

Thursday, May 25, 2023

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 W. Bracey	1 min
II. Approval of the Minutes of Previous Meeting	Dr. Arthur W. Bracey	1 min
<ul style="list-style-type: none"> • Board Meeting – January 26, 2023 [Correction to Board Approved Minutes] • Board Meeting – April 27, 2023 		
III. Announcements / Special Presentations	Dr. Arthur W. Bracey	7 min
A. CEO Report Including Special Announcements – <i>Dr. Esmail Porsa</i>		<i>(5 min)</i>
<ul style="list-style-type: none"> • New Members of the Harris Health Board of Trustees 		
B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements		<i>(2 min)</i>
IV. Public Comment	Dr. Arthur W. Bracey	3 min
V. Executive Session	Dr. Arthur W. Bracey	40 min
A. Consultation with Attorney Regarding Selection of Special Counsel for Harris Health Bond Election and Bond Related Legal Matters, Pursuant to Tex. Gov’t Code Ann. §551.085 and Possible Action Upon Return to Open Session, Including Approval of the Harris County Attorney’s Recommendation for Selection of Special Counsel – <i>Mr. Jay Aiyer, Ms. Paige Abernathy, and Ms. Sara Thomas</i>		<i>(10 min)</i>
B. 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 – <i>Dr. Steven Brass and Dr. Yashwant Chathampally</i>	Dr. Arthur Bracey	<i>(10 min)</i>

- C. 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. Martha Mims** (10 min)
- D. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – **Dr. Otis Ekins** (10 min)
- VI. Reconvene to Open Meeting** **Dr. Arthur W. Bracey** **1 min**
- VII. General Action Item(s)** **Dr. Arthur W. Bracey** **4 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. Martha Mims** (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 Ekins** (2 min)
- VIII. New Items for Board Consideration** **Dr. Arthur W. Bracey** **30 min**
 - A. Consideration of Approval to Acquire an 8,717 Sq. Ft. Tract of Vacant Land at 1620 Keene St. for the Casa de Amigos Health Center Expansion Project, Houston, Harris County, Texas – **Mr. Louis Smith and Mr. Patrick Casey** (5 min)
 - B. Consideration of Approval to Convey a Water Meter Easement and Right of Way to The City of Houston for the Casa de Amigos Health Center Expansion Project, Houston, Harris County, Texas – **Mr. Louis Smith and Mr. Patrick Casey** (5 min)
 - C. Discussion and Recommendation Related to Bond-funded Construction Contract Requirements, Including (1) A Minimum \$15/Hour Wage for Construction Workers; (2) A Minimum of 10% of Total Project Hours Performed by Individuals Enrolled in the Department of Labor Registered Apprenticeships or Bilingual Craft Training Programs; and (3) the Consideration of Employer Safety Records when Awarding Projects by Utilizing Harris County’s Contractor Safety Standards – **Mr. Louis Smith, Mr. Patrick Casey, and Mr. Nathan Bac** (10 min)
 - D. Consideration of Approval of Revisions to Harris Health System Board of Trustees Member Conflict of Interest and Nepotism Policy – **Ms. Sara Thomas** (10 min)
- IX. Strategic Discussion** **Dr. Arthur W. Bracey** **65 min**
 - A. Harris Health System Strategic Plan Initiatives
 - 1. Presentation Regarding Patient Throughput (15 min)
– **Ms. Patricia Darnauer, Dr. Glorimar Medina, and Dr. Jennifer Small**
[Pillar 3: One Harris Health System]

2. Presentation Regarding Systematizing Screening and Referrals for Social Determinants of Health – **Dr. Chethan Bachireddy and Ms. Denise LaRue**
[Pillar 4: Population Health Management] (15 min)
3. Presentation Regarding Bond Proposal Timeline and Activities (15 min)
– **Ms. Maria Cowles, Ms. Olga Rodriguez, and Mr. Mustafa Tameez, Outreach Strategist**
4. May Board Committee Meeting Reports: (20 min)
[Strategic Pillar 3: One Harris Health System]
 - Governance Committee – **Dr. Arthur Bracey** on behalf of Dr. Andrea Caracostis
 - Quality Committee – **Dr. Arthur Bracey** on behalf of Dr. Andrea Caracostis
 - Budget & Finance Committee – **Dr. Arthur Bracey** on behalf of Mr. Lawrence Finder
 - Compliance & Audit Committee – **Ms. Barbie Robinson**
 - Joint Conference Committee – **Dr. Arthur Bracey** on behalf of Dr. Andrea Caracostis
 - Diversity, Equity, and Inclusion Committee – **Ms. Marcia Johnson**

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

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A53) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**
(See Attached Expenditure Summary: May 25, 2023)

B. Consent Committee Recommendations

1. Consideration of Acceptance of the Harris Health System March 2023 Quarterly Financial Report Subject to Audit – **Ms. Victoria Nikitin**
[Budget & Finance Committee]
2. Consideration of Acceptance of the Harris Health System First Quarter Calendar Year 2023 Pension Plan Report – **Ms. Victoria Nikitin**
[Budget & Finance Committee]
3. Consideration of Acceptance of the Harris Health System Second Quarter Fiscal Year 2023 Investment Report – **Ms. Victoria Nikitin**
[Budget & Finance Committee]
4. Consideration of Approval of the Governance Committee Recommendation to Cross Reference Committee Materials to Ensure they are Not Included/Repeated in the Board Packets
[Governance Committee]
5. Consideration of Approval of the Governance Committee Recommendation to Empower Committees to do the Work and Carry Forth Recommendations to the Full Board for its Support and Approval
[Governance Committee]

C. Consent Grant Agreement Recommendations

1. Consideration of Approval of Grant Recommendations (Items C1 through C2) – **Dr. Jennifer Small and Ms. Kelli Fondren**
(See Attached Expenditure Summary: May 25, 2023)

D. Consent Reports and Updates to Board

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**
2. Harris Health System Council-At-Large April Meeting Minutes
– **Dr. Jennifer Small**

{End of Consent Agenda}

XI. Item(s) Related to the Health Care for the Homeless Program

Dr. Arthur W. Bracey 15 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**

(12 min)

- HCHP May 2023 Operational Update

- B.** Consideration of Approval of HCHP Consumer Advisory Council Report
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

- C.** Consideration of Approval of HCHP 2022 Annual Risk Management Report
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

- D.** Consideration of Approval of HCHP 2022 UDS Patient Review
– **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**

(1 min)

XII. Executive Session

Dr. Arthur W. Bracey 70 min

- E.** Consultation with the County Attorney Regarding Settlement Pertaining to the Reimbursement of Claims by Amerigroup Texas, Inc. d/b/a Amerigroup Community Care, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session
– **Ms. Ebon Swofford and Mr. Michael Fritz**

(10 min)

- F.** Consultation with the County Attorney Regarding Qui Tam Litigation Matter, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Ebon Swofford and Mr. Michael Fritz**

(10 min)

- G.** Review of the Audited Financial Statements for the Twelve Months Ending December 31, 2022, Pursuant to Tex. Gov't Code Ann. §551.085 for Community Health Choice Texas, Inc. and Community Health Choice, Inc. – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice, Ms. Victoria Nikitin, and FORVIS Representatives**

(10 min)

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

(30 min)

- I. Report by the Executive Vice President, Chief Compliance and Risk Officer, **Ms. Barbie Robinson** (10 min)
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**

XIII. Reconvene **Dr. Arthur W. Bracey** 1 min

XIV. Adjournment **Dr. Arthur W. Bracey** 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Board Meeting
Thursday, January 26, 2023
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	The meeting was called to order at 8:14 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live .	A copy of the attendance is appended to the archived minutes.
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – December 1, 2022 <p>Dr. Bracey requested approval of the December Board Minutes subject to the following correction: The words “with final approval of renegotiation subject to the Board of Trustees’ review” should be stricken from the original motion in item XI G.”</p>	<u>Motion No. 23.01-01</u> Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve the minutes of the previous meeting as amended. Motion carried.
III. Announcements/ Special Presentations	A. CEO Report Including Special Announcements Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19. He shared that the COVID-19 viral load in waste water has declined. He also reported a continued drop in COVID-19 positivity rates and hospitalizations across the Texas Medical Center (TMC), as well as Harris Health System. Dr. Porsa recognized Harris Health Staff and Administration for their selfless service in caring for the patients and residents of Harris County. A copy of the presentation is available in the permanent record.	As Presented.
	B. Special Announcement Dr. Bracey recognized two (2) Harris Health employees who exemplified and embodied the Board of Trustee’s commitment to a Just and Accountable Culture. Their escalation, advocacy, and intervention demonstrated commitment to the safety and care of patients at Harris Health. The Board recognized Ms. Yimisha Verrett, Medical Technologist Lead, Lyndon B. Johnson (LBJ) Hospital and Ms. Tammie Mozell, Health Unit Coordinator, Ben Taub Hospital (BTH), for the Good Catch Awards.	

	<p>C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Bracey stated that the Board of Trustees is pleased to welcome its new Trustee, Ms. Carol Paret, who was appointed to the Board by Harris County Judge Lina Hidalgo during the November 29, 2022 Harris County Commissioners Court Meeting. Ms. Paret is the Senior Vice President and Chief Community Health Officer for Memorial Hermann Health System and the Chief Executive Officer (CEO) of the Memorial Hermann Community Benefit Corporation. She earned her Bachelor of Science degree from the University of Houston. She began her career in community health planning and has worked for Memorial Hermann for the past 41 years. Throughout her career at Memorial Hermann, she has provided leadership to multiple programs such as medical records, the family medicine residency program and various clinical operations. Dr. Bracey welcomed Ms. Paret and shared that she will serve as a member of Harris Health’s Compliance and Audit 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 8:31 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for Items ‘A through C’ 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 participating in discussion and voting regarding cases involving care rendered by Baylor College of Medicine (BCM) and credentialing discussions involving BCM.</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 participating in BCM discussions.</p>

	<p>C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session</p>	<p>No Action Taken.</p>
<p>VI. Reconvene to Open Meeting</p>	<p>At 9:00 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. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. In December 2022, there were twenty-eight (28) initial appointments, zero (0) reappointments, and twelve (12) resignations. For January 2023, there were sixteen (16) initial appointments, 130 reappointments, and one (1) resignation. A copy of the credentialing changes is available in the permanent record.</p>	<p><u>Motion No. 23.01-02</u> Moved by Dr. Ewan D. Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried. Dr. Arthur Bracey recused on this matter related to BCM Credentialing vote.</p>
	<p>2. Approval of Harris Health's Medical Staff Changes in Clinical Privileges</p> <p>Dr. Mims shared that the Medical Executive Board approved the changes in clinical privileges for Neurocritical Care (NCC). A copy of the revisions to the neurology and neurosurgery clinical privileges is available in the permanent record.</p>	<p><u>Motion No. 23.01-03</u> Moved by Dr. Ewan D. Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.</p>
	<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. In December 2022, there were five (5) initial appointments and forty-nine (49) initial appointments for the month of January 2023. A copy of the credentialing changes is available in the permanent record.</p>	<p><u>Motion No. 23.01-04</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>

	<p>2. Approval of Interlocal Agreement between Harris Health and Harris County for the Provision of Information Technology Support and Epic EMR System to the Harris County Sherriff's Office</p> <p>Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer, presented an Interlocal Agreement between Harris Health and Harris County for the Provision of Information Technology Support and Epic EMR System to the Harris County Sherriff's Office. He shared that the purpose of amendment is to provide the Harris County Sheriff's Office (HCSO) with information technology support and access to EpicCare. The proposed amendment further defines the responsibility of each party for support activities and would expand Harris Health's obligations to include:</p> <ol style="list-style-type: none"> 1) Implementation and configuration of additional Epic and 3rd party modules 2) Installation of a virtual network that will facilitate automation particularly in the Pharmacy and Lab areas (Pyxis; Point of Care Testing and Parada (pharmacy packaging system) 3) Deployment of remote access solutions for Harris Health employees, medical staff, and contractors who provide correctional health care within HCSO Detention Facilities 	<p><u>Motion No. 23.01-05</u> Moved by Dr. Ewan D. Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</p>
	<p>3. Approval of the Harris Health System Correctional Health Quality Manual</p> <p>Ms. Katie Rutherford, Harris County Attorney's Office, Harris Health legal team presented the Harris Health System Correctional Health Quality Manual. She shared that the purpose of the Correctional Health Quality Manual is to outline the structured process that Harris Health System will use to identify, monitor, and improve the delivery of patient care provided by Harris Health System at the Harris County Sheriff's Office detention facilities and to identify and address deficiencies through the implementation of a corrective action plan designed to improve the safety and quality of care. Board discussions ensued regarding the Correctional Health Quality governance structure. A copy of the Correctional Health Quality Manual is available in the permanent record.</p>	<p><u>Motion No. 23.01-06</u> Moved by Mr. Lawrence Finder, seconded by Dr. Ewan D. Johnson, and unanimously passed that the Board approve agenda item VII.B.2., contingent upon modification to clarify the Correctional Health Quality structure. Motion carried.</p>

<p>VIII. New Items for Board Consideration</p>	<p>A. Approval of the 2023 Board of Trustees Calendar</p> <p>Dr. Andrea Caracostis presented the 2023 Board of Trustees Calendar. She noted the following proposed changes to the 2023 Board of Trustees Board Calendar:</p> <ul style="list-style-type: none"> • During calendar year 2023, the Board of Trustees will meet on a monthly basis. • The Board will have one Special Called (HRSA) Board meeting in November and one Budget Workshop in August. • The Budget & Finance Committee, Compliance & Audit Committee and Ambulatory Surgical Center (ASC) at LBJ Governing Body will convene on a quarterly basis. • Diversity, Equity and Inclusion (DEI) Committee, Governance Committee, and Quality Committee will meet on a monthly basis. • Recommendation for Harris Health to host four (4) quarterly Town Hall Meetings <p>Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, addressed the recommendation for Harris Health to host four (4) quarterly town hall meetings in 2023. Discussions ensued regarding community engagement as well as accessibility throughout Harris County. The Board discussed the cadence of the Board committee meetings in addition to challenges associated with hosting the town hall meetings. Dr. Caracostis stated that she would bring all recommendations to the Governance Committee for a more robust discussion. A copy of the 2023 Board of Trustees Calendar is available in the permanent record.</p> <p>Dr. Bracey motioned for a roll call vote on approval of the 2023 calendar as follows:</p> <ul style="list-style-type: none"> • Ms. Barbie Robinson - Nay • Ms. Jennifer Tijerina – Abstain • Dr. Andrea Caracostis – Aye • Dr. Ewan D. Johnson – Aye • Ms. Carol Paret – Aye • Mr. Lawrence Finder – Aye • Ms. Marcia Johnson - Nay • Dr. Arthur Bracey – Aye 	<p>Motion No. 23.01-07 Moved by Dr. Ewan D. Johnson, seconded by Mr. Lawrence Finder, and majority passed that the Board approve agenda item VIII.A. Motion carried.</p>
<p>IX. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p>	

	<p>1. Update Regarding Diversity, Equity, and Inclusion Committee</p> <p>Ms. Marcia Johnson delivered an update regarding DEI Committee. She noted that the DEI Committee met on Friday, January 20, 2023. Ms. Karen Tseng, Special Advisor to the CEO, and Mr. Derek Holmes, Administrative Director, Contracting Diversity, shared that the committee discussed the following initiatives:</p> <ul style="list-style-type: none"> 1) Research strategies and plans for addressing disparity in patient care including: <ul style="list-style-type: none"> o Understanding of health equity and social determinants of health o Role of healthcare systems in advancing health equity o Harris Health priority actions to measure and address health equity 2) Status regarding Harris Health’s Minority and Women Owned Business Enterprise (MWBE) Program <p>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 A82)</p> <p>Dr. Bracey noted that purchasing’s transmittals B1 through B33 are not for approval.</p> <p>Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office, reported the following revision to the purchasing agenda:</p> <ul style="list-style-type: none"> • Item A38 – date should reflect February 14, 2023 through February 13, 2024. <p>A copy of the purchasing recommendations is available in the permanent record.</p>	<p>Motion No. 23.01-08 Moved by Dr. Andrea Caracostis, seconded by Mr. Lawrence Finder, and majority passed that the Board approve agenda item X.A.1. Motion carried. Ms. Marcia Johnson opposed this motion.</p>
	<p>B. New Consent Agenda Item(s) for Approval</p>	
	<p>1. 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</p> <p>1. Approval of a New Lease Agreement between WS/Griffin Loop Central Property, LLC, and Community Health Choice Texas, Inc. for Office Space at 4888 Loop Central Drive, Houston, TX 77081</p>	<p>Motion No. 23.01-09 Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.B.3. Motion carried.</p>

Commented [PCA1]: The minutes were revised to reflect the posted agenda item X.B.1.

	<p>2. Approval to Convey a Sidewalk Easement and Right of Way to the City of Houston for the Casa de Amigos Health Center Expansion Project, Houston, Harris County, Texas</p>	<p>Motion No. 23.01-09 Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.B.3. Motion carried.</p>
	<p>3. Approval to Amend the Dedicated Protective Covenants and Restrictions to Allow Multi-Family and Blood Bank Development within a 58 Acre Tract that Includes the Holly Hall and Smith Clinic Sites</p>	<p>Motion No. 23.01-09 Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.B.1. through X.B.3. Motion carried.</p>
	<p>C. Consent Grant Agreement Recommendations</p>	
	<p>1. Approval of Grant Agreement Recommendations (Item D1)</p>	<p>Motion No. 23.01-10 Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.C.1. Motion carried. Ms. Barbie Robinson recused on this matter related Harris County Public Health.</p>
	<p>D. Consent Reports and Updates to Board</p> <ol style="list-style-type: none"> 1. Harris Health System November 2022 and December 2022 Financial Reports Subject to Audit 2. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System 3. Harris Health System Council-At-Large November Meeting Minutes <p><i>{End of Consent Agenda}</i></p>	<p>Informational Purposes Only</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 January 2023 Operational Update <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, delivered a presentation regarding the Health Care for the Homeless Program (HCHP) January 2023 Operational Update Including Patient Services, HCHP Consumer Advisory Report, Health Resources and Services Administration (HRSA) On-Site Visit (OSV), Change in Scope, HCHP Policies, Memorandum of Understanding (MOU), and Bylaws. She reported that there were 367 new adult patients and nine (9) new pediatric patients associated with the program. HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of December, HCHP served 6,134 unduplicated patients. Dr. Small stated that the program fell below its annual target goal for unduplicated patients seen. She mentioned that this was attributed to provider vacancies, staff on medical leave, as well as issues with the program’s dental van.</p> <p>Dr. Small stated that HCHP is exploring partnerships with other organizations, based upon the program’s needs assessment, to expand the access point of entry throughout Harris County. HCHP is expected to complete a total of 22,500 patient visits and the program has successfully completed 24,772 patient visits. Dr. Small presented the data for unduplicated patients for the month by services as well the amount of completed visits by month. She noted that there was a decrease in the number of patients seen during July through December, which was attributed to the closure of several shelter sites during the holidays. Dr. Small reported that the patient visits over the past three (3) months has plateaued compared to the previous year. Dr. Caracostis inquired whether the 24,772 completed patient visits are all medical visits. Ms. Tracey Burdine, Director, Health Care for the Homeless Program, stated that it includes medical services, social work, behavioral health and psychiatry services. Dr. Caracostis recommended that the Program delineate the numbers by medical visits and other non-medical visits so that the Board can determine the productivity of physicians.</p> <p>Ms. Burdine presented highlights of council activities from September 2022 – November 2022. She informed the Board of the upcoming HRSA OSV scheduled for January 31 – February 2, 2023. She urged the Board to attend the entrance and exit conferences and noted that details of the conferences will be shared with the Board. Ms. Burdine presented the following changes in scope to HCHP:</p>	<p><u>Motion No. 23.01-11</u> Moved by Dr. Ewan D. Johnson, seconded by, Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>
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	<p>Changes in Scope for Form 5A:</p> <ol style="list-style-type: none"> 1) Add diagnostic laboratory to Column III. 2) Delete diagnostic radiology from Column I and add to Column III. 3) Add coverage for emergencies during and after hours to Column III. 4) Add voluntary family planning to Column III. 5) Add prenatal care to Column III. 6) Delete intrapartum care (labor & delivery) from Column I and add to Column III. 7) Add postpartum care to Column III. 8) Add pharmaceutical services to Column III. 9) Delete occupational therapy from Column I and add to Column III. 10) Delete physical therapy from Column I and add to Column III. 11) Add nutrition to Column III. <p>Changes in Scope for Form 5B (effective date pending HRSA approval):</p> <ul style="list-style-type: none"> • Change at Salvation Army Adult Rehabilitation Center, 2118 Washington Avenue, Houston, Texas, 77007, from clinic open five days (40 hours) to two days (16 hours) of operation. • Close the clinic at Salvation Army Family Residence, 1603 McGowen Street, Houston, Texas, 77004, currently open two days (16 hours) a week. • Change at Star of Hope Cornerstone Community, 2575 Reed Road, Houston, Texas, 77051, from clinic open five and a half days (44 hours) to five days (40 hours) of operation. • Change Star of Hope Men’s Shelter, 1811 Ruiz Street, Houston, Texas, 77002, from clinic open five days (40 hours) to three days (24 hours) of operation. <p>Ms. Burdine noted that changes in operating hours are attributed to a decrease in staffing resources and low patient census. Dr. Johnson inquired whether clinic closures would impact care to patients. Ms. Burdine shared that HRSA approved a pilot program to assess any gaps in service over a six-month period. She reported that the program’s finding indicated no gaps in service. Ms. Burdine shared that the program provided cab vouchers for its patients to be transported to Harmony House, a nearby rehabilitation center. In addition, HCHP offers tele-health and virtual services. Ms. Burdine presented HCHP’s new and/or amended policies, in addition to revisions to the HCHP Bylaws. A copy of the operational update is available in the permanent record.</p>	
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	<p>B. Approval of HCHP Consumer Advisory Report (September 22 – November 22)</p>	<p><u>Motion No. 23.01-12</u> Moved by Dr. Ewan D. Johnson, seconded by, Ms. Barbie Robinson, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
	<p>C. Approval of HCHP’s Changes in Scope</p>	<p><u>Motion No. 23.01-13</u> Moved by Dr. Ewan D. Johnson, seconded by, Ms. Barbie Robinson, and unanimously passed that the Board approve agenda item XI.C. Motion carried.</p>
	<p>D. Approval of the Amended HCHP Bylaws</p>	<p><u>Motion No. 23.01-14</u> Moved by Dr. Ewan D. Johnson, seconded by, Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item XI.D. Motion carried.</p>
	<p>E. Approval of HCHP Policies:</p> <ul style="list-style-type: none"> • Referrals of Health Care for the Homeless Program Patients to Harris Health System • Referral Tracking and Follow-Up Care for Health Care for the Homeless Program • Health Care for the Homeless Program Financial and Grant Management 	<p><u>Motion No. 23.01-15</u> Moved by Dr. Ewan D. Johnson, seconded by, Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item XI.E. Motion carried.</p>
	<p>F. Approval of Memorandum of Understanding (MOU) by and between Harris County Hospital District D/B/A Harris Health System and Health Care for the Homeless Program</p>	<p><u>Motion No. 23.01-16</u> Moved by Dr. Ewan D. Johnson, seconded by, Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item XI.F. Motion carried.</p>

XII. Executive Session	At 10:30 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for items “D through I” as permitted by law under Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.071, Tex. Gov’t Code §551.085, Tex. Gov’t Code §551.089, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.	
	D. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.
	E. Consultation with Attorney Regarding Civil Action No. 4:17-CV-2749; Kent Vaughn v. Harris County Hospital District, et al.; in the U.S. District Court, Southern District of Texas, Houston Division, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.
	F. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085	No Action Taken. Mr. Finder recused on this matter related to collaborative opportunities with M.D. Anderson.
	G. Consultation with Attorney and Possible Action Regarding the Agreements between Harris County Hospital District Foundation and Harris Health System and Philanthropic Strategies, Pursuant to Tex. Gov’t Code Ann. §551.071	No Action Taken.
	H. Consultation with Attorney Regarding Hospital District Police Force Legislation, Pursuant to Tex. Gov’t Code Ann. §551.071	No Action Taken.
	I. Consultation with Attorney Regarding Correctional Health Claim; Pending or Contemplated Litigation, Pursuant to Tex. Gov’t Code Ann. Section §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	No Action Taken.
XIII. Reconvene	At 11:52 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.	
XIV. Adjournment	Moved by Dr. Ewan D. 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 11:53 a.m.	

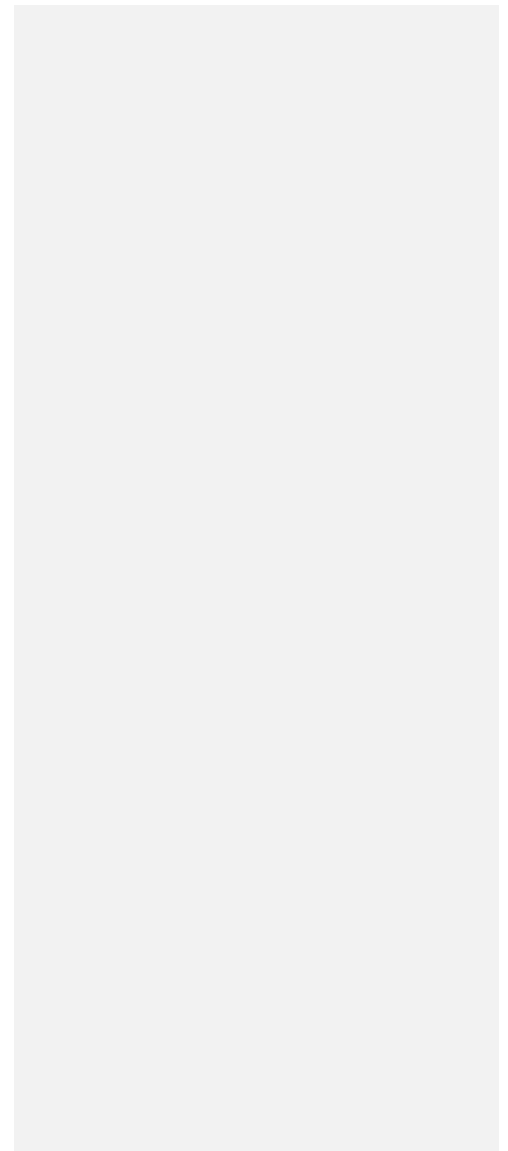
I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on January 26, 2023.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson



Thursday, January 26, 2023

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 W. Bracey (<i>Chair</i>)	Ms. Alicia Reyes
Dr. Ewan D. Johnson (<i>Vice Chair</i>)	
Dr. Andrea Caracostis (<i>Secretary</i>)	
Director Barbie Robinson	
Ms. Carol Paret	
Ms. Jennifer Tijerina	
Mr. Lawrence Finder	
Ms. Marcia Johnson	

EXECUTIVE LEADERSHIP
Dr. Esmail Porsa, President & Chief Executive Officer
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
Mr. Anwar Siraj, Senior Vice President, Chief Health Informatics Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Dr. John Foringer, Chair, Medical Executive Board
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Dr. Kunal Sharma, Vice Chair, Medical Executive Board
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Chair, Medical Executive Board
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer

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. Ray McComb, Chief Human Resources and Administrative Officer
Mr. Robert “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
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

OTHERS PRESENT	
Alison Perez	Jerry Summers
Antoinette “Toni” Cotton	John Matcek
Cherry Pierson	Karen Tseng
Daniel Smith	Katie Rutherford
Derek Curtis	Matthew Schlueter
Derek Holmes	Nathan Bac
Ebon Swofford	Nicholas J Bell
Elizabeth Winn	Randy Manarang
Holly Gummert	Tai Nguyen
Jack Adgar	Tracey Burdine
Jennifer Zarate	Zubin Khambatta (<i>Perkins Coie LLP</i>)

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, April 27, 2023

8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	The meeting was called to order at 8:00 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live .	A copy of the attendance is appended to the archived minutes.
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Special Call Board Meeting – March 20, 2023 • Board Meeting – March 23, 2023 Dr. Bracey stated that there is a slight correction to the Board Meeting minutes for March 23, 2023 for Agenda Item VIII.B. related to the Settegast Health Center Moving to Phase I as an onsite food pharmacy, and re-evaluation of the timeline for the remaining fifteen (15) sites. The corrected minutes should reflect that the recommendations are to be accomplished by the end of the Calendar Year 2024 (FY 2025).	<u>Motion No. 23.04-47</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the minutes of the previous meeting as amended. Motion carried.
III. Announcements/ Special Presentations	A. CEO Report Including Special Announcements Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding the status of COVID-19. He reported a decline in the wastewater viral load, COVID-19 positivity rates and hospitalizations. Dr. Porsa recognized Ms. Jessey Thomas as the new Senior Vice President of Medical Affairs. He shared that Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, presented Harris Health’s mid-year budget update to the Harris County Commissioner’s Court, which currently estimates a \$32M net positive margin for the end of this fiscal year. He stated that the better-than-expected-outcome is attributed to an increase in interest rates, Harris County Hospital District’s (HCHD) 2 nd Capital Campaign of \$10M and an unanticipated savings due to a decrease in medical insurance subsidies.	As Presented.
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements. On Thursday, March 30, 2023, Dr. Bracey, Ms. Alicia Reyes, and Ms. Jennifer Tijerina, had the pleasure of visiting the Vallbona Health Center.	As Presented.

