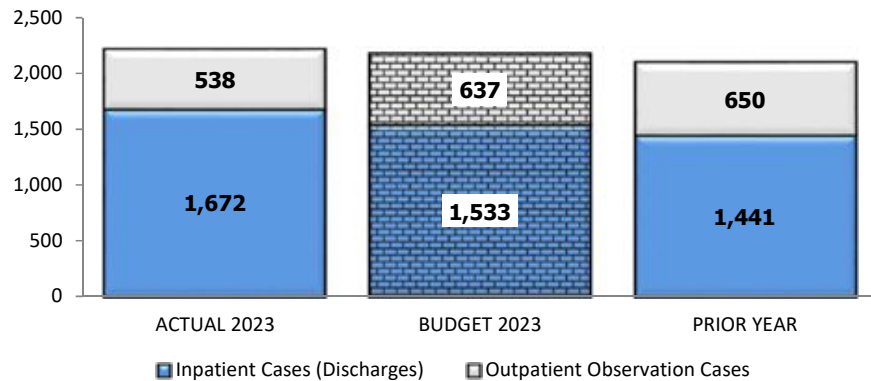
Ben Taub Cases - Current Month



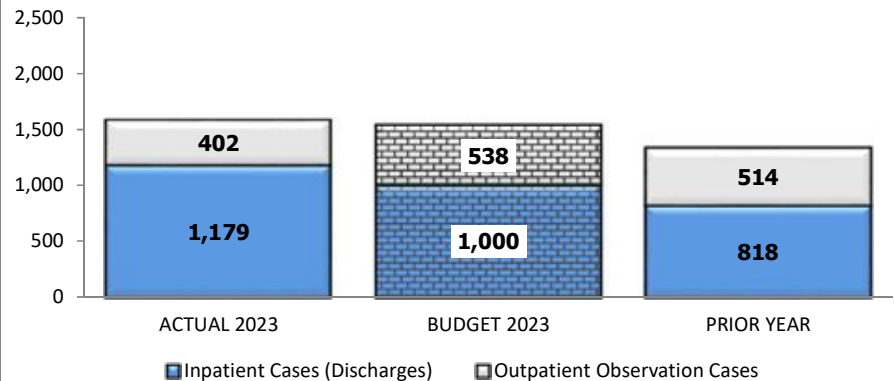
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

October FY 2023

BT Surgery Cases - CM

Actual	Budget	Prior Year
894	1,101	739

BT Surgery Cases - YTD

Actual	Budget	Prior Year
894	1,101	739

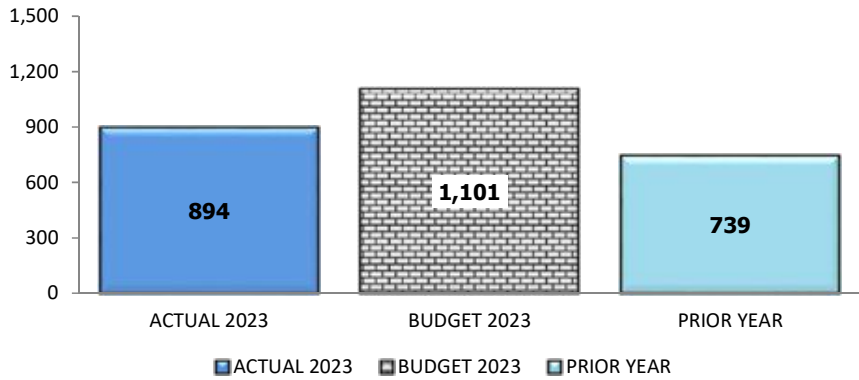
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
731	832	709

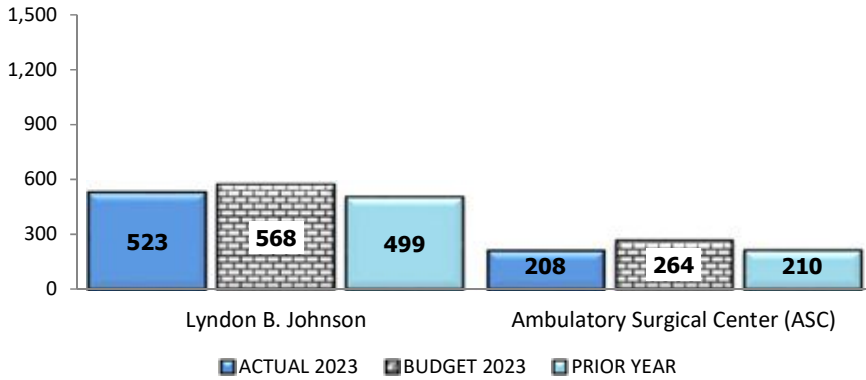
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
731	832	709

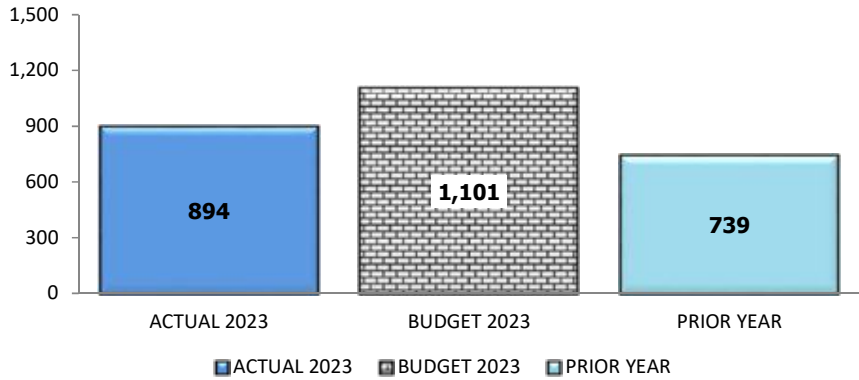
Ben Taub OR Cases - Current Month



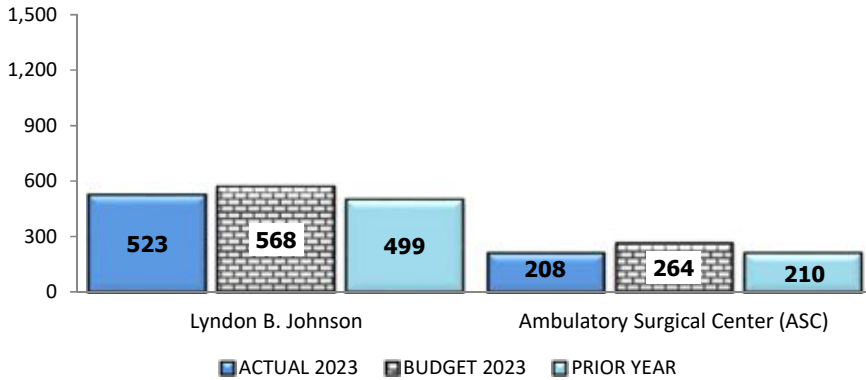
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD



Harris Health System

Statistical Highlights - Emergency Room Visits

October FY 2023

BT Emergency Visits - CM

Actual	Budget	Prior Year
6,463	6,426	5,764

BT Emergency Visits - YTD

Actual	Budget	Prior Year
6,463	6,426	5,764

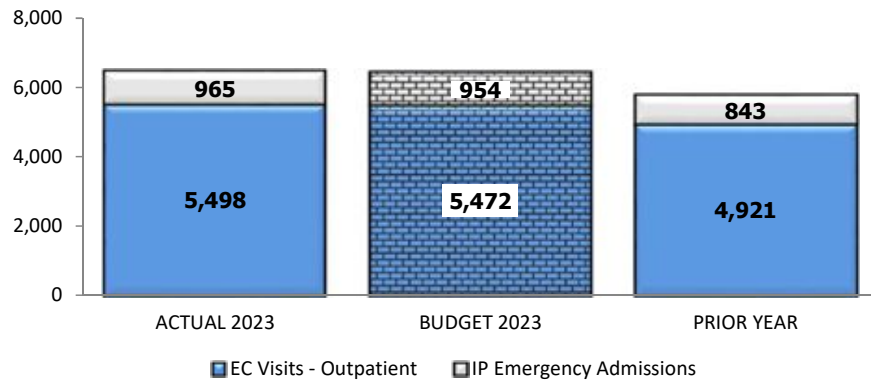
LBJ Emergency Visits - CM

Actual	Budget	Prior Year
7,308	6,476	5,678

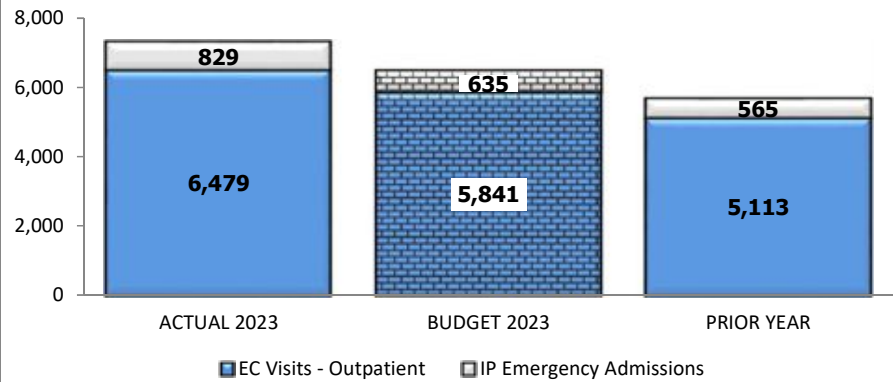
LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
7,308	6,476	5,678

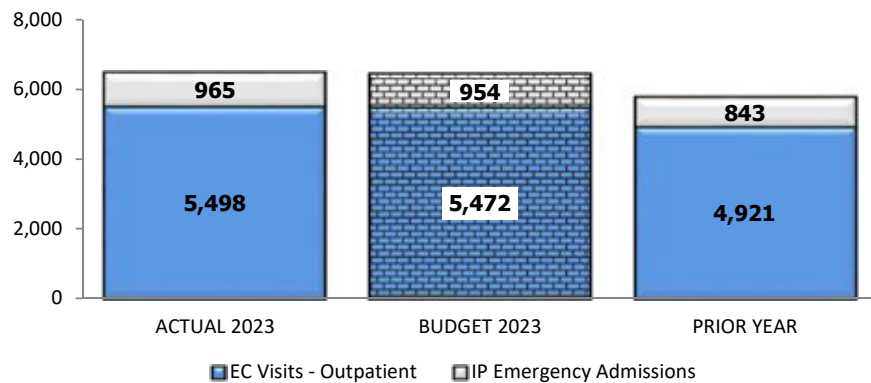
Ben Taub EC Visits - Current Month



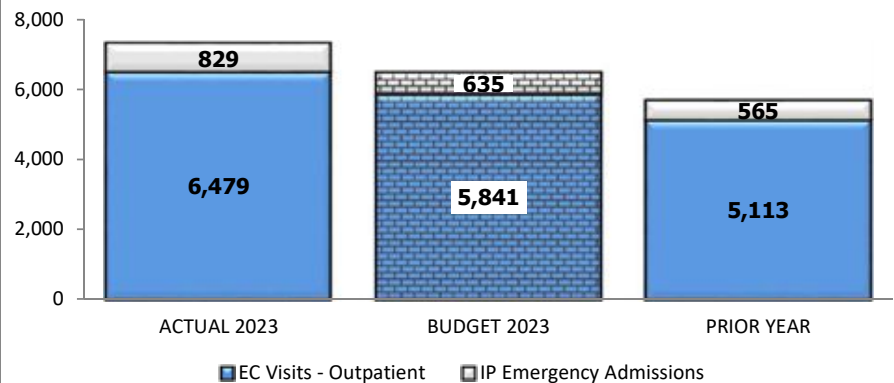
Lyndon B. Johnson EC Visits - Current Month



