

Thursday, June 22, 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
 - Board Meeting – May 25, 2023
- III. Announcements / Special Presentations Dr. Arthur W. Bracey 12 min
 - A. CEO Report Including Special Announcements – *Dr. Esmail Porsa* (5 min)
 - B. Board Member Recognition *Professor Marcia Johnson*, will recognize Dr. Arthur W. Bracey for his Years of Service to the Harris Health System Board of Trustees (5 min)
 - C. Board Member Announcements Regarding Board Member Advocacy and Community Engagements (2 min)
 - First Friday Tour – June 02, 2023
- IV. Public Comment Dr. Arthur W. Bracey 3 min
- V. Executive Session Dr. Arthur W. Bracey 40 min
 - A. Discussion Regarding the Evaluation of Chief Executive Officer, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session – *Board of Trustees* (20 min)
 - B. Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – *Dr. Martha Mims* (10 min)

- 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 – **Dr. Otis Egins** (10 min)

- VI. Reconvene to Open Meeting** Dr. Arthur W. Bracey 1 min
- VII. General Action Item(s)** Dr. Arthur W. Bracey 10 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)
 2. Consideration of Approval of Harris Health's Medical Staff Changes in Clinical Privileges – **Dr. Martha Mims** (2 min)
 - Addition of Hysterectomy Privileges to Urology Clinical Privileges
- B. General Action Item(s) Related to Quality: Correctional Health Medical Staff**
1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egins** (2 min)
 2. Consideration of Approval of Revisions to Harris Health's Correctional Health Bylaws – **Dr. Otis Egins** (2 min)
 - Change APP Definition to Include Optometrist
 - Change Credentialing Cycle from 2 Years to 3 Years
 3. Consideration of Approval of Harris Health's Correctional Health Medical Staff Changes in Clinical Privileges – **Dr. Otis Egins** (2 min)
 - Addition of Optometry Clinical Privileges
- VIII. New Items for Board Consideration** Dr. Arthur W. Bracey 70 min
- A. Consideration of Approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on the Behalf of Patient Access Management, in an Amount Not to Exceed \$300,000 for Designated Onsite Eligibility Advisors – **Ms. Victoria Nikitin**** (5 min)
- B. Consideration of Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund – **Ms. Victoria Nikitin**** (5 min)
- C. Consideration of Approval for Additional Funding of \$29,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2023 – **Ms. Victoria Nikitin**** (10 min)
- D. Consideration of Approval of Payment for the Contracted Services Specified in the Harris Health Operating and Support Agreement with Baylor College of Medicine (BCM) for the Contract Year Ended June 30, 2024 – **Mr. Louis Smith and Ms. Victoria Nikitin**** (10 min)

- E. Consideration of Approval of Payment for the Contracted Services Specified in the Harris Health Affiliation and Support Agreement with the University of Texas Health Science Center at Houston (UT Health) for the Contract Year Ended June 30, 2024 – **Mr. Louis Smith and Ms. Victoria Nikitin** (10 min)
 - F. Consideration of Approval of Payment of the Total Compensation Amount Not-to-Exceed \$4,946,739.22 for the Fourth Contract Year of the Dental Services Agreement with The University of Texas Health Science Center at Houston – **Mr. Louis Smith** (5 min)
 - G. Consideration of Approval of Payment of the Total Compensation Amount Not-to-Exceed \$5,048,496.77 for the Fourth Contract Year of the Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston – **Mr. Louis Smith** (5 min)
 - H. Consideration to Ratify an Agreement for Use and Occupancy of Public Street Right-of-Way with The City of Houston for the Casa de Amigos Health Center Expansion Project, Houston, Harris County, Texas – **Mr. Patrick Casey** (5 min)
 - I. Discussion Regarding Harris Health’s Projected Bond Election Costs as Presented by the Harris County Elections Administrator’s Office – **Ms. Elizabeth Winn and Ms. Paige Abernathy, Harris County Attorney’s Office** (15 min)
- IX. Strategic Discussion** **Dr. Arthur W. Bracey 35 min**
- A. Harris Health System Strategic Plan Initiatives
 - 1. Presentation Regarding Harris Health Workplace Safety & Violence Prevention – **Dr. Jackie Brock and Mr. Omar Reid** (20 min)
[Pillar 2: People]
 - 2. Presentation Regarding Harris Health Strategic Plan Pillar 6 Year-to-Date Highlights – **Dr. Jobi Martinez** (15 min)
[Pillar 6: Diversity, Equity and Inclusion]
- X. Consent Agenda Items** **Dr. Arthur W. Bracey 5 min**
- A. Consent Purchasing Recommendations
 - 1. Consideration of Approval of Purchasing Recommendations (Items A1 through A67) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**
(See Attached Expenditure Summary: June 22, 2023)
 - B. Consent Grant Recommendation
 - 1. Consideration of Approval of Grant Recommendation (Item B1) – **Ms. Kelli Fondren**
(See Attached Expenditure Summary: June 22, 2023)
 - C. New Consent Item for Board Approval
 - 1. Consideration of Acceptance of the Harris Health System April 2023 Financial Report Subject to Audit – **Ms. Victoria Nikitin**

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 May Meeting Minutes
– **Mr. Louis Smith**

{End of Consent Agenda}

XI. Item(s) Related to the Health Care for the Homeless Program	Dr. Arthur W. Bracey	15 min
<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 – Ms. Tracey Burdine and Dr. LaResa Ridge</p> <ul style="list-style-type: none"> • HCHP June 2023 Operational Update 		<i>(12 min)</i>
B. Consideration of Approval of the HCHP Patient Satisfaction Report – Ms. Tracey Burdine and Dr. LaResa Ridge		<i>(1 min)</i>
C. Consideration of Approval of the HCHP 2023 Quality Management Plan – Ms. Tracey Burdine and Dr. LaResa Ridge		<i>(1 min)</i>
D. Consideration of Approval of the HCHP Quality Management Report – Ms. Tracey Burdine and Dr. LaResa Ridge		<i>(1 min)</i>
XII. Executive Session	Dr. Arthur W. Bracey	50 min
D. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085 – Ms. Sara Thomas and Mr. Louis Smith		<i>(30 min)</i>
E. Review of the 2023 Financial Performance for the Four Months Ending April 30, 2023, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071 for Community Health Choice Texas, Inc. and Community Health Choice, Inc. – Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice		<i>(10 min)</i>
F. 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 – Mr. Anthony Williams		<i>(10 min)</i>
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, May 25, 2023
8:00 am**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	<p>The meeting was called to order at 8:00 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.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – January 26, 2023 • Board Meeting – April 27, 2023 <p>Dr. Bracey stated that there was a slight correction to the January Board meeting minutes for January 26, 2023 for Agenda item X.B.1. related to Community Health Choice. The minutes were revised to reflect the posted agenda item as follows: 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><u>Motion No. 23.05-65</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the minutes of the January 26, 2023 meeting as amended. Motion carried.</p> <p><u>Motion No. 23.05-66</u> Moved by Dr. Ewan Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the minutes of the April 27, 2023 meeting. Motion carried.</p>
III. Announcements/Special Presentations	<p>A. CEO Report Including Special Announcements</p> <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), welcomed Mr. Jim Robinson, Harris Health’s newest Board member who was appointed by Commissioner Tom Ramsey (Pct.3).</p> <p>Harris Health System has been selected as the recipient of the 2023 University Of Houston College of Pharmacy Health Systems Pharmacy of the Year Award. This award is presented to the health-systems pharmacy which showcases excellence in mentoring students in the health-systems practice setting.</p> <p>Harris Health hosted Det Norske Veritas (DNV) for its annual system accreditation survey. The results of the survey include:</p>	<p>As Presented.</p>

	<ol style="list-style-type: none"> 1. Closed all 7 non-conformities from 2022 survey findings 2. New findings = 4 (total) <ol style="list-style-type: none"> a. One (1) NC1 Finding – PE/Life Safety: blocked stairwells, smoke damper repaired timely; missing exit sign from roof b. Three (3) NC2 Findings: <ol style="list-style-type: none"> i. PE/Utility Management: fuel testing on generator; battery lighting for areas where deep sedation procedures performed ii. QMS: Policies and procedures outside 3 year reviewing cycle iii. Nursing Services: wound care orders and intervention documentation <p>Dr. Porsa recognized Harris Health executive leadership and staff for their commitment to delivering exceptional healthcare to the residents of Harris County. In addition, Dr. Porsa shared that Harris Health celebrated the 60th anniversary of the opening of Ben Taub Hospital.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Bracey announced that Harris Health System is pleased to welcome its new trustee, Jim Robinson, who was appointed to the Board by Commissioner Ramsey at the May 16, 2023 meeting of Harris County Commissioners Court. Mr. Robinson is semi-retired from a long career that included work as a broadcaster and news correspondent, law enforcement and military service, college teaching, state and local property tax administration and local government finance. He earned Bachelor of Science and Master of Art degrees from Sam Houston State University, and did work toward a doctorate in safety education at Texas A&M University. He also graduated from the National Security Management program of the Industrial College of the Armed Forces (National Defense University). On behalf of the Board, Dr. Bracey welcomed Mr. Jim Robinson to the Harris Health Board of Trustees. In addition, Dr. Bracey formally thanked Mr. Lawrence Finder for his many years of tireless service and contributions to Harris Health System’s Board of Trustees. During his tenure, Mr. Finder served on the Board of Trustees from 1995 through 2003, and as its Chairman from 1999 to 2003. Mr. Finder was reappointed to the Board by Harris County Commissioner Steve Radack (Pct.3) in May 2010. Mr. Finder has since served as the Chair of several committees including the Planning & Operations, Bylaws Review, Budget & Finance, and Nomination Committees.</p> <p>Dr. Bracey noted that on May 5, 2023, the Board Office launched its inaugural First Friday Tour. Dr. Bracey, Board Member Alicia Reyes and Harris Health’s executive leadership and staff participated in the tour. Smith Clinic and Quentin Mease Health Centers were the first two stops and the tour concluded at Harris Health’s rehabilitation services on the first floor of the Fournace building. Dr. Bracey announced that the next First Friday Tour is scheduled for Friday, June 2, 2023. The tour will spotlight Harris Health’s Central Fill Pharmacy and Monroe Clinic.</p>	<p>As Presented.</p>

	<p>Additionally, Dr. Bracey announced his departure as a member of the Harris Health Board of Trustees at the end of June. He stated that it has been an honor to serve on the Board and he will work to ensure a smooth transition in the coming months. The Board members expressed their appreciation for Mr. Finder as well as Dr. Bracey for their many contributions to the Board and residents of Harris County.</p>	
<p>IV. Public Comment</p>	<p>Mr. Paul Puente, Houston Gulf Coast Building & Contraction Trades Council, addressed the Board regarding Harris Health’s Bond – Funded Construction Project Requirements.</p> <p>Mr. Robert McDaniel, JLA Construction Solutions, addressed the Board regarding the Lyndon B. Johnson (LBJ) Hospital Project.</p> <p>Mr. Wayne Lord, Plumbers Local Union 68, addressed the Board regarding Harris Health’s Bond – Funded Construction Project Requirements.</p> <p>Ms. Violetta Nunez, Pipefitter Local Union 211 Apprentice, addressed the Board regarding the Union’s Apprenticeship Program.</p>	<p>As Presented.</p>
<p>V. Executive Session</p>	<p>At 8:37 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. 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</p> <p><i>Harris Health Board of Trustees, hereby approves agreements for Special Counsel for bond election services between Harris Health System and each of Bracewell LLP, Norton Rose Fulbright US, LLP, Greenberg Traurig, LLP, Leon Alcala, PLLC, and Bratton & Associates, PLLC for a total aggregate amount not to exceed \$500,000, with the intent to have at least 30% of the services performed by MWBE firms.</i></p>	<p><u>Motion No. 23-05-67</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Andrea Caracostis, and unanimously passed that the Board approve agenda item V.A. Motion carried.</p>
	<p>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</p>	<p>No Action Taken.</p>

	<p>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</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>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</p>	<p>No Action Taken.</p>
<p>VI. Reconvene to Open Meeting</p>	<p>At 9:35 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that the Board will take action on item “A” of the Executive Session agenda.</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. Kunal Sharma, Vice Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For May 2023, there were twelve (12) initial appointments, fifty – five (55) reappointments, three (3) change/add privileges and seven (7) resignations. Copies of the credentialing changes are available in the permanent record.</p>	<p><u>Motion No. 23.05-68</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, 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>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</p>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For May 2023, there were thirteen (13) initial appointments. Copies of the Correctional Health credentialing changes are available in the permanent record.</p>	<p><u>Motion No. 23.05-69</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>

<p>VIII. New Items for Board Consideration</p>	<p>A. 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</p>	<p><u>Motion No. 23.05-70</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.A. Motion carried.</p>
	<p>B. 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</p>	<p><u>Motion No. 23.05-71</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</p>
	<p>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</p> <p>Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer, led the discussion on the recommendations related to Bond-funded Construction Contract Requirements, Including:</p> <ul style="list-style-type: none"> (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. <p>Mr. Smith provided a brief overview regarding the status of the contract requirements including next steps. A copy of the presentation is available in the permanent record.</p>	
	<p>D. Approval of Revisions to Harris Health System Board of Trustees Member Conflict of Interest and Nepotism Policy</p> <p>Ms. Sara Thomas, Chief Legal Officer/Division Director, presented revisions to the Harris Health System’s Board of Trustees Member Conflict of Interest and Nepotism Policy. A copy of the policy is available in the permanent record.</p>	<p><u>Motion No. 23.05-72</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</p>

<p>IX. Strategic Discussion</p>	<p>1. Harris Health System Strategic Plan Initiatives</p>	
	<p>1. Presentation Regarding Patient Throughput</p> <p>Dr. Porsa presented the 2023 Strategic Pillar Reporting Schedule. He shared that this document is available in the Resource Folder in the Diligent portal and will be included in the Board packet. Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital, delivered a presentation regarding Patient Throughput. Under Pillar 3 – One Harris Health System, Harris Health will act as one system in its approach to management and delivery of healthcare. Ms. Darnauer shared that the goal is to: 1) assess, build and reinforce one consistent framework for supporting our healthcare system and 2) eliminate waste minimize variation. In addition, Ms. Darnauer provided an overview of patient throughput highlights related to the emergency center (EC) optimization, procedural optimization and observation optimization. Additionally, Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub (BT) Hospital and Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services (ACS), provided an overview of patient throughput highlights for their respective areas. Discussions ensued regarding data and trends highlighted in the presentation. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>2. Presentation Regarding Systematizing Screening and Referrals for Social Determinants of Health</p> <p>Dr. Chethan Bachireddy, Senior Vice President, Chief Health Officer and Ms. Denise LaRue, Administrative Director of Clinical Integration and Transformation, Population Health, delivered a presentation regarding Systematizing Screening and Referrals for Social Determinants of Health. Ms. LaRue provided an overview of the health equity strategic plan as well as work to date. She presented the Health – Related Social Needs (HRSN) screening and referral process. Ms. LaRue shared that Harris Health’s initiative goals are to: 1) resource and build systematized HRSN screening data collection, 2) expand and simplify downstream resources for HRSN+ screens, and 3) use data to strategically advance our system approach to health equity. She concluded by providing an implementation timeline, noting that the phases will be completed in time to meet the 2024 regulatory requirement. Extensive discussions ensued regarding funding sources, measuring effectiveness of the data as well as success stories surrounding these initiatives. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>3. Presentation Regarding Bond Proposal Timeline and Activities</p> <p>Ms. Maria Cowles, Senior Vice President, Chief of Staff, and Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, delivered a presentation regarding Bond Proposal Timeline and Activities.</p>	<p>As Presented.</p>

	<p>Mr. Mustafa Tameez, Founder & CEO, Outreach Strategists, shared the bond referendum planning timeline and a video montage where six (6) focus groups were conducted with fifty-two (52) Harris County residents. Mr. Darryl King, CEO & Senior Principal, PPG Global, LLC, delivered an overview of PPG’s role related to community outreach and equity. Ms. Sahira Abdool, Principal & Chief Administrative Officer (CAO), PPG Global, LLC, presented an outline of its community outreach, engagement and innovative services process. She provided an overview of PPG Global’s community events and Minority and Women Owned Business Enterprises (MWBE) outreach events throughout 75 neighborhoods and area zip codes.</p> <p>Ms. Abdool announced the following upcoming events:</p> <ul style="list-style-type: none"> • MWBE Breakfast Meetings May 30, 2023 from 9:00 – 11:00 AM HCC Southeast Learning Hub Room 108 6815 Rustic St. Houston, TX 77087 • Town Hall Meeting – Precinct 2 Commissioner Adrian Garcia June 20, 2023 from 6:00 – 8:00 PM Leonel Castillo Community Center 2101 South Street Houston, TX 77009 <p>For more information regarding the LBJ Hospital Expansion project, please visit: www.nextlevelharrishealth.org/lbj. A copy of the presentation is available in the permanent record.</p>	
	<p>4. May Board Committee Meeting Reports:</p> <p><u>Governance Committee</u></p> <p>Dr. Bracey stated that the Governance Committee met on Tuesday, May 9, 2023.</p> <ul style="list-style-type: none"> • Ms. Olga Rodriguez, Vice President, Community Engagement & Corporate Communications, provided an update regarding Mandated Board Training. • Ms. Elisabeth Hurst from the Governance Institute presented on Recommended Next Steps from 2022 Board Self-Assessment and Priority Focus Areas. • The Committee provided two (2) recommendations to be presented to the full Board and will be addressed later on in the Board agenda. <p><u>Quality Committee</u></p> <p>Dr. Bracey shared that these topics and highlights were covered in open session at the Quality Committee meeting on Tuesday, May 9, 2023:</p>	<p>As Presented.</p>

- The monthly High Reliability Organization (HRO) video “Informed Consent Done Right” was displayed.
- An overall summary of the Harris Health System Safety Culture was reported. System-level strengths included: job satisfaction, safety climate and teamwork climate. Opportunities identified were: stress recognition, working conditions and perceptions of management.
- Patient satisfaction for inpatient performance remains strong with a focus in nurse communication while the outpatient performance showed incremental improvement in all questions.

Compliance & Audit Committee

Dr. Bracey stated that the Compliance & Audit Committee met on Tuesday, May 9, 2023. He noted that an Executive Summary is included in the Board materials for review. In Open Session, the Committee:

- Received a presentation from the Chief Compliance and Risk Officer regarding the 2023 Culture of Compliance Survey Results, which highlighted several successes in the staff’s understanding of and comfort with utilizing the Compliance Program, as well as identifying opportunities to further enhance the Compliance Program, which the Compliance staff will take action on; and
- Received the Internal Audit Status Update from the Chief Assistant County Auditor, which included information on: completed audits, in progress audits, upcoming audits, outstanding management action plans and knowledge regarding digital preference cards for surgeons.

Budget and Finance Committee

Dr. Bracey noted that the Budget & Finance Committee met on Thursday, May 11, 2023.

- Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer presented Harris Health System’s March 2023 Quarterly Financial Report, First Quarter Calendar Year 2023 Pension Plan Report and Second Quarter Fiscal Year 2023 Investment Report.
- Ms. Nikitin also provided an update regarding Harris Health Credit Rating.

Joint Conference Committee

Dr. Bracey stated that the Joint Conference Committee met on Thursday, May 11, 2023.

- The Committee received an update from Dr. Martha Mims, Chair, MEB and Dr. Kunal Sharma, Vice Chair, MEB, regarding the Medical Executive Board.
- The Committee received an update from Dr. Tien Ko, Chief of Staff, LBJ and Dr. Sandeep Markan, Chief of Staff, BT, related to the System’s pavilions.
- The Committee received an update from Dr. Mohammad Zare, Vice Chief of Staff, ACS and Dr. Markan (*in lieu of Dr. Fareed Khan*) related to Ambulatory Care Services.

	<p><u>Diversity Equity & Inclusion (DEI) Committee</u></p> <p>Ms. Marcia Johnson stated that the (DEI) Committee met on Friday, May 19, 2023.</p> <ul style="list-style-type: none"> • Mr. David Riddle, Administrative Director, Patient Experience, presented on Implicit Bias in Patient Care at Harris Health: Patient and Family Advisory Council (PFAC) Overview. • Mr. Derek Holmes, Administrative Director, Contracting Diversity, provided an update on Harris Health’s Minority/Woman-Owned Business Enterprises (MWBE). 	
X. Consent Agenda Items	A. Consent Purchasing Recommendations	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A53)</p> <p>Dr. Bracey noted that Purchasing Transmittals (B1 through B23) are not for approval. Copies of the purchasing recommendations are available in the permanent record.</p>	<p><u>Motion No. 23.05-73</u></p> <p>Moved by Mr. Jim Robinson, seconded by Ms. Alicia Reyes, and majority passed that the Board approve agenda item X.A.1.</p>
	B. Consent Committee Recommendations	
	<p>1. Acceptance of the Harris Health System March 2023 Quarterly Financial Report Subject to Audit</p>	<p><u>Motion No. 23.05-74</u></p> <p>Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda items X.B.1 - 5. Motion carried.</p>
	<p>2. Acceptance of the Harris Health System First Quarter Calendar Year 2023 Pension Plan Report</p>	<p><u>Motion No. 23.05-74</u></p> <p>Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda items X.B.1 - 5. Motion carried.</p>
	<p>3. Acceptance of the Harris Health System Second Quarter Fiscal Year 2023 Investment Report</p>	<p><u>Motion No. 23.05-74</u></p> <p>Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda items X.B.1 - 5. Motion carried.</p>

	<p>4. Approval of the Governance Committee Recommendation to Cross Reference Committee Materials to Ensure they are Not Included/Repeated in the Board Packets</p>	<p><u>Motion No. 23.05-74</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda items X.B.1 - 5. Motion carried.</p>
	<p>5. 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</p>	<p><u>Motion No. 23.05-74</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda items X.B.1 - 5. Motion carried.</p>
	<p>C. Consent Grant Agreement Recommendations</p>	
	<p>1. Approval of Grant Recommendations (Items C1 through C2)</p>	<p><u>Motion No. 23.05-75</u> Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda items X.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 April Meeting Minutes <p><i>{End of Consent Agenda}</i></p>	<p>For 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 May 2023 Operational Update <p>Dr. Small delivered a presentation regarding the Health Care for the Homeless Program (HCHP) May 2023 Operational Update Including Patient Services, Consumer Advisory Report, 2022 Annual Risk Management Report and 2022 Uniform Data System (UDS) Comparison Report. There were 405 new adult patients and eighteen (18) 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 May 2023, HCHP served 3,706 unduplicated patients and had 8,591 total completed visits.</p> <p>Dr. Small reported that the quarterly amount of unduplicated patients this year compared to the prior year has increased by 13%. Dr. Small noted the equivalent in the number of completed visits overall; within a 2% margin compared to the previous year.</p> <p>Dr. Small presented the following highlights of the council activities from December 2022 – February 2023:</p> <ul style="list-style-type: none"> • 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. <p>Dr. Nelson Gonzalez, Grants Project Manager, Health Care for the Homeless Program, presented highlights of 2022 risk management activities including areas of improvement. Additionally, Dr. Gonzalez provided a summary breakdown of the UDS patient data by gender, age, race, ethnicity, income status and insurance status. A copy of the operational update is available in the permanent record.</p>	<p>Motion No. 23.05-76</p> <p>Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</p>
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	B. Approval of 2022 HCHP Consumer Advisory Council Report	<u>Motion No. 23.05-77</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.B. Motion carried.
	C. Approval of HCHP 2022 Annual Risk Management Report	<u>Motion No. 23.05-78</u> Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.C. Motion carried.
	D. Approval of HCHP 2022 UDS Patient Review	<u>Motion No. 23.05-79</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item XI.D. Motion carried.
XII. Executive Session	At 11:35 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session for items “E 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.	
	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	No Action Taken.
	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	No Action Taken.
	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.	No Action Taken.
	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	No Action Taken.

	<p>I. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov’t Code §418.183, Tex. Gov’t Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p>No Action Taken.</p>
<p>Supplemental Item</p>	<p>1. Consultation with Attorney Regarding Opioid Litigation, Pursuant to TX. Gov’t Code Ann. §551.071 and Possible Action to Consider Approval to Participate in the settlement with Allergan Finance LLC and Allergan Limited (“Allergan”) as it relates to the Texas opioid multi-district litigation, Harris County v. Purdue Pharma, Inc. et al, MDL No. 2018-63587, in the 152nd District Court of Harris County, Texas</p> <p><i>Harris Health, by and through its Board of Trustees, hereby authorizes approval to Participate in the settlement with Allergan Finance LLC and Allergan Limited (“Allergan”) as it relates to the Texas opioid multi-district litigation, Harris County v. Purdue Pharma, Inc. et al, MDL No. 2018-63587, in the 152nd District Court of Harris County, Texas.</i></p>	<p>Motion No. 23.05-80 Moved by Dr. Ewan D. Johnson, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve supplemental agenda item 1. Motion carried.</p>
<p>XIII. Reconvene</p>	<p>At 12:30 p.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. The Board will now take action on Item “1” of the Supplemental Agenda Item.</p>	
<p>XIV. Adjournment</p>	<p>Moved by Dr. Ewan Johnson, seconded by Ms. Jennifer Tijerina, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:32 p.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on May 25, 2023.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Andrea Caracostis, M.D., Secretary

Minutes transcribed by Cherry Pierson

Thursday, May 25, 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>)	Director Barbie Robinson
Dr. Ewan D. Johnson (<i>Vice Chair</i>)	
Dr. Andrea Caracostis (<i>Secretary</i>)	
Ms. Alicia Reyes	
Ms. Carol Paret	
Ms. Jennifer Tijerina	
Mr. Jim Robinson	
Ms. Marcia Johnson	
EXECUTIVE LEADERSHIP	
Dr. Esmaeil Porsa, President & Chief Executive Officer	
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care	
Mr. Anthony Williams, Vice President, Corporate Compliance	
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer	
Dr. Chethan Bachireddy, Senior Vice President, Chief Health Officer	
Mr. DeWight Dopslauf, Purchasing Agent, Harris County Purchasing Office	
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	
Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services	
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
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, Chief Legal Officer/Division Director
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 (<i>Sterling Nonprofits</i>)
Amanda Pope (<i>Outreach Strategists</i>)	Matt Howell (<i>FORVIS</i>)
Antoinette (Toni) Cotton	Matthew Schlueter
Bryan McLeod	Michael Fritz (<i>Harris County Attorney's Office</i>)
Cherry Pierson	Michael Moore (<i>Outreach Strategists</i>)
Dan Downey, P.C.	Mustafa Tameez (<i>Outreach Strategists</i>)
Daniel Smith	Nathan Bac (<i>Harris County Attorney's Office</i>)
Darryl King (<i>PPG Global</i>)	Dr. Nelson Gonzalez
Derek Curtis	Nicholas J Bell
Denise LaRue	Nirissa Sanders (<i>PPG Global</i>)
Ebon Swofford	Paul Puente (<i>Houston Gulf Coast Building & Construction Trades Council</i>)
Elizabeth Winn	Paige Abernathy (<i>Harris County Attorney's Office</i>)
Eileell Alin Nguyen	Randy Manarang
Esperanza (Hope) Galvan	Robert McDaniel (<i>JLA Construction Solutions</i>)
Holly Gummert (<i>Harris County Attorney's Office</i>)	Sahira Abdool (<i>PPG Global</i>)
Jack Adger (<i>Harris County Purchasing Office</i>)	Shawn DeCosta
Jennifer Zarate	Susan Elmore
John Matcek	Tai Nguyen
Jonathan Fombonne (<i>Harris County Attorney's Office</i>)	Violetta Nunez (<i>Pipefitter Local Union 211 Apprentice</i>)
Katie Rutherford (<i>Harris County Attorney's Office</i>)	Wayne Lord (<i>Plumbers Local Union 68</i>)
Kelli Fondren	Zubin Khambatta (<i>Perkins Coie</i>)

Public Comment Request and Registration Process

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

How to Request to Address the Board of Trustees

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

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

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

Rules During Public Comment Period

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

Three Minutes

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

Thursday, June 22, 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 22 - 57 Were Intentionally Left Blank -

Thursday, June 22, 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 59 - 72 Were Intentionally Left Blank -

Thursday, June 22, 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 June 2023 and July 2023.

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

Thank you.

Board of Trustees



June 2023 Medical Staff Credentials Report

Medical Staff Initial Appointments: 37

BCM Medical Staff Initial Appointments - 17

UT Medical Staff Initial Appointments - 20

Medical Staff Reappointments: 152

BCM Medical Staff Reappointments - 80

UT Medical Staff Reappointments - 68

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

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 7

Medical Staff Resignations: 4

BCM Medical Staff Resignations - 2

UT Medical Staff Resignations - 2

Other Business

For Information

Temporary Privileges Waiting on Board Approval - 3

Temporary Privileges Due to Important Patient Care Need - 1

Expirables (License, DEA, Insurance) - 608

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 1

Medical Staff Initial Appointment Files for Discussion - 1

Thursday, June 22, 2023

Consideration of Approval of Harris Health's Medical Staff Changes in Clinical Privileges

The Harris Health System Medical Executive Board approved the attached changes in clinical privileges for the members of the Harris Health System Medical Staff:

- Addition of Hysterectomy Privileges to Urology Clinical Privileges

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

Thank you.

Board of Trustees

June 2023 Medical Staff Report



Other Business

For Approval

Urology Clinical Privileges - Hysterectomy

**Record of Clinical Privileges Requested and Granted
Urology Clinical Privileges**

Page 10 of 14

Applicant Name: _____

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

Pelvic Reconstruction Core Procedures List:

1. Continent reservoirs
2. Intestinal conduit
3. Management of congenital anomalies of the genitourinary tract (presenting in adults), including epispadias and hypospadias, excluding ureteropelvic junction obstruction
4. Complex urethroplasty

Pelvic Reconstruction Privileges Requested

QUALIFICATIONS FOR HYSTERECTOMY WITH PELVIC RECONSTRUCTON

Initial Privileges:

Successful completion of an ACGME- or AOA-accredited residency in urology that included pelvic reconstructive training in excess of required RRC standards or completion of a fellowship female pelvic and reconstructive surgery.

AND

Required Experience: Demonstrated current competence and evidence of the performance of at least 15 hysterectomies in the past 12 months, or completion of fellowship training in the past 12 months.

Renewal of Privileges: Demonstrated current competence and evidence of the performance of at least 5 in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Hysterectomy with Pelvic Reconstruction Surgery Core Procedures List:

1. Hysterectomy

Hysterectomy with Pelvic Reconstruction Privileges Requested

QUALIFICATIONS FOR UROLOGICAL INFERTILITY

Thursday, June 22, 2023

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

June 2023 Correctional Health Credentials Report

Medical Staff Initial Appointments: 10

Other Business

For Information

Temporary Privileges - 13

Expirables (License, DEA, Insurance) - 47

Correctional Health Medical Staff Files for Discussion: 1

Correctional Health Medical Staff Initial Files for Discussion: 1

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, June 22, 2023

Consideration of Approval of Revisions to Harris Health's Correctional Health Bylaws

Other Business

For Approval

Correctional Health Bylaws Revisions

- Change APP definition to include Optometrist

- Change Credentialing Cycle from 2 Years to 3 Years

DEFINITIONS

Whenever the context requires, words of masculine gender used herein shall include the feminine and the neuter, and words used in the singular shall include the plural.

