

Thursday, August 24, 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** Ewan Johnson, MD, PhD 1 min
- II. **Approval of the Minutes of Previous Meeting** Ewan Johnson, MD, PhD 1 min
  - [Board Meeting – July 27, 2023](#)
  - [Fiscal Year 2024 Budget Workshop Meeting – August 10, 2023](#)
- III. **Announcements / Special Presentations** Ewan Johnson, MD, PhD 20 min
  - A. **CEO Report** Including Special Announcements – *Dr. Esmaeil Porsa* (10 min)
    - Commissioners Court – August 17, 2023
    - Community Benefit Agreement with LBJ Community Leaders Coalition
  - B. **Board Member Announcements** Regarding Board Member Advocacy and Community Engagements Ewan Johnson, MD, PhD (10 min)
    - New Member of the Harris Health Board of Trustees
    - First Friday Tour – August 4, 2023
    - Discussion and Possible Action Regarding the Timing of Harris Health Board Meetings
- IV. **Public Comment** Ewan Johnson, MD, PhD 3 min
- V. **Executive Session** Ewan Johnson, MD, PhD 30 min
  - A. [Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session – Dr. Andrea Caracostis, Dr. Steven Brass, and Dr. Yashwant Chathampally](#) (10 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 Ekins](#) (10 min)
- VI. Reconvene to Open Meeting** **Ewan Johnson, MD, PhD 1 min**
- VII. General Action Item(s)** **Ewan Johnson, MD, PhD 4 min**
- A. General Action Item(s) Related to Quality: Medical Staff
    - 1. [Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – Dr. Martha Mims](#) (2 min)
  - B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
    - 1. [Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – Dr. Otis Ekins](#) (2 min)
- VIII. New Items for Board Consideration** **Ewan Johnson, MD, PhD 35 min**
- A. [Consideration of Approval of a Reimbursement Resolution Related to Possible Reimbursement of Certain Expenditures from Future Bond Issuances – Ms. Paige Abernathy, Harris County Attorney's Office](#) (5 min)
  - B. [Consideration of Approval of the Proposed Harris Health System Fiscal Year 2024 Operating and Capital Budget – Ms. Victoria Nikitin](#) (10 min)
  - C. [Consideration of Approval to Enter into the Fifth Contract Year of the Behavioral Health Constable Transportation with Harris County Constable Precinct One – Dr. Amy Smith](#) (5 min)
  - D. [Consideration of Approval to Enter into a Contract with the City of Houston Parks and Recreation Department for Aquatic Therapy for Harris Health Patients – Dr. Jennifer Small](#) (5 min)
  - E. [Consideration for Approval of an Agreement with Harris County for Assistance in the Event of an Emergency – Mr. Louis Smith and Mr. Patrick Casey](#) (5 min)
  - F. [Consideration of Approval of an Agreement between Harris Health System and Texas Health and Human Services Regarding The National Disaster Medical System Partner Healthcare Facility – Mr. Louis Smith and Mr. Patrick Casey](#) (5 min)
- IX. Strategic Discussion** **Ewan Johnson, MD, PhD 60 min**
- A. [Harris Health System Strategic Plan Initiatives](#)
    - 1. [Discussion and Overview of the Draft Harris Health Policy, Skilled Trade Protections for Bond-funded Construction Contracts – Mr. Louis Smith, Mr. Patrick Casey and Mr. Nathan Bac](#) (30 min)

2. [Update Regarding the 88th Texas Legislature Advocacy/Summary – Mr. R. King Hillier](#) (10 min)
3. [Update Regarding Human Resources Overview – Mr. Omar Reid \[Pillar 2: People\]](#) (10 min)
4. August Board Committee Meeting Reports: (10 min)  
[Strategic Pillar 3: One Harris Health System]
  - Governance Committee – **Dr. Andrea Caracostis**
  - [Quality Committee – Dr. Andrea Caracostis](#)
  - Budget & Finance Committee – **Ms. Marcia Johnson**
  - DEI Committee – **Ms. Marcia Johnson**

**X. Consent Agenda Items**

Ewan Johnson, MD, PhD 5 min

**A. Consent Purchasing Recommendations**

1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A104\) – Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office](#)  
[\(See Attached Expenditure Summary: August 24, 2023\)](#)

**B. Consent Committee Recommendations**

1. [Consideration of Acceptance of the Annual Reports Regarding Neonatal and Maternal Health Programs for Ben Taub and LBJ Hospitals – Dr. Steven Brass](#)  
[\[Quality Committee\]](#)
2. [Consideration of Acceptance of the Harris Health System Third Quarter Fiscal Year 2023 Investment Report – Ms. Victoria Nikitin](#)  
[\[Budget & Finance Committee\]](#)
3. [Consideration of Acceptance of the of the Harris Health System Second Quarter Calendar Year 2023 Pension Plan Report – Ms. Victoria Nikitin](#)  
[\[Budget & Finance Committee\]](#)
4. [Consideration of Acceptance of the of the Harris Health System June 2023 Quarterly Financial Report Subject to Audit – Ms. Victoria Nikitin](#)  
[\[Budget & Finance Committee\]](#)

**C. Consent Grant Recommendations**

1. [Consideration of Approval of Grant Recommendations \(Items C1 through C2\) – Dr. Jennifer Small and Mr. Jeffrey Baker](#)  
[\(See Attached Expenditure Summary: August 24, 2023\)](#)

**D. New Consent Items for Board Approval**

1. [Consideration of Acceptance of the Harris Health System July 2023 Financial Report Subject to Audit – Ms. Victoria Nikitin](#)

2. [Consideration of Approval of an Interlocal Agreement with the City of Houston, Harris County, Houston Land Bank, Port of Houston Authority of Harris County, Texas, Harris County Flood Control District, Harris County Department of Education, Houston Community College System, and Houston Independent School District for the Purpose of Evidencing the Houston Land Bank's Commitment to Use 83 Parcels of Vacated Land for Low-income Housing – Ms. Holly Gummert](#)

*{End of Consent Agenda}*

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|---|------------------------------|---------------|
| <b>XI. Item(s) Related to the Health Care for the Homeless Program</b>  | <b>Ewan Johnson, MD, PhD</b> | <b>15 min</b> |
| <p>A. <a href="#">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</a></p> <ul style="list-style-type: none"> <li>• <a href="#">HCHP August 2023 Operational Update</a></li> </ul> |                              | (13 min)      |
| <p>B. <a href="#">Consideration of Approval of the HCHP 2023 Second Quarter Budget Report – Ms. Tracey Burdine and Dr. LaResa Ridge</a></p>   |                              | (1 min)       |
| <p>C. <a href="#">Consideration of Approval of the HCHP Change in Scope for the Medical Mobile Unit – Ms. Tracey Burdine and Dr. LaResa Ridge</a></p>   |                              | (1 min)       |
| <b>XII. Executive Session</b>   | <b>Ewan Johnson, MD, PhD</b> | <b>60 min</b> |
| <p>D. <a href="#">Consultation with Attorney Regarding Bond Election Related Matters, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session – Ms. Paige Abernathy, Harris County Attorney's Office</a></p>   |                              | (10 min)      |
| <p>E. Consultation with Attorney Regarding Litigation and Possible Action Upon Return to Open Session, Including Settlement of Civil Action No. 4:20-CV-0296 in U.S. District Court, Southern District of Texas<br/>– Ms. Ebon Swofford and Mr. Michael Fritz</p>   |                              | (10 min)      |
| <p>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 &amp; 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<br/>– Ms.Carolynn Jones</p>            |                              | (10 min)      |
| <p>G. Discussion Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Upon Return to Open Session, Including Approval of CEO Evaluation – <b>Board of Trustees</b></p>   |                              | (30 min)      |
| <b>XIII. Reconvene</b>  | <b>Ewan Johnson, MD, PhD</b> | <b>1 min</b>  |
| <b>XIV. Adjournment</b>   | <b>Ewan Johnson, MD, PhD</b> | <b>1 min</b>  |



MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, July 27, 2023

8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
<b>I. Call to Order and Record of Attendance</b>	<p>The meeting was called to order at 8:00 a.m. by Ewan D. Johnson, MD, PhD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Johnson 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: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>.</p>	<p><b>A copy of the attendance is appended to the archived minutes.</b></p>
<b>II. Approval of the Minutes of Previous Meeting</b>	<ul style="list-style-type: none"> <li>Board Meeting – June 22, 2023</li> </ul>	<p><b>Motion No. 23.07-102</b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</b></p>
<b>III. Announcements/ Special Presentations</b>	<p><b>A. CEO Report Including Special Announcements</b></p> <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered the CEO Report including special announcements. He presented an overview of Harris Health’s Minority Woman-Owned Business Enterprises (MWBE) contract awards by ethnicity and gender. He spotlighted Harris Health’s Nurse Externs Transition (NEXT) Program and partnership with the University of St. Thomas for an accelerated 1-year Bachelor of Science in Nursing (BSN) program. Dr. Porsa concluded by presenting Harris Health patient comments related to satisfaction with Harris Health staff and health care services.</p>	<p><b>As Presented.</b></p>
	<p><b>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</b></p> <p>Ms. Marcia Johnson stated that on July 7, 2023, she accompanied members of Harris Health’s Executive Leadership and staff on its First Friday Tour. The Tour included visits to Harris Health’s Pediatric &amp; Adolescent Health Center – C.E. Odom and Sunset Heights Clinic. The next First Friday Tour is scheduled for August 4, 2023, and will spotlight Harris Health’s Aldine Health Center and Squatty Lyons Health Center.</p> <p>Dr. Johnson introduced himself as the new Board Chair of the Harris Health System Board of Trustees. Additionally, Dr. Johnson led the discussion regarding possible expansion of Harris Health services and programs.</p>	<p><b>As Presented.</b></p>

	<p>Dr. Johnson stated that Harris Health System Board of Trustees is pleased to welcome its newest Trustee, Dr. Cody Miller Pyke. In a unanimous vote, Harris County Commissioners Court made history as it approved Precinct 4 Commissioner Lesley Briones’ nominee, Dr. Cody Pyke, to the Harris Health System Board of Trustees. Dr. Pyke, is the first openly transgender and non-binary individual to serve on the Harris Health System Board. Dr. Pyke is a medical doctor, attorney, bioethicist and adjunct professor at the University of Houston College of Medicine, who brings a wealth of experience from multiple disciplines. Dr. Pyke completed her undergraduate at Trinity University, her medical doctorate at Baylor College of Medicine, her Juris Doctorate and Master of Laws in Health Law at University of Houston Law Center, and her Master of Sciences in Bioethics Policy at Clarkson University.</p>	
<b>IV. Public Comment</b>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding employee matters related to employee wages, a culture of promoting from within, consideration of less meetings and more productivity and turnover rates.</p>	
<b>V. Executive Session</b>	<p>At 8:25 a.m., Dr. Johnson stated that the Board would enter into Executive Session for Items ‘A through C’ as permitted by law under Tex. Gov’t Code Ann. §551.071, Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §160.007 and Tex. Occ. Ann. §151.002.</p>	
	<p><b>A.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; 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>	<b>No Action Taken.</b>
	<p><b>B.</b> Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Health &amp; 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>	<b>No Action Taken.</b>
	<p><b>C.</b> Report Regarding Harris Health System Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Health &amp; 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>	<b>Deferred.</b>
<b>VI. Reconvene to Open Meeting</b>	<p>At 8:36 a.m., Dr. Johnson reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.</p>	

<b>VII. General Action Item(s)</b>	<b>A. General Action Item(s) Related to Quality: Medical Staff</b>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For July 2023, there were thirty-nine (39) initial appointments, two (2) resignations and fifteen (15) temporary privileges. A copy of the credentialing report is available in the permanent record.</p>	<p><b>Motion No. 23.07-103</b>  <b>Moved by Dr. Cody M. Pyke, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</b></p>
	<b>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</b>	
	<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 July 2023, there were five (5) initial appointments and ten (10) temporary privileges. A copy of the Correctional Health credentialing changes is available in the permanent record.</p>	<p><b>Motion No. 23.07-104</b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</b></p>
<b>VIII. New Items for Board Consideration</b>	<p><b>A. Discussion and Appropriate Action Calling an Interim Officer Election for the Current Term (2023) Resulting from the Vacancy in the Office of Board Vice Chair and any other Resulting Vacancies Required by Article V, Section 2 of the Harris Health Board of Trustees Bylaws</b></p> <p>Per the Harris Health Board of Trustees Bylaws, when there is a vacancy in the Board Chair position, the Vice Chair shall automatically assume the duties of the Board Chair. Dr. Johnson stated now that he has assumed the Board Chair position, this leaves a vacancy in the Vice Chair position for the remainder of calendar year 2023. He noted that another election will be held for the positions of the 2024 Board Officers prior to the new calendar year.</p> <p>The following Board Members were nominated for the Vice Chair vacancy:</p> <ul style="list-style-type: none"> <li>• Director Barbie Robinson</li> <li>• Dr. Andrea Caracostis</li> <li>• Ms. Jennifer Tijerina</li> </ul> <p>Ms. Tijerina withdrew her name from consideration. Director Robinson and Dr. Caracostis offered statements regarding their experiences and interests in the Vice Chair position. Dr. Johnson explained the election process and conducted the election for the Vice Chair vacancy. The votes were cast as follows:</p>	<p><b>Vacancy Election for Board Vice Chair was held</b></p>

	<p>All those in favor of nominating Dr. Caracostis to the Board office of Vice Chair:</p> <ul style="list-style-type: none"> <li>• Dr. Cody M. Pyke - yes</li> <li>• Mr. Jim Robinson - yes</li> <li>• Ms. Alicia Reyes - no</li> <li>• Dr. Andrea Caracostis - yes</li> <li>• Ms. Marcia Johnson - no</li> <li>• Ms. Jennifer Tijerina – no</li> <li>• Ms. Carol Paret – yes</li> <li>• Director Barbie Robinson – no</li> <li>• Dr. Ewan D. Johnson - no</li> </ul> <p>All those in favor of nominating Director Robinson to the Board office of Vice Chair:</p> <ul style="list-style-type: none"> <li>• Dr. Cody M. Pyke - no</li> <li>• Mr. Jim Robinson - no</li> <li>• Ms. Alicia Reyes - yes</li> <li>• Dr. Andrea Caracostis - no</li> <li>• Ms. Marcia Johnson - yes</li> <li>• Ms. Jennifer Tijerina – yes</li> <li>• Ms. Carol Paret – no</li> <li>• Director Barbie Robinson – yes</li> <li>• Dr. Ewan D. Johnson - yes</li> </ul> <p>The final election results were announced as follows: <u>4</u> votes in favor of electing Dr. Andrea Caracostis and 5 votes in favor of electing Director Barbie Robinson to the Office of Vice Chair. Director Robinson received a majority of the votes cast by Board Members present and voting and was declared the new Vice Chair of the Harris Health Board of Trustees for the remainder of the 2023 Calendar Year.</p>	
	<p><b>B.</b> Approval of Appointment of Ms. Marcia Johnson as Chair to the Budget and Finance Committee of the Harris Health System Board of Trustees</p>	<p><b>Motion No. 23.07-105</b>  <b>Moved by Ms. Alicia Reyes,</b>  <b>seconded by Mr. Jim Robinson,</b>  <b>and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</b></p>

	<p><b>C.</b> Approval of Appointment of Ms. Marcia Johnson to the Community Health Choice, Inc. and Community Health Choice Texas, Inc., collectively “Community”, Board of Directors</p>	<p><b><u>Motion No. 23.07-106</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</b></p>
	<p><b>D.</b> Approval of Appointment of Dr. Cody M. Pyke to the Quality, Diversity Equity and Inclusion, and Governance Committees of the Harris Health System Board of Trustees</p>	<p><b><u>Motion No. 23.07-107</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.D. Motion carried.</b></p>
	<p><b>E.</b> Approval of Appointment of Mr. Jim Robinson to the Budget and Finance Committee of the Harris Health System Board of Trustees</p>	<p><b><u>Motion No. 23.07-108</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Ms. Marcia Johnson, and unanimously passed that the Board approve agenda item VIII.E. Motion carried.</b></p>
	<p><b>F.</b> Approval of Joint Election Services Agreement for the November 7, 2023 Bond Election, in Accordance with Applicable Laws, Including Tex. Health &amp; Safety Code Chapter 281 and Tex. Gov’t Code Chapter 1251</p> <p>Ms. Elizabeth Hanshaw Winn, Assistant County Attorney, Harris County Attorney’s Office, delivered an overview of the Joint Election Services Agreement for the November 7, 2023 Bond Election. She stated that per the election agreement, Harris Health’s total share of costs will not exceed a maximum amount of \$9M. Harris Health’s pro-rated share of the election costs is determined by the number of registered voters in Harris County and the number of participating entities which have candidates and/or propositions on the ballot. Ms. Winn shared that per the election agreement, on or before September 15, 2023, Harris County will deliver to Harris Health (1) an itemized list of estimated election expenses that the County will incur in connection with the November 7, 2023 Election and (2) an estimate of Harris Health’s share of such costs. Additionally, per the election agreement, Harris County must furnish a final accounting of the November 7, 2023 Election expenses actually incurred within ninety (90) days after the November 7, 2023 Election, and Harris Health would be required to pay Harris County’s invoice for the balance of its November 7, 2023 Election expenses within thirty (30) days of receipt of the invoice.</p>	<p><b><u>Motion No. 23.07-109</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item VIII.F. Motion carried.</b></p>

	<p>Discussions ensued related to proposed costs and the number of participating entities. Ms. Paige Abernathy, Assistant County Attorney, Harris County Attorney’s Office, stated that Harris Health will pay 60% of its estimated costs, as provided by the County within ten days of receipt of the estimate, but no earlier than September 1, 2023.</p>	
	<p><b>G.</b> Approval of Reimbursement Resolution Related to Possible Reimbursement of Certain Expenditures from Future Bond Issuances</p> <p>Ms. Abernathy led the discussion regarding the reimbursement resolution related to possible reimbursement of certain expenditures from future bond issuances. She noted that the fully executed reimbursement resolution will be brought to the Board for approval in August. A copy of the reimbursement resolution is available in the permanent record.</p>	<p><b><u>No Action Taken.</u></b></p>
	<p><b>H.</b> Presentation of the Harris County Hospital District 401(k) and Pension Plan Independent Auditor’s Reports and Overview for the Fiscal Year Ended December 31, 2022</p> <p>Mr. Ryan Singleton, Partner, FORVIS, delivered a presentation of the Harris County Hospital District 401(k) and Pension Plan Independent Auditor’s Reports and Overview for the Fiscal Year Ended December 31, 2022. He shared FORVIS’ responsibilities, accounting policies and practices, and findings during their engagement process. He stated that there were no difficulties encountered by the team when conducting the audit, no disagreements with management, no contentious accounting issues, no consultations with other accountants, and no identified material weaknesses or significant deficiencies in internal controls. Mr. Singleton mentioned three (3) identified risk areas including: 1) management override of controls, 2) related-party disclosures, and 3) management estimates. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
	<p>1. Acceptance of the Harris County Hospital District 401(k) Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2022 and 2021</p>	<p><b><u>Motion No. 23.07-110</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Mr. Jim Robinson, and unanimously passed that the Board approve agenda item VIII.H.1. Motion carried.</b></p>

	<p>2. Acceptance of the Harris County Hospital District Pension Plan Independent Auditor’s Report and Financial Statements for the Years Ended December 31, 2022 and 2021</p>	<p><b><u>Motion No. 23.07-111</u></b>  <b>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.H.2. Motion carried.</b></p>
<p><b>IX. Strategic Discussion</b></p>	<p><b>A. Harris Health System Strategic Plan Initiatives</b></p>	
	<p>1. Update Regarding LBJ Hospital Expansion Project</p> <p>Ms. Patricia Darnauer, Executive Vice President &amp; Administrator, Lyndon B. Johnson Hospital, delivered an update regarding the LBJ Hospital Expansion Project. Ms. Darnauer introduced Mr. Jason Fleming, Senior Design Leader, HKS, Inc., who presented the proposed exterior design of the LBJ Expansion Project. Discussions ensued regarding the LBJ campus parking garage, community engagement related to playground and park areas, as well as the use of eco-friendly building materials. Mr. Jim Robinson recommended that consideration be given to covering the walkway between the bus rapid transit (BRT) station and the hospital’s front entrance. Mr. Fleming addressed Board member’s concerns regarding street flooding, location of generators, and the facilities’ cooling systems. A copy of the presentation is available in the permanent record.</p>	<p><b>As Presented.</b></p>
	<p>2. Update Regarding Ballot Language for Harris Health’s Proposed Bond Election</p> <p>Ms. Abernathy delivered an update regarding Ballot Language for Harris Health’s Proposed Bond Election. She stated that Harris County will approve the final ballot language as part of the Bond Election Order to be considered on August 17, 2023. Additionally, Ms. Abernathy shared that the draft resulted from input from outside special counsel, financial and tax experts, along with the Harris County Attorney’s Office. Mr. Barron Wallace, Partner, Bracewell LLP, provided additional insight related to the bond language for the proposed bond election. Mr. Jim Robinson requested that Harris Health’s Administration provide an estimate of the Maintenance and Operations (M&amp;O) tax burden associated with the LBJ Expansion Project. Director Robinson requested a formalized process for Board members to make motions for items requested. Mr. Jim Robinson motioned for Harris Health Administration to provide an estimate of the anticipated increase in operating expenses for staffing the LBJ Hospital Expansion Project and the new Level 1 Trauma Center at Ben Taub Hospital. Dr. Porsa stated that this information was presented to the Board in the April as a part of the approval of the bond proposal and also to Harris County Commissioner’s Court in June. He reiterated that given the projected growth in the population of Harris County and the increase in the County’s projected appraisal values over the next ten (10) years, Harris Health does not anticipate a material increase in the future M&amp;O tax rate. A copy of the presentation is available in the permanent record.</p>	<p><b><u>Motion No. 23.07-112</u></b>  <b>Moved by Mr. Jim Robinson, seconded by Director Barbie Robinson for Harris Health Administration to provide an estimate of the anticipated increase in operating expenses for staffing the LBJ Hospital Expansion Project and the new Level 1 Trauma Center at Ben Taub Hospital, and majority passed that the Board approve the motion as presented. Dr. Cody Pyke opposed the motion. Motion carried.</b></p>

	<p>3. July Board Committee Meeting Reports:</p> <p><b><u>Diversity, Equity &amp; Inclusion (DEI) Committee</u></b>                  Ms. Johnson stated that the DEI Committee met on Tuesday, July 11, 2023. Dr. Jobi Martinez, Vice President and Chief Diversity Officer, provided an update on Implicit Bias and Patient Care. Mr. Omar Reid, Executive Vice President, Chief Health Officer, and Dr. Martinez delivered a presentation regarding Institutional Biases.</p> <p><b><u>Governance Committee</u></b>                  Dr. Caracostis shared that the Committee met on Tuesday, July 11, 2023. Ms. Maria Cowles, Chief of Staff, provided an update regarding Board Member Orientation Process. Ms. Winn from the legal team presented recommendations to the Board regarding the Nomination Process. Ms. Winn also presented Best Practices for Making Parliamentary Motions to Request Documentation, Reports or Other Post-meeting Actions. Dr. Caracostis noted that the parliamentarian training provided by Ms. Winn was recorded and available for viewing.</p> <p><b><u>Quality Committee</u></b>                  Dr. Caracostis noted that these highlights were covered in open session at the Quality Committee meeting on July 11, 2023:</p> <ul style="list-style-type: none"> <li>• <b><u>HRO Safety Message – Videos*</u></b> <ul style="list-style-type: none"> <li>○ Two videos were displayed. The monthly High Reliability Organization (HRO) video “Closed Loop Communication: Three Way Repeat Back” and Zero Harm Awards.</li> </ul> </li> </ul>	<p><b>As Presented.</b></p>
<p><b>X. Consent Agenda Items</b></p>	<p><b>A. Consent Purchasing Recommendations</b></p>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A16)</p> <p>Dr. Johnson noted that Purchasing Transmittals (B1 through B7) are not for approval. Copies of the purchasing recommendations are available in the permanent record.</p>	<p><b><u>Motion No. 23.07-113</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Carol Paret, and majority passed that the Board approve agenda item X.A.1. Ms. Marcia Johnson opposed the motion. Motion carried.</b></p>
	<p><b>B. Consent Committee Recommendations</b></p>	
	<p>1. Acceptance of the Ambulatory Surgical Center at LBJ Status Report</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>



	2. Acceptance of the Riverside Dialysis Center Status Report	<p><b><u>Motion No. 23.07-114</u></b>                  Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</p>
	<b>C. Consent Grant Recommendations</b>	
	1. Approval of Grant Recommendation (Items C1 through C3)	<p><b><u>Motion No. 23.07-114</u></b>                  Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</p>
	<b>D. New Consent Item for Board Approval</b>	
	1. Acceptance of the Harris Health System May 2023 Financial Report Subject to Audit	<p><b><u>Motion No. 23.07-114</u></b>                  Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</p>
	2. Approval of a Settlement Agreement Between Harris Health System and Harris County for Epic Licenses and Related Support Services Rendered in 2022 to the Harris County Public Health Department	<p><b><u>Motion No. 23.07-114</u></b>                  Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried. Director Barbie Robinson recused on this matter related to Harris County Public Health.</p>

	<p>3. Approval of a First Amendment to the Employment Agreement Between Lisa Wright, Community Health Choice, Inc., Community Health Choice Texas, Inc., and Harris County Hospital District d/b/a Harris Health System</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>
	<p>4. Approval of Revision to the Governance Committee Charter to Include Board of Trustees Officer Nominations Function</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>
	<p>5. Approval to Acquire a 9,321 Sq. Ft. Tract of Land at 1600 Keene St. for the Casa de Amigos Health Center Expansion Project, Houston, Harris County, Texas</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>
	<p>6. Approval to Amend the Lease Agreement Between Harris County Hospital District d/b/a Harris Health System and India House Houston for the Sareen Clinic, Located at 8888 West Bellfort, Houston, Texas 77031</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>
	<p>7. Approval to Amend the Lease Agreement Between Harris County Hospital District d/b/a Harris Health System and Harris County for the Thomas Street Health Center, Located at 2015 Thomas St., Houston, Texas 77009</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>

	<p>8. Approval to Amend the Lease Agreement Between Community Health Choice, Inc., Community Health Choice Texas, Inc., and SLS-South Loop, LLC for Office Space at 2636 South Loop, Houston, TX 77054</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>
	<p>9. Approval of a Fourth Amendment Between Harris Health System and The University of Texas Health Science Center at Houston (“UTHealth”) to the Collaboration Agreement for Population Health Projects</p>	<p><b><u>Motion No. 23.07-114</u></b>  <b>Moved by Dr. Cody M. Pyke, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item X.B.1. through X.B.9. Motion carried.</b></p>
	<p><b>E. Consent Reports and Updates to Board</b></p>	
	<p>1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</p> <p>2. Harris Health System Council-At-Large June Meeting Minutes</p> <p><i>{End of Consent Agenda}</i></p>	<p><b>For Informational Purposes Only</b></p>