Ben Taub EC Visits - YTD



Lyndon B. Johnson EC Visits - YTD



Harris Health System

Statistical Highlights - Births

October FY 2023

BT Births - CM

Actual	Budget	Prior Year
317	236	248

BT Births - YTD

Actual	Budget	Prior Year
317	236	248

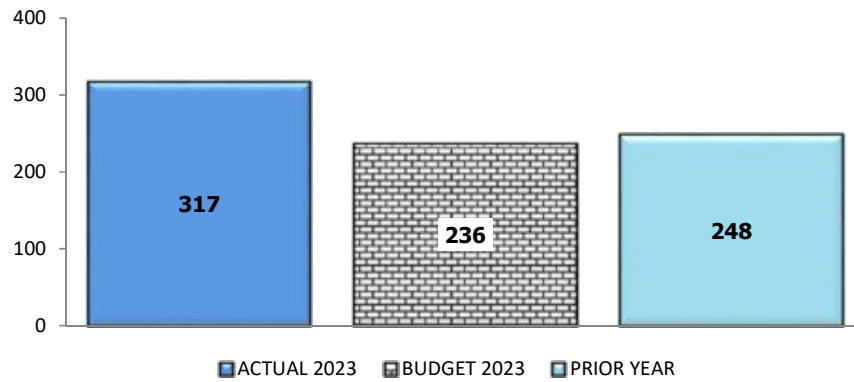
LBJ Births - CM

Actual	Budget	Prior Year
206	178	178

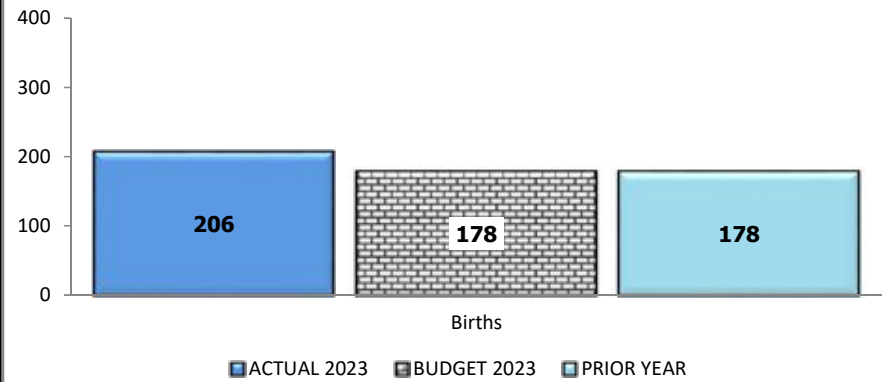
LBJ Births - YTD

Actual	Budget	Prior Year
206	178	178

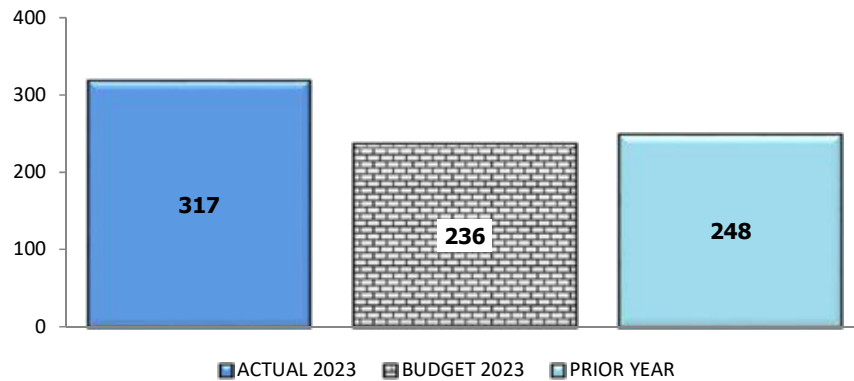
Ben Taub Births - Current Month



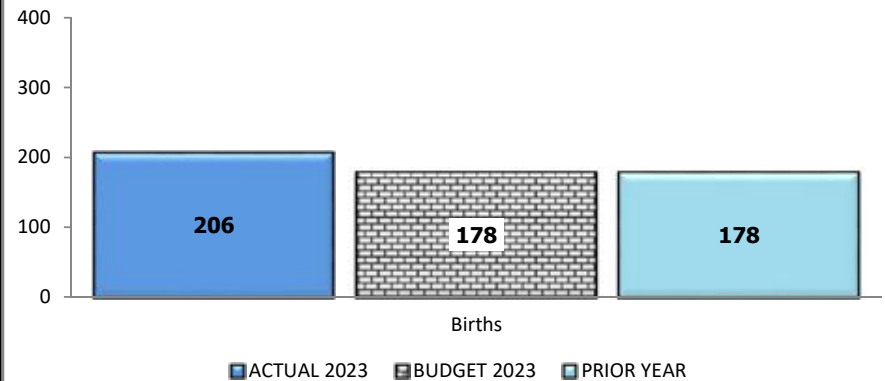
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

October FY 2023

BT Adjusted Patient Days - CM

20,643

BT Adjusted Patient Days - YTD

20,643

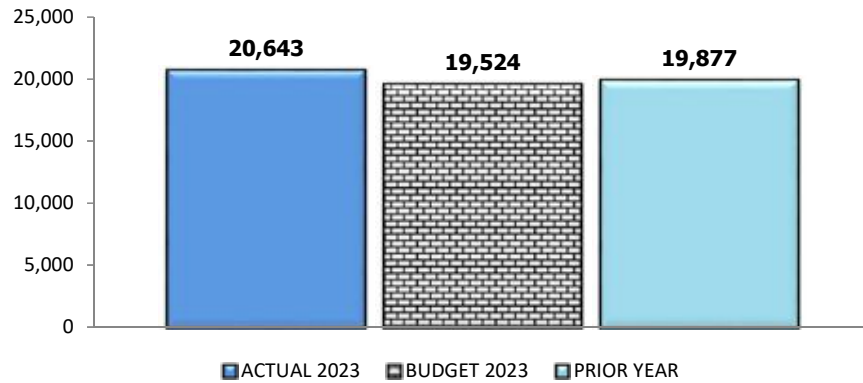
LBJ Adjusted Patient Days - CM

13,309

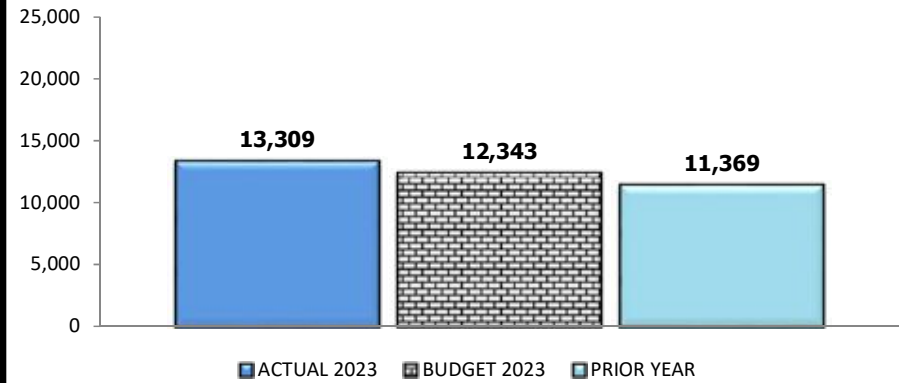
LBJ Adjusted Patient Days - YTD

13,309

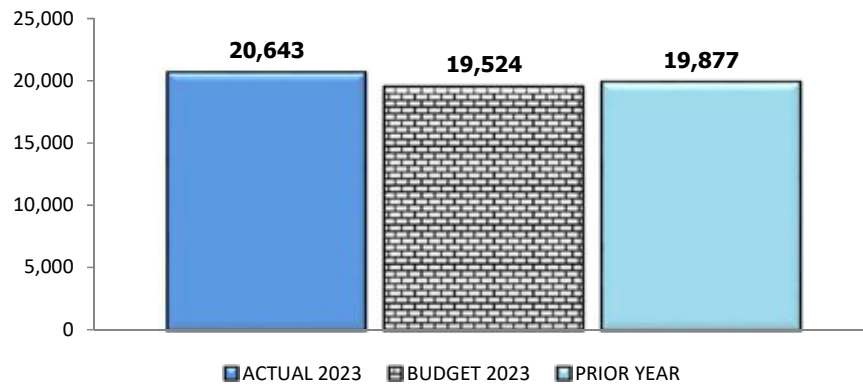
Ben Taub APD - Current Month



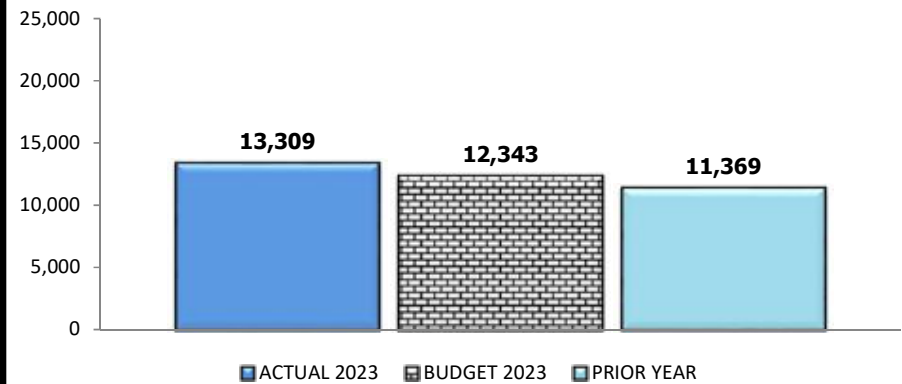
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