1. The term “**ADVANCED PRACTICE PROFESSIONAL**” (**APP**) shall be defined as an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA) ~~or~~, Optometrist (OD), or Nurse Practitioner (NP).
2. The term “**CLEAN APPLICATION**” shall mean a completed application in which all aspects of the application are complete; all references have been returned with all questions fully answered as either superior or good; the applicant has not been a party to any malpractice cases, adverse actions involving medical staff membership, clinical privileges or licensure/certification requiring further investigation; and all training, licensure, National Practitioner Data Bank, and OIG database information has been verified, with the results of such verification found to be acceptable. The term “Clean Application” may also be applied to an application from a Medical Staff member requesting new clinical privileges.
3. The term “**CLINICAL PRIVILEGES**” or “**PRIVILEGES**” means the permission granted by the Governing Body to a Practitioner to provide those diagnostic, therapeutic, or medical services which the Practitioner has been approved to render.
4. The term “**COMPLETED APPLICATION**” shall mean a signed Texas State Standardized Application in which all questions have been answered, current copy of licensure (State, DEA, DPS), peer reference letters, delineation of clinical privileges or job description, current appropriate professional liability insurance, National Practitioner Data Bank, OIG, Board Status, hospital affiliations, and verification of any other relevant information from other professional organizations according to the Bylaws and Credentialing Procedures Manual. Additionally, all information and documentation has been provided, and all verifications solicited by the Medical Executive Committee have been received and require no further investigation. A completed application may be determined to be incomplete, based upon the review of Harris Health’s Medical Staff Services, the Chief Medical Officer, or the Medical Executive Committee.
5. The term “**CREDENTIALING PROCEDURES MANUAL**” shall mean the policy containing additional details related to the credentialing process of Correctional Health, as further detailed in these Bylaws.
6. The term “**DAYS**” shall mean calendar days, including Saturdays, Sundays, and holidays unless otherwise specified herein. Days are counted beginning on the day following the transmittal or receipt of a notice or other required correspondence.
7. The term “**DENTIST**” means an individual with a D.D.S. or equivalent degree licensed or authorized to practice dentistry by the State of Texas.
8. The term “**EXECUTIVE SESSION**” means any meeting or portion of any meeting, of any section, department, or committee of the Medical Staff at which privileged and/or confidential information regarding quality assessment and improvement and/or peer review information is presented or discussed.
9. The term “**EX-OFFICIO**” shall mean service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, refers to a position without voting rights.

- b. Medical Staff members should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional qualifications.
- c. Medical Staff members should observe all laws, uphold the dignity and honor of their profession and accept self-imposed disciplines. They should report without hesitation, illegal or unethical conduct by other Medical Staff members and self-report their own illegal or unethical conduct. Reports should be made to the Chief Medical Officer, who will report the information to Medical Staff Services.
- d. Medical Staff members should self-report any physical, behavioral or mental impairment that could affect his or her ability to perform his or her clinical privileges, or treatment for the impairment that occurs at any point during his or her Medical Staff membership. Reports should be made to the Chief Medical Officer, who will report the information to Medical Staff Services.
- e. In an emergency, Medical Staff members should render services to the best of their abilities. Having undertaken the care of a patient, a Medical Staff member may not neglect him or her.
- f. Medical Staff members should not solicit patients.
- g. Medical Staff members should not dispense of their services under terms or conditions that tend to interfere with or impair the free and complete exercise of their professional judgment and skill or tend to cause a deterioration of the quality of their care.
- h. Medical Staff members should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of service may be enhanced thereby.
- i. Medical Staff members may not reveal the confidences entrusted to them in the course of professional attendance unless they are required to do so by law or unless it becomes necessary in order to protect the welfare of an individual or of the community.
- j. Medical Staff members must abide by these Bylaws and applicable policies and procedures.
- k. Medical Staff members must participate cooperatively in quality review and peer evaluation activities, both as a committee member and in conjunction with evaluation of his or her own performance or professional qualifications.
- l. Medical Staff members must prepare and complete medical records in a timely fashion for all patients to whom the member provides care in Correctional Health.
- m. Medical Staff members are accountable to the Governing Body.

Section 4. Conditions and Duration of Appointment

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments after there has been a recommendation from the Medical Executive Committee.
- b. Initial appointments shall be acted upon following submittal of a Completed Application.
- c. All appointments to the Medical Staff shall be for a period of not more than three (3) years.
- d. Appointment or reappointment to the Medical Staff confers on the appointee only such clinical privileges as have been approved by the Governing Body.
- e. Each application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of a Medical Staff member's obligations to provide continuous care and supervision of their patients, to abide by these Bylaws, to accept

form with required supporting documentation no less than sixty (60) days prior to the expiration of the Practitioner's then current appointment shall constitute a resignation from the Medical Staff and all privileges will terminate upon expiration of said appointment. Such termination shall not give rise to the right to a hearing pursuant to these Bylaws.

Reappointment shall occur every ~~threecwo~~ (23) years. Medical Staff Services will transmit the necessary reapplication materials to the Practitioner not less than 120 days prior to the expiration date of their then current appointment.

All claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, either final or pending, since the last appointment or reappointment must be reported.

- b. Each recommendation concerning the reappointment of a staff member and the clinical privileges to be granted upon reappointment shall take into consideration the following characteristics:
- the practitioner's specific case record, including measures employed in quality assurance/performance improvement program
 - professional competence and clinical judgment in the treatment of patients;
 - ethics and conduct;
 - relations with other Medical Staff members;
 - general attitude toward patients, Correctional Health, and the public;
 - documented physical and mental health status;
 - evidence of continuing medical education that is related, at least in part, to the Practitioner or APP's clinical privileges;;
 - previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
 - voluntary or involuntary relinquishment of such licensure or registration;
 - voluntary or involuntary termination of Medical Staff membership; and
 - voluntary or involuntary decrease of privileges at any other hospital.
- c. Thereafter, the procedure provided in Sections 2 and 3 this Article relating to recommendations on applications for initial appointment shall be followed.
- d. Members of the Medical Staff shall maintain current licensure and certifications, as described in these Bylaws. Members of the Medical Staff must notify the Chief Medical Officer whenever their license to practice in any jurisdiction has been voluntarily/involuntarily limited, suspended, revoked, denied, or subjected to probationary conditions, or when proceedings toward any of those ends have been instituted. Those without current licensure and certifications will be subject to loss of privileges as described in these Bylaws.
- e. The appointment of any Practitioner who fails to submit an application for reappointment, loses faculty appointment at University of Houston College of Medicine, or ceases to be employed by have a contractual relationship with University of Houston College of Medicine or Harris Health shall automatically expire at the end of his or her faculty appointment, employment, or contractual relationship. A Practitioner whose appointment has expired must submit a new application, which shall be processed without preference as an application for initial appointment.

Thursday, June 22, 2023

Consideration of Approval of Harris Health's Correctional Health Medical Staff Changes in
Clinical Privileges

Other Business

For Approval

New Optometry Privileges

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

Page 1 of 4

Applicant Name: _____

Initial Application

Reappointment Application

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

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

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

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

Other Requirements:

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

SCOPE OF PRACTICE

Categories of Patients Practitioner May Treat: May provide services consistent with the policies stated herein to patients as part of a referral to the optometrist (OD) or from those referred by the medical staff member, or those with whom the OD has a documented formal affiliation.

Supervision: The supervising/affiliate physician or director of the department to which the OD is assigned provides general supervision of the activities and services of the OD.

Medical Record Charting Responsibilities: Clearly, legibly, completely, and in timely fashion, describe each service the OD provides to a patient in the facility and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

General Relationship to Others: The OD may have authority to direct personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the OD is authorized to provide.

Applicant Name: _____

Periodic Competence Assessment: Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to existing quality assurance mechanisms and by Optometrist (OD) Scope of Practice showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at the Harris Health System. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

QUALIFICATIONS FOR OPTOMETRY

To be eligible to apply for specified services as an Optometrist (OD), the applicant must meet the following criteria:

Current demonstrated competence and an adequate volume of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Satisfactory completion of an approved four (4) year program leading to a Doctor of Optometry degree (OD)

AND

Current active and valid certification and licensure to practice optometry issued by the Texas State Optometry Board

AND

Professional liability insurance coverage issued by a recognized company in an amount equal to or greater than the limits established by the Harris Health System Board of Trustees

All provisions of services shall be in accordance with written policies and protocols governing Advanced Practice Professionals developed and approved by the relevant clinical department or service, the Medical Executive Committee and the Harris Health System Board of Trustees.

Required Previous Experience: Applicants must be able to demonstrate current clinical competence and that they have successfully provided inpatient, outpatient, or consultative optometry services in the privileges requested to at least 50 patients, in the past 12 months, or have completed an approved optometry training program in the past 12 months.

OPTOMETRY (OD) CORE PRIVILEGES

Optometry (OD) Core Privileges List

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

Adolescent and Adult Patients except as specifically excluded from practice:

1. Administer drugs for diagnostic and therapeutic purposes in accordance with the Texas Optometry Act
2. Biomicroscopy
3. Co-management and follow-up care of pre and post-surgical patients; write patient treatment orders in accordance with the Texas Optometry Act

Record of Clinical Privileges Requested and Granted
Correctional Health Optometry Clinical Privileges

Page 3 of 4

Applicant Name: _____

Optometry Core Privileges List (Cont.)

4. Comprehensive medical eye examination, diagnosis, and treatment on an inpatient or outpatient basis in accordance with the Texas Optometry Act
5. Dilation and irrigation of lacrimal system in accordance with the Texas Optometry Act
6. Direct and indirect ophthalmoscopy
7. Eyelash epilation
8. Foreign body removal from the surface of the cornea, eye lid, conjunctiva in accordance with the Texas Optometry Act
9. General contact lens service; prescribe visual aids as necessary
10. Gonioscopy
11. Order relevant x-rays, lab tests, CT scans, MRIs, ultrasounds and electro-diagnostic procedures; i.e., VEP, EOG, ERG
12. Photo documentation of the eye, adnexa, and related structures
13. Photography, anterior segment and retina
14. Refractive error evaluation
15. Retinoscopy
16. Tonometry
17. Use of instruments and pharmaceutical agents to treat the eye with a nonsurgical regimen, adnexa, and related structures in accordance with the Texas Optometry Act
18. Visual fields

OPTOMETRY (OD) CORE PRIVILEGES REQUESTED

ACKNOWLEDGEMENT OF PRACTITIONER

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

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

Signature _____

Date _____

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

Page 4 of 4

Applicant Name: _____

Chief Medical Officer/Medical Director

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

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

Privilege	Condition/Modification/Explanation
------------------	---

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

I recommend that the above-named applicant be considered for Optometry Privileges:

Notes:

Chief Medical Officer/Medical Director

Name: _____

Signature: _____

Date: _____

Thursday, June 22, 2023

Consideration of Approval for an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on the Behalf of Patient Access Management, in an Amount Not to Exceed \$300,000 for designated onsite Eligibility Advisors

Attached for your consideration is an Interlocal Agreement between the Harris County Hospital District d/b/a Harris Health System and Health & Human Service Commission (HHSC), on the Behalf of Patient Access Management (P.A.M.) department.

Health & Human Service Commission (HHSC) will provide onsite Outstationed Workers at a Harris Health dedicated facility to provide eligibility determination for patients who have applied for Medicaid while in a Harris Health System facility. (HHSC) Outstationed Workers will provide the outcome of all applications to the Patient Access Management department to allow for accurate billing of care provided to the applicant/patient. Health & Human Service Commission (HHSC) has provided this service for decades and has a long standing relationship with Harris Health System. In consideration of the services to be performed, Harris Health System will compensate Health & Human Service Commission (HHSC) Outstationed Workers in the amount of \$300,000 for this contract year beginning September 1, 2023 – August 31, 2024.

Thursday, June 22, 2023

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

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

Management recommends the approval of the attached Resolution Authorizing Harris County Hospital District to set the amount of the mandatory payment to be invoiced during the time frame of July 1, 2023 through June 30, 2024 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the district. This would grant Harris Health the flexibility to invoice any portion of this amount in installments at any point through the end of June 2024 (i.e. the authority to send invoices expires on July 1, 2024).

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

HEALTH AND SAFETY CODE

TITLE 4. HEALTH FACILITIES

SUBTITLE D. HOSPITAL DISTRICTS

For expiration of this chapter, see Section 299.004.

CHAPTER 299. HARRIS COUNTY HOSPITAL DISTRICT HEALTH CARE PROVIDER
PARTICIPATION PROGRAM

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 299.001. DEFINITIONS. In this chapter:

- (1) "Board" means the board of hospital managers of the district.
- (2) "District" means the Harris County Hospital District.
- (3) "Institutional health care provider" means a nonpublic hospital located in the district that provides inpatient hospital services.
- (4) "Paying provider" means an institutional health care provider required to make a mandatory payment under this chapter.
- (5) "Program" means the health care provider participation program authorized by this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.002. APPLICABILITY. This chapter applies only to the Harris County Hospital District.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.003. HEALTH CARE PROVIDER PARTICIPATION PROGRAM;
PARTICIPATION IN PROGRAM. The board may authorize the district to participate in a health care provider participation program on the affirmative vote of a majority of the board, subject to the provisions of this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.004. EXPIRATION. (a) Subject to Section 299.153(d), the authority of the district to administer and operate a program under this chapter expires December 31, 2023.

(b) This chapter expires December 31, 2023.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 316 (H.B. 1338), Sec. 1, eff. June 7, 2021.

SUBCHAPTER B. POWERS AND DUTIES OF BOARD

Sec. 299.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY PAYMENT. The board may require a mandatory payment authorized under this chapter by an institutional health care provider in the district only in the manner provided by this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.052. RULES AND PROCEDURES. The board may adopt rules relating to the administration of the program, including collection of the mandatory payments, expenditures, audits, and any other administrative aspects of the program.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.053. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING. If the board authorizes the district to participate in a program under this chapter, the board shall require each institutional health care provider to submit to the district a copy of any financial and utilization data as reported in the provider's Medicare cost report submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS

Sec. 299.101. HEARING. (a) In each year that the board authorizes a program under this chapter, the board shall hold a public hearing on the amounts of any mandatory payments that the board intends to require during the year and how the revenue derived from those payments is to be spent.

(b) Not later than the fifth day before the date of the hearing required under Subsection (a), the board shall publish notice of the hearing in a newspaper of general circulation in the district and provide written notice of the hearing to each institutional health care provider in the district.

(c) A representative of a paying provider is entitled to appear at the public hearing and be heard regarding any matter related to the mandatory payments authorized under this chapter.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.102. DEPOSITORY. (a) If the board requires a mandatory payment authorized under this chapter, the board shall designate one or more banks as a depository for the district's local provider participation fund.

(b) All funds collected under this chapter shall be secured in the manner provided for securing other district funds.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) If the district requires a mandatory payment authorized under this chapter, the district shall create a local provider participation fund.

(b) The local provider participation fund consists of:

(1) all revenue received by the district attributable to mandatory payments authorized under this chapter;

(2) money received from the Health and Human Services Commission as a refund of an intergovernmental transfer under the program, provided that the intergovernmental transfer does not receive a federal matching payment; and

(3) the earnings of the fund.

(c) Money deposited to the local provider participation fund of the district may be used only to:

(1) fund intergovernmental transfers from the district to the state to provide the nonfederal share of Medicaid payments for:

(A) uncompensated care payments to nonpublic hospitals, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315);

(B) uniform rate enhancements for nonpublic hospitals in the Medicaid managed care service area in which the district is located;

(C) payments available under another waiver program authorizing payments that are substantially similar to Medicaid payments to nonpublic hospitals described by Paragraph (A) or (B); or

(D) any reimbursement to nonpublic hospitals for which federal matching funds are available;

(2) subject to Section 299.151(d), pay the administrative expenses of the district in administering the program, including collateralization of deposits;

(3) refund a mandatory payment collected in error from a paying provider;

(4) refund to paying providers a proportionate share of the money attributable to mandatory payments collected under this chapter that the district:

(A) receives from the Health and Human Services Commission that is not used to fund the nonfederal share of Medicaid supplemental payment program payments; or

(B) determines cannot be used to fund the nonfederal share of Medicaid supplemental payment program payments; and

(5) transfer funds to the Health and Human Services Commission if the district is legally required to transfer the funds to address a disallowance of federal matching funds with respect to programs for which the district made intergovernmental transfers described by Subdivision (1).

(d) Money in the local provider participation fund may not be commingled with other district funds.

(e) Notwithstanding any other provision of this chapter, with respect to an intergovernmental transfer of funds described by Subsection (c)(1) made by the district, any funds received by the state, district, or other entity as a result of the transfer may not be used by the state, district, or any other entity to:

(1) expand Medicaid eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152); or

(2) fund the nonfederal share of payments to nonpublic hospitals available through the Medicaid disproportionate share hospital program or the delivery system reform incentive payment program.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 299.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER NET PATIENT REVENUE. (a) If the board authorizes a health care provider participation program under this chapter, the board may require a mandatory payment to be assessed, either annually or periodically throughout the year at the discretion of the board, on the net patient revenue of each institutional health care provider located in the district. The board shall provide an institutional health care provider written notice of each assessment under this subsection, and the provider has 30 calendar days following the date of receipt of the notice to pay the assessment. In the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider, as determined by the provider's Medicare cost report submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report. If the mandatory payment is required, the district shall update the amount of the mandatory payment on an annual basis and may update the amount on a more frequent basis.

(b) The amount of a mandatory payment authorized under this chapter must be uniformly proportionate with the amount of net patient revenue generated by each paying provider in the district as permitted under federal law. A health care provider participation program authorized under this chapter may not hold harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

(c) If the board requires a mandatory payment authorized under this chapter, the board shall set the amount of the mandatory payment, subject to the limitations of this chapter. The aggregate amount of the mandatory payments required of all paying providers in the district may not exceed six percent of the aggregate net patient revenue from hospital services provided by all paying providers in the district.

(d) Subject to Subsection (c), if the board requires a mandatory payment authorized under this chapter, the board shall set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the district for activities under

this chapter and to fund an intergovernmental transfer described by Section 299.103(c)(1). The annual amount of revenue from mandatory payments used for administrative expenses by the district for activities under this chapter is \$600,000, plus the cost of collateralization of deposits, regardless of actual expenses.

(e) A paying provider may not add a mandatory payment required under this section as a surcharge to a patient.

(f) A mandatory payment assessed under this chapter is not a tax for hospital purposes for purposes of Section 4, Article IX, Texas Constitution, or Section 281.045.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Amended by:

Acts 2021, 87th Leg., R.S., Ch. 316 (H.B. 1338), Sec. 2, eff. June 7, 2021.

Sec. 299.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. (a) The district may designate an official of the district or contract with another person to assess and collect the mandatory payments authorized under this chapter.

(b) The person charged by the district with the assessment and collection of mandatory payments shall charge and deduct from the mandatory payments collected for the district a collection fee in an amount not to exceed the person's usual and customary charges for like services.

(c) If the person charged with the assessment and collection of mandatory payments is an official of the district, any revenue from a collection fee charged under Subsection (b) shall be deposited in the district general fund and, if appropriate, shall be reported as fees of the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Sec. 299.153. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE; LIMITATION OF AUTHORITY. (a) The purpose of this chapter is to authorize the district to establish a program to enable the district to collect mandatory payments from institutional health care providers to fund the nonfederal share of a Medicaid supplemental payment program or the Medicaid managed care rate enhancements for nonpublic hospitals to support the

provision of health care by institutional health care providers to district residents in need of health care.

(b) This chapter does not authorize the district to collect mandatory payments for the purpose of raising general revenue or any amount in excess of the amount reasonably necessary to:

(1) fund the nonfederal share of a Medicaid supplemental payment program or Medicaid managed care rate enhancements for nonpublic hospitals; and

(2) cover the administrative expenses of the district associated with activities under this chapter and other uses of the fund described by Section 299.103(c).

(c) To the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds, the board may provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid Services. A rule adopted under this section may not create, impose, or materially expand the legal or financial liability or responsibility of the district or an institutional health care provider in the district beyond the provisions of this chapter. This section does not require the board to adopt a rule.

(d) The district may only assess and collect a mandatory payment authorized under this chapter if a waiver program, uniform rate enhancement, or reimbursement described by Section 299.103(c)(1) is available to the district.

Added by Acts 2019, 86th Leg., R.S., Ch. 208 (H.B. 3459), Sec. 1, eff. May 24, 2019.

Resolution Setting Rate of Mandatory Payment

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

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

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

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

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

1. The District sets the amount of the mandatory payment to be invoiced during the time frame of July 1, 2023 through June 30, 2024 as up to 6.00 percent of the net patient revenue of an institutional health care provider located in the District.
2. The District may invoice any portion of the mandatory payment in installments, so long as the total rate invoiced during July 1, 2023 through June 30, 2024 does not exceed 6.00 percent.
3. This Resolution shall be in full force and effect from and after the date of its adoption.

PASSED AND APPROVED this 22nd day of June, 2023.

187737

Thursday, June 22, 2023

Consideration of Approval for Additional Funding of \$29,000,000 for the Harris County Hospital District Pension Plan for Calendar Year 2023

It is the policy of Harris Health System to fully fund the Annual Required Contribution for each plan year, based on the actuarial methods and assumptions defined in the annual Actuarial Valuation Funding Report for the Pension Plan. The required contribution includes the normal cost for new benefits being earned during the year, plus an amortization to cover any unfunded accrued liability over a period of 20 years or less. The targeted funded ratio of the Pension Plan is one hundred percent (100%) by the end of the amortization period. In order to accelerate the full funding of the Pension Plan, the Board of Trustees may authorize additional funding in excess of the Annual Required Contribution from current funds for any plan year. (Policy 6.28 Retirement Plans for Eligible Employees).

The Annual Required Contribution to the Pension Plan for Calendar Year 2023 is estimated to be \$38.6 million utilizing data from prior year Actuarial Valuation Funding Reports. The final funding report for the current year was received in May. Total Plan benefits for Calendar Year 2023 are estimated to be \$68.0 million.

In accordance with the policy provision allowing additional funding, Management recommends that Harris Health System increase the Pension Plan funding for Calendar Year 2023 from the estimated Annual Required Contribution of \$38.6 million to the projected total benefit amount of \$68.0 million. The purpose of the increased funding is to continue to move the funded percentage closer to the one hundred percent fully funded target. The ratio of the Market Value of Plan Assets to the Actuarial Liability at January 1, 2023 was 69.9%. The requested increase in the funding level will increase the funding level by approximately 2.0 percentage points above what the Annual Required Contribution would achieve.

Management recommends that the Board of Trustees approve additional funding of \$29.0 million for the Harris County Hospital District Pension Plan for Calendar Year 2023.

Thank you.

Harris Health System
Calculation of Monthly Pension Contributions
Plan Year Ended December 31, 2023

NOTE: Data received per the actuary's funding report draft received May 4, 2023.

	Estimated	Actual	Variance	
	PYE 2023	PYE 2022	\$	%
Annual Required Contribution per Actuary Report January 1	\$ 38,609,783	\$ 38,857,508	\$ (247,725)	-0.6%
Projected Benefits per Actuary Report	67,350,057	60,497,779	6,852,278	11.3%
Expected Administrative Expenses ¹	150,000	150,000	-	-
Contribution to Cover Projected Benefits & Expenses	<u>67,500,057</u>	<u>60,647,779</u>	6,852,278	11.3%
Excess Contribution	<u>28,890,274</u>	<u>21,790,271</u>	7,100,003	32.6%
Excess Contribution for Board Approval	29,000,000	21,000,000		
Total Contribution	<u>68,000,000</u>	<u>60,000,000</u>		
Contributions January to April 2022	-	19,574,111		
Contributions January to May 2023	25,266,180	-		
Remaining Contribution to Cover Projected Benefits & Expenses	42,733,820	40,425,889		
Remaining Months	<u>7</u>	<u>8</u>		
Monthly Contribution - Estimated for Plan Year	<u>\$ 6,104,831</u>	<u>\$ 5,053,236</u>	1,051,595	20.8%

¹ Administrative Expenses Increase/(Decrease) Trending per Actuary Report (GASB)

	Expense
FYE 2017	180,104
FYE 2018	126,379
FYE 2019	162,939
FYE 2020	133,596
FYE 2021	141,850
5-Year Average	<u>148,974</u>
Market Value of Assets (MVA) per Actuary Report	821,202,643
Actuarial Liability (AL)	1,175,203,165
less: Additional Contribution	(29,000,000)
Revised Actuarial Liability	1,146,203,165
Revised MVA/AL	71.6%
MVA/AL per Actuary Report	<u>69.9%</u>
Increase in funding level	1.7%

As for the funding items:

1. Projected Benefits for 2022 = \$60,497,779 (final projection is subject to change until we complete the report by the end of next week).

Thursday, June 22, 2023

Consideration of Approval of payment for the contracted services specified in the Harris Health System Operating and Support Agreement with Baylor College of Medicine (BCM) for the Contract Year Ended June 30, 2024.

Harris Health System and Baylor College of Medicine entered into an Operating and Support Agreement effective July 1, 2020 (the "Agreement") to provide funding to support faculty staff member positions at Harris Health System facilities and program support for BCM residency programs at the Harris Health facilities.

The funding for the annual staffing plan for all services under the Agreement for the contract year of July 1, 2023 through June 30, 2024, is projected to be approximately \$257.0 million, considering historical position vacancy rates. If the vacancy rates decline in the new contract year, or if programs are modified to respond to patient demand, the net cost of physician services could be as much as \$268.0 million (5% variance).

Administration recommends that the Board of Trustees approve the funding for the Harris Health System Operating and Support Agreement with Baylor College of Medicine in an amount not to exceed \$268.0 million for the period July 1, 2023 through June 30, 2024.

Thank you.

Thursday, June 22, 2023

Consideration of Approval of payment for the contracted services specified in the Harris Health System Affiliation and Support Agreement with the University of Texas Health Science Center at Houston (UT Health) for the Contract Year Ended June 30, 2024.

Harris Health System and UT Health entered into an Operating and Support Agreement effective July 1, 2020 (the "Agreement") to provide funding to support faculty staff member positions at Harris Health System facilities and program support for UT Health residency programs at the Harris Health facilities.

The funding for the annual staffing plan for all services under the Agreement for the contract year of July 1, 2023 through June 30, 2024, is projected to be approximately \$176.0 million, considering historical position vacancy rates. If the vacancy rates decline in the new contract year, or if programs are modified to respond to patient demand, the net cost of physician services could be as much as \$184.0 million (5% variance).

Administration recommends that the Board of Trustees approve the funding for the Harris Health System Operating and Support Agreement with UT Health in an amount not to exceed \$184.0 million for the period July 1, 2023 through June 30, 2024.

Thank you.

Thursday, June 22, 2023

**Consideration of Approval of Payment of the Total Compensation Amount Not-to-Exceed
\$4,946,739.22 for the Fourth Contract Year of the Dental Services Agreement with The
University of Texas Health Science Center at Houston**

Administration requests approval of payment of the Total Compensation Amount for the fourth Contract Year of the Dental Services Agreement ("Agreement") with The University of Texas Health Science Center at Houston (UTHealth) for UTHealth's provision of Covered Dental Services (Services) for Harris Health patients. Total Compensation for UTHealth's Services for the fourth Contract Year shall not exceed \$4,946,739.22.

Administration recommends approval of payment of the Total Compensation Amount not-to-exceed \$4,946,739.22 for the fourth Contract Year of this Agreement between Harris Health System and UTHealth.

Thursday, June 22, 2023

Consideration of Approval of Payment of the Total Compensation Amount Not-to-Exceed \$5,048,496.77 for the Fourth Contract Year of the Oral and Maxillofacial Surgery Services Agreement with The University of Texas Health Science Center at Houston

Administration requests approval of payment of the Total Compensation Amount for the fourth Contract Year of the Oral and Maxillofacial Surgery Services Agreement ("Agreement") with The University of Texas Health Science Center at Houston (UTHealth) for UTHealth's provision of oral and maxillofacial surgery and orthodontic professional services (Services) for Harris Health patients. Total Compensation for UTHealth's Services for the fourth Contract Year shall not exceed \$5,048,496.77.

Administration recommends approval of payment of the Total Compensation Amount not-to-exceed \$5,048,496.77 for the fourth Contract Year of this Agreement between Harris Health System and UTHealth.

Thursday, June 22, 2023

**Consideration to Ratify an Agreement for Use and Occupancy of Public Street Right-of-Way
with The City of Houston for the Casa de Amigos Health Center Expansion Project,
Houston, Harris County, Texas**

Harris Health has historical improvements to the Casa de Amigos Clinic, namely the canopy and sanitary sewer lines, which encroach on public rights-of-way on Harrington and Main streets. Under the agreement terms, Harris Health shall be permitted to construct, use, occupy, operate, maintain and repair the property which encroaches within, under, over, across and/or along the Harrington and Main Street rights-of-way for a 30-year term which shall begin on the effective date of the agreement.

Administration recommends Board of Trustees ratify the Agreement for Use and Occupancy of Public Street Right-Of-Way with The City of Houston to facilitate the Casa de Amigos Health Center Expansion Project.

Strategic Pillar Update

2023 Board Meeting Strategic Discussion Timeline*													
Strategic Pillar	Executive Owner	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	Dr.Brass												
<i>Just and Accountable Culture</i>	Jackie Brock		X										
<i>Rollout of HRO Progress</i>	Dr.Brass										X		
<i>Medical Staff Engagement Advisory Council (Survey Results) (Presented in May 11 Joint Conference Committee)</i>	Dr.Brass					X							
Pillar 2: People	Omar Reid/ Jackie Brock								X				X
<i>Workforce Safety & Violence Prevention (part of Quality Committee report)</i>	Omar Reid/ Jackie Brock			X			X						
Pillar 3: One Harris Health	Louis Smith										X		
<i>Strategic capital funding</i>			X										
<i>Patient Throughput</i>	Trish Darnauer/ Glorimar Medina/ Jennifer Small					X							
Pillar 4: Population Health Management	Dr.Small/Hope Galvan									X			
<i>Pillar Progress focused on SDOH</i>	Hope Galvan					X							
Pillar 5: Infrastructure Optimization	Louis Smith								X				
<i>New LBJ Hospital and LBJ Campus Planning</i>	Louis Smith/ Trish Darnauer			X	X								X
<i>Relocation of Thomas Street HC and Riverside Dialysis to Quentin Mease Clinic</i>	Jennifer Small/ Amanda Callway			X	X								
Pillar 6: Diversity & Inclusion	Omar Reid												
<i>Diversity, Equity, and Inclusion</i>	Jobi Martinez						X						X
<i>Minority Women Owned Business Enterprise</i>	Jobi Martinez		X										
<i>Diversity, Equity, and Inclusion Committee Update</i>	Jobi Martinez	X											

*Subject to Change
Revised: 06.15.23

Thursday, June 22, 2023

Presentation Regarding Harris Health Workplace Safety & Violence Prevention

Update by Dr. Jackie Brock, EVP & Chief Nursing Officer and Mr. Omar Reid, EVP & Chief People Officer



HARRISHEALTH
SYSTEM

Workplace Safety & Violence Prevention June 22, 2023

Jackie Brock, DNP - EVP & Chief Nursing Executive
Omar Reid , MBA, IPMA-CP - EVP & Chief People Officer

National Challenge

MEDICINE & WELLNESS

Texas Children's Hospital cited by OSHA over string of employee assaults | patients

An investigation by the U.S. Department of Labor's Occupational Safety and Health Administration found 15 incidents of patient-against-employee violence last year at the Houston-based pediatric hospital. In one case, a security officer lost consciousness and had to be hospitalized after an assault by a patient.