<p>IV. Public Comment</p>	<p>Dr. Bracey recognized several esteemed guests who addressed the Board and shared remarks in favor of Harris Health’s \$2.5B bond proposal and capital construction package to Harris County Commissioner’s Court.</p> <ul style="list-style-type: none"> • Kimberly Monday, MD, Former Board Chair, Harris Health System • Giuseppe Colasurdo, MD, President and CEO, The University of Texas Health Science Center at Houston (UTHealth) • Paul Klotman, MD, President and CEO, Baylor College of Medicine (BCM) • Kenneth Mattox, MD, Former Chief of Staff, Ben Taub Hospital (BTH) • Mr. Robert “Bobby” Hilliard, CEO, Legacy Community Health Services • Ms. Linda Morales, Former Board Member, Harris Health System 	<p>As Presented.</p>
<p>V. Item Related to Bond Election</p>	<p>Approval of Request by the Harris Health System Board of Trustees to the Harris County Commissioner’s Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars.</p> <p>Dr. Porsa mentioned that Harris Health is requesting a voter referendum in November 2023 on a \$2.5B bond to fund its strategic facilities plan that is based on Harris Health’s 2021 – 2025 Strategic Plan. Dr. Porsa explained that November 2023 is the best time to seek voter approval because: High voter turnout is expected due to the mayoral race; Harris Health’s bond proposal would be the only bond proposal on the ballot; infrastructure needs at Lyndon B. Johnson (LBJ) Hospital, Ben Taub Hospital (BTH), and Ambulatory Care Services (ACS) are equally urgent; and Harris Health’s financial position and financial capacity optimally support the \$2.5B proposition. Dr. Porsa shared that that the total strategic facilities plan will cost an estimated \$2.9B and will be completed in phases over the next ten (10) years. He noted that the phases will be financed with \$2.5B in proposed bond debt proceeds, \$300M in Harris Health operational efficiencies/cost saving and \$100M in philanthropic contributions. Dr. Porsa addressed the financial impact of the \$2.5B bond, tax rates comparisons with other Texas hospital districts, facility openings, service additions and budget assumptions. He reiterated that given the projected growth in the population of Harris County and the increase in the County’s projected appraisal values over the next ten (10) years, Harris Health does not anticipate a material increase in the future Maintenance and Operations (M&O) tax rate. A copy of the presentation is available in the permanent record.</p> <p>Dr. Ewan Johnson motioned for approval of Request the Harris County Commissioner’s Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars.</p>	<p><u>Motion No. 23.04-48</u> Moved to Amend Main Motion for approval of agenda item V by Ms. Jennifer Tijerina, seconded by Dr. Ewan Johnson, passed by a majority vote. Motion carried.</p> <p><u>Motion No. 23.04-49</u> Moved for approval of agenda item V by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, with the approved amendment unanimously passed by the Board. Motion carried.</p>

	<p>Ms. Jennifer Tijerina motioned for an amendment to the original motion as follows: Approval of Request the Harris County Commissioner’s Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars <i>with the Board’s intentions to mandate that:</i></p> <ol style="list-style-type: none"> 1. <i>Each worker on a Bond Funded Harris Health Project will receive a minimum of either a \$15/hour wage or a wage that meets the requirements of the Davis Vacant and Related Act or whichever is higher;</i> 2. <i>A minimum of 10% of the total project hours shall be done by individuals enrolled in Department of Labor registered apprenticeships or Bilingual Craft training programs; and</i> 3. <i>Employer Safety Records for workers will be considered when making awards utilizing Harris County’s Contractor Safety Standards, including OSHA Safety Training and temporary disqualification of employers with poor employee safety records.</i> <p>Dr. Bracey issued a roll call vote on approval of the proposed amendment as follows:</p> <ul style="list-style-type: none"> • Ms. Carol Paret – No • Ms. Barbie Robinson – Yes • Mr. Lawrence Finder – No • Ms. Alicia Reyes – Yes • Ms. Jennifer Tijerina – Yes • Ms. Marcia Johnson – Yes • Dr. Andrea Caracostis – No • Dr. Ewan D. Johnson – Yes • Dr. Arthur Bracey – No <p>Dr. Bracey issued a roll call vote on approval of the original motion with the approved amended language as follows:</p> <ul style="list-style-type: none"> • Ms. Carol Paret – Yes • Ms. Barbie Robinson – Yes • Mr. Lawrence Finder – Yes • Ms. Alicia Reyes – Yes • Ms. Jennifer Tijerina – Yes • Ms. Marcia Johnson – Yes • Dr. Andrea Caracostis – Yes • Dr. Ewan D. Johnson – Yes • Dr. Arthur Bracey – Yes 	
<p>VI. Executive Session</p>	<p>At 9:15 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for Items ‘A through D’ as permitted by law under Tex. Gov’t Code Ann. §551.071, Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §151.002 and Tex. Occ. Code Ann. §160.007.</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 participating in discussion and voting regarding cases involving care rendered by Baylor College of Medicine (BCM) and credentialing discussions involving BCM.</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 participating in BCM discussions.</p>
	<p>C. Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session</p>	<p>No Action Taken.</p>
	<p>D. Consultation with Attorney Regarding Agreements with the Harris County Hospital District Foundation and the Harris Health Strategic Fund, Pursuant to Tex. Gov’t Code Ann. §551.071</p>	<p>No Action Taken.</p>
<p>VII. Reconvene to Open Meeting</p>	<p>At 10:01 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>VIII. 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. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For April 2023, there were fifteen (15) initial appointments and sixty-nine (69) reappointments. Copies of the credentialing changes are available in the permanent record.</p>	<p>Motion No. 23.04-50 Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VIII.A.1. Motion carried. Dr. Arthur Bracey recused on this matter related to BCM Credentialing vote.</p>

	<p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For April 2023, there were fourteen (14) initial appointments. Copies of the Correctional Health credentialing changes are available in the permanent record.</p>	<p><u>Motion No. 23.04-51</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.B.1. Motion carried.</p>
<p>IX. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p>	
	<p>1. Presentation Regarding Philanthropic Strategy</p> <p>Mr. Michael Hill, Executive Vice President, Chief Strategy and Integration Officer, delivered a presentation regarding Harris Health’s Philanthropic Strategy. Harris Health is seeking \$100M in philanthropy to support Harris Health’s strategic plan and facility improvements. Since 1992, HCHD Foundation has raised critically needed funding through various initiatives such as the Texas Med Run, Swing for the Greens Golf Tournament, Silver Tea and Jubilee of Caring. Mr. Hill stated that Harris Health is expanding its fundraising capability in order to successfully reach its goal of \$100M. He stated that a group of prominent community leaders, led by Ms. Beth Robertson, Chair of the Cullen Foundation, has stepped forward to create the Harris Health Strategic Fund. He mentioned that HCHD Foundation raises funds and builds support through events. In addition, Mr. Hill shared that the new Harris Health Strategic Fund will focus on major gifts from foundations, corporations and individuals. Dr. Porsa expressed his thanks to Mr. Hill for the stellar work done over the past several months directing these agreements. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>2. Approval of Agreement between Harris Health System and Harris County Hospital District Foundation</p> <p>Dr. Bracey issued a roll call vote as follows:</p> <ul style="list-style-type: none"> • Dr. Ewan D. Johnson – Yes • Dr. Andrea Caracostis – Yes • Ms. Alicia Reyes – Yes • Ms. Barbie Robinson – Yes • Ms. Carol Paret – Yes • Ms. Jennifer Tijerina – Yes • Mr. Lawrence Finder – Yes • Ms. Marcia Johnson – Yes • Dr. Arthur Bracey – Yes 	<p><u>Motion No. 23.04-52</u> Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item IX.B.2. Motion carried.</p>

	<p>3. Approval of Cooperative Agreement between Harris Health System and the Harris Health Strategic Fund</p> <p>Dr. Bracey issued a roll call vote as follows:</p> <ul style="list-style-type: none"> • Dr. Ewan D. Johnson – Yes • Dr. Andrea Caracostis – Yes • Ms. Alicia Reyes – Yes • Ms. Barbie Robinson – Yes • Ms. Carol Paret – Yes • Ms. Jennifer Tijerina – No • Mr. Lawrence Finder – Yes • Ms. Marcia Johnson – Yes • Dr. Arthur Bracey – Yes 	<p>Motion No. 23.04-53 Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and majority passed that the Board approve agenda item IX.B.3. Motion carried.</p>
	<p>4. Update Regarding LBJ Hospital Expansion Project</p> <p>Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital, delivered an update regarding the LBJ Hospital Expansion Project. She shared the LBJ expansion project communication timeline as of April 10, 2023. Ms. Darnauer presented the space programming summary and campus master site plans for the LBJ expansion project. Ms. Darnauer that Administration will continue physical site programming and design activities to refine detailed recommendations for Board of Trustee updates and continue to develop post occupancy opportunities for the existing hospital structure for Board of Trustee approval. Discussions ensued regarding helicopter services, shelled bed care units, space programming and working towards Level 1 Trauma Center designation. Dr. Porsa shared a summary of Harris Health’s community engagement efforts in the past 200 days in partnership with PPG Global LLC relating to the LBJ Hospital Expansion Project. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>5. Update Regarding Relocation of Thomas Street Health Center and Riverside Dialysis Clinic to Quentin Mease Clinic</p> <p>Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services, delivered an update regarding the relocation of Thomas Street Health Center and Riverside Dialysis Clinic to Quentin Mease Clinic. She shared that on Wednesday, April 19, 2023, Thomas Street Health Center held its Farewell Celebration Event. Dr. Small mentioned that the last day of services for patient care at Thomas Street is May 4th, Move-in day is May 8th, and the first day of services will be May 9th. She noted that the Farewell Celebration for Riverside Dialysis Center will be held on May 15th and 16th. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>

	<p>6. April Board Committee Meeting Reports:</p> <p><u>Governance Committee</u></p> <p>Dr. Caracostis stated that the Governance Committee met on Tuesday, April 11, 2023. Ms. Olga Rodriguez, Vice President, Community Engagement & Corporate Communications, provided an update on Board Engagement Opportunities. Ms. Elizabeth Hanshaw Winn from the legal team presented Parliamentary Procedure Training. The training from the Committee was recorded. Ms. Elisabeth Hurst from The Governance Institute presented the 2022 Harris Health Board of Trustee Self-Assessment Results.</p> <p><u>Quality Committee</u></p> <p>Dr. Caracostis shared that the Quality Committee met on Tuesday, April 11, 2023. The monthly High Reliability Organization (HRO) video “Shared Decision-Making” was displayed. Harris Health is updating the electronic medical record to remove race-based equations used to determine a patient’s renal function. Updated equations do not include race and eliminate disparities in kidney disease treatment. Harris Health has implemented a standardized multi-disciplinary approach for assessing and mitigating venous thromboembolism (VTE). This effort highlights how Harris Health System is striving to improve patient outcomes, better experiences, lower costs and patient satisfaction. Harris Health System continues to work to improve workplace safety for employees, patients, visitors and contractors. Harris Health has engaged with an external consulting firm to further assess its current workplace safety posture and to enhance its workplace safety and violence prevention capabilities in the future. Gastrointestinal (GI) in collaboration with other Harris Health System departments developed an updated order set for colorectal screening which provides one pathway for patients to get colonoscopy and allows for better timeframes. All GI measures are being met.</p> <p><u>Diversity Equity & Inclusion (DEI) Committee</u></p> <p>Ms. Marcia Johnson stated that the (DEI) Committee met on Friday, April 21, 2023. Dr. Steven Brass, Executive Vice President & Chief Medical Executive presented on Implicit Bias in Patient Care: Vizient Methodology Overview and Race Based Algorithms. Mr. Omar Reid, Executive Vice President, Chief People Officer, provided an update on Harris Health’s Employee Engagement Survey. Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer, provided an update on the Food Pharmacy. Dr. Jobi Martinez, Vice President and Chief Diversity Officer, provided an update on DEI Upcoming Events.</p>	<p>As Presented.</p>
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<p>X. New Items for Board Consideration</p>	<p>A. Approval of Revising the Name of the Facility Formerly Approved as Quentin Mease Community Clinic to Quentin Mease Health Center</p>	<p><u>Motion No. 23.04-54</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item X.A. Motion carried.</p>
	<p>B. Approval to Amend the Lease with IND HOUTX TTP LEGACY, LLC for the Pharmacy Central Fill located at 9230 Kirby Drive, Houston, Texas 77084</p>	<p><u>Motion No. 23.04-55</u> Moved by Dr. Ewan Johnson, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item X.B. Motion carried.</p>
	<p>C. Approval to Enter into a New Interlocal Cooperation Agreement between Harris County and Harris Health System for Good-Faith Negotiations to Sub-Lease Space at The Avenida Pasadena, Ste. 100, Pasadena Blvd., Pasadena, TX 77506</p>	<p><u>Motion No. 23.04-56</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item X.C. Motion carried.</p>
	<p>D. Approval to Terminate the Lease with the City of Houston for the Riverside Dialysis Center located at 3315 Delano St., Houston, TX 77004</p>	<p><u>Motion No. 23.04-57</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item X.D. Motion carried.</p>
<p>XI. Consent Agenda Items</p>	<p>A. Consent Purchasing Recommendations</p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A55)</p> <p>Dr. Bracey stated that Purchasing Transmittals (B1 through B16) are not for approval. Copies of the purchasing recommendations are available in the permanent record.</p>	<p><u>Motion No. 23.04-58</u> Moved by Mr. Lawrence Finder, seconded by Dr. Ewan Johnson, and majority passed that the Board approve agenda item XI.A.1. Ms. Marcia Johnson opposed the motion. Motion carried.</p>

	<p>B. Consent Grant Agreement Recommendations</p>	
	<p>1. Approval of Grant Recommendations (Items B1 through B2)</p>	<p><u>Motion No. 23.04-59</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.B.1. through XI.C.1. Motion carried.</p>
	<p>C. New Consent Items for Board Approval</p>	
	<p>1. Acceptance of the Harris Health System February 2023 Financial Report Subject to Audit</p>	<p><u>Motion No. 23.04-59</u> Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda items XI.B.1. through XI.C.1. Motion carried.</p>
	<p>D. Consent Reports and Updates to Board</p> <p>Dr. Bracey noted that Consent Agenda Items (X.D.1 and 2.) are reports and updates only and were presented in your packet for informational purposes only.</p> <ol style="list-style-type: none"> 1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System 2. Harris Health System Council-At-Large March Meeting Minutes 3. Review of Grants \$100,000 and Under from Harris County Hospital District Foundation to Harris Health System Executed by Harris Health President and CEO through February 28, 2023 <p><i>{End of Consent Agenda}</i></p>	<p>For Informational Purposes Only</p>

<p>XII. Item(s) Related to Health Care for the Homeless Program</p>	<p>A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act</p> <ul style="list-style-type: none"> • HCHP April 2023 Operational Update <p>Dr. Small delivered a presentation regarding the Health Care for the Homeless Program (HCHP) April 2023 Operational Update Including Patient Services, Annual Progress Report, Uniform Data System (UDS) Comparison Report, Service Area Analysis and Revised HCHP Shelter Sites. There were 497 new adult patients and thirty (30) new pediatric patients associated with the program. HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of March 2023, HCHP served 2,506 unduplicated patients and 6,379 total completed visits.</p> <p>Dr. Small reported that HCHP’s monthly unduplicated patient data demonstrates a favorable trend overall. The quarterly amount of unduplicated patients this year compared to its final quarter of 2022 has increased by 15%. In addition, Dr. Small noted an increase in the number of completed visits overall; with an increase of 18% compared to the final quarter of 2022.</p> <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, presented the following highlights of 2022 Annual Progress Report:</p> <ul style="list-style-type: none"> • HCHP completed the Health Resources and Services Administration (HRSA) service area competition application with no findings and secured renewed funding for the 2nd year of a three year period. The award was for \$4,412,560 for 2023. • HCHP was awarded the HRSA American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) grant for \$65,500 to improve data quality, aggregation, and analytic capacity to better facilitate UDS+ reporting. • Recognized by HRSA with Community Health Quality Recognition Badges including: Health Center Quality Leader (top 20%), Advancing Health Information Technology for Quality, COVID-19 Public Health Champion, and Patient Centered Medical Home Recognition. • HCHP received the Compassion in Our Community Award from Harmony House at the 2022 Home“less” for the Holidays Luncheon 	<p>Motion No. 23.04-60 Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XII.A. Motion carried.</p>
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	<p>Ms. Burdine presented the UDS Comparison Report Summary, noting increases in medical services, mental health services, and enabling services. She stated that there is significant increase in mental health services which is attributed to the addition a full – time Harris Health employee (Behavior Health Therapist). Ms. Burdine shared that there was a decrease in dental and substance abuse services and the program has implemented a plans to increase access and volume for both services. Ms. Burdine reported that although the program fell below the USD benchmarks for 1st prenatal visit, uncontrolled diabetes and controlled hypertension, initiatives have been put in place to address these patient outcomes. She mentioned that at the end of every calendar year, Federally Qualified Health Centers (FQHCs) are required to report patient utilization, including zip code of residence and primary payor for services. Ms. Burdine provided the following key findings of the service area analysis covering the reporting period from January 1, 2022 to December 31, 2022:</p> <ul style="list-style-type: none"> • The clinics are located in the majority of areas where people experiencing homelessness congregate, primarily in Downtown Houston • The top four zip codes are areas where HCHP continues to provide primary care services: <ul style="list-style-type: none"> ○ 77051 (Star of Hope Cornerstone) ○ 77002 (Downtown area/multiple clinics) ○ 77007 (Salvation Army Adult Rehabilitation and Harmony House) ○ 77004 (Lord of the Streets) • HCHP is the dominant health center, based on 2022 UDS Mapper data for the following zip codes: <ul style="list-style-type: none"> ○ 77002 ○ 77004 ○ 77007 ○ 77011 ○ 77018 ○ 77051 ○ 77087 ○ 77536 <p>Dr. Caracostis requested a slide regarding the HCHP’s patient mix. A copy of the operational update is available in the permanent record.</p>	
	<p>B. Approval of 2022 HCHP Annual Progress Report</p>	<p><u>Motion No. 23.04-61</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.B. Motion carried.</p>

	<p>C. Approval of HCHP UDS Comparison Report from 2019-2022</p>	<p><u>Motion No. 23.04-62</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XII.C. Motion carried.</p>
	<p>D. Approval of 2022 Service Area Analysis Report</p>	<p><u>Motion No. 23.04-63</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XII.D. Motion carried.</p>
	<p>E. Approval of Revised HCHP Shelter-based Clinic Sites</p>	<p><u>Motion No. 23.04-64</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XII.E. Motion carried.</p>
<p>XIII. Board Education</p>	<p>A. Hospital District Board Responsibilities and the Texas Open Meetings Act</p> <p>Ms. Sara Thomas, Chief Legal Officer, delivered a presentation regarding Hospital District Board Responsibilities and the Texas Open Meetings Act. She stated that Harris Health is a unit of local government and a political subdivision of the State of Texas created pursuant to the Texas Constitution, Article IX, Section 4, and is charged with the full responsibility for providing medical and hospital care to needy inhabitants of Harris County. She noted that Harris Health is governed by Chapter 281 of the Texas Health and Safety Code and other laws applicable to hospital districts and hospital systems. She also mentioned that the Board of Trustees appoints a President/CEO who supervises the work and activities of the district, and generally directs the affairs of the hospital district. Ms. Thomas addressed the Board’s responsibilities, fiduciary duties, as well as the role of Harris County Commissioners Court. Additionally, Ms. Thomas provided a high – level overview of the Texas Open Meetings Act (TOMA), including TOMA requirements and exceptions. She touched on the importance of agenda preparation, executive session (closed meeting) rules, and common executive session privileges. Ms. Thomas provided the Board with examples of cautionary measures such as prohibited discussions, walking quorum and potential consequences. Discussions ensued related to certified agendas related to Executive Session items and Harris County’s purchasing system. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>

XIV. Executive Session	At 11:17 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for items “E through G” as permitted by law under Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.071, Tex. Gov’t Code §551.072, 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.	
	E. Review of the 2023 Financial Performance for the Three Months Ending March 31, 2023, Pursuant to Tex. Gov’t Code Ann. §551.085 for Community Health Choice Texas, Inc. and Community Health Choice, Inc.	No Action Taken.
	F. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085	No Action Taken. Mr. Lawrence Finder recused on this matter related to collaborative opportunities with M.D. Anderson.
	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	No Action Taken.
XV. Reconvene	At 11:50 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.	
XVI. Adjournment	Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 11:51 a.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on April 27, 2023.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, April 27, 2023

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 W. Bracey (<i>Chair</i>)	
Dr. Ewan D. Johnson (<i>Vice Chair</i>)	
Dr. Andrea Caracostis (<i>Secretary</i>)	
Director Barbie Robinson	
Ms. Alicia Reyes	
Ms. Carol Paret	
Ms. Jennifer Tijerina	
Mr. Lawrence Finder	
Ms. Marcia Johnson	

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, Corporate Compliance
Mr. Anwar Siraj, Senior Vice President, Chief Health Informatics Officer
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Dr. Chethan Bachireddy, Senior Vice President, Chief Health Officer
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Dr. Hemant Roy, Vice Chair, Harris Health System/Ben Taub Hospital
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services
Ms. Jessey Thomas, Senior Vice President, Medical Affairs
Dr. Joseph Kunisch, Vice President, Quality Programs
Ms. Kari McMichael, Vice President, Controller
Dr. Kunal Sharma, Vice Chair, Medical Executive Board
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer
Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Chair, Medical Executive Board
Ms. Maureen Padilla, Senior Vice President, Nursing Affairs and Support Services

Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer
Dr. 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
Ms. Patrick Casey, Senior Vice President, Facilities Construction & System Engineering
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
Mr. Ron Fuschillo, Senior Vice President, Chief Information Officer
Mr. Sam Karim, Vice President, Project Management Office & Division Planning
Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital
Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney's Office
Dr. Steven Brass, Executive Vice President & Chief Medical Executive
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer

ADDITIONAL GUESTS PRESENT

Alison Perez	Kimberly Sterling
Amanda Pope (<i>Outreach Strategists</i>)	Kimberly Monday, MD, <i>Former Board Chair, Harris Health System</i>
Antoinette (Toni) Cotton	Kenneth Mattox, MD, <i>Former Chief of Staff, Ben Taub Hospital</i>
Cherry Pierson	Linda Morales, <i>Former Board of Trustee, Harris Health System</i>
Daniel Smith	Matthew Schlueter
Derek Curtis	Michael Moore (<i>Outreach Strategists</i>)
Ebon Swofford	Mustafa Moore (<i>Outreach Strategists</i>)
Elizabeth Winn	Nathan Bac
Dr. Esperanza (Hope) Galvan	Nicholas J Bell
Giuseppe Colasurdo, <i>President and CEO, The University of Texas Health</i>	Paige Abernathy (<i>Harris County Attorney's Office</i>)
Holly Gummert	Paul Klotman, <i>President and CEO, Baylor College of Medicine</i>
Jack Adger	Randy Manarang
Jeffrey Baker	Robert Hillard, <i>CEO, Legacy Community Health Services</i>
Jennifer Zarate	Shawn DeCosta
Jerry Summers	Siraj Anwar
John Matcek	Susan Elmore
Katie Rutherford	Tai Nguyen
Kelli Fondren	Tracey Burdine

Public Comment Request and Registration Process

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

How to Request to Address the Board of Trustees

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

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

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

Rules During Public Comment Period

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

Three Minutes

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

- Page 36 Was Intentionally Left Blank -

Thursday, May 25, 2023

Executive Session

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

- Pages 38 - 39 Were Intentionally Left Blank -

Thursday, May 25, 2023

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 41 - 56 Were Intentionally Left Blank -

Thursday, May 25, 2023

Executive Session

Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session

- Pages 58 - 59 Were Intentionally Left Blank -

Thursday, May 25, 2023

**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 May 2023.

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

Thank you.

Board of Trustees



May 2023 Medical Staff Credentials Report

Medical Staff Initial Appointments: 12

BCM Medical Staff Initial Appointments - 5

UT Medical Staff Initial Appointments - 7

Medical Staff Reappointments: 55

BCM Medical Staff Reappointments - 17

UT Medical Staff Reappointments - 34

Harris County Hospital District (Harris Health) Medical Staff Reappointments - 4

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 3

Medical Staff Resignations: 7

Thursday, May 25, 2023

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

Thursday, May 25, 2023

**Consideration of Approval to Acquire an 8,717 Sq Ft tract of Vacant Land at
1620 Keene St. for the Casa de Amigos Health Center Expansion Project,
Houston, Harris County, Texas**

Administration requests Board of Trustees approve the acquisition of 8,717 square feet of vacant land located at 1720 Keene Street, Houston, TX for the Casa de Amigos Health Center Expansion project for \$480,000 based on the Settlement Recommendation of the Harris County Real Property Division.

Hains, Monica (Engineering)

From: Dennis Starks <dennisthechef@gmail.com>
Sent: Thursday, April 27, 2023 6:28 PM
To: Hains, Monica (Engineering)
Subject: Dennis Starks - 1620 Keene st
Attachments: CB23US034532-1_1620 Keene Street - Report.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Monica Haines,

Please see attached appraisal prepared by CBRE, and Michael Miggins, who has determined the market value of my property to be \$480,000. While I did not know it when I hired him, I have since learned that a large part of Mr. Miggins appraisal work is on behalf of governmental entities that are condemning private property, including TXDOT, the City of Houston, and many others. I would hope that this will give you some comfort in the value that he has placed on the property.

Project:
Casa de Amigos Health Center Expansion Tract 1
1620 Keene St. Houston, TX

While you can review the appraisal, his value is based on a per square foot price of \$55/SF, and is well supported with comparable sales. In support of this offer, I would also like to make the following points:

In your appraisal from Dec 15, 2022, the most emphasized comp was sale #4 (1901 Main st) (37,678 sq ft.) sold 4-19-2021 Sale price \$45.12 / adjusted price \$34.20
With all due respect, this is really the least similar comp of those which your appraiser considered.

In reality, the comp that should have been most emphasized in terms of being most like my property should have been sale #2 (1116 Dart street) (6700 sq ft) sold 8-19-2022
Sale price \$63.06 adjusted price \$57.66

Each of the other comps were considerably higher than the value that your appraiser came up with. When looked at as a whole, in comparison to your appraisers comps, my property should be valued in the higher range of the comps listed in your appraisal. This is certainly true when you also consider the comps in Mr. Miggins' appraisal. His appraisal has more recent comps and comps that sold for higher values. For instance, Mr. Miggins comp #1 (1920 Houston Ave) (9701 sq ft) sold on 2-22-2023 (more recent and after your appraisal was done) for \$69.58 sq ft.. Importantly, this property is very near your appraisers comparable #2 on 116 Dart and shows how the market continues to increase in this area.