October FY 2023

BT Average Daily Census - CM

402.9

BT Average Daily Census - YTD

402.9

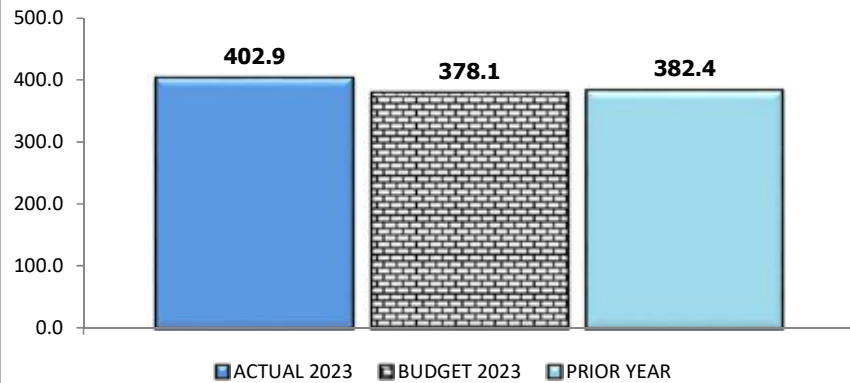
LBJ Average Daily Census - CM

220.6

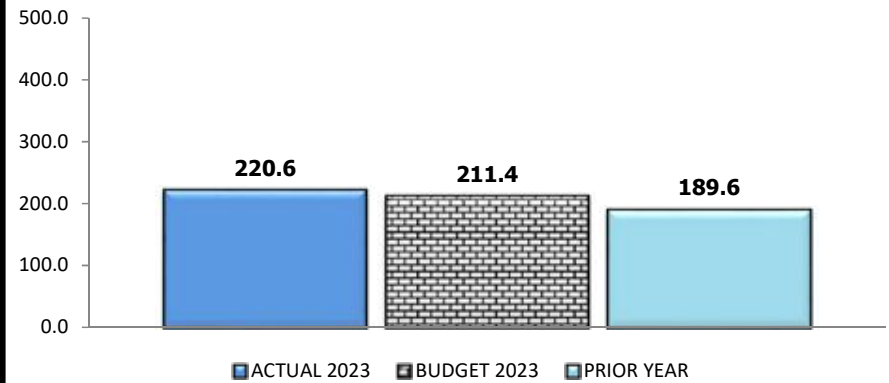
LBJ Average Daily Census - YTD

220.6

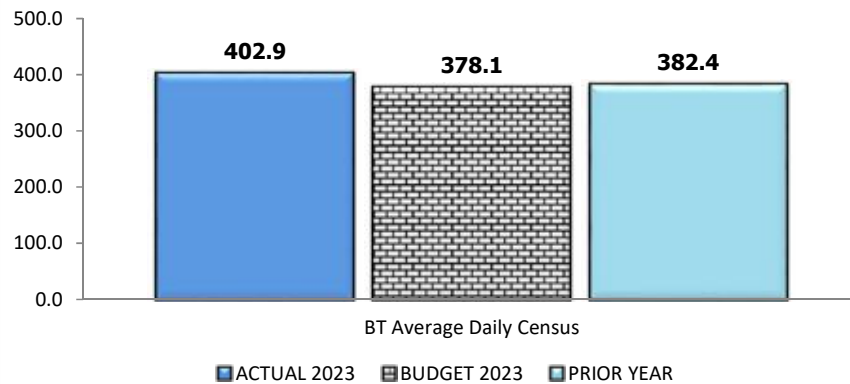
Ben Taub ADC - Current Month



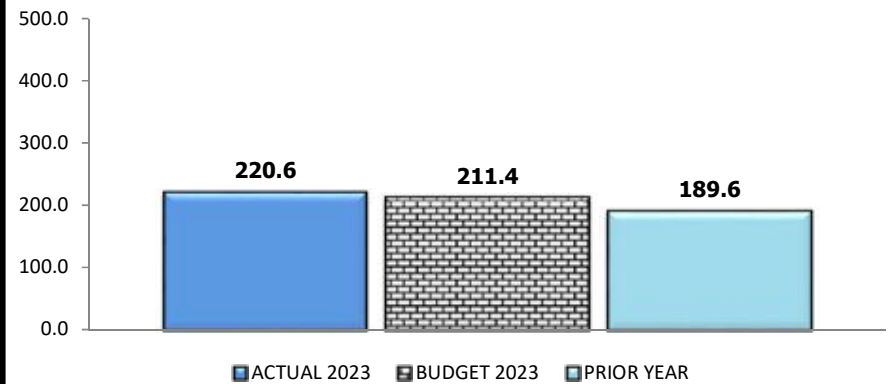
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

October FY 2023

BT Inpatient ALOS - CM

6.40

BT Inpatient ALOS - YTD

6.40

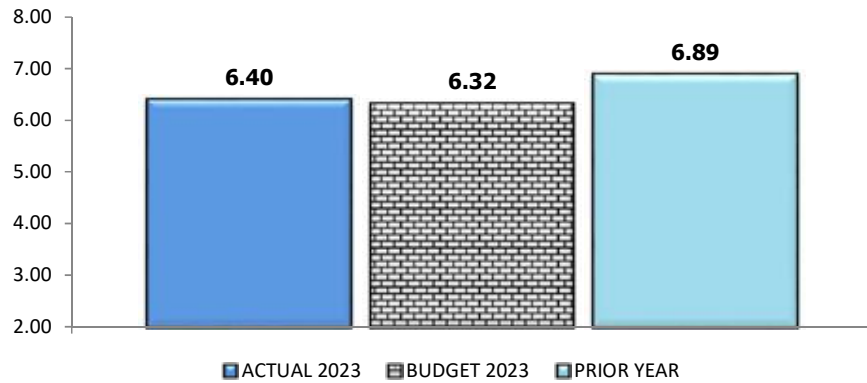
LBJ Inpatient ALOS - CM

4.91

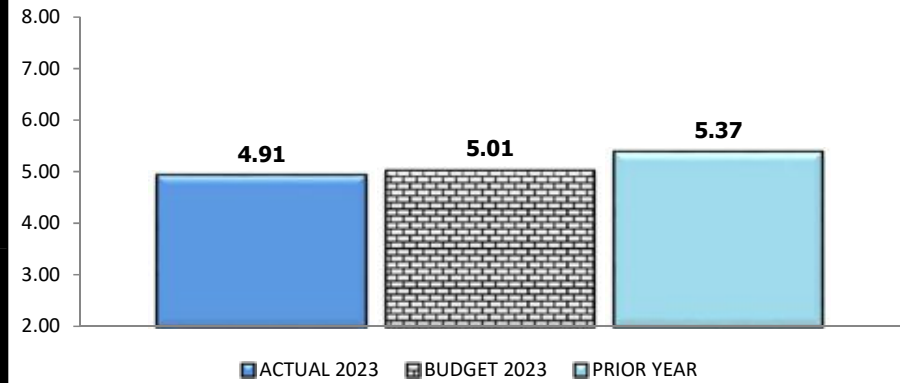
LBJ Inpatient ALOS - YTD

4.91

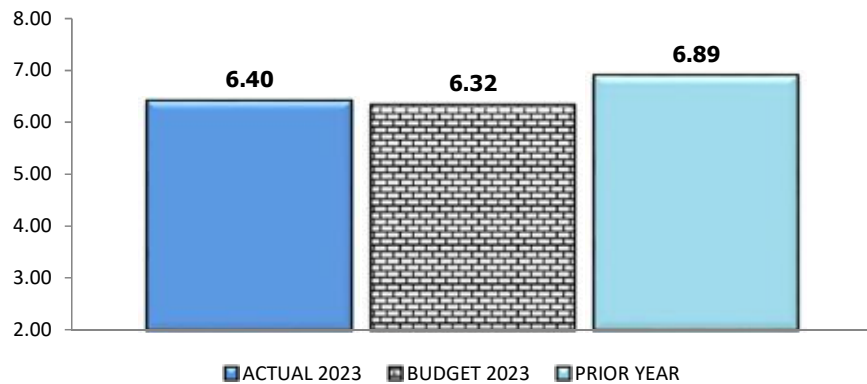
Ben Taub ALOS - Current Month



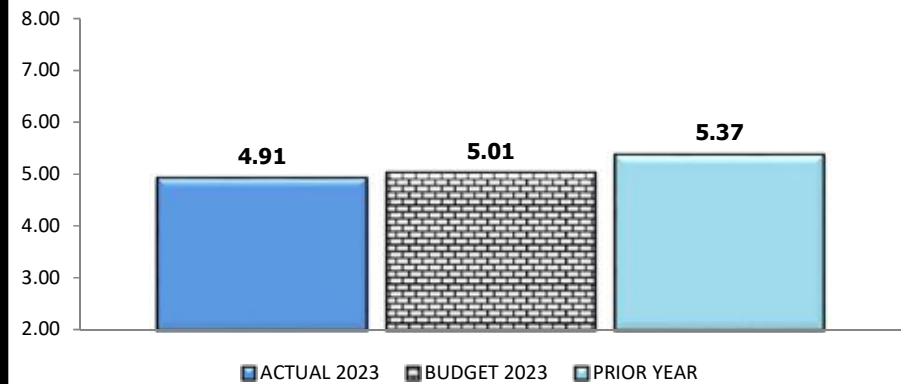
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

October FY 2023

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.732	1.919

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.732	1.919

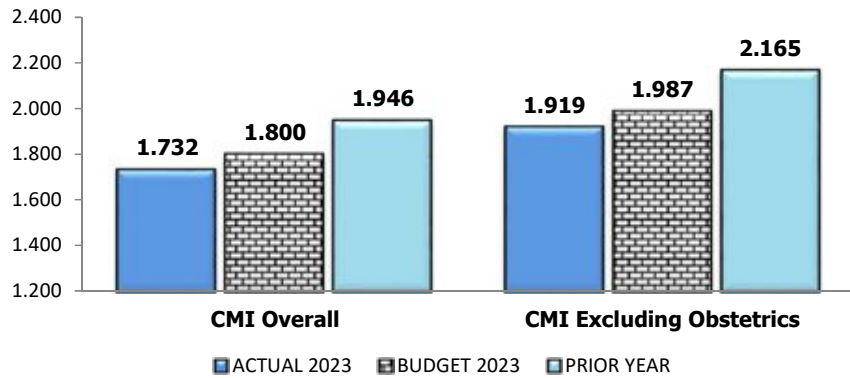
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.451	1.374

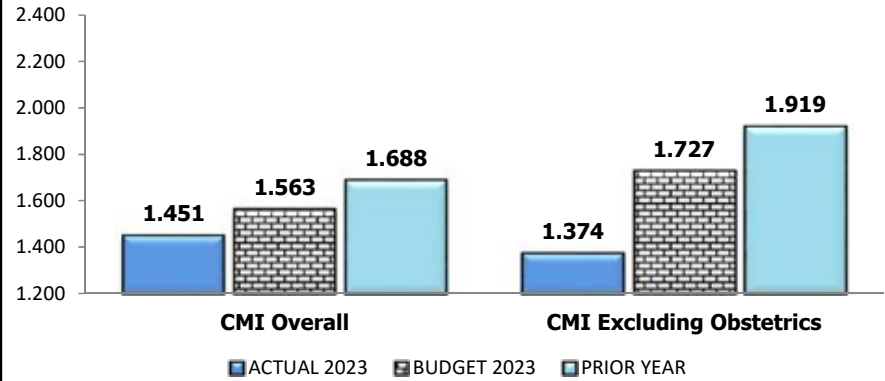
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.451	1.374

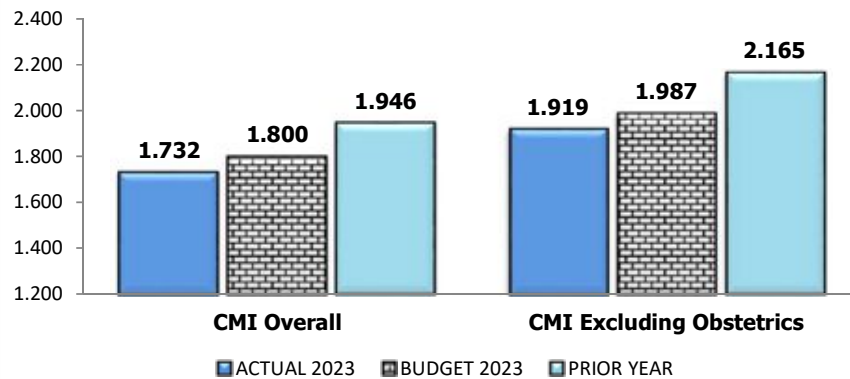
Ben Taub CMI - Current Month



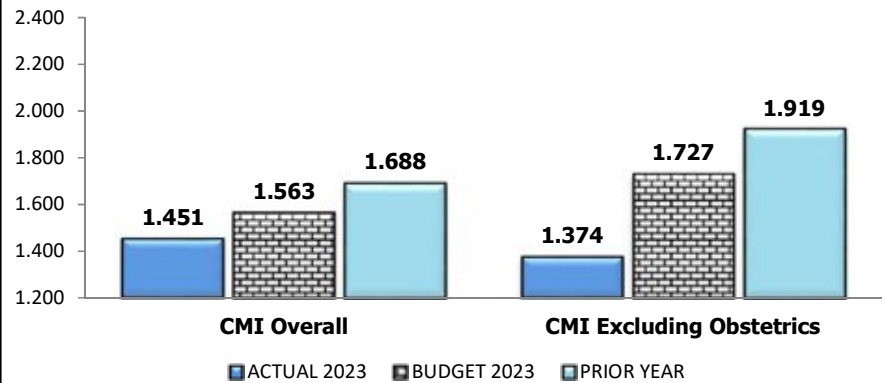
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, December 1, 2022

Harris Health System Legislative Initiatives

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

HARRISHEALTH SYSTEM

Legislative Update – Dec. 1, 2022

Federal Update

House and Senate Election Results: The Republican Party appears to gain a very small majority of the House of Representatives as votes continue to be counted. At the time this report was prepared, there were 204 Democrats and 211 Republicans of the 435 members. To gain a majority either party has to reach 218 members. There are approximately 20 seats that still need to be declared in key battleground districts across a handful of states.