[ADAM ZUVANICH \(HTTPS://WWW.HOUSTONPUBLICMEDIA.ORG/ARTICLES/AUTHOR/ADAM-ZUVANICH/\)](https://www.houstonpublicmedia.org/articles/author/adam-zuvanich/) | MAY 11, 2023, 3:32 PM

News

Hospital cited for inadequate protections against workplace violence

Health care workers at the facility were subjected to more than 500 incidents of violence during a seven-month period, OSHA contends.

By **Steve Hall** | April 27, 2023 at 07:06 AM


Spike expected in numbers of nurses leaving profession due to assaults



Almost 3,400 assaults were made against nurses, doctors, care assistants and other healthcare workers in just the first nine months of this year. File photo: iStock

TUE, 06 NOV, 2023 - 02:00

ELAINE LOUGHLIN, DEPUTY POLITICAL EDITOR

 Nurses and midwives are resigning or retiring early because of the level of assaults being made against them and the exodus is expected to only worsen, their representative body has warned.

Almost 3,400 assaults were made against nurses, doctors, care assistants and other healthcare workers in just the first nine months of this year.

Ben Taub Inpatient Case Presentation

Presented by:

Mark Fanning Administrative Director of Nursing

Theresa Sampson Director of Nursing

Uday Uprety Nurse Manager

Definitions

Joint Commission:

“any act or threat occurring at the workplace that can include any of the following: verbal, non-verbal, written, or physical aggressing, threateninging, intimidating, harassing, or humiliating words or actions, bullying, sabotage, sexual harassment, physical assaults, or other behaviors of concern involving staff, licensed practitioners, patients or visitors”

Definitions

National Institute for Occupational Safety and Health (NIOSH)

Type 1: Criminal Intent - the perpetrator has no legitimate relationship to the business or its employees, and is usually committing a crime in conjunction with the violence (robbery, shoplifting, trespassing). For example: a nurse assaulted in the hospital parking garage; a home health care nurse is mugged while conducting a home visit.

Type 2: Customer/Client - the customer/client relationship to includes patients, their family members, and visitors, and will be referred to as CLIENT-ON-WORKER VIOLENCE. Research shows that this type of violence occurs most frequently in emergency and psychiatric treatment settings, waiting rooms, and geriatric settings. Prevention of Type 2 is a primary focus.

Type 3: Worker-on-Worker - lateral or horizontal violence. It includes bullying, and frequently manifests as verbal and emotional abuse that is unfair, offensive, vindictive, and/or humiliating though it can range all the way to homicide.

Type 4: Personal Relationship - the perpetrator has a relationship to the nurse outside of work that spills over to the work environment. For example, the husband of a nurse follows her to work, orders her home and threatens her, with implications for not only this nurse but also for her coworkers and patients.

Background

- Risk Assessment Completed 2021
- Work initiated to address multiple items
 - Access Control
 - SAMA education
 - Green checks
 - Daily review of incidents at pavilions
 - Code Lavender and Lavender/Respite rooms
 - EPIC flags
 - Policies / Processes (ie Disruptive Patient and Visitor, Crisis Intervention, Law enforcement, etc...)

New Texas State Law

SB 240 relating to workplace violence prevention in certain health facilities

- Establish a WPV Committee
- Adopt, implement and enforce a written workplace violence prevention policy
- Adopt, implement and enforce a written workplace violence prevention plan
- Offer immediate post-incident services

Department of Public Safety Initiatives

Partnerships

- Working with Texas Medical Center Police to provide law enforcement coverage for Ben Taub and LBJ
- Strengthening the partnership with the Harris County Sheriff’s Office to improve inmate security in Harris Health facilities
- Working with several law enforcement agencies to include but not limited to Houston Police, Harris County etc. to recruit part time/off duty police officers

Technology

- Plan to deploy Weapons Detection Systems at public entrances at LBJ and Ben Taub - 2023
- Adoption of discreet metal detectors for enhanced screening of high risk patients – deployed units at Ben Taub and LBJ Emergency Centers
- Deployment of Sound/Aggression Detection System to deter and prevent assaults -2023
- Pilot project for Vocera wearable panic alarms -2023
- Implementation of LYNX keyboard panic alarm system to increase number of panic alarms in the system and expansion of security cameras at all Harris Health System facilities:

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

Department of Public Safety Initiatives

Other

- Partnering with nursing and emergency care personnel to fully develop team responses to emergency incidents and participate in daily briefing and incident debriefings.
- Engaged Threat Assessment Group (TAG) to perform a comprehensive gap analysis for WPV concerns
- Engaged MP Suell Di-Versity Consulting Group, LLC to review the current security program and structure
- Consider more centralized HHS DPS to ensure better continuity among hospitals and clinics

Department of Public Safety Initiatives

Opportunities for Improvement

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

Additional Actions & Priorities

- I. Enhancement to incident reporting system
- II. Incorporating early agitation and aggression tools
- III. Allocated patient safety resource to help manage eIRS data and investigate occurrences
- IV. Local and state engagement on committees and support of legislation
- V. Proposal to increase Crisis Intervention Team (CIT) Coverage
- VI. WPV Grant

Thursday, June 22, 2023

Presentation Regarding Harris Health Strategic Plan Update: Pillar 6, Diversity, Equity and Inclusion (Year-to-Date Highlights)

Update by Jobi Martinez, VP & Chief Diversity Officer on the Harris Health System Strategic Plan regarding:

- Diversity, Equity and Inclusion
 - Strategic Foundations/Goals
 - 2023 Year-to-Date Highlights
 - Contract Awards by Ethnicity and Gender



Strategic Plan – Pillar 6: Diversity, Equity & Inclusion

HARRISHEALTH
SYSTEM

Jobi Martinez
VP Chief Diversity Officer

June 2023

Pillar 6: Diversity, Equity, and Inclusion - Strategic Foundations



Leadership Advocacy & Commitment



Talent

- Recruitment
- Internal Mobility
- Professional Development
- Engagement



Health Equity

- Wellness
- Address Social Determinants
- Community Engagement



MWBE Program

- Building Equity
- Building Community



Leadership & Governance

- Leadership Advocacy
- Institutional Engagement
- Leading the Way



Community Engagement

- Inclusion & Access
- Social Synergy
- Social, Racial & Health Equity

Measurement & Accountability

One Vision: One Mission

2023 Year-to-Date Highlights

- **Goal 1: Talent**

- External executive recruiter position posted (currently recruiting)
- In session: internal training for underrepresented high potential
- In session: training for recruiters and others in hiring roles
- Provided guidance on internal mobility and flex select
- DEI Strategist Team completed 6 week introduction



- **Goal 2: Health Equity**

- In partnership with Population Health to review patient data and service disparities
- Establishing a DEI|Health Equity Framework
- Educating HR on Employee Health Equity
- Identifying networks to advance DEI|Health Equity research and scholarship opportunities



- **Goal 3: Minority Women Business Enterprise (MWBE)**

- Set program goals (20%) and are currently exceeding the goal.
- \$29,749,338 in total awards between Oct. 2022 – April 2023
- Recruited and Hired Contractor Diversity Team

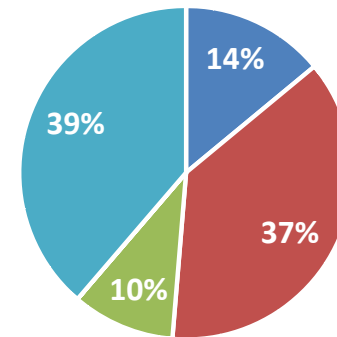


Contract Awards by Ethnicity and Gender

Total Awards by Ethnicity and Gender
October 2022 thru April 2023

Total Amount Awarded \$ **29,749,338**

<u>M/WBE Classification</u>	<u>Amount</u>
Asian/Pacific Islander	\$ 4,167,705
Black	\$ 11,090,752
Hispanic/Latino	\$ 2,978,145
Native American	\$ 0
Caucasian Woman	\$ 11,512,736



■ Asian ■ Black ■ Hispanic ■ Native American ■ Caucasian Woman

		Black	Hispanic	Asian	Native American	MBE Total	Caucasian Women	M/WBE Total	Non-M/WBE	Total
May 2023 Report	Eligible awards	\$ 9,908,630	\$2,978,145	\$1,106,016	\$ -	\$13,992,791	\$ 7,508,509	\$21,501,300	\$103,372,066	\$ 124,873,366
	Contract Award %	7.9%	2.4%	0.9%	0.0%	11.2%	6.0%	17.2%	82.8%	100.0%
Disparity Study	Contract Dollars %	0.0%	2.3%	0.3%	0.0%	2.6%	5.3%	7.9%	92.1%	100.0%
	% Change	7.9%	0.1%	0.6%	0.0%	8.6%	0.7%	9.3%	-9.3%	

2023 Year-to-Date Highlights

- **Goal 4: Leadership & Governance**

- Established DEI Framework
- Provided training on DEI Framework
- Setting DEI communication standards, considerations, and practices
- Identified key and strategic training areas (bias, cultural competency, DEI, intercultural communication, understanding difference, and equity)

- **Goal 5: Community Engagement**

- Identifying and establishing community partnerships to promote an inclusive and equitable workforce pipeline
- Supporting ERG's to engage in community activities to promote recruitment, our name and services, and other.



Thank You!



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

June 7, 2023

Board of Trustees Office
Harris Health System

**RE: Board of Trustees Meeting – June 22, 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: June 22, 2023 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Gulf Coast Regional Blood Center (HCHD-509) <small>MWBE GOAL: N/A Specialized or Technical</small>	Blood, Blood Products and Services for Harris Health System - To continue providing blood, blood products, and services for Harris Health System. Job No. 210178, Board Motion 22.08-111	Renewal September 01, 2023 through August 31, 2024	Michael Nnadi	\$ 7,940,104	\$ 8,734,115
A2	US Foods (PP-DI-001D) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	National Foodservice Distribution. - To continue providing consumable and non-consumable food products for Harris Health System. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.05-67	Renewal July 01, 2023 through June 30, 2024	Shweta Misra	\$ 7,099,038	\$ 8,625,961
A3	F.F.F. Enterprises, Inc (PPPW14FFF01) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Blood Plasma Products Distribution Program - To continue providing biological blood plasma products for treating Harris Health System patients Premier Healthcare Alliance, L.P. Contract, Board Motion 22.12-166	Funding Yr. 11 July 27, 2023 through July 26, 2024	Michael Nnadi	\$ 3,150,154	\$ 3,150,154
A4	Guidehouse Inc. <small>MWBE GOAL: 12%</small>	Consulting Services for Grant Management and Oversight for Harris Health System - To provide consulting services for grant management and oversight to Harris Health System. Job No. 220438	Ratify Award Best proposal meeting requirements One (1) year initial term with five (5) one-year renewal options	Kari McMichael		*
A5	CareFusion Solutions, LLC (GA-06554) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Lease and Maintenance of Pyxis Supply Distribution System for Harris Health System - Additional funds are required to cover extended lease services due to delays in the implementation of the purchased equipment and the purchase of additional equipment not previously accounted for. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.06-83	Additional Funds Extension Premier Healthcare Alliance, L.P. Contract August 01, 2023 through October 31, 2023	Doug Creamer	\$ 1,100,436	\$ 241,862
A6	Ortho Clinical Diagnostics through Cardinal Health (GA-07288) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Blood Bank Analyzer(s), Reagents, Consumables, and Service for the Harris County Hospital District dba Harris Health System - To continue providing analysis of blood tests using blood bank analyzers for Harris Health System patients. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.04-56	Renewal July 13, 2023 through January 31, 2025	Michael Nnadi	\$ 709,419	\$ 1,170,542
A7	Rogers-O'Brien Construction <small>MWBE GOAL: N/A Procured Prior to MWBE Program</small>	Construction Manager at Risk for the Renovation and Expansion of the Casa De Amigos Health Center for the Harris County Hospital District dba Harris Health System - The increase of the owner's contingency ensures capacity to support the remaining construction activities and challenges to unknown field conditions, asbestos abatement discovery, and cost impact caused by delay in obtaining the Permit Approval. Job No. 200091	Additional Funds	Babak Zare	\$ 13,742,604	\$ 1,000,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	J.T. Vaughn Construction, LLC <i>MWBE GOAL: 21.49%</i>	Renovation and Reconfiguration for Physical Therapy Suite for the Harris County Hospital District dba Harris Health System - This project is for the renovation and reconfiguration for physical therapy suite at Founace Place Administration. The owner contingency provides for coverage on unanticipated costs throughout the project. Job No. 230097	Best proposal meeting requirements	Babak Zare		\$ 927,360
A9	Gulf Coast Regional Blood Center (HCHD-509) <i>MWBE GOAL: N/A Specialized or Technical</i>	Blood, Blood Products and Services for Harris Health System - Additional funds are needed to continue providing blood, blood products and services for Harris Health System. Job No. 210178, Board Motion 22.08-111	Ratify Additional Funds September 01, 2022 through August 31, 2023	Michael Nnadi	\$ 7,201,239	\$ 850,000
A10	Hill-Rom Company, Inc. <i>MWBE GOAL: GPO/CO-OP Sourced</i>	Patient Beds, Mattresses and Therapeutic Surfaces - Purchase - To provide medical surgical beds for Ben Taub and Lyndon B. Johnson Hospitals. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 817,281
A11	General Datatech Inc., L.P. <i>MWBE GOAL: 0% Non-Divisible</i>	Hardware and Software for Clinic Redundancy project for Harris Health System - To provide additional hardware and software that is needed to have a redundant circuit to the 39 remote sites within Harris Health System. In the event that an AT&T circuit goes down, a backup circuit will allow the remote sites to continue to conduct business. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Low quote	Ronald Fuschillo		\$ 702,375
A12	Philips Healthcare (HCHD-739) <i>MWBE GOAL: N/A Sole Source</i>	Software Maintenance and Support for Physiological Monitoring Equipment for Harris Health System. - To provide Maintenance and Support for the Physiological Monitoring Equipment for Harris Health System. Sole Source Exemption, Board Motion 22.04-56	Renewal Sole Source Exemption August 19, 2023 through August 18, 2024	James Young	\$ 693,706	\$ 693,706
A13	National Research Corporation d/b/a NRC Health (HCHD-756) <i>MWBE GOAL: N/A Specialized or Technical</i>	Patient Satisfaction and CAHPS Surveys and Medical Staff Satisfaction Surveys for Harris Health System - To conduct various surveys that will enable Harris Health System to continuously improve services provided to patients. Job No. 210399, Board Motion 22.06-83	Renewal September 30, 2023 through September 29, 2024	David Riddle	\$ 676,016	\$ 676,016
A14	Abbott Laboratories, Inc. (HCHD-758) <i>MWBE GOAL: GPO/CO-OP Sourced</i>	Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service - Reagents and consumables to perform Hepatitis testing are being added to the Agreement. Additional funds are needed to accommodate the increased volume. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111	Ratify Additional Funds September 16, 2022 through September 15, 2023	Michael Nnadi	\$ 1,570,000	\$ 664,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A15	Citrix Systems, Inc. (DIR-TSO-4315) MWBE GOAL: 0% Non-Divisible	Maintenance and Support for Citrix Software for the Harris Health System - To continue to provide maintenance and support for Citrix software that provides virtual application services across Harris Health System and to remote users. Maintenance and support includes technical support, patch fixes and version upgrades. State of Texas Department of Information Resources (DIR) Cooperative Contract, Board Motion 22.06-83	Renewal August 01, 2023 through July 31, 2024	Ronald Fuschillo	\$ 425,845	\$ 650,000
A16	Medtronic Sofamor Danek USA, Inc. (HCHD-596) MWBE GOAL: N/A Public Health or Safety	Spinal Implants and Related Products - To continue providing spinal implants and related products used for various operating procedures. Public Health or Safety Exemption, Board Motion 22.05-67	Renewal Public Health or Safety Exemption August 05, 2023 through August 04, 2024	Doug Creamer	\$ 643,840	\$ 643,840
A17	Davis Vision, Inc., a subsidiary of Metlife (GA-06387) MWBE GOAL: 0% Non-Divisible	Vision Insurance for Employees of Harris Health System - Additional funds and extended term will match the contract term to the fiscal year. Job No. 150101, Board Motion 22.04-56	Ratify Additional Funds Extension March 01, 2023 through September 30, 2023	Amanda Jones-Duncan	\$ 986,401	\$ 600,000
A18	Elekta, Incorporated (GA-07306) MWBE GOAL: N/A Sole Source	Hardware Maintenance and Support for Elekta Linear Accelerators for Harris Health System. - To provide Hardware Maintenance and Support for three (3) Linear Accelerators at Smith Clinic. Sole Source Exemption, Board Motion 22.06-183	Additional Funds Extension Sole Source Exemption August 01, 2023 through July 31, 2024	Michael Beckman	\$ 568,614	\$ 568,614
A19	GE Precision Healthcare LLC MWBE GOAL: GPO/CO-OP Sourced	Ultrasound Machine - To replace current ultrasound units that are past their expected useful life for Ben Taub and Lyndon B. Johnson Hospitals. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 557,977
A20	Philips Healthcare MWBE GOAL: GPO/CO-OP Sourced	Physiological Monitoring Equipment - To provide physiological monitoring equipment for the Medicine Intermediate Medical Unit at Ben Taub Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 515,442
A21	Microsoft Corporation (HCHD-775) MWBE GOAL: N/A Specialized or Technical	Microsoft Unified Support Services for the Harris Health System - To continue to provide IT support and consultation services, as needed, for the support of Harris Health System Microsoft application environments. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote July 06, 2023 through July 05, 2024	Ronald Fuschillo		\$ 496,516
A22	SafeGuard Health Plans, Inc. a part of Metropolitan Life Insurance Company (GA-06400) MWBE GOAL: N/A Procured Prior to MWBE Program	Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organization (PPO) Insurance for Harris Health System - Additional funds cover fees that were underestimated by Harris Health System for this period. Job No. 150099, Board Motion 23.03-41	Ratify Additional Funds March 01, 2022 through February 28, 2023	Amanda Jones-Duncan	\$ 6,483,770	\$ 465,903
A23	Shared Imaging, Inc. MWBE GOAL: GPO/CO-OP Sourced	Leased Mobile Computed Tomography (CT) Machine - To provide a leased Mobile CT machine to support Correctional Health. Premier Healthcare Alliance, L.P. Contract	Award Only Offer Received One (1) year initial term	Mike Hill		\$ 439,800

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A24	Philips Healthcare <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Physiological Monitoring Equipment - To provide physiological monitoring equipment for Ben Taub and Lyndon B. Johnson hospitals. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 437,161
A25	Epic Systems Corporation (GA-04577) <small>MWBE GOAL: N/A Sole Source</small>	Implementation and Support Services for the Epic Enterprise Information System for Harris Health System - To continue to provide implementation and support services for Epic Enterprise Information Systems as needed for projects such as Lumens endoscopy, rehabilitation and interfaces. Sole Source Exemption, Board Motion 22.04-56	Purchase Sole Source Exemption July 08, 2023 through July 07, 2024	Ronald Fuschillo		\$ 413,800
A26	SpecialtyCare Cardiovascular Resources, LLC (GA-06895) <small>MWBE GOAL: N/A Procured Prior to MWBE Program</small>	Perfusion Services for Harris Health System - To continue providing perfusion and auto-transfusion services for Harris Health System. Professional Services Exemption, Board Motion 22.09-126	Renewal Professional Services Exemption August 01, 2023 through July 31, 2024	Glorimar Medina	\$ 390,000	\$ 390,000
A27	Carestream Health, Inc. (GA-06143) <small>MWBE GOAL: N/A Sole Source</small>	Service and Maintenance for Carestream Portable X-ray Systems for Harris Health System - To provide scheduled and unscheduled service and maintenance for Carestream Portable Digital X-ray Systems. Sole Source Exemption, Board Motion 22.06-83	Renewal Sole Source Exemption July 01, 2023 through June 30, 2024	James Young	\$ 369,489	\$ 380,415
A28	Molnlycke Health Care (PP-NS-1605) Sage Products, Inc (PP-NS-1604) Ehob, Inc (AD-NS-1608) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Skin Breakdown Prevention Products - To continue providing Harris Health System with skin breakdown prevention products. Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111	Funding Yr. 2 July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 349,780	\$ 349,780
A29	3M Health Information Systems, Inc. (HCHD-479) <small>MWBE GOAL: N/A Sole Source</small>	3M 360 Encompass System Cloud Hosting for Harris Health System - To provide annual maintenance for 3M cloud hosting for the 3M 360 Encompass system. The 3M 360 application is a coding and reimbursement system software. Sole Source Exemption, Board Motion 23.01-08	Renewal Sole Source Exemption August 25, 2023 through August 24, 2024	Ronald Fuschillo	\$ 351,017	\$ 349,679
A30	AMN Workforce Solutions, LLC (HCHD-447) <small>MWBE GOAL: N/A Specialized or Technical</small>	Cancer Registry Abstraction Services for Harris Health System - To assist in the administration of Cancer Registry Abstraction and Data Management Services for cancer patients treated at Harris Health System facilities. Job No. 220141, Board Motion 22.08-111	Renewal September 30, 2023 through September 29, 2024	Vivian Ho-Nguyen	\$ 250,000	\$ 341,000
A31	Innovations Associates, Inc. (HCHD-204) <small>MWBE GOAL: 0% Non-Divisible</small>	Maintenance and Support for the Central Fill Pharmacy System for Harris Health System - Additional funds are needed to cover extended annual support period. Sole Source Exemption, Board Motion 22.06-83	Ratify Additional Funds Extension Sole Source Exemption July 01, 2023 through June 30, 2024	Sunny Ogbonnaya	\$ 466,497	\$ 305,711

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A32	Ascend Clinical, LLC <small>MWBE GOAL: 0% Minimal MWBE Availability</small>	Dialysis Laboratory Testing Services for Harris Health System - To provide dialysis laboratory testing services for Harris Health Dialysis Center at Quentin Mease Clinic and laboratory testing of dialysis work systems at Ben Taub and Lyndon B. Johnson Hospitals. Job No. 230137	Ratify Award Only response received One (1) year initial term with six (6) one-year renewal options	Matthew Reeder		*
A33	Eagle Telemedicine, LLC (HCHD-990) <small>MWBE GOAL: 0% Minimal MWBE Availability</small>	Telemedicine Services for Harris Health System - To provide telecardiology and teleneurology services at Harris County correctional facilities. Professional Services Exemption	Ratify Purchase Professional Services Exemption One (1) year initial term with four (4) one-year renewal options	Kiki Teal		\$ 296,360
A34	NTT America Solutions, Inc. (GA-07271) <small>MWBE GOAL: N/A Sole Source</small>	Software Maintenance Renewal for the Virtual Patient Observation (VPO) System for Harris Health - To provide a virtual patient monitoring system that allows clinicians to remotely monitor patients who are at risk. This reduces the need for bedside sitters, enhances patient safety and increases clinician efficiency. Sole Source Exemption, Board Motion 22.03-40	Ratify Additional Funds Extension Sole Source Exemption March 31, 2023 through March 30, 2024	Ronald Fuschillo	\$ 217,598	\$ 271,010
A35	Kurin Inc <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Safety Phlebotomy - To provide Harris Health System with a U.S. Food and Drug Administration (FDA) approved blood collection diversion solution. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) December 01, 2022 through November 30, 2023	Douglas Creamer		\$ 270,000
A36	Abbott Laboratories, Inc. (HCHD-992) <small>MWBE GOAL: N/A Public Health or Safety</small>	Surgical Heart Valve Products for the Harris Health System - To provide Harris Health System with products used for the surgical repair or replacement of heart valves, including mechanical heart valves, biological heart valves and devices used for valve repair. Public Health or Safety Exemption	Award Public Health or Safety Exemption One (1) year initial term with one (1) one-year renewal options	Douglas Creamer		\$ 267,136
A37	Alacrinet Consulting Services, Inc. (NCPA 01-67) <small>MWBE GOAL: N/A Specialized or Technical</small>	IBM® QRadar® Security Incident and Event Monitoring Solution for Harris Health System - To provide maintenance and support for IBM® QRadar® Security Incident and Event Monitoring (SIEM) Solution which consolidates log events and network flow data from all devices, endpoints, and applications distributed throughout the organization. National Cooperative Purchasing Alliance (NCPA)	Purchase Only quote July 01, 2023 through June 30, 2024	Jeffrey Vinson		\$ 230,546
A38	Edwards Lifesciences <small>MWBE GOAL: N/A Sole Source</small>	Cardiac Output Monitors - To provide Ben Taub Hospital with new cardiac output monitors including non-invasive measurement capability. Sole Source Exemption	Award Sole Source Exemption	Teong Chai		\$ 230,540
A39	Agfa HealthCare Corporation (GA-07304) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Enterprise Imaging Annual Maintenance for Harris Health System - This purchase is for the annual maintenance of the Agfa Enterprise Imaging Software. Premier Healthcare Alliance, L.P. Contract	Renewal July 15, 2023 through July 14, 2024	Ronald Fuschillo	\$ 217,841	\$ 217,841

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A40	MCG Health, LLC (GA-06476) <i>MWBE GOAL: N/A Specialized or Technical</i>	Evidence-Based Clinical Decision Support Software for Harris Health System - To continue to provide software for utilization review or utilization management, case management, disease management, denial management, and/or similar related activities for Harris Health System. <i>Job No. 150060, Board Motion 22.05-67</i>	Ratify Renewal June 29, 2023 through June 28, 2024	Amy Smith	\$ 207,089	\$ 215,373
A41	Sustainable Modular Management <i>MWBE GOAL: 5%</i>	Modular Clinic at Aldine Health Center for Harris Health System - Temporary Modular Building for Aldine Health Center staff to use during Roof Top Unit Replacement of the clinic. <i>Texas Association of School Boards (TASB) BuyBoard Cooperative Program</i>	Purchase Best quote meeting specifications	Jake Goldstein		\$ 210,336
A42	Langrand and Company, LLC (HCHD-848) <i>MWBE GOAL: 100%</i>	Strategic Communication and Community Engagement Plan for Harris Health System - To provide consulting services for the Strategic Communication and Community Engagement Plan for Harris Health System. <i>Job No. 220120, Board Motion 22.09-126</i>	Renewal September 12, 2023 through September 11, 2024	Amanda Callaway	\$ 209,469	\$ 209,469
A43	Solid Border (DIR-CPO-4850) <i>MWBE GOAL: 100%</i>	Radware Web Application Firewall (WAF) Support for Harris Health System - To provide support for the Radware WAF solution to protect Harris Health System web applications from cyber-attacks. This specific technology provides in-depth monitoring of application systems. <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Only quote July 14, 2023 through July 13, 2024	Jeffrey Vinson		\$ 205,920
A44	Nicely Done Brands & Ads Clear Channel Outdoor <i>MWBE GOAL: 0% Minimal MWBE Availability</i>	Billboards for Harris Health System - To provide Billboards for Harris Health System. <i>Job No. 230160</i>	Award Low Bid July 01, 2023 through June 30, 2024 with six (6) one-year renewal options	Amanda Callaway		\$ 200,000
A45	General Datatech, L.P. (GA-07566) <i>MWBE GOAL: N/A Procured Prior to MWBE Program</i>	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 categories 2 IT Staffing Services (Temporary and Permanent Placement) and 3 (Network Local Area Network (LAN) Wide Area Network (WAN) Engineering and Implementation Services). <i>Job No. 180274, Board Motion 22.05-67</i>	Ratify Renewal June 22, 2023 through May 20, 2024	Anthony Kilty	\$ 310,990	\$ 200,000
A46	Philips Healthcare <i>MWBE GOAL: GPO/CO-OP Sourced</i>	Ultrasound Machine - To replace current ultrasound unit that is past its expected useful life for Lyndon B. Johnson Hospital. <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 199,787
A47	Matran, Incorporated dba Master's Leasing and Rental <i>MWBE GOAL: 0% Minimal MWBE Availability</i>	Lease of Shuttle Buses for Harris Health System. - To provide leased shuttle buses for Ben Taub Hospital and Smith Clinic for offsite parking initiative in support of Harris Health System staff. <i>Job No. 210066, Board Motion 22.04-56</i>	Ratify Renewal June 01, 2023 through May 31, 2024	Tim Brown	\$ 192,648	\$ 192,648