<p><b>XI. Item(s) Related to Health Care for the Homeless Program</b></p>	<p><b>A.</b> 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"> <li>• <b>HCHP July 2023 Operational Update</b></li> </ul> <p>Dr. Jennifer Small, Executive Vice President &amp; Administrator, Ambulatory Care Services, delivered a presentation regarding the Health Care for the Homeless Program July 2023 Operational Update including updates to Patient Services and the HCHP Consumer Advisory Report.</p> <p>Dr. Small reported that there were 379 new adult patients, no new telehealth patients, ninety-nine (99) returning telehealth patients and twenty-two (22) 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 June 2023, HCHP served 4,188 unduplicated patients and 13,669 total completed visits.</p> <p>Dr. Small reported that the quarterly amount of unduplicated patients this year compared to the prior year has remained relatively unchanged. Dr. Small noted the equivalent in the number of completed visits overall has decreased by 7%. She noted that this is attributed to a staff vacancy as well as staff time off.</p> <p>Dr. Small presented the following highlights of the council activities from March 2023 – May 2023:</p> <ul style="list-style-type: none"> <li>• The council was informed of changes in scope approved by Health Resources Services Administration (HRSA), such as the opening of the Navigation Center clinic, changes in hours at some sites, and the closing of the Salvation Army Family clinic. The council members were informed about the evening clinic pilot at Harmony House.</li> <li>• The council approved applying for the Ending of the HIV Epidemic Primary Care HIV Prevention funding opportunity. Council members were informed about the one-year grant extension of the American Rescue Plan grant.</li> <li>• The members met with the Director of HCHP to discuss their ideas for the HCHP strategic plan.</li> <li>• The council was updated on the process of the 2023 needs assessment and the creation of new survey for capturing the needs of patients and non-patients that are experiencing homelessness.</li> <li>• The council approved the 2023 HCHP Quality Management Plan.</li> </ul> <p>A copy of the presentation is available in the permanent record.</p>	<p><b><u>Motion No. 23.07-115</u></b>  <b>Moved by Ms. Alicia Reyes, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</b></p>
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	<p><b>B.</b> Approval of the HCHP Consumer Advisory Council Report</p>	<p><b><u>Motion No. 23.07-116</u></b>                  Moved by Ms. Alicia Reyes, seconded by Dr. Cody Pyke, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</p>
<p><b>XII. Executive Session</b></p>	<p>At 10:15 a.m., Dr. Johnson stated that the Board would enter into Executive Session for items XII “D through I” as permitted by law Tex. Gov’t Code Ann. §551.071, Tex. Gov’t Code Ann. §551.074, Tex. Gov’t Code Ann. §551.085, Tex. Health &amp; 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.</p>	
	<p><b>D.</b> Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085.</p>	<p><b>No Action Taken.</b></p>
	<p><b>E.</b> Consultation with Attorney Regarding Bond Election Related Matters, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>
	<p><b>F.</b> Consultation with Attorney, Pursuant to Tex. Gov’t Code Ann. §551.071 Regarding Settlement of Amounts Owed for Services Rendered by Harris Health System to the Harris County Community Supervision &amp; Corrections Department and Possible Action Upon Return to Open Session</p> <p><i>Harris Health, by and through its Board of Trustees, hereby accepts the settlement offered by Harris County, Texas, and authorizes the President &amp; CEO to execute a settlement agreement which obligates Harris County to pay all unpaid invoices for services rendered by Harris Health to the Harris County Community Supervision &amp; Corrections Department from 2018 to 2022.</i></p>	<p><b><u>Motion No. 23.07-117</u></b>                  Moved by Mr. Jim Robinson, seconded by Dr. Cody M. Pyke, and unanimously passed that the Board approve agenda item XII.F. Motion carried.</p>
	<p><b>G.</b> Consultation with Attorney Regarding Opioid Litigation, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Upon Return to Open Session, Including Consideration of Approval to Participate in the Settlement with Walgreens, CVS, and Walmart as it Relates to the Texas Opioid Multi-district Litigation</p> <p><i>Harris Health, by and through its Board of Trustees, hereby authorizes approval for Harris Health to Participate in the Settlement with Walgreens, CVS, and Walmart 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. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effect this settlement.</i></p>	<p><b><u>Motion No. 23.07-118</u></b>                  Moved by Ms. Alicia Reyes, seconded by Ms. Marcia Johnson, and unanimously passed that the Board approve agenda item XII.G. Motion carried.</p>

	<p><b>H.</b> 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 &amp; 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><b>No Action Taken.</b></p>
	<p><b>I.</b> Discussion Regarding the Evaluation of Chief Executive Officer (CEO), Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Upon Return to Open Session, Including Approval of CEO Evaluation</p>	<p><b>No Action Taken.</b></p>
<p><b>XIII. Reconvene</b></p>	<p>At 12:28 p.m., Dr. Johnson 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 Items “F and G” of the Executive Session agenda.</p>	
<p><b>XIV. Adjournment</b></p>	<p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:30 p.m.</p>	

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

Respectfully Submitted,

Ewan D. Johnson, MD, PhD, Board Chair

Barbie Robinson, Secretary

Minutes transcribed by Cherry Pierson

Thursday, July 27, 2023

**Harris Health System Board of Trustees Board Meeting – Attendance**

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

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Ewan D. Johnson ( <i>Chair</i> )	
Dr. Andrea Caracostis ( <i>Secretary</i> )	
Ms. Alicia Reyes	
Director Barbie Robinson	
Ms. Carol Paret	
Dr. Cody M. Pyke	
Ms. Jennifer Tijerina	
Mr. Jim Robinson	
Ms. Marcia Johnson	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Amy Smith	Jack Adger ( <i>Harris County Purchasing Office</i> )
Anna Mateja ( <i>Community Health Choice</i> )	Dr. Jackie Brock
Anthony Williams	Jamie Orlikoff ( <i>Outside Counsel</i> )
Barron Wallace	Jason Fleming ( <i>HKS, Inc.</i> )
Carolynn Jones	Jay Aiyer ( <i>Harris County Attorney's Office</i> )
Cherry Pierson	Jay Camp
Chethan Bachireddy	Jeffrey Baker
Chris Buley ( <i>Community Health Choice</i> )	Dr. Jennifer Small
Cynthia Cole ( <i>AFSCME</i> )	Jennifer Zarate
Dan Downey ( <i>Outside Counsel</i> )	Jerry Summers
Daniel Smith	Jessey Thomas
Danielle Zimmerman ( <i>FORVIS</i> )	John Matcek
Derek Curtis	Jonathan Fombonne ( <i>Harris County Attorney's Office</i> )
DeWight Dopslauf ( <i>Harris County Purchasing Office</i> )	Dr. Joseph Kunisch
Ebon Swofford ( <i>Harris County Attorney's Office</i> )	Kari McMichael
Elizabeth Winn ( <i>Harris County Attorney's Office</i> )	Dr. Kunal Sharma
Dr. Esmaeil Porsa ( <i>Harris Health System President &amp; CEO</i> )	Lindsey Katie Rutherford
Dr. Esperanza Hope Galvan	Lisa Wright ( <i>President &amp; CEO, Community Health Choice</i> )
Dr. Glorimar Medina	Louis Smith
Dr. Hemant Kumar Roy	Lynette Bratton ( <i>Outside Counsel</i> )
Holly Gummert ( <i>Harris County Attorney's Office</i> )	Maria Cowles

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Dr. Martha Mims	Ryan Singleton ( <i>FORVIS</i> )
Dr. Matasha Russell	R. King Hillier
Matthew Reeder	Dr. Sandeep Markan
Matthew Schlueter	Sara Thomas ( <i>Harris County's Attorney's Office</i> )
Dr. Maureen Padilla	Shawn DeCosta
Michael Hill	Siraj Anwar
Dr. Michael Nnadi	Dr. Steven Brass
Nicholas J Bell	Dr. Tien Ko
Olga Rodriguez	Tai Nguyen
Omar Reid	Toni Cotton
Dr. Otis R. Egin	Tracey Burdine
Paige Abernathy ( <i>Harris County Attorney's Office</i> )	Victoria Nikitin
Patricia Darnauer	Whitney K. Fuessel ( <i>HKS, Inc.</i> )
Patrick Casey	Yolanda Wall
Randy Manarang	Danielle Zimmerman ( <i>FORVIS</i> )
Ron Fuschillo	



MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES  
Fiscal Year 2024 Budget Workshop  
August 10, 2023  
9:30 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<b>I. Call to Order &amp; Record of Attendance</b>	<p>The meeting was called to order at 9:39 a.m. by Ms. Marcia Johnson, Chair. It was noted there was a quorum present and the attendance was recorded. Ms. Johnson 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: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>.</p>	<p><b>A copy of the attendance is appended to the archived minutes.</b></p>
<b>II. Discussion Regarding Harris Health System’s Operating and Capital Budget</b>	<p>Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer, led the discussion regarding Harris Health System’s Fiscal Year (FY 2024) Operating and Capital Budget. Consistent with Harris Health’s strategic goal of delivering a no less than 2% operating margin, Administration recommends the same minimum target for FY 2024, predicated on the Commissioners Court final adopted tax rate for Harris Health. Ms. Nikitin shared that the proposed Operating Budget for the fiscal year ending September 2024 currently reflects a margin of \$77.3M, and underscores the ongoing effort to manage operations and reinvest in the services and infrastructure needs of the system. She noted that the Harris Health System budget excludes the operating results for Community Health Choice, Inc. (HMO), Harris County Hospital District Foundation, Harris Health Strategic Fund, and the Correctional Health program, which is supported through the Harris County Sheriff’s Office Operating Budget. Mr. Louis Smith, Senior Executive Vice President &amp; Chief Operating Officer, presented an overview of the continued implementation of Harris Health’s 2021 – 2025 Strategic Plan. Harris Health leadership, at the direction of Harris Health’s Board of Trustees, continues to implement strategies and initiatives aligned with the organization’s 2021-2025 Strategic Plan. The Plan is guided by six (6) strategic pillars which serve as the system’s foundation for the future. The sixth pillar (diversity, equity and inclusion) was added to the Plan in 2022. Mr. Smith presented strategic initiatives planned for October 2023 through September 2024.</p> <p><b><u>Approved Strategic Initiatives</u></b>  The following strategic initiatives in support of the System’s Strategic Plan are currently in progress and are included in the draft budget for FY 2024:</p> <ul style="list-style-type: none"> <li>• Food Farmacy expansion;</li> <li>• Implementation of Hospital at Home Service;</li> <li>• Observation Unit at Lyndon B. Johnson (LBJ) Hospital;</li> <li>• Interventional Radiology Space Construction at LBJ Hospital;</li> <li>• Observation Unit at Ben Taub Hospital (BTH);</li> <li>• Cardiac Catheterization Lab Expansion at Ben Taub Hospital; and</li> <li>• Kronos (UKG) Dimensions Upgrade</li> </ul>	<p><b>As Presented.</b></p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p><b><u>Pending Strategic Initiatives</u></b></p> <p>The following strategic initiatives are not yet implemented but are included in the draft FY 2024 budget. These initiatives will be implemented in FY 2024 assuming Harris Health’s budgeted and actual revenues and expenses support the deployment of each. In the event that revenues and/or expenses do not support the implementation of all of these critical initiatives, they will be implemented in order of priority as determined by Harris Health leadership.</p> <ul style="list-style-type: none"> <li>• Implementation of Epic Rover;</li> <li>• Emergency Center Telemedicine Expansion;</li> <li>• Endoscopy Center at Quentin Mease;</li> <li>• Multi-Visit Patient Program Expansion;</li> <li>• Contract with Texas Medical Center (TMC) Police;</li> <li>• Weapons Detection System at Ben Taub and LBJ Hospitals;</li> <li>• Off-site Parking for Ben Taub Hospital and Quentin Mease Health Center; and</li> <li>• Quentin Mease Shuttle Program</li> </ul> <p>Ms. Alison Perez, Associate Administrator, Financial Planning &amp; Analysis, stated that the overall patient volume projections is expected to remain stable compared to current FY 2023. She noted that the overall inpatient volumes are expected to remain consistent with FY 2023 levels as a portion of boarded patients are shifted out of the emergency room and in to the appropriate inpatient unit. Ms. Perez mentioned that the surgery cases at Ben Taub are expected to experience incremental growth as staffing issues have improved allowing for the anticipated opening of all eighteen (18) rooms before the end of FY 2023. Conversely, LBJ is expected to experience a decrease of almost 10% in surgery cases resulting from a planned refresh project necessitating the staged closure of operating rooms throughout the fiscal year. Surgery cases performed at the Outpatient Center are expected to remain consistent with current year projections. The overall impact to surgical volume in FY 2024 is an expected increase of 3.3% for a total of 21,342 cases. Ms. Perez noted that although trending below pre-COVID levels, emergency room visits have increased year over year continuing to create throughput issues at both hospitals. She mentioned that additional observation beds are being added at both hospitals in an effort to address the boarder issues in the emergency room. As a result of these decompression initiatives, as well as the pending Emergency Center telemedicine expansion, total combined emergency room visits are projected at FY 2023 levels of more than 154,000 visits annually. Ms. Perez reported that labor and delivery volumes continue to increase year over year and have returned to pre-COVID level. She stated that the primary care volumes are projected to increase by an additional 5% during FY 2024 as provider vacancies are filled. In addition, Ms. Perez mentioned that the specialty care visits have seen an increase of almost 7% during FY 2023 compared to the prior fiscal year as a result of a shift from telehealth back to in-person visits as well. For FY 2024, specialty care visits are expected to remain at current year levels as are telehealth visits.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Ms. Victoria Nikitin reported that for FY 2023, total net revenue is projected to end the year at \$2.485B which is an increase of \$144.4M or 6.2% over FY 2022. She noted that more than half of the increase is attributed to improved investment returns, and the remaining increase is driven by increases in Medicaid Supplemental programs which are offset by decreases in net patient revenue. Ms. Nikitin stated that depending on the final adopted tax rate, total net revenue for FY 2024 is expected to be either relatively close to FY 2023 at \$2.493B, an increase of \$7.8M, or grow to \$2.560B, an increase of \$74.8M. She provided a high-level overview of the Medicaid supplemental payments. Medicaid Supplemental Programs’ revenues make up approximately 33% of Harris Health’s total revenue and include Medicaid Disproportionate Share (Medicaid DSH), Uncompensated Care (UC), Comprehensive Hospital Increase Reimbursement Program (CHIRP), Network Access Improvement Program (NAIP), Hospital Augmented Reimbursement Program (HARP) and Graduate Medical Education (GME) program funding. In FY 2023, supplemental program revenue is projected to be \$257.1M higher than FY 2022 due to the first full year of HARP program payments, an increase in UC payments, netted by a decrease in DSH payments, and the remainder of the Delivery System Reform Incentive Payment (DSRIP) program ending payment loss. Ms. Nikitin reported that the aggregate Medicaid supplemental programs revenue is budgeted at \$816.5M in FY 2024. She shared that the largest component of other revenue is attributed to investment income which has seen a significant increase over the past year. Investments are expected to continue to perform favorably thus investment income is projected at \$66.5M for FY 2024, just under FY 2023 year-end projected values. Ms. Perez stated that during FY 2023, the total operating expense is projected to end the year at \$2.243B, an increase of \$196.7M, or 9.6% compared to FY 2022. After accounting for general inflationary increases of \$89.7M and an additional \$116.9M in anticipated incremental expense, total operating expense for FY 2024 is expected to be \$2.450B before the addition of strategic initiatives. Accounting for an additional \$32.8M in strategic initiatives brings the total projected expense to \$2.482B for FY 2024. Inclusion of the strategic initiatives into the final operating budget for FY 2024 is dependent on the final adopted tax rate set by Harris County. Anything resulting in a margin of less than 2% will require reevaluation and reprioritization of the strategic projects for FY 2024. Ms. Perez noted that salaries and wages are expected to grow by 5.3%, or \$46.0M in FY 2024, to a total of \$908.8M. She reported that benefits are expected to grow by \$18.6M, or 5.8% in FY 2024, to a total of \$342.0M. This includes a 3% general inflationary increase as well as increases associated with the salary adjustments. One item of note is an actuarially calculated adjustment of over \$30M attributed to an increase in pension expense which impacts both FY 2023 and FY 2024. Ms. Perez reported significant projected increases related to physician services, supply expenses, purchases services and depreciation, amortization and interests. She shared that overall, total operating expense for Harris Health is projected at \$2.482B in FY 2024, including \$32.8M earmarked for planned and prioritized strategic initiatives as discussed above. The result is a net operating margin of no less than 2% consistent with Harris Health’s Strategic Plan 2021 – 2025.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>The proposed Operating Budget for the fiscal year ending Sept. 30, 2024, reflects a current margin of \$77.3M predicated on the approval of the Voter Approved Tax Rate by the Harris County Commissioners Court. Ms. Perez concluded by stating that the routine capital budget for FY 2024 is proposed at \$187.7M. A copy of the FY2024 Operating and Capital Budget is available in the permanent record.</p>	
<p><b>III. Adjournment</b></p>	<p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting.</p> <p>There being no further business to come before the Board, the meeting adjourned at 11:04 a.m.</p>	

I certify that the foregoing are the Minutes of the Harris Health System Budget Workshop Meeting held on August 10, 2023.

Respectfully Submitted,

Marcia Johnson, Chair  
 Budget and Finance Committee

Minutes transcribed by Cherry Pierson

Thursday, August 10, 2023

**Harris Health System Board of Trustees Fiscal Year 2024 Budget Workshop 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](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Ewan D. Johnson ( <i>Chair</i> )	Director Barbie Robinson ( <i>Vice Chair</i> )
Dr. Andrea Caracostis ( <i>Secretary</i> )	
Ms. Alicia Reyes	
Ms. Carol Paret	
Dr. Cody M. Pyke	
Ms. Jennifer Tijerina	
Mr. Jim Robinson	
Ms. Marcia Johnson	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alison Perez	Dr. Martha Mims
Amy Smith	Dr. Matasha Russell
Carolynn Jones	Matthew Schlueter
Cherry Pierson	Melanie Stephens
Chethan Bachireddy	Michael Hill
Daniel Smith	Dr. Michael Nnadi
Derek Curtis	Olga Rodriguez
DeWight Dopslauf ( <i>Harris County Purchasing Office</i> )	Omar Reid
Elizabeth Winn ( <i>Harris County Attorney's Office</i> )	Patricia Darnauer
Dr. Esmail Porsa ( <i>Harris Health System President &amp; CEO</i> )	Patrick Casey
Dr. Esperanza Hope Galvan	Randy Manarang
Jack Adger ( <i>Harris County Purchasing Office</i> )	Ron Fuschillo
Jay Aiyer ( <i>Harris County Attorney's Office</i> )	R. King Hillier
Jeffrey Baffour	Dr. Sandeep Markan
Dr. Jennifer Small	Sara Thomas ( <i>Harris County's Attorney's Office</i> )
Jennifer Zarate	Shawn DeCosta
Jerry Summers	Dr. Steven Brass
John Matcek	Dr. Tien Ko
Kari McMichael	Toni Cotton
Louis Smith	Victoria Nikitin
Maria Cowles	

### 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](mailto: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, August 24, 2023

Executive Session

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

- Pages 28 – 30 Were Intentionally Left Blank -



Thursday, August 24, 2023

Executive Session

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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 32 – 45 Were Intentionally Left Blank -

Thursday, August 24, 2023

Executive Session

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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 47 – 49 Were Intentionally Left Blank -

Thursday, August 24, 2023

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

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The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for August 2024.

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

Thank you.

# Board of Trustees



## August 2023 Medical Staff Credentials Report

### Medical Staff Initial Appointments: 44

BCM Medical Staff Initial Appointments - 15

UT Medical Staff Initial Appointments - 27

HCHD Medical Staff Initial Appointments - 2

### Medical Staff Reappointments: 202

BCM Medical Staff Reappointments - 105

UT Medical Staff Reappointments - 95

HCHD Medical Staff Reappointments - 2

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 9

### For Information: 28

Temporary Privileges Waiting for Board Approval

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 5

Medical Staff Initial Appointment Files for Discussion - 2

Medical Staff Reappointment Files for Discussion - 3

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, August 24, 2023

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

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**August 2023 Correctional Health Credentials Report**

**Medical Staff Initial Appointments: 16**

**Correctional Health Medical Staff Files for Discussion: 1**



Thursday, August 24, 2023

Consideration of Approval of a Reimbursement Resolution Related to Possible  
Reimbursement of Certain Expenditures from Future Bond Issuances

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Proposed Reimbursement Resolution

- The facilities proposed to be financed pursuant to the bond election include the acquisition, construction, rehabilitation, reconstruction or renovation of the Lyndon B. Johnson Hospital Campus and related land acquisitions (collectively, the “Financed Project”).
- Harris Health System anticipates making certain payments related to the Financed Project before bonds can be issued for those costs. In order for Harris Health System to reimburse itself for these expenditures from proceeds of tax-exempt bonds issued in the future, IRS rules require adopting a resolution establishing the intent to reimburse such expenditures.
- Adopting the proposed reimbursement resolution does not obligate Harris Health System to make any expenditures or to reimburse itself for expenditures relating to the Financed Project, but it does preserve the option to do so if desired.

**RESOLUTION EXPRESSING INTENT TO  
REIMBURSE CERTAIN EXPENDITURES**

**WHEREAS**, Harris County Hospital District d/b/a Harris Health System (the “Issuer”) is a political subdivision of the State of Texas authorized to finance its activities by issuing obligations pursuant to Chapter 281 of the Health and Safety Code; and

**WHEREAS**, the Issuer will make, or has made not more than 60 days prior to the date hereof, payments with respect to the acquisition, construction, rehabilitation, reconstruction or renovation of the Lyndon B. Johnson Hospital Campus and related land acquisitions (collectively, the “Financed Project”); and

**WHEREAS**, in certain circumstances, federal and/or state law requires that the Issuer express its official intent to issue obligations to reimburse itself for expenditures paid prior to the issuance of such obligations in order for such expenditures to be eligible for reimbursement from proceeds of such obligations; and

**WHEREAS**, the Issuer desires to reimburse itself for the costs associated with the Financed Project from the proceeds of obligations to be issued subsequent to the date hereof; and

**WHEREAS**, the Issuer reasonably expects to issue obligations to reimburse itself for the costs associated with the Financed Project; and

**WHEREAS**, Section 1.150-2(d)(2) of the Treasury Regulations sets forth limitations regarding the timing of reimbursements made from the proceeds of certain obligations.

**NOW, THEREFORE**, be it resolved that:

Section 1. The Issuer reasonably expects to reimburse itself for costs that have been or will be paid subsequent to the date that is 60 days prior to the date hereof and that are to be paid in connection with the acquisition, construction, rehabilitation, reconstruction or renovation of the Financed Project from the proceeds of obligations to be issued subsequent to the date hereof.

Section 2. The Issuer reasonably expects that the maximum principal amount of obligations issued to reimburse the Issuer for the costs associated with the Financed Project will be \$200,000,000. Such obligations may be issued in one or more series.

Section 3. Unless otherwise advised by bond counsel, any reimbursement allocation will be made not later than 18 months after the later of (1) the date the original expenditure is paid or (2) the date on which the Financed Project to which the expenditure relates is placed in service or abandoned, but in no event more than three years after the original expenditure is paid.

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2023.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Approved as to Legal Form Only:  
Christian D. Menefee  
Harris County Attorney

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By: Elizabeth Hanshaw Winn  
Title: Assistant County Attorney

Thursday, August 24, 2023

Consideration of Approval of the Proposed Harris Health System  
Fiscal Year 2024 Operating and Capital Budget

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Administration recommends approval of a Harris Health System Fiscal Year 2024 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2023 Tax Rate that will result in net ad valorem tax revenue not to exceed the amount shown in the proposed Budget.

Thank you.



# **Fiscal Year 2024 Operating and Capital Budget**

**Harris Health System Board of Trustees  
Executive Summary and Proposed Budget**

**August 24, 2023**

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# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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#### Fiscal Year Ending Sept. 30, 2024 - Operating and Capital Budget

#### Executive Summary

Harris Health is presenting for consideration its proposed Operating and Capital Budget for the 12-month planning period from Oct. 1, 2023, through Sept. 30, 2024, in alignment with Harris County's fiscal year.

Consistent with Harris Health's strategic goal of delivering a no less than 2% operating margin, system administration recommends the same minimum target for FY 2024, predicated on the Commissioners Court final adopted tax rate for Harris Health. The proposed Operating Budget for the fiscal year ending September 2024 currently reflects a margin of \$75.7 million, and underscores the ongoing effort to manage operations and reinvest in the services and infrastructure needs of the system.

The Harris Health System budget excludes the operating results for Community Health Choice, Inc. (HMO), Harris County Hospital District Foundation, Harris Health Strategic Fund, and the Correctional Health program, which is supported through the Harris County Sheriff's Office Operating Budget.

#### Who We Are

Founded Jan. 1, 1966, Harris Health System is the public safety-net healthcare provider for Harris County, Texas, and is committed to ensuring the patient care it provides meets the community's highest standards.

As the largest safety net hospital system in Texas, Harris Health continues to serve a racially and ethnically diverse population, with more than 46% uninsured and approximately 21% of patients having Medicaid and CHIP coverage. More than 43% of Harris Health patients are Spanish speaking, with another 70 preferred languages represented among the more than 260,000 unique patients receiving medical care in FY 2022.

Harris Health's two acute care trauma hospitals (Ben Taub and Lyndon B. Johnson) are nationally designated as Magnet® facilities, one of the industry's most admired recognitions for nursing

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# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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excellence. Our community health centers are recognized by the National Committee for Quality Assurance as Patient Centered Medical Homes and have garnered multiple awards and recognitions for the high quality of care provided, and are on the pathway to achieving Magnet® designation.

Ben Taub Hospital, a Level I trauma center, and LBJ Hospital, a Level III trauma center, remain two of the busiest emergency centers in the area and annually provide over 150,000 emergency visits. While this volume is projected to remain steady in FY 2024, this figure may grow, as the public has now emerged from the constraints of the COVID pandemic.

The cost of charity care provided by Harris Health for the benefit of the Harris County community exceeded \$795 million in FY 2022, but Harris Health's impact goes far beyond providing critical healthcare services. Clinical care is provided in partnership with Baylor College of Medicine, McGovern Medical School at UTHealth and The University of Texas M.D. Anderson Cancer Center. Through these and other affiliated academic partnerships, Harris Health helps train the region's future healthcare workforce, ensuring that the next generation of doctors, nurses and other healthcare professionals are prepared to provide the highest quality of care for all Harris County residents.

Also, as independent consulting firm Tripp Umbach established, Harris Health is a driving force in the Harris County economy. The study indicated that in FY 2022 (March 2021-February 2022), Harris Health operations generated more than \$4.8 billion directly and indirectly in the Harris County economy. Moreover, every \$1 Harris Health receives in ad valorem taxes generates \$5.89 in the local economy. Harris Health supports 29,237 jobs directly and indirectly in Harris County, resulting in one in every 70 jobs in the county. Further, Harris Health's operations generated \$132.9 million in state and local taxes. These impressive economic impact numbers are based on the health system's operations in the Harris County economy.

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# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

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#### Continued Implementation of 2021-2025 Strategic Plan

Harris Health leadership, at the direction of Harris Health’s Board of Trustees, continues to implement strategies and initiatives aligned with the organization’s 2021-2025 Strategic Plan. The Plan is guided by six strategic pillars which serve as the system’s foundation for the future. The sixth pillar (diversity, equity and inclusion) was added to the Plan in 2022.