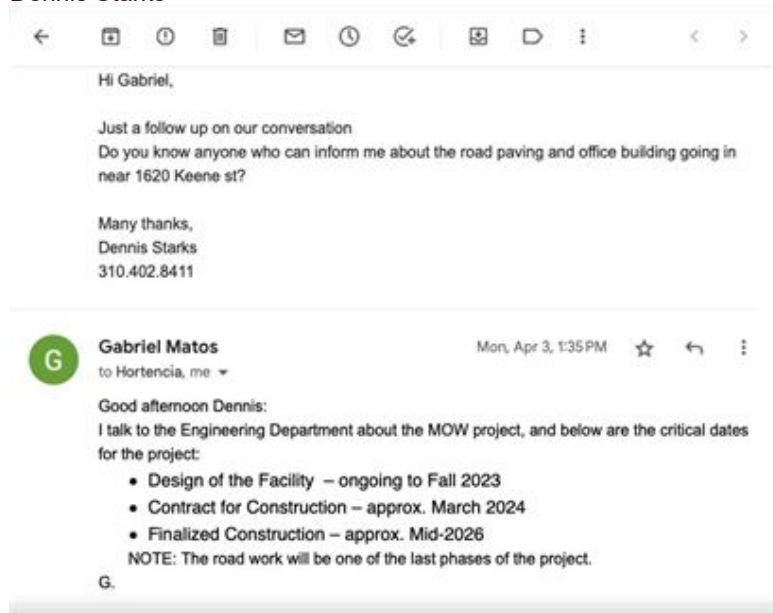
I would also like to point out the changes going on in the immediate area of my property:

First, there have been numerous projects going on all around my property in the past 10 years. This is an area that is in the midst of redevelopment and buyers and sellers in the market know this. The redevelopment in my property's neighborhood is really no different than what we have seen in midtown, the East end, and in the Heights. I have held this property for just this type of revitalization and just when it is happening, I am being told that it is being taken from me. While I understand there is nothing that I can do about that, I would certainly hope that I am entitled to receive what anyone else who wanted to buy it would have to pay. And for your information, as an owner, I have remained in communication with the city agencies regarding future plans for this area. In particular, Louis Garcia and Gabriel Matos with METRO have kept me informed, and Gabriel even wrote to me in writing about the big changes that are coming. Of particular note, and for which I think your appraiser really discounted the value of my property, all 4 streets that surround my property (Keene, Harrington, Barnett and Brooks.) will be repaved as part of a METRO project. This would be known to any buyer of the property and to me as the owner, so my property should not be discounted when the paving is already within Metro's plans. Additionally, I would point out that an office building for approximately 35 people is planned to be constructed across the street. Again, this is all part of the redevelopment of this area, and should be recognized in the value of my property.

I appreciate your consideration. I believe the appraisal I have provided is a much better reflection of my property's value. And it is from a respected appraiser that many government agencies rely upon to determine the value of property that they are looking to buy or condemn.

I look forward to hearing from you.

Best regards,
Dennis Starks



Administrative Settlement Recommendation Form

Project Name	Casa de Amigos Health Center Expansion						
Tract	1	Precinct	2	Owner	Dennis Starks	Sq. Ft.	8,717
Group	Harris Health	UPIN	23036MF2VJ01	Acres	0.2001	Mand / Vol	Mandatory
PM	Brian Pitre			Estate	Fee Simple	Acq. Type	Purchase

Appraisal Information

	Value per Unit	Units	Discount	Improvement Values	Subtotal	Sale 1	Sale 2	Sale 3	Sale 4	Sale 5	Sale 6
Land:	\$35.00	8,717	100.00%		\$305,095.00	Date Sold	9/2/2022	8/19/2022	3/31/2022	4/19/2021	
Improvements						Acres	0.1148	0.1538	0.2290	0.8650	
						Sqft	5,000	6,700	9,975	37,678	
						Unit Value	\$52.40	\$63.06	\$43.61	\$45.12	
						Adjustments	-15.00%	-10.00%	-20.00%	-30.00%	
						Flood Zone?	No	No	No	No	
Total Improvements →					\$0.00						
Damages					\$0.00						
Cost to Cure											
	Total Cost to Cure →					\$0.00					
Grand Total					\$305,095.00						

Owner's Counteroffer

	Value per Unit	Units	Discount	Improvement Values	Subtotal	Sale 1	Sale 2	Sale 3	Sale 4	Sale 5	Sale 6	
Land:	\$55.06	8,717	100.00%		\$480,000.00	Date Sold	2/2023	2/2023	9/2022	8/2022	3/2022	6/2021
Improvements						Acres	0.2230	0.1150	0.1150	0.1540	0.2300	0.3440
						Sqft	9,701	5,000	5,000	6,700	10,000	15,000
						Unit Value	\$69.58	\$45.20	\$52.40	\$63.06	\$43.50	\$41.00
						Adjustments	-10.00%	20.00%	5.00%	0.00%	0.00%	0.00%
						Flood Zone?	No					
Total Improvements →					\$0.00							
Damages					\$0.00							
Cost to Cure												
	Total Cost to Cure →					\$0.00						
Grand Total					\$480,000.00							

Percentage Increase	57.33%
Amount Change	\$174,905.00

Explanation of Recommendation

The subject tract is a whole acquisition and is .2001 acres. The County's appraiser utilized four sales ranging from .1148AC (5,000SF) to .8650AC (37,678SF) and from \$43.61/SF to \$63.06/SF. The four sales have sale dates of April 2021, March 2022, August 2022, and September 2022. The County's appraiser concluded a highest and best use, as vacant, as commercial or residential. The effective date is December 13, 2022.

The owner of the property has submitted an appraisal performed by CBRE as backup documentation for the counteroffer request. The appraisal noted six similar properties that have sold in the general vicinity of the subject property and are of similar nature (currently vacant). The six properties were purchased for development, most being residential and one being commercial. It is logical to assume the subject property would also be subject to development purposes if sold on the open market. It was determined the highest and best use, as if vacant, for the subject property is for residential development. The approximate average of all the sales equals \$52.45/square foot which is approximately \$2.50/square foot less than what the owner is seeking. While the owner's counteroffer request is a small amount more per square foot than the average of the sales, it is not unrealistic to think the subject property would easily fetch this price on the open market for development purposes.

The owner's appraiser completed the appraisal in April of 2023. This has allowed the appraiser to find two sales which sold in February of 2023. Similar to the County's appraiser, three are in 2022, and one in 2021. While appraisal reports are opinions of the appraiser, the owner's appraiser has arguable better sales chosen if only looking at the adjustments made - which are lower than the County Appraiser's opinion. The report completed CBRE concludes a value of \$55.06/SF which still is in line with the County's appraisal.

Given the area of the subject property and the Houston metro area's commercial and residential market with the last year and half, Real Property Division finds no room to dispute the data presented by CBRE and recommends Harris Health approve the presented counteroffer.

The Counteroffer as presented in the amount of **\$480,000.00**

Approval Recommended

Disapproval Recommended

RPD Agent Name
Monica Hains

RPD Agent Signature	Date
<i>Monica Hains</i>	5/1/2023

RPD Coordinator Name
Ryan Lewis

RPD Coordinator Signature	Date
<i>Ryan Lewis</i>	5/1/2023

RPD Director Name
Albrina Coleman

RPD Director Signature	Date
<i>Albrina Coleman</i>	5/1/2023

Thursday, May 25, 2023

**Consideration of Approval to Convey a Water Meter Easement and Right of Way
to The City of Houston for the Casa de Amigos Health Center Expansion Project,
Houston, Harris County, Texas**

Administration recommends Board of Trustees approval to convey to The City of Houston a 170 square feet water meter easement to include without limitation, access to, across, along, under and upon the easement for the Casa de Amigos Health Center Expansion Project. The easement is identified as "170 square feet being out of Lots 8 and 9, Marlan Addition No. 1 and out of Block 22 Mrs.A.C. Allen's addition of the John Austin Survey, Abstract 1, Houston, Harris County, TX" as detailed in the attached exhibit and survey.

8.5' X 20' WATER METER EASEMENT
METES AND BOUNDS DESCRIPTION
170 SQUARE FEET BEING OUT OF
LOTS 8 AND 9
MARLAN ADDITION NO. 1
AND OUT OF BLOCK 22
MRS. A.C. ALLEN'S ADDITION
JOHN AUSTIN SURVEY, ABSTRACT 1
HOUSTON, HARRIS COUNTY, TEXAS

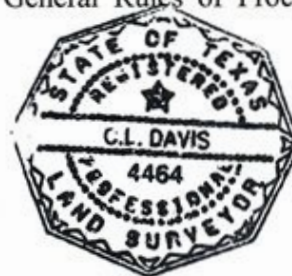
All that certain 170 square feet (0.0039 acre) being out of Lots 8 and 9, Marlan Addition No. 1 according to the plat thereof as filed in Volume 01, Page 48 Harris County Map Records and out of Block 22, Mrs. A.C. Allen's Addition according to the plat thereof as filed in Volume Z, Page 518 Harris County Deed Records, John Austin Survey, Abstract 1, Houston, Harris County, Texas and being more particularly described by metes and bounds as follows (Coordinates and Bearings shown are based on the Texas Coordinate System of 1983, South Central Zone 4204. Distances shown are surface and can be converted to grid by multiplying by a combined scale factor of 0.9998941);

Commencing at Harris County Floodplain Reference Marker No. 050005 having published grid coordinates of N: 13,846,999.60, E: 3,121,067.23 and from which Harris County Floodplain Reference Mark No. 050010 bears N 51° 30' 23" W – 2,544.91' for reference; Thence S 89° 30' 15" E – 1,721.85' to a found "X" cut in concrete marking the north corner of said Block 22 and marking the intersection of the southeasterly right-of-way line of Harrington Street (40' wide) and the westerly right-of-way line of North Main Street (80' wide); Thence S 24° 26' 52" E – 29.16' with the westerly right-of-way line of said North Main Street to the POINT OF BEGINNING of herein described tract, having grid coordinates of N: 13,846,958.37 E: 3,122,800.95;

1. Thence S 24° 26' 52" E – 20.00' continuing with the westerly right-of-way line of said North Main Street to a point for corner;
2. Thence S 65° 33' 08" W – 8.50' to a point for corner;
3. Thence N 24° 26' 52" W – 20.00' to a point for corner;
4. Thence N 65° 33' 08" E – 8.50' to the POINT OF BEGINNING and containing 170 square feet (0.0039 acre) of land more or less.

This metes and bounds description is accompanied by a separate plat, drawing or exhibit per Texas Board of Professional Land Surveyor's "General Rules of Procedures and Practices" Section 663.19(9).

Compiled by:
C.L. Davis & Company
Firm No. 10082000
Job Number: 11-1105-2023 - WME-M&B.doc
04-14-2023



A handwritten signature in blue ink, appearing to be "C.L. Davis", written over a horizontal line.

Thursday, May 25, 2023

Consideration of Approval of Revisions to Harris Health System Board of Trustees
Member Conflict of Interest and Nepotism Policy

Summary of Revisions to

Policy 3.43 Board of Trustees Member Conflict of Interest and Nepotism

Pursuant to 42 CFR 482.12, which is the CMS Condition of Participation applicable to the Governing Body, “There must be an effective governing body that is legally responsible for the conduct of the hospital.” Policies and procedures, including the Conflicts of Interest & Nepotism policy must describe and be timely updated with current practices to evidence compliance with the CMS Condition of Participation. We recommend that the Board accept the proposed revisions, which incorporate feedback from Board members, to this policy which reflect current practice:

- Addition of the definition of “Appearance of Conflict”: “Appearance of Conflict” is defined as “the impression that a reasonable person may form, after full disclosure of the facts, that a conflict of interest exists.” *This definition is consistent with changes in the policy statement and Section II (see below).*
- Revision of the definition of “Business Entity”: “Business Entity” was revised to include a governmental entity, non-profit entity, institution of higher education or any other entity recognized by law. *The revised definition avoids any practical inconsistencies in the application of the policy and is consistent with current practice.*
- Addition of the definition of “Participate/Participation”: Addition of “participate” or “participation” defined as “to take part in any discussion or vote.” *This change was made for ease of use of terms discussion, action, deliberation or vote throughout the policy.*
- Section II. Interests in Business Entities or Real Property that Require Affidavits or Abstention, Subsection Community Health Choice (CHC) Membership: This Section was revised to include Harris County Hospital District Foundation and Harris Health Strategic Fund membership. *This change ensures HCHDF and SF membership are covered by this policy.*
- Section II. Interests in Business Entities or Real Property that Require Affidavits or Abstention, Subsection Harris Health Employee Benefits: This Section was deleted. *This change was made because this issue can be handled through an individual conflicts management plan.*
- Section II. Interests in Business Entities or Real Property that Require Affidavits or Abstention, Subsection Appearance of Conflict: A new Section “Appearance of Conflict” was added to state that if a Board member has a relationship to a matter that creates an Appearance of Conflict (as defined above), the Board member must abstain from Participation. The relationship may include employment, economic, personal, or any other relationship that has the potential to compromise the Board member’s impartiality or duty of loyalty. *This revision reflects the spirit of the policy statement.*

- Section II. Interests in Business Entities or Real Property that Require Affidavits or Abstention, Subsection Procedure: A new number 4. added that as part of the abstention procedure, a Board member that must refrain from Participation because of a Substantial Interest under Section II. must also refrain from Participation with Administration outside of a board meeting in order to avoid an Appearance of Conflict. Board members are required instead to interact with the CEO and Administration in their capacity as a Board member only and shall not represent another entity in a potential or actual transaction with Harris Health. *This revision was made to address the practical reality that conflicts of interest exist outside of a board meeting but the duties of loyalty and requirements to refrain from participation extend to those activities as well.*
- Section II. Interests in Business Entities or Real Property that Require Affidavits or Abstention, Subsection Procedure: A new number 6. added that Board members shall confer with the County Attorney's Office as least once per year or more often and that a conflicts management plan may be recommended. *This addition is essential to monitor compliance with the policy and address conflicts in a timely manner.*
- Section III. Disclosure of Certain Business Relationships with Vendors Subsection Applicable Procedures: A link to the Texas Ethics Commission Local Government Officer Conflicts Disclosure Statement was included. *This addition was made for ease of process.*
- Section IV. Nepotism Section B. Nepotism: Added the word "not" to state that "A BOT Member may not vote, discuss, or make a decision on employment, promotions, transfers, assignments or supervise an individual that the BOT Member has a Family Relationship with or is a Household Member." *This change was to clarify the intent and practice of preventing nepotism in hiring.*

HARRIS HEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

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Last Date Revised: ~~02/27/2020~~
Due for Review: ~~02/27/2023~~

TITLE: BOARD OF TRUSTEES MEMBER CONFLICT OF INTEREST AND NEPOTISM

PURPOSE: To provide guidelines to Board of Trustees members for conducting Harris Health System (Harris Health) business free from the influence of personal or private interests and to prevent favoritism, or the appearance of favoritism for relatives and household members.

POLICY STATEMENT:

Each member of the Board of Trustees of Harris Health has a duty of loyalty to make decisions that are in the best interest of Harris Health and the public and may not use their position for personal, professional or financial gain. All Board of Trustees members shall comply with state and federal laws, rules, and regulations governing their ethical conduct, including the disclosure, and nonparticipation in matters where there is an actual or perceived ~~of any~~ conflicts of interest in accordance with Chapters 171 and 176 of the Texas Local Government Code and nepotism in accordance with Chapter 573 of the Texas Local Government Code and the provisions set forth in this policy. In furtherance of these obligations and to protect the integrity and impartiality of the Board members, Harris Health has adopted this policy.

POLICY ELABORATIONS:

I. DEFINITIONS:

~~A.~~ **APPEARANCE OF CONFLICT:** the impression that a reasonable person may form, after full disclosure of the facts, that a conflict of interest may exist.

~~A.B.~~ **BOARD OF TRUSTEES MEMBER (BOT MEMBER):** A member of the Harris Health governing body who has been appointed by the Harris County Commissioner's Court to serve on the Harris Health Board of Trustees.

~~B.C.~~ **BUSINESS ENTITY:** For purposes of this policy, includes a ~~A~~ sole proprietorship, partnership, firm, corporation, holding company, joint-stock company, receivership, trust, ~~or any other entity recognized by law~~ governmental entity, non-profit entity, institution of higher education, or any other entity recognized by law.

~~C.D.~~ **BUSINESS RELATIONSHIP:** A connection between two or more parties based on commercial activity of one of the parties.

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~~D.E.~~ **DECISION:** A determination by the BOT made only through a formal vote.

~~E.F.~~ **FAMILY RELATIONSHIP:** An individual's spouse, parent, child, brother, sister, grandparent, grandchild, great-grandparent, great-grandchild, aunt who is a sister of a parent of the individual, uncle who is a brother of a parent of the individual, nephew who is a child of a brother or sister of the individual, niece who is a child of a brother or sister of the individual, mother-in-law, father-in-law, son-in-law, daughter-in-law, stepson, stepdaughter, stepmother, stepfather, brother-in-law, sister-in-law, spouse's grandparent, spouse's grandchild, grandchild's spouse, or spouse of a grandparent.

~~F.G.~~ **FIRST-DEGREE RELATIVE:** An individual's child, parent, spouse, mother-in-law, father-in-law, son-in-law, daughter-in-law, stepson, stepdaughter, stepmother or stepfather.

~~G.H.~~ **HOUSEHOLD MEMBER:** A person or persons with whom a BOT Member shares a common abode, including other employees, partners, and others who live together.

~~H.I.~~ **INVESTMENT INCOME:** means dividends, capital gains, or interest income generated from:

1. A personal or business:
 - a. Checking or savings account;
 - b. Share draft or share accounts; or
 - c. Other similar account; or
2. A personal or business investment; or
3. A personal or business loan.

~~J.~~ **PARTICIPATE/PARTICIPATION:** for the purposes of this policy, participate or participation means to take part in any discussion or vote.

~~I.K.~~ **SPECIAL ECONOMIC EFFECT:** With respect to any matter, a reasonably foreseeable economic effect that is distinguishable from the effect that the matter

would have on the public. For example, if the Harris Health Board of Trustees were to discuss purchasing goods or services from a Business Entity in which a BOT Member has a Substantial Interest, that discussion would have a Special Economic Effect on the Business Entity.

II. INTERESTS IN BUSINESS ENTITIES OR REAL PROPERTY THAT REQUIRE AFFIDAVITS OR ABSTENTION:

A. Overview:

Texas law requires BOT Members to file affidavits disclosing certain Substantial

Interests in business entities or real property. In most cases, BOT Members must abstain from ~~votes, discussions, or decisions~~ Participation relating to those interests.

B. Substantial Interest:

1. A BOT Member or his/her First-Degree Relative has a Substantial Interest in a Business Entity if such person:
 - a. Owns ten percent (10%) or more of the voting stock or shares of the Business Entity; **OR**
 - b. Owns either ten percent (10%) or more or fifteen thousand dollars (\$15,000.00) or more of the fair market value of the Business Entity; **OR**
 - c. Receives funds from the Business Entity that exceed ten percent (10%) of the person's gross income for the previous year.
2. A person has a Substantial Interest in real property if the interest is an equitable or legal ownership with a fair market value of twenty-five hundred dollars (\$2,500.00) or more.

C. Required Affidavit and Abstention from Participation ~~Voting~~:

1. If a BOT Member has a Substantial Interest in a Business Entity, the BOT Member must file, before any ~~vote, decision, or discussion~~ Participation on

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any matter that will have a Special Economic Effect on the Business Entity, an affidavit stating the nature and extent of the Substantial Interest **AND** shall abstain from further ~~participation~~ Participation in the matter.

2. If a BOT Member has a Substantial Interest in real property, the BOT Member must file, before any ~~vote, decision, or discussion~~ Participation on any matter that will have a Special Economic Effect on the value of the property, an affidavit stating the nature and extent of the Substantial Interest **AND** shall abstain from further ~~P~~ Participation in the matter.

D. Exception to Abstention Requirement:

1. If BOT Member files an affidavit pursuant to this Policy, that BOT Member is not required to abstain from ~~votes, discussions, or decisions~~ Participation regarding the matter requiring the affidavit if a majority of the Harris Health Board of Trustees are likewise required to file affidavits pursuant to this Policy of similar interests on the same official action.
2. For a vote on a Harris Health final budget, if a BOT Member with a substantial interest in a business entity files an affidavit pursuant to this Policy, the BOT member may vote for the budget but only after the Board concluded the separate vote on the budget item involving the business entity in which the BOT Member has a substantial interest; even though the BOT member may vote, such member is not authorized to participate in the discussion of the budget.

E. Community Health Choice (CHC), Harris County Hospital District Foundation (HCHDF), or Harris Health Strategic Fund (SF) Membership:

If a BOT Member is also a member of the CHC, HCHDF, or SF Board ~~of Directors~~, such BOT Member is not required to abstain from ~~any votes, decisions, or discussions~~ Participation regarding a matter involving CHC, HCHDF, or SF ~~because he or she does not have a personal financial interest in the CHC.~~

~~F. Harris Health Retirement Benefits:~~

~~A BOT Member would be required to abstain if health benefit payments to a health care provider or reimbursement to the BOT Member exceeded ten percent~~

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~~(10%) of the Member's gross income for the previous year. However, retirement investment income payments exceeding that level or exceeding the fair market value level in an investment would not require abstention because Harris Health provides a 401(a) plan, which is not a "business entity," and the plan administrator is not providing the payments.~~

G.F. Client of BOT Member Employer:

A BOT Member ~~would be~~ required to abstain from Participation only if the employer had involvement in the client's matter that is before Harris Health for a vote. If there is no employer involvement in the agenda matter involving the client, then abstention from Participation is not required.

G. Appearance of Conflict:

A BOT Member is required to abstain from Participation if the BOT member has a relationship to a matter that is before Harris Health that creates an Appearance of Conflict. This may include an employment, economic, personal or any other relationship that has the potential to compromise the BOT Member's impartiality or duty of loyalty to Harris Health.

H. Procedures:

1. The Harris Health Board Office (Board Office) shall request information from all BOT Members and in consultation with the Harris County Attorney's Office (County Attorney's Office) evaluate them for a Substantial Interest in a Business Entity and real property upon appointment to the Harris Health Board of Trustees.
2. Any affidavits required to be filed under this Section II must be filed with the Board Office.
3. Prior to each regular Board meeting, the Board Office shall identify the business entities involved in agenda item votes proposed for such meeting and inquire of each BOT member whether he or she has a Substantial Interest in the identified Business Entities. If a Substantial Interest is identified, then the BOT Member shall sign and file an affidavit disclosing

the Substantial Interest if he or she has not already filed one with the Board Office. At the meeting, when the presiding officer of the Board announces the agenda item involving the Substantial Interest as ready for consideration by the Board but before a motion is made or discussion commences, the BOT Member or Members having the Substantial Interest shall announce that he or she has a conflict of interest affidavit on file and will not Participate in the discussion and/or vote (as the case may be), unless an exception to abstention applies.

4. A BOT Member who has a Substantial Interest in a Business Entity and Real Property under this section, shall also refrain from Participation with Administration (outside of the board meeting) related to a contemplated transaction to avoid an Appearance of Conflict. BOT Members are required, instead, to interact with the CEO and Administration in their capacity as a BOT Member only. The BOT Member has a fiduciary duty of loyalty to Harris Health and shall not represent another entity in potential or actual transactions with Harris Health.
5. A BOT Member is encouraged to discuss all conflicts of interest or potential conflicts of interest he or she identifies with the County Attorney's Office, and Harris Health Administration should do the same for any for any BOT Member conflicts or potential conflicts of which it becomes aware. The County Attorney's Office may provide its legal analysis informally.
6. At least once per year, or more often at the time of realization that an actual or potential conflict of interest exists, each BOT Member shall confer with the County Attorney's Office.
- 4.7. Regardless of the involvement of the Board Office and the County Attorney's Office, each BOT Member is personally responsible for ensuring his or her Substantial Interests are properly disclosed and that he or she abstains from ~~votes, discussions, or decisions~~Participation when required. All BOT Members are advised that in certain cases, failure to comply with this policy could constitute a Class A Misdemeanor.

III. DISCLOSURE OF CERTAIN BUSINESS RELATIONSHIPS WITH VENDORS:

A. Overview:

Texas law requires BOT Members to disclose certain business relationships that they have with actual or potential vendors of Harris Health.

B. Conflicts Disclosure:

1. A BOT Member must file a conflicts disclosure statement with respect to a vendor if:

- a. The vendor enters into a contract with Harris Health or Harris Health is considering entering into a contract with the vendor; **AND**
- b. The vendor:

Has an employment or other Business Relationship with the BOT Member or a First-Degree Relative of the BOT Member that results in the BOT Member or First-Degree Relative receiving taxable income, other than Investment Income, that exceeds twenty-five hundred dollars (\$2,500) during the twelve (12) month period preceding the date that the BOT Member becomes aware that:

- 1) A contract between Harris Health and vendor has been executed; **OR**
- 2) Harris Health is considering entering into a contract with the vendor; **OR**
- 3) Has given to the BOT Member or a First-Degree Relative of the BOT Member one or more gifts that have an aggregate value of more than one hundred dollars (\$100) in the twelve (12) month period preceding the date the BOT Member becomes aware that:

- a) A contract between Harris Health and vendor has been executed; or
- b) Harris Health is considering entering into a contract with the vendor;

OR

c) Has a Family Relationship with the BOT Member.

2. A BOT Member must file a Local Government Officer Conflicts Disclosure Statement Form published by the Texas Ethics Commission.

C. Exceptions:

1. A BOT Member is not required to file a conflicts disclosure statement for the following gifts received by the BOT Member or their First-Degree Relatives:
 - a. A political contribution; or
 - b. Food accepted as a guest.
2. A BOT is not required to file a conflicts disclosure statement if his/her Business Relationship with a vendor is based on any of the following:
 - a. A transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity; or
 - b. A transaction conducted at a price and subject to terms available to the public; or
 - c. A purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

D. Applicable Procedures:

1. A BOT Member shall file the [Texas Ethics Commission Local Government Officer Conflicts Disclosure Statement](https://www.ethics.state.tx.us/data/forms/conflict/CIS.pdf) found at <https://www.ethics.state.tx.us/data/forms/conflict/CIS.pdf> ~~conflicts disclosure statement~~ with the Board Office no later than 5 p.m. on the seventh (7th) business day after the date which the BOT Member becomes aware of the facts that require the filing of the conflicts disclosure statement. For transparency purposes, Harris Health encourages BOT Members to review information from Harris Health Administration regarding disclosure conflicts as soon as vendors are disclosed and to

- promptly determine if a conflicts disclosure statement should be filed. Harris Health encourages BOT Members and Harris Health Administration to consult with the County Attorney's Office regarding any questions or uncertainty with the filing of a conflicts disclosure statement. The County Attorney's Office may give advice informally.
2. If the BOT Member misses the deadline to file the conflicts disclosure statement and the Board Office is or becomes aware of the BOT Member's obligation to file the conflicts disclosure statement with regard to a vendor, the Board Office shall give notice to the BOT Member of the failure to file the conflicts disclosure statement, and the BOT Member shall file the required conflicts disclosure statement not later than the seventh (7th) business date after the date the BOT Member receives this notice from the Board Office.
 3. Because the filing of a conflicts disclosure statement does not require abstention of any sort, a BOT Member need not announce or publicly disclose before, during, or after a Board meeting the existence of a relationship identified in the statement apart from having filed the statement. BOT Members should be aware that, because Harris Health maintains an internet website, it is required by law to provide access to conflicts disclosure statements on this website.
 4. The Board Office will maintain the conflicts disclosure statements in accordance with Harris Health's records retention schedule.
 5. Upon adoption of this Policy, the Board Office will maintain and publish a list to all BOT Members of vendors who contracted with Harris Health or were considered for a contract, and all BOT Members are obligated to file a Texas Ethics Commission Form Conflict of Interest Statement for vendors required to be disclosed under Chapter 176 of the Texas Local Government Code.
 6. Regardless of the involvement of the Board Office and the County Attorney's Office, each BOT Member is personally responsible for ensuring that his or her relationships with vendors are properly disclosed. All BOT Members are advised that in certain cases, failure to comply with this policy could constitute a Class A Misdemeanor.

IV. NEPOTISM:

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A. Overview:

Texas law prohibits public officials from appointing, confirming the appointment of, or voting for the appointment or confirmation of the appointment of a close relative of public officials to a paid public position or employment.