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A48	Insight Direct (USA), Inc. (PP-IT-241) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	NetApp storage platform software maintenance renewal for Harris Health System - To provide for the support of a wide range of clinical and business systems in Harris Health System. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer September 01, 2023 through August 31, 2024	Antony Kilty	\$ 94,037	\$ 182,680
A49	Philips Healthcare <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Cardiovascular Imaging - To replace one (1) intravascular ultrasound machine that is past its expected useful life with a new system for the Operating Room at Ben Taub Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 180,000
A50	Stryker Instruments (GA-07231) <small>MWBE GOAL: N/A Public Health or Safety</small>	Preventative Maintenance and Repair Services for Harris Health System. - To continue providing preventative maintenance and repair services for Surgical Power Tool Drills for Ben Taub and Lyndon B. Johnson Hospitals. Public Health or Safety Exemption, Board Motion 22.06-83	Additional Funds Extension Public Health or Safety Exemption July 01, 2023 through June 30, 2024	James Young	\$ 176,622	\$ 176,622
A51	Performance Health (AD-NS-1680) <small>MWBE GOAL: N/A Specialized or Technical</small>	Physical Therapy Products - To provide Harris Health System with physical therapy products used for therapy aimed at developing, maintaining and restoring maximum movement and functional ability. Premier Healthcare Alliance, L.P. Contract	Best ASCEND Contract March 01, 2023 through February 29, 2024	Douglas Creamer	\$ 166,925	\$ 166,925
A52	The University of Texas Health Science Center at Houston (HCHD-645) <small>MWBE GOAL: N/A Public Health or Safety</small>	Dental Health Services for the Health Care for the Homeless Program for Harris Health System - To provide Dental Health Services to eligible homeless individuals, and, if applicable, the medically underserved population, through Harris Health's Healthcare for the Homeless Program. Public Health or Safety Exemption, Board Motion 22.06-83	Renewal Public Health or Safety Exemption August 05, 2023 through August 04, 2024	Jennifer Small	\$ 165,000	\$ 176,845
A53	Perigen, Incorporated (formerly Watchchild, LLC) (GA-07106) <small>MWBE GOAL: N/A Sole Source</small>	Maintenance and Support for Fetal Monitoring Software System for Harris Health System - To provide continued Maintenance and Support for the Watchchild Fetal Monitoring System Software Application. Sole Source Exemption, Board Motion 22.06-83	Extension Sole Source Exemption August 01, 2023 through July 31, 2024	Antony Kilty	\$ 148,288	\$ 154,088
A54	Lepow Podiatric Medical Associates, LLP (GA-06573) <small>MWBE GOAL: 0% Minimal MWBE Availability</small>	Podiatry Services for Harris Health System - To provide podiatry services to Harris Health facilities until a new contract is in place. Job No. 160114, Board Motion 23.01-08	Ratify Additional Funds Extension June 01, 2023 through August 31, 2023	Chris Dewey	\$ 1,067,611	\$ 153,870
A55	Stryker Corporation <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Surgical Endoscopy - Rigid - To replace video endoscopy system past their expected useful life at Lyndon B. Johnson Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 153,180
A56	C.L. Davis and Company <small>MWBE GOAL: N/A Procured Prior to MWBE Program</small>	Land Surveying Services for the Harris County Hospital District dba Harris Health System - To provide additional topographic, utility, investigation and boundary surveying services to complete budgeted projects at designated Harris Health System facilities. Professional Services Exemption, Board Motion 22.09-126	Additional Funds Professional Services Exemption September 08, 2022 through September 07, 2023	Patrick Casey	\$ 645,000	\$ 150,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A57	Fisher and Paykel Health, Inc MWBE GOAL: GPO/CO-OP Sourced	Active Humidification Devices and Accessories - To provide Harris Health System with various active humidification devices and accessories. Premier Healthcare Alliance, L.P. Contract	Best Contract(s) May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 146,618	\$ 146,618
A58	Jackson Walker, L.L.P. (HCHD-987) MWBE GOAL: N/A Specialized or Technical	Legal Services for Harris Health System - To represent Harris Health System regarding compliance with Medicare, Medicaid, and other governmental health and reimbursement programs, and other healthcare and compliance matters. Professional Services Exemption	Purchase Professional Services Exemption July 01, 2023 through June 30, 2024 with two (2) one-year renewal options	L. Sara Thomas		\$ 145,000
A59	Outreach Strategists, LLC (HCHD-651) MWBE GOAL: 100%	Bond Referendum Consulting Services for Harris Health System - Additional funds cover the conducting of research such as focus groups, surveys and tracking polls. Job No. 220180, Board Motion 22.09-126	Ratify Additional Funds June 01, 2023 through May 31, 2024	Amanda Callaway	\$ 225,000	\$ 141,000
A60	Medline Industries, LP (PP-NS-1621) MWBE GOAL: GPO/CO-OP Sourced	Oral Care - To continue providing Harris Health System with oral care products used for patients unable to perform oral cleansing activities and to reduce ventilator assisted pneumonia (VAP). Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 August 01, 2023 through July 31, 2024	Douglas Creamer	\$ 135,203	\$ 135,203
A61	Premier Healthcare Solutions, Inc. MWBE GOAL: N/A Public Health or Safety	Supply Disruption Manager Solution & Support Services - Software solution and support services to provide Harris Health with the ability to assess, analyze and manage supply chain shortages and resiliency. Public Health or Safety Exemption	Purchase Public Health or Safety Exemption One (1) year initial term with two (2) one-year renewal options	Doug Creamer		\$ 130,000
A62	AMC Lifestyle Support MWBE GOAL: N/A Specialized or Technical	Custom Pressure Garments - To provide custom made pressure garments used for compression therapy for Harris Health System patients. Job No. 220386	Award Only proposal received One (1) year initial term with five (5) one-year renewal options	Christopher Dewey		*
A63	Getinge USA Sales, LLC MWBE GOAL: GPO/CO-OP Sourced	Intra-Aortic Balloon Pump - To add new Intra-Aortic Balloon Pumps at Ben Taub Hospital. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Teong Chai		\$ 121,125
A64	DrFirst.com, Inc MWBE GOAL: N/A Public Health or Safety	Medication Reconciliation and Adherence Solution - Software purchase and support to provide Harris Health System comprehensive medication history data to assist clinical staff for newly admitted patients. The solution helps to address the need for medication reconciliation, medication transparency, medication error reduction, efficiency, and patient adherence, which provides a significant barrier to improving patient care. Public Health or Safety Exemption	Purchase Public Health or Safety Exemption One (1) year initial term with two (2) one-year renewal options	Michael Nnadi		\$ 113,295
A65	Stryker Corporation (AD-OR-2065) MWBE GOAL: GPO/CO-OP Sourced	Laparoscopic Suction Irrigation Products - To continue providing Harris Health System with instruments that are used during laparoscopic procedures that provide suction to remove fluid and smoke from the surgical field, cauterize tissue and irrigate the surgical field when needed. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 108,086	\$ 111,329

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A66	Great South Texas Corp. dba Computer Solutions (TIPS- 230105) MWBE GOAL: 100%	Global Positioning Service (GPS) for Vehicle Monitoring System for Harris Health System. - To provide Global Positioning Services (GPS) Vehicle Tracking Hardware, Software Licenses and Monitoring Service for Harris Health System Vehicles. <i>The Interlocal Purchasing System (TIPS), Board Motion 22.04-56</i>	Renewal June 27, 2023 through June 26, 2024	Tim Brown	\$ 107,600	\$ 107,600
A67	Sebia, Inc. (GA-07128) MWBE GOAL: 0% Non-Divisible	Automated Electrophoresis Analyzer(s) including Reagents, Consumables and Service for Harris Health System - The term is being extended in order to evaluate and determine whether electrophoresis testing can be performed on newly purchased A1c analyzers. <i>Job No. 160151</i>	Additional Funds Extension July 03, 2023 through July 02, 2024	Michael Nnadi	\$ 85,400	\$ 94,000
					Total Expenditures	\$ 46,076,643
					Total Revenue	\$ (0)

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

Expenditure Summary: June 22, 2023 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	A.O. Phillips and Associates LLC (HCHD-863) <small>MWBE GOAL: 100%</small>	M/WBE Consulting Services for Harris Health System - To provide consulting services for effective strategies to help Harris Health System develop and implement a minority or woman-owned business entity (M/WBE) program. Personal Services Exemption	Renewal Personal Services Exemption August 01, 2023 through July 31, 2024	Derek Holmes	\$ 100,000	\$ 100,000
B2	Boston Scientific (HCHD-976) <small>MWBE GOAL: N/A Sole Source</small>	Service and Maintenance of Equipment for Harris Health System. - To provide service and maintenance for two (2) Moses 2.0 urology laser equipment located at Harris Health. Sole Source Exemption	Award Sole Source Exemption November 08, 2023 through November 07, 2027	Tim Tatum		\$ 96,496
B3	Becton, Dickinson and Company (PP-NS-1343) <small>MWBE GOAL: GPO/CO-OP Sourced</small>	Sharps Disposal Containers - To continue providing Harris Health System with canisters designed for the safe containment of sharps medical waste, and related accessories such as wall mountings and brackets. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 4 May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 87,553	\$ 96,308
B4	Strata Decision Technology, LLC (GA-04873) <small>MWBE GOAL: N/A Sole Source</small>	Financial Decision Support Software Maintenance for Harris Health System - To continue to provide maintenance and support for the EPSI Financial Decision Support software, which provides financial management data gathering capabilities for members of the Harris Health System's Finance department. Sole Source Exemption	Renewal Sole Source Exemption June 30, 2023 through June 29, 2024	Ronald Fuschillo	\$ 91,887	\$ 91,887
B5	National Research Corporation <small>MWBE GOAL: 10%</small>	Healthcare Consumer Insights for Harris Health System - To provide healthcare consumer insights to Harris Health System to assist with marketing effectiveness. Job No. 230159	Award Best proposal meeting requirements One (1) year initial term with six (6) one-year renewal options	Amanda Callaway		*
B6	Cara Cook Consulting, LLC (HCHD-779) <small>MWBE GOAL: N/A Personal Services</small>	Labor Management Support Services for Harris Health System - Additional funds are needed to cover anticipated travel expenses. Personal Services Exemption, Board Motion 22.06-83	Additional Funds Personal Services Exemption May 01, 2023 through December 15, 2023	Monica Carbajal	\$ 1,327,400	\$ 80,000
B7	Brink's Incorporated <small>MWBE GOAL: 0% Minimal MWBE Availability</small>	Armored Car Services for Deposit Processing and Cash Replenishment of Automated Parking Collection Units for Harris Health System - To continue providing armored car services throughout Harris Health System facilities. Job No. 180193	Renewal October 01, 2022 through September 30, 2023	Kari McMichael	\$ 78,000	\$ 78,000
B8	Carahsoft Technology Corporation (DIR-TSO-4288) <small>MWBE GOAL: N/A Specialized or Technical</small>	CyberArk Consulting Services for the Harris Health System - To provide the consulting services of a CyberArk certified engineer to configure and extend Harris Health's CyberArk platform. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Only quote January 01, 2023 through June 30, 2023	Jeffrey Vinson		\$ 72,864

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	Netsync Network Solutions, Inc. MWBE GOAL: 100%	For the telephone equipment and installation services of Harris Health System - To provide telephone equipment and installation services for construction of the LBJ Hospital Observation Unit. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Low quote	Jose Araujo		\$ 70,965
B10	Netsync Network Solutions, Inc. MWBE GOAL: 100%	For the telephone equipment and installation services of Harris Health System - To provide telephone equipment and installation services for construction of the Ben Taub Hospital Observation Unit. State of Texas Department of Information Resources (DIR) Cooperative Contract	Purchase Lowest quote meeting specifications	Jose Araujo		\$ 70,455
B11	Angiodynamics Inc. (AD-OR-1671) MWBE GOAL: GPO/CO-OP Sourced	Implantable Infusion Ports - To continue providing Harris Health System with disposable vaginal speculums that are single use, smooth, comfortable and designed for routine gynecological exams. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 67,385	\$ 67,385
B12	Shockwave Medical, Inc. (PP-CA-503) MWBE GOAL: GPO/CO-OP Sourced	Intravascular Lithotripsy Products and Accessories - To continue providing Harris Health System with intravascular lithotripsy catheters and accessories used to treat advanced calcified cardiovascular and peripheral vascular disease. Premier Healthcare Alliance, L.P. Contract	Funding Yr. 2 July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 65,920	\$ 65,920
B13	Oracle America, Inc. (DIR-TSO-4158) MWBE GOAL: N/A Sole Source	Annual Maintenance of Oracle Software for Harris Health - To provide annual maintenance associated with additional Oracle/PeopleSoft licenses purchased last year. The license purchase was required to be software license compliant based on the growth of the PeopleSoft Financials, eSettlements and Supplier Contract software applications. Sole Source Exemption	Purchase Sole Source Exemption March 01, 2023 through February 29, 2024	Ronald Fuschillo		\$ 65,829
B14	Sonosite, Inc. MWBE GOAL: GPO/CO-OP Sourced	Ultrasound - To replace ultrasound machines well past their expected useful life with new equipment for Ben Taub Hospital. Premier Healthcare Alliance, L.P. Contract	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 64,440
B15	American College of Surgeons (ACS) (HCHD-875) MWBE GOAL: N/A Public Health or Safety	National Surgical Quality Improvement Program (NSQIP) for Harris Health System - To participate in NSQIP and Quality Verification Program wherein Harris Health provides certain data, and ACS provides training, education and support for Surgical Clinical Reviewers, monitoring of data accrual rates and data sampling methodologies, and provides clinical performance improvement reports. Public Health or Safety Exemption	Renewal Public Health or Safety Exemption August 01, 2023 through July 31, 2024	Vivian Ho-Nguyen	\$ 64,000	\$ 64,000
B16	Henry Schein MWBE GOAL: GPO/CO-OP Sourced	Exam Room Furniture Equipment - To add examination tables to meet the operational needs of Harris Health System. Premier Healthcare Alliance, L.P. Contract	Award Lowest Offer	Teong Chai		\$ 61,823
					Total Expenditures	\$ 1,236,238
					Total Revenue	\$ (0)

Thursday, June 22, 2023

**Consideration of Approval of a Gift in the Amount of \$500,000 to Harris Health System
from Cigna Healthcare to Support the Expansion of the Food Farmacy program.**

Harris Health System was awarded a gift to fund the expansion of the Food Farmacy to serve additional Harris Health patients through mobile modalities.

This gift is \$500,000 over a two year period. The first gift of \$250,000 for 2023 was received in May 2023, with the second gift of \$250,000 coming in 2024.

Harris Health Administration requests approval to enter into a Sponsorship Agreement between Harris Health System and Cigna Healthcare for the acceptance of the gift of \$500,000.

Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: June 22, 2023

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Cigna Healthcare	Consideration of Approval of a Gift in the Amount of \$500,000 to Harris Health System from Cigna Healthcare to Support the Expansion of the Food Farmacy program.	Sponsorship Agreement	2023 through 2024	Kelli Fondren	\$ 500,000
TOTAL AMOUNT:						\$ 500,000.00

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, June 22, 2023

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



Financial Statements

As of April 30, 2023



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Financial Highlights Review

As of April 30, 2023

Operating income for April was \$28.1 million compared to budgeted income of \$17.3 million.

Total net revenue for April of \$216.3 million was \$12.7 million or 6.3% more than budget. Net patient revenue was \$6.5 million lower than expected, but was offset by improved investment returns of \$6.3 million and \$1.9 million more in tobacco funds received over budget. Medicaid Supplemental programs were \$10.5 million higher than budget primarily due to timing.

In April, total expenses of \$188.2 million were \$1.9 million or 1.0% less than budget. Staff costs were \$8.4 million over budget as a result of retention bonus milestone payments made and increases in health insurance claims. Purchased services for medical insurance subsidies decreased \$3.3 million due to the Marketplace plan pricing effective for calendar year 2023. The change in the Community Health Choice plan pricing, and a corresponding decrease in subsidy, was discussed with the Board of Trustees in November 2022.

Also in April, total patient days and average daily census increased 5.8% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.7% higher than planned with length of stay 5.8% higher than budget. Emergency room visits were 7.1% lower than planned for the month. Total clinic visits, including telehealth, were 3.8% higher compared to budget. Births were up 1.9% for the month and 12.7% higher year-to-date.

Total cash receipts for April were \$143.5 million. The System has \$1,767.9 million in unrestricted cash, cash equivalents and investments, representing 303.4 days cash on hand. Harris Health System has \$139.7 million in net accounts receivable, representing 70.1 days of outstanding patient accounts receivable at April 31, 2023. The April balance sheet reflects a combined net liability position of \$24.4 million under the various Medicaid Supplemental programs.

Income Statement

As of April 30, 2023 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 53.5	\$ 60.0	-10.8%	\$ 422.6	\$ 421.8	0.2%	\$ 460.5	-8.2%
Medicaid Supplemental Programs	61.5	51.0	20.5%	402.6	357.1	12.7%	249.9	61.1%
Other Operating Revenue	10.2	9.6	6.8%	70.8	66.3	6.9%	37.5	89.2%
Total Operating Revenue	\$ 125.2	\$ 120.5	3.8%	\$ 896.0	\$ 845.2	6.0%	\$ 747.8	19.8%
Net Ad Valorem Taxes	69.3	69.3	0.0%	486.3	484.8	0.3%	355.0	37.0%
Net Tobacco Settlement Revenue	15.2	13.3	14.2%	15.2	13.3	14.2%	16.7	-9.3%
Capital Gifts & Grants	-	-	0.0%	9.5	-	0.0%	45.9	-79.3%
Interest Income & Other	6.6	0.4	1492.3%	41.5	3.9	958.7%	40.7	1.9%
Total Nonoperating Revenue	\$ 91.1	\$ 83.0	9.8%	\$ 552.4	\$ 502.0	10.0%	\$ 458.3	20.5%
Total Net Revenue	\$ 216.3	\$ 203.5	6.3%	\$ 1,448.5	\$ 1,347.2	7.5%	\$ 1,206.2	20.1%
EXPENSE								
Salaries and Wages	\$ 77.6	\$ 72.2	-7.4%	\$ 506.6	\$ 528.0	4.1%	\$ 491.1	-3.1%
Employee Benefits	27.3	24.2	-12.5%	165.1	169.6	2.6%	150.3	-9.9%
Total Labor Cost	\$ 104.8	\$ 96.4	-8.7%	\$ 671.7	\$ 697.6	3.7%	\$ 641.4	-4.7%
Supply Expenses	22.9	23.2	1.1%	167.9	162.6	-3.3%	159.7	-5.1%
Physician Services	35.4	35.8	1.3%	240.1	250.8	4.2%	219.9	-9.2%
Purchased Services	19.1	23.6	18.9%	142.4	161.9	12.1%	157.3	9.5%
Depreciation & Interest	6.0	7.3	18.3%	48.9	52.7	7.3%	44.8	-9.1%
Total Operating Expense	\$ 188.2	\$ 186.3	-1.0%	\$ 1,271.0	\$ 1,325.7	4.1%	\$ 1,223.1	-3.9%
Operating Income (Loss)	\$ 28.11	\$ 17.3		\$ 177.5	\$ 21.5		\$ (17.0)	
Total Margin %	13.0%	8.5%		12.3%	1.6%		-1.4%	

Balance Sheet

As of April 30, 2023 and 2022 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,767.9	\$ 1,422.2
Net Patient Accounts Receivable	139.7	140.7
Net Ad Valorem Taxes, Current Portion	15.9	8.0
Other Current Assets	129.2	89.3
Total Current Assets	\$ 2,052.7	\$ 1,660.2
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 416.5	\$ 431.9
Construction in Progress	203.7	125.0
Right of Use Assets	42.1	46.8
Total Capital Assets	\$ 662.2	\$ 603.8
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 40.3	\$ 46.1
LPPF Restricted Cash	7.5	25.8
Capital Gift Proceeds	46.5	45.0
Other - Restricted	1.0	0.4
Total Assets Limited As to Use & Restricted Assets	\$ 95.2	\$ 117.4
Other Assets	35.8	18.4
Deferred Outflows of Resources	188.5	152.7
Total Assets & Deferred Outflows of Resources	\$ 3,034.4	\$ 2,552.5
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 590.3	\$ 260.3
Employee Compensation & Related Liabilities	130.8	113.7
Estimated Third-Party Payor Settlements	13.9	13.6
Current Portion Long-Term Debt and Capital Leases	20.0	20.0
Total Current Liabilities	\$ 755.0	\$ 407.6
Long-Term Debt	315.2	335.3
Net Pension & Post Employment Benefits Liability	598.9	599.0
Other Long-Term Liabilities	7.8	18.1
Deferred Inflows of Resources	218.7	218.7
Total Liabilities	\$ 1,895.5	\$ 1,578.6
Total Net Assets	\$ 1,138.9	\$ 973.8
Total Liabilities & Net Assets	\$ 3,034.4	\$ 2,552.5

Cash Flow Summary

As of April 30, 2023 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 58.9	\$ 39.7	\$ 409.9	\$ 400.3
Medicaid Supplemental Programs	9.6	3.8	869.7	525.4
Net Ad Valorem Taxes	6.6	5.3	813.2	797.9
Tobacco Settlement	15.2	16.7	15.2	16.7
Other Revenue	53.2	37.3	160.8	94.2
Total Cash Receipts	\$ 143.5	\$ 102.9	\$ 2,268.7	\$ 1,834.6
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 95.7	\$ 123.4	\$ 764.1	\$ 639.0
Supplies	23.4	27.5	174.6	163.8
Physician Services	32.0	32.0	231.2	216.6
Purchased Services	16.6	21.0	129.4	123.0
Capital Expenditures	9.0	12.7	73.2	58.0
Debt and Interest Payments	0.2	0.3	19.2	18.8
Other Uses	(13.6)	(8.5)	(68.0)	45.7
Total Cash Disbursements	\$ 163.3	\$ 208.5	\$ 1,323.6	\$ 1,264.8
Net Change	\$ (19.8)	\$ (105.5)	\$ 945.1	\$ 569.8
Unrestricted cash, cash equivalents and investments - Beginning of year			\$ 822.8	
Net Change			945.1	
Unrestricted cash, cash equivalents and investments - End of period			\$ 1,767.9	

Performance Ratios

As of April 30, 2023

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	13.0%	8.5%	12.3%	1.6%	-1.4%
Run Rate per Day (In\$ Millions)	\$ 6.1	\$ 6.0	\$ 5.8	\$ 6.0	\$ 5.6
Salary, Wages & Benefit per APD	\$ 2,601	\$ 2,679	\$ 2,323	\$ 2,666	\$ 2,518
Supply Cost per APD	\$ 569	\$ 644	\$ 581	\$ 621	\$ 627
Physician Services per APD	\$ 878	\$ 996	\$ 830	\$ 958	\$ 863
Total Expense per APD	\$ 4,670	\$ 5,176	\$ 4,395	\$ 5,065	\$ 4,801
Overtime as a % of Total Salaries	3.1%	1.9%	3.6%	1.9%	3.2%
Contract as a % of Total Salaries	4.6%	7.4%	5.2%	7.3%	8.1%
Full-time Equivalent Employees	9,994	9,869	9,873	10,179	9,373
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			2.7		4.0
Unrestricted Cash (In \$ Millions)			\$ 1,767.9	\$ 1,015.7	\$ 1,422.2
Days Cash on Hand			303.4	174.9	253.9
Days Revenue in Accounts Receivable			70.1	53.5	64.8
Days in Accounts Payable			47.5		44.5
Capital Expenditures/Depreciation & Amortization			174.1%		151.0%
Average Age of Plant(years)			11.7		12.1

Harris Health System Key Indicators



Statistical Highlights

As of April 30, 2023

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	40,292	35,987	12.0%	289,654	261,722	10.7%	254,752	13.7%
Outpatient % of Adjusted Volume	61.5%	61.8%	-0.5%	60.6%	61.8%	-2.0%	62.3%	-2.8%
Primary Care Clinic Visits	42,050	41,083	2.4%	307,878	282,425	9.0%	270,627	13.8%
Specialty Clinic Visits	20,034	20,263	-1.1%	141,900	135,375	4.8%	133,532	6.3%
Telehealth Clinic Visits	10,124	9,783	3.5%	75,737	77,525	-2.3%	99,241	-23.7%
Total Clinic Visits	72,208	71,129	1.5%	525,515	495,325	6.1%	503,400	4.4%
Emergency Room Visits - Outpatient	10,258	11,150	-8.0%	75,174	77,706	-3.3%	73,969	1.6%
Emergency Room Visits - Admitted	1,654	1,671	-1.0%	12,638	11,522	9.7%	10,221	23.6%
Total Emergency Room Visits	11,912	12,821	-7.1%	87,812	89,228	-1.6%	84,190	4.3%
Surgery Cases - Outpatient	932	1,063	-12.3%	6,428	7,433	-13.5%	5,587	15.1%
Surgery Cases - Inpatient	705	920	-23.4%	5,536	6,365	-13.0%	5,168	7.1%
Total Surgery Cases	1,637	1,983	-17.4%	11,964	13,798	-13.3%	10,755	11.2%
Total Outpatient Visits	117,001	121,258	-3.5%	862,333	845,723	2.0%	883,896	-2.4%
Inpatient Cases (Discharges)	2,517	2,359	6.7%	18,462	16,852	9.6%	15,760	17.1%
Outpatient Observation Cases	826	1,131	-27.0%	5,639	8,425	-33.1%	8,110	-30.5%
Total Cases Occupying Patient Beds	3,343	3,490	-4.2%	24,101	25,277	-4.7%	23,870	1.0%
Births	372	365	1.9%	3,173	2,816	12.7%	2,948	7.6%
Inpatient Days	15,532	13,764	12.8%	114,260	100,003	14.3%	96,113	18.9%
Outpatient Observation Days	2,628	3,406	-22.9%	18,085	25,558	-29.2%	25,380	-28.7%
Total Patient Days	18,160	17,170	5.8%	132,345	125,561	5.4%	121,493	8.9%
Average Daily Census	605.3	572.3	5.8%	624.3	592.3	5.4%	573.1	8.9%
Average Operating Beds	681	681	0.0%	681	681	0.0%	684	-0.4%
Bed Occupancy %	88.9%	84.0%	5.8%	91.7%	87.0%	5.4%	83.8%	9.4%
Inpatient Average Length of Stay	6.17	5.83	5.8%	6.19	5.93	4.3%	6.10	1.5%
Inpatient Case Mix Index (CMI)	1.719	1.706	0.7%	1.700	1.706	-0.4%	1.804	-5.8%
Payor Mix (% of Charges)								
Charity & Self Pay	43.1%	46.2%	-6.7%	44.9%	46.7%	-3.9%	46.6%	-3.6%
Medicaid & Medicaid Managed	23.4%	23.5%	-0.4%	23.5%	22.7%	3.4%	21.5%	9.3%
Medicare & Medicare Managed	11.9%	11.6%	2.9%	11.3%	11.0%	2.3%	11.9%	-5.4%
Commercial & Other	21.5%	18.7%	15.2%	20.4%	19.5%	4.6%	20.1%	1.7%
Total Unduplicated Patients - Rolling 12				248,699			254,499	-2.3%
Total New Patient - Rolling 12				86,588			83,506	3.7%

Harris Health System

Statistical Highlights

April FY 2023

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,343	3,490	3,603

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
24,101	25,277	23,870

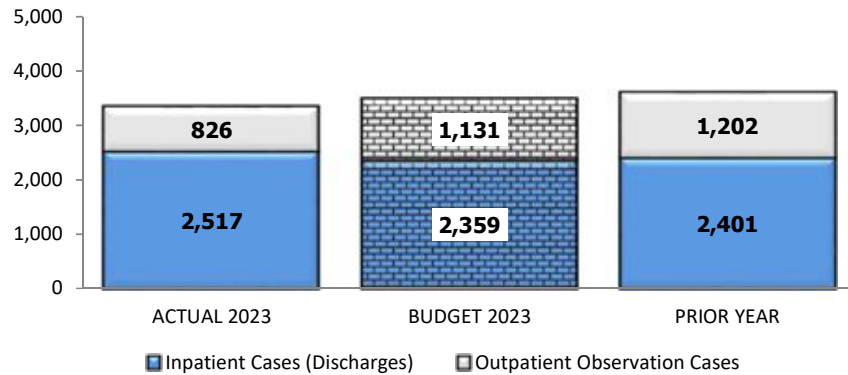
Emergency Visits - CM

Actual	Budget	Prior Year
11,912	12,821	12,436

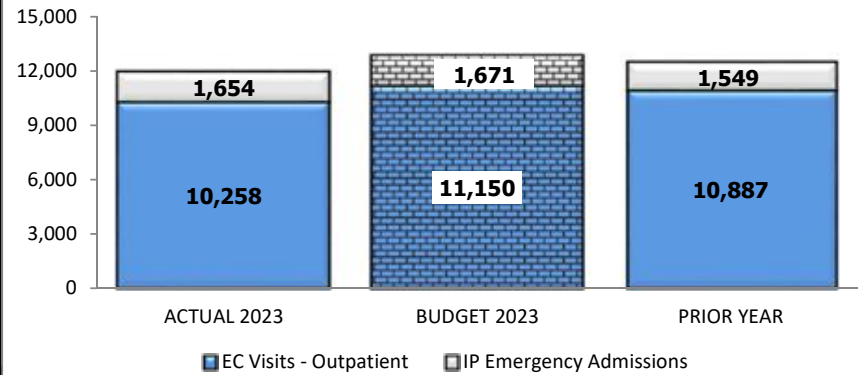
Emergency Visits - YTD

Actual	Budget	Prior Year
87,812	89,228	84,190

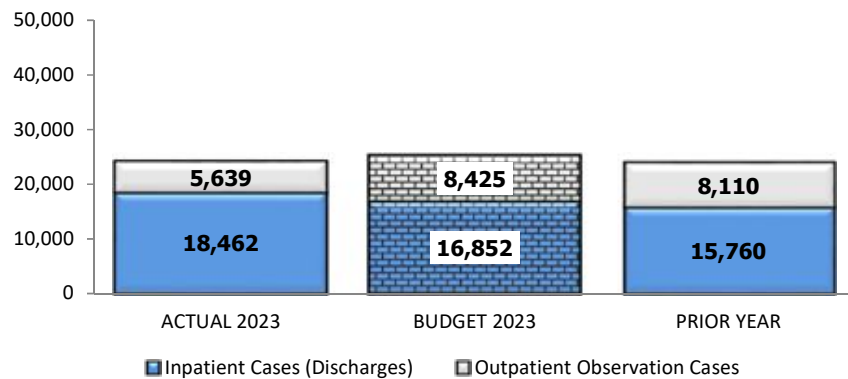
Cases Occupying Beds - Current Month



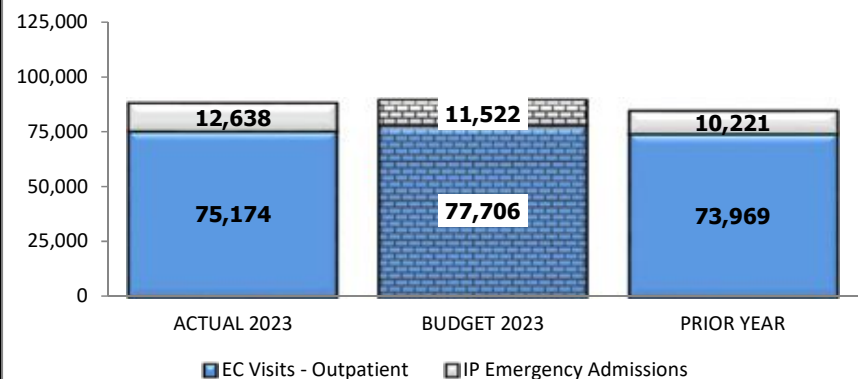
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

April FY 2023

Surgery Cases - CM

Actual	Budget	Prior Year
1,637	1,983	1,680

Surgery Cases - YTD

Actual	Budget	Prior Year
11,964	13,798	10,755

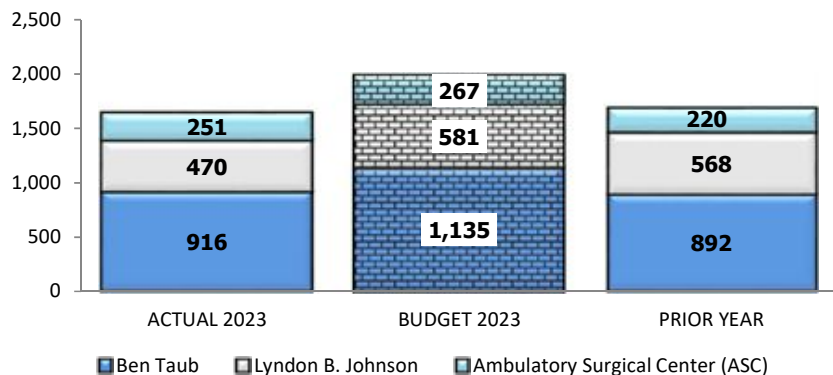
Clinic Visits - CM

Actual	Budget	Prior Year
72,208	71,129	70,593

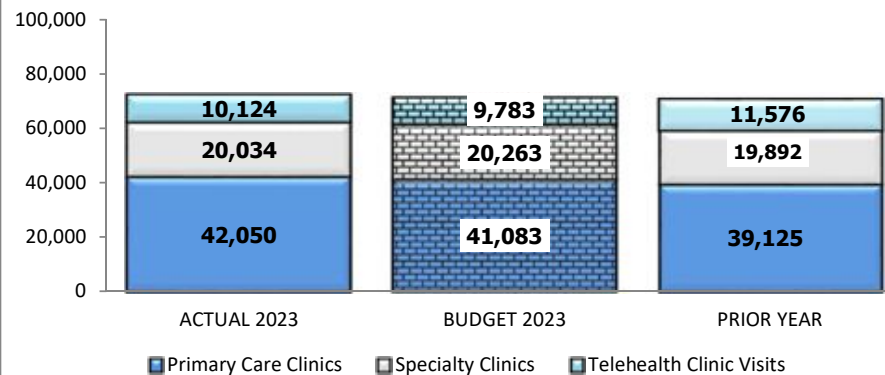
Clinic Visits - YTD

Actual	Budget	Prior Year
525,515	495,325	503,400

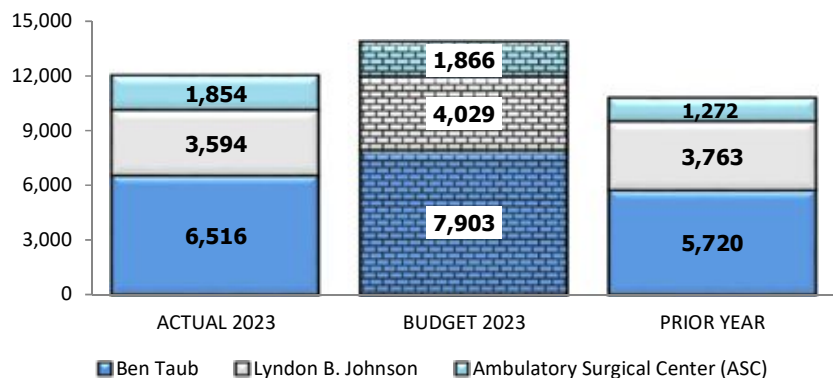
Surgery Cases - Current Month



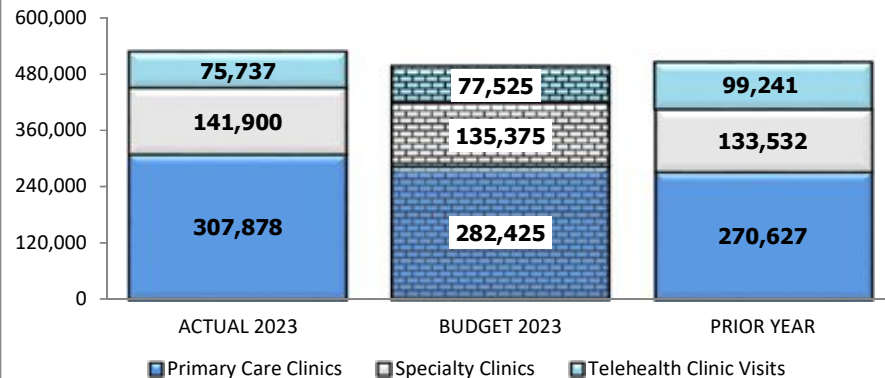
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