- **Quality and patient safety:** Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.
- **People:** Harris Health will enhance the patient, employee and medical staff experience and develop a culture of respect, recognition and trust by actively listening to feedback and developing strategies to address high-impact areas of opportunity.
- **One Harris Health System:** Harris Health will act as one system in its approach to the management and delivery of healthcare.
- **Population health management:** Harris Health will lead in mitigating adverse health consequences driven by the social determinants of health through partnerships, demonstration of models, and convening the community of providers and support organizations to create a system of care that goes beyond the traditional disease management approach and toward a health promotion and diseases prevention approach to care.
- **Infrastructure optimization:** Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients served.
- **Diversity, equity and inclusion:** Harris Health will ensure equitable access to high-quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

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#### **Strategic Facilities Plan and Bond Proposal**

A key component of Harris Health's Strategic Plan is the replacement of aged infrastructure and addition of hospital capacity to support current and future patient care needs. Both Ben Taub and LBJ are over 30 years old and are fast approaching the end of their useful lives. Similarly, numerous Harris Health clinics are in need of infrastructure updates. Further, there are areas of Harris County in which there is not adequate primary and specialty care access. Significant capital investment will be required in order to address existing capacity constraints and to ensure that Harris Health's facilities can support future needs resulting from the continued population growth in Harris County.

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

In pursuit of this vision, Harris Health System's Board of Trustees unanimously approved a request to the Commissioners Court to call a \$2.5 billion bond election. The proposed bond is focused on the Strategic Facilities Plan. If placed on the ballot and approved by the voters in November of 2023, it would allow Harris Health to replace and renovate LBJ Hospital, extend the life of Ben Taub Hospital, and establish essential care services in high-need areas.

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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#### Strategic Initiatives October 2023 – September 2024

#### Approved Strategic Initiatives

The following strategic initiatives in support of the system's Strategic Plan are currently **in progress** and are included in the draft budget for FY 2024:

- Food Farmacy expansion;
- Implementation of Hospital at Home Service;
- Observation Unit at LBJ Hospital;
- Interventional Radiology Space Construction at LBJ Hospital;
- Observation Unit at Ben Taub Hospital;
- Cardiac Catheterization Lab Expansion at Ben Taub Hospital; and
- Kronos (UKG) Dimensions Upgrade.

#### ***Food Farmacy Expansion***

Harris Health is expanding its successful Food Farmacy model across its primary care clinic platform to help support food insecure patients with its food prescription programming. The program will be expanded to three clinic sites (MLK, Gulfgate and El Franco Lee) using projected ARPA funds, and the remaining locations will be funded by Harris Health's operating budget, beginning with Settegast. Harris Health's food prescription program currently serves adult patients expressing food insecurity (FIRST Link) while providing a more intensive intervention (Food Rx) for those with Type 2 diabetes or other identified chronic conditions. Harris Health Food Farmacies have enrolled approximately 2,500 unique patients into FIRST Link for short-term support and about 1,000 unique patients into Food Rx for ongoing programming. Food Rx diabetic graduates had an average decrease in hemoglobin A1C (HbA1c) of 0.97%, with 20.8% of graduates achieving an HbA1c below 7.0%. (Pillar: Population Health Management)

#### ***Implementation of Hospital at Home (HaH) Service***

Harris Health's implementation of the Hospital at Home Service is an innovative care model that provides acute, palliative and/or observation care in the home setting, incrementally expanding bed-capacity and service capability for the health system. Moreover, it is designed to help reduce Emergency Center (EC) boarding hours and overcrowding, length of stay, observation hours, and cost of care for acute patient

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# Harris Health System

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stays, while also increasing acute care capacity, health equity and access for patients. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

#### ***Observation Unit at LBJ Hospital***

Harris Health is designing a 12-bed unit at LBJ Hospital where observation patients can be cohorted. This required the conversion of the current physical therapy rehabilitation space into a nursing unit, while also constructing a new rehabilitation space. The observation unit's clinical care will be provided by hospitalists, with dedicated case managers, social workers and physician advisers, and will be co-led by nursing and operations teams. This project will help to decrease EC boarding hours, observation hours, and length of time to convert patients from observation to inpatient status when needed. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

#### ***Interventional Radiology Space Construction at LBJ Hospital***

Harris Health is expanding the interventional radiology (IR) suites at LBJ Hospital to meet code requirements for the performance of several IR procedures, as well as to increase capacity. The current environment presents safety, operational and patient care challenges, such as non-compliance with code and delays in care. This project will reduce length of stay for patients undergoing IR procedures and reduce boarding hours and nursing costs in the Post Anesthesia Care Unit (PACU). (Pillars: Quality & Patient Safety, People, Infrastructure Optimization)

#### ***Observation Unit at Ben Taub Hospital***

Harris Health is designing a 21-bed observation unit, with two isolation rooms and 19 bays at Ben Taub Hospital. Currently, observation patients are being placed throughout the hospital (based on need and bed availability) which makes it challenging to efficiently manage the unique needs of these patients. Once the unit is open, this project will lead to a reduction in emergency center boarding, and aid in emergency center patient throughput and bed capacity. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

# Harris Health System

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#### ***Cardiac Catheterization Lab Expansion at Ben Taub Hospital***

The Ben Taub Hospital Cardiac Catheterization Labs provide minimally invasive diagnostic and interventional cardiac procedures. Harris Health plans to update the Cardiac Cath Lab environment at Ben Taub Hospital by July 2024 to meet current code requirements and enhance technology. Additionally, the project will increase Electrophysiology (EP) capacity by adding a dedicated EP Room. Currently, Ben Taub has two Cardiac Cath Labs that are both over 10 years of age, with technology that will no longer be supported within 12 months. The plan calls for building out three Cardiac Cath Labs in the shelled space near the second floor operating rooms, where a third room can be accommodated. The additional room dedicated to EP procedures will support more A-fib ablations/pulmonary vein isolations (PVI) cases, and will better support the growing interventional/EP cardiology needs across Harris Health System. (Pillars: Quality & Patient Safety, One Harris Health System, Infrastructure Optimization)

#### ***KRONOS (UKG) Dimensions Migration***

Harris Health is upgrading its Kronos scheduling and timekeeping platform to UKG Dimensions in order to create more efficient workflows and provide data to aid management decision making. This project will help Harris Health more effectively utilize staff across the organization and reduce overall labor costs and pay practice complexity, which will also help improve forecasting and compliance. Further, the system will provide useful metrics and dashboards to all levels of management to more effectively manage staffing resources. (Pillars: People, Infrastructure Optimization)

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

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#### **Pending Strategic Initiatives**

The following strategic initiatives are **not yet implemented** but are included in the draft FY 2024 budget. These initiatives will be implemented in FY 2024 assuming Harris Health's budgeted and actual revenues and expenses support the deployment of each. In the event that revenues and/or expenses do not support the implementation of all of these critical initiatives, they will be implemented in order of priority as determined by Harris Health leadership.

- Implementation of Epic Rover;
- Emergency Center Telemedicine Expansion;
- Endoscopy Center at Quentin Mease;
- Multi-Visit Patient Program Expansion;
- Contract with Texas Medical Center (TMC) Police;
- Weapons Detection System at Ben Taub and LBJ Hospitals;
- Off-site Parking for Ben Taub Hospital and Quentin Mease Health Center; and
- Quentin Mease Shuttle Program.

#### ***Implementation of Epic Rover***

Harris Health plans to implement Epic Rover, which supports Harris Health's high standards for patient safety by supporting barcode scanning and validation of medications, specimens, blood products, and integration of infusion pumps where patient verification is ensured. Epic Rover is a mobile application that allows clinicians enhanced mobility and a way to manage medication administration, blood administration, documentation and communication from a mobile device, typically at the patient's bedside, which frees up workstations and allows for more direct interaction with patients. The addition of this Epic-based tool is anticipated to increase bar code medication administration compliance, reduce missed barcode scans, reduce bed turnaround time, improve real-time documentation, and increase clinician satisfaction and patient safety. (Pillars: Quality & Patient Safety, People, Infrastructure Optimization)

#### ***Emergency Center Telemedicine Expansion***

The Emergency Center Telemedicine Program uses Harris Health's virtual care platform to provide care to patients who contact Ask My Nurse (AMN). After AMN completes its telephone triage, patients referred to the emergency department are connected with an EC provider virtually. The expansion of the EC

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Telemedicine Program will further reduce the utilization of emergency centers for non-emergent care, thereby alleviating long patient wait times, and ultimately decompressing our emergency departments. With the current EC Telemedicine Program, 76% of patients connected virtually with an EC provider are able to receive needed care without having to present in-person to an emergency room. The program's current hours of operation are Monday through Friday, 8 a.m. to 5 p.m. Harris Health leadership recommends the hours of operation be expanded to 7 a.m. until 11 p.m., seven days per week. It is estimated that 3,306 additional patients could be cared for in this setting in lieu of presenting to an emergency department. (Pillars: Quality & Patient Safety, One Harris Health System)

#### ***Harris Health Endoscopy Center at Quentin Mease***

As demand is outpacing current system capacity, Harris Health wishes to expand access to colorectal cancer screenings while optimizing patient throughput at the newly constructed Harris Health Endoscopy Center at Quentin Mease Health Center. The expanded endoscopy capabilities of the new facility will further minimize outsourcing and improve access to care that will drive improved patient outcomes. Harris Health is planning for the soft-opening of two endoscopy rooms in November 2023 (utilizing projected ARPA funding), with two additional rooms in operation by spring 2024. The remaining rooms will be planned for opening in FY 2025. (Pillars: Quality & Patient Safety, Infrastructure Optimization)

#### ***Multi-Visit Patient (MVP) Program Expansion***

Harris Health seeks to promote health equity for our community's most vulnerable patients by providing equitable access to care. The MVP Initiative reduces avoidable emergency room use among high-utilizers by identifying the patients' drivers of utilization and addressing the MVPs' social, behavioral, and medical needs by linking patients to resources and services across the continuum of care. This effort eventually reduces the number of EC visits and total length of stay (LOS) among MVPs. Current estimates indicate a 15% decrease in total number of visits among emergency center MVPs compared to baseline, with 1,000 avoided visits resulting in about \$2 million cost savings/year. The MVP Care Pathway in the EC has been fully operationalized for two years, and there is an opportunity to implement the MVP Care Pathway in the inpatient setting to help further reduce total EC visits, IP readmissions and total LOS, which positively impacts patient throughput. Further, to optimize the program's impact, Harris Health seeks to increase

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# Harris Health System

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Community Health Worker (CHW) coverage in emergency centers and add new CHWs to support MVPs in the community. (Pillar: Population Health Management)

#### ***Contract with Texas Medical Center (TMC) Police***

Harris Health seeks to improve current coverage of dedicated, full time law enforcement officers at Harris Health locations that need law enforcement support by contracting with the TMC Police Department. The contract will replace a registry program that has used off-duty police officers from assorted law enforcement agencies, and will begin at Ben Taub. The current program is unsustainable due to a growing shortage of police officers at the agencies used by Harris Health in addition to the staffing problems presented by a “second job” workforce that is often unable to work full assigned shifts, and face call-up orders for major incidents and weather disasters. (Pillars: People, One Harris Health System)

#### ***Weapons Detection Systems Ben Taub & LBJ Hospitals***

Harris Health seeks to add a modern weapons detection system at the Ben Taub and LBJ campuses. Unlike the walkthrough metal detectors used at these facilities during the 1990s, a discreet weapons detection system consisting of pylons mounted in the corridor would be utilized. Supported by screening personnel, the system uses advanced analytics to allow for a large volume of persons to pass through and provide quick identification of firearms or other weapons. The screening technology will help reduce the number of undetected firearms and other prohibited items that enter patient care facilities while also complementing workplace violence initiatives intended to create a safer workplace for staff. (Pillars: Quality & Patient Safety, People, Infrastructure Optimization)

#### ***Off-site Parking for Ben Taub Hospital and Quentin Mease Health Center***

Harris Health wishes to provide better parking resources for employees working at Ben Taub and Quentin Mease, where many employees are unable to park on-site due to limited capacity. The objective in the near term is to obtain parking from Texas Medical Center to support as many as 800 employees and reassign shuttle routes to support the new location, thus minimizing the inconvenience and transit time for employees. Long-term, the ideal would be to construct a dedicated garage for the workforce that

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\*Excludes revenue and expense associated with Correctional Health Services



# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

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further reduces overall commute times, which is expected to greatly increase employee satisfaction, recruitment and retention among the affected group. (Pillars: People, Infrastructure Optimization)

#### ***Quentin Mease Shuttle Program***

Harris Health wishes to establish a reliable mode of transportation for Quentin Mease Health Center employees parking off-site through a Park & Ride Shuttle Program. In conjunction with the enhanced off-site parking for Ben Taub employees, this service will enable Harris Health to optimally use available parking spaces at Smith Clinic to service employees working at Quentin Mease. Based on the utilization of current parking capacity at Quentin Mease, including the lease of approximately 40 parking spaces from the adjacent church lot, this shuttle service could begin as early as calendar year 2023. (Pillars: People, Infrastructure Optimization)

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

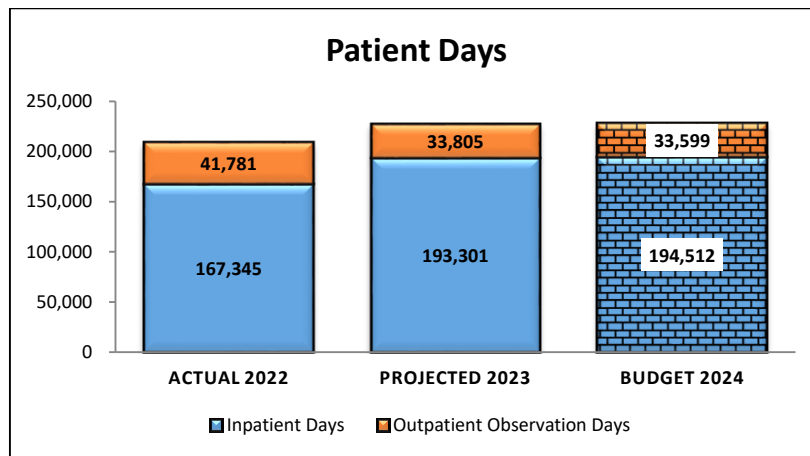
### Excluding Correctional Health

#### Patient Volumes Projections

During Fiscal 2024, there are no plans to change the indigent care policy, Financial Assistance Program, affecting patient volumes. Income eligibility criteria will be maintained at 150% of the federal poverty level. Except for planned operating room closures at LBJ Hospital, and a slight increase in outpatient clinic visits, overall volume for Harris Health is expected to remain stable compared to current FY 2023.

#### Inpatient Volumes

Inpatient volumes at both Ben Taub and LBJ Hospitals are projected to end FY 2023 with increased volumes over prior year of greater than 6%, exceeding pre-pandemic levels due to ongoing community need. Additional observation beds are planned for both hospitals in FY 2024, a 21-bed unit at BT and a 12-bed unit at LBJ, in an effort to decompress the emergency room, cohort observation patients and increase throughput. Overall volume is expected to remain consistent with FY 2023 levels as a portion of boarded patients are shifted out of the emergency room and in to the appropriate inpatient unit.



#### Surgery Cases

Surgery cases at Ben Taub are expected to experience incremental growth as staffing issues have improved allowing for the anticipated opening of all 18 rooms before the end of FY 2023. On the other hand, LBJ is expected to experience a decrease of almost 10% in surgery cases resulting from a planned

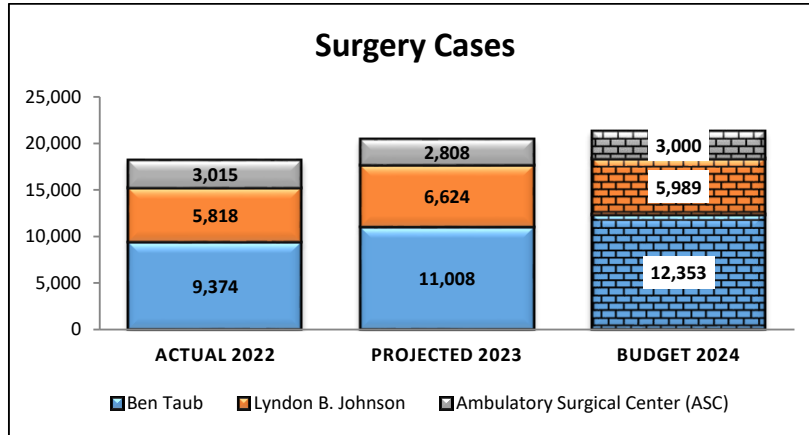
\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

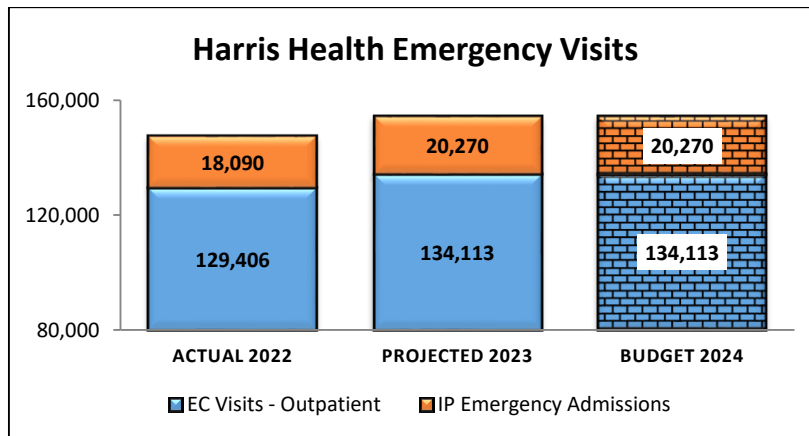
### Excluding Correctional Health

refresh project necessitating the staged closure of operating rooms throughout the fiscal year. Surgery cases performed at the Outpatient Center are expected to remain consistent with current year projections. The overall impact to surgical volume in FY 2024 is an expected increase of 3.3% for a total of 21,342 cases.



#### **Emergency Room Visits**

Although trending below pre-COVID levels, emergency room visits have increased year over year continuing to create throughput issues at both hospitals. As mentioned previously, additional observation beds are being added at both hospitals in an effort to address the boarder issues in the emergency room. As a result of these decompression initiatives, as well as the pending Emergency Center telemedicine expansion, total combined emergency room visits are projected at FY 2023 levels of more than 154,000 visits annually.



\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

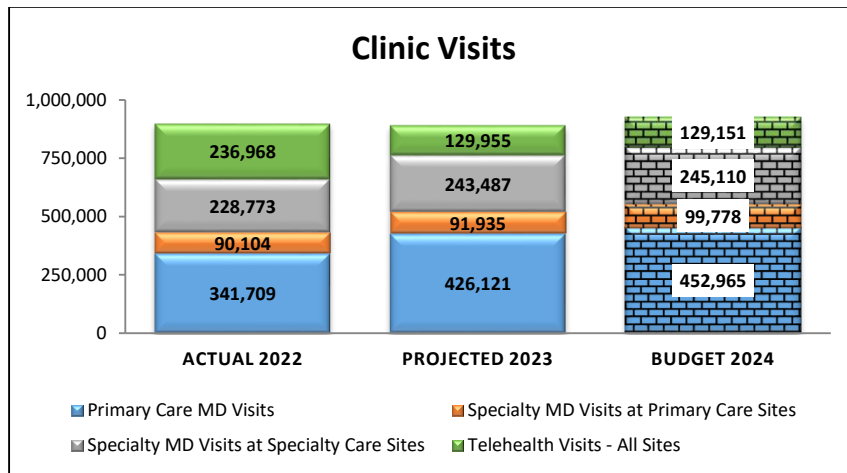
### Excluding Correctional Health

**Births**

Labor and delivery volumes continue to increase year over year as well and have returned to pre-COVID level. For FY 2024, births are also expected to remain steady at current year levels of slightly less than 5,500 annually.

**Outpatient Visits**

In the ambulatory care setting, total combined primary, specialty and telehealth visits are expected to end FY 2023 relatively flat compared to FY 2022. In FY 2023, in-person visits have increased over 15% compared to last fiscal year as visits shifted from telehealth back to in-person format. Primary care volumes are projected to increase an additional 6.3% during FY 2024, while specialty care volumes at the primary care sites are expected to increase 8.5%, as provider vacancies are filled. Specialty care visits at the specialty care sites have seen an increase of over 6% during FY 2023 compared to FY 2022 as a result of a shift from telehealth back to in-person visits as well. For FY 2024, specialty care visits at the specialty care sites are expected to remain at current year levels as are telehealth visits.



\*Excludes revenue and expense associated with Correctional Health Services

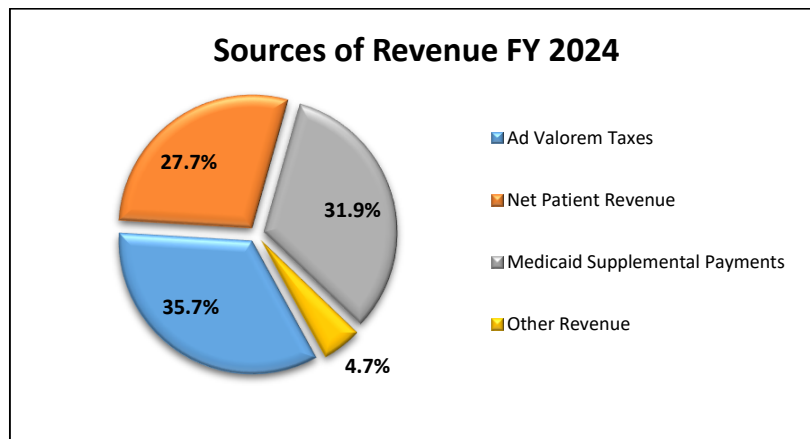
# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget Excluding Correctional Health

### Revenue Projections

For FY 2023, Total Net Revenue is projected to end the year at \$2.485 billion which is an increase of \$144.4 million or 6.2% over FY 2022. More than half of the increase is attributed to improved investment returns. The remaining increase is driven by increases in Medicaid Supplemental programs which are offset by decreases in Net Patient Revenue. Harris Health has seen a decline in Net Patient Service Revenue from FY 2022 to FY 2023 primarily as a result of the transition from higher pandemic reimbursement to a lower normalized level.

Depending on the final adopted tax rate, Total Net Revenue for FY 2024 is budgeted up to \$2.558 billion, an increase of \$73.2 million or 2.9% over FY 2023.



### **Ad Valorem Tax**

Net Ad Valorem Tax revenue comprises a little over a third of Harris Health’s total revenue. Preliminary<sup>1</sup> tax revenue projections indicate a No New Revenue (NNR) management and operations (M&O) rate of 0.13218 and the Voter Approved Rate (VAR) of 0.14468. The debt service rate is estimated at 0.00137. The combined revenue projections result in \$834.9 million and \$912.9 million, respectively. Put another way, the net margin for FY 2024 is estimated at 0% for the NNR rate and 3% for the VAR rate.

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\*Excludes revenue and expense associated with Correctional Health Services

<sup>1</sup>Final projections are pending transmittal of data by the Harris Central Appraisal District (HCAD) to the Harris County Commissioners Court

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

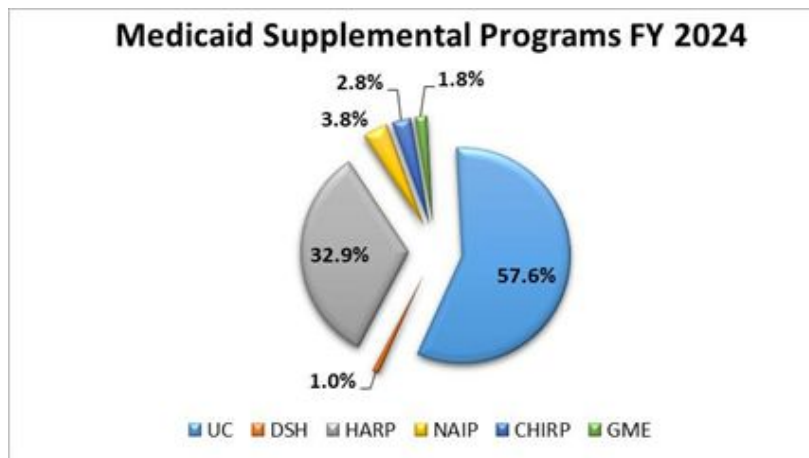
### Excluding Correctional Health

#### **Net Patient Service Revenue**

Net patient service revenue comprises just under 30% of the entire System revenue portfolio. As previously mentioned, there has been a decline in net patient service revenue compared to FY 2022. FY 2024 projections reflect both the current trends of FY 2023 as well as overall volumes projected for next year. FY 2024 Net Patient Service Revenue is currently estimated at \$708.5 million for the year.

#### **Medicaid Supplemental Payments**

Medicaid Supplemental Programs’ revenues make up approximately 33% of Harris Health’s total revenue and include Medicaid Disproportionate Share (Medicaid DSH), Uncompensated Care (UC), Comprehensive Hospital Increase Reimbursement Program (CHIRP), Network Access Improvement Program (NAIP), Hospital Augmented Reimbursement Program (HARP) and Graduate Medical Education (GME) program funding. In FY 2023, supplemental program revenue is projected to be \$257.1 million higher than FY 2022 due to the first full year of HARP program payments, an increase in UC payments, netted by a decrease in DSH payments, and the remainder of the DSRIP program ending payment loss.



Of utmost historical importance to the providers in the Medicaid Supplemental domain, the Texas Health and Human Services Commission (HHSC) recently adopted amendments concerning Disproportionate Share Hospital reimbursement methodology, Hospital-Specific Limit methodology, and Uncompensated Charity Care. According to the official statement, “HHSC had many requests from stakeholders related to potential modifications for DSH or UC and HHSC examined these programs in their entirety with the intent

\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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of ensuring that the funds are allocated in accordance with their purpose, where the funds were most likely to benefit a large number of Texans receiving care, and in accordance with established state policy goals.” The updated Program Rules have become effective June 20, 2023. The new rules require that hospitals must participate in all of the Medicaid Supplemental programs that they are eligible for, and that hospitals receive either the flat standard payment or their Medicaid shortfall limited by their State Payment Cap. The remaining DSH funds are distributed in accordance with the payment-to-cost methodology. The overall end result of the new rules is a positive funding increase for Harris Health System.

The annualized DSH net benefit for FY 2023 reflects a total of \$39.3 million. Projected funding for FY 2024 is estimated to be \$8 million. The reason for the decrease to Harris Health is that other supplemental funding (CHIRP and HARP discussed below) is being considered in the payment-to-cost calculations, limiting the DSH funding to the flat standard payment. Harris Health will continue to provide intergovernmental transfers (IGT) for the private hospitals for Medicaid DSH, and will be credited that same IGT amount in the payment calculations.

Meanwhile, federal cuts in Medicaid DSH funding that were originally scheduled to be effective at the start of FFY 2020, were delayed by Congress until FFY 2024 with the passing of the Consolidated Appropriations Act 2021 in December 2020. There is currently a bipartisan move to further delay these cuts for another two years, however, uncertainty remains as to whether this will pass. With the decrease in Medicaid DSH funding due to the new rules, the federal DSH cuts will not have a material impact on Harris Health.