B. Nepotism:

1. A BOT Member may not vote, discuss, or make a decision on employment, promotions, transfers, assignments or supervise an individual that the BOT Member has a Family Relationship with or is a Household Member.
2. A BOT Member may not directly or indirectly use his or her position to secure the employment, promotion, transfer, or assignment of an individual that the BOT Member has a Family Relationship with or is a Household Member.

C. Exceptions:

1. If an individual is appointed as a BOT Member and such BOT Member has a Family Relationship with a Harris Health employee or a Household Member employed with Harris Health, the BOT Member must immediately notify the Board Office.
2. Such Family Relationship individual or Household Member may continue being employed by Harris Health if the Family Relationship individual or Household Member has been continuously employed with Harris Health for 30 days prior to the appointment of the BOT Member (“Continuous Employment”).
3. If the Family Relationship individual or Household Member falls under the Continuous Employment exception, the BOT Member shall not participate in any discussion, decision, or vote regarding the Family Relationship individual or Household Member’s employment, compensation, promotion, transfer, assignment or dismissal if these actions only apply to the individual and is not taken regarding a bona fide class or category of employees.

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REFERENCES/BIBLIOGRAPHY:

Chapters 171 and 176 of the Texas Local Government Code

Chapter 573 of the Texas Local Government Code.

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System ~~Office of Corporate Compliance~~ Board of Trustees

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (If Board of Managers Approved, include Board Motion #)
	1.0	Approved 2/27/2020	Board of Trustees Board Motion No. 20.02-20

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Strategic Pillar Update

2023 Board Meeting Strategic Discussion Timeline*												
Strategic Pillar	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023
Submission Deadline	1/11/23	2/8/23	3/8/23	4/12/23	5/10/23	6/7/23	7/12/23	8/9/23	9/13/23	10/11/23		11/8/23
Pillar 1: Quality & Patient Safety												
<i>Just and Accountable Culture</i>		X										
<i>HRO and ERM Education</i>						X						
<i>Rollout of HRO Progress</i>										X		
<i>Medical Staff Engagement Advisory Council (Survey Results) (presented on May 11 Joint Conference Committee)</i>					X							
Pillar 2: People								X				X
<i>Workforce Safety & Violence Prevention (part of Quality Committee report)</i>			X									
Pillar 3: One Harris Health									X			
<i>Strategic capital funding</i>		X										
<i>Patient Throughput</i>					X							
Pillar 4: Population Health Management									X			
<i>Pillar Progress focused on SDOH</i>					X							
Pillar 5: Infrastructure Optimization								X				X
<i>New LBJ Hospital and LBJ Campus Planning</i>			X	X								
<i>Relocation of Thomas Street HC and Riverside Dialysis to Quentin Mease Clinic</i>				X								
Pillar 6: Diversity & Inclusion												
<i>Diversity, Equity, and Inclusion</i>						X						X
<i>Minority Women Owned Business Enterprise</i>		X										
<i>Diversity, Equity, and Inclusion Committee Update</i>	X											

*Subject to Change

Thursday, May 25, 2023

Presentation Regarding Patient Throughput

Update by Mrs. Trish Darnauer, Executive Vice President – LBJ, Dr. Glorimar Medina, Executive Vice President – BT, and Dr. Jennifer Small, Executive Vice President - ACS on the Harris Health System Strategic Plan regarding:

- One Harris Health (Patient Throughput)
 - LBJ Highlights
 - BT Highlights
 - ACS Highlights



Strategic Plan – Pillar 3: One Harris Health System

HARRISHEALTH
SYSTEM

Patricia Darnauer
Executive Vice President - LBJ

Glorimar Medina
Executive Vice President - BT

Jennifer Small
Executive Vice President - ACS

May 2023

Pillar 3 – One Harris Health System

Harris Health will act as one system in its approach to management and delivery of healthcare.

Goal 1 - Assess, build, and reinforce one consistent framework for supporting our healthcare system.

Objective 1 • Ensure consistent structure and resources

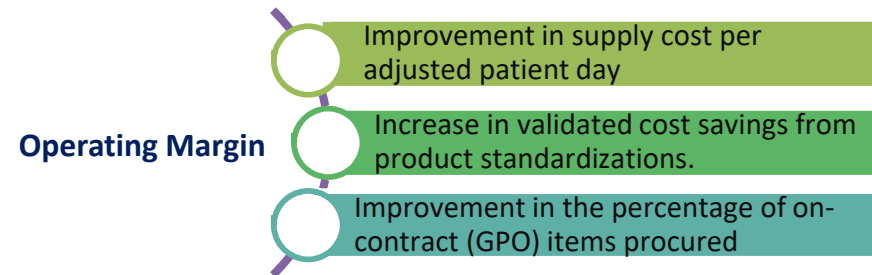
Objective 2 • Integrate workflow and patient throughput

Objective 3 • Improve delivery of care in emergency centers

Objective 4 • Implement service line management approach

Goal 2: Eliminate waste and minimize variation.

Objective 1 • Achieve a minimum 2% operating margin.



LBJ Patient Throughput Highlights

- **EC Optimization**

- Reduced bed assigned to arrival time by 22% from September 2022 to March 2023 with two pilots initiated (September 2022 and December 2022) to redesign workflow and handoff communication between Emergency Center and inpatient units.

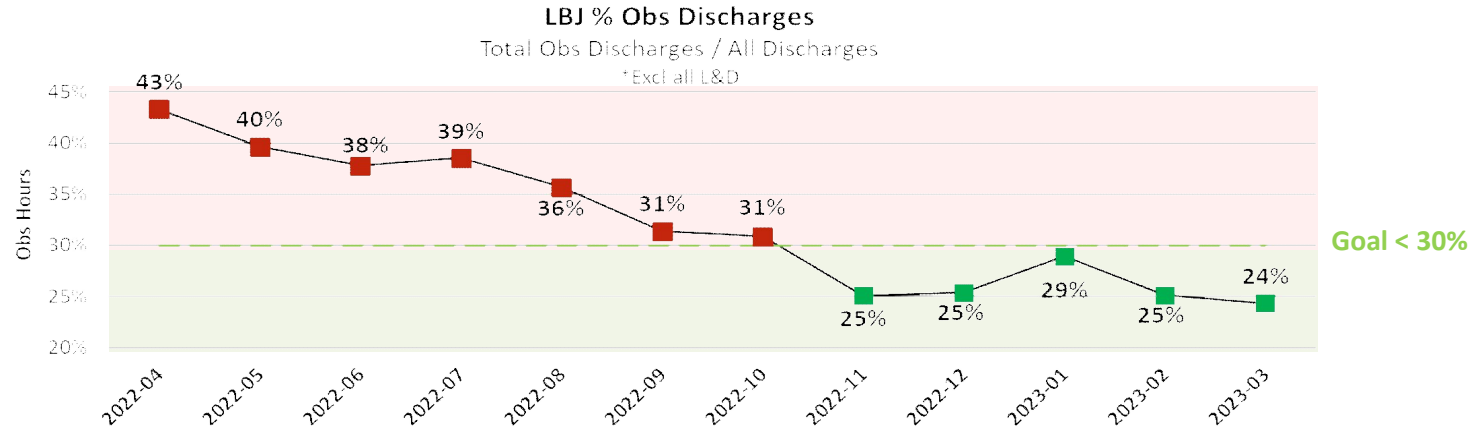
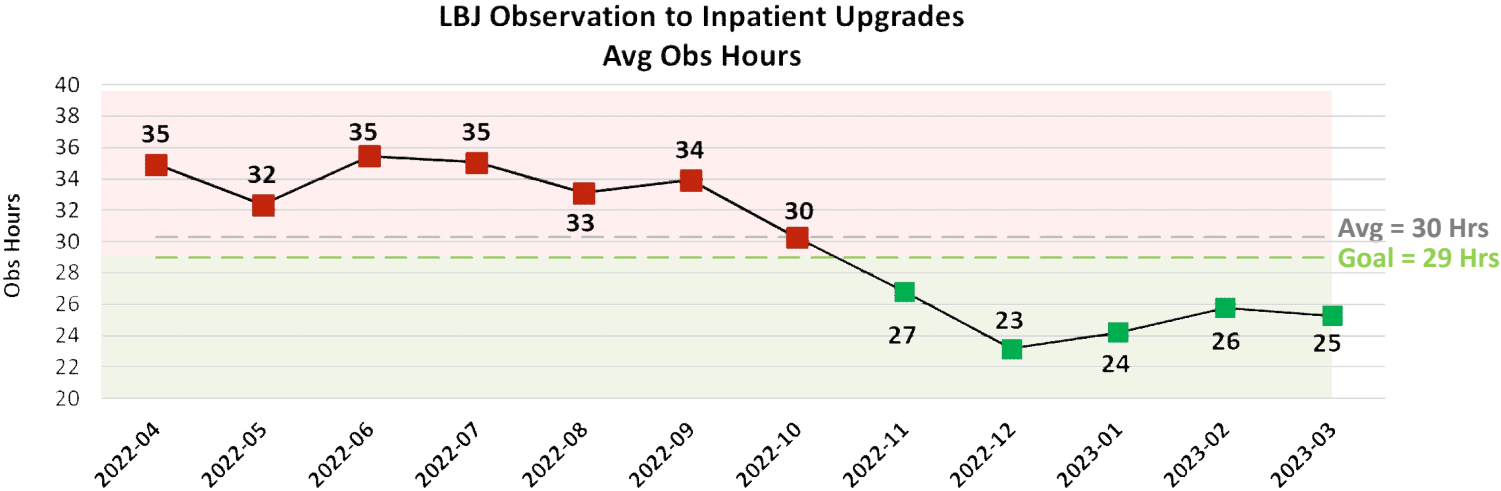
- **Procedural Optimization**

- Reduced the LBJ and ASC Surgical depot backlog by 20% over 6 months.
- Improved First Case On-Time Start; exceeding the 80% goal for 11 of the last 12 months through March 2023.
- Implemented multiple strategies to increase GI volume that resulted in a 25% increase (1165 procedures) in the 1st quarter of 2023 compared to the first quarter of 2022 (929 procedures).

- **Observation Optimization**

- Reduced time from 36 hours to 24 hours for Physician Advisor (PA) to review a patient's chart by assigning a dedicated Registered Nurse/Case Manager to the observation patients which resulted in positive observation metric performance.
- Decreased the average observation hours for observation to inpatient upgrades from April 2022 to March 2023 by 29%; achieving the 29 hour goal for 5 consecutive months. Also, decreased the percentage of observation discharges to achieve the 30% goal for 5 consecutive months through March 2023.

Observation to Inpatient Upgrades → Utilization Review Metrics



Source: Decision Support Data Extract

BT Patient Throughput Highlights

- **EC Optimization**

- Implemented a multidisciplinary Lean Six Sigma Process Improvement plan in October 2022 that resulted in
 - Reduced patient length-of-stay from 9 hours to 7 hours in 4 weeks with a total reduction of 3 hours thus far.
 - Reduced patient left-before-treatment-completed from 13% to 7.4% in 4 weeks.

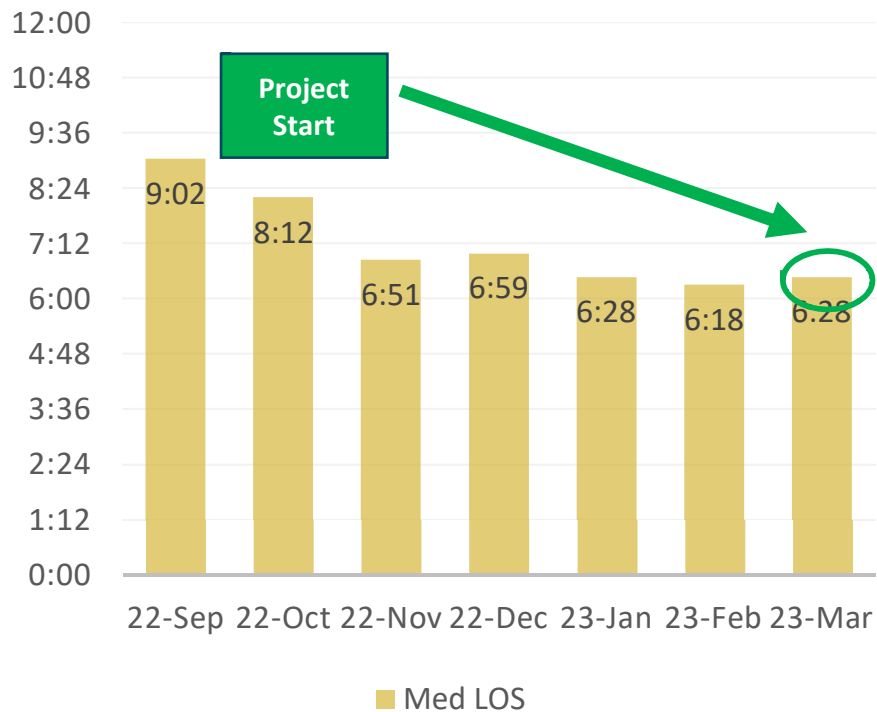
- **Procedural Optimization**

- Implemented daily huddles using Gemba board to drive staff communication and engagement that resulted in
 - Reduced operating room turnover time to 45 minutes.
 - Improved First Case On-Time Start to 83%.
- Expanded GI operations by getting 3rd room open 5 days per week thereby allowing for 10 additional cases per day. Partnered with LBJ on level loading patients between pavilions.
 - Starting in Sept 2022, Ben Taub GI Lab pulled 30 cases per week from LBJ into the BTH queue until November at which time a bulk of 305 cases were pulled.
 - Since Sept 2022, 625 total cases moved from LBJ to BTH work queues.
 - Overall backlog of cases was reduced by 91% in March 2023, while clinic cases were still being added.

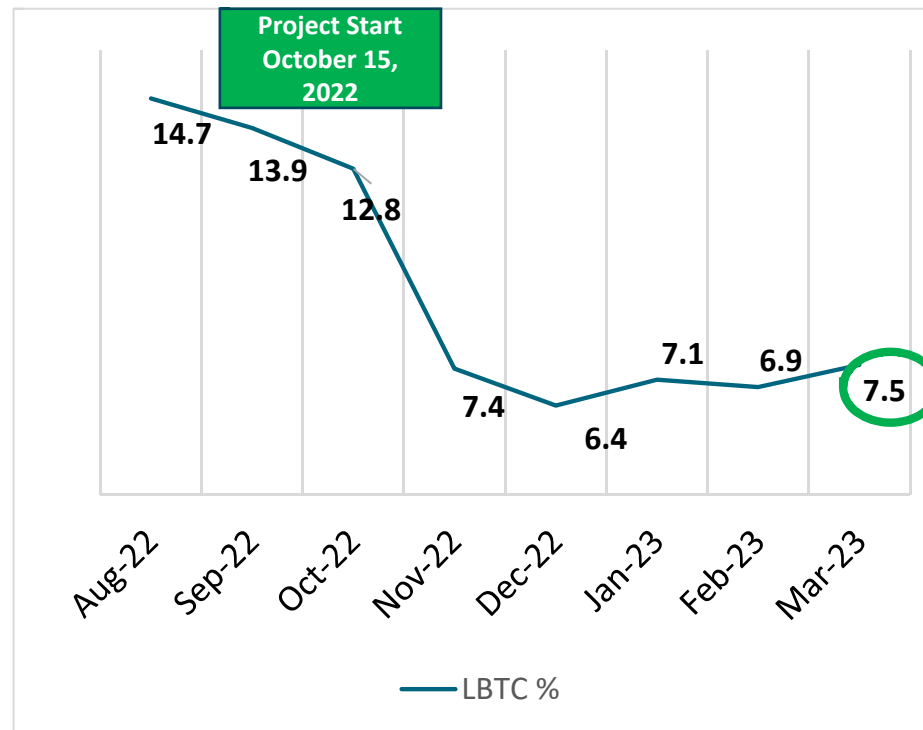
- **Observation Optimization**

- 1.5 Dedicated FTEs assigned to review all obs patients, 7 days/week coverage for obs reviews
- Concurrent review of all obs patients every 12hrs until ≥ 36 hrs for timely conversion or discharge
- Reduced time from 36 hours to 24 hours for Physician Advisor (PA) referral and review.
- Observation discharge volume decreased to 56% over 7 months.

Ben Taub Emergency Center Median Length of Stay (Non-admitted patients)



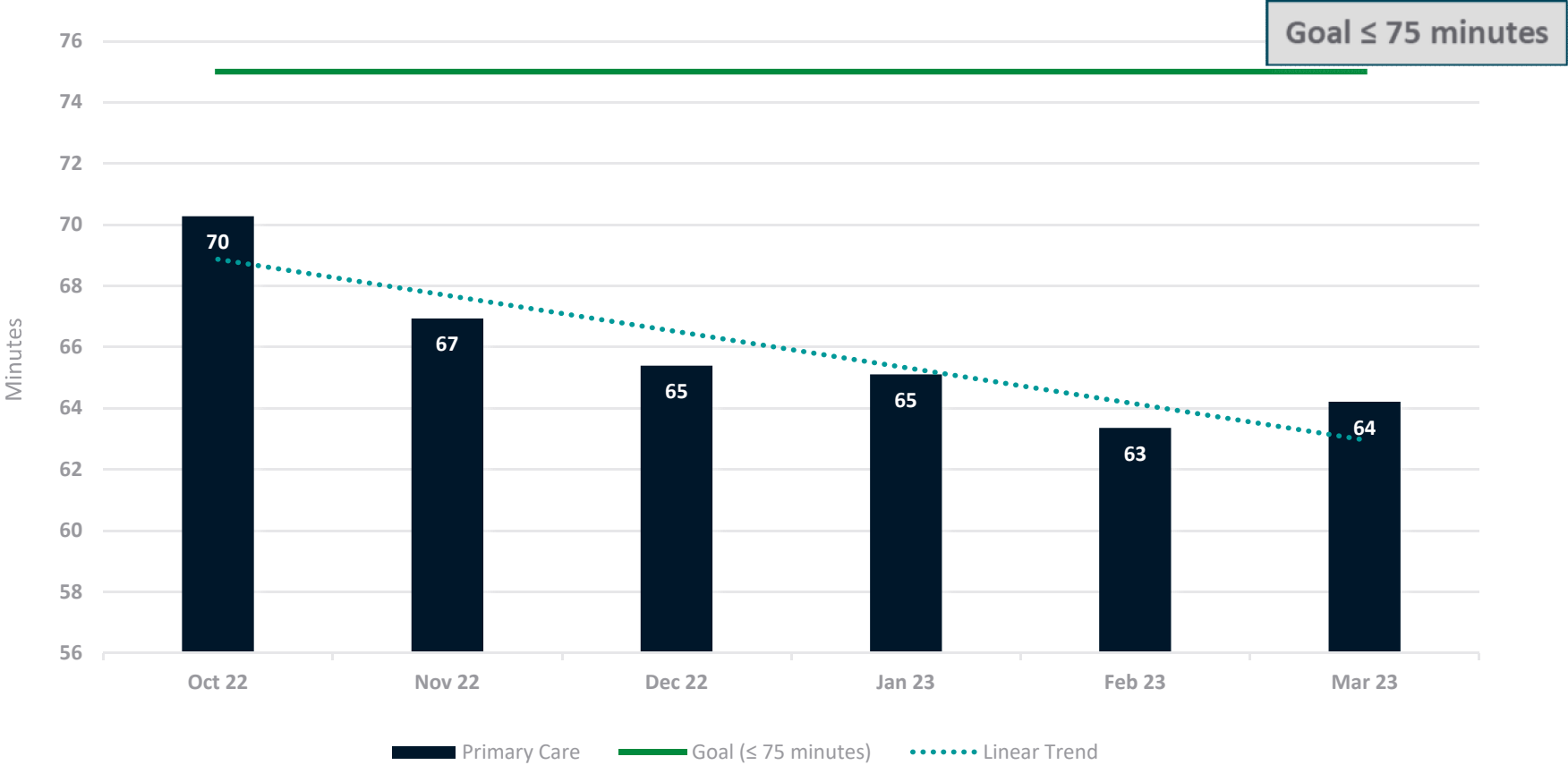
Ben Taub Emergency Center Left Before Treatment Completed (LBTC)%



ACS Patient Throughput Highlights

- Family practice patient visit is averaging 66 minutes, which is below the cycle time metric of <75 minutes from check-in to check-out for October 2022 – March 2023.
- The Ask My Nurse telephone triage service transitioned appropriate patients to telemedicine appointments provided by Same Day Clinic (SDC) or Emergency Medicine providers, whereby avoiding unnecessary Emergency Center encounters. The average annual EC Avoidance Rate has increased year over year from 75% in 2021, 76% in 2022, and 77% YTD in 2023.
- 98% of patients discharged from the hospital had their primary care follow-up appointment scheduled prior to being discharged. 84% of patients discharged from the hospital had their specialty care follow-up appointment scheduled prior to or after discharge.

Family Practice Cycle Time

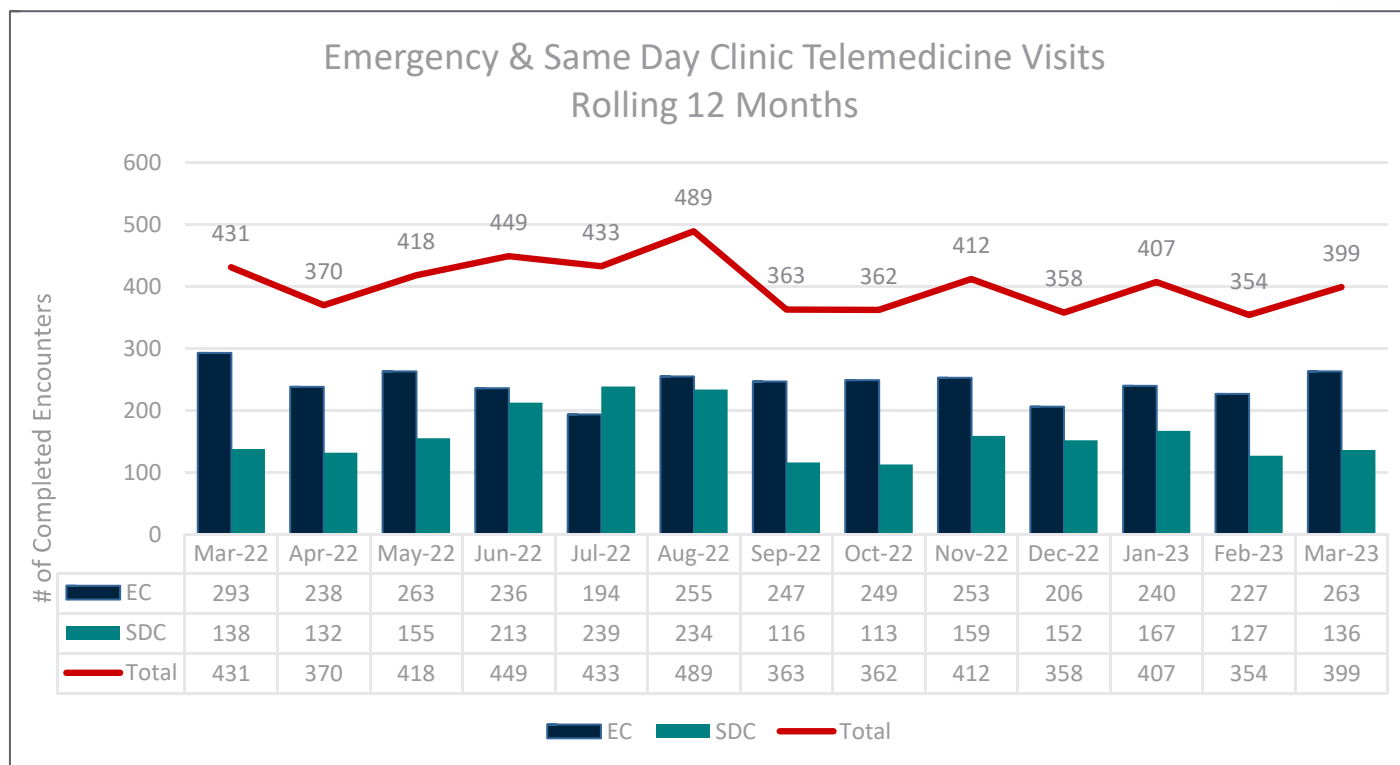


Virtual Care

Emergency Center & Same Day Center- Telemedicine Visits

2021 EC Avoidance Rate 75%
 2022 EC Avoidance Rate 76%
 2023 EC Avoidance Rate 77% (YTD)

Avoidance = # of patients seen and cared for w/o in-person EC Visit
 Total number of patients seen via EC telemedicine



Key Takeaways

- January EC Avoidance 76%
- February EC Avoidance 74%
- **March EC Avoidance 81%**
- Total Patients Seen (by school) in Q1 2023:
 - BT EC (BCM) 329
 - LBJ EC (UT) 401

Thank You!