April FY 2023

Adjusted Patient Days - CM

40,292

Adjusted Patient Days - YTD

289,654

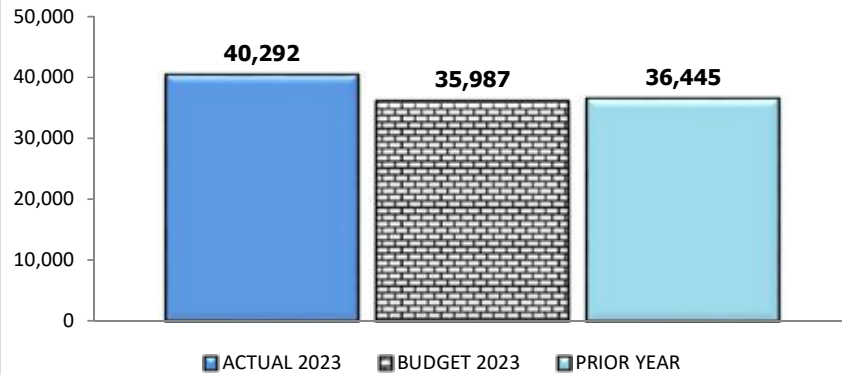
Average Daily Census - CM

605.3

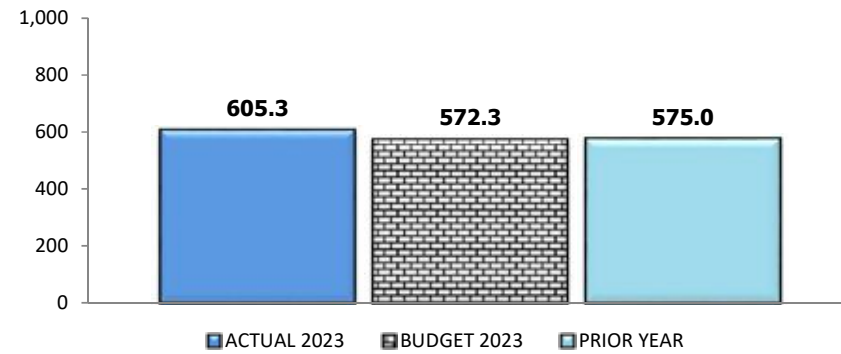
Average Daily Census - YTD

624.3

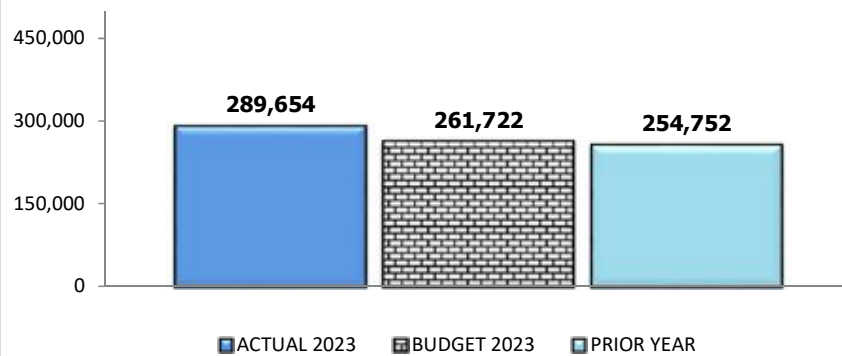
Adjusted Patient Days - Current Month



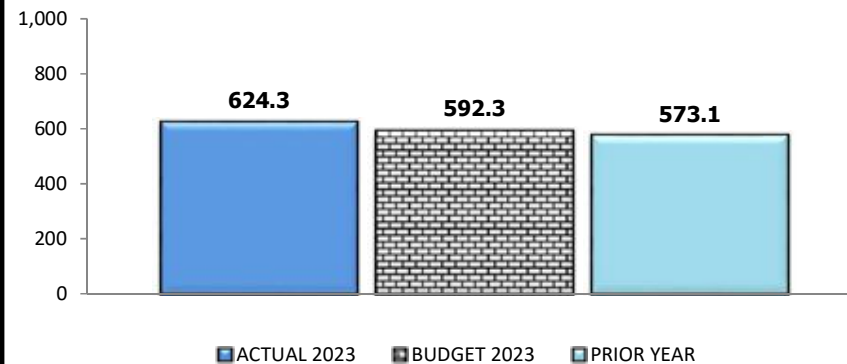
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

April FY 2023

Inpatient ALOS - CM

6.17

Inpatient ALOS - YTD

6.19

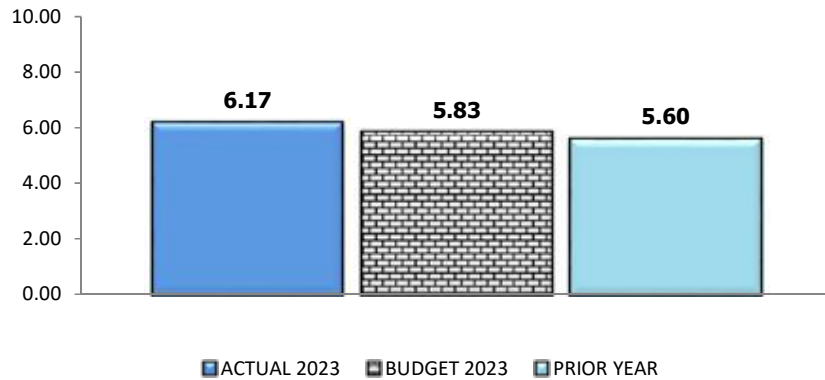
Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.719	1.865

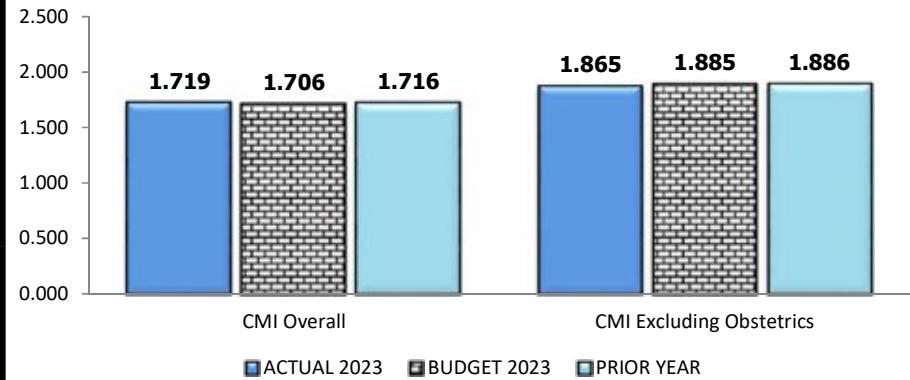
Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.700	1.874

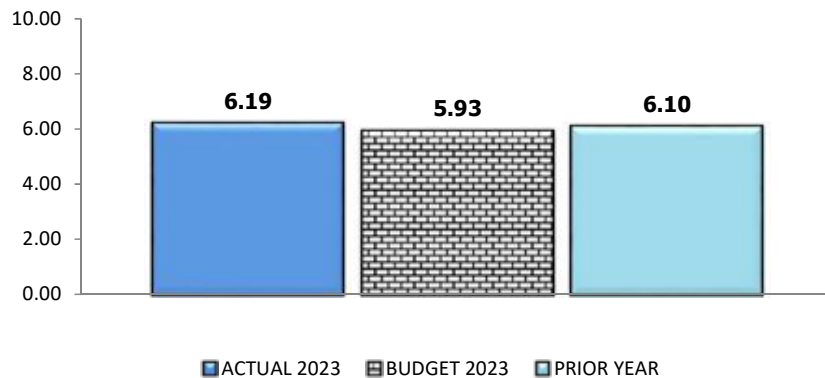
Inpatient ALOS - Current Month



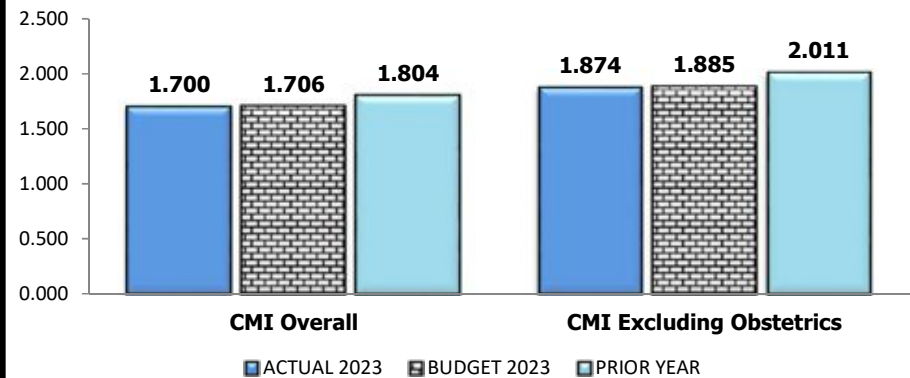
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

April FY 2023

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,006	2,029	2,094

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,315	14,841	14,206

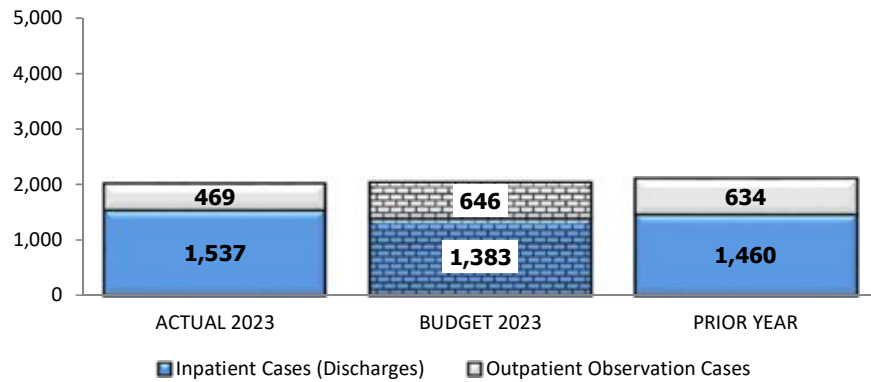
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,337	1,461	1,509

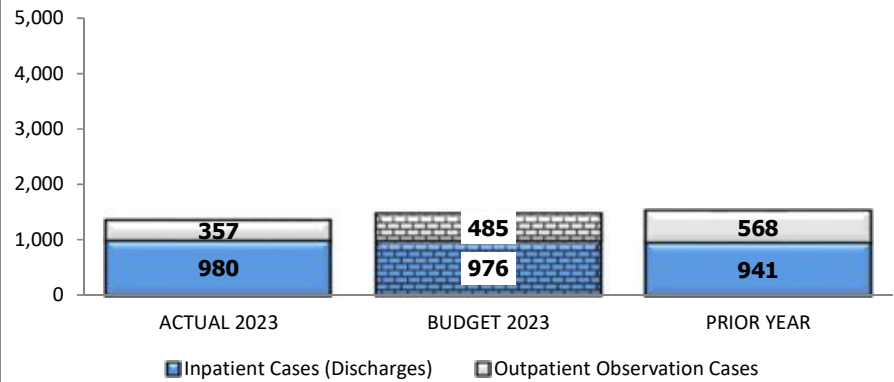
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
9,786	10,436	9,664

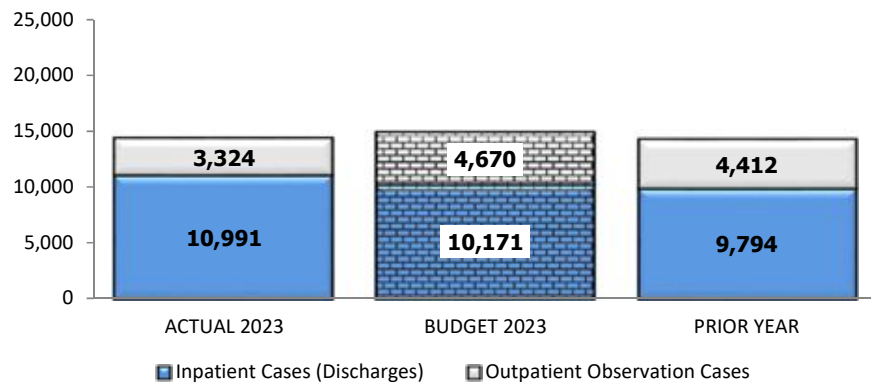
Ben Taub Cases - Current Month



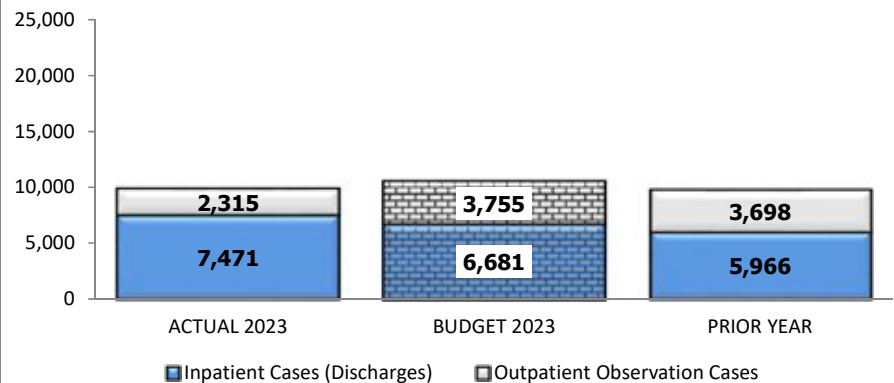
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

April FY 2023

BT Surgery Cases - CM

Actual	Budget	Prior Year
916	1,135	892

BT Surgery Cases - YTD

Actual	Budget	Prior Year
6,516	7,903	5,720

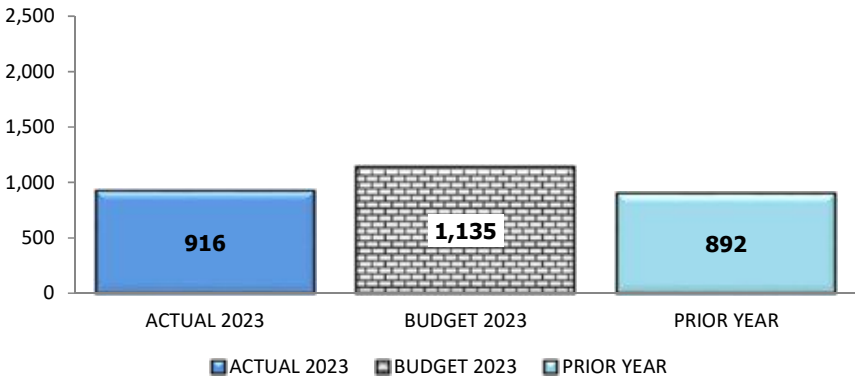
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
721	848	788

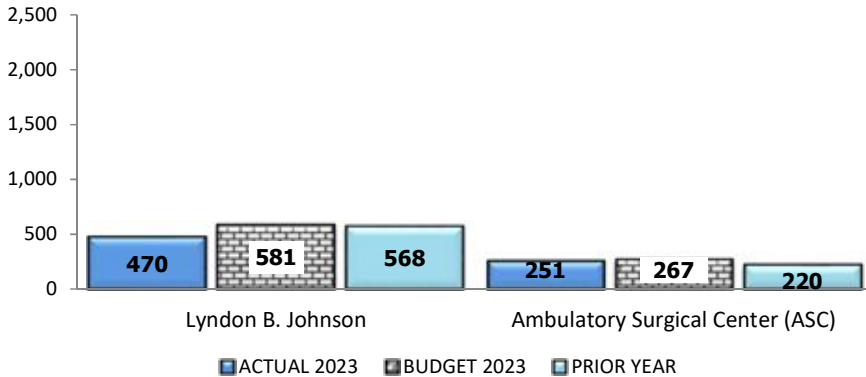
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
5,448	5,895	5,035

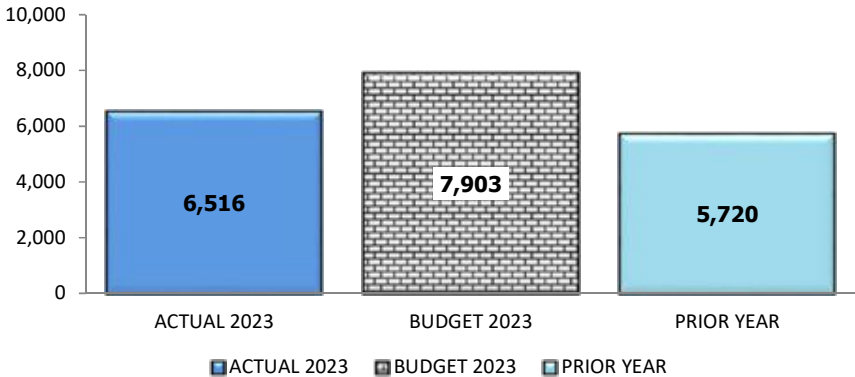
Ben Taub OR Cases - Current Month



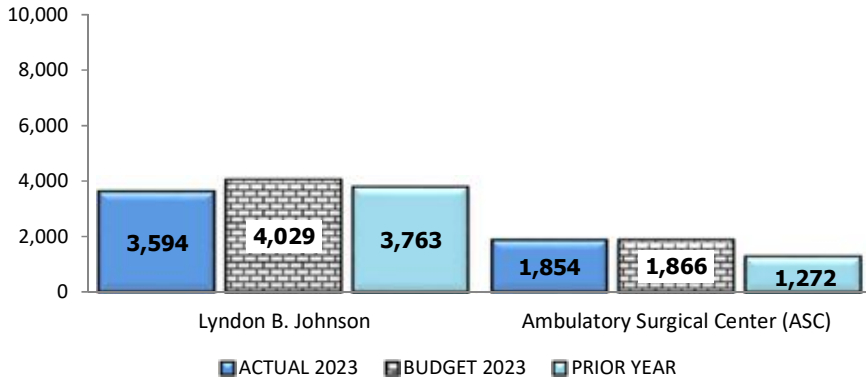
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

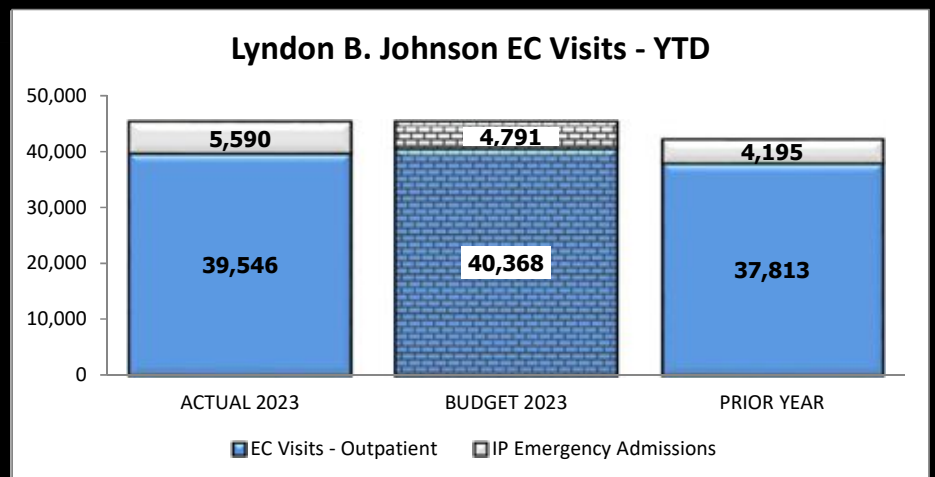
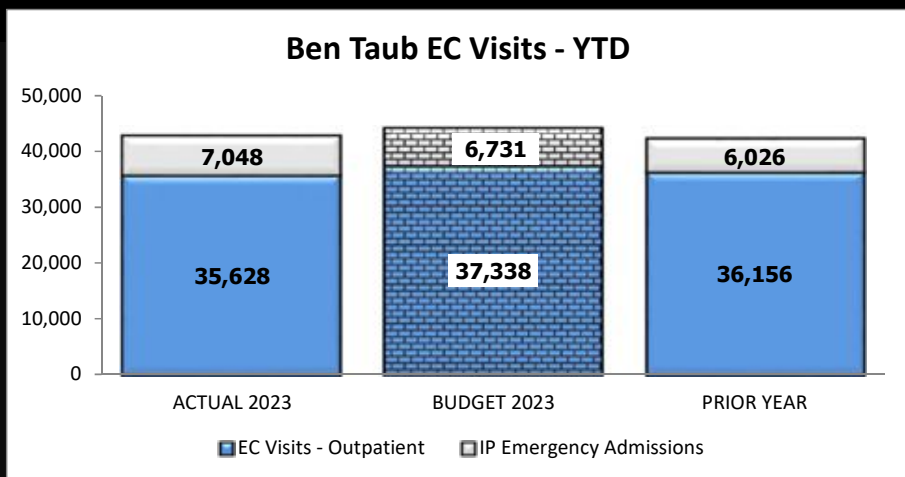
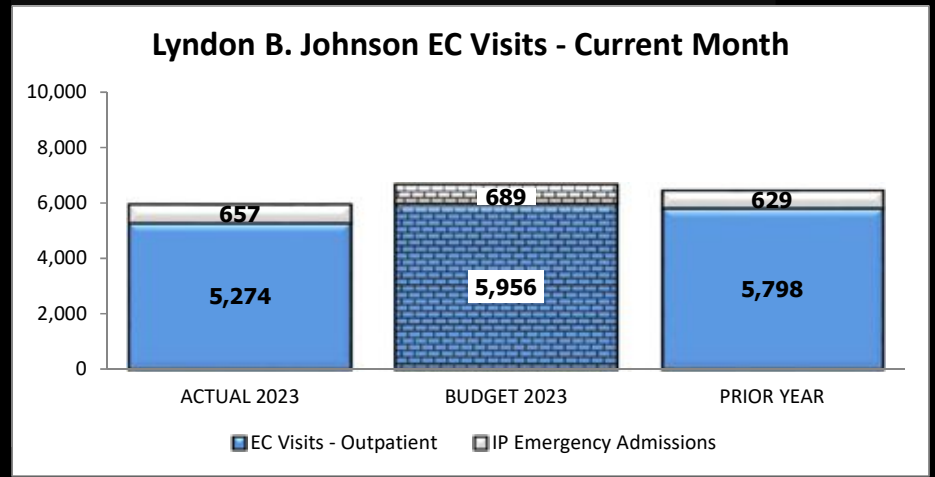
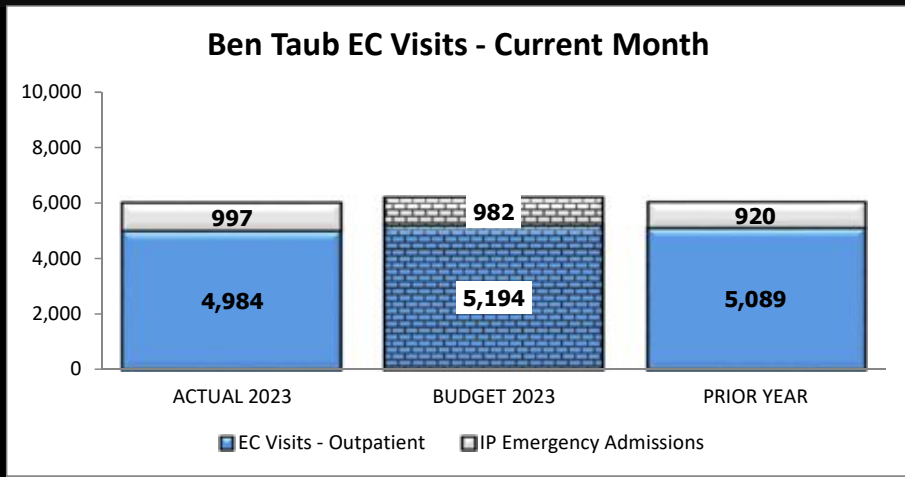


Harris Health System

Statistical Highlights - Emergency Room Visits

April FY 2023

<u>BT Emergency Visits - CM</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - CM</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
5,981	6,176	6,009	42,676	44,069	42,182	5,931	6,645	6,427	45,136	45,159	42,008

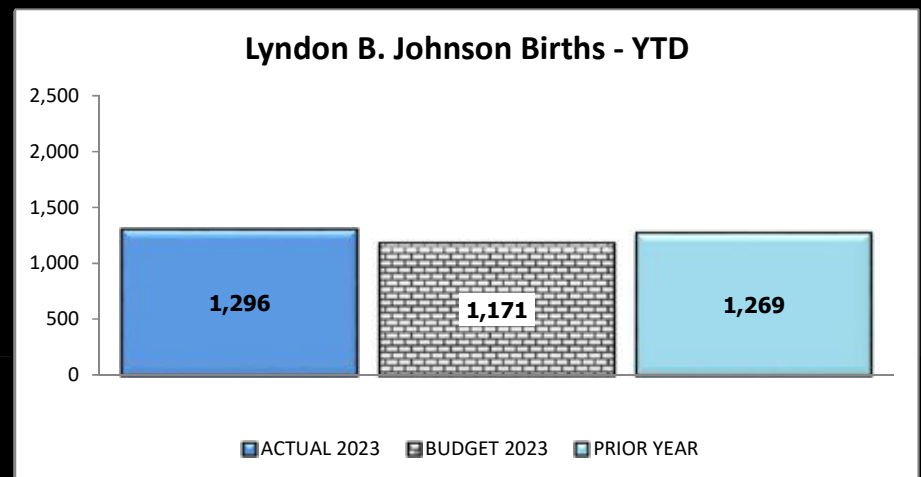
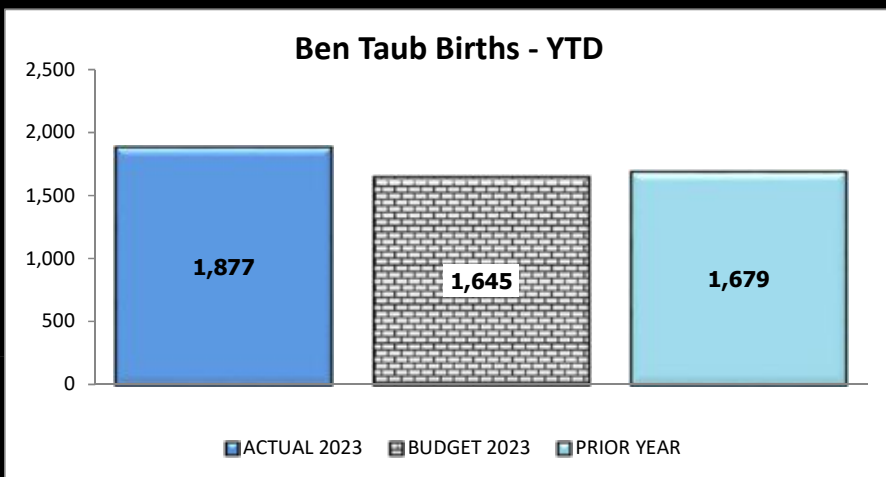
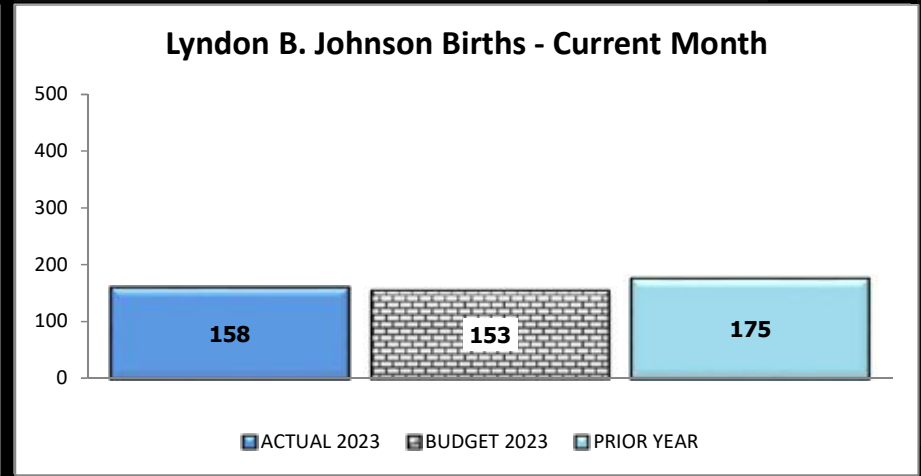
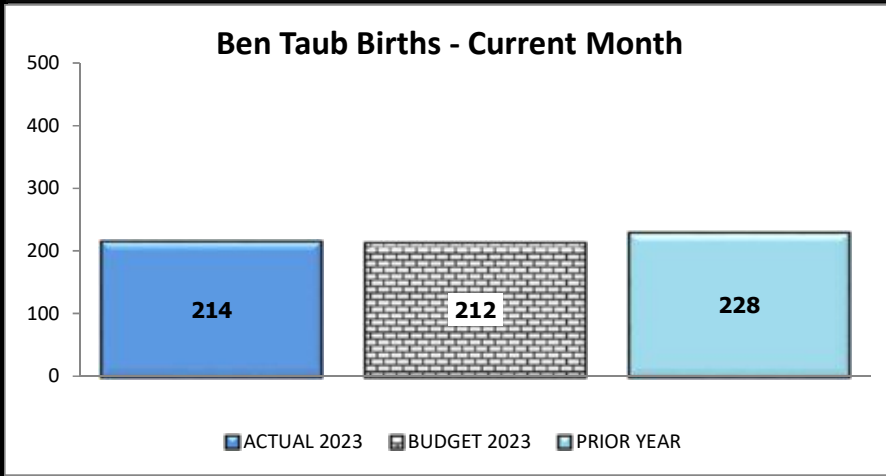