HHSC also updated the Uncompensated Care (UC) program rules effective FY 2023, adding what they describe as the High Impecunious Charge Hospital (HICH) sub-pool. Under the terms of the January 2021 1115 Waiver, HHSC negotiated with CMS for the continuation and resizing of the statewide UC pool. The result of that 2021 pool resizing was an increase of approximately \$600 million annually, for a total UC of \$4.500 billion for demonstration years DY12 through DY16. The new, additional UC funding will be used to fund the HICH sub-pool. Eligibility to receive funds from the HICH sub-pool is restricted to rural

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\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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hospitals, state-owned hospitals, and hospitals that have at least 30% of their charges from serving uninsured persons. Harris Health falls into the last category, and will receive funding from the UC HICH sub-pool. Total UC funding for the System for FY 2023 is expected to be \$440.3 million, and is projected at approximately \$470.3 million in FY 2024.

The Hospital Augmented Reimbursement Program (HARP) is a relatively new statewide supplemental program as of FFY 2022, providing Medicaid Supplemental payments to hospitals that serve Texas Medicaid fee-for-service (FFS) patients. The original program funding occurred in October 2022 when Harris Health received a net lump sum distribution of \$237.6 million. The program is estimated to bring \$269 million in Medicaid Supplemental revenue to Harris Health for both FY 2023 and FY 2024 should CMS support the pending technical request from the State. As of this writing, HHSC has an inquiry out to CMS related to allowing an exception for nominal charge hospitals to be paid more than their charges for the HARP program. Harris Health falls into this nominal charge category due to the System's strategy of maintaining patient charges at a level commensurate with costs. If CMS agrees with the HHSC's proposal to allow an exception, then Harris Health's HARP funds will remain as estimated above. If CMS does not agree, Harris Health would likely have to return approximately \$60 million of the HARP funds already paid in FY 2023, netting a total of \$76 million. In FY 2024 however, the full annual loss of HARP funds using the standard methodology would result in a net decrease of only \$37.7 million. The reason for the offset in FY 2024 is the fact that the new Program Rules consider multiple Supplemental Programs in the calculations as a whole. At this time, Harris Health's FY 2023 year-end projection and the FY 2024 budget reflect the standard HARP methodology with the estimated funding of \$269 million in each year.

For the Comprehensive Hospital Increase Reimbursement Program (CHIRP), the net annual benefit to the System is estimated at \$23.1 million for FY 2023 with the same amount of funding in FY 2024.

The Network Access Improvement Program (NAIP) funding is expected to be stable at around \$31 million for FY 2023 through FY 2024. This program is slated to sunset in FY 2026.



# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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The Graduate Medical Education (GME) funding program, started in October 2018, allows for the recovery of some GME costs. The net benefit to Harris Health in FY 2023 is estimated at \$15 million and is projected at the same level for FY 2024.

As noted in prior year, CMS requested information related to local provider participation funding (LPPF) arrangements in Texas in order to determine whether such arrangements that fund some of Texas's directed-payment programs meet federal requirements. This review is ongoing and CMS published an Information Bulletin on Feb. 17, 2023, outlining their position. In June of 2023, HHSC won its preliminary injunction against CMS; the order from The United States District Court for the Eastern District of Texas enjoins CMS from enforcing the Feb. 17, 2023 Information Bulletin. However, this development does not necessarily signal the end of CMS' interest in these arrangements.

In summary, after factoring in the variables discussed above, the aggregate Medicaid Supplemental Programs revenue is budgeted at \$816.5 million in FY 2024.

#### ***Other Revenue***

Other revenues represent almost 5% of Harris Health's total revenue and are projected at virtually the same level as FY 2023, or \$120.2 million for FY 2024. The largest component of Other Revenue is attributed to investment income which has seen a significant increase over the past year. Investments are expected to continue to perform favorably thus investment income is projected at \$66.5 million for FY 2024, just under FY 2023 year-end projected values. Annual tobacco settlement revenue and other operating revenue comprise the remainder of Other Revenue and are projected to remain at FY 2023 levels of \$15.2 million and \$38.5 million for FY 2024, respectively.

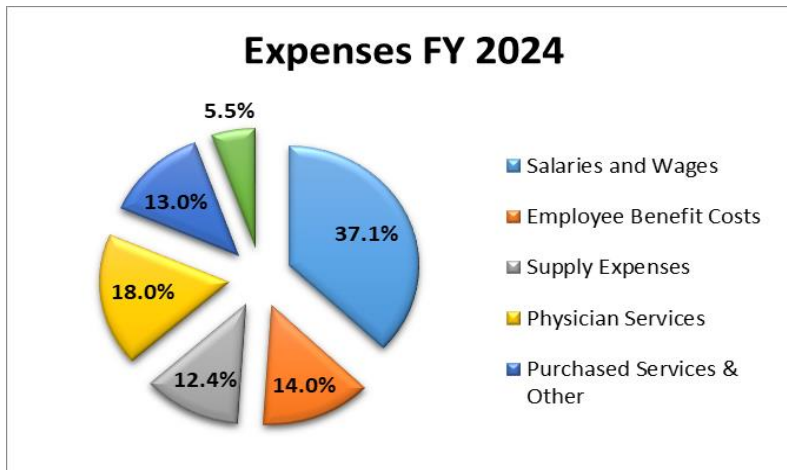
# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

#### Expense Projections

During FY 2023, total Harris Health System operating expense is projected to end the year at \$2.243 billion, an increase of \$196.7 million, or 9.6% compared to FY 2022. After accounting for general inflationary increases of \$89.7 million and an additional \$116.9 million in anticipated incremental expense, total operating expense for FY 2024 is expected to be \$2.450 billion before the addition of strategic initiatives. Accounting for an additional \$32.8 million in strategic initiatives brings the total projected expense to \$2.482 billion for FY 2024. Inclusion of the strategic initiatives into the final operating budget for FY 2024 is dependent on the final adopted tax rate set by Harris County. Anything resulting in a margin of less than 2% will require reevaluation and reprioritization of the strategic projects for FY 2024.



#### **Salaries, Wages and Benefits**

Salaries and wages are expected to grow by 5.3%, or \$46.0 million in FY 2024, to a total of \$908.8 million. This increase includes general inflationary adjustments of 4.3% to account for merit and market adjustments needed to remain competitive in the current healthcare industry. These increases are partially offset by a decrease in cost associated with continued retention program payouts which will diminish by \$9.4 million in FY 2024 as the final payments of the multi-year program are payable in FY 2023 and FY 2024 bringing this program to conclusion. Additional salary and wage expense anticipated in FY 2024 is attributed to volume increases and approved strategic initiatives.

\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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Benefits are expected to grow by \$18.6 million, or 5.8% in FY 2024, to a total of \$342.0 million. This includes a 3% general inflationary increase as well as increases associated with the salary adjustments noted above. One item of note is an actuarially calculated adjustment of over \$30 million attributed to an increase in pension expense which impacts both FY 2023 and FY 2024.

The cost of the total compensation portfolio in FY 2024 to support ongoing operations is budgeted at \$1.251 billion, or 51% of the total operating budget.

#### ***Physician Services***

Physician services are budgeted to increase by 3.5%, or \$14.7 million in FY 2024, to a total of \$440.1 million. An additional \$4.2 million is included related to the new observation units at both Ben Taub and LBJ hospitals as well as the opening of the endoscopy suites at Quentin Mease which are scheduled to begin services later this fiscal year.

#### ***Supply Expense***

Supply expense is expected to increase by 7.2%, or \$20.5 million in FY 2024, to a total of \$304.7 million. General inflationary increases represent \$17.4 million, with pharmaceutical costs constituting the bulk of this growth at \$8.2 million. An additional \$8.9 million is related to ongoing initiatives started in FY 2023 and prioritized strategic initiatives for FY 2024. Updated changes to accounting requirements concerning minor medical equipment will shift previously capitalized expenses to operating expense, projected at just over \$3 million during FY 2024.

#### ***Purchased Services***

Purchased services are projected to increase by almost \$59.6 million or 23% in FY 2024, to a total of \$318.4 million. Aside from general inflationary increases and standard adjustments to address organization needs across the system, ACA Marketplace medical insurance subsidies are expected to increase by \$20 million after a respite in calendar 2023 related to plan pricing. At this time, the estimate of the subsidy cost remains conservative based on the preliminary market survey and is pending inputs from the federal government as well as local Houston health insurers. Costs associated with the replacement hospital at

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\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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LBJ represent a significant increase as well. These costs include items such as bond issuance and consulting costs, and are estimated at over \$15 million. In addition to costs associated with ongoing projects, an additional \$3 million is included for current strategic initiatives beginning in FY 2023 and prioritized initiatives for FY 2024.

#### ***Depreciation, Amortization and Interest***

Depreciation, amortization and interest expense for FY 2024 is budgeted at \$135.6 million, which is a 53% increase over FY 2023. This includes an estimated \$47 million in interest expense associated with issuance of the bonds for the construction of the replacement hospital at LBJ campus. This projection is predicated on the successful approval by the voters of the highly anticipated bond referendum in November 2023, and is subject to change. Further, the exact amount of the first issuance and related costs is to be structured at a later date as appropriate and subject to change as well. Analysis of cash flow for FY 2024, including the proposed capital budget expenditures discussed below, reflects a stable cash flow performance for the year, maintaining the minimum required days cash on hand for Harris Health's Letter of Credit covenants and Harris Health's bond rating, both of which are critical for the issuance of the bonds in support of Harris Health's Strategic Plan.

Overall, total operating expense for Harris Health System is projected at \$2.482 billion in FY 2024, including \$32.8 million earmarked for planned and prioritized strategic initiatives as discussed above. The result is a net operating margin of no less than 2% consistent with Harris Health's Strategic Plan 2021-2025. The proposed Operating Budget for the fiscal year ending Sept. 30, 2024, reflects a current margin of \$75.7 million predicated on the approval of the Voter Approved Tax Rate by the Harris County Commissioners Court.

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

#### Capital Expenditures

Harris Health is continuously assessing its facilities, equipment and technology to determine the priorities for replacement, repair and any new acquisitions. The assessment and prioritization methodology addresses patient safety, building safety and code compliance requirements, planned equipment obsolescence, and new technology.

In FY 2023, the overall Capital Budget proposal totaled \$162.1 million. An additional \$45 million in Foundation grants brings the total funds available to \$207.1 million for FY 2023. As of June 2023, nearly all of the available funds have been obligated with only \$13.9 million remaining. In alignment with its Strategic Plan 2021-2025, Harris Health recommends continued accelerated remediation efforts aimed at maintaining its aging plant over the course of the next fiscal year. The routine capital budget for FY 2024 is proposed at \$187.7 million. Harris Health’s capital program structure and solid balance sheet inform and support this recommendation.

Category Totals	Budget FY 2024
<b>\$'s in Millions</b>	
Facility Projects	\$ 103.8
Information Technology	27.1
Medical Equipment	39.6
Other	15.1
Emergency Capital	2.0
<b>Total Capital Budget</b>	<b>\$ 187.7</b>

\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System

## Statement of Revenues and Expenses

### Excluding Correctional Health

#### Fiscal Year Ending Sept. 30, 2024 – Proposed Operating Budget

\$'s in Millions	Actual	Projected	Voter Approved Tax Rate
	FY 2022	FY 2023	FY 2024
<b>Revenue:</b>			
1 Net Patient Service Revenue	\$ 822.0	\$ 708.5	\$ 708.5
2 Medicaid Supplemental Programs	561.1	818.2	816.5
3 Capital Gifts & Grants	45.9	0.0	0.0
4 Other Operating Revenue	81.7	38.5	38.5
<b>5 Total Operating Revenue</b>	<b>1,510.8</b>	<b>1,565.2</b>	<b>1,563.5</b>
6 Net Ad Valorem Tax Revenue	814.8	828.0	912.9
7 Net Tobacco Settlement Revenue	13.3	15.2	15.2
9 Interest Income & Other	1.6	76.5	66.5
<b>10 Total Non-operating Revenue</b>	<b>829.7</b>	<b>919.7</b>	<b>994.6</b>
<b>11 Total Net Revenue</b>	<b>\$ 2,340.4</b>	<b>\$ 2,484.9</b>	<b>\$ 2,558.7</b>
<b>Expense:</b>			
12 Salaries and Wages	\$ 792.7	\$ 862.7	\$ 908.8
13 Employee Benefits	259.4	323.3	342.0
<b>14 Total Labor Cost</b>	<b>1,052.1</b>	<b>1,186.0</b>	<b>1,250.7</b>
15 Supplies	271.5	284.1	304.7
16 Physician Services	370.1	425.3	440.1
17 Purchased Services	280.6	258.8	318.4
18 Depreciation, Amortization & Interest	71.9	88.6	135.6
<b>19 Total Operating Expense</b>	<b>\$ 2,046.2</b>	<b>\$ 2,243.0</b>	<b>\$ 2,449.5</b>
<b>Impact of Identified Strategic Initiatives:</b>			
Pillar 1 - Quality & Patient Safety			4.6
Pillar 2 - People			2.3
Pillar 3 - One Harris Health			0.5
Pillar 4 - Population Health Management			2.0
Pillar 5 - Infrastructure Optimization			23.0
Pillar 6 - Diversity, Equity and Inclusion			0.0
<b>Incremental Operating Expense</b>			<b>32.8</b>
<b>Combined Operating Income (Loss) Incl Strategic Initiatives</b>	<b>\$ 294.2</b>	<b>\$ 241.9</b>	<b>\$ 75.7</b>
<b>Combined Total Net Margin</b>	<b>12.6%</b>	<b>9.7%</b>	<b>3.0%</b>

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\*Excludes revenue and expense associated with Correctional Health Services

# Harris Health System Statistical Highlights Fiscal 2024 Proposed Budget

	Actual FY 2022	Projected FY 2023	Budget FY 2024
<b>Volumes:</b>			
<b>1 Primary Care Sites</b>			
Primary Care MD Clinic Visits	341,709	426,121	452,965
Specialty Care MD Clinic Visits	90,104	91,935	99,778
<b>2 Specialty Care Sites</b>			
Specialty Care MD Clinic Visits	228,773	243,487	245,110
<b>3 Telehealth Visits</b>	236,968	129,955	129,151
<b>4 Total Clinic Visits</b>	<b>897,554</b>	<b>891,498</b>	<b>927,004</b>
<b>5 Total Emergency Room Visits</b>	<b>147,496</b>	<b>154,383</b>	<b>154,383</b>
<b>6 Total Surgery Cases</b>	<b>18,207</b>	<b>20,440</b>	<b>21,342</b>
<b>7 Total Outpatient Visits</b>	<b>1,662,493</b>	<b>1,464,193</b>	<b>1,515,286</b>
<b>8 Births</b>	<b>4,839</b>	<b>5,446</b>	<b>5,446</b>
<b>9 Inpatient Cases (Discharges)</b>	<b>26,919</b>	<b>31,186</b>	<b>32,273</b>
<b>10 Outpatient Observation Cases</b>	<b>13,643</b>	<b>11,742</b>	<b>11,452</b>
<b>11 Total Cases Occupying Patient Beds</b>	<b>40,562</b>	<b>42,928</b>	<b>43,725</b>
<b>12 Inpatient Days</b>	<b>167,345</b>	<b>193,301</b>	<b>194,512</b>
<b>13 Outpatient Observation Days</b>	<b>41,781</b>	<b>33,805</b>	<b>33,599</b>
<b>14 Total Patient Days</b>	<b>209,126</b>	<b>227,106</b>	<b>228,111</b>
<b>15 Average Daily Census</b>	<b>572.9</b>	<b>622.2</b>	<b>623.3</b>
<b>16 Payor Mix (% of Charges):</b>			
<b>17 Charity &amp; Self Pay</b>	<b>47.3%</b>	<b>44.1%</b>	<b>44.1%</b>
<b>18 Medicaid &amp; Medicaid Managed</b>	<b>20.9%</b>	<b>23.2%</b>	<b>23.2%</b>
<b>19 Medicare &amp; Medicare Managed</b>	<b>12.4%</b>	<b>11.6%</b>	<b>11.6%</b>
<b>20 Other Third-Party Payers</b>	<b>19.4%</b>	<b>21.2%</b>	<b>21.2%</b>

Harris Health System  
Fiscal 2024 Proposed Operating & Capital Budget  
Excluding Correctional Health

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**Appendix A**



# Harris Health System

## Fiscal 2024 Strategic Goals and Outcomes

Harris Health System’s strategic priorities are set forth in the 2021-2025 strategic plan.

Strategic Focus Area	Goal Statement	Outcome Measure
<b>Quality and Patient Safety</b>	Harris Health will become a high reliability organization (HRO) with quality and patient safety as a core value, where zero patient harm is not only a possibility but an expectation.	Reduction in the number of safety events (high harm and never events) per 10,000 adjusted patient days
		Reduction in the number of Hospital Acquired Conditions (HACs) per 1,000 discharges
<b>People (Patients, Employees, Medical Staff)</b>	Harris Health will promote a culture of respect, recognition and trust with its patients, staff and providers.	Reduction in staff turnover for employees with less than two years of tenure
		Improvement in patient experience scores
<b>One Harris Health System</b>	Harris Health will act as one system in its approach to management and delivery of healthcare and ensure that consistent structure and resources are in place across the platform.	Improvement in patient throughput and remediation of gaps to ensure one consistent framework for all support services
		Demonstrate fiscal responsibility and stewardship by controlling costs and maximizing efficiency to achieve a 2% annual margin
<b>Population Health Management</b>	Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high impact preventive, virtual and community based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology.	Expansion of Food Pharmacies and chronic disease management model in at least two new locations annually with the goal of reducing HbA1c levels in highest and high risk diabetic patients enrolled
		Reduction of wait time for appointments in key specialties/procedures
		Expansion of on-site services at HCJ thus reducing the number of detainees transported to outside facilities
		Reduction in time to first provider visit after intake at HCJ
		Reduction in time to first dose medication after intake at HCJ
<b>Infrastructure Optimization</b>	Harris Health will invest in and optimize infrastructure related to facilities, information technology and telehealth, information security, and health informatics to	Completion of phase two facility master plans for replacement hospitals for LBJ and Ben Taub

# Harris Health System

## Fiscal 2024 Strategic Goals and Outcomes

Strategic Focus Area	Goal Statement	Outcome Measure
	increase value, ensure safety and meet the current and future needs of the patients we serve.	Increase in the number of inpatient beds available (through internal utility failure mitigation strategies and external partnerships)
<b>Diversity, Equity and Inclusion</b>	Harris Health will ensure equitable access to high quality care for patients, foster a diverse and inclusive workplace, cultivate and sustain strategic relationships with suppliers and community partners, and broaden its reach and understanding of the communities it serves.	Improvement in employee engagement score for “this organization’s work environment is accepting and supportive of people with diverse backgrounds
		Improvement in Race, Ethnicity, Gender, Age and preferred Language (REGAL) data capture
		Improvement in M/WBE contract review, overall spend, and community outreach efforts
		Expansion of academic and community partnerships to enhance and promote DEI workforce pipeline and talent acquisition initiatives, programs and resources

# Harris Health System

## Fiscal 2024 Proposed Operating & Capital Budget

### Excluding Correctional Health

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### Appendix B

# Harris Health System

## Fiscal 2024 Capital Projects

### Excluding Correctional Health

Major Project Highlights	FY 2024 BUDGET
<b><u>Infrastructure</u></b>	
Ben Taub Main Air Handling Units Phase 4 of 4	\$ 6,000,000
ACS HVAC Roof Top Units Refresh (Clinics: Martin L. King, Smith, Aldine, Vallbona, Baytown)	2,040,000
Ben Taub Adding Plated to Plant (TECO) Chilled Water Heat Exchanger	1,250,000
	<b>\$ 9,290,000</b>
<b><u>Renovation</u></b>	
Ben Taub / Lyndon B. Johnson Elevator Modernization	\$ 7,050,000
	<b>\$ 7,050,000</b>
<b><u>Transformation</u></b>	
Ben Taub Phase 3 Facilities Master Plan Projects	\$ 25,000,000
Lyndon B. Johnson New Facility Design/Planning	15,500,000
Central Fill Pharmacy Build-Out and Expansion	12,000,000
Ben Taub Cath Lab Relocation/Construction	8,000,000
Lyndon B. Johnson Interventional Radiology Reconfiguration	7,000,000
Ben Taub New Echo Lab Build-Out and Relocation	2,500,000
Martin Luther King Clinic Expansion into Eligibility Center	1,700,000
	<b>\$ 71,700,000</b>
<b><u>Medical Equipment</u></b>	
Smith Clinic Radiology Modality Refresh	\$ 14,250,000
System-wide Multi-device Equipment Refresh	5,995,923
System-wide Endoscope replacement (ongoing)	4,000,000
System-wide Ultrasound	2,000,000
System-wide Patient Monitoring Update	1,269,500
	<b>\$ 27,515,423</b>
<b><u>Other</u></b>	
System Vehicle Refresh (Capital Lease)	\$ 1,109,249
	<b>\$ 1,109,249</b>
<b><u>IT</u></b>	
IT Firewall and VPN Hardware Technology Refresh	\$ 3,010,500
IT Ben Taub Hospital Network Technology Refresh	2,610,827
IT Wireless Phone Device Upgrade/Refresh at Ben Taub (Phase 2)	2,490,000
IT Service Now	2,192,973
IT VMWare Hosts for Harris Health Projects	1,877,140
Information Security Applications and Tools	1,755,000
	<b>\$ 13,936,440</b>
<b>Subtotal Major Projects</b>	<b><u><u>\$ 130,601,112</u></u></b>

Harris Health System  
Fiscal 2024 Proposed Operating & Capital Budget  
Excluding Correctional Health

---



**Appendix C**

# Harris Health System

## Pavilion Statistical Highlights

### Fiscal 2024 Proposed Budget

DRAFT

#### BT Patient Days

Actual FY2022	Projected FY2023	Budget FY2024
<b>137,560</b>	<b>146,455</b>	<b>146,987</b>

#### BT Cases Occupying Beds

Actual FY2022	Projected FY2023	Budget FY2024
<b>24,572</b>	<b>25,626</b>	<b>26,243</b>

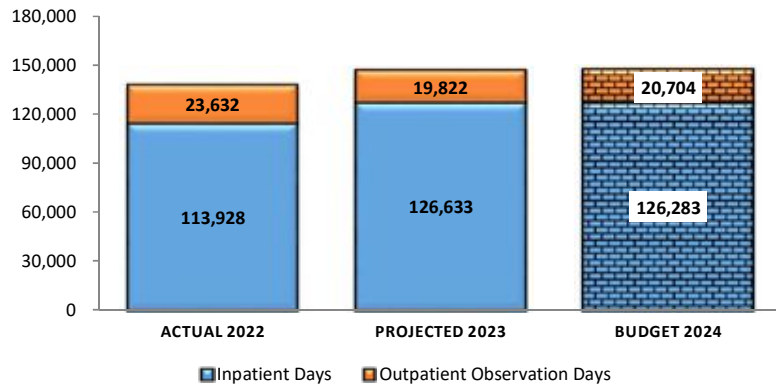
#### LBJ Patient Days

Actual FY2022	Projected FY2023	Budget FY2024
<b>71,566</b>	<b>80,651</b>	<b>81,124</b>

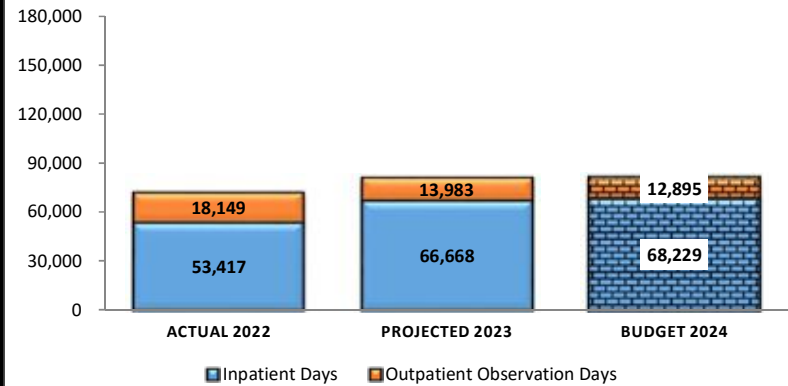
#### LBJ Cases Occupying Beds

Actual FY2022	Projected FY2023	Budget FY2024
<b>15,990</b>	<b>16,762</b>	<b>17,482</b>