In Texas, both Republican and Democrats picked up one seat in Congress.

The Senate will be determined in three very close races in Nevada, Arizona and Georgia. Georgia will be determined in a runoff Dec. 6. If neither party takes both seats in Nevada and Arizona the majority in the Senate will be determined Dec. 6.

Frontline Hospital Alliance Update: In 2018, Harris Health joined eight other national health systems to form a collaborative of “super” safety net hospitals to pursue a federal designation recognizing the systems providing significant levels of care to the uninsured and underinsured. There are less than 135 hospitals nationwide that meet these criteria and only seven in Texas.

Legislative language has been drafted and Rep. DeGette from Colorado is anticipated to file the legislation in late November or early December. Rep. DeGette is currently shoring up support from both Lizzie Fletcher and Dan Crenshaw on the language and the legislation. Senate sponsors are pending. Once legislation is introduced, it is hoped to be included in an end of year spending package.

The American Hospital Association has now announced its Metropolitan Anchor Hospital proposal, which would include one out of every eight hospitals in the country, totaling 465 hospitals. To date, there is no legislative language proposed only a recommendation to leadership for inclusion in an anticipated end of year spending package.

America’s Essential Hospitals (AEH) in November announced its proposal for a legislative designation. The AEH proposal has even less details on the number of hospitals to be designated and only includes policy principals. Similar to the American Hospital Association, no legislative language has been proposed only recommendations to leadership for inclusion in an anticipated end of year spending package.

Majority and minority staff of both the House Energy & Commerce Committee and Senate Finance Committee favor the more narrow Frontline definition and language.

Federal Government Funding: The Senate passed a short-term spending bill Sept. 29 to avoid a government shutdown. The House passed the measure the following day. The new fiscal year began Oct. 1. This short-term Continuing Resolution (CR) lasts until Dec. 16 when congressional action will be needed during a lame duck session to fund the government through the remainder of the fiscal year in the form of an omnibus spending package.

There is speculation that if Republicans gain control of one or both chambers, the likelihood of an end of year funding package diminishes and chambers will pass another longer term CR to fund the government in early 2023.

End of Year Funding Package Priorities: In the event that there is an end of year funding package passed in congress the following are priorities for Harris Health:

- Prevent any further cuts to health programs due to the 4% statutory Pay-As-You-GO (PAYGO);
- Statutory designation for Frontline Hospital Alliance;
- Increase the number of Medicare-funded graduate medical education positions. Harris Health currently is funding 637 FTEs and is over 187 FTEs over its cap;
- Make permanent the expansion of both physical and behavioral telehealth services and extend the hospital-at-home program; and
- Establish a temporary per diem payment targeted to hospitals to address the issue of hospital not being able to discharge patients to post-acute care or behavioral-health facilities due to staffing shortages.

State Update

Elections Results: All Statewide incumbents won and once again Texas will have Republicans occupying every statewide seat.

The Republicans picked up one additional seat in each chamber. Republicans hold 19 seats in the upper chamber with the Democrats holding 12. In the lower chamber, there are 86 Republicans and 64 Democrats.

The diversity of the House continues to reflect population/demographic trends in Texas with two Muslim members and an openly gay African American winning seats in this election cycle. Also, some traditionally solid Republican districts trending more Democrat in suburban Texas in particular in the DFW Metroplex. There are also trends in South Texas that has been traditionally solidly Democrat that are now trending more Republican. Another trend in voting patterns was the large number of first-time and younger voters, which is a whole new demographic that both parties must pay attention to.

Interim Legislative Activity: During late November and early December, meetings are being scheduled with all leadership offices and key House and Senate Chairpersons with Teaching Hospital of Texas (THOT) Hospital District CEOs to discuss key issues for this legislative session. This includes the mandatory MCO contracts for hospital district affiliated MCOs (i.e., Community Health Choice (CHC), Medicaid supplemental payment equity, and the need to maintain the 8% revenue cap for hospital districts.

HHSC has issued a report on proposed recommendations to the legislature that address equity in supplemental payment system reform under the Directed Provider Payments and the Medicaid Disproportionate Share Hospital (DSH) program. It has been noted some recommendations made last summer and fall by THOT Hospital District CEOs were contained in the report.

Legislative support continues to address chronic healthcare workforce shortage issues along with enhanced behavioral health coverage through an Institution for Mental Disorder (IMD) Medicaid waiver for adult coverage.

Interim hearings in the House and Senate are winding down and should be completed with committee reports printed before the end of December.

The Legislature convenes Jan. 10, 2023, for its 141-day session.

Thursday, December 1, 2022

Harris Health System Council-At-Large Meeting Minutes

- October 10, 2022

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
I. Call to Order	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p>Council Members in Attendance:</p> <ul style="list-style-type: none"> • Acres: Bennie Baker, Sheila Taylor • Baytown: Syphronia Garrett • Casa: Lourdes Ortega • Gulfgate: Patricia Shepherd, Teresa Recio • Homeless: Ross Holland • LBJH: Velma Denby • MLK: Fadine Roquemore • Thomas Street: Josh Mica • Vallbona: Cynthia Goodie <p>Harris Health System Attendees: Louis Smith, Dr. Esmail Porsa, Sunny Ogbonnaya, Teong Chai, Jon Hallaway, Omar Reid, Dr. Mohammad Zare, Esperanza Galvan, Denise LaRue, Maria Cowles, Lydia Rogers, Lady Barrs, Leslie Gibson, Olevia Brown, Sarah Rizvi, Kiara Olmeda, Candace Jones, Craig Johnson, Dawn Jenkins, Olevia Brown, Nina Jones Wael Aboughali</p> <p>Board Members in Attendance: Alicia Reyes</p>	
II. Moment of Silence	<p>Moment of Silence observed.</p>	
III. Approval of Minutes	<p>The Minutes for July and September were approved as written.</p>	
IV. Council Reports	<p>Acres Home – Sheila Taylor</p> <ul style="list-style-type: none"> • Dental is down one Dentist. We have another Dentist to help on Fridays. • Dietician service is going well. Diabetic teaching is successful. • Laboratory is doing well. On site testing has increased. • Medical Director discussed Flu Season. Flu Shots are available from 9-11:30am Monday thru Friday. All staff have received their Flu Shots. • The Secretary, Angelina talked about the importance of everyone being involved and communicating with each other. 	