Harris Health System

Statistical Highlights - Births

April FY 2023

<u>BT Births - CM</u>			<u>BT Births - YTD</u>			<u>LBJ Births - CM</u>			<u>LBJ Births - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
214	212	228	1,877	1,645	1,679	158	153	175	1,296	1,171	1,269



Harris Health System

Statistical Highlights - Adjusted Patient Days

April FY 2023

BT Adjusted Patient Days - CM

19,980

BT Adjusted Patient Days - YTD

143,367

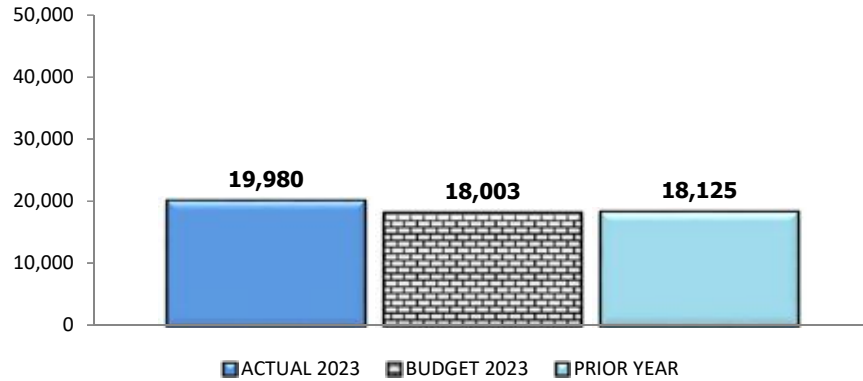
LBJ Adjusted Patient Days - CM

12,695

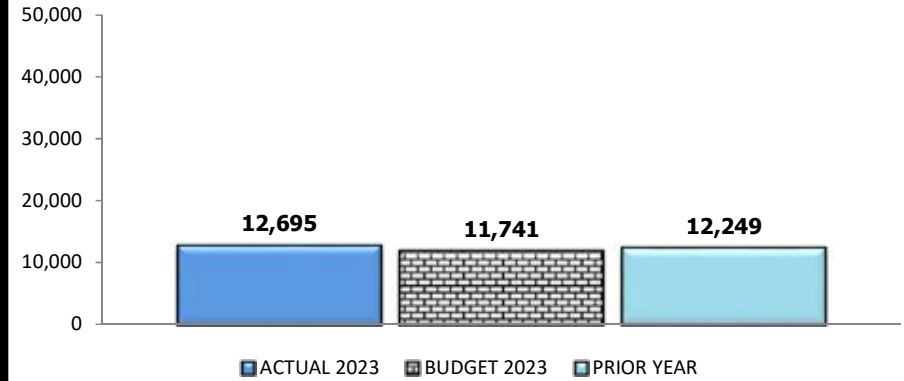
LBJ Adjusted Patient Days - YTD

91,101

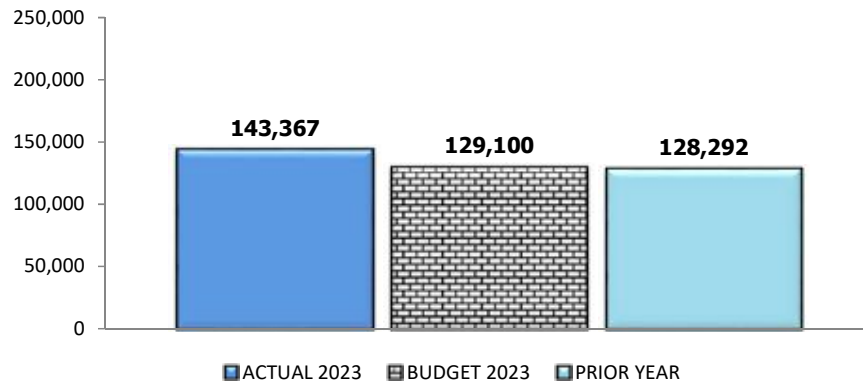
Ben Taub APD - Current Month



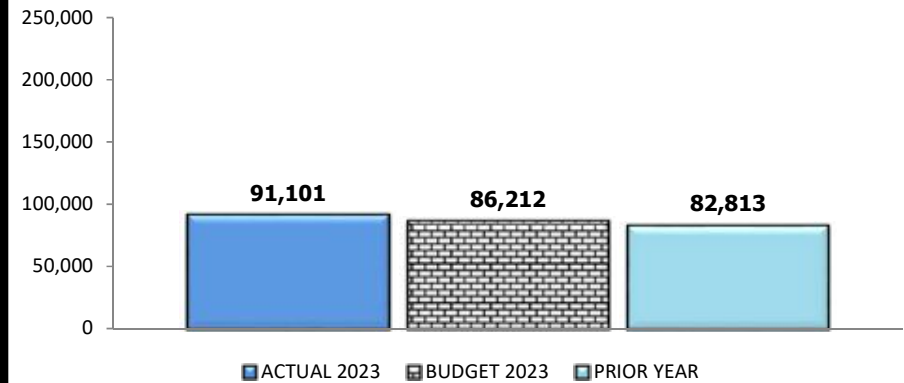
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

April FY 2023

BT Average Daily Census - CM

391.6

BT Average Daily Census - YTD

401.6

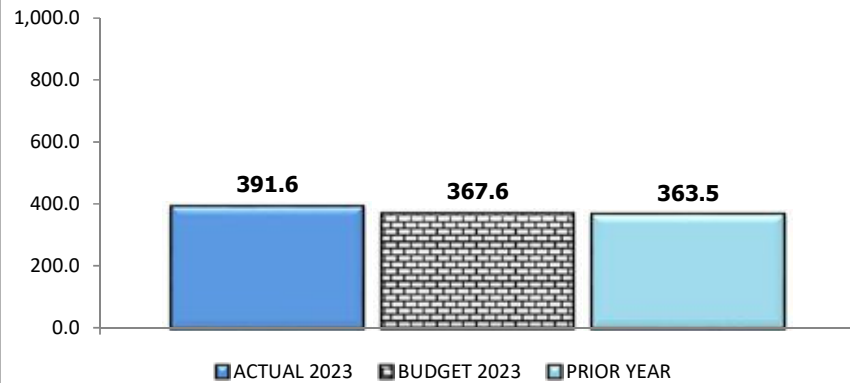
LBJ Average Daily Census - CM

213.7

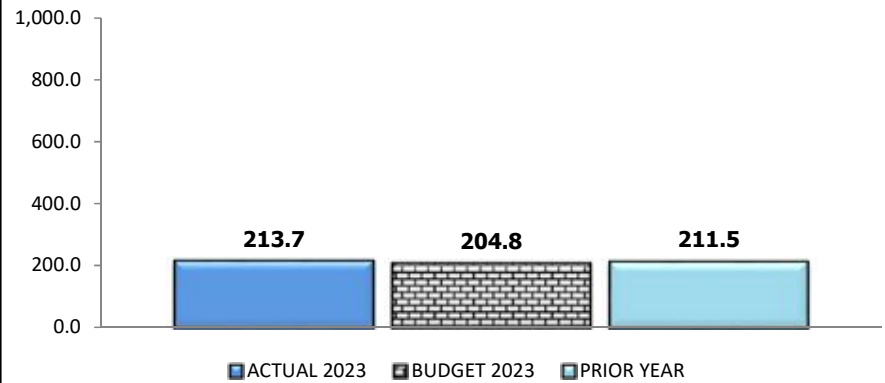
LBJ Average Daily Census - YTD

222.6

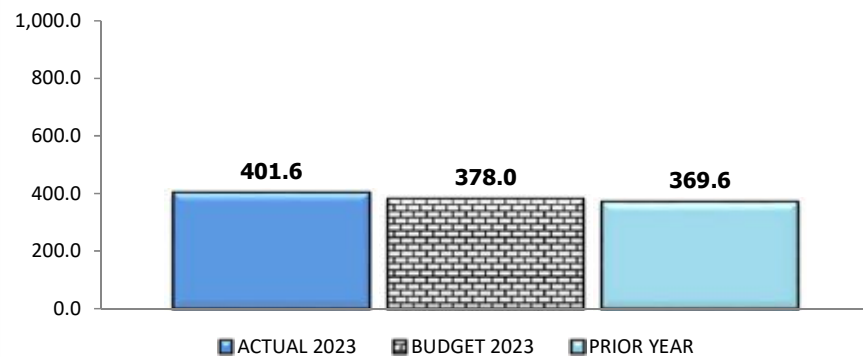
Ben Taub ADC - Current Month



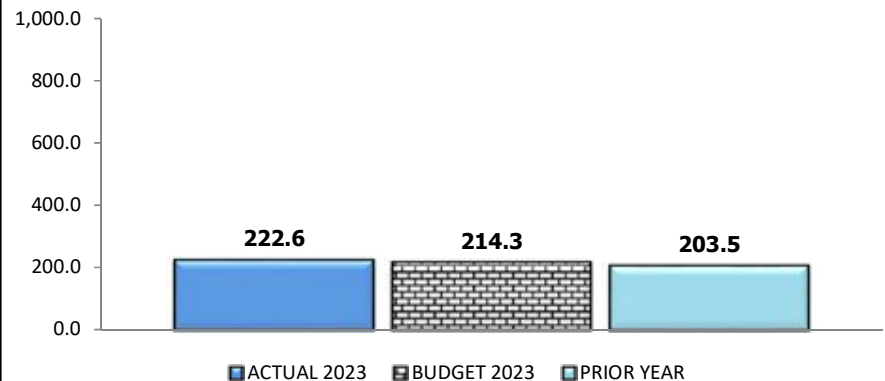
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

April FY 2023

BT Inpatient ALOS - CM

6.60

BT Inpatient ALOS - YTD

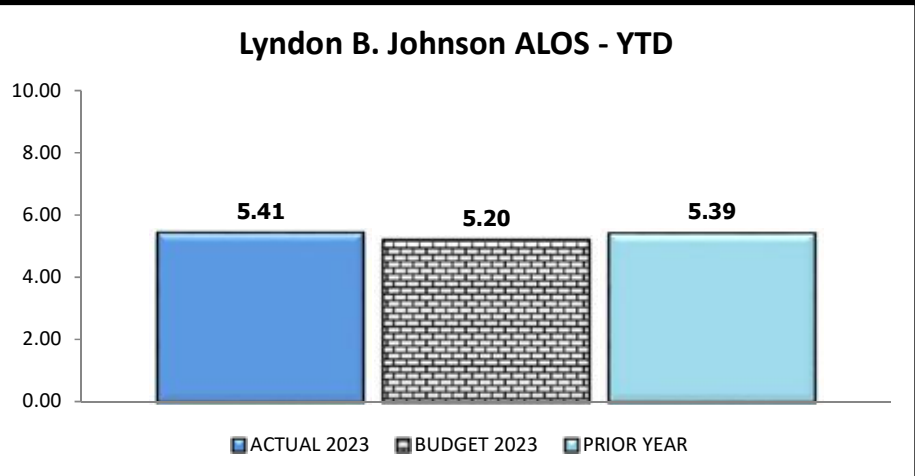
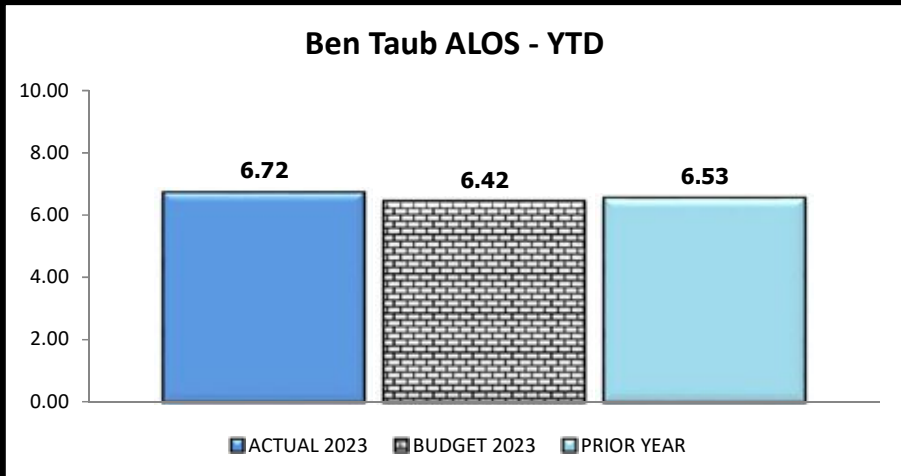
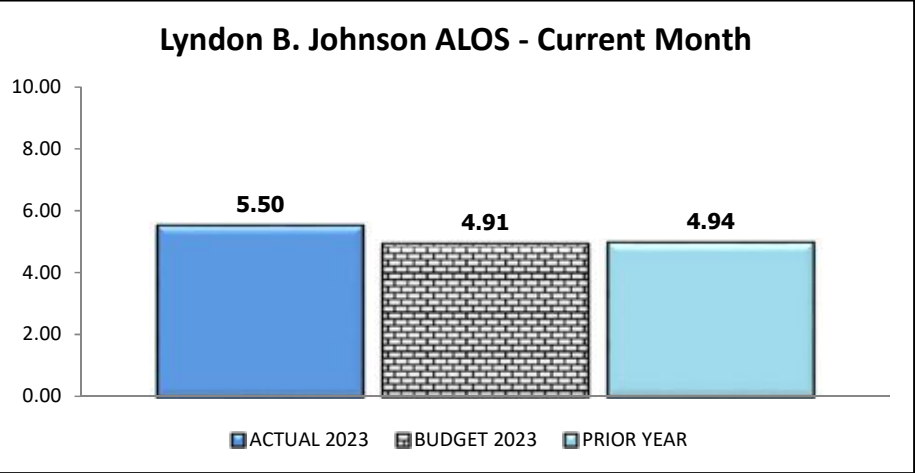
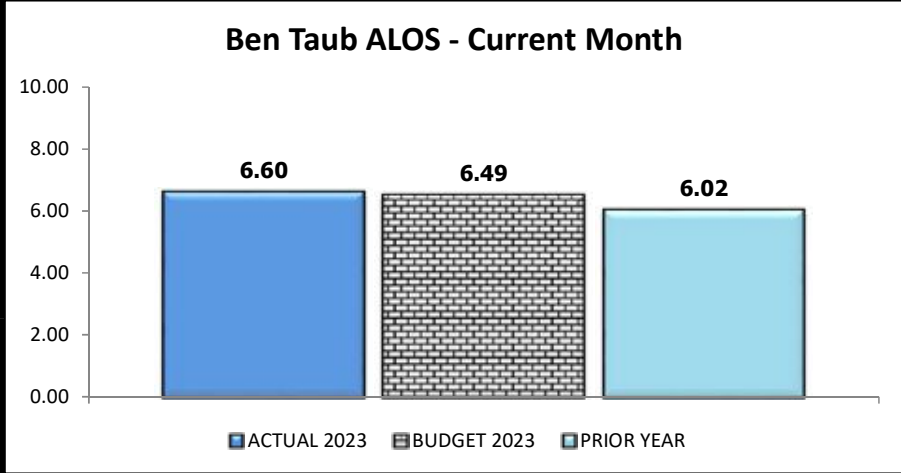
6.72

LBJ Inpatient ALOS - CM

5.50

LBJ Inpatient ALOS - YTD

5.41



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

April FY 2023

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.884	2.038

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.823	2.016

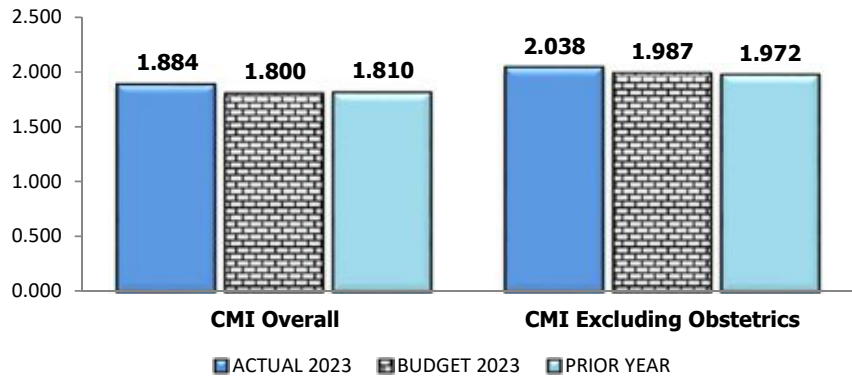
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.459	1.587

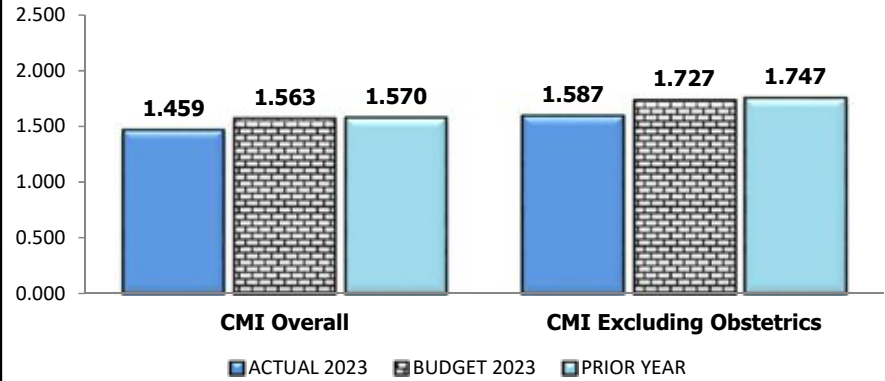
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.519	1.665

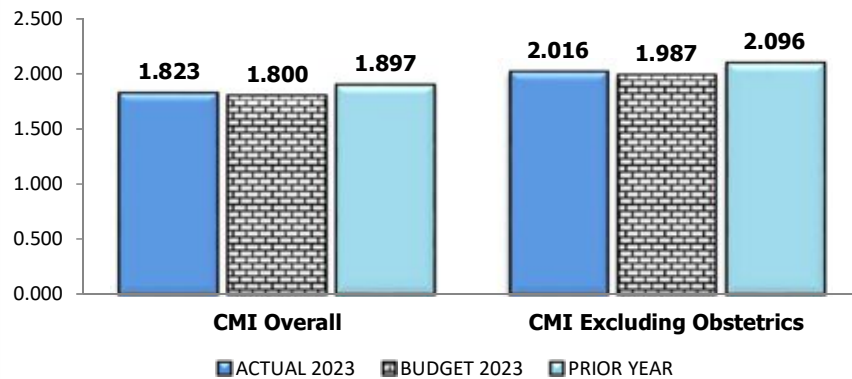
Ben Taub CMI - Current Month



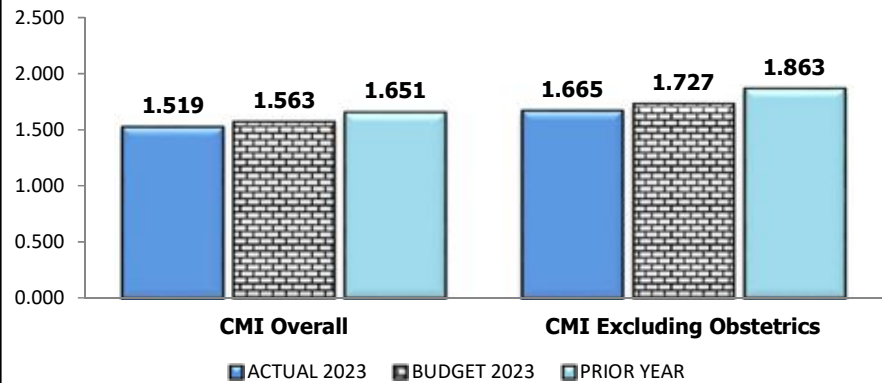
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, June 22, 2023

Harris Health System Legislative Initiatives

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

June 22, 2023 Board of Trustees Monthly Report

Federal Update

Debt Ceiling Legislation: On June 6 President Biden signed legislation to lift the debt ceiling through 2024. Select provisions include:

- Excludes previously floated federal Medicaid work requirements. Harris Health opposed these measures with the delegation. The legislation does include work requirements for certain recipients of the Supplemental Nutrition Assistance and Temporary Assistance for Needy Families programs.
- Claws back almost \$30 billion in unspent COVID-19 relief funding. The legislation protects the Veterans Medical Care and Health Fund and Indian Health Services from rescissions but removes funds from several other recipients under the Department of Health and Human Services (HHS):
 - Public Health and Social Services Fund (\$10.419 billion).
 - Rescission targeted to protect priority investments, including next generation vaccines, test procurement capacity, long COVID-19 research, and other critical needs. Roughly \$10 billion will remain after the rescission.
 - Defense Production Act (\$864.14 million).
 - Rescission targeted to protect priority investments, including strengthening pharmaceutical supply chains. Roughly \$800 million will remain after the rescission.
 - Health Resources and Services (\$330.02 million).
 - Most remaining funds are for ongoing health workforce awards to address workforce shortages and for administrative expenses.
 - Centers for Disease Control and Prevention activities and program supports (\$1.739 billion).
 - Rescission targeted to protect priority investments such as genomic surveillance and investments in vaccine safety and effectiveness. Roughly \$1.5 billion will remain after the rescission, in addition to about \$500 million in the Infectious Diseases Rapid Response Reserve Fund.
 - Vaccine Efficacy and Supply Chain Monitoring (\$123 million).
 - The rescission is targeted to protect some funding for Food and Drug Administration staff to continue some supply chain monitoring activities.
- Subjects federal agencies, including HHS, to an administrative version of the Statutory Pay-As-You-Go Act through 2024. This would require that all new federal regulations or executive orders either not increase projected deficits or be offset.

Public Charge: Public charge is a longstanding immigration policy that can deny visas and green cards to someone deemed likely to depend on the government as their main source of support in the future. Importantly, public charge:

- Does not affect eligibility for public benefits;
- Applies only to people who are themselves applying for a visa or green card.

Until President Trump took office, denial of a visa or green card based on public charge grounds rarely occurred. The Trump administration's public charge rule created a confusing and complex test for those seeking a visa or green card based on income, education, and other factors they claimed could predict the potential use of benefits that were previously not part of the public charge determination. The Biden Public Charge Rule, finalized in 2022, implements a much clear and conciliatory framework.

On May 17th the Senate passed The Public Charge Congressional Review Act. It is now in the House where committee action is pending. The bill would essentially overturn President Biden's Public Charge Rule.

The Trump rule was opposed by Harris Health, major hospital associations, insurance companies, doctors, business leaders, home builders, teachers, state and local governments, unions, and public health advocates because of its detriment to the communities they serve. It led families to forgo public health, medical care, and food aid in the middle of a pandemic and recession.

Nearly a year after the Trump rule was rescinded, 80% of immigrant families were unaware that it was gone and 50% were avoiding assistance during the pandemic. Even after the start of the COVID-19 pandemic, research shows that immigrant families avoided a range of public benefits, and that more than a quarter of a million children in immigrant families—the vast majority of whom are U.S. citizens—were unenrolled from health care program. President Biden will likely veto the bill if it passes the House.

Medicaid DSH Legislation: The Supporting Safety Net Hospitals Act, which would avert DSH cuts in FYs 2024 and 2025, won approval by the House Committee on Energy and Commerce, which combined it with other legislation that would require greater transparency for the 340B Drug Pricing Program and hospital and insurer pricing and enact site-neutral payment policies. The amended bill was reintroduced as the Promoting Access to Treatments and Increasing Extremely Needed Transparency (PATIENT) Act of 2023 (H.R. 3561).

The Energy and Commerce Committee's actions came in a May 24 markup of 19 pieces of legislation pertaining to a variety of issues. We continue to communicate to the Harris County delegation regarding the impact and need for stopping the DSH cuts and the potential harm of site-neutral payments tied to Medicare hospital outpatient drug reimbursements in a non-hospital setting. .

Now that H.R. 3561 has been reported out of committee, it awaits House floor consideration... The Senate, meanwhile, is just starting its work to address the DSH cuts.

State Update:

Hospital Outpatient Department Clinic Visit Fees:

This legislation would ban the charging of a clinic visit fee for services rendered in the hospital on/off campus 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.

CSSB 1275 - Hancock/CSHB 1692-Frank failed to pass out of committee in either chamber. We expect this legislation to be part of an interim study and re-introduced in the 89th Legislative Session in 2025.

Nursing Workforce Shortage:

Senate Bill 25 by Sen. Lois Kolkhorst was sent to the Governor's Desk on May 29th. The legislation produces 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 allow's part-time nurses to be eligible for loan repayments and extend that repayment program through 2027.

\$23.4 million in each year of the biennium have been appropriated for this program to improve the workforce pipeline and address the workforce issues in Texas hospitals.

Itemized Billing Legislation:

Senate Bill 490 was signed into law on May 29 with an effective date of Sept 1. The new law will require hospitals to provide an itemized bill after services are provided to patients accompanying every request for payment.

Workplace Violence Legislation:

Legislation that makes assaults on hospital workers a third-degree felony was signed into law by the Governor on May 24.

Police Force Legislation Update:

SB 1449 passed the Senate and was favorably voted out of the House County Affairs Committee and failed to pass the House on the last legislative House Calendar on May 23. The legislation will be re-introduced in the 89th Legislature in 2025.

Hospital at Home Legislation:

HB 1890 was signed into law by the Governor on May 27. 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 amended HB 2401 passed the full house but failed to make it out of the Senate and Health and Human Services Committee. An interim study is expected along with the filing of similar legislation in the 89th Legislative Session in 2025.

Emergency Detention Orders:

SB 1624 by Sen. Judith Zaffirini (D-Laredo): Includes a requirement for the state to develop a process to electronically apply and receive approval for emergency detention orders.

Medicaid 12 Month Continuous Eligibility for Post-partum Women:

HB 12 was sent to the Governor on May 30. Problematic language was removed from the bill in conference committee which should help with CMS approval.

HB 1 Appropriations Highlights:

Some summary highlights of the budget are:

- Full funding for Medicaid – nearly \$81 billion over the biennium – with full trauma and safety-net add-on payment funding within that amount;
- The addition of nearly 200 new inpatient psychiatric behavioral health beds across the state;
- A dramatic funding bump for the Loan Repayment Program for Mental Health Professionals, going from about \$2 million in the current biennium to \$28 million in the next one;
- A jump from \$19 million in the current budget’s allotment for the Nursing Shortage Reduction Fund to nearly \$47 million for 2024-25;
- \$25 million added to the base budget for nursing scholarships; and
- \$6 million for Nursing Innovation Grant Programs in the Texas Higher Education Coordinating Board and a top priority of the Teaching Hospitals of Texas and Harris Health.

In terms of Medicaid and hospital financing, the seven local provider participation funds, inclusive of the Harris County LPPF, that were set to expire were extended through legislation that has been sent to the governor for his signature.

Unfortunately, the budget did not include a rider directing the state to pursue a waiver from the institutions of mental disease (IMD) exclusion, a 15-day limit on most adult inpatient behavioral health stays in Medicaid. Despite adoption of the rider in the House version of the budget and broad support for its inclusion, the IMD exclusion rider failed to make it through to

the budget conference committee's final version. Another initiative to pursue in 2025 in the 89th Legislative Session.

Attached is a more detailed analysis prepared by THA regarding the budget for the next biennium.