Thursday, May 25, 2023

**Presentation Regarding Systematizing Screening and Referrals for
Social Determinants of Health**

Update by Denise Larue, Admin Director of Clinical Integration & Transformation on the Harris Health System Strategic Plan regarding:

- Systematizing Screening & Referrals for Health-Related Social Needs (HRSN) Health Equity Strategic Playbook
- HRSN Screening & Referral Overview
- Resource & Build Systematized HRSN Data Collection
- Expand & Simplify Downstream Resources for HRSN+ Screens
- Use Data to Strategically Advance our System Approach to Health Equity
- Implementation Timeline



HARRISHEALTH
SYSTEM

Systematizing Screening & Referrals for Health-Related Social Needs (HRSN)

Denise LaRue, MPH – Admin. Director of Clinical Integration & Transformation | Population Health
May 25, 2023

Health Equity Strategic Playbook

Below standards are aligned with and validated by leading national accreditation authorities on the role of healthcare systems in advancing health equity:

1. Ensure equity is a strategic priority for the healthcare system by (a) developing a **health equity strategic plan** and (b) **embedding standing structures** to resource and support health equity work
2. Document valid and reliable **patient demographic data** (REGAL – race, ethnicity, gender, age, language) using EHR technology
3. Stratify key process and outcome metrics within **specific focus areas** by REGAL variables to identify equity gaps
4. Develop a **written action plan** for addressing at least one of the healthcare disparities identified within a **specific population of focus**, with a process to **monitor and report progress**
5. Implement a plan for **addressing the role of SDOH** in driving health disparities, including (a) documenting patient health-related social needs and (b) implementing responsive interventions with community partners
6. Ensure the organization's **internal culture** supports health equity by providing staff training and reviewing recruitment and hiring practices

HRSN Screening & Referral Overview

- Social drivers of health account for over **50% of health outcomes**
- A robust data-driven approach is required to **set targets for reducing inequities and improving outcomes** in a high need population
- New **CMS Roadmap** mandates improved collection and use of comprehensive, interoperable, and standardized individual-level data on patient HRSN (2024 requirement for inpatient setting)
- Harris Health has **experience screening for HRSN**: care management teams screen within program settings, and food insecurity screening was implemented in outpatient clinics in 2017
- In Harris Health's CMS screening pilot (n=~1,500), **76% of patients screened positive for 1+ HRSN**

INITIATIVE GOALS

1. Resource and build **systematized HRSN screening data** collection
2. Expand and simplify **downstream resources** for HRSN+ screens
3. Use data to strategically advance our **system approach to health equity**

GOAL 1 OF INITIATIVE

Resource & Build Systematized HRSN Data Collection



Update Screening/ Data Collection Methods

- Standardized and validated questions for select HRSN domains
- Self-administered (best practice)
- Leveraging technology, e.g., MyHealth
- Capturing data and follow-up actions in EMR (Epic)



Expand Screening

- Moving beyond program-based screening at clinics
- Screening ahead of scheduled visits, triaging positive screens that want assistance
- Expanding from Ambulatory to Inpatient and ECs

GOAL 2 OF INITIATIVE

Expand & Simplify Downstream Resources for HRSN+ Screens



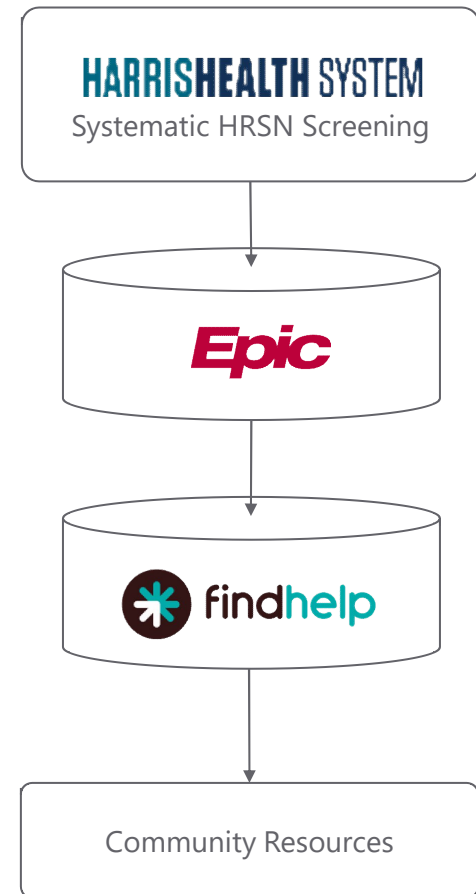
Develop EMR Care Coordination Tools



Integrate Community Resource Directory



Build Targeted Community Partnerships



GOAL 3 OF INITIATIVE

Use Data to Strategically Advance our System Approach to Health Equity



Advance Strategic Plan Pillars 4 (Population Health) & 6 (Diversity, Equity, & Inclusion)



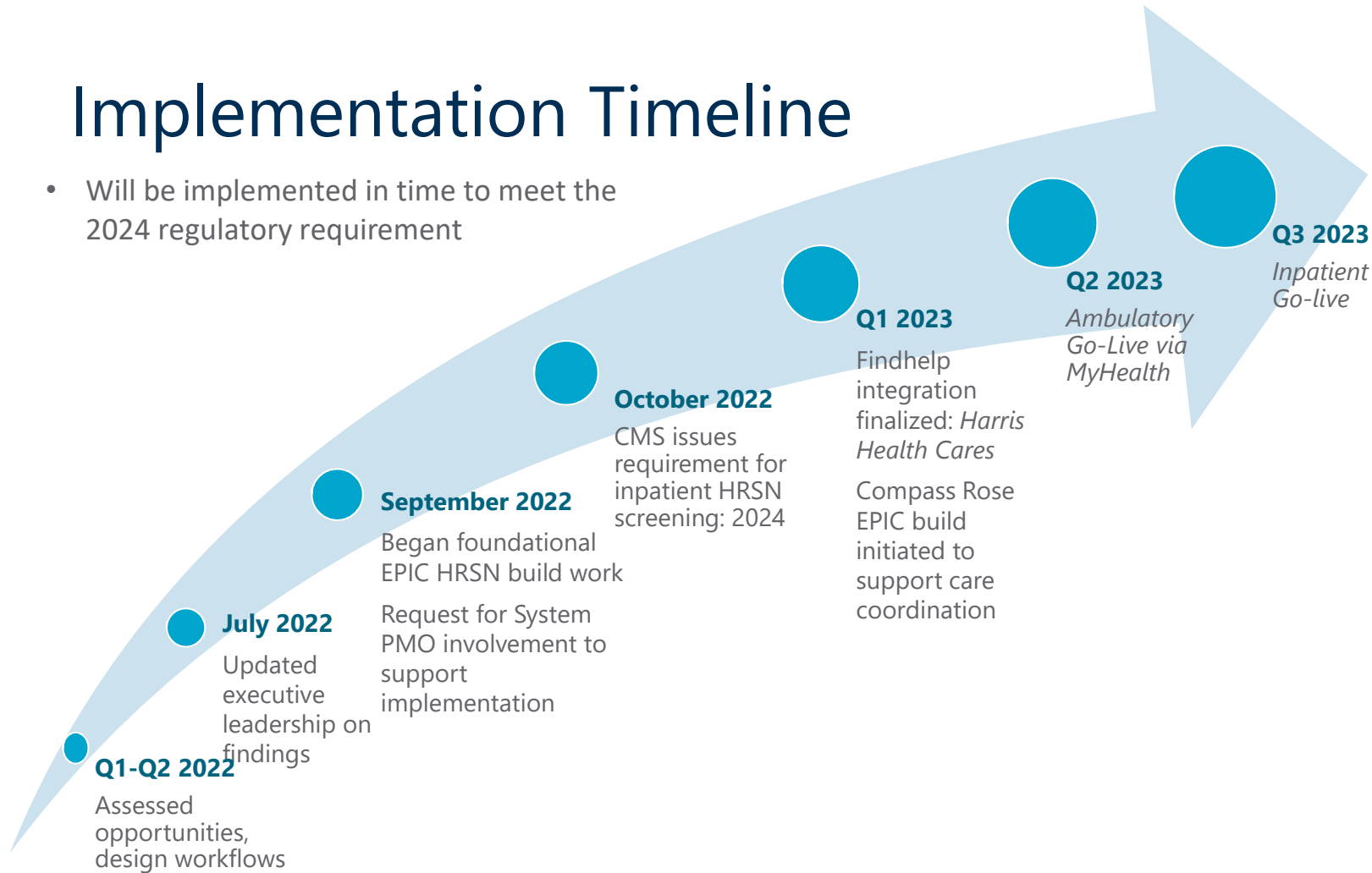
Align with Regional SDOH Resource Coordination Efforts



Advocate for Community-level Investments and Policy Change to Address SDOH

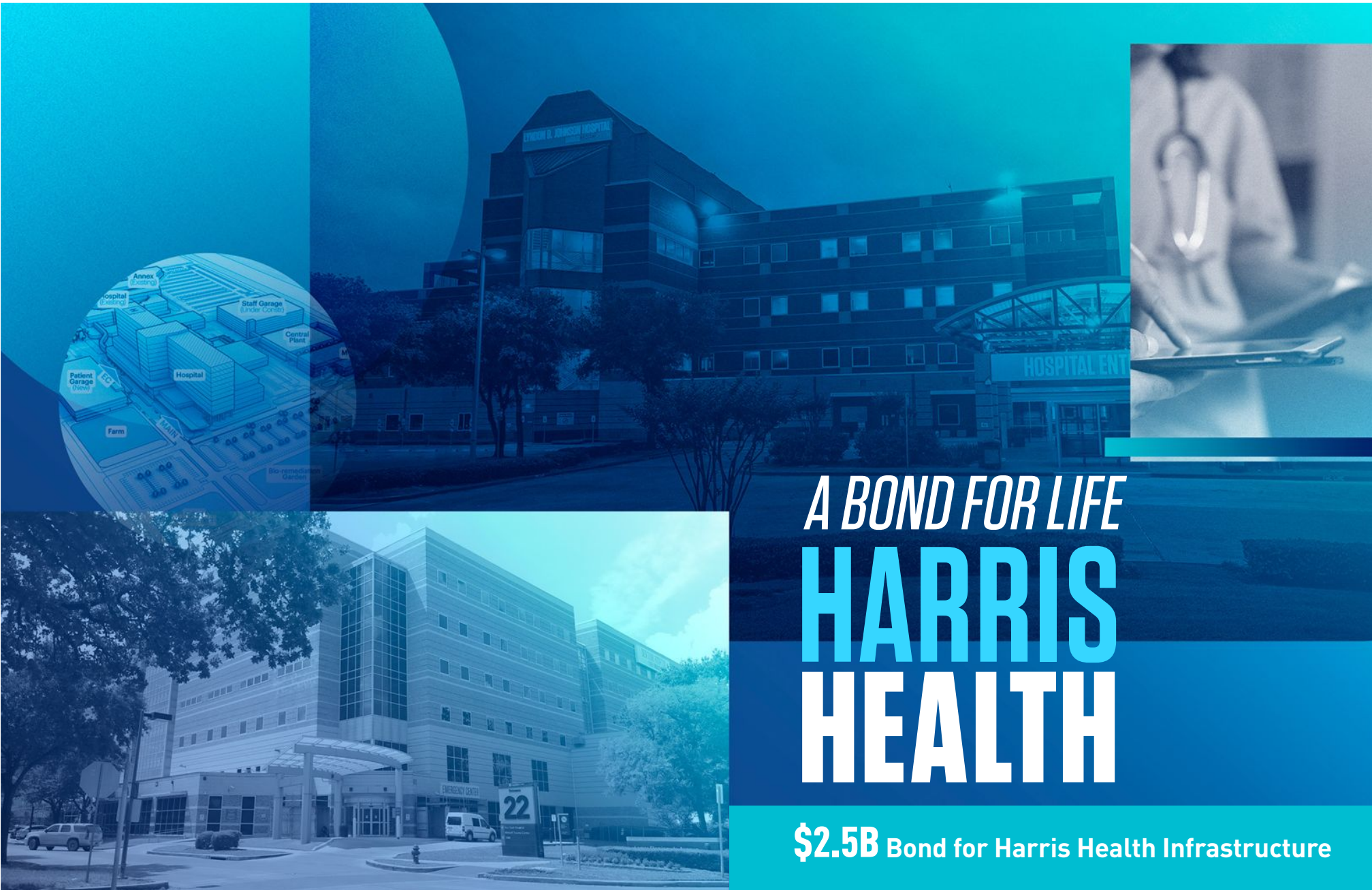
Implementation Timeline

- Will be implemented in time to meet the 2024 regulatory requirement



Thursday, May 25, 2023

Presentation Regarding Bond Proposal Timeline and Activities



A BOND FOR LIFE
**HARRIS
HEALTH**

\$2.5B Bond for Harris Health Infrastructure

Letter from the Harris Health System President & CEO

As I write this, I am representing the dedicated team of healthcare professionals at the Harris Health System - a team wholly committed to ensuring accessible, quality healthcare for all residents of Harris County. Our pride in serving you remains unwavering, yet we find ourselves navigating a challenging landscape due to the deteriorating state of our facilities. **With a sense of urgency and a call to action, we propose a \$2.5 billion bond election to the voters of Harris County.**

Our hospitals, LBJ and Ben Taub, have been the cornerstones of healthcare in Harris County for over 30 years. Today, they are fast approaching the end of their useful life, and immediate action is needed to ensure we can continue to meet the healthcare needs of our community. Over the years, our task has been made all the more challenging by the substantial population growth Harris County has experienced over the past three decades.

Our Strategic Facilities Plan was conceived as a direct response to these pressing issues, paving the way for a comprehensive renovation, expansion, and modernization of our healthcare infrastructure. This plan forms an integral part of our strategic vision, affirming our commitment to effectively serve our growing community.

In pursuit of this vision, the Harris Health Board of Trustees unanimously approved a request for a \$2.5 billion bond election. This critical bond will help realize the initiatives outlined in our Strategic Facilities Plan, enabling us to replace and renovate Lyndon B. Johnson Hospital, extend the life of Ben Taub Hospital, and establish essential care services in high-need areas.

Our investment in these projects goes beyond addressing immediate infrastructure needs; it's about laying a sturdy foundation to accommodate the projected population growth. The transformation of LBJ will mark the establishment of the first Level I Trauma Center outside of the Texas Medical Center, and our strategic expansion of primary and specialty care clinics will bridge the healthcare access gap. It's a three-pronged approach - emergency care, primary care, and specialty care - all working in unison, fortifying our healthcare system and ensuring the wellbeing of our community.

This is why we seek the support of the Harris County Commissioner's Court and taxpayers for the \$2.5 billion bond election in November of 2023. We understand the magnitude of the financial commitment involved, but we firmly believe that this investment is essential to ensure equitable and quality healthcare for our community.

As we embark on this transformative journey, we invite you to join us in our mission to improve the health of those most in need in Harris County. I can't promise that it will be easy, but I can assure you, it will be worth it.

If successful, this will be a Bond for Life, shaping the health and vitality of generations.

With utmost appreciation,



Esmail Porsa, MD
 President & CEO
 Harris Health System





OUR STORY

Harris Health System was established by the State of Texas in 1965 as a safety net hospital system to provide quality care to the residents of Harris County who lacked access to healthcare. Since then, Harris Health has been providing vital care to those who would otherwise be left without access to the care they need.

As the largest safety net hospital system in Texas and the fourth largest in the nation, Harris Health is primarily funded

through a combination of patient revenue, Medicaid supplemental programs, philanthropy, and *ad valorem* taxes.

But Harris Health's impact goes far beyond providing critical healthcare services. Through its affiliated partnerships with Baylor College of Medicine and the University of Texas Health Science Center, Harris Health trains the region's future healthcare workforce, ensuring that the next

generation of doctors, nurses, and other healthcare professionals are prepared to provide the highest quality of care to all Houstonians.

Harris Health plays a significant role in educating the future healthcare workforce for the region, with training occurring through the two affiliated medical schools.

OUR ESSENTIAL ROLE IN HARRIS COUNTY

Critical care



Training of physicians and other health care professionals



Economic engine



Preventative care



Major Employer



You have to have places that treat people that are underinsured or don't have access. [...] There is no way around it. People are going to get sick, people have to be taken care of.

Camely M.
Administrator



I am a strong advocate for Harris Health system and its critical role in providing health care to our community. [...] I know that Harris Health System is our safety net and that it ensures that everyone in our county can receive the care they need, regardless of their ability to pay.

Linda Morales
Organizing Coordinator, Texas Gulf Coast Area Labor Federation/AFL-CIO. (Former Harris Health Board Member)



OUR FACILITIES

Today, Harris Health operates:



Ben Taub Hospital

- 402 licensed beds
- Level I trauma center
- Comprehensive Stroke Center (DNV) and recipient of the American Heart Association/American Stroke Association's Get With The Guidelines®- Stroke Gold Plus Target: Stroke Honor Roll Elite Plus Award
- Designated Chest Pain Center and a Mission: Lifeline® Gold Plus Receiving Center for STEMI (heart attack) care



Lyndon B. Johnson Hospital

Staffed by physicians from UTHealth and M.D. Anderson Cancer Center.

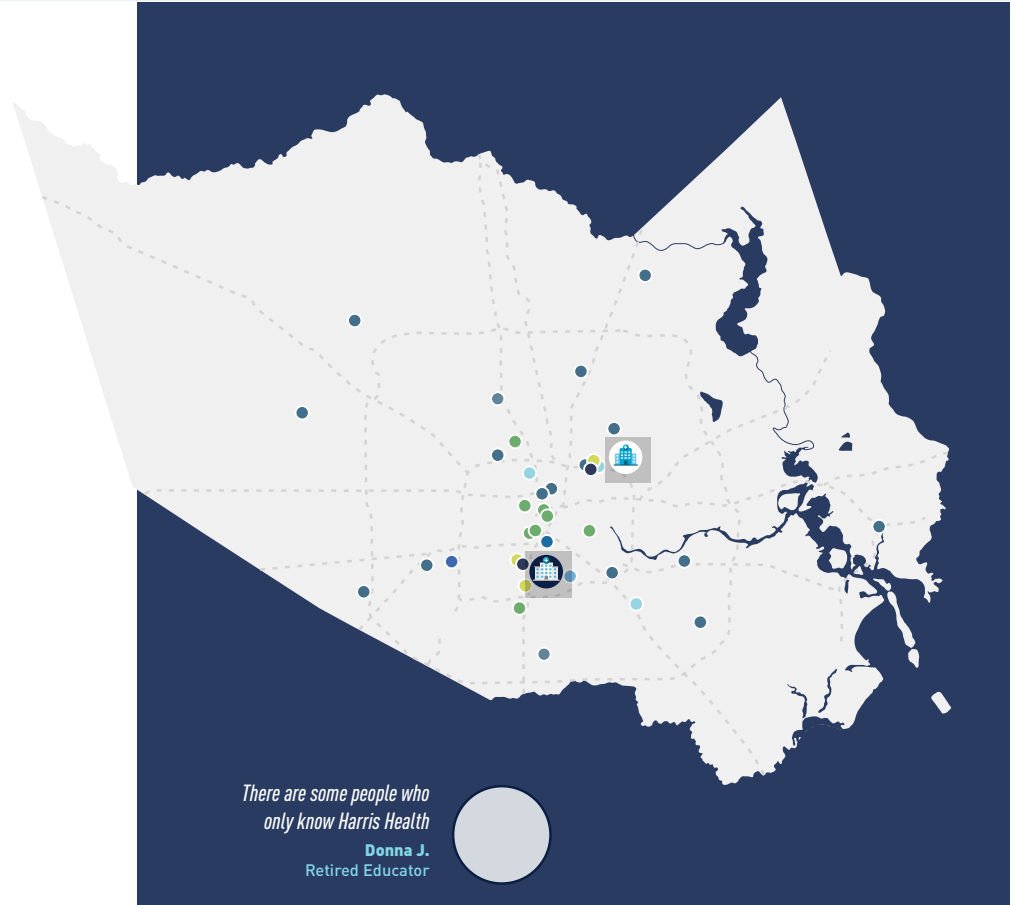
- 215 licensed beds
- Level III trauma center
- Regional center for neonatal intensive care
- Designated Maternal Level III facility by Texas Department of State Health Services
- Designated Level III Geriatric Emergency Department Accreditation (GEDA) by the American College of Emergency Physicians.



Ambulatory Care Services

Staffed by physicians from Baylor College of Medicine and UTHealth.

- 17 community health centers, including the nation's first free-standing HIV/AIDS treatment center
 - 4 large multi-specialty clinics
 - 3 Same day clinics
 - 1 free-standing dental center
 - 1 dialysis center
 - 8 homeless shelter clinics and five homeless eligibility service locations
- Mobile immunization and medical outreach program



BY THE NUMBERS
(FY 2022)

261,901 unique patients

193,727 telehealth clinic visits

26,919 inpatient and observation cases

854,313 clinic visits

147,496 ER visits

18,207 surgeries

ECONOMIC IMPACT

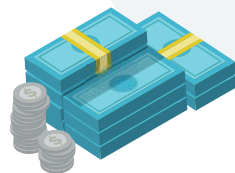
In the past year alone, Harris Health's operations generated over \$4.8 billion for the Harris County economy.

- For every \$1 that Harris Health receives in *ad valorem* taxes, \$5.89 is generated within the local economy.
- Harris Health supports over 29,000 jobs in Harris County, meaning that one in every 70 jobs in the county is directly or indirectly related to Harris Health.

By providing comprehensive healthcare to our community, Harris Health keeps healthcare costs lower for all county taxpayers.

In fact, Harris Health's primary care network alone saves Harris County taxpayers

\$1.8 B in healthcare costs every year



That means for every **\$1** in *ad valorem* taxes collected, Harris Health generates **\$2.30** in healthcare costs savings for everyone in Harris County.



So not only does Harris Health improve the health of our community, but it also helps to boost our local economy and save taxpayers money.

HARRISHEALTH SYSTEM

ECONOMIC AND COMMUNITY IMPACTS AT A GLANCE FY22

HARRIS COUNTY

\$4.8 billion

Total economic impact in Harris County from system operations.

Every **\$1** Harris Health receives in *ad valorem* taxes generates **\$5.89** for the county's economy.

29,237 jobs

Total jobs supported in Harris County from system operations.

One in every **70 jobs** held by persons in Harris County is directly or indirectly related to Harris Health.

\$132.9 million

Total state and local taxes generated from system operations.

STATE OF TEXAS

\$5.7 billion

Harris Health in Texas generated the total economic impact.

More than **\$900 million** in economic impact is received by Texas communities outside Harris County because of Harris Health's operations.

34,396 jobs

Total jobs supported throughout Texas

More than **5,000 jobs** are supported in Texas communities outside Harris County because of Harris Health's presence.

\$156.3 million

Total state and local taxes generated throughout Texas.

\$23.4 million is generated in local tax revenue for communities outside of Harris County because of Harris Health's presence.



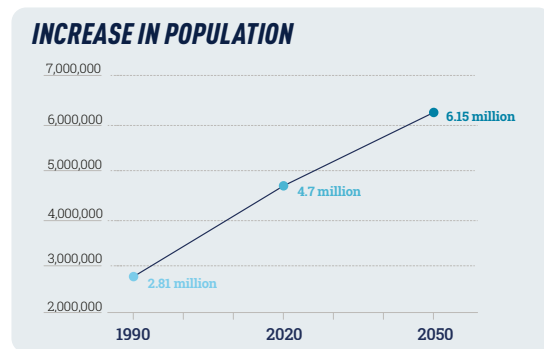
The modernization of Ben Taub and LBJ hospital will touch and change hundreds of thousands of lives.

Robert "Bobby" Hilliard, Jr.
Chief Executive Officer, Legacy Community Health



STRATEGIC PLAN

For over 30 years, Ben Taub and LBJ have been a cornerstone of healthcare in Harris County, but in that time, Harris County has nearly doubled in size.



LBJ Hospital – Opened 1989 Ben Taub Hospital – Opened 1990

Today, the greater Houston region has the highest number of uninsured residents in the country.

That’s nearly one in four people in our area without access to the care they need. And even for those with insurance, our hospitals are struggling to keep up with demand.

Harris Health’s hospitals –LBJ Hospital and Ben Taub Hospital– are fast approaching the end of their useful life, and require immediate action to ensure that we can continue to provide the care our community needs.

To make this happen, we need to think differently about how we approach healthcare. We need to unite as one system of care, investing in both our hospitals and primary care centers to build on our strengths and meet the growing demand for services. Harris Health’s aging and deteriorating hospital infrastructure must be

replaced, and it requires more inpatient beds to reduce the amount of time spent in waiting rooms and the number of patients being sent elsewhere for care.

But it’s not just about our hospitals. We need to invest in our primary care too, ensuring that everyone in our community has access to the services they need. That means increasing access in areas that currently lack the necessary services and providing the primary care that is sorely lacking in some communities across our county.

We need a renewed focus on population health promotion and disease prevention. We can no longer afford to simply manage disease. Instead, we must work to prevent disease from happening in the first place. This approach will not only improve the health of our community, but it will also save taxpayers money in the long run.

HARRIS HEALTH’S STRATEGIC FACILITIES PLAN: THE NEED



Today, one in four Harris County residents are uninsured.

This equates to 1,175,000 Harris County residents who rely on Harris Health. By 2050 the projected population of uninsured residents in Harris County will be 1,537,500.

Preventative care

As demand on our health system continues to grow, we must prioritize health promotion and disease prevention over ongoing disease management.

To achieve this, we need to invest in our hospitals, while concentrating on ambulatory care services. By renovating our hospitals and

placing a greater emphasis on ambulatory care services, we can alleviate the burden on our healthcare system and ensure a better quality of life for our communities.

Today, both hospitals are routinely over capacity. Both hospitals are currently operating at over 90-100% daily occupancy, exceeding the healthcare capacity for efficient flow, which is recommended to be below 85%. To serve current needs and meet future demands, Harris Health’s infrastructure requires renovation to deliver necessary health services.

Our facilities

Our service sites –Lyndon B. Johnson Hospital, Ben Taub Hospital and many Ambulatory Care Services (ACS) Clinics– opened their doors many years ago. Since then, Harris County’s population has nearly doubled and continues to grow.

I think expanding more hospitals would have to be an option because the population is changing.

Sam Z.
Transportation Manager



PROJECTING FUTURE NEEDS

Harris Health plays a crucial role in providing care to vulnerable populations in Harris County.

Harris County has a total population nearing 5 million with one of every four people living in a family with an income below 150% of the federal poverty level (2018 US Census data). Of these individuals living below 150% of the federal poverty level, 33.6% are uninsured and 61% are enrolled in Medicaid. Most of these Medicaid enrollees are children under the age of 18, a population largely served by other providers.

Harris County Medicaid and Uninsured Population (2018 U.S. Census Data projected to 2020 using Texas Demographic Center population estimates)

Population	Number of People in Harris County
Medicaid* (under age 65)	834,636
Uninsured	943,466
Under 150% of Federal Poverty Limit (FPL)	1,269,835
Uninsured and under 150% FPL	462,418

*Enrollment in Medicaid in January 2020 was significantly below this number but is rising and may be higher than these 2018 projections in 2021 as a result of changing economic conditions.

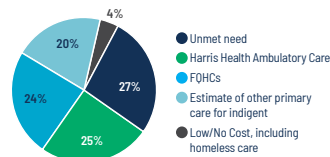
Healthcare Needs of the Population

Accessing healthcare is very challenging in Harris County for people with low income, particularly those without health insurance. This reality was expressed in all stakeholder interviews in some form. Public health data reveals some of the consequences of barriers to accessing healthcare, including poor diabetes control, avoidable hospitalizations and higher mortality rates in lower-income census tracts. Uninsured patients coming in for late-stage disease, including cancer, is all too common, and each is a painful reminder of these access challenges.

Determining the amount of healthcare resources needed to adequately address these challenges is complicated and is more fully explained in the appendix titled "Appendix on Population Need and Capabilities of Facilities to Fulfill Need." However, the following key findings inform the strategies for Harris Health's future.

Projected Need for Primary Care

An estimated 1.27 million people in Harris County live below 150% of the federal poverty level (150 FPL). Harris Health is estimated to provide primary care that could fill 25% of this population's primary care needs while FQHCs in total have a calculated capacity to serve an additional 24%. An unknown amount of primary care for those under 150% FPL occurs in other care settings such as private practices and hospital clinics, with 20% shown as a reasonable estimate.

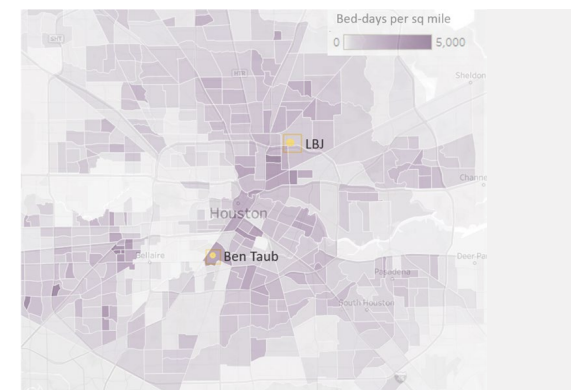


Percentage of Primary Care Provided in Harris County by Institutional Type

The optimal number and location of Harris Health hospitals are also a major consideration. Although this will be finalized in a comprehensive facility plan to be completed in the first year of this strategic plan, location considerations will include:

- Where current Harris Health patients reside (see map below). The bed days indicate the number of days in which a person stayed overnight in a hospital.
- Academic partners and the need to support robust teaching and training.
- Locations of trauma events and trauma centers to reduce time to treatment.

Bed Days Per Square Mile in Harris County



This is why in November 2023, taxpayers will be asked to vote on a \$2.5B bond for Harris Health facilities.

In November 2023, we have a critical opportunity to invest in the health and wellbeing of our community. Harris Health is asking taxpayers to vote on a \$2.5B bond to improve our healthcare infrastructure.

For the average homeowner with a home valued at \$300,000, the bond will cost only \$6 dollars a month. That's a small price to pay for such a huge impact. By supporting this bond, we can build stronger and healthier communities and prevent diseases before they start.

For \$6 dollars a month we can help build a stronger and healthier community, and ultimately save money by preventing diseases from happening in the first place.

This is a critical decision for the betterment of our Harris County healthcare ecosystem. It is a wise and prudent investment that is needed to improve the health of so many vulnerable Harris County residents. It will lead to better health for so many generations to come.



Robert "Bobby" Hilliard, Jr.
Chief Executive Officer, Legacy Community Health

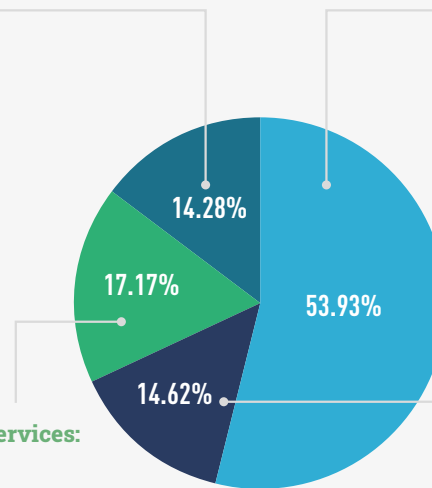
HARRIS HEALTH STRATEGIC CAPITAL REQUIREMENTS 2024-2035

Ben Taub: \$410M

- Extend Facility Lifespan by 15 years
- Address existing capacity limitations
- Improving clinical inefficiencies
- New Inpatient Tower adding approx. 120 incremental patient rooms

Ambulatory Care Services: \$504.5M

- Four new facilities
- Transition low volume sites to larger comprehensive sites



New LBJ Hospital: \$1.6B

- Increase patient capacity in multiple areas
- Position for Trauma
- Economic boost for NE Harris County

Old LBJ Renovations: \$433M

- Transform facility to address critical service gaps
- Provides for outpatient access as part of campus master planning

ONE INTERCONNECTED SYSTEM

- Investing in preventative care reduces demand on our hospitals and increase their capacity.
- Renovating both Ben Taub and LBJ will reduce the burden on the public hospital system and save costs over the long term.
- Expanding LBJ's capability to a Level I trauma center will address critical service gaps and lessen the burden on Ben Taub, improving access to care for all Harris County residents.