**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Report (<i>continued</i>)</p> <ul style="list-style-type: none"> • Pharmacy Week is next week. • Eligibility is having a difficult time with people submitting their applications online. • Office Based Treatment Program representative spoke with us about their program. • Staff breakroom is almost complete. • Mammogram Suite will be available December 12th. • Optical is being moved to another location. • The Walking Trail is open. I think one of the encouraging things for people to see is the Medical Director walking the trail in the morning. • Two new people sat in on our Council meeting and was very impressed with how things are handled in Harris Health System. Olevia Brown is going to make sure they get the necessary paperwork to become a part of Acres Home Council. <p><i>Mrs. Roquemore thanked Ms. Taylor for her report.</i></p> <p>Baytown – Syphronia Garrett</p> <ul style="list-style-type: none"> • No report at this time. <p>Casa de Amigos – Lourdes Ortega</p> <ul style="list-style-type: none"> • No report at this time. <p>Gulfgate – Teresa Recio</p> <ul style="list-style-type: none"> • The Council meeting for today was cancelled due to facility upgrades. No report at this time. <p>Homeless – Ross Holland</p> <ul style="list-style-type: none"> • Council meeting was held October 4th. • Several discussions about the start-up of the new Jensen Clinic and some discussion about the Lord of the Streets renovations and its kick-backs. • Quality updates discussed as well as clinic productivity. <p><i>Mrs. Roquemore thanked Mr. Holland for his report.</i></p>	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (continued)</p> <p>Martin Luther King – Fadine Roquemore</p> <ul style="list-style-type: none"> Continue to do Appointment reminders. I receive complimentary comments about the clinic and happy that we are a part of what’s going on in Houston. <p>Thomas Street – Josh Mica</p> <ul style="list-style-type: none"> Excited to announce the move to Quentin Mease should take place around April 2023. The clinic is expanding gender care. They are putting together a presentation for Transgender medicines that will be available for our patients at Thomas Street. The Adolescent Care Group is starting up again with plans for expansion. Thanksgiving dinner is the 17th of November. Caterers (2) have been hired. We are asking for donations. We will be feeding 350 to 400 people. We are fortunate to receive donations from a lot of people and different organizations. Bunnies on the Bayou gave us a large check for our sandwich program. Which should be up and running by November. Our Toy Drive is still happening. Flyers will be available soon. If you would like to volunteer, please contact me. We will have shifts for our volunteers (9am-12pm; 12pm-3pm). <p><i>Mrs. Roquemore thanked Mr. Mica for his report.</i></p> <p>Vallbona – Cynthia Goodie</p> <ul style="list-style-type: none"> In the last 30 days: Video visits are in the red, 56%. OB and Pediatric data not collected. MH Return is 50%. Hopefully we will do better in the next 30 days. <p><i>Mrs. Roquemore thanked Ms. Goodie for her report.</i></p> <p>Ben Taub Hospital – No representative</p> <p>Lyndon B. Johnson Hospital – Velma Denby</p> <ul style="list-style-type: none"> No report at this time. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
V. Old Business	No Old Business to review.	
VI. Updates VII. Research/Guest Speaker	<p>No new updates.</p> <p>Esperanza Galvan, SVP Chief Health Officer, Population Health (see attached)</p> <p>Presented and discussed the following:</p> <ul style="list-style-type: none"> -Food Insecurity and Health -Food Pharmacy Program Overview -Metrics and Outcomes -Clinic Profile <p>Findings and Areas for Potential Expansion into 2025</p> <p>Questions/Comments:</p> <p>Mr. Holland asked is there any metrics as to how many of these patients are a part of the homeless population and is there a way, as you expand to reach those in the homeless population?</p> <p><i>Ms. Galvan responded, I don't have numbers. I've had conversations with the homeless community about what a food prescription program would like. There's a lot of considerations; How would they store the food? What would they do when we give them the food? What are some of the opportunities where they live? How would they utilize it?</i></p> <p><i>Denise LaRue, Director commented these programs are housed primarily at Acres and Strawberry Health Centers. It would be interesting to see from the LBJ perspective if we are getting some of the homeless patients. I think we can definitely look at it.</i></p> <p><i>In the past, we've had conversations about modalities. We've also had interesting conversations with the Houston Food bank about food lockers. As we advance, we would appreciate input from the patient council. Patient perspective is important.</i></p>	 <p>Food RX 10.2022.pptx</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Community Medicine</p>	<p>Dr. Mohammad Zare</p> <p>Primary Care Operations Scorecard (see attached):</p> <ul style="list-style-type: none"> • Overall No Show Rate is higher. In September it was 19% drop. • Cycle Time expectation is around 75 minutes. Most sites are under 65 minutes. We have implemented several initiative to improve patient care. Diabetic patients who come for routine visits we are trying to complete eye and foot exams in that one visit. This will keep the patient from returning to the clinic multiple times. It may increase cycle time but it’s good for the patient. • OB New and Return- there are no challenges. • Return Appointments are green. There are one or two clinics with challenges but they have vacancies. We are recruiting for these positions. <p>HEDIS Scorecard Data Reporting Period (see attached):</p> <ul style="list-style-type: none"> • We look at Outcome measure and Screening. Screening is simpler. Outcome is a little more challenging. Harris Health goal is at top 25% in the nation. At the CMS level there is a lot of green. We have a process in place for Diabetic A1C control, Blood Pressure Control and Colorectal Cancer Screening control. • We are developing a guidelines for managing Hypertension which should be a significant improvement. • Colon Cancer Screening has been a challenge. Mr. Lewis and Dr. Small have implemented multiple interventions (appointment reminders and pre-screen, etc.) to improve • Immunization scores are in the 70. <p>Questions/Comments: None</p>	 <p>PCOS SEPTEMBER.pdf</p>  <p>HEDIS.pdf</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>IX. Administration</p>	<p>Dr. Esmaeil Porsa, President/CEO</p> <ul style="list-style-type: none"> • Thanked the council for their reports as well as Ms. Galvan and Dr. Zare. • Flu Vaccine- we suspect a severe flu season this year. Because people behaviors are changing wearing face mask and general reluctance to receive the flu shot. Please do not wait get you your vaccine. You can get your Flu vaccine and COVID Booster at the same time. The significance of the current COVID Booster is for the first time it’s specific to the variant that is causing most of the illness in the community. • COVID presence in the community, all the number look good. The viral load in the sewer water is going down. Number of cases in the community is coming down. The number of positive tests is also going down. • At Harris Health we are somewhere between 20 to 25 patients every day. We hardly have anyone in ICU and deaths related to COVID down. • Monkey Pox is decreasing in this area. Harris Health continues to offer Monkey Pox vaccine. • At the end of this month, Administration will be presenting to the Board an update on the LBJ replacement (future of hospital). We will give a report on that in the next Council meeting. <p>Questions/Comments: None</p> <p>Lydia Rogers, Administrative Director, Clinical Operations on behalf of Dr. Jennifer Small, Executive Vice President of Ambulatory Care Service</p> <ul style="list-style-type: none"> • New Mobile Mammography Van has been delivered to Harris Health. We will have a ribbon cutting ceremony on Friday, October 14th and begin seeing patients October 18th. Once we have the standalone mammo unit at Acres and Baytown, we will be able to add two additional sites. • Specialty areas; we continue to work on optimizing the schedules and reviewing the OR blocks of Cardiology, GI, Endocrinology, Ophthalmology and Urology services. They are also looking to determine if additional resources are needed to address the waitlist. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <ul style="list-style-type: none"> • ACS has a Colonoscopy work group. It’s a joint collaboration amongst all of the pavilions. We have three providers in the work group representing ACS. • We’ve receive notice that the Homeless program will have a HRSA site visit the week of January 30th. The Accreditation Department and the Homeless team have begun planning for this site visit. • October is Breast Cancer Awareness month. We will host a Health Fair at Acres Home Health Center on Saturday, October 22nd from 9:00am to 2:00pm. If your schedule permits please come and join us. • Flu Shots are being given at our Health Centers. We encourage everyone to get their shot this year. <p>Questions/Comments: None.</p> <p>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</p> <ul style="list-style-type: none"> • In the month of September 175,100 prescriptions. 76% of them (133,000) were delivered to our patient’s home. We thank all of our patients who are giving us the opportunity to provide this home delivery service. We wish to encourage all of our patients to please take advantage of our prescription home delivery service for the continuity of care and convenience • We received and processed 42,315 prescription refill request from MyHealth, this number represents 64% of all of the prescription request received for the month of September. We thank all of our patients for using MyHealth in requesting their prescription refill. We wish to also encourage all of our patients to please use MyHealth to request their prescription and to please request your prescription refill 7-10 days before your medicine runs out, that way the prescriptions are refilled and delivered to your home for convenience and continuity of care. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <ul style="list-style-type: none"> Interactive Voice Response Technology will soon begin to let patients know that their prescription is ready to be delivered or picked up. Depending on their preference. <p>Questions/Comments: None</p> <p>Jon Hallaway, Program Director, Department of Public Safety</p> <ul style="list-style-type: none"> This is Health Care Security Week. If you are at one of our facilities and you see one of the security team members, please join me in thanking them for the work they do. Security team continues to support the clinics through all of our projects. We are working with Casa during renovations. We’re also working with the team at Quentin Mease as we get ready for that move in next year. Badge updates: We’ve received communication from the Operations Managers and are getting those set up. Harris Health badges are being reprinted and distributed to the clinics. <p>Questions/Comments: None</p> <p>Omar Reid, Senior Vice President, Human Resources</p> <ul style="list-style-type: none"> Employees continue to do well. We are still recruiting. We have partnered with some community organizations trying to make sure we are able to feel vacancies because we know how that is affecting operations. We’re partnering with Houston Hispanic Chamber of Commerce and other entities to come in and help us staff some of our vacant positions. <p>Questions/Comments: None</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
October 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Teong Chai, Facilities, Construction and Systems Engineering</p> <ul style="list-style-type: none"> • Casa De Amigos project; we are still in demolition phase 1 of the project. It should be completed soon. We are working with the City of Houston to finalize the permit for construction. • Quentin Mease renovation project; construction is moving smoothly. Move in process will begin early next year. We are looking at April 2023 to have Thomas Street moved in and June is when Riverside Dialysis will be moving in. • 5th Floor; Construction will begin in January and will take 12 months to complete. <p>Questions/Comments: None</p> <p>Mrs. Roquemore thanked everyone for their reports. She stated, we are concerned about recruiting members for the council. There should be 15 members for each center; 8 consumers and 7 none consumers. The Council At Large should have at least 2 people from each clinic (1 a member and 1 a non-member) and we are supposed to receive information for ourselves and share it with those becoming involved with the council. Being aware of our purpose and what we do.</p>	
<p>X. New Business</p>	<p>No New Business</p>	
<p>XI. Adjournment</p>	<p>Motion to adjourn the meeting granted at 6:01pm.</p>	<p>Next Meeting: November 14, 2022</p>

Wednesday December 01, 2022

Review and Discussion Regarding the ASC at LBJ Status Report

As part of the Governing Body Bylaws of the Ambulatory Surgical Center, the Governing Body is to report biannually to the Board of Trustees. Please find the biannual report attached.

HARRIS HEALTH SYSTEM

Board of Trustees

Executive Summary of Performance – December 2022 (May 2022 to September/October 2022 data)

The Ambulatory Surgical Center

Matthew Reeder, MSN, BS, RN, CNOR, NEA-BC
Administrator, Ambulatory Surgical Center at LBJ

Summary of Findings:

The Ambulatory Surgical Center (ASC) has been licensed and operational since June 2014 and was re-accredited by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) in July 2022. The ASC continues to care for about 3,500 patients each year. The COVID-19 pandemic changed the way we conduct business in regards to volumes but we are seeing a gradual return to a new normal as we continue to retain new team members.

Overall, the ASC has continued to perform favorably for patient burns, normothermia, unplanned anterior vitrectomies (UAV), surgical site infections, and patient satisfaction. The following represents a few strategies the team has implemented to maintain favorable performance with these measures: ensuring patient warmth both prior to entering the operating room (OR), while in the OR, and after the surgery to maintain normothermia; collaborating with service-line physician providers to create a culture of awareness to prevent surgical site infection (SSI), and UAV complications; and treating each customer as we would our own family.

Patient Falls (per 1,000 admissions) has trended favorably since the inception of the ASC but in June 2022 we had a fall in our lobby without injury. Strategies implemented to reestablish zero falls include minimization of incorrect usage of mobility devices and communication with team members, patients, and patient families on usage of mobility devices.

In January 2021, Hospital Visits After General Surgery Ambulatory Surgery Center Procedure was added to the ASC Quality Scorecard. The measure as well as Hospital Visits After Urology Procedures and Orthopedic Procedures are expected to be indicators monitored by the Centers for Medicare and Medicaid Services (CMS) after 2022, and as a result, they have been added to the ASC Quality Scorecard to implement corrective action plans as needed to

minimize hospital visit occurrences. Hospital visit occurrences have trended in a see-saw pattern from May 2022 to October 2022. In an attempt to elicit a downward trend, the ASC has partnered with the ACS Ask My Nurse team and the Chief Medical Executive's office to create a standardized process of communication between the physician teams and patients.

All Cause Transfers/Admissions Visit Within One Day of Discharge (per 1000 admissions) trended favorably in May 2022 and from July 2022 to October 2022, but in June 2022 the metric was unfavorable. The ASC reviewed data that indicated one patient of 1,319 admissions from May 2022 to October 2022 was transferred to the emergency department. Strategies implemented to decrease transfers include case reviews by the ASC at leadership meetings, discussions in physician meetings hosted by surgeons, and service-line peer reviews.

All Cause Emergency Department Visit Within One Day of Discharge (per 1,000 patients) overall has been trending in a negative direction from May 2022 to September 2022. The ASC reviewed data that indicated 15 patients of 1,113 admissions from May 2022 to September 2022 visited the emergency department. In an attempt to elicit a more downward trend, the ASC has partnered with the ACS Ask My Nurse team and the Chief Medical Executive's office to create an improved process of communication between the physician teams and the patients. Since October 2022, we have moved out of the pilot phase, which limited the number of services involved in the Ask My Nurse project to multiple services. We anticipate this will help care for patients in an appropriate setting outside the emergency department.

The ASC has achieved favorable patient satisfaction rankings, which have trended from the 35th percentile to the 100th percentile based on nationally-distributed NRC Health patient satisfaction questionnaires since inception. From May 2022 to October 2022 we were able to maintain an average score in the 86th percentile.

All Cause Unplanned Hospital Admissions Within One Day of Discharge (per 1000 admissions) trended favorably in May and June 2022 as well as from August 2022 to September 2022, but in July 2022 the metric was unfavorable. The ASC reviewed data that indicated one patient of 1,113 admissions from May 2022 to September 2022 was admitted to LBJ hospital. Strategies implemented to decrease admissions include case reviews by the ASC at leadership meetings, discussions in physician meetings hosted by surgeons, and service-line peer reviews.

We continue collaborating with Ben Taub Hospital, LBJ Hospital, and Harris Health System leadership to develop a long-term process to manage our surgical backlogs. The overall goal is to establish a process in which patients receive timely treatment within any of the three facilities.