THA Budget Priorities and Outcomes

House Bill 1 (General Appropriations Bill, 2024-2025) and Senate Bill 30 (Supplemental Appropriations Bill, 2022-2023), Enrolled Versions

Hospital Payments and Medicaid Funding

THA Item of Interest	Outcome
Total Medicaid Funding	<p>HB 1 appropriates \$80.8 billion All Funds (AF) biennially for total Medicaid expenditures.</p> <ul style="list-style-type: none"> • \$30.7 billion General Revenue (GR) and GR-Dedicated • \$49.6 billion Federal Funds (FF) • \$0.6 billion Other Funds (OF) <p>Increase of \$12.1 billion over previous biennial budget appropriation.</p>
Medicaid Hospital Payments (HHSC Rider 8)	<p>Final HHSC Rider 8 totals include level funding for trauma and safety-net payments, and an increase in rural payments.</p> <ul style="list-style-type: none"> • \$180 million AF annually for trauma add-on payment • \$150 million AF annually for safety-net add-on. • \$66 million AF annually for rural outpatient payments, an increase of \$36 million annually from previous biennium • \$103.8 million AF in 2024 and \$110.0 million AF in 2025 for rural inpatient inflation trend, rural inpatient rate maintenance, and additional rural services
Rural Labor and Delivery Add-on Payment (HHSC Rider 16)	<p>HHSC Rider 16 directs a tripling of the rural labor and delivery Medicaid add-on payment from \$500 to \$1500 per delivery at total cost of \$47 million AF biennially.</p>
Rural Hospital Definition	<p>HHSC Rider 8 and Rider 16 define rural hospitals as located in counties with 68,750 or fewer persons for purposes of Medicaid hospital inpatient, outpatient, and add-on payments.</p>

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Rural Hospital Stabilization Grant Program	New \$50 million GR biennially for grants for financial stabilization of rural hospitals, maternal care operations in rural hospitals, and rural APMs, plus \$1 million for program administration at HHSC.
Supplemental Payment Reporting	Maintains direction that HHSC produce quarterly reporting on Medicaid supplemental payments, including DSH, UC, and directed payments funded nonfederally with IGT.
Uncompensated Trauma Care	HHSC Rider 37 directs HHSC to issue a report on uncompensated trauma care.
Inpatient Hospital Reimbursement	Maintains requirement that no funds appropriated for inpatient hospital payments may be expended except under a prospective payment claims system and within efficiency, reasonableness, and quality parameters.
Medicaid Ground Ambulance Rate Increase	HHSC Rider 33 appropriates \$16.2 million AF biennially for Medicaid ground ambulance mileage rate increases, a 25% increase to the current rate.
Medicaid Wellness Visits for Children and Women’s Health Related Surgeries	<p>HHSC Rider 31 appropriates:</p> <ul style="list-style-type: none"> • \$126 million AF biennially in reimbursement rate increases for pediatric services to improve access to wellness visits for children by 6%. • \$15 million AF biennially to increase reimbursement rates for birth and women’s health related surgeries by 3%. <p>Rider 31(e) directs HHSC to evaluate and report to the legislature whether there are distinctions in the level of access to care for clients age 0-4 compared with children ages 5-10.</p>
Medicaid Community Attendant Wage Increase	HHSC Strategy A.1.2, as directed in HHSC Rider 30, appropriates \$1.9 billion AF biennially for increased reimbursement for Medicaid services provided by community attendants, raising base wage to \$10.60/hour.
Analysis of High-cost Hospital Claims in TRS	TRS Rider 20 directs Teacher Retirement System of Texas (TRS) to engage a third-party vendor to

	<p>conduct a review of hospital claims that exceeded \$100,000 in fiscal year 2022 to determine potential cost savings.</p> <p><i>No such analysis was directed for the Employees Retirement System of Texas (ERS).</i></p>
<p>Charity Care and Hospital Transparency Study</p>	<p>Article IX Section 17.34 appropriates \$5 million to HHSC to perform a charity care and hospital transparency study. HHSC is directed to contract with a third-party vendor that does not own or operate a hospital to conduct the study. The study shall include:</p> <ul style="list-style-type: none"> (A) Recommendations to improve hospital reporting and transparency & reduce duplicate reporting (B) Summary of all revenue streams, including patient and supplemental revenue, grants, medical debt, and locally generated tax revenue by hospital and system (C) Value of charity care, bad debt expense, & unreimbursed cost of care. Includes GME expenses, charity care program details. (D) Nonprofit medical exempt properties belonging to hospitals in the state, their market values, and value of hospitals' tax exemption benefit (E) Analysis of hospitals' operating costs in relation to household adjusted gross income in service area. (F) Hospital compliance with charity care disclosure requirements

Behavioral Health

THA Item of Interest	Outcome
<p>Inpatient Community Psychiatric Beds</p>	<p>HHSC Informational Rider 52:</p> <ul style="list-style-type: none"> • \$100.1 million over biennium to contract for 170 competency restoration beds

	<ul style="list-style-type: none"> • \$206.3 million over biennium to maintain existing capacity and 193 additional state purchased beds (70 rural; 123 urban) <ul style="list-style-type: none"> ○ \$13.7 million for beds in Uvalde ○ Prioritizes 20 beds for DFPS conservatorship. <p>Total: \$306.4 million over biennium allocated to additional beds.</p>
Database of Community Inpatient Beds	The Senate’s version of the budget had a rider directing HHSC to develop a statewide database of community inpatient beds – ultimately not adopted . However, DSHS Rider 34 Emergency Preparedness/Patient Comm & Logistics Platform was amended to include a pilot program at two RACs to track private, community, state-operated, and state-contracted inpatient mental health bed capacity.
State Hospital Cost Study – State Contracted Inpatient Beds	HHSC Rider 107 - UT Health Science Center at Houston to study operating cost for all state-contracted inpatient mental health hospital beds funded through Goal D, Additional Health Related Services, and Goal G, Facilities. HHSC to submit report to Legislature by 9/1/24.
Institutions of Mental Disease (IMD) Exclusion	Despite adoption of the rider in the House version of the budget the rider directing the state to seek a waiver from the federal IMD exclusion was ultimately not adopted in the final budget. The IMD exclusion limits reimbursement for acute inpatient behavioral health hospitalizations in Medicaid to 15 days.
Rural Hospital Telepsychiatry Consultations	HHSC Rider 56 allocates \$7.4 million GR over biennium for telepsychiatry consultations for rural hospitals. Directs HHSC to contract with a statewide organization to implement.
Community Mental Health Grant Program	HHSC Rider 48 allocates approx. \$228 million for community mental health grant programs as listed in rider subsections (a)(1) - (6).
Step Down Housing Expansion	\$8.5 million per year, \$17 million over biennium for programs to help transition patients from

	behavioral health hospital settings back to the community with necessary supportive services
State Hospital Electronic Health Record System Upgrade	\$38.9 million appropriated in supplemental budget (SB 30).
State Hospitals – Staff Salary Increases	\$134 million over biennium. If by December 1, 2023 HHSC cannot hire enough staff to utilize offline state hospital beds, HHSC may allocate \$35 million of the funding to contract for additional competency restoration beds (HHSC Rider 104)
State Hospital Construction Funding (Supplemental Budget – SB 30)	
State Hospital Construction - Dallas	\$101.9 million for the 200-bed adult unit at the new state hospital in Dallas with at least 75 percent of beds for forensic purposes.
State Hospital Construction – Lubbock	\$121 million to construct a 50-bed state hospital maximum security facility on the existing state supported living center campus in Lubbock.
State Hospital Construction – San Antonio	\$15 million to rehabilitate Alamo Unit into a 40-bed state hospital maximum security facility.
State Hospital Construction – Amarillo	\$159 million to construct a 75-bed state hospital in Amarillo, with at least 50 forensic beds.
State Hospital Construction – Rio Grande Valley	\$120 million to construct a 50-bed state hospital maximum security facility in the RGV.
State Hospital Construction – Terrell	\$573 million to construct a 250-bed replacement campus for Terrell State Hospital, including 50 maximum security beds, 140 forensic beds, 35 adolescent beds, and 25 civil beds.
State Hospital Construction – North Texas	\$452 million to construct 200 bed replacement for North Texas State Hospital Wichita Falls, including 24 maximum security beds, 136 forensic beds, 24 adolescent beds, 16 civil beds.
State Hospital Construction – El Paso	\$50 million for preplanning, planning, land acquisition, and initial construction of a new 50 bed El Paso State Hospital with 50 percent of forensic beds.
Hospital Construction Funding SB 30 and HB 1	
Uvalde Behavioral Health Campus	\$33.6 million for construction of a behavioral health campus in Uvalde (SB 30). \$5 million for start-up and operational funding (HB 1).
Mental Health Inpatient Facility Grant Program	Supplemental budget (SB 30) appropriates:

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	<ul style="list-style-type: none"> • \$85 million – for construction of up to 100 inpatient beds by a hospital located in RGV that is a licensed general hospital; a level 1 trauma designation; is located in a county with a pop of more than 300,000; and has fewer than 100 licensed psychiatric beds. • \$50 million - for construction of a 100 inpatient beds by Montgomery County to expand existing Montgomery County Mental Health Facility • \$40 million – for construction of 60 inpatient beds by Victoria County
Baptist Hospital Beaumont	\$64 million to construct 72 beds, with 36 forensic beds and 36 civil beds at the Baptist Hospital in Beaumont (SB 30)
Permian Basin Behavioral Health Center	\$86.7 million to build a 100-bed comprehensive behavioral health center, with 40 forensic beds. (SB 30)
Children’s Hospitals Construction Grant Program	\$15.9 million for grant program for construction of inpatient mental health beds for children at children’s hospitals with local match (SB 30)

Women’s Health

THA Item of Interest	Outcome
Maternal Mortality and Morbidity & Texas AIM	Fully funded at \$3.5 million per year to include 8 FTEs. DSHS Rider 37: \$10.9 million for Maternal Health Quality and Improvement System and Maternal Mortality Review Information Application Replacement.
Healthy Texas Women	<p>\$129.1 million AF in 2024</p> <p>\$139.5 million AF in 2025</p> <p>Additional \$10 million in GR allocated in conference to address increased caseloads. Can be used in all D.1.1 Women’s Health Programs</p>
Family Planning Program	<p>\$74.7 million AF in 2024</p> <p>\$70.3 million AF in 2025</p>
Breast & Cervical Cancer Services Program	\$11.3 million AF per year

	Not adopted: Additional \$1 million GR to increase eligibility to 250% FPL.
Women’s Health Mobile Units	HHSC Rider 67: \$10 million GR to increase mobile units in underserved areas.
Maternal Health Desert Report	Not adopted in final budget.

Public Health

THA Item of Interest	Outcome
COVID-19 Federal Funds Reporting Requirements	Maintained as HHSC Rider 150. Requires HHSC to continue reporting to legislature on amounts and uses of COVID-19 related federal funds given to hospitals and nursing facilities through FY 2025. (HHSC rules authorize HHSC to require reports from hospitals and nursing facilities to enable HHSC to comply.)
HIV/STD Prevention & Medication	DSHS Rider 36 adopted and amended to exclude funds and direct HHSC to use available federal funding to purchase new HIV long-acting treatment Cabenuva drug.
Prohibition on DSHS funds for COVID-19 activities	DSHS Rider 40 prohibits funds, to the extent allowable by federal law, for promoting or advertising COVID-19 vaccinations
EMS/Trauma/Regional Advisory Councils	DSHS Strategy B.2.1 EMS and Trauma funded at approx. \$226 million over biennium. Regional Advisory Councils receive \$6.6 million in funding.
Texas Colorectal Cancer Managed Care	HHSC Rider 86 directs \$10 million (GR) over biennium for a pilot program for Texans with incomes at or below 200% FPL.
Strategic National Stockpile for Health Emergency Preparedness	DSHS Rider 35 directs DSHS to apply for federal funds to maintain Strategic National Stockpile of medicine, equipment, etc. to respond to a disaster/emergency.
World Health Organization Collaboration	Article IX Sec. 7.15: State agencies or institutions of higher education appropriated state funds in

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	the budget are required to report to HHSC on activities in collaboration with, directed by, or financed by the World Health Organization.
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Workforce

THA Item of Interest	Outcome
Nursing	
Nursing Scholarships	\$12.5 million in each year of the biennium (\$25 million total).
Professional Nursing Shortage Reduction Program	\$23.4 million in each year of the biennium (\$46.8 million total). THECB Rider 26: 60% of funds to the growth tier, 20% to the new production tier, and 20% to the new faculty tier
Nurse Faculty Loan Repayment Program	THECB Rider 50: \$3.5 million in each year of the biennium (\$7 million total).
Nursing Innovation Grant Program	\$6 million in the first year of the biennium with unexpended balances to be used in the second year. THECB Rider 12: \$1.88 million in each year of the biennium (\$3.77 million total) from tobacco funds to support nursing, allied health, and other health related programs
Physicians	
GME Expansion	\$116.5 million in each year of the biennium (\$233.1 million total).
Physician Education Loan Repayment Program	THECB Rider 50: Roughly \$17.77 million in each year of the biennium (\$35.5 million total).
Forensic Psychiatry Fellowship Program	\$2.5 million in each year of the biennium (\$5 million total).

Family Practice Residency Program	\$8.25 million in each year of the biennium (\$16.5 million total). THECB Rider 27: Nearly \$114,000 per year of above fund to go toward one-month rural rotations or one-month public health rotations
Rural Residency Physician Grant Program	\$1.5 million in each year of the biennium (\$3 million total).
Trauma Care Program (includes nurses)	\$2.957 million in each year of the biennium (\$5.91 million total)
Mental Health Workforce	
Mental Health Loan Repayment	THECB Rider 50: \$14 million in each year of the biennium (\$28 million total).
Texas Workforce Commission	
TWC – Skills Development Fund	Roughly \$28.5 million for each year of the biennium (nearly \$57 million total).
TWC – Apprenticeship	\$18.4 million for the first year and \$20.3 million for the second year of the biennium (\$38.7 million total).
University-specific Programs	
UT – Permian Basin	\$6M to fund Healthcare Workforce Education programs.
Texas Woman’s University	\$3M to fund nursing faculty recruitment and retention.
Lamar State College – Port Arthur	\$0.66 M to fund Allied Health Programs.
UT – Tyler – Critical Care Nursing	\$7.5 million to develop and implement a critical care nurse training program.
Tarleton State – Better Health for Rural North Texans	\$5M to increase number of rural healthcare practitioners produced by schools in unrepresented healthcare fields
Texas A&M International – Clinical Lab Sciences and Occupational Therapy	\$4M to support faculty, equipment, and create new programs within CLS and OT

Texas A&M Texarkana – Better East Texas Phase III	\$4.9M to establish four new degree programs, including DNP and Master of Healthcare Administration.
UNT-Dallas – Optometry and Nursing	\$12.5M to create Doctor of Optometry and nursing programs.
UNTHSC at Fort Worth – Healthcare Workforce Expansion	\$10M to support this program.
TTUHSC – Institute for Telehealth Technology and Innovation	\$10M to support this program.

Thursday, June 22, 2023

Consent Report and Updates to Board

Harris Health System Council-At-Large Meeting Minutes

- May 08, 2023

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 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 • Baytown: Syphronia Garrett • 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: Esmail Porsa, Jennifer Small, Louis Smith, Michael Nnadi, Jon Hallaway, Gloria Glover, Sunny Ogbonnaya, Brian Hite, Patrick Casey, Dr. Mohammad Zare, Cherise Ramirez, Dr. Jose Serpa Alvarez, Lydia Rogers, Lady Barrs, Melvin Prado, Matthew Schlueter, Leslie Gibson, Candice Jones, Michael Ha, Karen Vigil, Jessica Njoku, Eileell Nguyen, 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 to approve minutes as written, granted.</p>	
IV. Council Reports	<p>Acres Home – Sheila Taylor</p> <ul style="list-style-type: none"> • There was no council meeting today, we’re celebrating Nurse Week. • Overall the clinic is doing well. DNV State inspection coming up. • Mammography suite is open. The only thing lacking is staffing. <p>Baytown – Syphronia Garrett</p> <ul style="list-style-type: none"> • No report at this time. 	


**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (continued)</p> <p>Casa de Amigos – Daniel Bustamante</p> <ul style="list-style-type: none"> Met with staff on April 25th. Their doing great considering construction going on. <p>Gulfgate – Patricia Shephard</p> <ul style="list-style-type: none"> The Council held a meeting today. A member from EVS staff previously had a medical emergency and the nurses and doctors attended to him. He was able to return to work and brought long stem red roses to the people who helped him. <ul style="list-style-type: none"> -The Pharmacy is fully staffed. We have 25 nurses and 88.9% of center goals are met for patient satisfaction. - Teresa Recio The council is starting to recruit new council members according to By-Laws this October. The reference guide for advisory council recruitment process was reviewed by council in attendance. We can share recruitment information with anyone that wants it. <p>Homeless – Ross Holland</p> <ul style="list-style-type: none"> The council met on May 2nd. We reviewed several reports, patient satisfaction survey and quality updates. Additional reports given on the Dental Van attending the Star of Hope Cornerstone facility working with clients inside and outside the facility. Received report on the upcoming Harris Health accreditation process with DNV and CMS. There are currently two council members, myself and Jose Sanchez. We are currently and continually looking for additional members to join our council. We had a strategic meeting with Tracy Burdine on April 26th that both I and Mr. Sanchez attended. We reviewed infrastructure needs. Discussed the addition of three new mobile clinics, a Behavioral Health Specialist and getting the word out not just to consumers but also to corporations for additional funding. We also discussed equity and inclusion when it relates to Star of Hope facilities where there a patients of the LGBTQ community. 	



**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports <i>(continued)</i></p> <p>MLK – Fadine Roquemore</p> <ul style="list-style-type: none"> • MLK is an older patient clinic. It isn’t easy for them to get to the clinic. I feel the need to express that when we have council members that aren’t able to come anymore. <p>Thomas Street – Josh Mica</p> <ul style="list-style-type: none"> • I would like to thank everyone who came out and supported our event at the old location. Thomas Street is officially moved to Quentin Mease and we will be opening our doors tomorrow, May 9th. The Dedication ceremony is Sunday, June 4th from 2 to 4pm. We met briefly to discuss upcoming events. We have paused our sandwich program. We will be reintroducing the Sandwich Program at our new facility May 16th (Tuesdays and Thursdays). • Looking forward to follow up on the Community Health Choice. <p>Vallbona – Cynthia Goodie</p> <ul style="list-style-type: none"> • No report at this time. <p>Ben Taub Hospital – Robin Lockett</p> <ul style="list-style-type: none"> • Happy to report Mr. Ahmadi is back with us. He had a family emergency and was unable to attend today’s meeting. We met last week and he’s ready to get back in business with us again. We are also actively recruiting members. <p>Lyndon B. Johnson Hospital – Velma Denby</p> <ul style="list-style-type: none"> • Met with Ms. Rizvi last week. We discussed the accommodations she’s made for the orthopedic patients. She’s implemented a number system so the patients would not have to stand and wait in line so long. • Going Paperless (After Visit Summary), she reminded her staff to make sure during vital signing they ask the patient if they require a printout of today’s visit. • The dedicated staff is doing a good job of returning phone calls to patients, answering questions and reminding them of their upcoming appointments. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (continued)</p> <ul style="list-style-type: none"> Eligibility was another area of concern. Mrs. Rizvi referred me to the Director of Eligibility Services who was very pleasant and professional. She addressed my concerns. It was a great exchange of information and ideas about ways to improve the system. Making it clear to patients. We are scheduled to have a follow-up conversation. Pending item-Parking. <p><i>Mrs. Roquemore stated she was pleased with the information reported by the council members.</i></p>	
<p>V. Old Business</p>	<p>No Old Business</p>	
<p>VI. Guest</p>	<p>Dr. Mohammad Zare and Cherise Ramirez</p> <ul style="list-style-type: none"> ACS Office Based Addiction Treatment (OBAT). <p>Dr. Small shared, she reached out to Dr. Zare, Jennifer LaHue, Cherise Ramirez and Matthew Schlueter concerning this topic. She stated they have done a beautiful job with ensuring our patients have access to additional treatment programs. They recently attended a conference and the purpose of today’s presentation is not only to educate but to request the council help and support in recruiting more patients to the program. We are finding that African American patients and LGBTQ patients are not entering the program as robustly as we’d like. So this is to educate you all and seek your feedback regarding how we can increase recruitment for those populations. The team would also be happy to visit you all at your respective clinics to talk with your health advisory council members. We wanted to kick it off by meeting with the CAL team today.</p> <p><i>Dr. Zare and Cherise Ramirez discussed the purpose of the OBAT program and reviewed the process. See attached presentation.</i></p>	<p align="center">  OBAT CIL presentatins (002).pi </p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Questions/Comments: Mr. Bustamante asked if inhalant abuse is still in the community.</p> <p><i>Dr. Zare responded a lot of drugs are on the streets and sell for cheap. More potent drugs are on every corner of the street in this county, and unfortunately, the newer class of drugs kill right away.</i></p>	
<p>VII. Community Medicine</p>	<p>Dr. Mohammad Zare</p> <p>Primary Care Operations Scorecard (see attached):</p> <ul style="list-style-type: none"> Most centers are doing well. Settegast clinic has significantly improve their no show rate. Overall, the rate is very good. <i>This is one area we would like the council members to help us in the community to remind patients of their appointments.</i> Cycle time looks very good, we are averaging 64 minutes, and the goal is 75. Access to care for most clinics looks well. Especially for OB patients and Pediatrics. We have same day access in most clinics. We have reduced the telemedicine volume, patients can be seen face to face. The more patients come into the clinic, the better we are at providing/improving quality of care. <p>HEDIS Scorecard Data Reporting Period (see attached):</p> <ul style="list-style-type: none"> Very proud of this report. I have to give credit to leadership, Dr. Small, Matthew Schlueter and all leaders that work with them. We could not deliver such high quality of care for our community and patients without their participation. Outcome measure for a patient with diabetes, hypertension and colon cancer screening is very good. The data is compatible with any private organization in the community. Giving credit to the nurses who do pre-visits. Before a patient comes in the nurse screen/flag the chart to remind the physician to place those orders in the system. <p>Questions/Comments: None</p>	<p align="center">  PCOS April 2023.pdf </p> <p align="center">  HEDIS .pdf </p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Administration</p>	<p>Dr. Esmaeil Porsa, President/CEO</p> <ul style="list-style-type: none"> • Dr. Porsa commended the council at large for their reports. • The Board of Trustees unanimously approved the 2.5 Billion dollar Bond Proposal that is going to Commissioners Court for approval so that it can be placed on the November election ballot. That bond proposal is to achieve a new LBJ hospital which is going to be level 1 trauma capable with helipad. Additional, 120 beds to the existing Ben Taub hospital and creation of three new clinics across Harris County. <p>Questions/Comments: Mr. Bustamante asked if there’s anything happening with the one day clinic in the future, will there be one near Casa clinic. <i>Dr. Porsa responded, he’s not aware of anything.</i></p> <p>Dr. Jennifer Small, Executive Vice President, ACS</p> <ul style="list-style-type: none"> • Happy Nurses Week to all of our nurses on the call and those that support our health system as a whole. Each of our clinic will be having celebrations throughout the week. • Recognizing nursing, there are some health systems that are labeled as magnet. Which shows their commitment to patient care, working as a team and partnering with other departments within the system. In order to begin that journey, we have to initiate pathway to excellence designation. Ambulatory Care services is on its way to receiving that designation. The goal is to have a final decision made by the end of this year, early next year. When that happens we will be the only health system in the country that has our clinics designated as pathway to excellence. Documentation will be submitted in August and we’ll begin serving our nursing staff in September and October regarding the care they provide and the care environment they work in. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <ul style="list-style-type: none"> • Were in budget season. Last month, we did a series of presentations to our senior leadership regarding initiatives we would like to receive additional funding for to continue growth of our program. We looked at the EC Telemedicine Program with EC providers. This program is Monday through Friday from 8am to 5pm, we’d like to expand it. Also, adding more Medical Assistance to our platform within the clinic setting. This is one of about seven or eight initiatives that we presented to the senior leadership team. There’s a second round of budget requests we will go through at the end of this month. • The transition of services at Thomas Street Health Center to Quentin Mease Health Center: I received a video from one of our managers showing the move of last the remaining equipment from Thomas Street on yesterday. So tomorrow they’ll start seeing patients at Quentin Mease. • In June, we’ll start transitioning the services of Riverside Dialysis center to Quentin Mease. Their last day of service will be June 9th. • Quentin Mease rededication ceremony will take place June 4th. We will be extending an invitation to all council members. <p>Questions/Comments: None</p> <p>Michael Nnadi, SVP Chief Pharmacy & Lab Officer, on behalf of Dr. Sunny Ogbonnaya, Admin. Director Outpatient Pharmacy & Pharmacy Business</p> <ul style="list-style-type: none"> • Dr. Nnadi asked Dr. Serpa to speak on the medication concerns expressed in April’s meeting. Dr. Serpa updated the CAL concerning formulary changes of HIV medications effective January 1, 2023. He reported Harris Health leadership scheduled a series of meetings with CHC and recognize Harris Health patients do need to continue medications for treatment of HIV. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>They agreed, if a patient needs to continue their regimen, they are suppressed and stable, we have the opportunity to request an exception to the formulary and continue that regimen. This is great progress, even though it's not on the formulary, exceptions can be requested.</p> <p>We carefully reviewed all medications. Interestingly, there are ways to build regimen that could be equivalent in efficacy to the single tablet regimen, and they are still included in the guidelines of preferred regimens. Leadership understands that single tablet regimens would be ideal. Majority of our patients would be able to continue on the same regimen and some may be switched to 2 dose regimen which is taken once a day. The efficacy would be the same as recommended by national guidelines. We are very thankful to leadership for making all of these efforts.</p> <p>Josh Mica thanked Dr. Serpa and stated his only concern is for newly diagnosed patients who want to be on the single dose regimen. They will be excluded.</p> <p><i>After lengthy discussion, Dawn Jenkins thanked Dr. Serpa for his input and stated this is a very difficult situation. She recommended continuing the discussion in the Thomas Street council meeting because there are so many layers to this issue. She stated, It's not just Harris Health, there's also the insurance company. This medication is very expensive. So perhaps together, we can come up with some solutions/advocacy. We thank our leadership because they have really been advocating with CHC, just as you have and you represent the voice of many patients.</i></p> <p><i>Dr. Serpa mention, taking good care of our patients and making sure we suppress the HIV viral load, is the number one goal. So whether that one pill or two pills, once a day. It will not be 3 to 4 times a day.</i></p> <p>Josh Mica stated the recourse is not to take more pills. The regimen is for the patient and physician to decide, not Harris Health or the insurance company.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
May 8, 2023**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <ul style="list-style-type: none"> Dr. Nnadi stated patients can now receive the Prep (HIV pre-exposure prophylaxis) in generic form Truvada through pharmacy at Northwest. Once Quentin Mease is set up, they will be able to receive it there also. <p>Josh Mica expressed concerns for a patient recently diagnosed with Bipolar disorder who attempted to fill a prescription that was denied by Harris Health. My concern is for anyone that comes to Harris Health system who is struggling financially, how they will get their medications.</p> <p><i>Dr. Nnadi asked Mr. Mica to send the information and they will follow up with the patient.</i></p> <p>Jon Hallaway, Program Director, Department of Public Safety (DPS)</p> <ul style="list-style-type: none"> Security continues to support patients and staff of Harris Health. Harris Health takes disruptive behaviors seriously. It’s quickly communicated to Security, Compliance and Clinic Administration. When appropriate, we intercede and make sure a care plan is in place to continue providing appropriate care for the patient with expectations. <p>Questions/Comments: None</p> <p>Patrick Casey, SVP of Facilities Construction and Systems Engineering</p> <ul style="list-style-type: none"> Quentin Mease level 5 demo will begin this weekend. Casa De Amigos we are currently in Phase 1, its tracking for completion in September. <p>Questions/Comments: None</p> <p>Alicia Reyes, Harris Health Board of Managers, thanked everyone for their participation, comments and suggestions.</p>	
IX. New Business	No new business to report	
X. Adjournment	Motion to adjourn the meeting granted at 6:14pm.	Next Meeting: June 12, 2023

Thursday, June 22, 2023

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

Operational Update for Review and Discussion

- **HCHP June 2023 PowerPoint**

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

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – June 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
 - Patient Satisfaction Report
 - 2023 Quality Management Plan
 - Quality Management Report