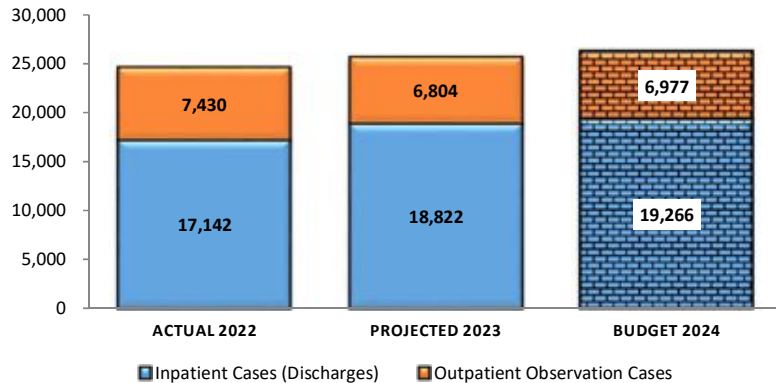
**Ben Taub - Patient Days**



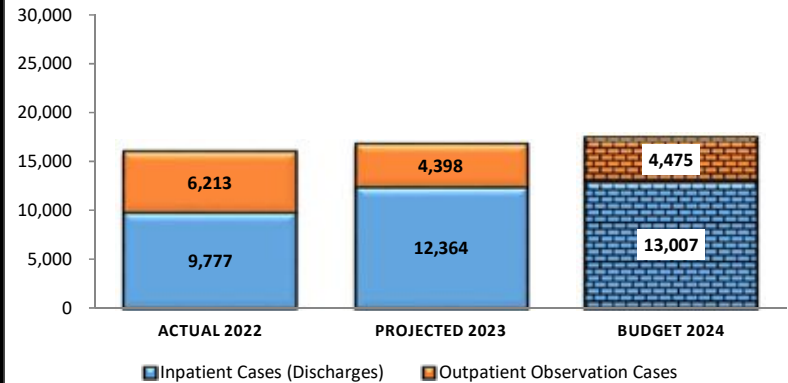
**Lyndon B. Johnson - Patient Days**



**Ben Taub - Cases Occupying Beds**



**Lyndon B. Johnson - Cases Occupying Beds**



# Harris Health System

## Pavilion Statistical Highlights

### Fiscal 2024 Proposed Budget

DRAFT

#### BT Emergency Visits

Actual FY2022	Projected FY2023	Budget FY2024
73,686	75,375	75,375

#### BT Surgery Cases

Actual FY2022	Projected FY2023	Budget FY2024
9,374	11,008	12,353

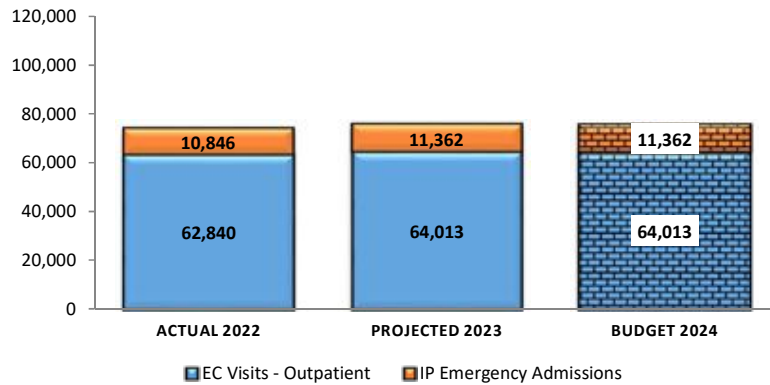
#### LBJ Emergency Visits

Actual FY2022	Projected FY2023	Budget FY2024
73,810	79,008	79,008

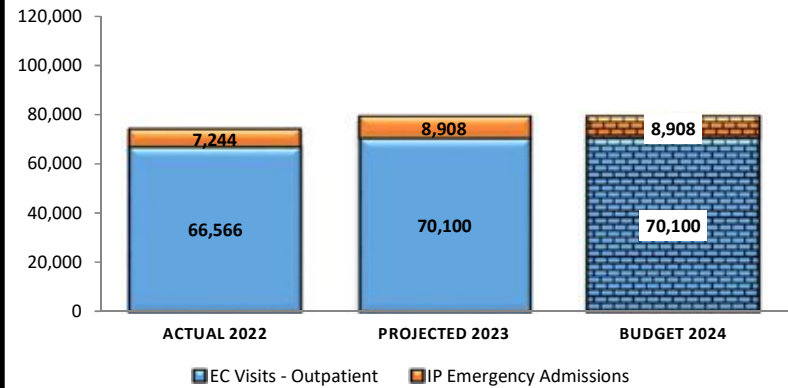
#### LBJ Surgery Cases

Actual FY2022	Projected FY2023	Budget FY2024
8,833	9,432	8,989

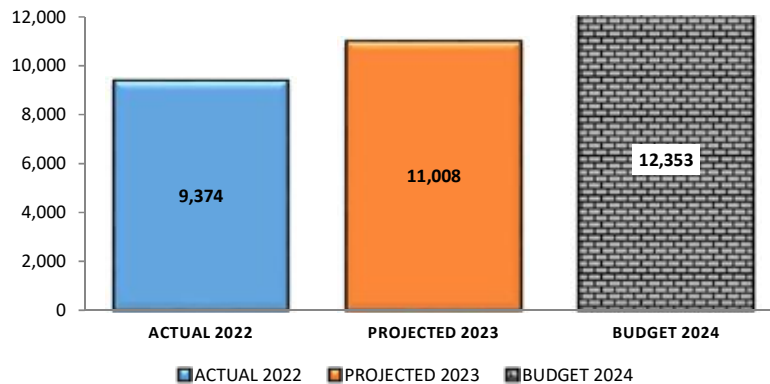
Ben Taub - Emergency Visits



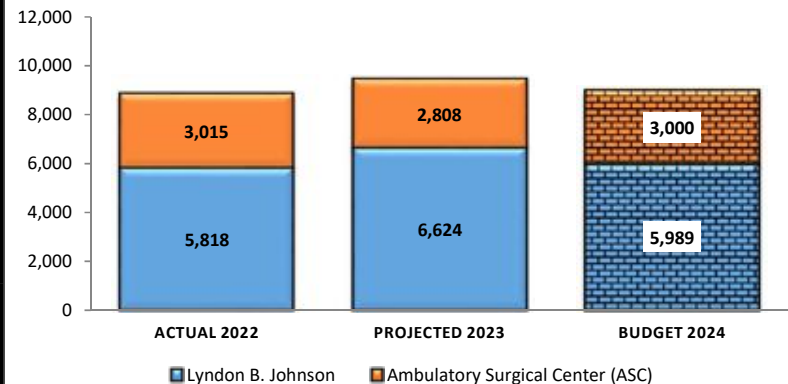
Lyndon B. Johnson - Emergency Visits



Ben Taub - Surgery Cases



Lyndon B. Johnson - Surgery Cases





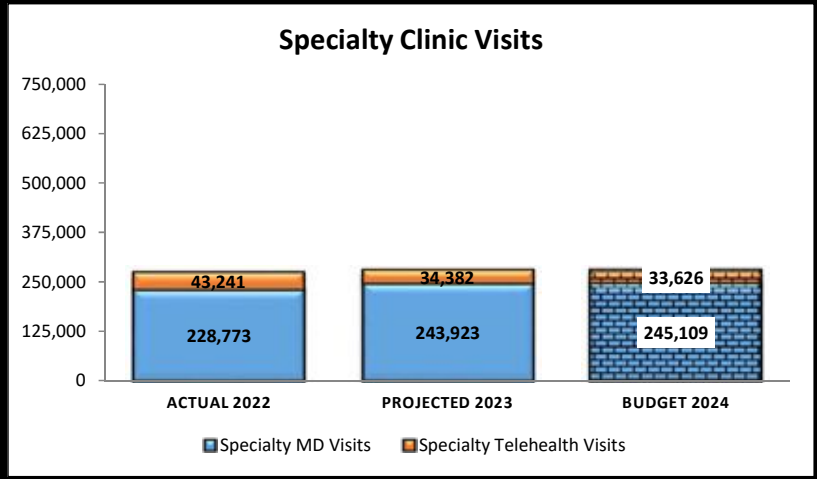
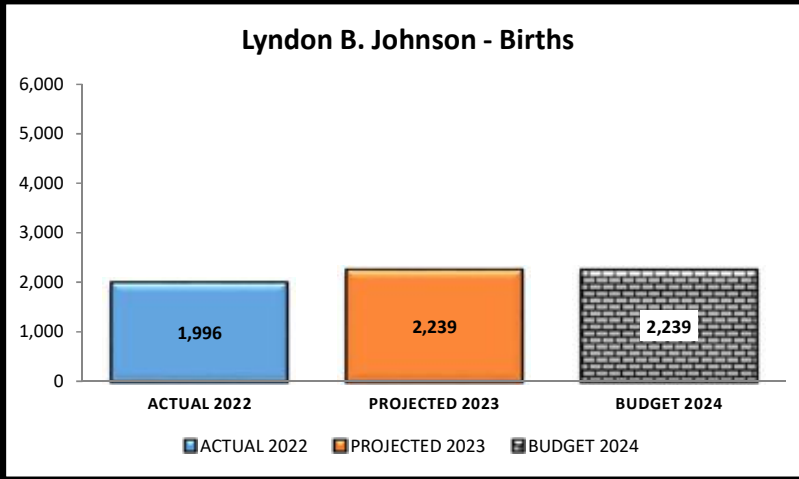
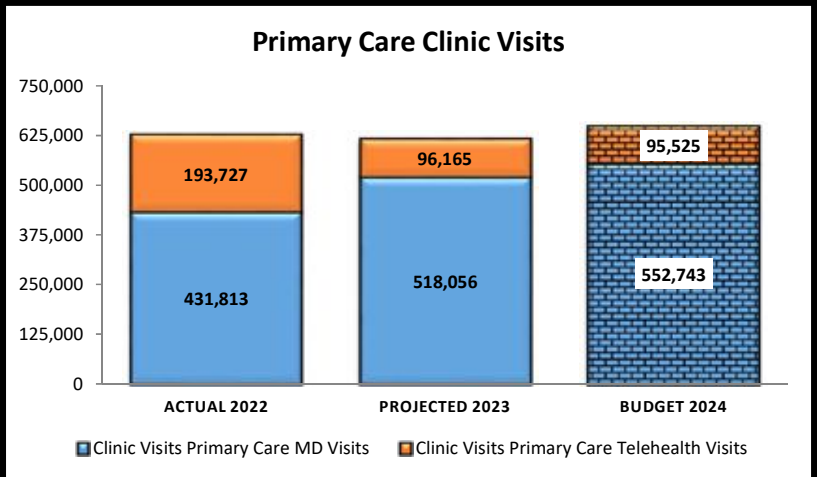
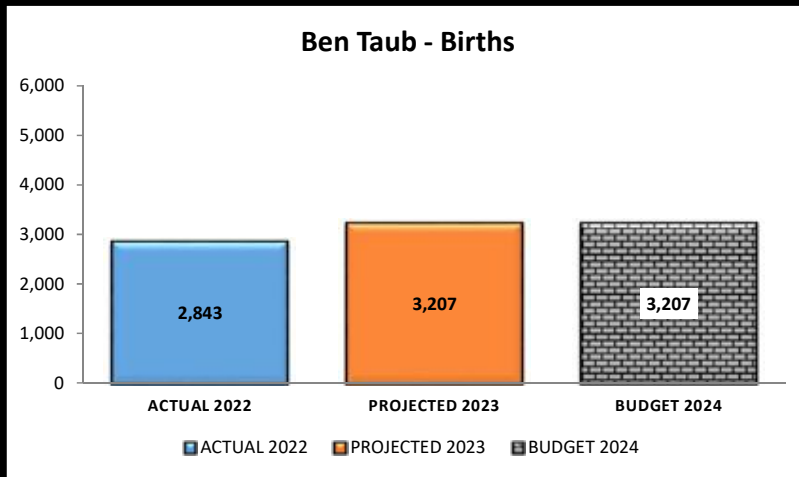
# Harris Health System

DRAFT

## Pavilion Statistical Highlights

Fiscal 2024 Proposed Budget

<u>BT Births</u>			<u>LBJ Births</u>			<u>Primary Care Clinic Visits</u>			<u>Specialty Clinic Visits</u>		
Actual	Projected	Budget	Actual	Projected	Budget	Actual	Projected	Budget	Actual	Projected	Budget
FY2022	FY2023	FY2024	FY2022	FY2023	FY2024	FY2022	FY2023	FY2024	FY2022	FY2023	FY2024
2,843	3,207	3,207	1,996	2,239	2,239	625,540	614,221	648,268	272,014	278,305	278,735





Thursday, August 24, 2023

Consideration of Approval to Enter into the Fifth Contract Year of the Behavioral Health  
Constable Transportation with Harris County Constable Precinct One

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Administration requests approval for Harris Health System to enter into the fifth contract year for behavioral health patient transportation with Harris County Constable Precinct One for continued support of Harris County Constables transporting Harris Health involuntary behavior health patients to external psychiatric facilities. Total Compensation for Harris County Constable Precinct One services for the fifth Contract Year will continue with the same terms and provisions and shall not exceed \$207,294.

Administration recommends approval of the fifth contract year of this Agreement between Harris Health System and Harris County Constable Precinct One.

Thursday, August 24, 2023

Consideration of Approval to Enter into a Contract with the City of Houston Parks and Recreation Department for Aquatic Therapy for Harris Health Patients

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Administration requests approval for Harris Health System to enter into the contract to provide aquatic therapy services at The City of Houston Parks and Recreation Department Metropolitan Multi-Service Center. Total Compensation for utilizing the Metropolitan Multi-Service Center will continue with the previous terms and provisions and shall not exceed \$1, plus minimal costs for aquatic exercise supplies.

Thursday, August 24, 2023

Consideration for Approval of an Agreement with Harris County for Assistance in the Event  
of an Emergency

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Administration requests approval to sign Annex H to the Harris County Basic Emergency Operations Plan (the "Basic Plan"). Annex H of the Basic Plan sets forth the procedures for providing coordinated public health and medical services during emergency situations, such as a natural disaster, and for restoring essential health and medical services within a disaster area. Harris Health has been a signatory to Annex H since July 31, 2018. Other signatories include The Harris Center, Harris County Institute of Forensic Sciences, and the Southeast Texas Regional Advisory Council.

Harris Health's primary responsibilities under Annex H are to render emergency care and inpatient and outpatient medical services, including acute care and psychiatric services, during emergency events that have significant health or medical impact. Harris Health is also responsible for engaging with area emergency medical service entities, Harris County Public Health, and/or Catastrophic Medical Operations Center, if it has been activated, regarding the receipt and management of seriously ill or injured patients.

Significantly, the Basic Plan and each of its annexes must be adopted for the County to receive any federal funds from FEMA.

# HCOHSEM 2023 ANNEX H PUBLIC HEALTH AND MEDICAL



The Harris County  
Office of Homeland  
Security and  
Emergency  
Management

[WWW.READYHARRIS.ORG](http://WWW.READYHARRIS.ORG)

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**ReadyHarris**

## **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Barbie Robinson, Executive Director

Harris County Public Health

DRAFT

# **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Ericka Brown, Local Health Authority

Harris County Local Health Authority

# **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Concurred: \_\_\_\_\_ Date: \_\_\_\_\_

Mark Sloan, Emergency Management Coordinator

Harris County Office of Homeland Security & Emergency Management

## **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Concurred: \_\_\_\_\_ Date: \_\_\_\_\_

Esmail Porsa, MD, President and CEO

Harris Health System



## **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Concurred: \_\_\_\_\_ Date: \_\_\_\_\_

Luis Arturo Sanchez, MD, Executive Director & Chief Medical Examiner  
Harris County Institute of Forensic Sciences

## **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Concurred: \_\_\_\_\_ Date: \_\_\_\_\_

Wayne Young, Chief Executive Officer

The Harris Center for Mental Health and IDD

## **ANNEX H – PUBLIC HEALTH AND MEDICAL**

This annex is hereby approved for implementation and supersedes all previous editions.

Concurred: \_\_\_\_\_ Date: \_\_\_\_\_

Lori Upton, Chief Executive Officer

Southeast Texas Regional Advisory Council



## ANNEX H – PUBLIC HEALTH AND MEDICAL

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### Authority

1. The Harris County Public Health Department serves as the local health authority for Harris County, Texas, providing guidance and making recommendations for meeting the health and medical care needs of the community during a developing potential health and medical situation. The Harris Health System is a public hospital and healthcare system providing medical aid and hospital care to indigent persons residing in Harris County. The Harris Center for Mental Health and IDD serves as the Local Mental Health Authority for Harris County. The Harris County Institute for Forensic Sciences (HCIFS) determines the cause and manner of death for those decedents who fall under its jurisdiction; documents and preserves evidence relating to these decedents and provides unbiased expert witness testimony in the courts of law. The HCIFS crime laboratory provides analytical support to medical examiners, Harris County law enforcement, and community agencies. Emergency medical services are established to provide for the prompt and efficient transportation of sick and injured patients. The Southeast Texas Regional Advisory Council (SETRAC) will support resource needs, patient movement, and patient tracking to the healthcare community within Texas Trauma Service Areas Q, H, and R.

### Statutes and Sources

The following statutes provide legal authority for the health and medical response activities carried out in both day-to-day activities and during disaster operations.

Constitution of the State of Texas	Describes the basic principles and laws for the State of Texas, the powers, and duties of the state government, and the guarantee of certain rights to Texas residents.
Constitution of the State of Texas, Article 1, Section 30	Describes the rights of Texas crime victims.
House Bill No. 746, 83R 5203 SLB-D	Describes Uniform Emergency Volunteer Health Practitioners Act.
Texas Administrative Code (TCCP) Title 25, Part 1, Chapter 411	Establishes the community mental centers as the local mental health authority.
Texas Administrative Code (TCCP) Title 25, Part 1, Chapter 85	Describes rules for local health authorities.
Texas Code of Criminal Procedure Chapter 49, Subchapter A	Describes roles and responsibilities for Justices of the Peace.
Texas Code of Criminal Procedure Chapter 49, Subchapter B	Describes the role and responsibilities of medical examiners.
Texas Government Code Chapter 418	Provides authority and mechanisms to clarify and strengthen key roles, as well as authorize and provide for cooperation and coordination of an emergency management system embodying all aspects of pre-disaster preparedness and post-disaster response.

Texas Government Code Section 418.111	Describes the Texas Statewide Mutual Aid System.
Texas Government Code Chapter 433	Describes the circumstances under which the governor may proclaim a state of emergency and designate the area involved.
Texas Government Code Chapter 469	Describes the Texas accessibility standards for the elimination of architectural barriers.
Texas Government Code Chapter 791	Authorizes interlocal cooperation contracts.
Texas Health and Safety Code Chapter 81	Describes the Communicable Disease and Prevention Act.
Texas Health and Safety Code Chapter 97	Authorizes the control of communicable diseases.
Texas Health and Safety Code Chapter 121	Describes the Local Public Health Reorganization Act.
Texas Health and Safety Code Chapter 121, Subchapter B	Defines the role and responsibilities of the Local Health Authority.
Texas Health and Safety Code Chapter 161	Provides public health provisions.
Texas Health and Safety Code Chapter Section 161.00705	Describes recording administration of immunization and medication for disasters and emergencies.
Texas Health and Safety Code Chapter 193	Regulates death records.
Texas Health and Safety Code Section 193.010	Regulates certificate of death by catastrophe.
Texas Health and Safety Code Chapter 431	Describes the Texas Food, Drug, and Cosmetics Act.
Texas Health and Safety Code 431.080	Defines adulterated food.
Texas Health and Safety Code Chapter 508	Authorizes the commissioner of public health or health authority to respond to the introduction of an environmental or toxic agent into the environment in a manner similar to that authorized for responding to an outbreak of communicable disease, as provided in Section 81.085.
Texas Health and Safety Code Chapter 671	Regulates determination of death and autopsy reports.
Texas Health and Safety Code Chapter 694	Regulates burial.
Texas Health and Safety Code Chapter 695	Regulates in-casket identification.
Texas Health and Safety Code Chapter 711	Provides general provisions relating to cemeteries.
Texas Health and Safety Code Chapter 713	Defines local regulation of cemeteries.
Texas Health and Safety Code Chapter 714	Contains miscellaneous provisions related to cemeteries.

Texas Health and Safety Code Chapter 716	Regulates crematories.
Texas Health and Safety Code Chapter 771	Establishes the Commission on State Emergency Services (CSEC) as the state's authority on emergency communications and directs the CSEC to administer the implementation of the poison control network.
Texas Health and Safety Code Chapter 777	Establishes the six regional poison control centers for the state.
Texas Health and Safety Code Chapter 778	Describes the Emergency Management Assistance Compact.
Texas Health and Safety Code Chapter 784	Defines critical incident stress, assures confidentiality of sessions, and provides liability protection for practitioners delivering critical incident stress management services.
Texas Occupations Code Chapter 651	Regulates cemetery and crematory services, funeral direction, and embalming.
Texas Water Code Chapter 13	Defines water administration, rights, rates, and services in Texas.
Texas Water Code Chapter 16	Describes the role and responsibilities of the executive administrator of the Texas Water Development Board.

## Purpose

1. The purpose of this annex is to coordinate the health and medical resources needed to respond to public health and medical care needs before, during, and following a significant natural disaster or manmade event. Assistance provided under this annex is coordinated between the HCPH and the Harris County Office of Homeland Security and Emergency Management (HCOHSEM). This annex outlines the organization, operational concepts, responsibilities, and procedures of the HCPH and the other responsible entities during public health and medical emergencies. Public health and medical activities vary widely in type, scope, and complexity. It is the responsibility of HCPH to work with partners to detect, investigate, respond to, and implement measures under its authority to prevent illnesses.
2. The HCOHSEM has reviewed and understands the concepts of accessibility and nondiscrimination and how they apply in emergencies. The HCOHSEM has implemented nondiscrimination concepts applicable under federal law to all phases of emergency management.

## Explanation of Terms

### Acronyms

AMBUS	Ambulance Bus
CMOC	Catastrophic Medical Operations Center
DMAT	Disaster Medical Assistance Team
DSHS	Department of State Health Services
EMC	Emergency Management Coordinator
EMS	Emergency Medical Services
EMT	Emergency Medical Technician

EMTF	Emergency Medical Task Force
EOC	Emergency Operations Center
ESF	Emergency Support Function
HCCSD	Harris County Community Services Department
HCEOC	Harris County Emergency Operations Center
HCIFS	Harris County Institute of Forensic Sciences
HCOHSEM	Harris County Office of Homeland Security & Emergency Management
HCPH	Harris County Public Health
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
JIC	Joint Information Center
MAA	Mutual Aid Agreement
MIST	Mobile Incident Support Team
MMU	Mobile Medical Units
MRC	Medical Reserve Corp
NDMS	National Disaster Medical System
NIMS	National Incident Management System
RN	Registered Nurse
SETRAC	Southeast Texas Regional Advisory Council
SOG	Standard Operating Guideline
TCCP	Texas Code of Criminal Procedure
TFDA	Texas Funeral Directors Association
TMORT	Texas Mass Fatality Operations Response Team
VMAT	Veterinary Medical Assistance Team

## **Definitions**

Ambulance Strike Team: Each strike team consists of 5 ambulances and an assigned strike team leader. The teams are pre-identified and are ready for a “no notice” regional deployment.

AMBUS: An AMBUS is a customized, over-the-road bus chassis that has been configured and licensed in Texas as a MICU ambulance. Each AMBUS can transport and treat 20 supine patients, 24 seated patients, 12 wheelchairs, or six NICU isolette units. Staffed with four to six paramedics and a crew chief, the AMBUS can replace the capability of 10 ambulances for mass transport or temporary rehab and medical stations.

Catastrophic Medical Operations Center (CMOC): The CMOC is a collaboration of healthcare, special needs, EMS transportation, and public health specialists working together under a NIMS-compliant structure within the Unified Area Command to address ESF 8 medical services of a multi-geographical region.



Joint Information Center (JIC): A facility established to coordinate critical emergency information, crisis communications, and public affairs functions. The JIC is the central point of contact for all news media.

Medical Incident Support Teams (MIST): A specially trained group of registered nurses and paramedics that serve as medical liaisons between local jurisdictions and regional medical operations centers.

Mobile Medical Units (MMU): MMUs augment and support the needs of a disaster-impacted community with temporary healthcare infrastructure that is configurable to the incident. It is a temporary healthcare infrastructure that rapidly deploys and provides patient care in the field. It has a deployable emergency room with scalable teams and assets.

Registered Nurse (RN) Strike Team: These groups of specialized nurses may be deployed during state-tasked assignments to an over-taxed medical facility. These teams may be used to augment nursing staff shortages in disasters that are specialty-specific (ED, ICU, Burn, etc.)

Staging Managers: A specialty-trained group of emergency medical services (EMS) personnel and logistics managers that can establish, organize, and maintain an ambulance staging area.

## **Situation and Assumptions**

### **Situation**

1. As outlined in the Harris County Basic Plan our area is vulnerable to a number of hazards. These hazards could result in the evacuation of residents from their homes, health and injury risks, and other situations that adversely affect the daily life of residents. It could also result in damage or destruction of homes and businesses, loss of personal property, disruption of food services, and damage to critical infrastructure.
2. Emergencies could result in the loss of or disruption to drinking water, wastewater, solid waste disposal, and animal control services, creating potential health hazards.
3. Hospitals, nursing homes, ambulatory care centers, pharmacies, and other major facilities for medical and healthcare may be damaged or destroyed in major emergencies.
4. Health and medical facilities with little or no damage may be unable to operate normally because of a lack of utilities or because the staff is unable to report for duty.
5. Medical and healthcare facilities may be overwhelmed by individuals who self-present for care and others that are transported to facilities for treatment.
6. Persons who require frequent medications or regular medical treatment may have difficulty obtaining these medications and treatments.
7. Manmade disasters such as the use of explosive devices or weapons of mass destruction may produce a large number of injuries and fatalities This may require specialized treatment that could overwhelm the local and state healthcare system and public health response.
8. Emergency responders, disaster survivors, and others who are affected by emergencies may experience stress, anxiety, or display other physical and psychological symptoms. Disaster behavioral health services may be needed during response and recovery operations.

### **Assumptions**

1. Resources located in the county may be unavailable or adversely impacted by the emergency.
2. If hospitals and nursing homes are damaged it may be necessary to relocate significant numbers of patients to suitable facilities elsewhere.
3. Disruption of sanitation services and facilities, loss of power, and the concentration of people in shelters may increase the potential for injury and the spread of disease.
4. Damage to industrial and commercial facilities, sewer lines, water distribution systems, and secondary hazards such as fires could result in toxic environmental health hazards. These may result in public health risks to response personnel and the general public. This may include exposure to hazardous chemicals, biological and/or radiological substances, contaminated water supplies, crops, livestock, and food products.
5. The public may require guidance on how to address health hazards caused by the disaster.
6. Some emergencies, including hurricanes and floods, may affect a large portion of the region making it difficult to obtain mutual aid.
7. The HCPH may coordinate assistance and determine medical, behavioral, and public health priorities with guidance from state and federal public health partners.

## **Concept of Operations**

### **General**

1. Harris County is responsible for integrating the National Incident Management System (NIMS) concept. The HCPH will provide a consistent approach to the effective management of public health and medical situations to ensure the health and welfare of its residents.
2. The HCPH is the local agency primarily responsible for the provision or coordination of many health services in Harris County. The HCPH-designated Local Health Authority is the Local Health Authority for Harris County and is a licensed physician. (See TEX. HEALTH & SAFETY CODE ANN. §§ 121.033 (West Supp. 2013) and TEX. HEALTH & SAFETY CODE ANN. § 81.001 *et seq.* (West Supp.2013).
3. The Harris Center for Mental Health and IDD serves as the Local Mental Health Authority for Harris County.
4. This annex is based upon the concept that the emergency support functions of public health, behavioral health, medical, and fatality management services will parallel their normal day-to-day functions. Some day-to-day functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency. Resources may be redirected to support emergency functions.
5. The HCPH will assist in a coordinated response with Harris County agencies, external partner agencies, non-governmental organizations, private medical institutions, and/or other nonspecific organizations during an emergency. This annex identifies the health and medical needs of disaster survivors and provides guidance to meet these needs. HCPH's primary partner agencies are listed below.
  - 1) Harris County Office of Homeland Security & Emergency Management
  - 2) Harris Health Systems
  - 3) Southeast Texas Regional Advisory Council
  - 4) The Harris Center for Mental Health and IDD

- 5) Harris County Institute of Forensic Sciences
6. In support of this annex, the Catastrophic Medical Operations Center (CMOC) may be activated upon request by the HCPH or HCOHSEM.

## **Roles**

1. The HCPH may ensure the establishment of a health and medical command and control and coordinate related all-hazards prevention and response activities. The HCPH may provide situational awareness for illness and injury, environmental public health, mosquito control, veterinary public health, disease control, emergency public health, and risk communications.
2. The Harris Health System may assist in a coordinated health and medical response by serving as the lead agency for emergency department trauma and inpatient and outpatient medical services during emergency events that have significant health or medical impact. Medical services may include the provision of psychiatric care. The responsibilities of Harris Health System include the provision of emergency trauma care, inpatient medical and surgical services, and acute care services. The Harris Health System should coordinate with area emergency medical service entities, HCPH, and/or CMOC, if it has been activated, regarding the receipt and management of seriously ill or injured patients.
3. The Harris Center for Mental Health and IDD will serve as the lead agency for ensuring the delivery of disaster behavioral health services during an emergency. The Harris Center's responsibilities may include the following:
  - 1) Coordinate the provision of behavioral health care.
  - 2) Assess behavioral health care needs.
  - 3) Coordinate the provision of disaster behavioral health training materials for disaster workers.
  - 4) Provide a liaison with assessment, training, and program development activities.
  - 5) Coordinate the provision of crisis counseling.
4. The HCIFS will assist in a coordinated health and medical response by serving as the lead agency for death investigation and management of fatalities that fall under its medicolegal jurisdiction, including accidents, homicides, suicides, undetermined causes, and certain naturally occurring circumstances. The HCIFS's responsibilities include the following for cases that fall under medicolegal jurisdiction according to TCCP 49.25:
  - 1) Medicolegal scene investigation
    - a. Transport of decedents from the scene to the HCIFS facility.
  - 2) Victim identification
    - a. Secure victim identification via fingerprint, dental/skeletal radiograph, or DNA comparison.
    - b. Identify and notify next of kin.
  - 3) Morgue operations
    - a. Store/coordinate storage of decedents.
    - b. Provide morgue facilities.