Wednesday December 02, 2022

Committee Motion
Review and Discussion Regarding the Riverside Dialysis Center Status Report

As part of Harris Health System's goals, the Riverside Governing Body is to report biannually to the Board of Trustees. Please find the biannual report attached.

Thank you.

James L. Jones
Executive Vice President
Chief Financial Officer

George V. Masi
President and
Chief Executive Officer

HARRIS HEALTH SYSTEM
Board of Trustees
Executive Summary of Performance – November 2022

Riverside Dialysis Center
Lori A. Timmons, RN, NEA-BC
Director, Riverside Dialysis Center

Summary of Findings:

Riverside Dialysis Center received certification from the Centers for Medicare and Medicaid Services (CMS) in November 2009 and licensed by the Texas Department of State and Health Services (DSHS) in September 2008. The facility provides quality care for patients with Chronic End-Stage Renal Disease (ESRD). Harris Health System's Riverside Dialysis Center helps to close the gaps in access to care for areas most vulnerable population needing dialysis. Riverside Dialysis Center is open Monday through Saturday from 5:00am – 9pm.

As of September 2022, the facility has provided 14,784 in-center hemodialysis treatments and home program patients conducted a total of 6,881 self-administered peritoneal dialysis treatments. The facility has twenty-two chronic hemodialysis stations and two home peritoneal dialysis training rooms. The Riverside team, in collaboration with Transitions and Post-Acute Care, Ben Taub, and LBJ hospitals developed a system-wide patient and healthcare professional educational initiative aimed at expanding the existing home therapy program. This effort is expected to further increase access to dialysis care and health equity in Harris County.

The ICH CAHPS Overall Facility Rating is 80% for Spring 2022 as compared to the national average of 80.5%. The facility has 5 Diamond Status designation for its promotion of fostering a culture of safety. Additionally, Riverside Dialysis continues to

meet and exceed quality indicators established by CMS for hospital admission and readmission rates, nutritional albumin, and dialysis adequacy.

While improving, achieving recommended vascular access rates for permanent dialysis fistulas and grafts continues to be a challenge due to the high catheter usage rates; currently above 14%. The national goal is less than 10%. To address this fallout, Vascular Surgeon, Dr. Adel Irani, leads a Dialysis Vascular Access Task Force, which meets monthly, to manage surgical intervention for Riverside Dialysis patients to increase placements of permanent hemodialysis accesses.

Riverside Dialysis Center is a member of the Harris Health System Dialysis Quality Assurance and Improvement Performance Committee that was developed to standardize and improve the quality, patient safety, and educational training programs at each pavilion.

Thursday, December 1, 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**

Operational Update for Review and Discussion

- **HCHP December 2022 PowerPoint**

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.

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – December 2022

Jennifer Small AuD, MBA, CCC-A, Interim Executive Vice President, Ambulatory Care Services
Tracey Burdine, Director, Health Care for the Homeless Program

Agenda

- Operational Update
 - Patient Services
 - HCHP 3rd QTR Quality Review

Patients Served

Telehealth Visits

- Telehealth New Patients: 2
- Telehealth Return Patients: 69

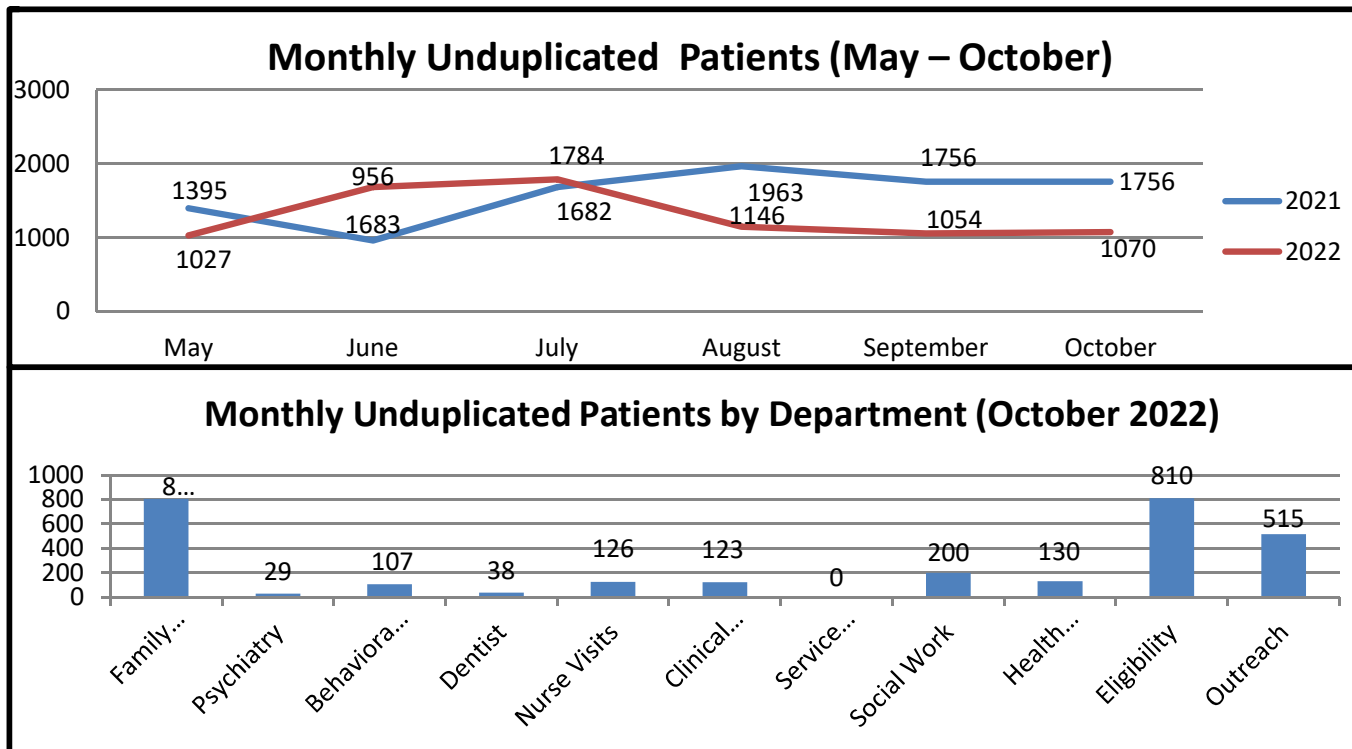
New Patient Visits

- Adult New Patients: 377
- Pediatric New Patients: 29

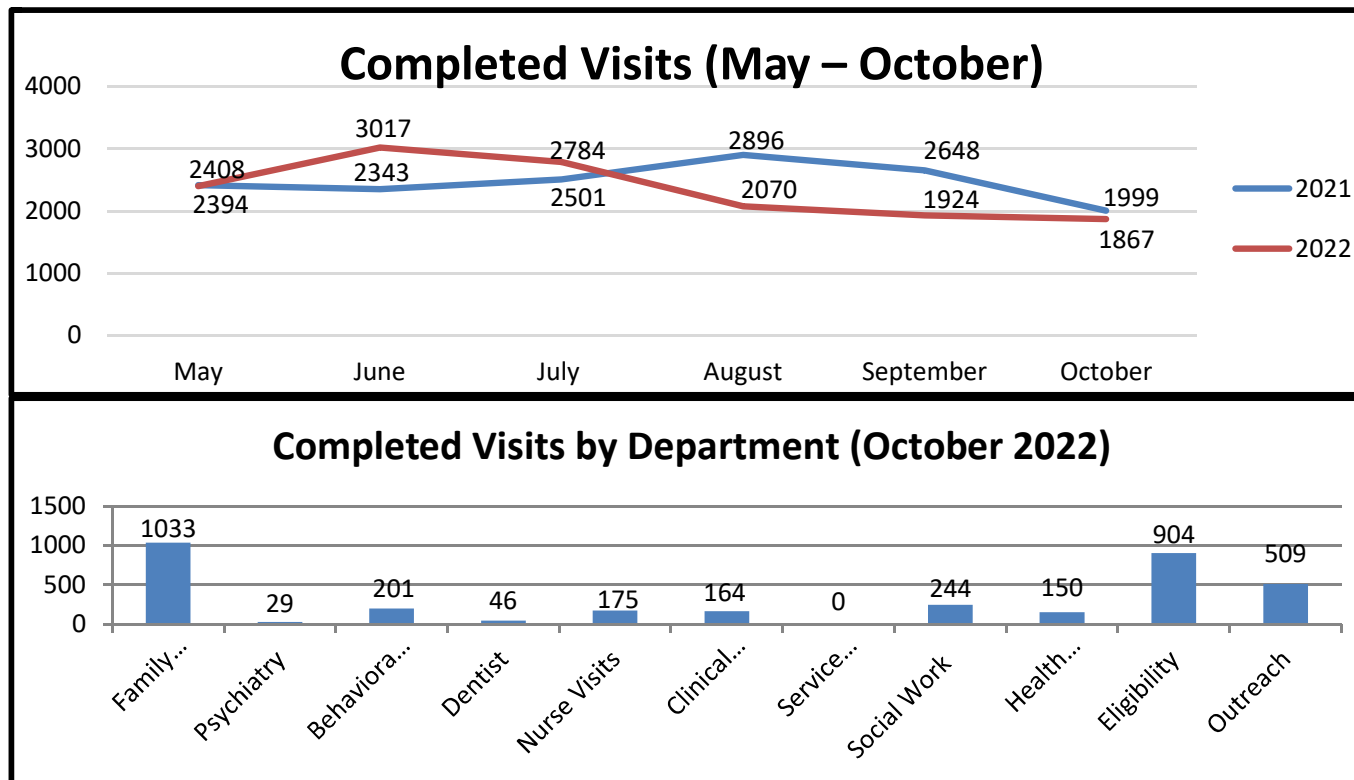
HRSA Target: 9775

- Unduplicated Patients: 5424
- Total Complete Visits: 21349

Operational Update



Operational Update



HARRIS HEALTH SYSTEM

Health Care for the Homeless 3rd Quarter Quality Report

LaResa Ridge, MD, Medical Director, Ambulatory Care Services

Quality Updates

Quality Measure	UDS Benchmark	HCHP Goal	July	August	September	Q3 Trend (July 2022-September 2022)
Cervical Cancer Screening	>41%	70%	72%*	72%*	75%*	
Colorectal Cancer Screening	>31%	50%	53%*	57%*	56%*	
Breast Cancer Screening	>38%	50%	48%*	50%*	62%*	
Adult BMI/F/U Plan	>56%	85%	64%*	64%*	67%*	
Depression Screening / F/U	>55%	80%	80%*	75%*	75%*	
HIV Screening	>47%	80%	98%*	98%*	98%*	
Tobacco Screening/Counseling/ Pharmacotherapy	>78%	90%	100%*	99%*	99%*	
Child BMI %ile/Diet & Physical Activity Counseling	>60%	82%	100%*	88%*	100%*	
IVD & Aspirin	>79%	85%	93%*	72%	74%	
Statin Therapy	>72%	80%	84%*	85%*	83%*	
Diabetes A1C > 9	>39%	40%	28%*	30%*	34%*	
Hypertension BP < 140/90	>54%	63%	69%*	67%*	70%*	

(*) represents metrics which met or above the National UDS Benchmark

Quality Metrics with most opportunity

Quality Measure	UDS Benchmark	HCHP Goal	April	May	June	July	Aug	Sep	Trend
Adult BMI/F/U Plan	>56%	85%	62%*	63%*	61%*	64%*	64%*	67%*	
Depression Screening / F/U	>55%	80%	80%*	82%*	80%*	80%*	75%*	75%*	
IVD & Aspirin	>79%	85%	84%*	86%*	87%*	93%*	72%	74%	

- **Adult BMI & Follow Up:** Per HRSA Manual instructions for Adult BMI, when the BMI is outside of normal parameters, a follow-up plan is documented on or after* the most recent documented BMI. So the requirements has to be repeated for every visit if the Value is out of range 2) Meeting with each provider to discuss their compliance score in this category to identify areas to improve and support in achieving the goal.
- **Depression screening & Follow up:** 30% of the charts were missing a PHQ9 in the flowsheet. 15% should have been excluded based on existing bipolar/depression diagnosis. 10% charts were appropriate candidates with PHQ9 scores above 9, but not follow ups were documented in the chart.
- **IVD & Aspirin:** Out of 24 charts, 5 charts were fallouts. Aspirin was not prescribed to patient who met criteria such as above 7 ASCVD score, diabetes, high blood pressure, high cholesterol and other circulatory diseases.