Harris Health plans to utilize bond debt proceeds in the amount of \$2.5B to finance the Strategic Facilities Plan.

PROPOSED FINANCING OF THE STRATEGIC FACILITIES PLAN

Harris Health Strategic Capital Requirements 2024–2035

	Estimated Base Total Project Cost	Estimated Time Frame for Project(s)
LBJ Hospital Campus	\$2,033,636,054	2024–2035
Ben Taub Hospital Campus	\$410,462,117	2025–2033
ACS/Population Health	\$504,542,882	2025–2033
	\$2,948,641,053	

Additional funding sources over the **next 10 years** include:

- Anticipated \$300M (total) in operational efficiencies/cost savings
- Anticipated \$100M (total) in grants and philanthropy savings

The Strategic Facilities Plan is adaptable in the event the operating efficiencies/cost savings are not fully realized or philanthropic funds fall short of expectation.



WHAT IS THE FINANCIAL IMPACT OF THE \$2.5B BOND?

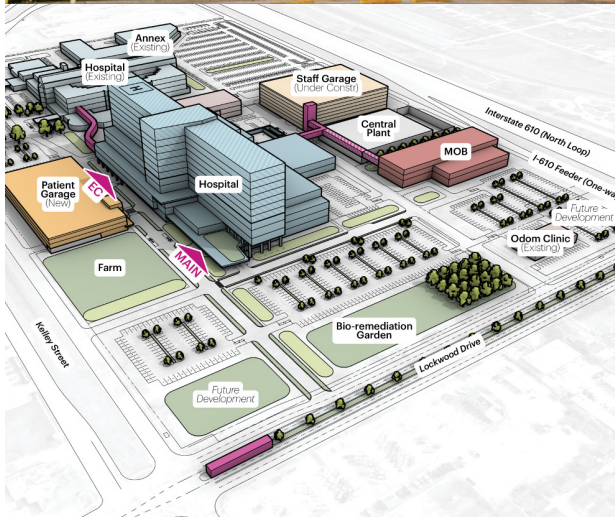
Impact on Debt Service Tax Rate

- Once the entire \$2.5 billion is accessed over the next 10 years, the impact will be 2 cents or less.
- For an average home owner (homes values at \$300,000) this impact equates to less than \$6 per month.
- This impact will not be fully realized until the entire \$2.5 billion has been accessed, which will be not until a decade from now.

Over the last several decades, we continue to try to do more and more, with fewer and fewer dollars and support. But, you know, it's a growing community, it's a growing county, and it's time with our aging facilities that we actually do more..

Paul Klotman
MD, President & CEO, Baylor College of Medicine





LBJ HOSPITAL

CURRENT ORIENTATION OF LBJ HOSPITAL CAMPUS:

1. Clinical areas **consistently exceeding capacity daily**.
2. **Limited expansion capability** due to existing design limitations.
3. **Lack of essential clinical services** on-site (e.g., stroke and heart attack care) **requiring** transportation to other facilities.
4. **Infrastructure**, including mechanical, electrical, and plumbing systems, **has exceeded its useful life** and is costly to maintain.
5. **Inability to meet current and future growth demands** of the surrounding community and service demand for Harris County.

FUTURE ORIENTATION OF LBJ HOSPITAL (\$2.03B)

1. Construct New LBJ. (\$1.6B)

- **Expand capacity** to meet current and future projected demand with thoughtful design.
- **Additional trauma care services** will enhance the County's capacity to provide trauma care.
- **Proactive planning for flood mitigation**
- Clinical **areas designed with flexibility** to meet patient needs and future expansion requirements.

2. Renovate Existing Facility. (\$433M)

- **Add new services**, including interventional neurology & cardiology and stroke care.
- **Address service gaps** and bring the facility up to standard to meet current area needs.
- **Provide for outpatient access** as part of campus master planning.

A large portion of this bond request is going to LBJ, which we all know is literally bursting at the seams. Ben Taub's not much better.

Dr. Kimberly Monday
MD, Vice Chair of Clinical Operations and Associate Professor, UTHealth, (Former Harris Health Board Chair)





BEN TAUB HOSPITAL

CURRENT ORIENTATION OF BEN TAUB HOSPITAL CAMPUS:

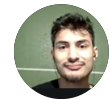
1. Clinical areas are **consistently exceeding capacity daily**, necessitating renovation to accommodate growing demand.
2. Patient care areas are **not meeting community standards** in size, private rooms and efficient patient flow.
3. **Infrastructure has exceeded its useful life** and requires ongoing maintenance and replacement which are becoming increasingly cost prohibitive.
4. **Unable to meet current and future growth** of Harris County.
5. Requires **substantial investment to extend life of critical services** beyond 10-15 years.

FUTURE ORIENTATION OF BEN TAUB (\$410M)

1. **Extend Facility Lifespan by 15 years.**
 - **Expand capacity** to assist in meeting current and future projected demand
 - **Improve flexibility of design** for clinical areas to meet needs
2. **Proactive planning for flood mitigation issues.**
3. **Desire to provide further necessary trauma care** access through addition of helistop.
1. **Build New Inpatient Tower.**
 - **Add approximately 120 incremental patient rooms**
 - **Address capacity management** through renovation of existing space

I had a significant trauma event happen to me so I had to go there. [...] I don't blame the hospital but I was waiting for 2 or 3 hours and I had just barely got through the lobby.

Pedro S.
Chef



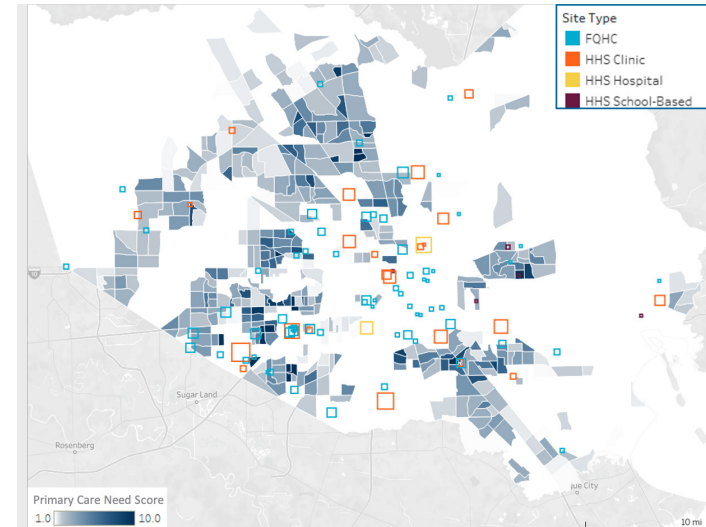
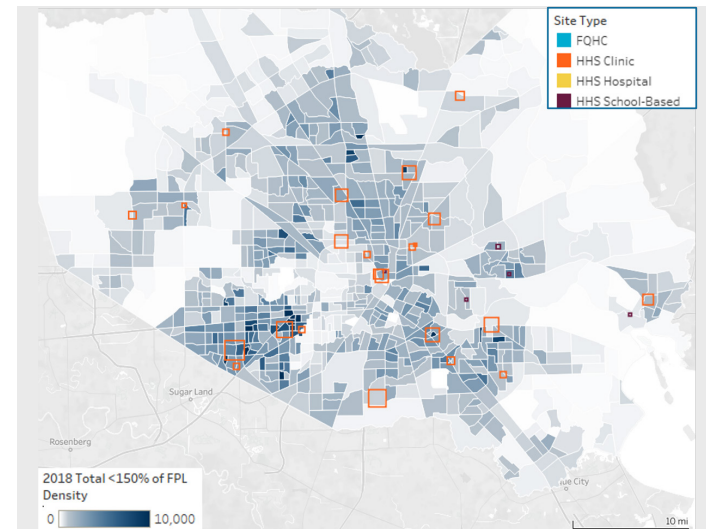
AMBULATORY CARE

CURRENT ORIENTATION OF ACS:

1. **Several sites lack needed support services**, i.e. radiology, lab & pharmacy.
2. Current experience of **low volume clinics** due to population shifts and proximity to other clinics.
3. **Several regions have limited access to Harris Health Clinics and FQHCs.**
4. **Opportunity to improve efficiencies** in the clinics for patient volume and flow.

FUTURE ORIENTATION OF ACS (\$504.5M)

1. **Optimize services.**
 - Transition from small/low volume sites to larger, more comprehensive sites to **improve efficiencies and service access.**
2. **Create new sites including:**
 - 3 new to geography (Northwest, Southwest and East–Northshore/ Cloverleaf) to **increase population served.**
 - 1 to consolidate and **expand services** (Pasadena area).
3. **Prioritize community partnerships** for cross flow of patients in specified areas.



THIS BOND WILL FUND:

- **A new LBJ Hospital** which will be the county's third Level I adult trauma center and the first outside of the Texas Medical Center.
- **Renovations to the existing LBJ Hospital** to provide services that are currently lacking and critical - this includes mental health services, cardiac catheterization, and neurosurgery services.
- **Renovations to Ben Taub** to increase bed capacity and address critical infrastructure needs.
- **New health centers** to fill gaps in service and prioritize preventative care and early intervention.

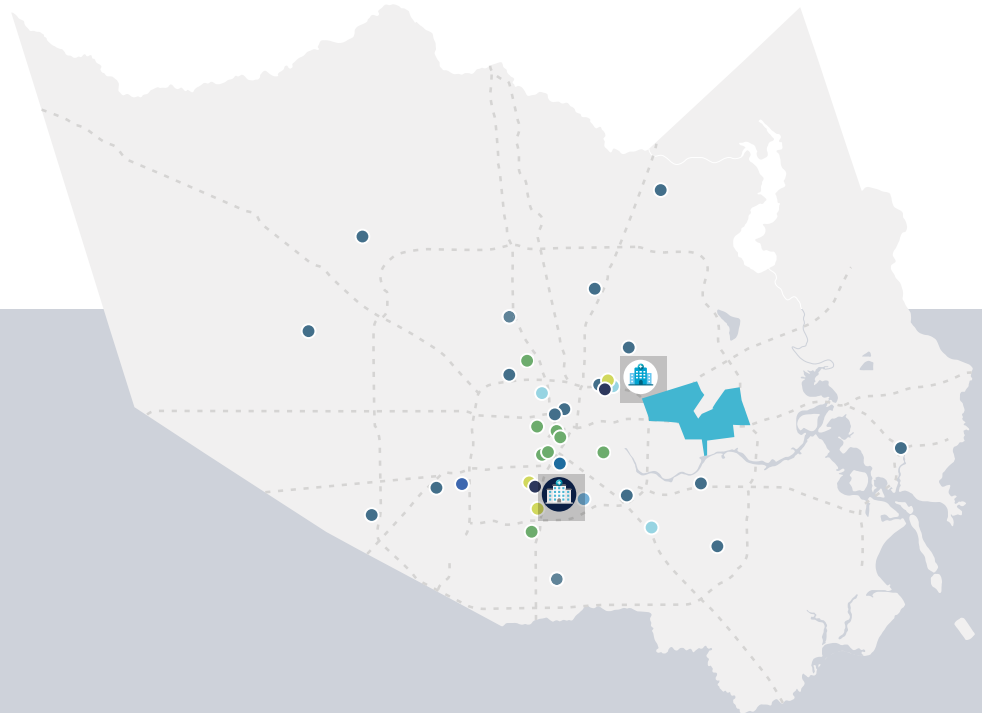
The improvements will cost taxpayers an average of \$6 per month.

This is for a home valued at \$300,000.

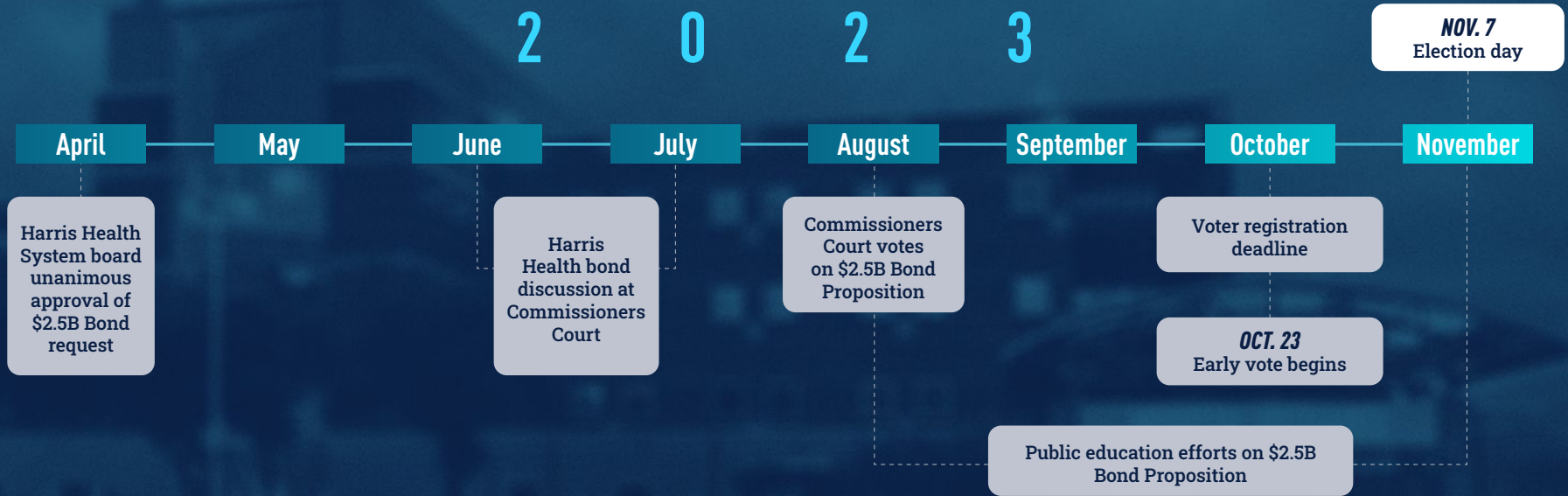


HARRISHEALTH

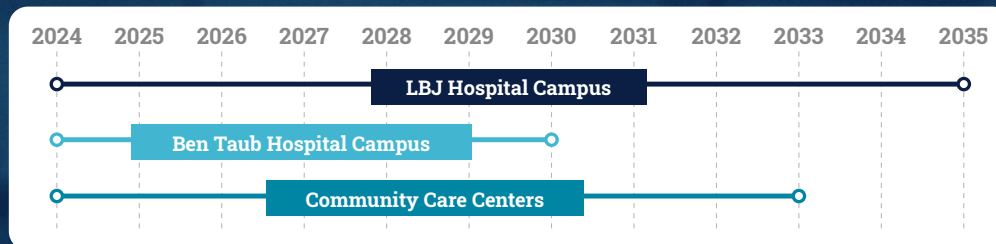
Ben Taub (with a Level I Trauma Center)	1 Ambulatory surgery center
LBJ (with a Level III Trauma Center)	8 Homeless shelter clinics
17 Community health centers	4 Multi-specialty clinics
3 Same-day clinics	1 Dialysis center
1 Dental center	Mobile health units



TIMELINES



Community Health Centers Implementation (2024–2035)



FREQUENTLY ASKED QUESTIONS

What is Harris Health?

Founded in Jan. 1, 1966, Harris Health has been a leading contributor in healthcare to the greater Houston and Harris County population. Considered the largest safety net hospital system in Texas, Harris Health is funded through patient revenue, Medicaid supplemental programs, philanthropy, and taxes. In addition to providing healthcare services, Harris Health serves in educating future healthcare workers through two affiliated medical schools.

What is the purpose of the bond election?

The bond election seeks voter approval for essential upgrades to Harris Health facilities, including LBJ Hospital, Ben Taub Hospital, and several primary care centers in Harris County.

Harris County's population is growing, and our facilities often exceed capacity. These conditions are putting significant pressure on Harris Health's outdated infrastructure. However, with a booming population and one in four Harris County residents uninsured, the strain on our health infrastructure is substantial. This bond will help Harris Health to continue to provide top-quality healthcare to all of Harris County by expanding and modernizing its facilities to better serve our community's needs.

How will this be funded?

If voters approve the bond election, these projects will be funded primarily through property taxes paid by Texas homeowners.

To support this public investment, Harris Health will use \$300M of its own cost savings in addition to an estimated \$100M in philanthropic donations and grants.

What will the bond funds be used for?

The bond funds will be invested in critical improvements to LBJ Hospital, Ben Taub Hospital, and healthcare centers across the county.

With these funds, Harris Health will improve:

- **LBJ Hospital:** Harris Health will build a new facility and renovate the existing hospital, transforming LBJ into the county's third adult Level 1 trauma center and the first outside the Texas Medical Center. This expansion will increase inpatient bed capacity and help address crucial service gaps, including treatments for heart attacks, strokes, and mental health issues.
- **Ben Taub Hospital:** Harris Health plans to add an inpatient tower featuring 120 patient rooms, enhancing bed capacity and extending the facility's lifespan by 15 years.

The renovations will also bolster critical infrastructure needs and improve trauma care.

- **Healthcare Centers:** To alleviate the strain on county hospitals and promote overall health and disease prevention, Harris Health plans to expand and renovate healthcare centers across the county, boosting service efficiency. Harris Health will establish three new sites in Northwest, Southwest and East Harris County to better serve the evolving population densities, ultimately expanding our services and reaching more community members.

How much will the bond cost taxpayers?

If approved, the bond will cost the average Harris County homeowner about \$6 per month in property taxes.

This estimate is based on an average Harris County home value of around \$300,000.

When will the bond election take place?

The bond election is scheduled for Fall 2023, with early voting running from October 23 to November 3, 2023.

Election Day itself is set for Tuesday, November 7, 2023.

Who is eligible to vote in the bond election?

All registered voters living in Harris County who are 18 years old or older can participate in the bond election.

How can I vote in the bond election?

There are several ways to vote in the bond election. You can vote early in-person, by mail, or on Election Day at your assigned polling location.

Election Dates in Harris County are as follows:

- **Early Vote: October 23 - November 3, 2023**
- **Election Day: November 7, 2023**

How long will it take for the improvements to be made with the bond funds?

The improvements funded by the bond will be carried out in phases over several years:

- **LBJ Hospital Campus: 2024-2035**
- **Ben Taub Hospital Campus: 2024-2030**
- **Community Care Centers: 2025-2033**

As projects are addressed, Harris Health will provide regular updates to the community on the progress of each project.

What will happen if the bond election does not pass?

If the bond election fails, Harris Health will lack the funds to carry out these important projects intended to support the health of Harris County.

Without these funds, Harris Health facilities will struggle to care for its growing population, and will have to resort to costly, slow renovations instead of proactive upgrades. This would mean failing to address underlying infrastructural challenges which will impact the quality of care.

How will the bond funds be managed and accounted for?

Harris Health will manage the bond funds, with independent audits ensuring transparency and accountability.

Harris Health will work with auditors and oversight committees to make sure the funds are used as intended and that taxpayers' investments are protected.

Will the bond funds be used for anything other than what was approved by voters?

No, the bond funds will strictly be used for the specific projects approved by voters in the bond election.

Will the expansion of Harris Health impact taxpayers outside of the bond cost?

Financial projections and models from Harris Health, Harris County, and outside financial consultants indicate that there will be no additional operational cost increases for taxpayers outside of the bond cost.



HARRIS HEALTH



Thursday, May 25, 2023

May Board Committee Reports

Board of Trustees – Executive Summary
Patient Safety & Quality Programs – Open Session
May 25, 2023

Please refer to reports presented at the Quality Committee Open Session on May 9, 2023 for additional details.

HRO Safety Message – Informed Consent Done Right

Steven Brass, MD, MPH, MBA

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

Safety Culture Survey

Yashwant Chathampally, MD, MSc & Tiffani Dusang, MSN, RN

Safety Culture was assessed from July 27, 2022 to August 7, 2022 utilizing the Safety Attitudes Questionnaire. System-level strengths identified include: Job Satisfaction, Safety Climate, and Teamwork Climate. System-level opportunities identified from the survey include Stress Recognition, Working Conditions, and Perceptions of Management.

Patient Experience

Jacqueline Brock, DNP, RN & David Riddle, CXCP

The patient experience update illustrates year over year performance in highly correlated questions, from 2021 through the first quarter of 2023 that drive the overall rating of the hospital and would recommend the facility. Inpatient performance remains strong with a focus in nurse communication while the outpatient performance is showing incremental improvement in all five questions. We are experiencing positive results with our commit to sit initiative, an evidenced based practice, where exclusive hospital grade chairs are being piloted.

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

May 9, 2023

Board of Trustees Office
Harris Health System

**RE: Board of Trustees Meeting – May 25, 2023
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: May 25, 2023 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Avant Healthcare Professionals, LLC (HCHD-727) MWBE GOAL: N/A Public Health or Safety	Temporary Nursing Personnel for Harris Health System - Harris Health's vacancies were originally to be filled over a span of three (3) years. At this time, the vendor is able to fill more positions within the initial year. Additional funds cover the increase in positions to be filled in the initial year. Professional Services Exemption, Board Motion 22.12-166	Additional Funds Professional Services Exemption October 14, 2022 through October 13, 2023	Pamela Russell	\$ 4,000,000	\$ 16,000,000
A2	Signature Healthcare Services, LLC dba Houston Behavioral Healthcare Hospital (HCHD-475) MWBE GOAL: N/A Public Health or Safety	Psychiatric Services for Patients of Harris Health System - To continue to provide for the orderly transfer of psychiatric patients from Ben Taub and Lyndon B. Johnson Hospitals to Houston Behavioral Healthcare Hospital for inpatient psychiatric treatment. Public Health or Safety Exemption, Board Motion 22.10.141	Renewal Public Health or Safety Exemption July 10, 2023 through July 09, 2024	Ruth Russel	\$ 7,000,000	\$ 7,000,000
A3	Angel Staffing, Inc (HCHD-446) MWBE GOAL: N/A Public Health or Safety	Temporary Nursing Personnel for Harris Health System - To provide for temporary staffing of nursing personnel to meet the increase in demand of patient healthcare at various locations throughout the Harris Health System. Professional Services Exemption, Board Motion 22.03-40	Ratify Renewal Professional Services Exemption April 27, 2023 through April 26, 2024	Pamela Russell	\$ 16,200,871	\$ 7,000,000
A4	Philips Healthcare MWBE GOAL: GPO/CO-OP Sourced	Cardiovascular Imaging - To replace two (2) single-plane interventional imaging systems that are past their expected useful life and also adding a new bi-plane interventional imaging system for the Cath Lab at Ben Taub Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 4,981,629
A5	Jones Lange LaSalle American, Inc. (HCHD-436) MWBE GOAL: 11%	Construction Manager-Agent for Harris Health System - To provide construction manager-agent services for Harris Health System Job No. 200322, Board Motion 22.03-40	Ratify Renewal April 25, 2023 through April 24, 2024	Patrick Casey	\$ 1,000,000	\$ 3,500,000
A6	Turner Construction Company MWBE GOAL: 32%	Renovation of the Emergency Department Observation Unit at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System - This project is for the build-out of twelve (12) observation beds at the Lyndon B. Johnson Hospital (LBJ) observation unit expansion. The owner contingency provides for coverage on unanticipated costs throughout the project. Job No. 230114	Ratify Lowest priced proposal meeting requirements	Linda K. DeClouette		\$ 2,269,600
A7	Smith & Nephew, Inc. MWBE GOAL: GPO/CO-OP Sourced	Orthopedic Trauma Implants, Joints and Reconstruction Products - The amount is revised to reflect the amount stated in Agreement. (PP-OR-1761)	Revised Amount Premier Healthcare Alliance, L.P. Contract	Doug Creamer		\$ 2,314,296

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	AndWell LLC (PP-SV-322) (HCHD-609) MWBE GOAL: 26%	Advertising and Marketing Svcs - To act as Harris Health's "media buyer" to purchase the necessary traditional and digital media for various campaigns. <i>Premier Healthcare Alliance, L.P. Contract</i>	Ratify Award Best Offer(s) Meeting Requirements May 01, 2023 through December 31, 2023	Amanda Callaway		\$ 2,036,447
A9	Faithful + Gould, Inc. MWBE GOAL: 11%	Construction Manager-Agent for Harris Health System - To provide construction manager-agent services for Harris Health System. <i>Job No. 200322, Board Motion 22.04-56</i>	Ratify Renewal May 04, 2023 through May 03, 2024	Patrick Casey	\$ 1,000,000	\$ 1,500,000
A10	Cara Cook Consulting, LLC (HCHD-779) MWBE GOAL: N/A Public Health or Safety	Labor Management Support Services for Harris Health System - Additional funds and extension are needed to provide continued support for Phase II, the implementation of ideal Labor Management Infrastructure for Harris Health System. <i>Personal Services Exemption, Board Motion 22.06-83</i>	Ratify Additional Funds Extension Personal Services Exemption June 01, 2023 through December 15, 2023	Louis Smith	\$ 1,487,750	\$ 1,327,400
A11	Norton Rose Fulbright US LLP (HCHD-1018) MWBE GOAL: N/A Specialized or Technical	Legal Services for Harris Health System - To provide Legal Services for Healthcare Matters (2021 Qui Tam Matters) involving Harris Health System. <i>Professional Services Exemption</i>	Purchase Professional Services Exemption July 01, 2023 through June 30, 2024	Marta Bolinska	\$ 750,000	\$ 500,000
A12	CenturyLink Communications, LLC dba Lumen Technologies Group (GSA Contract# 47QTCA20D0077) MWBE GOAL: N/A Specialized or Technical	Redundant Data Circuits for Ambulatory Care Services (ACS) Clinics for Harris Health System - To provide redundant data circuit service for the ACS clinics. Providing a diverse connection to the clinics with a redundant provider is essential to keeping services online to support patient care. <i>Government Services Administration (GSA) Cooperative Purchasing Program</i>	Ratify Purchase Only quote Three-year initial term	Mohammad Manekia		\$ 1,227,226
A13	Hologic, Inc. MWBE GOAL: GPO/CO-OP Sourced	Mammography Products and Services - To replace mammography equipment past its expected useful life with new units for Harris Health System. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Only Offer Received	Teong Chai		\$ 1,052,018
A14	M Strategic Partners, Inc. MWBE GOAL: 11%	Construction Manager-Agent for Harris Health - To provide construction manager-agent services for Harris Health System. <i>Job No. 200322, Board Motion 22.06-83</i>	Renewal May 25, 2023 through May 24, 2024	Patrick Casey	\$ 1,000,000	\$ 1,000,000
A15	Staff Care (HCHD-754) MWBE GOAL: N/A Public Health or Safety	Temporary Locum Tenens Coverage for Harris Health System - To provide physician coverage at Harris County Sheriff's Office correctional facilities. <i>Professional Services Exemption, Board Motion 22.02-20</i>	Ratify Renewal Professional Services Exemption March 01, 2023 through February 29, 2024	Kiki Teal	\$ 980,000	\$ 980,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A16	Kronos Incorporated (OMNIA Partners USC #18220) (HCHD-76) MWBE GOAL: N/A Specialized or Technical	Time, Attendance, and Scheduling System for Harris Health System - To provide for maintenance and support of Kronos Workforce Dimensions Software which is the organization's Time, Attendance and Scheduling System. OMNIA Partners, Public Sector Cooperative Purchasing Program, Board Motion 22.04-56	Renewal June 27, 2023 through June 26, 2024	Ronald Fuschillo	\$ 746,912	\$ 955,912
A17	Getinge USA Sales, LLC MWBE GOAL: GPO/CO-OP Sourced	Washers and Decontaminators - To replace steam sterilizers, cart washers, and washer disinfectors past their expected useful life with new units at Lyndon B. Johnson Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 930,586
A18	W.W. Grainger, Inc. (PP-FA-987) MWBE GOAL: 0% Non-Divisible	Maintenance, Repair and Operations - To continue providing operational equipment supplies for Harris Health System. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.04-56	Ratify Funding Yr. 2 May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 912,511	\$ 912,511
A19	Cardinal Health 200, LLC (AD-SV-352) MWBE GOAL: GPO/CO-OP Sourced	Third Party Freight Management - To continue providing OptiFreight freight management services for Harris Health. Premier Healthcare Alliance, L.P. Contract, Board Motion 23.01-08	Funding Yr. 2 June 01, 2023 through May 31, 2024	Doug Creamer	\$ 904,772	\$ 904,772
A20	Olympus America Incorporated (GA-05791) MWBE GOAL: 0% Non-Divisible	Repair and maintenance program for Endoscopy and Video equipment. - To provide full service, repair and maintenance of Olympus Endoscopes and Video equipment for Harris Health System. Sole Source Exemption, Board Motion 22.04-56	Renewal Sole Source Exemption June 07, 2023 through June 06, 2024	James Young	\$ 901,540	\$ 901,540
A21	Diasorin Inc. MWBE GOAL: N/A Public Health or Safety	Fully Automated or Semi-Automated Infectious Disease and Serology Testing Analyzer(s), including Reagents, Consumables and Service for Harris Health System - To provide infectious disease and serology testing of Harris Health System patients as well as Tuberculosis testing for Harris Health System employees. Public Health or Safety Exemption	Ratify Award Public Health or Safety Exemption One (1) year initial term with five (5) one-year renewal options	Michael Nnadi		\$ 700,000
A22	Alcon Vision LLC (GA-07486) MWBE GOAL: N/A Procured Prior to MWBE Program	Ophthalmology Intraocular Lens & Related Items - To continue providing intraocular lens and related items used in Ophthalmology surgical procedures for the Operating Room at Ben Taub and Lyndon B. Johnson Hospitals. Job No. 170115, Board Motion 22.01-06	Ratify Renewal February 18, 2023 through February 17, 2024	Douglas Creamer	\$ 671,483	\$ 671,483
A23	Emporos Systems Corporation (GA-04872) MWBE GOAL: N/A Sole Source	Maintenance and Support for the Pharmacy Cashiering System for Harris Health System - To continue to provide maintenance and support for the pharmacy cashiering system which is used to track and apply payments for prescriptions. Maintenance and support includes technical support, patch fixes and version updates. Sole Source Exemption, Board Motion 22.05-67	Purchase Sole Source Exemption June 16, 2023 through June 15, 2024	Ronald Fuschillo	\$ 308,874	\$ 324,318