- c. Conduct postmortem examination of decedents.
  - d. Identify and certify the cause and manner of death.
  - e. Coordinate the release of remains to a designated funeral home after the examination.
- 4) Disaster-related mortality reporting
  - a. Identify and report disaster-related fatalities.
- 5. The Southeast Texas Advisory Council (SETRAC) will activate the CMOC as requested. The CMOC will serve as the regional medical coordinating body in support of resource needs, patient movement, and patient tracking to the healthcare community within Texas Trauma Service Areas Q, H, and R, as defined by 25 Tex. Admin. Code §§ 157.122. The CMOC's responsibilities may include:
  - 1) Facilitate the coordination of regional medical assets.
  - 2) Acquisition, staging, and deploying of medical transportation.
  - 3) Facilitate medical surge capacity.
  - 4) Maintain and share situational awareness of medical infrastructure through notifications, updates, conference calls, and regional technologies.
  - 5) Facilitate patient tracking and support family reunification operations.
  - 6) Assist with facility evacuation and repopulation.
  - 7) Assist with the movement of homebound medical residents.
  - 8) Facility requests for resources.

### **Public Health Services**

- 1. The HCPH provides public health activities and services to ensure the prevention and control of illness and injury during response and recovery operations. These activities may include:
  - 1) Establish a health and medical command and control operation.
  - 2) Determine specific health/medical needs and priorities.
  - 3) Maintain situational awareness of health and medical priorities to include epidemiological surveillance, environmental health, clinical services, veterinary public health, and mosquito and vector control.
    - a. Monitor the distribution of illness, injury, and death within the general population and/or populations experiencing vulnerability.
    - b. Monitor the food and water supplies, and public water systems, and ensure sanitary conditions throughout the impacted areas.
    - c. Coordinate the provision of clinical services.
    - d. Monitor the distribution of zoonotic disease among animals.
    - e. Monitor the distribution the disease-carrying mosquitoes and other vectors.
  - 4) Conduct field investigations or outbreak investigations as appropriate, including ensuring the collection and analysis of relevant clinical or biological samples.

- 5) Assess potential or actual health effects of biological, radiological, and chemical exposure to any impacted populations. See the Harris County Basic Plan, Annex D (Radiological Protection), and Annex Q (Hazardous Materials and Oil Spill Response).
- 6) Coordinate the assessment of the health system/facility infrastructure.
- 7) Conduct field studies and environmental assessments ensuring collection and analysis of relevant insect samples, environmental samples, and/or animal samples.
- 8) Address and respond to any public health and medical need including epidemiological, environmental health, veterinary public health, and mosquito and vector control.
  - a. Implement control measures as appropriate including, but not limited to, isolation, quarantine, detention, disinfection, decontamination, vaccination, medication, etc.
  - b. Ensure the safety of public drinking water systems and food from regulated establishments.
  - c. Address reports and/or occurrences of loose animals; assess the potential for dangerous animals and/or bites to humans.
  - d. Conduct mosquito and vector surveillance and address any concerns about disease.
- 9) Guide and ensure the implementation of injury and illness prevention, food and water-borne illness prevention, mosquito abatement and vector-borne disease prevention, and animal control strategies as appropriate.
- 10) Provide subject-matter expertise to partners on guidance to ensure the health and safety of responders.
- 11) Implement risk communications activities as either the lead agency or the health and medical component of a Joint Information Center (JIC).
- 12) Special Considerations
  - a. As part of the HCPH all-hazards preparedness planning, careful attention has been given to the special circumstances that may require more specific public health emergency plans than those delineated in the Harris County Basic Plan and annexes. These special circumstances include but are not limited to, emerging infectious diseases, severe weather event, or biological/chemical/radiological or nuclear events. Although response activities for these special circumstances are detailed in a separate set of plans, they have been developed in a manner that will allow full integration into this annex.

### **Behavioral Health Services**

1. Disaster behavioral health services will be made available for disaster survivors and responders during response and recovery operations. Services may include:
  - 1) Crisis counseling.
  - 2) Psychological first aid.
  - 3) Critical incident stress management.

- 4) Information and referral to other services.
  - 5) Education about normal, predictable reactions to a disaster experience and how to cope with them.
2. A description of procedures for requesting disaster behavioral health is found in Annex O (Human Services).

### **Disaster Medical Services**

1. Upon notification of an emergency, the appropriate ambulance service will dispatch the necessary units to the scene.
2. The senior emergency medical technician (EMT) or paramedic who arrives first on the scene will:
  - 1) Survey the disaster scene.
  - 2) Report to the Incident Commander and establish a triage area.
  - 3) Determine if mutual aid agreement (MAA)/CMOC needs activation.
3. Upon activation of the CMOC, the CMOC Operations Chief will work closely with the Incident Commander to understand the scope of the disaster, its potential type, and the number of victims, and to determine if additional transportation or other response assets are required.
4. The CMOC will provide notification to all hospitals of disaster occurrence and provide any additional information from the scene. A bed report should be initiated to determine reception locations as well as surge capacity.
5. If additional EMS transportation is needed outside of agency MAAs, the CMOC will activate the Emergency Medical Task Force (EMTF) ambulance strike teams and establish a secondary staging location for vehicles to be utilized by the Incident Commander.
6. Hospitals will track patients they are receiving related to the disaster via the regional EMTrack system and support family reunification operations.

### **Fatality Management Services**

1. The HCIFS is responsible for the following deaths that fall under medicolegal jurisdiction as defined in TCCP 49:
  - 1) Medicolegal death scene investigation.
  - 2) Decedent transport from the scene.
  - 3) Decedent storage from the medicolegal process.
  - 4) Decedent identification.
  - 5) Postmortem examination.
  - 6) Determination and certification of cause and manner of death.
  - 7) Identification and correspondence with next of kin.
  - 8) Identification of disaster-related fatalities and notification of appropriate agencies.
  - 9) Coordination with Harris County Community Services Department (HCCSD) for the disposition of medicolegal decedents when no next of kin can be located.

## Medical and Mortuary Assistance

1. When requested by local officials the Department of State Health Services (DSHS) can provide health and medical advice and assistance during emergencies from its various regional offices.
2. State/Regional Assistance
  - 1) Emergency Medical Task Force – The Texas Emergency Medical Task Force (EMTF) is a state and federally-funded program with the mission of creating state-deployable medical teams, regionalized for rapid mobilization and readiness. The goal of the EMTF program is to provide a well-coordinated response, offering rapid professional medical assistance to emergency operation systems during large-scale incidents.
  - 2) Texas Funeral Directors Association (TFDA) Disaster Team – The TFDA disaster team provides assistance following major or catastrophic disasters in the area that include, but are not limited to, site assessment, human remains recovery and storage, and incident management. The team is comprised of volunteer professionals from the mortuary and funeral industries working under the direction of the local medical examiner.
  - 3) Immediately available resources may include the following:
    - a. AMBUSes
    - b. Mobile Medical Units (MMUs)
    - c. Ambulance Strike Teams
    - d. RN Strike Teams
    - e. Medical Incident Support Teams (MIST)
    - f. Staging Managers
    - g. Disaster Portable Mortuary Unit
    - h. Special Medical Unit (Mobile Dialysis/Infusion)
  - 4) Federal Assistance
    - a. Disaster Medical Assistance Team (DMAT) is a group of volunteer medical professionals and support personnel, under temporary employment, equipped with supplies and equipment that can be moved quickly to a disaster area and provide medical care. DMATs are a part of the National Disaster Medical System (NDMS). Each DMAT is an independent, self-sufficient team that can be deployed within a matter of hours and can set up and continue operations at the disaster site for up to 72 hours with no additional supplies or personnel.
    - b. TX-1 DMAT is a federal and state response asset based in Texas. TX-1 DMAT can be activated by the state to respond to emergency events that may not be severe enough to warrant a federal response. Working closely with DSHS, TX-1 DMAT can serve as a state-level responder to major emergencies and disasters that require additional medical response resources.
    - c. Veterinary Medical Assistance Teams (VMAT), when requested by the state, can provide operational assistance in emergency response

programs to state animal health authorities. The dedicated volunteers who make up the American Veterinary Medical Assistance VMAT program help ensure that pets, livestock, zoo animals, and wildlife all receive the care they need during times of crisis.

### **Damage Assessment**

1. The Local Health Authority or designee has primary responsibility for gathering information concerning injuries and fatalities resulting from emergencies and disasters. Information regarding injuries and fatalities will be forwarded to the Local Health Authority or designee as soon as it is available to support requests for assistance and inclusion in required reports. Reports will be forwarded to the responsible partner agency.
2. In cooperation with DSHS, the HCPH Environmental Public Health Division has responsibility for evaluating damage to water treatment facilities following disasters.
3. The Local Health Authority or designee has primary responsibility for coordinating the evaluation of damage sustained by medical facilities in a disaster area. Hospitals and nursing homes in Harris County may provide support in the activity by utilizing available technologies. This data will be sourced in coordination with the CMOC, if it has been activated, or to the Harris County Emergency Operations Center (HCEOC) to compile for the Local Health Authority.

### **Requesting External Assistance**

1. If health and medical needs cannot be satisfied through local resources under interlocal agreements or volunteer organizations, authorized local officials may request assistance from the State of Texas.

## **Actions by Phases of Emergency Management**

### **Prevention**

1. Conduct routine activities to prevent injury and illness, including, but not limited to preventing the spread of infectious diseases, reducing the risk of chronic diseases, reducing exposure to environmental hazards, etc.
2. Conduct routine surveillance activities including, but not limited to communicable disease surveillance, injury surveillance, bite case surveillance, etc.
3. Conduct public information, health promotion, health education, and health-related social marketing activities.

### **Preparedness**

1. Develop public health and medical emergency response plans.
2. Provide training and exercise for personnel according to public health emergency response plans.
3. Conduct "After Action Reviews" and write "After Action Reports" for actual events and exercises.
4. Update emergency response plans to reflect new information and lessons learned.

### **Response**

1. Refer to the "Concept of Operations" section and the "Assignment of Responsibilities" section of this annex for more information about response.

### **Recovery**

1. Collect event-related morbidity and mortality data.



2. Identify potential and/or continuing hazards from the disaster that may affect public health.
3. Develop appropriate guidance for the prevention of harmful effects of the hazard.

## **Organization and Assignment of Responsibilities**

### **Organization**

1. The HCPH has primary responsibility for the health and medical services function and should designate an HCPH liaison to plan and coordinate public health and medical services during emergencies.

### **Assignment of Responsibilities**

1. All agencies assigned to provide health and medical services support are responsible for the following:
  - 1) Designate and train representatives of their agency, including National Incident Management Systems (NIMS) and Incident Command System (ICS) training.
  - 2) Ensure that appropriate standard operating guidelines (SOGs) are developed and maintained.
  - 3) Maintain current notification procedures to ensure trained personnel are available for extended emergency duty in the emergency operations center (EOC) and as needed in the field.
2. Under the Harris County Basic Plan, the HCPH may monitor the coordination of the following services in emergencies:
  - 1) Care for persons whose illnesses and injuries are a result of a disaster or where care and treatment are complicated by the disaster.
  - 2) Public health services for the affected population.
  - 3) Fatality management and vital records services.
  - 4) Damage assessment for public health and medical facilities and systems.
3. To ensure these services are available as needed, various medical and public health services have been assigned primary or support responsibility for specific activities as summarized below.

### **Task Assignments**

All agencies and personnel assigned responsibilities in this annex are trained on the National Incident Management System (NIMS) concepts, procedures, and protocols.

<b>Agency or Position</b>	<b>Functions/Responsibilities</b>
HCPH Executive Director or designee	<ul style="list-style-type: none"> <li>• Designate an HCPH liaison to perform pre-emergency planning for health and medical services and coordinate such activities during emergencies and disasters.</li> <li>• Provide qualified staff to support health and medical operations at the incident command post (ICP) and the EOC.</li> </ul>
HCPH Local Health Authority	<ul style="list-style-type: none"> <li>• Currently licensed physician appointed by the county judge to support the DSHS Public Health</li> </ul>

	<p>Region (PHR) to establish, maintain and enforce control measures regarding communicable or infectious diseases.</p> <ul style="list-style-type: none"> <li>• Ensure the reporting of the presence of contagious infectious and dangerous epidemic diseases.</li> <li>• Ensure enforcement of state and local public health laws, rules, regulations, and ordinances regarding sanitation and quarantine.</li> <li>• Ensure adherence to state law regarding vital statistics collections, including the accuracy of birth and death records.</li> <li>• May issue information regarding outbreaks and public health threats.</li> <li>• May or may not serve as the Director of a Local Health Department.</li> </ul>
<p>HCPH Preparedness Director Manager or designee</p>	<ul style="list-style-type: none"> <li>• Coordinate emergency health and medical activities from the EOC when activated.</li> <li>• Coordinate rapid assessments of health needs.</li> <li>• Coordinate efforts of local health organizations activated for an emergency, including assessing needs, obtaining additional resources, and ensuring the necessary resources are provided.</li> <li>• Coordinate with community health and medical organizations on matters related to assistance from other jurisdictions.</li> <li>• Coordinate with state and federal officials regarding state and federal assistance.</li> <li>• Coordinate response units, such as DMAT.</li> <li>• Coordinate with Medical Reserve Corp (MRC) for the screening of health and medical volunteers, obtaining positive identification and proof of licensure of volunteers.</li> <li>• Coordinate procurement, screening, and allocation of health and medical supplies and resources, including human resources, required to support health and medical operations.</li> <li>• Coordinate the provision of health-related information to the media through the established JIC.</li> <li>• Coordinate the provision of laboratory services required in support of emergency health and medical services.</li> <li>• Coordinate disease control measures such as immunization campaigns or establishment of isolation and quarantine as appropriate.</li> <li>• Coordinate the provision of health inspections for foodstuffs, water, and other consumables that were exposed to the hazard.</li> <li>• Coordinate implementation measures to prevent or control disease vectors such as mosquitoes.</li> <li>• Coordinate the monitoring of food handling and sanitation in emergency facilities, as appropriate.</li> </ul>

SETRAC	<ul style="list-style-type: none"> <li>• Coordinate medical activities when activated.</li> <li>• Coordinate rapid assessments of medical infrastructure and needs.</li> <li>• Coordinate efforts of medical organizations activated for an emergency, including assessing needs, obtaining additional resources, and ensuring that necessary services are provided.</li> <li>• Coordinate medical teams responding to a disaster and ensure the establishment of medical command posts.</li> <li>• Coordinate EMTF deployment of assets.</li> <li>• Coordinate with EMS and 9-1-1 providers to ensure casualties are transported to appropriate facilities.</li> <li>• Coordinate the procurement, screening, and allocation of medical supplies and resources, including human resources, required to support medical operations.</li> <li>• Establish and maintain the field and inter-facility medical communications.</li> <li>• Provide medical guidance, as needed, to EMS.</li> <li>• Coordinate medical response to ensure the following is accomplished: <ul style="list-style-type: none"> <li>• Casualties are transported to the appropriate medical facility.</li> <li>• Patients are distributed to hospitals based on severity and types of injuries, time and mode of transport, treatment capabilities, and bed capacity.</li> <li>• Special designations such as trauma centers and burn centers are considered.</li> <li>• Establish ambulance staging areas as needed/requested.</li> <li>• Provide a mechanism for patient tracking.</li> <li>• Coordinate the evaluation of facilities.</li> <li>• Evaluate the capabilities of healthcare facilities.</li> <li>• Provide a mechanism for hospitals to report estimated damage assessments to respective counties.</li> </ul> </li> <li>• Provide situational awareness through the utilization of technology, conference calls, and briefings.</li> </ul>
The Harris Center for Mental Health and IDD	<ul style="list-style-type: none"> <li>• Coordinate the provision of behavioral health care.</li> <li>• Assess behavioral health needs.</li> <li>• Coordinate the provision of disaster behavioral health training for responders.</li> <li>• Coordinate the provision of crisis counseling.</li> </ul>
Harris Health Systems	<ul style="list-style-type: none"> <li>• Coordinate health and medical response by serving as the lead agency for emergency department trauma and inpatient and outpatient medical services.</li> <li>• Coordinate the provision of psychiatric care.</li> </ul>

	<ul style="list-style-type: none"> <li>• Coordinate acute care services.</li> <li>• Coordinate with area medical service entities, HCPH, and the CMOC regarding the receipt and management of seriously ill or injured patients.</li> </ul>
HCIFS	<p>HCIFS conducts the following or deaths that qualify as medicolegal cases according to TCCP 49.25:</p> <ul style="list-style-type: none"> <li>• Respond to and investigate medicolegal deaths.</li> <li>• Conduct postmortem decedent examinations.</li> <li>• Determine the cause/manner of deaths.</li> <li>• Decedent transportation.</li> <li>• Decedent storage.</li> <li>• Identification of decedents.</li> <li>• Coordinates notification of decedent’s next of kin and the release of remains to designated funeral homes.</li> <li>• Coordinates the establishment of temporary decedent storage and morgue facilities, if needed.</li> <li>• Coordinates with area funeral homes, HCCSD, and other agencies regarding contingencies associated with an emergency event.</li> <li>• Coordinate disaster activities and requests with HCEOC.</li> <li>• Coordinate with HCCSD the disposition of unidentified remains and decedents without identified next of kin.</li> </ul>

## Direction and Control

### 1. General

- 1) The HCPH liaison will coordinate the efforts of local health and medical services and agencies during major emergencies and disasters.
- 2) Routine health and medical service operations may continue during less severe emergencies. Direction and control of operations will be by those that normally direct and control day-to-day health and medical activities.
- 3) External agencies providing health and medical support during emergencies are expected to conform to the general guidance provided by HCPH executive staff and the HCPH Incident Management Team (IMT) to carry out mission assignments directed by the Incident Commander or the EOC.

### 2. Incident Command System – EOC Interface

- 1) The EOC and ICP must maintain a regular two-way information flow. If both the EOC and an ICP are operating, they should coordinate the specific division of responsibilities for emergency response activities to avoid duplication of effort.

### 3. Regional Medical Coordination

- 1) The HCPH liaison may coordinate requests and channel various elements of those requests to the CMOC if it has been activated.
- 2) In emergencies involving significant damage to Harris County and surrounding regional medical facilities, each facility shall be responsible for determining its overall status and compiling a consolidated list of resources or

services needed to restore vital functions. Each operating unit will report its status and needs to a single contact point designated by the facility. This facility contact should consolidate the data provided and report it to the CMO.

#### 4. Local Health Authority Succession

- 1) To ensure continuity of health and medical activities during threatened or actual disasters, the following line of succession is established for the Local Health Authority, with each successor subject to the qualifications required to serve as a Local Health Authority:
  - a. HCPH Local Health Authority
  - b. DSHS Region 6/5S Health Authority
- 2) The HCPH department leadership successors are delineated in the internal HCPH Continuity of Operations Plan.

### **Increased Readiness Actions**

#### **Readiness Level IV – Normal Readiness**

1. Review and update plans and related SOGs.
2. Review the assignment of all personnel.
3. Coordinate with local private industries on related activities.
4. Maintain a list of health and medical resources.
5. Maintain and periodically test equipment.
6. Conduct appropriate training, drills, and exercises.
7. Develop tentative task assignments and identify potential resource shortfalls.
8. Establish a liaison with all private health and medical facilities.

#### **Readiness Level III – Increased Readiness**

1. Check the readiness of health and medical equipment, supplies, and facilities.
2. Correct any deficiencies in equipment and facilities.
3. Check the readiness of other equipment, supplies, and facilities.
4. Correct shortages of essential supplies and equipment.
5. Update incident notification and staff recall rosters.
6. Notify key personnel of possible emergency operations.
7. Review procedures for relocating patients and determine the availability of required specialized equipment if evaluation of health and medical facilities is required.

#### **Readiness Level II – High Readiness**

1. Alert personnel to potential emergency duty.
2. Place selected personnel and equipment on standby.
3. Identify personnel to staff the HCEOC and ICP if those facilities are activated.

#### **Readiness Level IV – Maximum Readiness**

1. Mobilize health and medical response to include personnel and equipment.

2. Dispatch health and medical representative(s) to the HCEOC when activated.

## **Administration and Support**

### **Reporting**

1. In addition to reports that may be required by their respective organizations, health and medical organizations participating in emergency operations should provide situation reports to the HCPH liaison in the HCEOC.
2. Pertinent information from all sources may be incorporated into the initial emergency report. Periodic situation reports may be prepared and disseminated to key officials, other affected jurisdictions, and other state agencies during major emergency operations.

### **Maintenance and Preservation of Records**

1. Health and medical records may be documented and maintained by the agency or department that generated them. A record of events must be preserved for use in determining the potential recovery of emergency operations expenses and response costs, settling claims, assessing the effectiveness of operations, and updating emergency plans and procedures.
2. Expenses incurred in carrying out health and medical services for certain hazards such as radiological accidents or hazardous materials incidents may be recoverable from the responsible party. All departments and agencies should maintain records of personnel and equipment used and supplies consumed during large-scale health and medical operations.
3. Vital health and medical records should be protected from the effects of a disaster to the maximum extent possible following applicable federal and state laws. Should records be damaged during an emergency, professional assistance for preserving and restoring those records should be obtained as soon as possible.

### **Post-Incident Review**

1. For large-scale emergencies and disasters, the Harris County Judge, or the Harris County Emergency Management Coordinator (EMC) should organize and conduct a review of emergency operations by those tasked in this annex. The purpose of this review is to identify needed improvements in this annex, procedures, facilities, and equipment. Health and medical service organizations that participated in the emergency operations being reviewed should participate in the post-incident review.
2. Place selected personnel and equipment on standby.

### **Exercises**

1. Local drills, tabletop exercises, functional exercises, and full-scale exercises based on the hazards faced by Harris County should periodically include health and medical service operations. Additional drills and exercises may be conducted by various agencies and services to develop and test abilities to make effective health and medical response to various types of emergencies.

### **Resources**

1. A list of health and medical facilities is provided in Appendix 1 – Key Medical Facilities.

## **Annex Development and Maintenance**

1. The Executive Director of HCPH is responsible for developing and maintaining this annex. Recommended changes to this annex should be forwarded as needs become apparent.
2. This annex should be reviewed annually and updated in accordance with the schedule outlined in the Harris County Basic Plan.
3. The departments and agencies that are tasked in this annex should develop and maintain SOGs that cover their responsibilities.

## **References**

1. Annex D (Radiological Protection)
2. Annex O (Health and Human Services)
3. Annex Q (Hazardous Materials and Oil Spill Response)
4. FEMA, Comprehensive Preparedness Guide (PPG) 101 Version 2.0 November 2010
5. Harris County Basic Plan
6. Harris County Public Health Continuity of Operations Plan

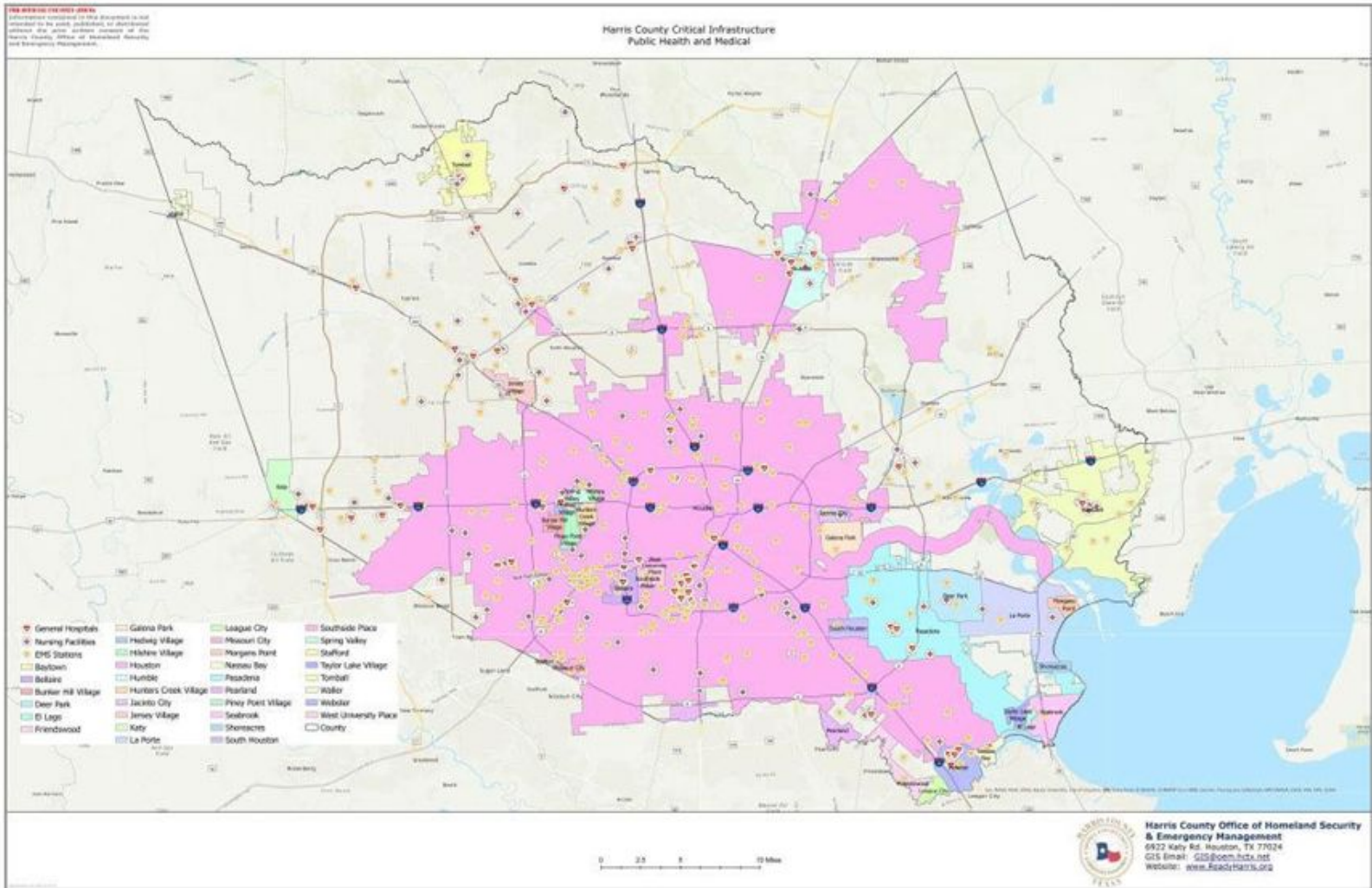
## **Appendices**

1. Key Medical Facilities

## **Appendices**



## Appendix I. Harris County Key Medical Facilities



Thursday, August 24, 2023

Consideration of Approval of an Agreement between Harris Health System and Texas Health and Human Services Regarding The National Disaster Medical System Partner Healthcare Facility

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The NDMS MOA is a current agreement that is seeking to be renewed by the Federal Government Health and Human Services (HHS). Harris Health is currently participating in the exercise and requirements for the agreement. This agreement is authorized under section 2812 of the Public Health Service Act, 42 U.S.C. 300hh-11.

Purpose of this agreement shall be a coordinated effort by the NDMS Federal Partners, working in collaboration with states and other appropriate public or private entities to provide health services, health-related social services, and other appropriate human services to respond to the needs of victims of a public health emergency or disaster.

In return for participating in the agreement, NDMS has provided the Receiving Healthcare Facility with the Reimbursable Rates stated in the document.