Thursday, December 1, 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**

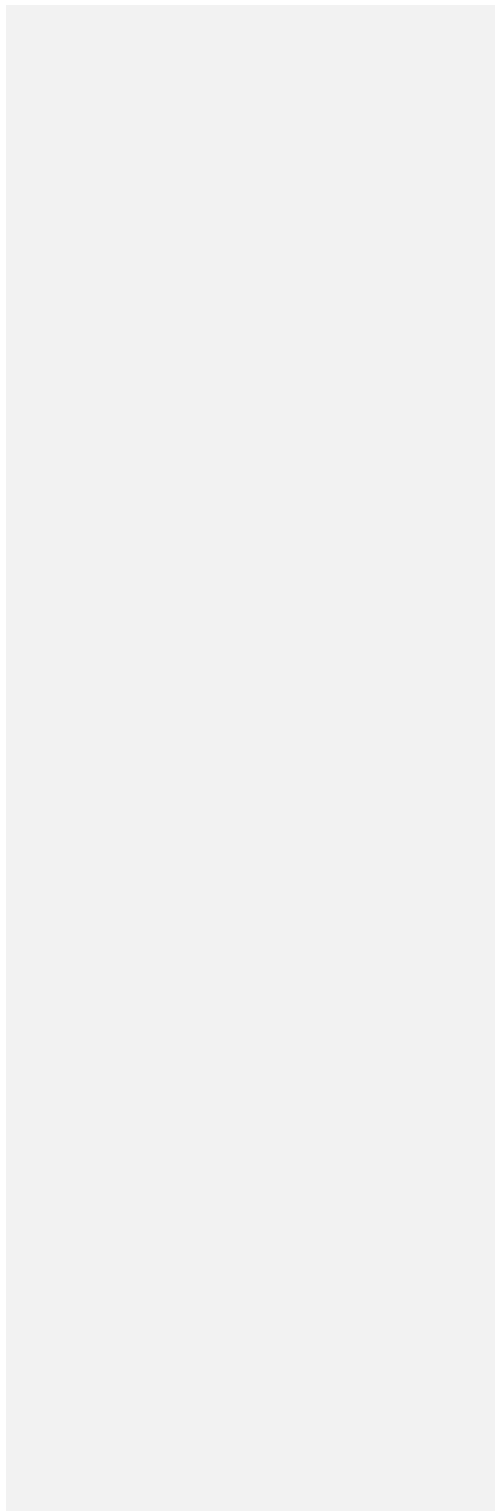
Attached for consideration of approval:

- **HCHP Amended Bylaws**

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.

AMENDMENT TO THE BYLAWS
OF THE
HARRIS COUNTY HOSPITAL DISTRICT
D/B/A HARRIS HEALTH SYSTEM
(HEALTH-CARE FOR THE HOMELESS PROGRAM)

|



ARTICLE I
MISSION OF THE HEALTHCARE FOR THE HOMELESS PROGRAM

We are dedicated to the health and well-being of homeless individuals and families entrusted to our care.

ARTICLE II
PURPOSE

Harris County Hospital District d/b/a Harris Health System (“Harris Health”), as a designated Health Center (“Health Center”), receives Federal funding under Section 330(h) of the Public Health Service Act, to provide services to a special medically underserved ~~homeless~~ population composed of ~~homeless~~ individuals. Homeless individuals are persons:

1. Who lack housing (without regard to whether the individual is a member of a family);
 2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
 3. Who reside in transitional housing; ~~and/or~~
 4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations;
 5. Who, in the preceding twelve (12) months met any of the criteria in numbers 1-4 above but are no longer homeless as a result of becoming a resident in permanent housing;
 6. Who are children, youth, or veterans at risk of homelessness.
- ~~4~~ .

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ARTICLE III
NAME

The name of the program shall be the Health ~~C~~are for the Homeless Program.

ARTICLE IV
GENERAL POWERS

The Health Center including the Health ~~C~~are for the Homeless Program (“the Program”) shall be under the management, direction, and control of a governing board for the Health Center (the “Board”) appointed by the Harris Health Board of Trustees. The Board shall have full power and authority to oversee and provide direction regarding the affairs of the Health Center and the Program, including the authority to adopt and approve policies ~~that support financial management and accounting, and personnel policies and procedures~~. In exercising this power, the Board may take any action that is consistent with Harris Health’s enabling statute; these Bylaws; and federal, state and local law, including, but not limited to, Section 330 of the Public

Health Service Act (42 U.S.C. § 254b, as amended), applicable Health Resources and Services Administration (HRSA) requirements for health centers serving special medically underserved populations for the homeless ("HRSA Requirements") and Medicare, Medicaid, and state licensure requirements. No individual, entity, or committee (including, but not limited to, an executive committee authorized by the Board) shall have approval authority or veto power over the Health Center Board with regard to the Board's required authorities and functions. If the Health Center would collaborate with other entities in fulfilling the Health Center's HRSA-approved scope of project, such collaboration or agreements with other entities shall not restrict or infringe upon the Health Center Board's required authorities and functions. The Board shall be specifically responsible for:

1. Holding regularly scheduled monthly meetings where a quorum is present and maintaining records and minutes that verify Board attendance and document the Board's deliberations, key actions, and decisions (where geography or other circumstances make monthly, in-person participation in Board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communications where all parties can both listen and speak to all other parties subject to the Texas Open Meetings Act);
2. Attending to any matter that it determines is in the best interest of the Program, and is within the purposes and objectives of the Program, and taking all necessary steps to ensure the achievement of the purposes and objectives of the Program;
- ~~4.~~3. Hiring, annually evaluating, suspending, appointing and/or reappointing, removing, and dismissing or terminating a person from the position of Director for the Health Care for the Homeless Program or his/her equivalent in accordance with the personnel policies and other procedures established by Harris Health and such Director or his/her equivalent shall be directly employed by the Health Center;
- ~~5.~~4. Reviewing and evaluating the Program's financial and operational reports; quality data, patient satisfaction surveys and minutes from the Consumer Advisory Council meetings; and other activities, including but not limited to, service utilization patterns, productivity, and achievement of project objectives;
- ~~6.~~5. Ensuring that the Program activities are conducted in compliance with applicable federal, state and local laws, including but not limited to, the HRSA Requirements;
- ~~7.~~6. Adopting, reviewing, and updating when needed the Program health care policies,

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including scope and availability of services (including decisions to subaward or contract for a substantial portion of the services), location and hours of services at Health Center sites, and quality of care ~~(QI/QA)~~ audit policies;

~~8.7.~~ Evaluating the ~~performance of the Health Center based on quality improvement and quality assurance (QI/QA) assessments and other information received from Health Center staff~~ Program achievements as far as meeting its annual and long-term goals, and using the knowledge gained to revise its mission, goals, objectives, plans and budgets as may be appropriate and necessary; and evaluating the Program periodically for efficiency, effectiveness and compliance with all the HRSA Requirements;

~~9.8.~~ Ensuring the new Board members receive orientation and training regarding the duties and responsibilities of being a Board member of an organization that is subject to the HRSA Requirements and satisfying the educational and training needs of existing Board members;

~~10.9.~~ Monitoring the financial status of the Health Center by approving the selection of the independent auditor and officially accepting the annual audit report to make certain that the Program takes corrective actions to address all findings, questioned costs, and reportable conditions, as applicable;

~~11.10.~~ ~~Establishing, maintaining, Adopting~~ and updating when needed general personnel policies and procedures for Health Center employees who provide services for the Program (~~unless~~ already established by Harris Health as the designated recipient of the Federal award), including those addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, equal opportunity practices and codes of conduct;

~~12.11.~~ Adopting and updating when needed policies ~~to support for~~ financial management ~~practices and~~ ~~and accounting~~ systems to ensure accountability for Health Center resources (~~unless~~ already established by Harris Health as the designated recipient of the Federal award), ~~including periodically reviewing the financial status of the Health Center and the results of the annual audit to ensure appropriate follow-up actions are taken;~~

~~13.12.~~ Adopting and approving policies that support financial management and accounting and personnel policies and ~~R~~review ~~such~~ the policies described in Sections 6, 10, and 11 every three years, and, as needed ~~unless~~ Harris Health has applicable policies in place to address these areas in which case, applicable Harris Health policies will be utilized;

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- ~~14.~~13. Approving Program Services, including selection of services beyond those required by law to be provided by the Program, and determining the location and mode of delivery of these services;
- ~~15.~~14. Reviewing and approving the project grant application, as well as all applications related to the Program, including grant designation applications and other HRSA requests regarding scope of project and document approval in the Board minutes;
- ~~16.~~15. Adopting, evaluating at least once every three years, and updating as needed, the policy governing eligibility for Health Center services, including criteria for partial payment schedules, the sliding fee discount program and related policies and procedures for determining sliding fee eligibility and applying sliding fee discounts. The Health Center will make and continue to make every reasonable effort to secure payment for services from patients, in accordance with Health Center fee schedules and corresponding schedule of discounts;
- ~~17.~~16. ~~Establish~~ Adopting, evaluating at least once every three years, and updating as needed, the policy for billing and collections and assuring that any fees or payments required by the Health Center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services;
- ~~18.~~17. Utilizing Board-approved policies, as well as operating procedures, that include the specific circumstances when the Health Center will apply the criteria for a partial payment schedule or waive or reduce fees or required payments due to any patient's inability to pay. The Board shall evaluate these policy(ies) at least once every three years, and approve updates as needed;
- ~~19.~~18. Establishing an ongoing ~~quality improvement/assurance (QI/QA)~~ system that includes clinical services and clinical management and maintains the confidentiality of patient records. The Health Center shall have Board-approved policy(ies) that addresses the quality and utilization of Health Center services; patient satisfaction and patient grievance processes; quality-of-care audit procedures; and patient safety, including adverse events. The Board shall evaluate these policy(ies) at least once every three years, and approve updates as needed;
- ~~20.~~19. Reviewing and approving an annual budget for submission to HRSA, also referred to as a "total budget," that is consistent with Federal Cost Principles and any other requirements or restrictions on the use of Federal funding and includes all other non-Federal revenue sources that will support the Program project(s);
- ~~21.~~20. Directing the ~~Health Center in development of~~ ing its an overall plan for the Health Center Program project;
- ~~22.~~21. Establishing a system(s) for monitoring ~~the achievement of~~ Program project