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A24	See attached	Information Technology Consulting, Implementation and Staffing Augmentation Services for Harris Health System - To continue providing staffing augmentation support of operations and information Technology (IT) projects including, but not limited to the following: the implementation of Epic at the Harris Center and the County Jail, to support Telemedicine, telephone system, and DSRIP. Job No. 180274, Board Motion 22.01-06	Ratify Additional Funds Best proposal meeting requirements May 21, 2022 through May 21, 2023	Anthony Kilty	\$ 3,986,024	\$ 597,296
A25	GE Precision Healthcare LLC MWBE GOAL: GPO/CO-OP Sourced	Mobile C-Arms - To replace three (3) mobile c-arm systems past their expected useful life and no longer supported by the manufacturer with new units for Ben Taub and Lyndon B. Johnson Hospitals. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 597,077
A26	Welch Allyn Inc. (AD-MM-631) MWBE GOAL: GPO/CO-OP Sourced	Blood Pressure Cuffs and Accessories - To continue providing blood pressure devices, cuffs, and accessories for Harris Health System. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.04-56	Funding Yr. 2 June 01, 2023 through May 31, 2024	Douglas Creamer	\$ 542,114	\$ 596,325
A27	Becton, Dickinson & Company - BD Biosciences Business Unit MWBE GOAL: N/A Sole Source	Consumables and Reagents for Harris Health System - To provide consumables and reagents for Harris Health System-owned flow cytometry instruments. Sole Source Exemption	Ratify Purchase Sole Source Exemption	Michael Nnadi		\$ 580,000
A28	Mark III Systems, Inc. (DIR-TSO-3997) MWBE GOAL: 0% Non-Divisible	Citrix EPIC Infrastructure Backup for Harris Health System - To provide IT Citrix Infrastructure at both Fibertown Bryan and Fibertown Houston data centers. This purchase will expand the current backups for both BC/DC due to the yearly growth of the infrastructure. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote	Ronald Fuschillo		\$ 515,502
A29	AMN Leadership Solutions, Inc. (HCHD-1004) MWBE GOAL: 6%	Executive Recruitment Services for Harris Health System - To provide recruitment searches for executive personnel for Harris Health System. Job No. 220419	Award Best proposal meeting requirements One (1) year initial term with four (4) one-year renewal options	Keith Manis		\$ *
A30	The Houston Chronicle (HCHD-17) MWBE GOAL: N/A Procured Prior to MWBE Program	Advertising Space in Publications for the Harris Health System - To continue to provide advertising space in print, digital, and electronic publications as needed for Harris Health System. Job No. 190026, Board Motion 22.05.67	Renewal July 26, 2023 through July 25, 2024	Amanda Callaway	\$ 360,000	\$ 469,000
A31	Mayo Collaborative Services, LLC, d/b/a Mayo Clinic Laboratories (HCHD-534) MWBE GOAL: 0% Minimal MWBE Availability	Clinical Reference Laboratory Services for Harris Health System - To continue performing specialized/esoteric testing for Harris Health System patients. Professional Services Exemption, Board Motion 23.01-08	Renewal Professional Services Exemption July 01, 2023 through June 30, 2024	Michael Nnadi	\$ 440,000	\$ 440,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A32	Oracle America, Inc. (DIR-TSO-4158) MWBE GOAL: N/A Sole Source	Oracle Exadata Licenses and Service Fees for Harris Health System - This additional fund request is payment for the resolution amount agreed upon between Oracle America, Inc. and Harris Health to cover the cost of ExaData which was previously extended to Epic Community Connect partners. Sole Source Exemption, Board Motion 23.03-41	Additional Funds Sole Source Exemption May 30, 2023 through May 29, 2024	Ronald Fuschillo	\$ 191,518	\$ 427,002
A33	Texas Children's Hospital (GA-04784) MWBE GOAL: N/A Public Health or Safety	On-Call Health Services for Pediatric Patients of Harris Health System - To provide continued services for pediatric patients when Harris Health System is unable to accommodate the volume or when services are not available at Harris Health System facilities. Public Health or Safety Exemption, Board Motion 22.09-126	Renewal Public Health or Safety Exemption July 01, 2023 through June 30, 2024	Ruth Russell	\$ 400,000	\$ 400,000
A34	Karl Storz Endoscopy-America, Inc. MWBE GOAL: GPO/CO-OP Sourced	Video Laryngoscopes - To replace existing rigid video laryngoscopes/blades past their expected useful life and no longer supported by the manufacturer with new units for Ben Taub and Lyndon B. Johnson Hospitals. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 387,310
A35	National Decision Support Company, LLC (GA-07110) MWBE GOAL: N/A Sole Source	Clinical Decision Support System Maintenance Renewal for Harris Health - To provide a decision support system which will allow physicians to order the appropriate imaging exam based on the patient's condition at the point of care. Sole Source Exemption, Board Motion 22.03-40	Ratify Purchase Sole Source Exemption April 01, 2023 through March 31, 2024	Ronald Fuschillo	\$ 132,600	\$ 178,500
A36	CenturyLink Communications, LLC dba Lumen Technologies Group (GSA Contract #47QTCA20D007) MWBE GOAL: N/A Specialized or Technical	Data Circuits Renewal for Harris Health System - To provide renewal circuits that transmit data between the data centers in FiberTown – Houston, FiberTown – Bryan, Ben Taub, and Fournace. Government Services Administration (GSA) Cooperative Purchasing Program	Purchase Only quote Three-year initial term	Mohammad Manekia		\$ 317,103
A37	Advanced Sterilization Products Services Inc. MWBE GOAL: GPO/CO-OP Sourced	Low Temperature Sterilization Products - To replace existing hydrogen peroxide plasma low temperature sterilizers past their expected useful life and no longer supported by the manufacturer with new units at Lyndon B. Johnson Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 250,000
A38	3M Company MWBE GOAL: N/A Procured Prior to MWBE Program	Medical and Surgical Respirators, Services and Accessories - To provide disposable medical-grade N95 masks that provide protection for patients and healthcare workers from air particulates. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) January 01, 2023 through December 31, 2023	Douglas Creamer		\$ 124,860
A39	Outreach Strategists, LLC (HCHD-651) MWBE GOAL: 100%	Bond Referendum Consulting Services for Harris Health System - To allow vendor to continue assisting Harris Health System with strategy and preparations for the placement of bond measures. Job No. 220180, Board Motion 22.09-126	Renewal June 01, 2023 through May 31, 2024	Amanda Callaway	\$ 225,000	\$ 225,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A40	Medline Industries, Inc (PP-NS-1491) MWBE GOAL: GPO/CO-OP Sourced	Mobility Aids - To continue providing Harris Health System with walking devices including, but are not limited to, crutches, canes, walkers, wheelchairs and motorized scooters. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.05-67	Funding Yr. 3 August 01, 2023 through July 31, 2024	Douglas Creamer	\$ 224,646	\$ 224,646
A41	Mark III Systems, Inc. MWBE GOAL: 0% Non-Divisible	Data Optimization and Vaulting Capability for Harris Health System - To provide equipment to optimize the security of EPIC production data to an offsite secure vault to meet audit requirements and provide secure air gap capabilities for critical applications, such as EPIC and PACS. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote	Emeka Okoi		\$ 188,540
A42	Medela LLC (AD-NS-1301) (HCHD-569) MWBE GOAL: GPO/CO-OP Sourced	Breast Pump Equipment and Accessories - To continue providing breast pumps and accessories required during the lactating process for new mothers delivering at Harris Health System. Premier Healthcare Alliance, L.P. Contract, Board Motion 21.10-101	Ratify Renewal February 04, 2023 through February 03, 2024	Douglas Creamer	\$ 164,287	\$ 164,287
A43	Becton, Dickinson and Company (GA-05455) MWBE GOAL: 0% Non-Divisible	Software Management Services (SMS) for the Alaris System. - To provide for continued Software Maintenance and Support for the Guardrails Suite for Alaris System and Alaris Systems Manager. The software manages the pumps that regulate the bedside administration of pharmaceuticals to patients. Sole Source Exemption, Board Motion 22.05-67	Renewal Sole Source Exemption June 01, 2023 through May 31, 2024	Antony Kilty	\$ 142,120	\$ 149,600
A44	Agfa HealthCare Corporation (PP-IM-297) (GA-07304) MWBE GOAL: GPO/CO-OP Sourced	Annual Maintenance for the Enterprise Imaging Solution for Harris Health - This is the annual maintenance for Phase II of the Enterprise Imaging Program, which provides an image review and archive system for all cardiology exams. Premier Healthcare Alliance, L.P. Contract	Ratify Renewal May 22, 2023 through May 21, 2024	Ronald Fuschillo	\$ 89,577	\$ 137,961
A45	Elsevier, Inc. (GA-07280) MWBE GOAL: N/A Sole Source	Maintenance and Support for ExitCare Software for Harris Health System - To provide for the continued maintenance and support for the ExitCare Software, an integrated evidence-based tool used by clinicians to supply patients with documented information on wound and illness treatment after their discharge from the hospital or clinic. Sole Source Exemption, Board Motion 22.04-56	Renewal Sole Source Exemption June 15, 2023 through June 14, 2024	Ronald Fuschillo	\$ 119,749	\$ 123,960
A46	Pivot Technology Services Corp. dba Computacenter MWBE GOAL: N/A Specialized or Technical	NetApp data storage for Harris Health System - To provide continued data storage needed to accommodate the organic growth for radiology imaging systems. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Low quote	Ronald Fuschillo		\$ 123,888

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A47	Set Solutions, Inc. (Choice Partners#21/031KN- 55) MWBE GOAL: N/A Specialized or Technical	Technology Refresh for Verodin's active control testing and critical security software for Harris Health System - To replace the previous software. Choice Partners, a division of Harris County Department of Education Cooperative Program	Purchase Low quote June 22, 2023 through June 21, 2024	Jeffrey Vinson		\$ 120,205
A48	Cardinal Health (AD- NS-1400) MWBE GOAL: GPO/CO-OP Sourced	Disposable Labor & Delivery Products - To continue to provide Harris Health System with single use and disposable medical and non-medical supplies such as disposable undergarments, delivery kits for mother and infant, circumcision equipment/supplies, OB pads, amniotic hooks, and collection kits. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 September 01, 2023 through August 31, 2024	Douglas Creamer	\$ 103,303	\$ 103,303
					Total Expenditures	\$ 68,762,701
					Total Revenue	\$ (0)

**Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report
Expenditure Summary: May 25, 2023 (Approvals)**

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A49	Acadia Workforce DBA Nursing Group (HCHD- 1008) MWBE GOAL: 100%	Temporary Nursing and Allied Health Staffing for Harris Health System - To provide registered nurses, licensed vocational nurses and phlebotomists in support of Harris County correctional facilities. Public Health or Safety Exemption	Ratify Purchase Exemption Competitive Bid Requirements Through February 29, 2024 with four (4) one-year renewal options	Kiki Teal		\$500,000
A50	Five Starr Health Care (HCHD-1010) MWBE GOAL: 100%	Temporary Nursing and Allied Health Staffing for Harris Health System - To provide registered nurses, licensed vocational nurses and phlebotomists in support of Harris County correctional facilities. Public Health or Safety Exemption	Ratify Purchase Exemption Competitive Bid Requirements Through February 29, 2024 with four (4) one-year renewal options	Kiki Teal		\$ 500,000
A51	Sterling Staffing Solutions (HCHD-1011) MWBE GOAL: 100%	Temporary Nursing and Allied Health Staffing for Harris Health System - To provide registered nurses, licensed vocational nurses and phlebotomists in support of Harris County correctional facilities. Public Health or Safety Exemption	Ratify Purchase Exemption Competitive Bid Requirements Through February 29, 2024 with four (4) one-year renewal options	Kiki Teal		\$ 500,000
A52	Quality Response Medical Staffing (HCHD- 1012) MWBE GOAL: 100%	Temporary Nursing and Allied Health Staffing for Harris Health System - To provide registered nurses, licensed vocational nurses and phlebotomists in support of Harris County correctional facilities. Public Health or Safety Exemption	Ratify Purchase Exemption Competitive Bid Requirements Through February 29, 2024 with four (4) one-year renewal options	Kiki Teal		\$ 500,000
A53	Frontline Nurse Staffing (HCHD-1009) MWBE GOAL: 100%	Temporary Nursing and Allied Health Staffing for Harris Health System - To provide registered nurses, licensed vocational nurses and phlebotomists in support of Harris County correctional facilities. Public Health or Safety Exemption	Ratify Purchase Exemption Competitive Bid Requirements Through February 29, 2024 with four (4) one-year renewal options	Kiki Teal		\$ 500,000
Total						\$ 2,500,000

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

Expenditure Summary: May 25, 2023 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Oracle America, Inc. (DIR-TSO-4158) MWBE GOAL: N/A Sole Source	Annual Maintenance of Oracle Software for Harris Health - To continue to provide Harris Health System annual maintenance associated with additional Oracle/PeopleSoft licenses purchased in 2021. Sole Source Exemption	Purchase Sole Source Exemption April 08, 2023 through April 07, 2024	Ronald Fuschillo	\$ 93,941	\$ 97,698
B2	Infolob Solutions, Inc. (GA-07570) MWBE GOAL: 0% Non-Divisible	Information Technology Consulting, Implementation and Staff Augmentation Services for Harris Health System - To augment Information Technology (IT) capabilities and resources by providing staff and support for category1 (IT Consulting). Job No. 180274, Board Motion 22.12-166	Renewal May 21, 2023 through May 20, 2024	Anthony Kilty	\$ 27,900	\$ 100,000
B3	RevSpring Inc. (fka Letter Logic, Inc.) MWBE GOAL: N/A Procured Prior to MWBE Program	Patient Billing Services for Harris Health System - Additional funds cover additional communication and notifications to patients as required by the No Surprise Act. Job No. 110198, Board Motion 22.12-166	Additional Funds January 01, 2023 through June 30, 2023	Clement Gerard	\$ 225,000	\$ 100,000
B4	Solaire Medical MWBE GOAL: 0% Non-Divisible	Modular Casework, Storage Systems and Mobile Carts - To provide additional endoscope storage cabinets required to meet the operational needs of the Quentin Mease building. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 99,149
B5	Advance Medical Designs Inc. (AD-OR-2016) MWBE GOAL: 0% Non-Divisible	OR Equipment Drapes - To continue to provide Harris Health System with sterile disposable plastic drapes used to cover equipment needed during surgical procedures. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 97,996	\$ 97,996
B6	Draeger Inc. MWBE GOAL: GPO/CO-OP Sourced	Infant Care Capital Equipment - To replace fourteen (14) bilirubinometers past their expected useful life and no longer supported by the manufacturer with new units for Harris Health System. Premier Healthcare Alliance, L.P. Contract	Award Only Offer Received	Teong Chai		\$ 93,871
B7	Welch Allyn, Inc (AD-NS-1250) MWBE GOAL: GPO/CO-OP Sourced	Disposable Vaginal Speculums - To continue to provide Harris Health System with disposable vaginal speculums that are designed for routine gynecological exams. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 90,981	\$ 90,981
B8	Sun Nuclear Corporation (HCHD-220) MWBE GOAL: 0% Minimal MWBE Availability	Software and hardware maintenance for the Sun Nuclear Dosimetry System. - To provide software and hardware maintenance services for the Sun Nuclear Dosimetry System. Sole Source Exemption	Renewal Sole Source Exemption June 01, 2023 through May 31, 2024	James Young	\$ 81,060	\$ 81,060
B9	Sonosite, Inc. MWBE GOAL: GPO/CO-OP Sourced	Ultrasound - To replace ultrasound machines well past their expected useful life with new equipment for Lyndon B. Johnson Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 78,240

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B10	Veritiv Operating Company MWBE GOAL: 0% Non-Divisible	Mailer AutoBags - To provide Mailer AutoBags for Harris Health Central Fill Pharmacy in order to maintain operational efficiency. Choice Partners, a division of Harris County Department of Education Cooperative Program	Purchase Best quote meeting specifications June 16, 2023 through June 15, 2024	Michael Nnadi		\$ 75,361
B11	Proficio Surgical Assistants, LLC (HCHD-730) MWBE GOAL: N/A Specialized or Technical	Surgical Assistant Services for Harris Health System - To continue to provide qualified surgical assistants to function as first assistants to the operating surgeon during heart and other vascular surgical procedures at Harris Health System. Public Health or Safety Exemption	Renewal Public Health or Safety Exemption July 05, 2023 through July 04, 2024	Pedro Saldana	\$ 75,000	\$ 75,000
B12	Communications Supply Corp. a Wesco Company MWBE GOAL: 0% Drop-Shipped	Overhead Paging Equipment for Harris Health System - To replace outdated overhead paging system at Harris Health ACS Clinics. OMNIA Partners, Public Sector Cooperative Purchasing Program	Purchase Only quote	Sean Valentine		\$ 75,000
B13	Extend Health, LLC, a Willis Towers Watson Company (GA-07772) MWBE GOAL: N/A Procured Prior to MWBE Program	Retiree Health Reimbursement Accounts and Support Services for Harris Health System - To continue service for the Retiree Health Reimbursement Accounts and Support Services for Harris Health System. Job No. 180246	Renewal July 10, 2023 through July 09, 2024	Amy Salanis	\$ 74,580	\$ 74,580
B14	Olympus America, Inc. MWBE GOAL: GPO/CO-OP Sourced	Automated Endoscopic Reprocessor - To provide the Sterile Processing Department (SPD) at Lyndon B. Johnson Hospital with new endoscopic reprocessors replacing the current units that are past their expected useful life. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 71,805
B15	Stryker Medical MWBE GOAL: GPO/CO-OP Sourced	Stretchers - To provide Ben Taub Hospital with additional stretcher chairs required to meet patient care needs. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 71,473
B16	W L Gore & Associates, Inc. MWBE GOAL: GPO/CO-OP Sourced	Vascular Grafts - To provide Harris Health System with biological or synthetic implants used to repair a vascular defect that provides blood flow or acts as a conduit for hemodialysis. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 69,098	\$ 69,098
B17	S2S Global (AD-NS-1525) MWBE GOAL: GPO/CO-OP Sourced	Pressure Infusion Bags - To continue to provide Harris Health System with a specially designed cuff and bladder device used to pressurize sterile parenteral fluids (e.g. blood, intravenous solutions) to provide for rapid infusion of fluids as needed. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 September 01, 2023 through August 31, 2024	Douglas Creamer	\$ 67,771	\$ 67,771
B18	Olympus America, Inc. MWBE GOAL: GPO/CO-OP Sourced	Surgical Endoscopy - Rigid - To provide two (2) additional cystoscope sets to meet volume demands for the Operating Room at Ben Taub Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 67,006
B19	Hill-Rom Company, Inc (AD-NS-1466) MWBE GOAL: GPO/CO-OP Sourced	Airway Clearance Products - To continue providing Harris Health System with implants used to clear the airways of mucus to improve breathing and prevent respiratory diseases. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 3 May 01, 2023 through April 30, 2024	Douglas Creamer		\$ 61,500

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B20	Clear Channel Outdoor <i>MWBE GOAL: N/A Sole Source</i>	Outdoor Advertising Posters for Harris Health System. - To provide advertising exposure on neighborhood posters to residential and commuter traffic inside Harris County. Sole Source Exemption	Purchase Sole Source Exemption One (1) year initial term	Amanda Callaway		\$ 61,275
B21	Bard Peripheral Vascular Inc (PP- CA-554) <i>MWBE GOAL: GPO/CO-OP Sourced</i>	Diagnostic and Interventional Radiology Drug Coated Balloons - To provide Harris Health System with balloon catheters coated with an antiproliferative drug that helps prevent the re-narrowing of arteries in the peripheral vasculature. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 73,400	\$ 60,600
B22	Langrand and Company, LLC (HCHD-848) <i>MWBE GOAL: 100%</i>	Strategic Communication and Community Engagement Plan for Harris Health System - Additional funds cover additional hours for an increase in scope for the creation of the plan and additional design concepts. Job No. 220120, Board Motion 22.09-126	Additional Funds September 12, 2022 through September 11, 2023	Amanda Callaway	\$ 149,750	\$ 59,719
B23	Stryker Medical <i>MWBE GOAL: GPO/CO-OP Sourced</i>	External Defibrillators and Related Products - To provide defibrillators required to support patient care services. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 50,372
					Total Expenditures	\$ 1,877,253
					Total Revenue	\$ (0)

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Thursday, May 11, 2023

Consideration of Acceptance of the Harris Health System March 2023
Quarterly Financial Report Subject to Audit

The March 2023 Financial Report for the quarter and six months fiscal year-to-date ended March 31, 2023 can be found in the May 11, 2023 Budget and Finance Committee book.

Administration recommends that the Board accept the financial report for the period ended March 31, 2023, subject to final audit.

Thursday, May 11, 2023

**Consideration of Acceptance of the Harris Health System First Quarter
Calendar Year 2023 Pension Plan Report**

The First Quarter Calendar Year 2023 Pension Plan Report for the period January through March 2023 can be found in the May 11, 2023 Budget and Finance Committee book.

Administration recommends that the Board accept the First Quarter Pension Plan Report for the period ended March 31, 2023.

Thursday, May 11, 2023

**Consideration of Acceptance of the Harris Health System Second Quarter
Fiscal 2023 Investment Report**

The First Quarter Fiscal Year 2023 Investment Report for the period January to March 2023 can be found in the May 11, 2023 Budget and Finance Committee book.

Administration recommends that the Board accept the Second Quarter Investment Report for the period ended March 31, 2023.

Thursday, May 25, 2023

Consideration of Approval of Grant Recommendations

Grant recommendations:

C1. The United States Department of Health Resources and Services Administration (HRSA)

- Term: January 1, 2023 – December 31, 2023
- Award Amount: \$1,026,267.00
- Project Owner: Dr. Jennifer Small

C2. The Cullen Trust for Health Care

- Term: June 1, 2023 – May 31, 2024
- Award Amount: \$250,000.00
- Project Owner: Kelli Fondren

Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: May 25, 2023

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	The United States Department of Health Resources and Services Administration (HRSA)	Consideration of 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. Original Award Amount: \$427,645.00 Increased Award Amount: \$598,622.00 Total Award Amount: \$1,026,267.00	Ratification of a Grant Agreement	January 1, 2023 through December 31, 2023	Dr. Jennifer Small	\$ 1,026,267
C2	The Cullen Trust for Health Care	Consideration of Approval of a Grant Agreement between Harris Health System and The Cullen Trust for Health Care, to Fund Staffing for the New Gastroenterology Suites at Quentin Mease Health Center	Grant Agreement	June 1, 2023 through May 31, 2024	Ms. Kelli Fondren	\$ 250,000.00
TOTAL AMOUNT:						\$ 250,000.00

Thursday, May 25, 2023

Harris Health System Legislative Initiatives

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

May 25, 2023
Board of Trustees Monthly Report

Federal Update

Medicaid DSH CLIFF:

The [Supporting Safety Net Hospitals Act](#) (H.R. 2665) by Representatives Clarke/Crenshaw/DeGette/Burgess has been filed. This bipartisan bill would prevent two years of cuts to the Medicaid Disproportionate Share Hospital (DSH) program set to begin October 1 under the Affordable Care Act (ACA).

Currently, 200 safety net hospitals in Texas participate in the Medicaid DSH program, and the projected cut for FY2024 alone would be \$800 million (nationwide: \$8 billion). District specific impacts can be viewed [here](#).

Unless Congress acts, the \$8 billion cut to Medicaid DSH funding will occur Oct. 1. The billion cuts will continue for FYs 2025, 2026, and 2027, which amounts to nearly two-thirds of current federal DSH funding. Medicaid redeterminations, churn, and current economic challenges underscore the need to continue funding DSH fully.

We have been told the bill will be fully paid for and options for offsets are currently being considered. Harris Health will oppose any offsets that will be harmful (through direct payments or otherwise) to hospitals. Restoring necessary payments to Medicaid DSH hospitals while simultaneously implementing reimbursement cuts that will jeopardize access is contradictory to safeguarding care.

Medicaid Expansion Legislation:

On April 28, Congresswoman Lizzie Fletcher (TX-07) introduced HR 3004, *The Affordable Care Coverage Expansion and Support for States (ACCESS) Act* establishing a federal Medicaid program for adults in the coverage gap in non-expansion states, like Texas.

In the United States, more than 1.9 million adults have incomes above their state's eligibility for Medicaid but below the poverty line, which puts them in the coverage gap. These individuals are unable to afford health insurance through the Affordable Care Act (ACA) marketplace and are ineligible for Medicaid because their states have not enacted ACA Medicaid expansion. There are currently 10 states in the U.S. that have not enacted ACA Medicaid expansion, including Texas. Closing the coverage gap would increase health insurance coverage, reduce racial health disparities, and improve health care access, health outcomes,

and financial security. The *ACCESS Act* establishes a federal Medicaid program to provide a coverage option for individuals in the coverage gap.

If enacted, an estimated 771,000 Texans who currently have no access to health insurance without Medicaid expansion would qualify for a federal Medicaid plan.

To read the full text of the *ACCESS Act*, click [here](#).

CMS Proposal to Expand Health Coverage for DACA Recipients:

On April 24, the Centers for Medicare & Medicaid Services (CMS) proposed expanding access to health care coverage for Deferred Action for Childhood Arrivals (DACA) recipients.

If finalized, the rule would allow DACA recipients to apply for coverage through the health care marketplaces and some Medicaid and Children’s Health Insurance Program (CHIP) programs. DACA recipients also would be eligible to apply for financial assistance to pay for coverage in the health care marketplaces through premium tax credits and cost-sharing reductions.

The proposed rule would update the definition of “lawfully present” for purposes of eligibility for these health care programs. The current definition explicitly excludes DACA recipients from being considered "lawfully present." If finalized, DACA recipients would qualify to apply for these health coverage programs as noncitizens granted deferred action.

Although this is not a large number for Harris Health, it is targeting a segment of the over 1 million uninsured in Harris County and enhances Access.