## NATIONAL DISASTER MEDICAL SYSTEM PARTNER HEALTHCARE FACILITY MEMORANDUM OF AGREEMENT FOR DEFINITIVE MEDICAL CARE

### 1. PARTIES

The Parties to this Memorandum of Agreement (MOA) are \_\_\_\_\_ (the partner healthcare facility) and the National Disaster Medical System (NDMS), which consists of a coordinated partnership among the Departments of Health and Human Services (HHS), Defense (DoD), Homeland Security (DHS), and Veterans Affairs (VA), collectively, the NDMS Federal Partners.

### 2. AUTHORITY

This Agreement is authorized under Section 2812 of the Public Health Service Act, 42 U.S.C. 300hh-11, as amended.

### 3. PURPOSE

- A. The NDMS statute provides that the NDMS shall be a coordinated effort by the NDMS Federal Partners, working in collaboration with the States and other appropriate public or private entities to provide health services, health-related social services, other appropriate human services, and appropriate auxiliary services to respond to the needs of victims of a public health emergency, including at-risk individuals, as applicable.
- B. In response to a large or catastrophic public health and/or military health emergency, victims of such events may need to receive definitive healthcare in non-federal or private sector healthcare facilities. The purpose of this Agreement is to establish a formal relationship between the NDMS and NDMS partner healthcare facilities to ensure a network is in place to provide care for NDMS federal patients, which may include military casualties, requiring additional or complex care unavailable within the affected area due to a natural, man-made disaster, military health emergency, or other public health emergency.

### 4. RESPONSIBILITIES

- A. The NDMS partner healthcare facility, as appropriate and based upon their resources and availability, agrees to:
  - Participate in scheduled VA and DoD Federal Coordinating Center (FCC)<sup>1</sup> exercises. The purpose of this collaboration is for participants to garner a better understanding of what occurs when the NDMS is

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<sup>1</sup> FCCs are operated by the Department of Veterans Affairs (VA) and/or the Department of Defense (DoD). The FCCs are responsible for coordinating NDMS partner healthcare facilities within their designated patient-reception areas and when individuals are medically evacuated through the NDMS patient-evacuation system.

activated.

- Report the number of its available, equipped, and staffed beds to the FCC Coordinator when requested to support NDMS exercises or real-world response operations. During response operations, the NDMS partner healthcare facility agrees to make every effort to provide available beds for NDMS federal patients.

In-patient hospital beds should be reported in seven defined bed categories (i.e., medical-surgical, critical care, pediatric, burn, psychiatry, pediatric intensive care unit and negative pressure/isolation). For questions on bed reporting or bed types, contact your FCC Coordinator.

- Admission, treatment, and discharge of NDMS federal patient(s), and/or transfer to secondary healthcare facilities as medically necessary.
- Sanitize and track any NDMS federal patient's medical equipment, referred to as "patient movement items" (PMI) in accordance with local infection control guidelines and facility protocol before releasing the PMI to the designated personnel.

B. The NDMS Federal Partners (i.e., HHS, DHS, DoD, and VA) are responsible for:

- Transportation of NDMS federal patient(s)<sup>2</sup> from the VA or DoD designated Patient Reception Site (PRS) to the NDMS partner healthcare facility;
- Assessing the real-time status of bed availability and discuss potential patient placement with the NDMS partner healthcare facility to ensure they are able to accept the NDMS federal patient(s) according to the patient(s) current medical needs.
- Collaborating with the NDMS partner healthcare facility and serve as a facilitator to ensure patient care coordination needs and discharge planning is accomplished.
- Returning the NDMS federal patient(s) evacuated through NDMS to their home of record or other final destination.
- Facilitating the final disposition of the deceased in instances when an NDMS federal patient expires while at the NDMS partner healthcare

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<sup>2</sup> Definitive Care coverage is provided to NDMS federal patients and begins when the need for federal patient movement is determined, the activated Federal Coordinating Center (FCC) coordinates transfer and placement of a patient into a participating NDMS partner healthcare facility. NDMS federal patients must be registered in the Joint Patient Assessment and Tracking System (JPATS) and will receive a JPATS number to be enrolled into the Definitive Care Program.

facility.

## 5. REIMBURSEMENTS

- A. The HHS, as payer, will define the “NDMS federal patient,” which is usually a patient that is transported via federal assets, processed through an FCC, and referred to NDMS partner healthcare facilities and/or healthcare practitioners for definitive medical care and tracked in JPATS. For more information concerning NDMS federal patient eligibility, visit <https://www.phe.gov/Preparedness/responders/ndms/definitive-care/Pages/default.aspx>.
- B. For care provided to NDMS federal patients, subject to the availability of appropriations, reimbursements will be limited to:
- Injuries or illnesses resulting directly from the specified public health emergency;
  - Injuries, illnesses, and conditions requiring essential medical treatment or services necessary to maintain a reasonable level of health when such medical treatment or services are temporarily not available as a result of the public health emergency; and
  - Injuries or illnesses affecting authorized emergency response and disaster relief personnel responding to the public health emergency.
- C. Tables 1-3 in the addendum identify the various providers, sources of funding for NDMS healthcare facility reimbursement, and the order of payment. The NDMS partner healthcare facility agrees to seek reimbursement accordingly. The NDMS will reimburse the NDMS partner healthcare facility for medical treatment or services rendered as indicated.<sup>3</sup>

When possible, providers should submit claims electronically via a claim’s clearinghouse service. Visit website for details regarding claims submission at <https://www.phe.gov/Preparedness/responders/ndms/definitive-care/reimbursement-program/Pages/Claims-Submission.aspx>.

- D. For NDMS federal patients eligible for military health coverage (i.e., TRICARE), payment will be made under TRICARE according to the applicable payment rates and procedures, as set forth in 32 C.F.R. Part 199.
- E. For NDMS federal patients who are beneficiaries of VA healthcare, payment from VA, if any, will be made pursuant to and in accordance with VA’s applicable statutory reimbursement authorities and processes (38 U.S.C. §§

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<sup>3</sup> Treatment and services furnished by NDMS partner healthcare facility pursuant to the NDMS and/or this Agreement are *not* authorized or furnished pursuant to VA’s community care authorities, including the Veterans Community Care Program established and operated pursuant to 38 U.S.C. § 1703 and implementing regulations. This Agreement does not authorize NDMS partner healthcare facility to furnish care and receive payment under those authorities.

1724, 1725, 1728, and implementing regulations).

- F. NDMS payment will end when one of the following occurs, whichever comes first:
- Completion of medically indicated treatment ends (within 30 days or unless otherwise directed by HHS);
  - Voluntary refusal of care by the NDMS federal patient; or
  - Return to originating facility or other location for follow-on care.
- G. Reimbursement for medical care provided beyond 30 days is subject to availability of funding and approval by HHS.
- H. HHS will work directly with a Financial Intermediary/Definitive Medical Care contractor to process submitted claims.
- I. Fee-for-Service Adjustment Factor – NDMS reserves the right to apply an adjustment factor to a Provider’s reimbursement calculated using Medicare or Medicaid rates and methodologies to approximate total reimbursement under Medicare or Medicaid in the event that future reimbursement changes make reimbursement determinations using traditional fee-for-service methodologies incomplete or impractical. Examples of situations where this could be applied include, but are not limited to, Centers for Medicare and Medicaid Services (CMS) waivers, bundled pricing arrangements, Accountable Care Organizations, and other alternative payment models.
- J. International Patients and Undocumented Persons – Subject to authority, available appropriations, and NDMS approval, NDMS partner healthcare facility and/or healthcare providers caring for international patients or undocumented persons may be reimbursed using the same reimbursement rates and provisions as outlined in this Agreement.
- K. Subject to authority, available appropriations, and NDMS approval, foreign providers and facilities performing inpatient facility care, physician, or ambulance services may be reimbursed on a submitted charges basis provided that the total charges do not grossly exceed typical Medicare reimbursement. This includes locations other than the 50 states of the U.S., the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Northern Mariana Islands, and the Freely Associated States (FAS) (the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau), subject to the following limitation: the emergency occurred within the U.S. or its territories and the foreign hospital is closer than the nearest U.S. hospital that can treat the medical condition.
- L. Facilities, at the time of executing this Agreement, must have obtained accreditation from a CMS-recognized accrediting body or an accrediting body

recognized by a state's Medicaid program. In order to be eligible for reimbursement under this Agreement, the NDMS partner healthcare facility must still be accredited and in good standing during the date(s) of service provided to NDMS federal patient(s). Providers must be a participant in either Medicare or Medicaid and not have been disbarred from the state or federal program. This Agreement does not cover routine vision, dental and hearing care, but does cover emergency vision, dental, and hearing cases. Should a healthcare facility elect not to execute the MOA, the facility will be limited to 100% of the applicable reimbursement rate through normal reimbursement processes (e.g., through CMS direct) and will not be eligible for the 25% administrative fee.

M. The Employer Identification Number to be used for the NDMS is 26-1864515.

## 6. POINTS OF CONTACT

### For the NDMS Federal Partners – (VA or DoD representative)

Name: Danny W. Shine

Position Title: Area Emergency Manager

Department: US Department of Veterans Affairs

Email Address: Danny.Shine@va.gov

Phone Number: 713-794-8492

### For the NDMS Partner Healthcare Facility

Name: Aaron Velasquez

Position Title: Director of Emergency Management

Department: Harris Health System – Emergency Management

Email Address: Aaron.Velasquez@harrishealth.org

Phone Number: 346-426-0610

## 7. OTHER PROVISIONS

- A. Notwithstanding anything in this Agreement, each of the NDMS Federal Partners shall have the exclusive authority to direct its employees and to implement its own statutory responsibilities.
- B. Nothing in this Agreement is intended to conflict with current federal or state law, or the regulations, agreements, or directives of the NDMS Federal Partners or the NDMS partner healthcare facility. If a term of this Agreement is inconsistent

with such authority, then that term shall be invalid, but the remaining terms and conditions of this Agreement shall remain in full force and effect.

**8. EFFECTIVE DATE**

This Agreement shall become effective upon signature of one of the NDMS Federal Partners and the NDMS partner healthcare facility.

**9. TERMINATION**

The agreement may be canceled at any time by written consent of the NDMS partner healthcare facility and any of the NDMS Federal Partners. The agreement also may be terminated by either the NDMS partner healthcare facility or any of the NDMS Federal Partners upon giving 90 days written notice to the other party. Unless otherwise noted, this Agreement shall remain in effect for a period not to exceed five years upon date of the last signature.

**10. INFORMATION LAWS**

All parties understand and will adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Privacy Act, to the extent these laws are applicable.

**11. SIGNATORY FOR MEMORANDUM OF AGREEMENT**

***For the NDMS Federal Partner (VA/DoD):***

_____	_____
<i>Printed Name</i>	<i>Signature</i>
_____	_____
<i>Title</i>	<i>Date</i>
_____	_____
<i>Email</i>	<i>Phone Number</i>

***For the NDMS Partner Healthcare Facility:***

_____	_____
<i>Printed Name</i>	<i>Signature</i>
_____	_____
<i>Title</i>	<i>Date</i>
_____	_____
<i>Email</i>	<i>Phone Number</i>



**ADDENDUM**

**Table 1: Any NDMS Participating Partner Healthcare Facility Reimbursable Rates Under Medicare Part A**

<b>Patient's Insurance Status</b>	<b>Facility will bill first</b>	<b>Facility will bill second</b>	<b>Reimbursement Rates for NDMS Participating Partner Healthcare Facilities</b>
Uninsured	NDMS	N/A	125% of Medicare Part A rate
Medicaid	NDMS	N/A	125% of Medicare Part A rate
Medicare	Medicare	NDMS	NDMS will pay remaining amount not to exceed 125% of Medicare Part A.  Facility will submit Explanation of Benefits (EOB) to NDMS in order to receive 25% Administration Fee.
Dual Eligible (As defined by the Centers for Medicare & Medicaid)	Medicare	Medicaid	Facility will submit EOB to NDMS in order to receive the 25% Administration Fee.
Other Insurance or Health Program Coverage (Other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS	NDMS will pay remaining amount not to exceed 125% of Medicare Part A.  Facility will submit EOB to NDMS in order to receive the 25% Administration Fee.
TRICARE	TRICARE	N/A	Not Eligible
VA Medical Coverage	VA	N/A	Not Eligible

**Table 2: Individual Healthcare Provider Reimbursable under Medicare Part B**

<b>Patient's Insurance Status</b>	<b>Provider will bill first</b>	<b>Provider will bill second</b>	<b>NDMS Reimbursement Rates</b>
Uninsured	NDMS	N/A	100% of Medicare Part B rate
Medicaid	NDMS	N/A	100% of Medicare Part B rate
Medicare	Medicare	N/A	Not Eligible
Dual Eligible	Medicare	Medicaid	N/A
Other Insurance or Health Program Coverage (Other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS	100% of Medicare Part B rate less any payments received by provider from Other Insurance or Health Program Coverage
TRICARE	TRICARE	N/A	Not Eligible
VA Medical Coverage	VA	N/A	Not Eligible

**Table 3: Healthcare Partner Facility or Healthcare Provider Covered by Medicaid but not Medicare Part A/Part B**

<b>Patient's Insurance Status</b>	<b>Facility/ Provider will bill first</b>	<b>Facility/ Provider will bill second</b>	<b>NDMS Reimbursement Rates</b>
Uninsured	NDMS	N/A	Healthcare Facility: 125% of receiving State's Medicaid rate Healthcare Provider: 100% of receiving State's Medicaid rate
Medicaid	NDMS	N/A	Healthcare Facility: 125% of receiving State's Medicaid rate Healthcare Provider: 100% of receiving State's Medicaid rate
Medicare	NDMS	N/A	Healthcare Facility: 125% of receiving State's Medicaid rate Healthcare Provider: 100% of receiving State's Medicaid rate
Dual Eligible	NDMS	N/A	Healthcare Facility: 125% of receiving State's Medicaid rate Healthcare Provider: 100% of receiving State's Medicaid rate
Other Insurance or Health Program Coverage (Other than Medicaid, Medicare, or TRICARE)	Other Insurance	NDMS	Healthcare Facility: 125% of receiving State's Medicaid rate less any payments received from Other Insurance or Health Program Coverage Healthcare Provider: 100% of receiving State's Medicaid rate less any payments received from Other Insurance or Health Program Coverage
TRICARE	TRICARE	N/A	Not Eligible
VA Medical Coverage	VA	N/A	Not Eligible

### NDMS Partner Healthcare Facilities Included in Agreement

Facility Name: Ben Taub Hospital		
Facility Type: Hospital	Specialty:	Trauma Level 1
Street Address: 1504 Ben Taub Loop		
City: Houston	State: Tx	Zip: 77030
POC: Ashlee Thurman	Phone:	713-873-3405
POC Email: Ashlee.Thurman@harrishealth.org		

Facility Name: Lyndon B. Johnson Hospital		
Facility Type: Hospital	Specialty:	Trauma Level 3
Street Address: 5656 Kelley Street		
City: Houston	State: Tx	Zip: 77026
POC: Santonio Hoke	Phone:	713-566-6110
POC Email: Santonio.Hoke@harrishealth.org		

Facility Name:		
Facility Type:	Specialty:	
Street Address:		
City:	State:	Zip:
POC:	Phone:	
POC Email:		

Facility Name:		
Facility Type:	Specialty:	
Street Address:		
City:	State:	Zip:
POC:	Phone:	
POC Email:		

Facility Name:		
Facility Type:	Specialty:	
Street Address:		
City:	State:	Zip:
POC:	Phone:	
POC Email:		

Facility Name:		
Facility Type:	Specialty:	
Street Address:		
City:	State:	Zip:
POC:	Phone:	
POC Email:		

# 2023 Strategic Pillar Reporting Schedule

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
<b>Pillar 1: Quality &amp; Patient Safety</b>	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							
<b>Pillar 2: People</b>	Omar Reid/Jackie Brock												X
<i>Workforce Safety &amp; Violence Prevention</i>	Omar Reid/Jackie Brock			X			X						
<i>HR Overview: Employee Retention, Experience, and Wellness</i>	Omar Reid								X				
<b>Pillar 3: One Harris Health</b>	Louis Smith										X		
<i>Strategic capital funding</i>			X										
<i>Patient Throughput</i>	Trish Darnauer/ Glorimar Medina/ Jennifer Small					X							
<b>Pillar 4: Population Health Management</b>	Dr. Small/Hope Galvan									X			
<i>Pillar Progress focused on SDOH</i>	Hope Galvan					X							
<b>Pillar 5: Infrastructure Optimization</b>	Louis Smith												
<i>New LBJ Hospital and LBJ Campus Planning</i>	Louis Smith/ Trish Darnauer			X	X								X
<i>LBJ Hospital Expansion Exterior Views (Update Only)</i>	Trish Darnauer/ Patrick Casey							X					
<i>Relocation of Thomas Street HC and Riverside Dialysis to Quentin Mease Clinic</i>	Jennifer Small/ Amanda Callway			X	X								
<b>Pillar 6: Diversity &amp; Inclusion</b>	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: 08.17.23

Thursday, August 24, 2023

Discussion and Overview of the Draft Harris Health Policy, Skilled Trade Protections for  
Bond-funded Construction Contracts

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**HARRISHEALTH SYSTEM**

**SKILLED TRADE  
PROTECTIONS  
FOR BOND-  
FUNDED  
CONSTRUCTION  
CONTRACTS**

Louis G. Smith, Jr.  
Sr. EVP/Chief Operating Officer



Harris Health, by and through its Board of Trustees, hereby approves to request the Harris County Commissioner's Court to Order a Bond Election, Pursuant to Section §281.102 of the Texas Health and Safety Code During the Next General Election for the Purposes of Financing the Acquisition, Construction, Equipment, and/or Enlargement of Harris Health System Facilities in the Estimated Amount of 2.5 Billion Dollars with the Board's intentions to mandate that:

1. Each worker on a Bond Funded Harris Health Project will receive a minimum of either a \$15/hour wage or a wage that meets the requirements of the Davis-Bacon and Related Act, whichever is higher;
2. A minimum of 10% of the total project hours shall be done by individuals enrolled in the Department of Labor registered apprenticeships or Bilingual Craft training programs; and
3. Employer Safety Records for workers will be considered when making awards utilizing Harris County's Contractor Safety Standards, including OSHA Safety Training and temporary disqualification of employers with poor employee safety records.



# Policy Elements in Comparison to Harris County

Requirement	Harris County Status	Harris Health Status	Complete?
\$15 Minimum Wage	Implemented Since 2019 for All Construction Awards by Utilizing Harris County's Prevailing Wages for Building Construction	Implemented Since 2019 for All Construction Awards by Utilizing Harris County's Prevailing Wages for Building Construction	Complete since 2019
10% Total Project Hours Worked by Individuals in Apprenticeship Program	Working Group Study is Ongoing; not yet implemented	Develop a Policy for Board Approval No Later Than September 2023	Addressed in Draft Harris Health Policy
Employer Safety Records Utilizing Harris County Contractor Safety Standards	Safety Policy Approved by Commissioner's Court in January 2023; Internal Procedures Still Under Development	Develop a Policy for Board Approval No Later Than September 2023	Addressed in Draft Harris Health Policy

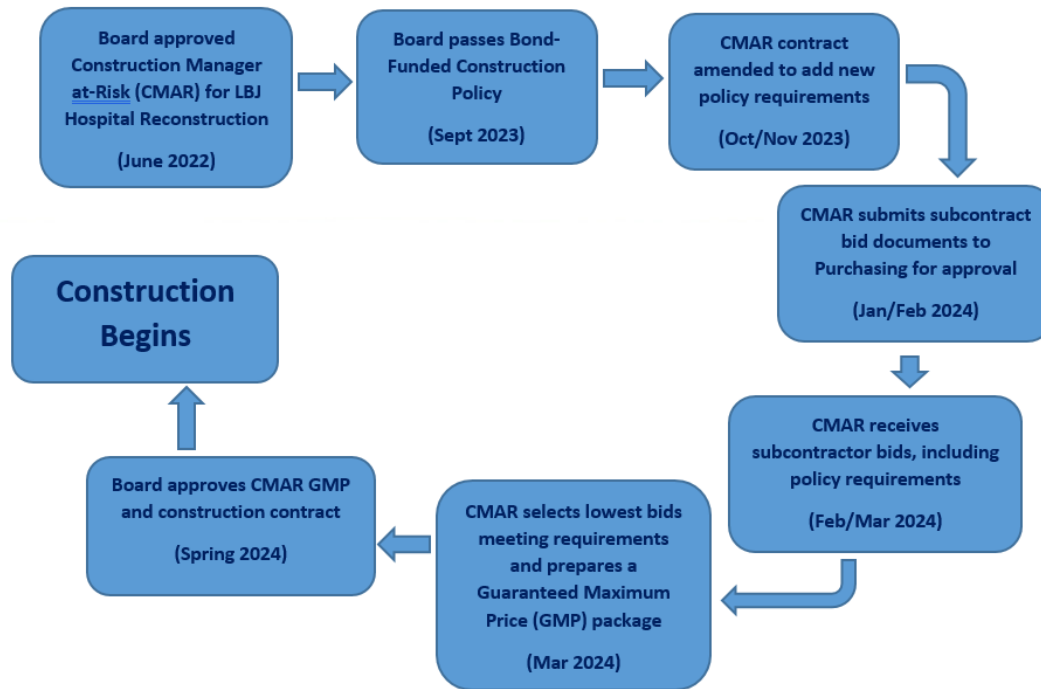
# Draft Policy Executive Summary

- Applies to construction contracts over \$10 Million and funded by any bond proceeds
- Minimum \$15 wage utilizing Harris County Prevailing Wages and the Davis-Bacon Act compliance and enforcement practices
- 10% apprenticeship requirement includes mechanism for Harris Health to approve:
  - Adjustment downward if specific criteria met, and
  - Hours worked by replacement workers in certain conditions
- Harris Health will pay for both the OSHA Certification training course and the hours spent training by the contractors' personnel
- Purchasing will ensure certifications when bids are opened; Harris Health Facilities Construction & Systems Engineering will monitor compliance during contract

## Possible Impacts of Policy Implementation

- Every worker receives OSHA safety training at no cost to themselves, and many workers will receive apprenticeship training, providing those workers with career skills
- Harris Health construction job sites will be more safe, with every worker OSHA certified, which may decrease insurance costs during construction
- Provides authority to monitor wage rate compliance through enforcement mechanisms included within regulations on the Davis-Bacon and Related Acts
- Possible impact to S/MWBE participation due to upfront cost burden
- Prime and Subcontractor bids may be initially higher due to added administrative cost of apprenticeship and OSHA training. Initial estimates on cost impact for the LBJ replacement is \$10 million - \$15 million.
- Increased internal cost to Harris Health to monitor compliance. Initial estimates on cost impact for the LBJ replacement is \$400,000.

# LBJ Hospital CMAR - Process



## Next Steps

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1. August 2023 – Board discussion & feedback on draft policy for Bond-Funded Construction Contracts
2. September 2023 – Board will consider approval of Bond policy
3. October 2023 – Administration will develop internal procedures for compliance monitoring and reporting on adopted policy parameters
4. November 2023 - Amend Existing CMAR Contract for LBJ Hospital to incorporate the policy requirements before the final design is put out for bids in 2024
5. Spring 2024 – Board will consider approval of CMAR Guaranteed Maximum Price (GMP) based on final LBJ Hospital design and bid packages (which will include the policy requirements)

**TITLE: SKILLED TRADE PROTECTIONS FOR BOND-FUNDED CONSTRUCTION CONTRACTS**

**PURPOSE:** To mandate certain protections for skilled trade workers in construction contracts funded by bonds approved in accordance with Chapter 1251 of the Texas Government Code.

**POLICY STATEMENT:**

All solicitations and contracts for construction projects meeting the applicability requirements set forth herein shall include provisions mandating: (1) a minimum of either a \$15/hour wage or a wage that meets the requirements of the Davis-Bacon Act, whichever is higher; (2) a minimum of 10% of total project hours be completed by individuals enrolled or graduated from an approved apprenticeship training program; and (3) the usage and tracking of employer safety records, including OSHA Safety Training of every individual who works on the job site.

**POLICY ELABORATIONS:**

**I. DEFINITIONS:**

- A. **APPRENTICE.** (i) a person enrolled in or a graduate of a bona fide Apprenticeship Program as defined by this policy or (ii) a person in the first 90 days of probationary employment as an apprentice in such an Apprenticeship Program, who is not individually registered in the program, but who has been certified by the Office of Apprenticeship Training, Employer and Labor Services or a State Apprenticeship Agency (where appropriate) to be eligible for probationary employment as an apprentice or (iii) a person enrolled or a graduate of a DOL-certified Bilingual Training Program.
- B. **APPRENTICESHIP PROGRAM.** A program registered (a) with the U.S. Department of Labor (“DOL”), Employment and Training Administration, Office of Apprenticeship Training, Employer and Labor Services

(“OA”), (b) with a State Apprenticeship Agency recognized by the OA or (c) with an apprenticeship program approved by Harris Health.

- C. **BOND CONTRACT.** A contract that meets the requirements of Section II.A. of this policy.
- D. **CONTRACTOR.** The company who submits a bid or proposal and is awarded as the prime contractor on a Bond Contract.
- E. **DAVIS BACON ACT.** The Davis-Bacon Act of 1931, currently codified in 40 U.S.C §§ 3141 *et seq.*
- F. **PROJECT.** The construction project set forth in the Bond Contract.
- G. **SUBCONTRACTOR.** A company that has been awarded by the Contractor to perform part of the work or services of an existing Bond Contract between the Contractor and Harris Health.
- H. **TOTAL PROJECT HOURS.** The total labor hours performed by Workers on a Project. Includes all hours worked by the Contractor and all Subcontractors on the Project, including all Subcontracts no matter their contract value. Excludes hours worked by foremen, superintendents, supervisors, and owners.
- I. **WORKER.** Individuals performing work on a Bond Contract as a trade worker or laborer, and as further defined and limited according to the Davis-Bacon Act (40 U.S.C §§ 3141 *et seq.*) This term includes full-time, part-time, temporary, seasonal and independent contractors who are directly assigned to a Project, whether the work is performed onsite or offsite.

## II. SCOPE AND APPLICABILITY

- A. **Bond Contracts.** This policy applies to all contracts that (1) are funded through the use of any proceeds from bonds approved in accordance with Chapter 1251 of the Texas Government Code, (2) are procured by Harris Health System under Chapter 2269 of the Texas Government Code; (3) have a total contract value of at least \$10,000,000; **and** (4) are not exempted by this Section.

The following types of contracts are exempt from this policy:

1. Services procured under Texas Government Code § 2254 (Professional and Consulting Services), or
  2. Contracts for purchases of goods and services considered to be ancillary to the construction services. A business entity that only supplies goods (bricks, supplies, tools, etc.) and such transportation services as may be incident to delivering those goods to Harris Health property (including the use of common carriers (e.g., truck drivers)) is considered a “Supplier” and Suppliers are not subject to this policy.
- B. This policy does not limit, or impact in any way, Harris Health’s ability to consider in the manner it deems appropriate any relevant factor specifically listed in any particular request for bids, proposals, or qualifications.
- C. This policy is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against Harris Health, its departments, agencies, entities, officers, employees, agents, or any other person.
- D. Except where specifically noted otherwise within this Policy, the requirements of this policy apply to all Workers on a Project, whether or not the work is completed as an independent contractor or under an employment contract with the Contractor or a Subcontractor.