Patients Served

Telehealth Visits

- Telehealth New Patients: 6
- Telehealth Return Patients: 104

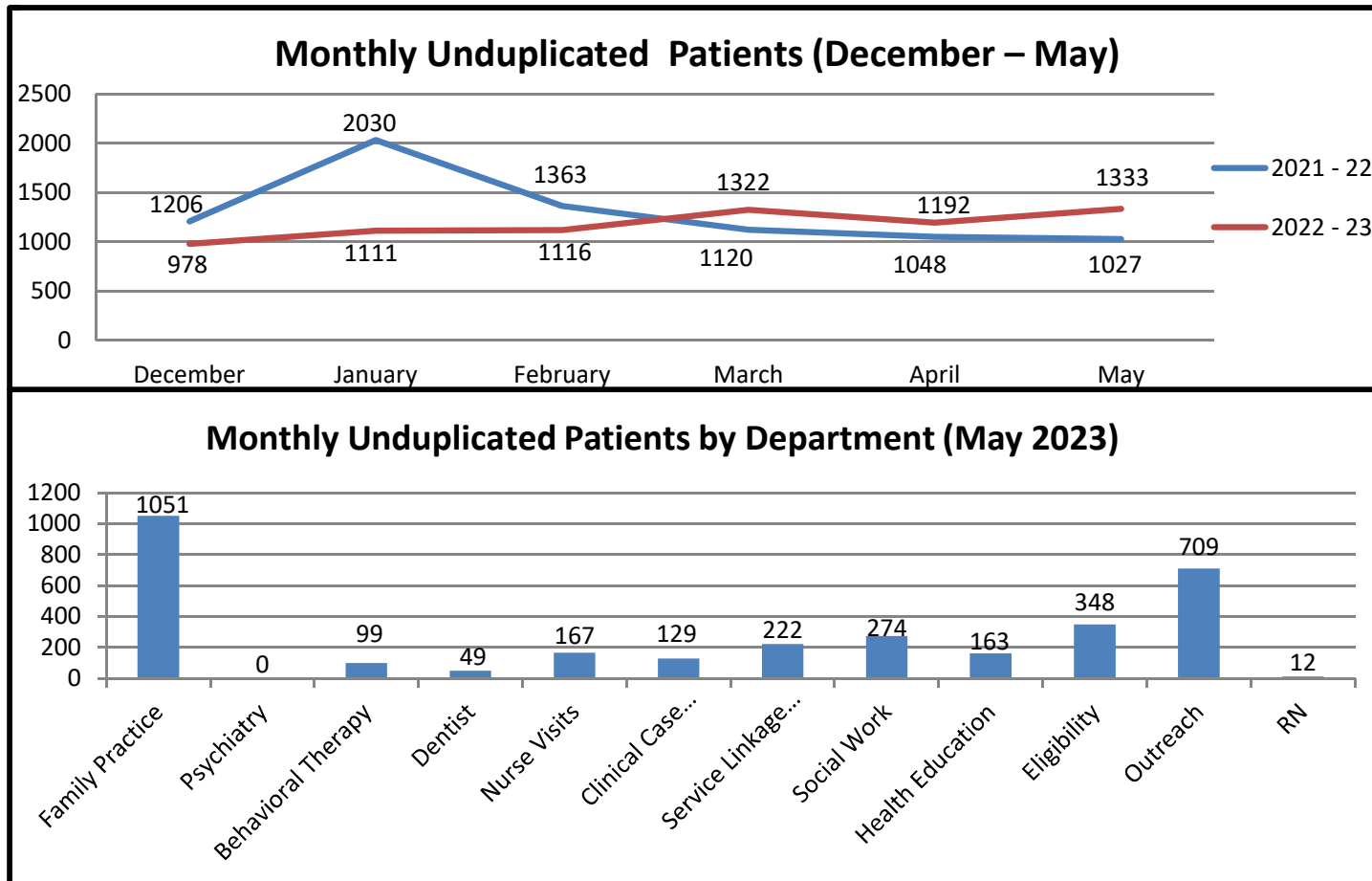
New Patient Visits

- Adult New Patients: 399
- Pediatric New Patients: 25

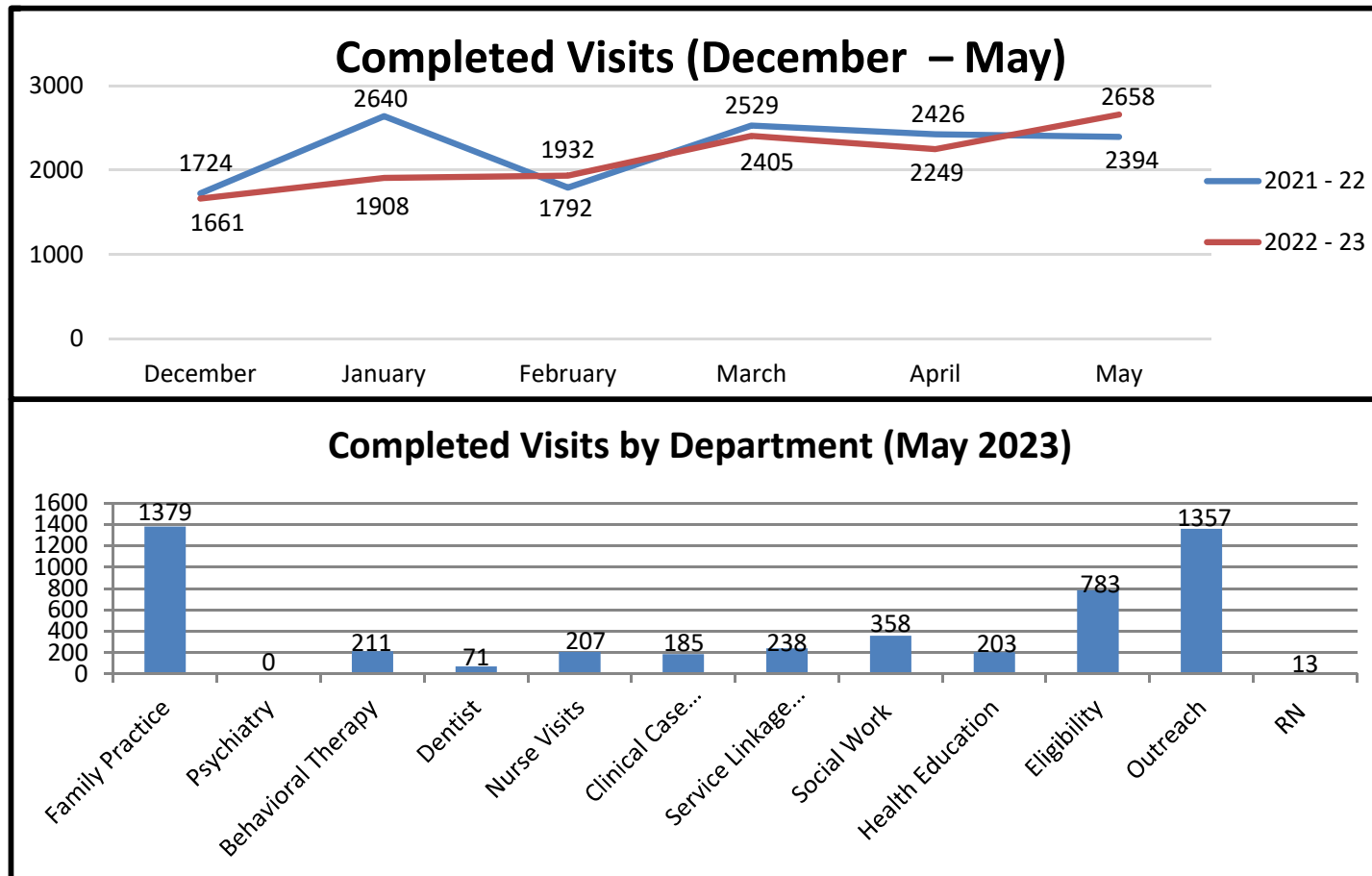
HRSA Target: 9775

- Unduplicated Patients: 3652
- Total Complete Visits: 11285

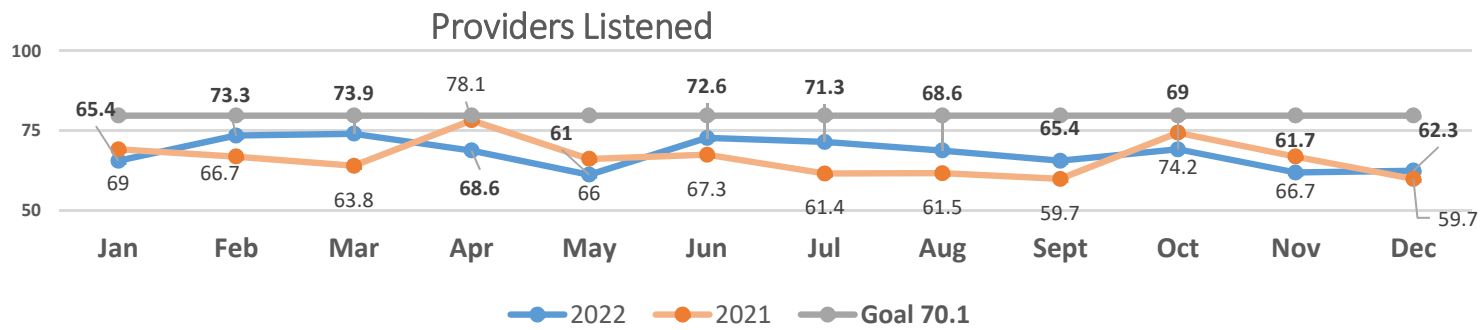
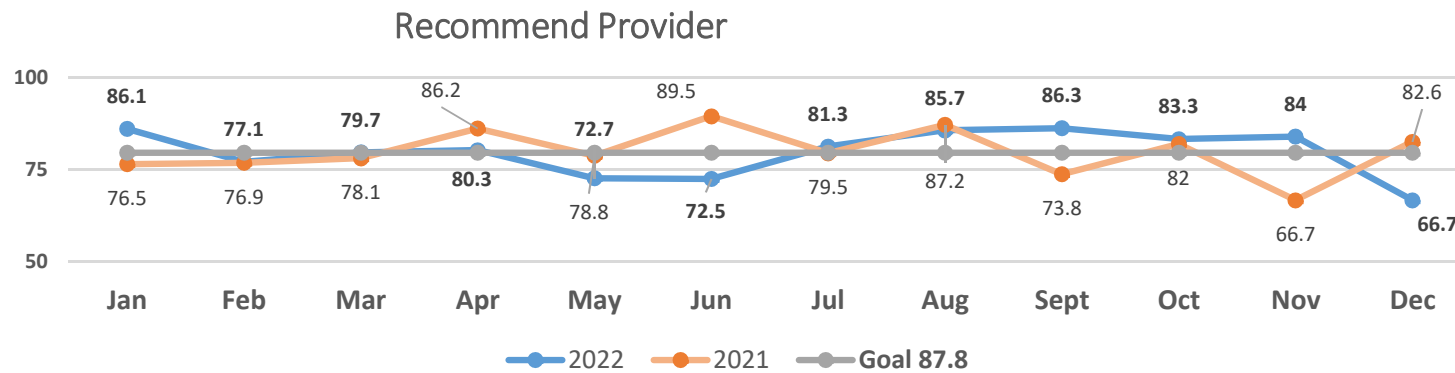
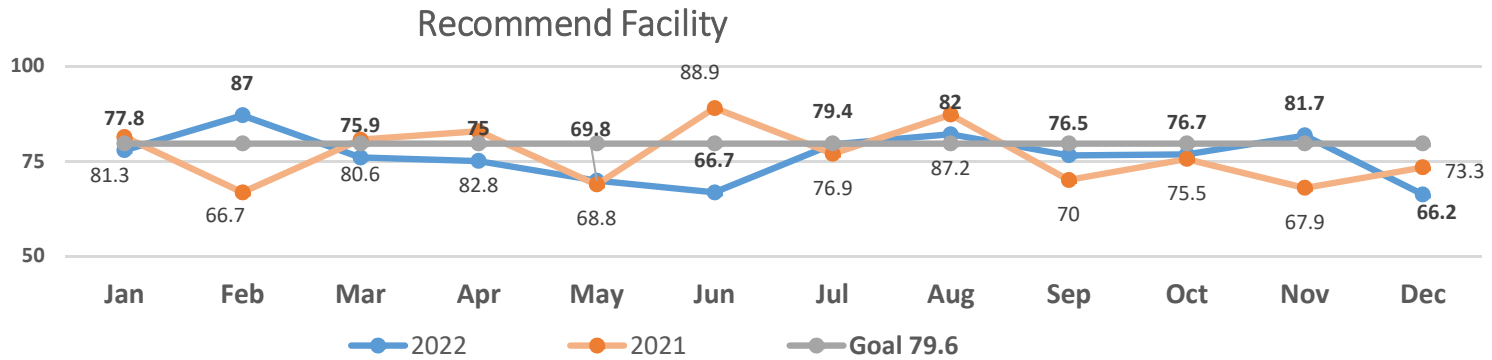
Operational Update



Operational Update

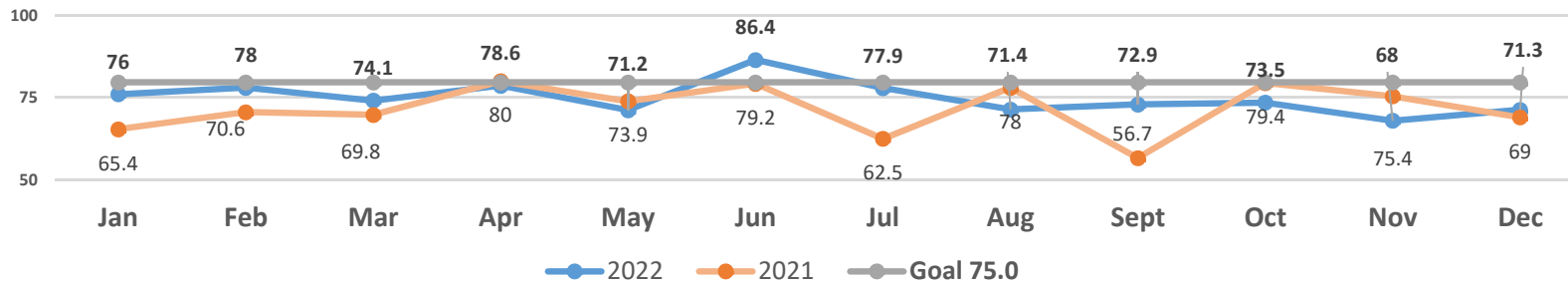


HCHP Patient Satisfaction Trending Data Q4

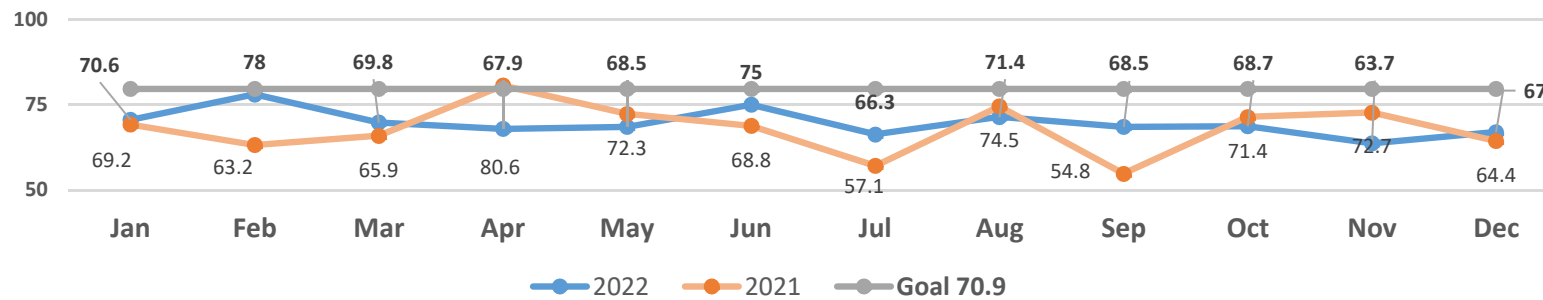


HCHP Patient Satisfaction Trending Data Q4

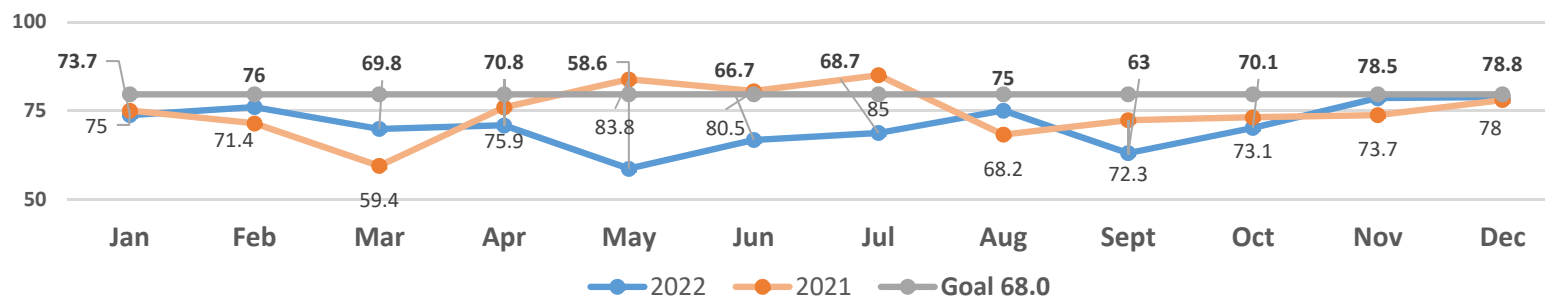
Nurses Listened



Good Communication Providers/Nurses



Wait Time



Operational Update

HCHP 2023 Quality Management Plan

Goals and Objectives

The overall goal of the Quality Management (QM) Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance to national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting related activities
- Internal system, structure and/or process
- Clinical, outreach, eligibility, and case management processes

These goals are influenced by Standards of Care (SOC) changes, Administrative Agency and/or Project Officer recommendations.

Operational Update

HCHP 2023 Quality Management Plan

The content of this plan continues to embrace the requirements of Harris Health System Performance Improvement program as well as HRSA requirements in a combined approach with ACS.

Significant Changes/Updates for the 2023 Plan:

- Changes to the wording of indicators for consistency with UDS clinical quality measures (CQMs) that align with the versions of the Centers for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMs) designated for the 2023 reporting period.
- Removal of dental metric no longer required by HRSA
 - “Percentage of homeless adult patients that complete phase I treatment within 12 months of initiating a treatment plan”
- Colorectal Cancer Screening
 - Age range change
 - Percentage of patients 45-75 years of age who had appropriate screening for colorectal cancer

HARRIS HEALTH SYSTEM

Health Care for the Homeless Quality Management Report – June 2023

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

Problem Statement: The following quality metrics are top fallouts that did not meet Harris Health goals in Quarter 1 of 2023. After identifying the root cause for the fall outs, corrective action plan is written for each item. Approve and continue the corrective action plan.

Quality Measures		Q4 (2022)			Q1 (2023)			Q2 (2023)			Q3 (2023)		
Quality Measures	HHS Goal	October	November	December	January	February	March	April	May	June	July	August	September
Breast Cancer Screening	50%	46%	46%	39%	30%	28%	26%						
Diabetes A1C>9	40%	35%	39%	40%	52%	52%	50%						
Childhood Immunization	50%	-	0%	0%	20%	14%	0%						

* = Metrics that are trending above the UDS Benchmark

Plan (Root Cause-Based on analysis of the problem)-WHY?	Do-(Action, Responsible Person, Implementation Date)
<p>1. Breast Cancer Screening Fall outs due to 1) Limited Access to Mobile Mammogram unit. 2) Low patient compliance in completing referral to screenings. 3) Identified inclusion of patients who are not yet due for the mammogram.</p> <p>2. Diabetes A1C>9 Fall outs due to 1) Lack of access to clinical pharmacy services for the past 5 months. 2) Patient medication compliance and appropriate diet. 3) Inability to prescribe Insulin and other medications due to lack of refrigeration requirements.</p> <p>3. Childhood Immunization Fall outs due to 1) Missing immunization record with our transient population. 2) Parental non-compliance with all necessary immunization guidelines.</p>	<p>Responsible Persons: Dr. LaResa Ridge (Medical Director), Chamica Keys (Nurse Manager), Sarath Roy (Quality Assurance Coordinator)</p> <ol style="list-style-type: none"> Breast Cancer Screening 1) Educating the patients on the importance of appropriate screening. 2) Provide Case management and Service Linkage services to address barriers to completing appointment. Implementation: Currently ongoing Diabetes A1C>9: 1) Grant Manager has written a grant application for ambulatory testing supplies. 2) Encouraging providers to utilize dual therapy for patients. 3) Case manager to work with patients with A1C>9 on a monthly basis to educate and address any medication needs. Implementation: Currently ongoing Childhood Immunization Status: 1) Initiative to promote Childhood immunization at shelter town halls. Disseminating educational materials on the importance of vaccines to all patients. 2) New patients are asked to complete release of information to obtain medical records from previous providers. Implementation: July,2023
	ACT (Effective/Ineffective): Adopt, Adapt, or Abandon
Check (How will you measure effectiveness)	
Via the monthly UDS Dashboard Report	<ol style="list-style-type: none"> Breast Cancer Screening: Jan-23: 30%,Feb-23:28%,Mar-23:26% Diabetes A1C>9: Jan-23:52%,Feb-23:52%, Mar-23:50% Childhood Immunization Status: Jan-23:20%,Feb-23:14%, Mar-23:0%

Data Trending 2023 Q1

Health Care for the Homeless Program Quality Report 2023						
Quality Measure - 2023	UDS Benchmark	HCHP Goal	2023 Q1	2023 Q2	2023 Q3	2023 Q4
Cervical Cancer Screening	> 43%	70%	71%			
Colorectal Cancer Screening	> 32%	50%	31%**			
Breast Cancer Screening	> 42%	50%	29%**			
Adult BMI/F/U Plan	> 54%	85%	98%			
Depression Screening / F/U	> 62%	80%	74%*			
HIV Screening	> 53%	80%	96%			
Tobacco Screening/Counseling/ Pharmacotherapy	> 75%	90%	97%			
Child BMI % Diet & Physical Activity Counseling	> 62%	82%	87%			
IVD & Aspirin	> 71%	85%	85%			
Statin Therapy	> 73%	80%	82%			
Diabetes A1C > 9	< 38%	40%	51%**			
Hypertension BP < 140/90	> 56%	63%	66%			
Childhood Immunization Status	>40%	50%	12%**			
Depression Remission at 12 months	>20%	20%	4%**			
Maternal Care (Early Entry into Prenatal Care)	>71%	50%	57%***			
Low Birth Weight: <2500 grams	>10%	5%	100%			
HIV Linkage to Care	>81%	50%	100%			

• = Metrics that are not meeting HCHP goal but meeting the UDS Benchmark (National Average)

** = Metrics that are not meeting both the UDS Benchmark and HCHP goal

*** = Metrics that are not meeting the UDS Benchmark but are meeting the HCHP goal

Thursday, June 22, 2023

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

Attached for consideration of approval:

- **2023 Quality Management Plan**

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

Quality Management Plan - 202~~3~~2

May 19, 2023~~February 23,~~
~~2022~~

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Quality Statement

The Harris Health System mission is to be “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.” Health care for homeless persons in Harris County are provided through the Health Care for the Homeless Program (HCHP). The HCHP Quality Management Plan reflects the program’s aim of establishing a comprehensive, coordinated process for continual evaluation and improvement of outpatient services. The goal of services is to improve the health status of HCHP clients through focused improvement activities. The Quality Management Plan provides direction for assessing quality and adherence to recommended standards of care for services provided.

The requirements of the Quality Management Plan and the Harris Health System Quality, Safety, and Performance Improvement Plan will work in tangent for activities related to monitoring, assessment, evaluation and implementation of improvement strategies. The information gathered from abovementioned activities will help to enhance the care and treatment provided to HCHP clients.

Quality Infrastructure

Leadership

The overall responsibility and leadership for the HCHP Quality Management Program resides with the Center Director and Medical Director of HCHP. The Quality Assurance Coordinator will provide oversight for monitoring, evaluation and assessment related activities. The Quality Assurance Coordinator will serve as the liaison for all tiers of membership. The infrastructure is comprised of three (3) tiers

- an administrative tier (manager level),
- a center-based committee and
- task-specific workgroup(s) as deemed necessary.

Quality Management (QM) related activities will be coordinated through a collaborative effort of the administrative staff of HCHP. The Quality Assurance Coordinator will work with all three (3) tiers of the QM Program. HCHP activities will be shared with the Harris Health System Performance Improvement program as directed.

The membership of the **administrative committee** may include but not limited to the following persons:

- Medical Director
- Center Director
- Nursing Manager
- Grants Project Manager

The administrative committee is charged with providing direction for the Quality Management Program. Findings and outcomes are shared with leadership staff for recommendation of strategies to improve patient care and services.

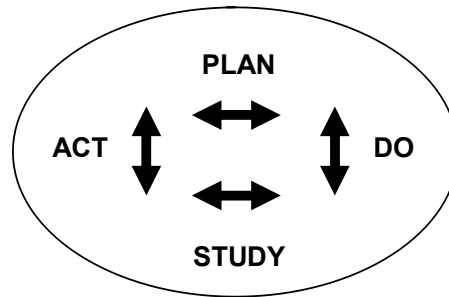
Quality Management related activities are reviewed at least monthly. The facilitator of the second tier has the flexibility as needed to request additional support and/or direction from the Center Director and Medical Director as needed. Minutes of the administrative meetings are recorded and available for review.

The **second tier** of the Quality Management Program is the center-based Compliance and Performance Improvement Committee (CPIC). A medical provider will serve on the committee and the Grants Project Manager will serve as facilitator. The membership of the CPIC may include but not limited to the following persons:

- Quality Assurance Coordinator
- Medical Provider
- Nursing Representative
- Case Management Representative
- Nurse Practitioner
- Eligibility Staff
- Health Educator
- Management

The role of the CPIC is to provide a comprehensive multi-disciplinary approach to address improvement opportunities identified through monitoring activities. The CPIC will meet monthly. Minutes will be recorded each meeting and distributed to the membership for review and approval. The activities of the committee will be reported bi-directionally to the Administrative committee as well as in the monthly staff meetings. Other venues will also be utilized to share information regarding the activities/decisions of the committee.

The committee will review the findings and employ tools to analyze any fallouts. The committee will utilize the **Plan-Do-Check/Study-Act** (PDCA/PDSA) model for addressing opportunities for improvement. The model allows for action anywhere along the continuum based on the analysis of the data.



The third (3rd) tier of the Quality Management Program is the **Task Specific Workgroup**.

A Task Specific Workgroup is formed as deemed necessary. The administrative team and/or the CPIC has the ability to convene a task-specific workgroup. The role and responsibilities of this group is attached to very specific tasks. Information from the workgroup will be reported to the CPIC, who will report the findings/recommendations to the Administrative committee.

Membership will consist of persons who are owners of the identified area requiring improvement. The Quality Analyst will help to facilitate and serve as a resource to the selected group(s). A chair of the Task Specific Workgroup is designated by the CPIC and/or administrative committee. The membership will remain fluid allowing for the entry and exit of persons throughout the assignment and completion of tasks. The continuance of the workgroup is based on goal and assignment completion.

Goals and Objectives

The overall goal of the Quality Management Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance to national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting related activities
- Internal system, structure and/or process
- Clinical, outreach, eligibility, and case management processes

The goals are influenced by Standard of Care (SOC) changes, Administrative Agency and/or Project Officer ~~R~~ recommendations.

Participation of Stakeholders

The goal of the Quality Management Program is to include internal and external stakeholders. Internal stakeholders representatives are nursing, physician and ancillary staff involved in the provision of client care, the Ambulatory Care Services (ACS) Quality Review Council (QRC), and the Harris Health Board of Trustees. External stakeholders include the HCHP Consumer Advisory Council. The council consists of clients and homeless service providers.

The Consumer Advisory Council group serves as the voice of the community. Membership of this committee serves on the Harris Health System At Large Advisory Council. Communication is bi-directional sharing with clients of HCHP, members of other Harris Health System Advisory Councils as well as leadership of Harris Health System. Representatives of HCHP participate in the monthly council meetings. Quality management data is reviewed at the council meetings.

Performance Measurement

The indicators and goals of performance measurement activities are based on:

- US Department of Health and Human Services guidelines
- Joint Commission/DNV standards
- NCQA PCMH standards
- Needs assessment
- National goals and benchmarks
- Internally identified areas with opportunity for improvement

The indicator and goals for performance will change based on internally identified areas of improvement and/or per direction of administrative agency/project officer. The performance measurements will include review activities for services provided.

The content of this plan embraces the requirements of Harris Health System Performance Improvement program as well as HRSA requirements in a combined approach. The intent of the plan is to incorporate requirements while operating under a single plan.

The information will be collected and analyzed by the Quality Assurance Coordinator. The findings will be disseminated to all tiers of the Quality committees as well as to staff. The Medical Director will aid in communication of information to the physician and nurse practitioner provider staff. The findings will be utilized to determine further focuses of quality activities.

The Harris Health System QM plan utilizes multiple sources of information to establish evaluation components related to the standards of care guidelines and indicators for medical care. Sources of information include but not limited to:

- Harris Health System Ambulatory Care Services (ACS) Quality Review Council (QRC)
- Disease specific treatment guidelines established by the United States Public Health Service (USPHS), the United States Preventive Services Task Force (USPSTF), the Infectious Disease Society of America (IDSA), and similar sources.

Data Collection

Data collection will be conducted minimally on a monthly basis. The sample size used for chart review will comply with the DNV/Joint Commission recommendations for review related activities, USPHS guidelines, and HRSA Uniform Data System (UDS) requirements. A portion of the random sample when available will be generated from an internal download activity. Other sample data when available for review purpose will be generated from other internal sources (EMR requested reports).

Reports will be generated in compliance to established reporting periods. Evaluation and findings of information reviewed will be reported at the local, ACS, system, and board levels as deemed appropriate. Reports will be submitted quarterly or at a period designated to administrative agency or HRSA related agency. The Quality Assurance Coordinator and/or designee will present findings quarterly as specified by the Harris Health System PI plan.

Data collection will also include any other mandated performance measures.

Capacity Building

The Medical Director will work with the Quality Assurance Coordinator to engage medical staff in activities related to quality improvement. Quality Management related trainings will be provided to medical provider as well as all level of staffing. Topics will include basic QM principles as well as others based on need.

Technical assistance will be sought through the National Center for Quality Assurance, HRSA, and other approved sources.

Findings will be reported via staff meetings for internal customers. Multiple modes for communicating findings to external customers will be utilized.

Evaluation

An annual evaluation of the HCHP Quality Management Program will be conducted. The components of the program that will be evaluated will include:

- Effectiveness of the infrastructure of the committee (meetings as planned, effectiveness of the membership, appropriate makeup of membership, necessary resources, etc)
- Achievement of performance measurement goals

The various tiers of the program will be involved in an assessment process of the activities conducted during the grant year. Information at each level will be reviewed and aggregated to determine an overall assessment of the Quality Management Program. The outcomes will be reported at the committee and staff level. Staff members will also be engaged in the QM process when as deemed necessary and appropriate.

QM Plan Update

The QM plan will be reviewed annually and revised as needed. The Quality Analyst will work in collaboration with the administrative committee to review all recommendations from internal and external stakeholders. Proposed changes/updates will be circulated to internal and external stakeholders. Input from stakeholders will be incorporated in the plan as appropriate. The revised/updated plan will receive final approval from the Center Director. The final QM plan will be shared with the Harris Health System Performance Improvement Committee, internal and external stakeholders.

Communication

Information related to Quality Management (QM) activities will be shared with internal stakeholders via the monthly staff meetings. QM information with external stakeholders will be shared during monthly Consumer Advisory Council meetings and quarterly during ACS-QRC and board of trustees meetings.

Minutes will be recorded for all QM related committee activities. A copy of the minutes will be available electronically and manually. This information will be available to all staff.

QM related activities will be shared during the monthly staff meetings. Findings to include graphs and charts will be posted for staff's review.

Performance Improvement Work Plan

A performance improvement work plan will be created based on several criteria, which include: HRSA Performance Measures, focuses/priorities identified by Harris Health System and other grants related quality management activities. The improvement efforts will include the collection of data with analysis and aggregation of data. Further evaluation of the data will be conducted as necessary. Processes and systems for the delivery of services will also be monitored. Performance Improvement efforts will be implemented to facilitate improvement in the key areas

Approval Page

This document has been revised by:

Nelson Gonzalez, DHA, MPH
Grants Project Manager
Harris Health System
Health Care for the Homeless Program

This document has been reviewed and approved by:

Tracey Burdine, MA, BSN
Health Center Director
Harris Health System
Health Care for the Homeless Program

Appendix A: Performance Measures Goals 2023~~2~~

2023~~2~~ UDS, HEDIS, & MIPS Quality Measures

Child Weight Assessment

Percentage of patients 3–17 years of age who had an outpatient *medical* visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation *and* who had documentation of counseling for nutrition *and* who had documentation of counseling for physical activity during the measurement period.

Childhood Immunization Status

~~Percentage of children 2 years of age who have received age appropriate vaccines by their 2nd birthday:~~

~~Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (Hib); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday~~

~~Include children who turned 2 years of age during the measurement period, regardless of when they were seen for medical care during the year. Specifically, include them in the assessment whether the medical visit in the year occurred before or after they turned 2.~~

Ischemic Vascular Disease (IVD) and Aspirin Therapy

Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, *or* who had an *active* diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.

Blood Pressure Control

Numerator: Patients whose most recent blood pressure reading was <140/90 during the measurement year. Denominator:

Patients 18-75 had two OP visits with diabetes diagnosis in the past 24 months. Exclusions: Polycystic ovaries; steroid-induced diabetes; gestational diabetes. Documentation: Most recent BP –can be from another encounter. Representative BP – if there are multiple readings on the same date of service, lowest systolic and lowest diastolic reading will be used.

Controlling High Blood Pressure

The percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (less than 140/90 mmHg) during the measurement period. Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

*All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR

*Patients aged ≥ 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR

*Patients aged 40-75 years with a diagnosis of diabetes Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.

Colorectal Cancer Screening

Percentage of patients ~~450~~-75 years of age who had appropriate screening for colorectal cancer:

Appropriate screenings are defined by any *one* of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

Tobacco Use Screening and Cessation Counseling

~~Percentage of patients aged 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco user. Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation counseling intervention.~~

Adult BMI Assessment and Follow-up

~~Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the measurement period AND who had a follow-up plan documented if BMI was outside of normal parameters
Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit *and*, when the BMI is outside of normal parameters, a follow-up plan is documented.~~

Cervical Cancer Screening

Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

* Women age 21-64 who had cervical cytology performed within the last 3 years

* Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years
Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer:

~~–Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test.~~

~~–Cervical cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.~~

HbA1c Testing

Numerator: Patients whose most recent HbA1c was performed during the measurement year. Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes. Documentation requirements/source: Diabetes Diagnosis & POC or Lab test.

Diabetes: HbA1c Poor Control (>9.0%)

~~Numerator: Patients whose most recent HbA1c is >9% or who did not have an HbA1C test performed during the measurement year. Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes. Documentation requirements/source: Diabetes Diagnosis & POC or Lab test. Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period~~

HIV Screening

Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for Human immunodeficiency virus (HIV)

~~This measure evaluates the proportion of patients aged 15–65 at the start of the measurement period who have documentation of having received an HIV test at least once on or after their 15th birthday and before their 66th birthday.~~

Because of the high-risk nature of persons experiencing homelessness and because of the Primary Care HIV Prevention grant, all patients should be tested once a year.

HIV Linkage to Care

Percentage of patients newly diagnosed with HIV by the health center between December 1, of the prior year and November 30, of the measurement year and who were seen for follow-up treatment within 30 days of diagnosis.

Screening for Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression-screening tool *and*, if positive, had a follow-up plan documented on the date of the visit.

Depression Remission at Twelve Months

The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

~~Patients aged 12 and older, who received a diagnosis of major depression or dysthymia with a PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2019 through October 31, 2020 and at least one medical visit during the measurement period. Who at 12 months (+/- 60 days) had a PHQ-9 or PHQ-9M of 4 or less.~~

Breast Cancer Screening

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period

~~Women aged 51–73 on January 1 with a medical visit. Women with one or more mammograms during the 27 months prior to the end of the measurement period.~~

Dental Health

~~Percentage of homeless adult patients that complete phase I treatment within 12 months of initiating a treatment plan.~~

Dental Sealants for Children

Percentage of children aged 6 - 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar during the measurement period.

Early Entry to Prenatal Care

Percentage of pregnant women beginning prenatal care in first trimester, who received or were referred for prenatal care services at any time during the reporting period.

Low Birth Weight

Percentage of births less than 2,500 grams to health center patients:

Report on *all* prenatal care patients who are either provided direct care or referred for care. Report all health center patients who delivered during the reporting period and all babies born to them.

Diabetes: Eye Exam

Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Diabetes: Foot Exam

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.

Diabetes: Medical Attention for Nephropathy

The percentage of patients 18-75 years of age with diabetes who had a nephropathy-screening test or evidence of nephropathy during the measurement period.

Documentation of Current Medications in the Medical Record

Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Pneumococcal Vaccination Status for Older Adults

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Preventive Care and Screening: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Adolescents Immunization (Meningococcal and Tdap)

Percentage of patients aged 13 years of age who received meningococcal and Tdap by their 13th birthday. Documentation requirements: must be completed by their 13th birthday. Exclusions: contraindication to vaccine; anaphylactic reaction.

CONFIDENTIAL

Thursday, June 22, 2023

Executive Session

Review of the 2023 Financial Performance for the Four Months Ending April 30, 2023, Pursuant to Tex. Gov't Code Ann. §551.085 and Tex. Gov't Code Ann. §551.071.

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