~~objectives performance through evaluation to ensure~~ (i) ~~oversight of~~ the operations of the Federal grant supported activities in compliance with applicable Federal requirements; (ii) performance expectations or metrics as described in the terms and conditions of the Federal award and whether they are being achieved; ~~and~~ (iii) ~~assessment of achievement of project objectives through evaluation of Health Center activities, including~~ areas for improvement in program outcomes; ~~(iv) service utilization patterns;~~ (v) ~~and~~ productivity [efficiency and effectiveness] of the Health Center; ~~and~~ (vi) patient satisfaction. ~~are identified.~~ “Federal award” shall have the meaning set forth in the 2018 HRSA Health Center Program Compliance Manual as updated;

22. Ensuring appropriate follow-up action is taken regarding achievement of Program objectives, service utilization patterns, quality of care, efficiency and effectiveness, and patient satisfaction, including addressing any patient grievances;

23. Conducting and providing direction for long-range, strategic and financial planning to be performed at least once every three years, which at a minimum identifies Health Center priorities and addresses financial management and capital expenditure needs;

23. ~~Stratgizing to ensure patient participation in the direction and ongoing governance of the organization by addressing the following elements: collection and documentation of input from the special population(s); communication of special population input directly to the health center governing board; and incorporation of special population input into key areas, including but not limited to: selecting health center services; setting hours of operation of health center sites; defining budget priorities; evaluating the organization’s progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program;~~

24. Ensuring that the Health Center complies with Federal procurement standards, including a process for ensuring that all contract procurement costs directly attributable to the Federal award are allowable and consistent with Federal Cost Principles and applicable requirements specified in the Federal award (including those found in section 330 of the Public Health Act, implementing program regulations and grant regulation in 45 C.F.R. Part 75); and

25. Reviewing these bylaws annually and update as needed.

ARTICLE V

POWERS AND DUTIES OF INDIVIDUAL BOARD MEMBERS

A. **Power of Individual Board Members.** No individual Board member shall be authorized to speak or act independently for the Board unless he or she has been specifically authorized by the Board to do so.

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B. Duties of Individual Board Members. In addition to other common law and statutory duties and any other obligations arising from their position, the Board members shall be responsible for:

1. Compliance with Legal Requirements, and the Program Policies. Each Board member shall comply with the enabling statutes creating Harris Health; these Bylaws; and federal, state and local law, including but not limited to Section 330 of the Public Health Service Act (42 U.S.C. § 254b, as amended), applicable HRSA Requirements, and Medicare, Medicaid, and state licensure requirements (collectively the “Legal Requirements”), and all policies adopted by the Board.
2. Avoiding Conflicts of Interest. Each Board member shall comply with Harris Health’s Board of Trustee Member Conflict of Interest Policy. No Board member shall:
 - a) Be an employee of the Health Center or an immediate family member of an employee.
 - b) Have a substantial interest or substantial ownership in a firm that supplies, or knowingly seeks to supply goods or services to the Program.
 - c) Engage in outside business ventures which would conflict with their duties as Board members.
 - d) Solicit or accept gratuities, favors, or anything of monetary value from contractors or parties to agreements.
3. Verification of Compliance. The Health Center will verify periodically during selection or renewal of Board member terms that the Board does not include members who are currently employees of the Health Center, or immediate family members of current Health Center employees (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage); and that no conflict of interest exists which would prohibit serving on the Board.
4. Disclosure Statement.
 - a) Board members will be required to complete a disclosure statement verifying compliance with this Article V, including such information, in such form, and at such times as may be required by the Board from time to time.
 - b) Board members must execute a disclosure statement at the time of their appointment and reappointment, and at least annually thereafter and at such time(s) when a conflict of interest is identified. The Board Office will maintain current disclosure statements for each Board member.

ARTICLE VI

BOARD COMPOSITION AND QUALIFICATIONS

A. Selection and Removal

1. The Harris County Commissioner's Court appoints members of the Health Center Board who serve without compensation for two (2) year staggered terms. The terms of four (4) members expire on November 1st of odd years and the terms of five (5) members expire on November 1st of even years. Members continue to serve until their successors are appointed. The Harris County Commissioner's Court fills the remainder of any un-expired term and the person so selected serves until such un-expired term terminates and until a successor is appointed and qualified.
2. Board members may be removed from the Harris Health Board of Trustees by Harris County Commissioner's Court in accordance with Texas Local Government Code Chapter 178. Such removal from the Harris Health Board of Trustees shall also be considered a removal from the Health Center Board.
3. The Health Center has obtained from HRSA for good cause shown a waiver of the requirement that a majority [at least 51%] of the Health Center Board members must be patients served by the Health Center.

B. Requirements

1. Members of the Health Center Board are representative of the community served by the Health Center or the Health Center's service area. Additionally, members are selected to provide relevant expertise and skills such as:
 - a) Community affairs;
 - b) Local government;
 - c) Finance and banking;
 - d) Legal affairs;
 - e) Trade unions and other commercial and industrial concerns; and
 - f) Social services.
2. No more than one-half (50%) of Board members can derive more than ten percent (10%) of their annual income from the health care industry. The Health Center may determine how "health care industry" is defined and the percentage of annual income of each Board member derived from the health care industry; and
3. Health Center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be Health Center Board members.

- C. **Documentation of Board Composition and Other Considerations.** The Health Center will maintain documentation that the Board is composed of:

1. At least 9 and no more than 25 members;
2. A patient majority (at least 51%) of the Board members are patients served by the Health Center who has received at least one service in the past 24 months that generated a Health Center visit, where both the service and the site where the service was received are within the HRSA-approved scope of project and, as a group, represent the individuals who are served by the Health Center in terms of demographic factors, such as race, ethnicity, and gender (unless a HRSA-approved waiver has been obtained); and
3. ~~Non-patient b~~Board members shall:
 - a) Be representative of the community in which the Health Center is located, either by living or working in the community, or by having a demonstrable connection to the community;
 - b) Have relevant skills and expertise in areas such as community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social services within the community; and
 - c) Of whom no more than fifty percent (50%) earn more than ten percent (10%) of their annual income from the health care industry.

D. HRSA-approved waiver

In consideration that the Health Center has obtained from HRSA a waiver of the requirement that a majority [at least 51%] of the Health Center Board members must be patients served by the Health Center, the Board minutes or other documentation shall demonstrate how homeless special population patient input is utilized in making Board decisions in key areas, including, but not limited to: selecting Health Center services; setting hours of operation of Health Center sites; defining budget priorities; evaluating the Health Center's progress in meeting goals, including patient satisfaction; and assessing the effectiveness of the sliding fee discount program.

ARTICLE VII
OFFICERS

A. Designation and Selection of Officers

The governance and management of the affairs of the Board shall be entrusted to the following representatives: Chairperson, Vice Chairperson, Secretary, and to the extent and at such time as needed, an Assistant Secretary. Selection of Officers and term of office shall be in accordance with the bylaws of the Harris County Hospital District d/b/a Harris Health, as amended. ~~The health center board shall select the Chairperson by majority vote. In no event shall the Chairperson be appointed by anyone other than the person selected by a majority of the Board.~~

B. Duties and Responsibilities of Officers

The duties and responsibilities of the Officers shall be the same as described in the bylaws of the Harris County Hospital District d/b/a Harris Health, as amended.

ARTICLE VIII
MEETINGS

A. Regular Meetings

There shall be regularly scheduled meetings of the Board provided that meetings are held not less than monthly. All meetings of the Board shall be open to the public, except that the Board may hold Executive Sessions in accordance with the Texas Open Meetings Act.

B. Quorum

The presence of the majority of the Board shall constitute a quorum for the transaction of business, and a lesser number may recess a meeting until a later specified date when a quorum shall be present. Except as otherwise provided by these Bylaws or as may be required by applicable law, all matters before the Board shall be decided by an affirmative vote of the majority of the Board members present and voting at a meeting at which a quorum exists. Each Board member shall be entitled to one (1) vote.

C. Records of the Meeting

Minutes of all meetings of the Board shall be retained by the Board Office in advance of the next scheduled Board meeting at which the minutes will be reviewed.

ARTICLE IX
ADOPTION

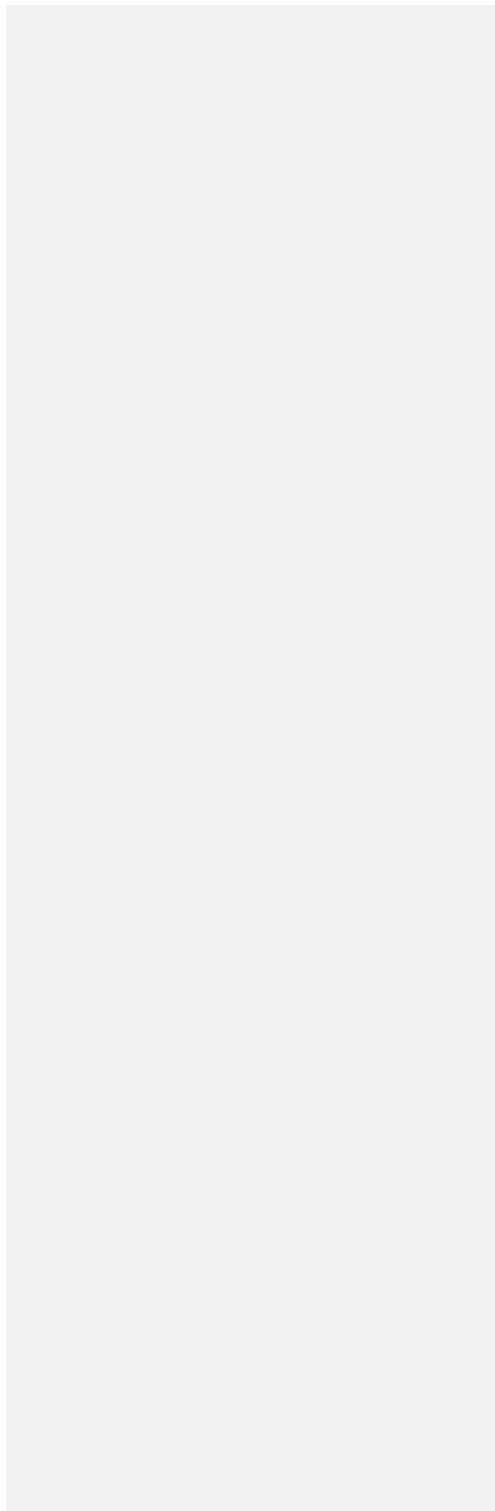
This Amendment to the Bylaws is accepted and adopted on _____, 2022 at Houston, Harris County, Texas, and shall remain in effect for as long as required for Harris Health to remain eligible to receive Federal funding pursuant to Section 330 of the Public Health Service Act, as amended. In the event the Program is terminated or is no longer funded by HRSA, these Bylaws shall be of no effect.

Chair, Board of Trustees

Secretary, Board of Trustees

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

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



Thursday, November 10, 2022

Executive Session

Discussion Regarding the 2023 Operating Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc.; and Review of the 2022 Financial Performance for the Nine Months Ending September 30, 2022, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071, Including Consideration of Approval of the 2023 Operating Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc. Upon Return to Open Session

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Thursday, December 1, 2022

Executive Session

Consultation with Attorney Regarding Settlement of a Healthcare Liability Claim, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session

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