State Update:

Update CSSB 1275 - Hancock/CSHB 1962-Frank:

This legislation would ban the charging of a clinic visit fee for services rendered in the outpatient setting to compensate for the cost of operations. This bill would cost Harris Health \$35 million in lost revenue from Medicaid, Medicare and commercial insurance.

If the bill does move to final passage it will only be a study. This legislation has been filed in several states and has not been fully implemented. Colorado had similar legislation introduced and it was amended to be a study.

Nursing Workforce Shortage:

The House Committee on Higher Education met on May 15 and considered [Senate Bill 25](#) by Sen. Lois Kolkhorst – which would produce wide-ranging state support for nurse faculty training including expansion of grants, scholarships and loan repayment programs. With Texas Hospital vacancy rates over 16% for nursing positions in all Texas hospitals and more than 15% for rural hospitals. Those data came from a recent [THA survey](#), which also found “64% of our Texas hospitals reported having to reduce services, which impacts access to care.

SB 25 would allow part-time nurses to be eligible for loan repayments and extend that repayment program through 2027. De La Garza also urged the House to approve a \$26 million

budget item dedicated to nursing scholarships which was included by the Senate to improve the workforce pipeline and address the workforce issues in Texas hospitals.

Itemized Billing Legislation:

Legislation imposing costly new burdens on hospitals in the name of price transparency passed the House on Wednesday afternoon. [Senate Bill 490](#) by Sen. Bryan Hughes (R-Mineola) and Rep. Caroline Harris (R-Round Rock) would require hospitals to provide an itemized bill after services are provided to patients accompanying every request for payment.

The House vote was 136-6. The House made a late amendment to the bill which carved out physicians and federally qualified health centers and also removed a \$1,000 penalty. SB 490 must head back to the Senate to receive concurrence on that amendment before it can be sent to the governor's desk.

Workplace Violence Legislation:

Legislation that makes assaults on hospital workers a third-degree felony has now passed both chambers of the Legislature. The House passed [Senate Bill 840](#) by Sen. Royce West (D-Dallas) on Monday, extending that enhanced penalty beyond the emergency room to apply to all hospital workers. SB 840 passed by a 139-1 vote, but with an amendment from the version that passed the Senate. The Senate concurred with that amendment late this afternoon, making the bill eligible the Governor's signature.

Police Force Legislation Update:

Senator Borris Miles and Representative Jolanda Jones are sponsoring this legislation. SB 1449 passed the Senate and was favorably voted out of the House County Affairs Committee and has been referred to the House Local and Consent Calendar as of May 15. We anticipate passage the week of May 21.

Hospital at Home Legislation:

As of May 15, HB 1890 was on the Senate Intent calendar which will be the last step for final passage and becoming law. With the end of the COVID-19 Public Health Emergency federal declaration on May 11, this legislation is necessary for HHSC to continue this waiver program in Texas.

Mandatory MCO Contracts:

SB 651 – Perry and HB 2401 – Chairman Oliverson filed legislation that would repeal mandatory contracts for health plans owned by hospital districts. The House Bill was heard in the Human Services Committee earlier this month and passed the House as amended on May 10. The Senate Bill has not been heard in Senate Health and Human Services Committee. . The amended bill repeals the mandatory contract language, creates a preference for community-based plans, and removes the retroactive effective date, allowing the current procurements to stand under existing statute. The House Bill was received in the Senate on May 11.

Thursday, May 25, 2023

Consent Report and Updates to Board

Harris Health System Council-At-Large Meeting Minutes

- April 10, 2023

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023**

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: Sheila Taylor • Casa: Daniel Bustamante • Gulfgate: Teresa Recio, Patricia Shepherd • Homeless: Ross Holland • LBJH: Velma Denby • MLK: Fadine Roquemore • Thomas St: Josh Mica • Vallbona: Cynthia Goodie <p>Harris Health System Attendees: Louis Smith, Gloria Glover, Sunny Ogbonnaya, Teong Chai, Patrick Casey, Amanda Callaway, Dr. Fareed Khan, Dr. Gloria Glover, Binta Baudy, Lady Barrs, Heena Patel, Melvin Prado, Babak Zare, Olevia Brown, Tracy Burdine, Dawn Jenkins, Robin Lockett, Sarah Rizvi, Nina Jones</p> <p>Board Members in Attendance: Alicia Reyes</p>	
II. Moment of Silence	<p>Moment of Silence observed.</p>	
III. Approval of Minutes	<p>Motion granted, minutes approved as written.</p>	
IV. Council Reports	<p>Acres Home – Sheila Taylor</p> <ul style="list-style-type: none"> • The council did not meet because of the Easter holiday. No report at this time. <p>Baytown – No representative</p> <p>Casa de Amigos – Daniel Bustamante</p> <ul style="list-style-type: none"> • Lourdes Ortega handled the meeting this month. No report at this time. <p>Gulfgate – Teresa Recio</p> <ul style="list-style-type: none"> • The Council met today. No written report at this time. We discussed council being present at the clinic to recruit more members. Everything is going well in the clinic. 	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (<i>continued</i>)</p> <p>Homeless – Ross Holland</p> <ul style="list-style-type: none"> • The council met April 4th. We went over a number of issues. Reviewed Stats for Dental visits which are low due to change in vendor. Work is being done on the Dental Van. • The Medical Mobile Unit is also going through some maintenance repairs. • There are renovations going on at the Open Door Mission Clinic. <p>MLK – Fadine Roquemore</p> <ul style="list-style-type: none"> • Concerned about MLK being active in the center. I’ve been working with Ms. Jones to see how many patients we can possibly get involved in the Council. Last week I passed out flyers to patients. As they would enter the clinic I would pass them the council information. I have not heard back from anyone. I will keep you abreast of what my intentions are. <p>Thomas Street – Josh Mica</p> <ul style="list-style-type: none"> • I would like to thank everyone who showed up to volunteer with Bunnies on the Bayou this past Sunday. It was an amazing volunteer run event. • We are inviting everyone to Thomas Street farewell event on April 19th from 2-5pm. The theme is “Celebrating Our Past Looking Forward to Our Future”. • We are excited to be moving into the Quentin Mease Building on May 9th. • Community Health Choice is no longer covering the one pill regimen for people with HIV and this really affects me, too. I have Community Health Choice and recently visited my physician who informed me I would have to stop taking the one pill regimen and said the insurance is recommending AZT. That’s not negotiable. I don’t understand how Harris Health is allowing Community Health Choice to dictate what medications patients can and cannot have. I’m bringing this to higher level attention. CHC needs to get their act together. Their endangering the lives of people who live with HIV and need this medication to survive. I’m interested to see how Harris Health is going to handle this issue. This has a negative effect on everyone living with HIV. 	


**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (<i>continued</i>)</p> <ul style="list-style-type: none"> Viral Load Suppression rate is at 87%, we are only 3% away from our goal of 90%. This is why the CHC issue is so important. <p><i>Louis Smith responded, there's a lot of issues around the plans CHC have filed with the state and within certain parameters when they're able to amend those filings. Dr. Nnadi and I are in direct communication along with their Chief Medical Officer. I don't have a specific answer at this time but I will tell you it is at our level of discussion with CHC and we do understand the seriousness, I have expressed it to CHC directly. Our intent is to bring something back no later than the next meeting. Unfortunately, it does have some complications because of their filing and the State of Texas does not allow changes in certain timeframe.</i></p> <p>Vallbona – Cynthia Goodie</p> <ul style="list-style-type: none"> No report for today. Our next meeting is April 13th, and I will have an update at the next meeting on May 8th. <p>Ben Taub Hospital – Robin Lockett</p> <ul style="list-style-type: none"> Some of our members have had death in their family. However, we are anxiously going to work on having a meeting this month and will be ready to report next month. <p>Lyndon B. Johnson Hospital – Velma Denby</p> <ul style="list-style-type: none"> Old Business as it relates to parking: Ms. Rizvi has been relentless at trying to maintain parking issues. She has been successful with having a representative monitor the gate during entry. Also, we are having ongoing discussions about pricing for parking considering most people are on a fixed income. 	<p>Mr. Smith will update CAL on Community Health Choice.</p>

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (<i>continued</i>)</p> <ul style="list-style-type: none"> • New Business: Sarah and I have developed “I See You” to address the no show issue. There are tendencies when the lines are long and patients arrive 5 to 10 minutes late, those individuals have been deemed no showed or cancelled by their doctor. Sarah has been communicating with the doctors, most patients are willing to sit and be worked in because they may have taken 2 to 3 buses to get to their appointment. She’s also been working with volunteer services to assist when the lines are long. • Excited to report we are researching accommodations for Ortho Specialty clinic. We have a large number of people with mobility issues. Sarah is looking into making sure we are not violating any fire codes and ways to accommodate patients (with bars, etc.). • Paperless: we discussed some patients may not have computers at home or the ability to do printouts. Sarah is reminding the staff to ask the patients, while taking vitals if they require a printout of their visit for today. • After visit concerns: Dedicated staff is needed to answer phone calls and get messages to physicians in the specialty clinics, in real time, from patients who have additional questions or concerns. <p><i>Mrs. Roquemore thanked everyone for their report.</i></p>	
V. Old Business	No Old Business	
VI. Guest	<p>Amanda Callaway, Associate Administrator Mission Advancement</p> <ul style="list-style-type: none"> • Shared upcoming marketing campaign: In a few weeks, Harris Health will be launching its Brand campaign for 2023. <i>See attached presentation.</i> 	 CAL-Brand Campaign 2023.pdf
VII. Community Medicine	<p>Dr. Fareed Khan</p> <p><i>Primary Care Operations Scorecard (see attached):</i></p> <ul style="list-style-type: none"> • The Scorecard really looks good. By in large, clinics are performing well. 	 PCOS 2023-03.xlsx

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Administration</p>	<p>Community Medicine (continued)</p> <p>Availability for appointments is within expected goal. Some sites do have a bit of challenge. As a team, we are processing quite a few patients. No Show rates are down in most clinics. Patients are being processed in a timely fashion, under the 65 minutes.</p> <p>HEDIS Scorecard Data Reporting Period (see attached):</p> <ul style="list-style-type: none"> We have a lot of blue and green. Trend lines are showing that we are approaching national benchmarks and exceeding expectations. There is no red. Yellow means we are meeting expectations. <p>The graph speaks to our dedication to the community. It shows how much we want to be a national quality of care, accountable care standard organization. An organization that does not forsake his community.</p> <p>The present Administration is really focused on improving year, after year. Even though we are doing well, there are many ways to exceed. Hypertension is high on our agenda. Diabetes has been a stubborn parameter in the past but there a multiple efforts going on to improve. Clinical License pharmacist, Nurse Practitioners and physicians are all working together to improve this. With Quentin Mease coming onboard, I think we will beat the standards for colorectal cancer screening.</p> <p>Questions/Comments: None</p> <p>Dr. Gloria Glover, VP of Business and Ancillary Operations, Ambulatory Care Service on behalf of Dr. Jennifer Small, Executive Vice President of Ambulatory Care Service</p> <ul style="list-style-type: none"> ACS celebrated our first inaugural Zero Harms Awards last month. There were 15 clinics that had zero falls and 19 clinics with zero medical errors. Thomas Street first day of service at Quentin Mease will be May 9th. Riverside Dialysis farewell event will be May 29th and 30th. There first day of service will be June 5th. <p>Questions/Comments: None.</p>	<p align="center">  HEDIS April 2023.pdf </p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</p> <ul style="list-style-type: none"> In the month of March we filled 169,229 prescriptions. 69% of them, 117,420 prescriptions were delivered to our patient’s home. We thank all of our patients for 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 39,588 prescription refill request from MyHealth. This number represents 67% of all refill request received in the month of March. We wish to encourage all our patients to please use MyHealth when requesting prescription refills and to please request refill 7 to 10 days before medicines run out. <p>Questions/Comments: Josh Mica asked why Harris Health does not carry the generic form of Truvada on its Formulary? If we are for the uninsured, why are we sending patients to another clinic? <i>Dr. Glover responded we will take note of your question and get back to you with an answer.</i></p> <p>Teong Chai, Administrative Director Program Mgmt., Construction and Systems Engineering</p> <ul style="list-style-type: none"> Introduced Patrick Casey, new SVP of Facilities Construction and Systems Engineering. He stated, Mr. Casey comes with a wealth of knowledge and we are very excited to have him join our organization. Casa De Amigos Update – Phase 1 is projected to be completed in October 2023. Phase 2 is projected to be completed in June 2024 and the last phase is projected to be complete in November of 2024. 	<p>Dr. Glover will update the CAL concerning this medication.</p>

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
April 10, 2023

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Questions/Comments:</p> <p>Mr. Bustamante stated we’ve had a lot of stealing of copper on the premises. I would like to ask what is being done by Security when the building is closed.</p> <p><i>Teong Chai stated we received those reports and are working closely with Harris Health Security to get more officers out there to monitor the building. Currently, looking at our options.</i></p> <p>Mr. Bustamante suggest working closely with the Constable, Police Department and Sheriff’s office.</p> <p><i>Mr. Roquemore thanked everyone for their participation in the Council-at-Large meeting.</i></p>	
IX. New Business	No new business to report	
X. Adjournment	Motion to adjourn the meeting granted at 5:51pm.	Next Meeting: May 8, 2023

Thursday, May 25, 2023

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

Attached for consideration of acceptance:

- **HCHP May 2023 Operational Update**

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

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – May 2023

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

Agenda

- Operational Update
 - Patient Services
 - Consumer Advisory Report
 - 2022 Annual Risk Management Report
 - 2022 UDS Patient Review

Patients Served

Telehealth Visits

- Telehealth New Patients: 3
- Telehealth Return Patients: 78

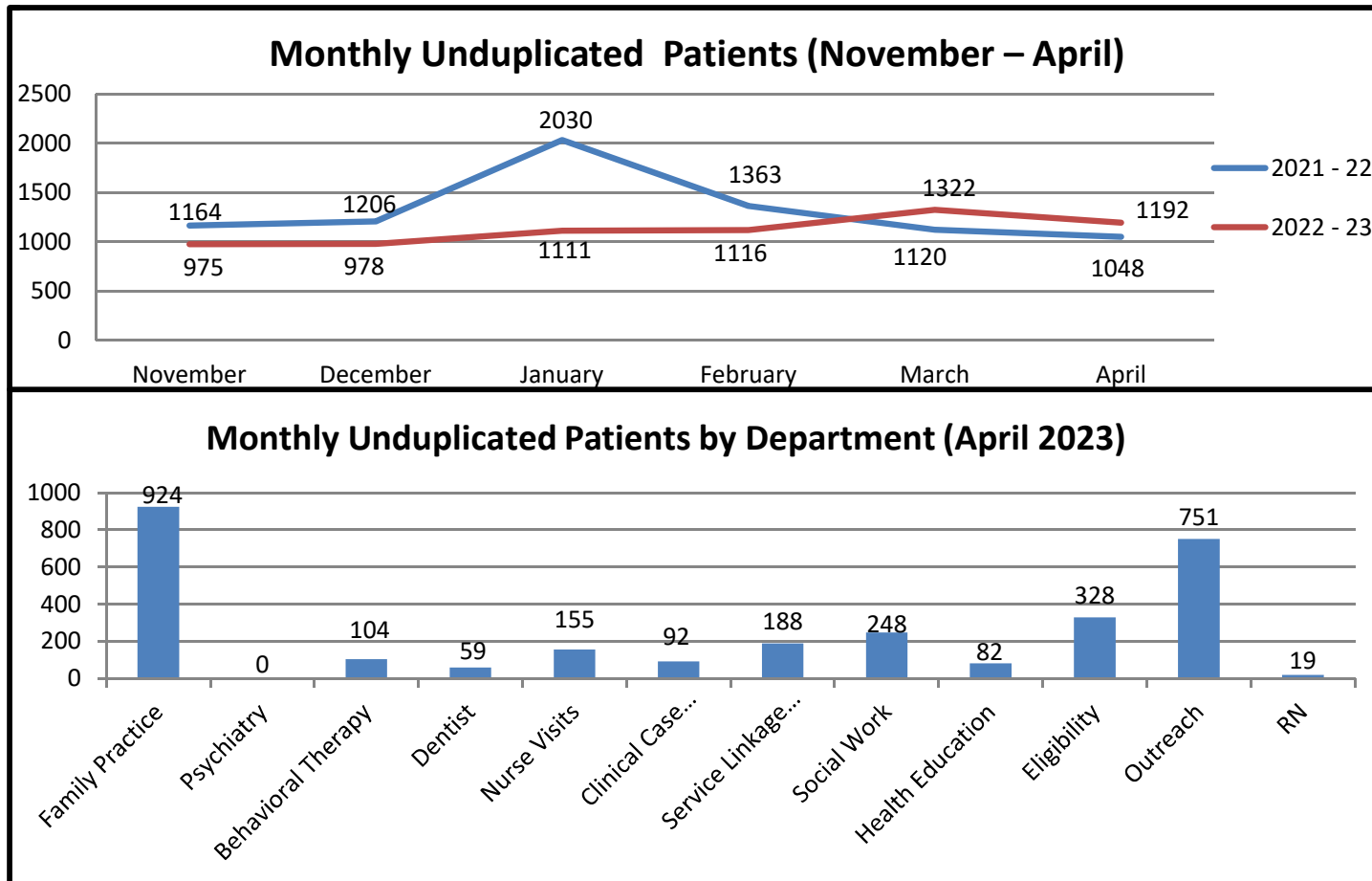
New Patient Visits

- Adult New Patients: 405
- Pediatric New Patients: 18

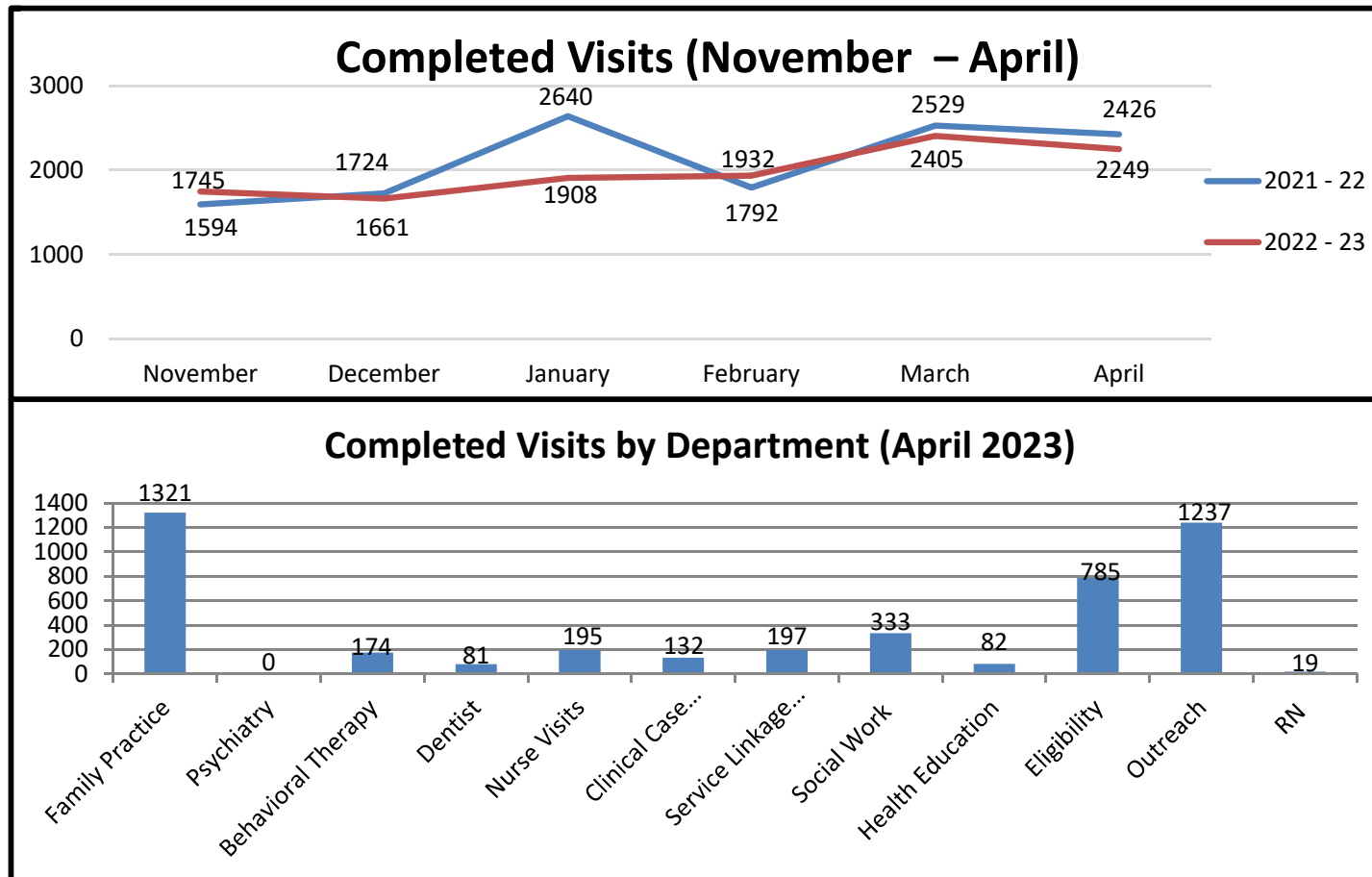
HRSA Target: 9775

- Unduplicated Patients: 3706
- Total Complete Visits: 8591

Operational Update



Operational Update



Operational Update

Consumer Advisory Council

Highlights of Council Activities from December 2022 – February 2023

- The council members participated in the Health Resources and Services Administration (HRSA) operational site visit. Two members participated in a meeting with the operational consultant and discussed the involvement of the council with the program, as well as, health care and social needs of the people experiencing homelessness.
- The council was informed that patients and non-patients are being interviewed as part of the process for the needs assessment to be completed during 2023.
- The council was informed of the non-competing continuation budget period report to secure funds for 2023.
- The council was informed of changes on hours of operations at some sites, the closure of the Salvation Army Family clinic, and new locations where outreach will be conducted, including areas suggested by the council.

Operational Update

HCHP 2022 Risk Management Report

As a Federally Qualified Health Center (FQHC) funded by the Health Resources and Services Administration (HRSA) the Harris Health System Health Care for the Homeless Program (HCHP) is required to complete an annual risk management report to inform the governing board of the risk management activities performed within the HCHP program.

Highlighted Risk Management Activities for 2022:

- Completed annual health care risk management training for health center staff.
- Daily huddles and weekly risk management assessments such as infection prevention, environment of care rounds, and safety monitoring and hand hygiene inspections.
- Monthly chart audits completed by the Medical Director and quality assurance coordinator.
- Monthly Compliance and Performance Improvement Committee meetings.

Areas of Improvement:

- Unsecured Sharps and Syringes
- Cluttered Areas
- Separation of Clean and Dirty Activities

UDS 2022 Patient Summary

Gender	Percentage
Male	70%
Female	30%

UDS 2022 Patient Summary

Age	Percentage
Children (< 18 years)	5%
Adults (18 – 60 years)	76%
Older Adults (Age 60 and over)	19%

UDS 2022 Patient Summary

Patients Reporting Race	Percentage
Patients Reporting Race	89.1%
Patients Unreported/Chose not to disclose race	10.9%
Of Patients Reporting Race	Percentage
Asian	0.8%
Native Hawaiian	0.036%
Other Pacific Islander	0.073%
Black/African American	59.95%
American Indian/ Alaska Native	0.09%
White	38.16%
More than one race	0.89%
Ethnicity	Percentage
Ethnicity Hispanic or Latino/a	17.5%
Ethnicity Non-Hispanic or Latino/a	82.5%

UDS 2022 Patient Summary

Income Status	Percentage
HCHP consumers with income levels at or below 100% of the poverty level	98%
Insurance Status	Percentage
HCHP None/Uninsured Patients	80.71%
HCHP Medicaid/CHIP Patients	11.62%
HCHP Medicare Patients	5.12%
HCHP Third Party Patients	2.54%

Thursday, May 25, 2023

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

Attached for consideration of approval:

- **Consumer Advisory Report**

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

HCHP Consumer Advisory Council Report

Highlights of Council Activities from December 2022 – February 2023:

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP).
- Members reviewed reports related to quality and performance improvement, productivity, and patient satisfaction, with corresponding corrective action plans.
- Members provided updates on new encampment areas on which to conduct outreach services.
- The council was informed that patients and non-patients are being interviewed as part of the process for the needs assessment to be completed during 2023.
- The council was informed of the non-competing continuation budget period report to secure funds for 2023.
- The council was informed of changes on hours of operations at some sites, the closure of the Salvation Army Family clinic, and new locations where outreach will be conducted, including areas suggested by the council.
- The chair shared information from the council-at-large meetings.
- The council members participated in the Health Resources and Services Administration (HRSA) operational site visit. Two members participated in a meeting with the operational consultant and discussed the involvement of the council with the program and health care and social needs of the people experiencing homelessness.

Thursday, May 25, 2023

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

Attached for consideration of approval:

- **2022 Annual Risk Management Report**

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



Health Care for the Homeless Program

2022 Annual Risk Management Report to Harris Health System Board of Trustees

Executive Summary

As a Federally Qualified Health Center (FQHC) funded by the Health Resources and Services Administration (HRSA) the Harris Health System Health Care for the Homeless Program (HCHP) is required to have a governing board that maintains appropriate authority and oversees the operations of the program. This annual risk management report informs the board of risk management activities during 2022. Topics presented include high-risk and monthly risk assessments, adverse event reporting, and risk and patient safety activities.

Risk Management Highlights of 2022:

- Completed annual health care risk management training for health center staff.
- Contracts reviewed by the compliance and legal departments.
- Daily clinic patient service huddles and weekly risk management assessments such as infection prevention, environment of care rounds, patient experience rounds, and safety monitoring and hand hygiene inspections.
- Participation of HCHP in the Harris Health Safety Committee.
- HCHP management met quarterly with shelter management to address risk management and safety concerns in addition to productivity and performance improvement strategies.
- Training on, reporting, and tracking of incident reporting for clinically related complaints and “near misses.”
- Supervision of nurse practitioners by medical doctors.
- Monthly chart audits completed by medical doctors and by the quality assurance coordinator.
- Monthly review of medication reconciliation reports.
- Monthly Compliance and Performance Improvement Committee meetings.
- Participation in Ambulatory Care Services Quality Review Council.
- Assignment of a Harris Health infection prevention nurse to support the HCHP.



Risk Management Dashboard

Hand Hygiene Observations

Measures	Goal	Q1	Q2	Q3	Q4	Annual Total
Wash-in	100%	100%	100%	98%	97%	99.35%
Wash-out	100%	100%	100%	99%	98%	99.37%

Activity Focus Area	Summary Description of Assessment
Environment of Care Rounds	<p>Areas of concern that have improved: a) Sharps and syringes not secured. b) Food and drinks in the patient care areas. c) Personal items in the patient care area because of lack of space. d) Clutter in nursing stations. e) Lack of separation of clean and dirty activities. f) Forms and signs not having form numbers or laminated.</p> <p>Limitations include the structural upkeep of shelter sites – examples, electrical cable management and appearance of floors and ceiling tiles.</p> <p>Proposed future activities: continued rounding, education, corrective action plans, and disciplinary actions as necessary.</p>
Adverse Event Reporting	<p>Fifty-three incidents reported in 2022 on the Electronic Incident Reporting System, including: a) Thirty-one transfers of patients to the emergency room (primarily for heart attack symptoms). b) Five suicide crises. c) Four patients with inappropriate self-medication causing adverse medical events. d) Three falls. e) Ten other varied situations.</p> <p>Proposed future activities: education.</p>

Thursday, May 25, 2023

Executive Session

Consultation with the County Attorney Regarding Settlement Pertaining to the Reimbursement of Claims by Amerigroup Texas, Inc. d/b/a Amerigroup Community Care, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session

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PRIVILEGED AND CONFIDENTIAL

Thursday, May 25, 2023

Executive Session

Review of the Audited Financial Statements for the Twelve Months Ending December 31, 2022,
Pursuant to Tex. Gov't Code Ann. §551.085.

- Pages 180 - 188 Were Intentionally Left Blank -

Thursday, May 25, 2023

Executive Session

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

- Page 190 Was Intentionally Left Blank -

Thursday, May 25, 2023

Executive Session

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

This information is being presented for informational purposes only.

- Pages 192 - 194 Were Intentionally Left Blank -