### III. GENERAL REQUIREMENTS:

#### A. Wage Requirements.

1. Each Worker on a Project shall receive a minimum of either \$15 per hour wage or a wage that meets the requirements of the Davis-Bacon Act, whichever is higher.
2. Harris Health shall follow the guidelines of the Davis Bacon Act in regards to all relevant issues regarding worker classifications, wage determinations, compliance monitoring, enforcement and other rules related to questions and determinations in this policy.



3. Harris Health shall use the Harris County Building Construction Prevailing Wage Rates for the quarter in which a Project is advertised.

### **B. Apprenticeship Requirements.**

1. On each Project, the Contractor shall ensure that a minimum of 10% of the Total Project Hours are performed by an Apprentice as defined by this policy.
2. Apprentice certificates must be supplied with the first weekly payroll upon which the Apprentice's name appears on certified payroll. For Workers who are not graduates of an apprenticeship program, Contractor shall submit certification of current enrollment in an Apprenticeship Program with the first weekly payroll upon which the Worker's name appears on a certified payroll.
3. With its monthly Application for Payment, the Contractor shall submit the Apprentice Utilization Report on the form provided by Harris Health.
4. When measuring Total Project Hours, include all hours worked by the Contractor and all Subcontractors on the Project, including all Subcontracts no matter their contract value.
5. If, during the term of the Bond Contract, the Contractor determines that it will be unable to meet the 10% Apprentice utilization requirement, the Contractor may make a written request to Harris Health to reduce the required percentage of the overall Project. Harris Health shall evaluate the request and may reduce the Apprenticeship utilization requirement for the Project. The Contractor's request shall include documentation of:
  - a. The Contractor's efforts to use Apprentices; and
  - b. The lack of availability of Apprentices; and
  - c. A disproportionately high ratio of material costs to labor hours, which makes infeasible the required minimum level of Apprentice participation.

6. If, during the performance of the Project, an Apprentice leaves employment with the Contractor/Subcontractor, and the Contractor/Subcontractor does not have a suitable Apprentice replacement to fulfill the Apprentice's role, the Contractor may request the approval of Harris Health to utilize a replacement worker that is not enrolled in an Apprenticeship Program (a "Replacement Worker") on the Project for a period of thirty (30) calendar days. If an approved Replacement Worker meets the qualifications of an Apprentice by the end of that thirty (30) day period, all hours worked by the Replacement Worker during the thirty (30) days shall be counted as Apprentice hours towards the 10% requirement.

### C. Worker Safety Requirements.

1. The solicitation for each Bond Contract, and each subcontract with an estimated value greater than \$50,000, shall include a safety record questionnaire. To meet the requirements of this Policy, the bidder must certify each of the items on the questionnaire and submit the certification with its bid or proposal in order to be awarded the Bond Contract or subcontract. Subcontractors must certify each of the items on their questionnaire and submit the certification to the Contractor. The Contractor or Subcontractor is not required to provide supporting documentation to Harris Health unless it is specifically requested.
2. The Contractor on a Bond Contract, and each Subcontractor with an estimated subcontract value greater than \$50,000, shall be required to certify the following:
  - a. The Contractor/Subcontractor has not been listed on OSHA's Severe Violator Enforcement Program (SVEP) Log at any time within the three (3) years preceding the date of the certification;
  - b. The Contractor/Subcontractor has not been sanctioned with an OSHA Citation and Notification of Penalty classified as one of the following types (if the OSHA Citation is contested, then its classification is based on the Settlement with OSHA or OSHA Final

Order) within the three (3) years preceding the date of this certification: (1)“Serious” with a Gravity finding of “High” ; (2)“Willful or Repeated”; (3) “Failure to Abate”; and/or (4) “Posting Requirements” with a Gravity finding of “High”<sup>1</sup>;

- c. The Contractor/Subcontractor (i.e., the company itself, not the company’s employees) has not been convicted of a criminal offense within the past ten (10) years in connection with a workplace incident that resulted in serious bodily harm or death;
  - d. Before starting work on the Project, each of the Contractor/Subcontractor’s Workers that will be doing manual work under the Bond Contract is OSHA 10 certified;
  - e. Each of the Contractor/Subcontractor’s managers who manage at least one Worker that will be doing manual work on the Project or other work that directly impacts workplace safety, is OSHA 30 certified;
  - f. The Contractor/Subcontractor will not require their managers or Workers to pay for training associated with their OSHA 10 or OSHA 30 certification;
  - g. The Contractor/Subcontractor will compensate its managers and Workers at their normal hourly rate for time spent obtaining their OSHA 10 or OSHA 30 certification; and
  - h. The Contractor/Subcontractor will provide access to all records, and take whatever steps necessary (e.g., obtain and disclose Gravity findings from OSHA with respect to an OSHA citation, waive any confidentiality (only to the extent necessary to comply with this policy), etc.), to demonstrate compliance with the requirements of this policy.
3. When awarding a Bond Contract, Harris Health may consider the employer safety records of each potential Contractor, including the certifications

listed above. If the Contractor/Subcontractor fails to certify that it has met the requirements, Harris Health will deem the company's bid nonresponsive. This determination will disqualify the Contractor/Subcontractor from only the bid at issue—the entity will not be prohibited from bidding on other Harris Health projects.

4. If a Worker is not OSHA Safety Certified before that Worker begins work on the Project, and in order to comply with this Policy, the Contractor/Subcontractor needs to have the Worker complete that safety training before beginning work on the Project, then the Contractor/Subcontractor may include the training costs and wages for the Worker as a cost of the Project in the pay applications to Harris Health.

- D. **Recordkeeping.** Contractors (not Subcontractors) shall maintain all records, reports, and other documents or items that demonstrate compliance with the requirements of this policy, including, but not limited to, all documents that demonstrate that Subcontractors meet the requirements of this policy. Contractors shall ensure Harris Health has access to all records, reports and other documents or items of Contractor and/or Subcontractors that are maintained to demonstrate compliance with the requirements of this policy.

#### IV. RESPONSIBILITIES:

##### A. Wage Rate Compliance

1. Harris County Purchasing Agent shall include, within each solicitation for a Project, the Harris County Building Construction Prevailing Wage Rates for the quarter in which a Project is advertised.
2. Facilities Construction & Systems Engineering, or its representative, shall ensure Contractor and Subcontractor compliance with the Davis Bacon Act.

##### B. Apprenticeship Requirements.

1. Harris County Purchasing Agent shall:

- a. Include, within each solicitation for a Bond Contract, the apprenticeship certification form prepared according to this policy;
  - b. Review bids and proposals for document submission consistent with this policy; and
  - c. Declare non-responsive any bid or proposal that does not meet the requirements of this policy.
2. Facilities Construction & Systems Engineering, or its representative, shall:
- a. With support from the Harris County Attorney's Office, prepare forms for Contractors to submit with their bid proposals and monthly pay applications to ensure compliance with the Apprenticeship Requirements of this policy;
  - b. Review each monthly pay application submitted by Contractors for compliance with this policy, including ongoing review and end-of-Project verification of the calculation of whether 10% of Total Project Hours was worked by Apprentices;
  - c. Review and respond to Contractors' written requests described in Sections III.B.5-6 of this policy, and keep a record of these decisions and responses in the Project files; and
  - d. Prepare monthly reports of Total Project Hours on all Projects and the current and projected percentage of Apprentice hours worked.

### C. Worker Safety Requirements

1. Harris County Purchasing Agent shall:
  - a. Include, within each solicitation for a Project, the certification form prepared according to this policy;
  - b. Review bids and proposals for document submission consistent with this policy; and

- c. Declare non-responsive any bid or proposal that does not meet the requirements of this policy.
2. Facilities Construction & Systems Engineering, or its representative, shall:
  - a. With support from the Harris County Attorney's Office, prepare forms for Contractors and Subcontractors to submit with their bid proposals and monthly pay applications to ensure compliance with the Worker Safety Requirements of this policy;
  - b. Review each monthly pay application submitted by Contractors for compliance with the Worker Safety Requirements of this policy; and
  - c. Receive and address complaints regarding failures to comply with the Worker Safety Requirements of this policy.

### V. ENFORCEMENT AND NON-COMPLIANCE

- A. A bid or proposal will be deemed nonresponsive if every question on the safety record questionnaire is not marked "True" or if a response to a question in the safety record questionnaire is found to be false.
- B. Harris Health may conduct compliance reviews before the award of a Bond Contract or whenever it deems it necessary after the award.
- C. A Contractor found to have violated the requirements of this Policy during the term of the Bond Contract, shall be subject to:
  1. Negative impact on submissions of future Harris Health solicitations and possibly denial of award of a contract, including non-Bond Contracts;
  2. Probation, suspension, or debarment for a period of time determined in the sole discretion of Harris Health.
- D. A Contractor or Subcontractor may appeal a finding of a violation under this Policy to the Senior Vice President of Harris Health's Facilities Construction & Systems Engineering Department.



### REFERENCES/BIBLIOGRAPHY:

<sup>1</sup> OSHA Post-Citation Procedures and Abatement Verification.  
<https://www.osha.gov/enforcement/directives/cpl-02-00-163/chapter-7#:~:text=Violation,.Penalties>

Harris Health System Board of Trustees Resolution No. 23.04-49

Occupational Safety & Health Administration [OSHA]. (1998). Abatement verification (29 CFR 1903.19).

US Department of Labor Apprenticeship website:  
<https://www.dol.gov/general/topic/training/apprenticeship>

29 U.S.C. §50. Promotion of Labor Standards of Apprenticeship.

29 CFR 29. Labor Standards for the Registration of Apprenticeship Programs.

### OFFICE OF PRIMARY RESPONSIBILITY:

Facilities Construction & Systems Engineering

### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
00/00/0000			

Thursday, August 24, 2023

Update Regarding the 88th Texas Legislature Advocacy/Summary

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





**HARRISHEALTH**  
SYSTEM

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The 88<sup>th</sup> Texas Legislature Advocacy/Summary  
Harris Health System Board of Trustees  
August 24, 2023  
R. King Hillier  
VP Public Policy and Government Relations

# 88<sup>th</sup> Legislative Session

## HB 1 - Budget

- Total Budget AF (in millions) about \$18.04 billion more (5.95 percent) than the estimated/budgeted amount but \$56 billion greater than general appropriations act (GAA). \$321.3 billion
  - Total GR funding (in millions) increased from the estimated budgeted amount by \$13.7 billion (10.5 percent) and \$21 billion than general appropriations act. \$144.1 billion
  - Texas Higher Education Coordinating Board (THECB) budget was increased by \$129.6 million (5.4 percent) from 2022/23 estimated/budgeted amounts.
    - Professional Nursing Shortage Reduction strategy from \$18.8 million to \$46.8 million
    - Nursing Scholarships Strategy \$25 million
    - Nursing Innovation Programs \$6 million
    - GME Expansion Strategy from \$199.0 million to \$233.1 million
  - The Texas Health and Human Services (HHS) budget includes critical supplemental funding through Medicaid add on payments for Trauma (\$360.0 million) and Safety Net (\$300.0 million).
  - HHS budget for the Healthy Texas Women’s Program was doubled over the biennium to \$269 million and by \$22 million in the Breast and Cervical Cancer Screening program.

# 88<sup>th</sup> Legislative Session

## HB 1 - Budget Riders of Significance

- **DSHS Rider 36. HIV Medication Cabenuva.** DSHS shall utilize existing or future federal funding to purchase Cabenuva (HIV long-acting treatment).
- **HHSC 21. Health and Human Services Cost Containment** - \$450 million GR saving for 24-25 biennium
- **HHSC 37. Report on Uncompensated Trauma Payments**
- **HHSC 150. Reporting Requirement: COVID-19 Funding to Nursing Facilities and Hospitals**
- **Article III Sec. 20. Uncompensated Care Reporting Requirement.**
- **Article IX. Sec. 17.34. Charity Care and Hospital Transparency.**

# 88<sup>th</sup> Legislative Session:

## HEALTH CARE WORKFORCE

- **SB 25 by Sen. Kolkhorst/ Rep. Klick** – makes changes to existing nursing workforce development programs and creates several new THOT proposed grant programs at the THECB.

## ACCESS TO CARE

- **HB 12 by Rep. Rose/ Sen. Kolkhorst** – extends the Medicaid coverage period from two months postpartum to 12 months for women with incomes up to 200 percent of the poverty level.
- **HB 916 by Rep. Ordaz/ Sen. Paxton** – permits women with Medicaid to obtain a 12-month supply of contraception at one time.
- **HB 1890 by Rep. Jetton/Sen. Menendez** – extends the hospital at home program.

## Failed to Pass

- **SB 1449 by Sen. Miles/Rep. J Jones** – giving Harris Health the authority to employ and commission peace officers failed to pass on procedural grounds the last day
- **HB 2401** failed to move in the Senate and in doing so protected participation of community, provider-based health maintenance organizations in Medicaid managed care.
- **HB 1692** to eliminate payments for hospital outpatient services did not move out of committee after the bill's primary sponsor heard THOT's concerns about the impact of the proposal on reducing access to outpatient preventive, primary, and specialty care that keep patients healthier and out of the inpatient hospital. \$30.0 million negative impact on Harris Health.
- A slate of bills (**HB 1489, SB 976, SB 977, and HB 3002**) did not pass. These bills would have limited hospital districts' ability to issue essential certificates of obligation to finance critical infrastructure projects to maintain trauma and emergency response as well as deliver community-based primary and specialty care. A similar bill (**HB 4082**) passed but excluded hospital districts from the scope.
- **SB 2332** failed to received a hearing. Maintaining Hospital Districts ability to provide indigent care services and coordination.

# 88<sup>th</sup> Legislative Session:

## Telemedicine/Telehealth

- **HB 617 by Rep. Darby/ Sen. Alvarado** – pilot program to provide emergency medical services instruction and emergency prehospital care instruction through telemedicine and telehealth provided by a regional trauma resource center to health care providers in rural area trauma facilities and EMS in rural areas.
- **HB 2727 by Rep. Price/ Sen. Perry** – home telemonitoring in Medicaid. Adds FQHCs and rural health clinics to those able to provide services. Adds end stage renal disease, a condition that requires renal dialysis treatment to the list of diagnoses eligible and makes a few other changes to eligibility. Requires HHSC to determine whether high-risk pregnancy is a condition for which the provision of home telemonitoring is cost-effective and clinically effective.

## COVID

- **SB 29 by Sen. Birdwell/Rep. Lozano** – Relating to prohibited governmental entity implementation or enforcement of a vaccine mandate, mask requirement, or private business or school closure to prevent the spread of COVID-19. (Hospital exempt from mask prohibition and exemption for CMS rule vaccine)

# 88<sup>th</sup> Legislative Session:

## Workplace Violence

**SB 240 by Rep. Howard/ Sen. Campbell** – requires health care facilities to establish a workplace violence prevention committee, responsible for policies to prevent and respond to incidents of workplace violence.

**SB 840 by Sen. West/Rep. Anchia** – increases the penalty to third degree felony for assault on hospital personnel.

## Mental Health

**SB 26 by Sen. Kolkhorst/Rep. Jetton** – establishes mental health early intervention and treatment programs with eligible entities to include hospital districts among others.

**SB 1624 by Sen. Zaffarini/Rep. Leach** – requires the Office of Court Administration of the Texas Judicial System to develop a process to electronically apply and receive approval for Emergency Detention warrants, and for a judge or magistrate to electronically transmit the warrant. The bill gives the facility the authority to detain a person once the transmittal warrant is received.

## Other

**SB 490 by Sen. Hughes/Rep. Harris** – requires itemized bill to be sent to patient if seeking reimbursement. Itemized bill is to be sent 30 days after final payment received from third party and include plan language description of services, if provider sought reimbursement from third party and billing codes submitted and amount provider alleges is due from patient. Prohibits debt collection unless provider complies with this requirement.

Thursday, August 24, 2023

Update Regarding Human Resources Overview

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**HARRISHEALTH SYSTEM**

# “Retention is the New Recruitment”

*HR Overview*

**Omar C. Reid**

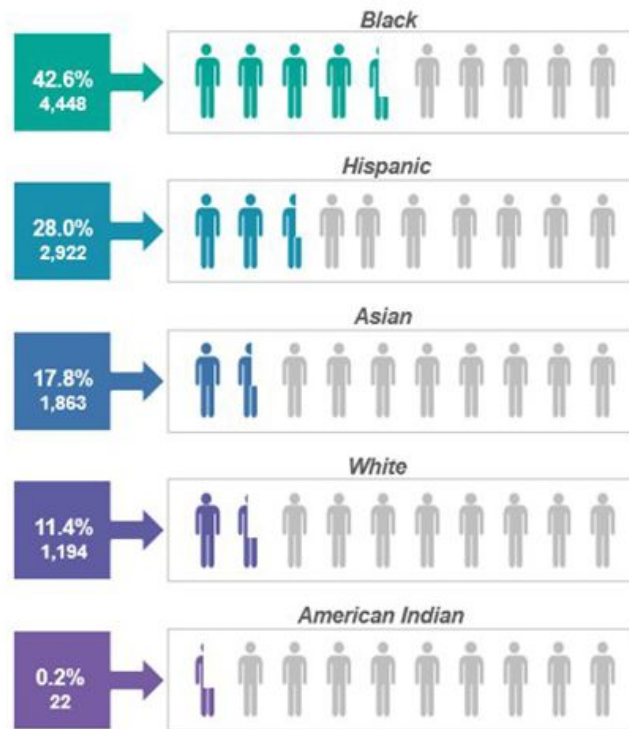
*Executive Vice President & Chief People Officer*

August 24, 2023



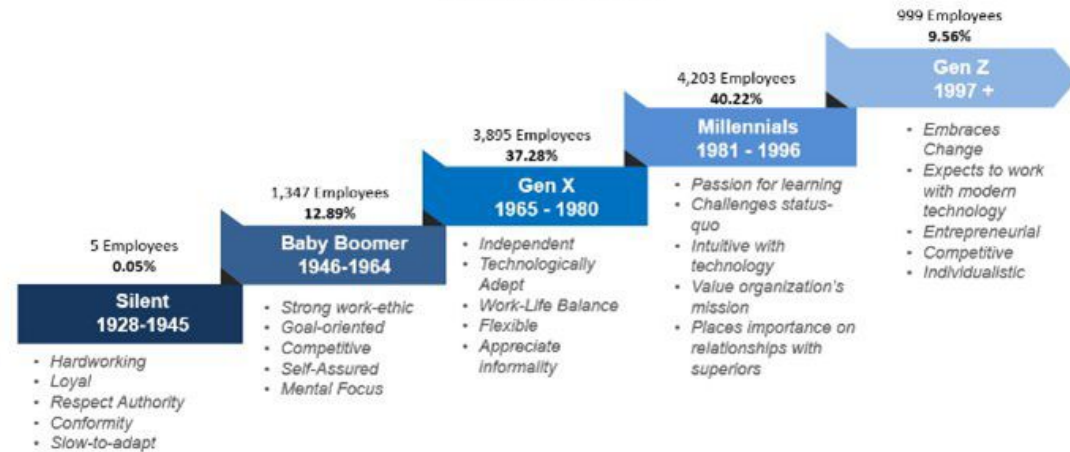
# 2023 WORKFORCE DEMOGRAPHICS

## Ethnicity Breakdown



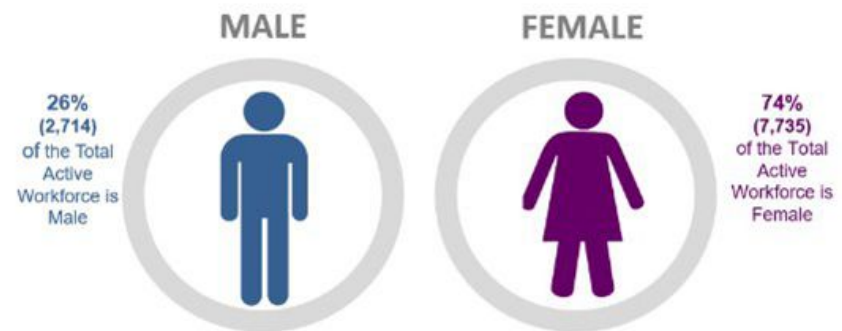
\*As of August 4, 2023

## Generation Breakdown



\*Generations defined by Pew Research

## Gender Breakdown





# Employee Experience & Culture

1870

Employee Interactions

## Diversity, Equity & Inclusion

I feel like I belong at Harris Health System.

73.4% strongly agree



strongly agree agree neutral disagree strongly disagree

NEXT

**Opportunity for Leaders:**  
Continue to ensure ideas are heard and valued

## How We Listen

79 Leaders Attended ICONNECT Focus Groups

931 Employees Heard During Listening Campaign

1000 Leaders Received Quarterly Summary

## Recognition

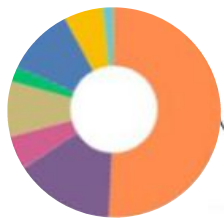
**We Asked:** What do you want to learn more about?

**They Answered:**

62.4% Create a culture of appreciation

47.2% Increase recognition on teams

**We Asked:** What type of recognition is meaningful?



Reward Points that are redeemable in Recognition Connection 50.84% (91)

## Learning & Development

Harris Health employee learning preference



NEXT

**Opportunity for Leaders:**

- Treat learning as part of the job role.
- Help employees find opportunities based on their preferences

New People Success Platform

Annual Survey Coming November 2023

# Support for Employees and Their Families



## Throughout 2022, Harris Health provided:

 **\$12.4 million** in employee bonuses. | 
  **\$54.9 million** in annual increases. | 
  **24.1 million** in 401K matches.

 **\$136,790,051** in medical and other benefits coverage, supporting more than **10,974** Harris Health families in our region. 

**\$1,166,600** toward student loan repayment for staff.  **\$531,815.20** in tuition reimbursement for more than 362 employees.

We welcomed **2,671** new hires and bid farewell to **301** retirees.

We provided employees with more than **144,015** hours of in-person, virtual, and on-demand training...

...and we launched **31** new Leadership Development classes through our Leading With Love curriculum.



We also ushered in new benefit programs, positioning Harris Health as a market leader.

 **Retention Bonus Program for Critical Clinical Staff & Correctional Health Staff**

 **Up to 4 Weeks of Paid Parental Leave**

 **Expanded RN Student Debt Program**

**All of this was done in service of YOU—the heart and soul of Harris Health.**

# Retention is the New Recruitment

## Internal Mobility at Harris Health

### Stronger Workforce

#### Reduced Barriers/Gaps

- People Policy changes
  - 6.12 Employment Policy updated May 4, 2023
  - 106 Tuition Reimbursement Policy currently under review

#### Implement Retention Solutions

- Flexible Selection Program Launch
- “Internal First” Culture Shift

#### Track and Measure Progress

- Internal Mobility Dashboard
  - Internal applicant interviews
  - Transfers

- Upskilling/ Reskilling Development
- Career Advisement/ Advocacy

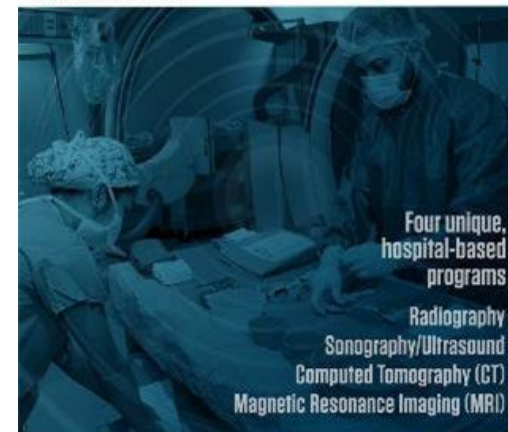




# The Future of Work: Community Partnerships

- Apprentices Program
  - Increase student placements and create new methods of engagement.
  - Increase the number of programmatic offerings beyond PCA.
  - Build community connections through outreach
    - Target zip codes.
    - Survey employee residents to participate in community-based outreach.
- Engage community partners
  - Capital Idea, Houston Area Urban League, Ascend, CareerReady

SCHOOL OF DIAGNOSTIC  
MEDICAL IMAGING  
HARRISHEALTH SYSTEM



Join the next generation of imaging professionals.  
[jobs.harrishealth.org/school-of-medical-imaging](http://jobs.harrishealth.org/school-of-medical-imaging)



Earn more.  
Learn more.  
Achieve more.  
Join our Nurse Fellowship.

Apply to Job #166471 online at [jobs.harrishealth.org](http://jobs.harrishealth.org)  
or email [RNFELOWSHIP@harrishealth.org](mailto:RNFELOWSHIP@harrishealth.org).

HARRISHEALTH SYSTEM



**HOUSTON**  
COMMUNITY COLLEGE



# Healthy@Harris Employee Wellness Program Rewards

**Awards & Accolades:**

- Top 100 Healthiest Workplaces in America #1 in 2022, #45 in 2021, #6 in 2020, #2 in 2019 and #64 in 2018
- #1 Healthiest Employer Award in Texas in the 5,000-9,999 company Category in 2022 and 2023, up from #6 in 2021
  - #1 in Houston in 2019 and #4 in 2018.
- Achieved the Platinum Well Workplace Award from WELCOA in 2020 and again in 2023
- Achieved the Gold Level Workplace Health Achievement Award from the American Heart Association in 2017, 2018, 2019, 2020 and 2021.
- Inducted into Healthiest Employers Hall of Fame in 2022 for innovation, prioritizing employee health and well-being and achieving outcomes.
- Cigna Healthy Workforce Designation Gold Level 2022; Received the Cigna Well-Being Award for Outstanding Culture of Well-Being in 2017-2021
- Achieved re-accreditation of the CEO Cancer Gold Standard 2012-2022
- Certificate of Excellence from Go Healthy Houston; Healthy At Work in 2017





*"I started using the Livongo program almost immediately after it was rolled out. This benefit has been life-saving in fostering the management of my diabetes."*

- Shawn DeCosta, executive assistant



# New Initiatives: The Ombuds Office

 **Harris Health System launches new Ombuds Office May 2023!** 


The Ombuds (ohm-buds) is a **neutral** (impartial), **informal**, **independent**, and **confidential**, resource for employees to safely discuss workplace conflicts, concerns, or questions.

**Learning & Development**

 The Ombuds services includes:

- Coaching
- Informal Mediations
- Conflict Resolution training
- Interpersonal Communication training
- And much more!

**Strategic Leadership**

 The Ombuds also reports systemic feedback on trends, issues, policies, practices and processes to Executive leadership.

**System Recognition**

*“The Ombuds is awesome! She has been/is being a great help! Thank you thank you thank you!!!!”*

*“This is SUCH a much-needed resource! I’m glad to know we now have this service.”*

*“I’d like to express my gratitude in working with you as an ombudsman. I didn’t know our system had such a thing but working with you has truly been a pleasure. Thank you!”*

# Benefit Enhancements

## 2022

- Paid Parental Leave Benefit
- Infertility Benefits
- Emergency Loan Program
- Enhanced RX Network



## 2023 & Beyond

- ✓ Salary-Tiered Medical Plan Premium (launched in 2023)
- ✓ Under consideration
  - Long-Term Care Benefit
  - Pet Backup Care
  - Integrated Family-Building Management Solution
  - Concierge Benefit
  - On-site Child Care
  - Retiree HRA Option
  - Enhanced Mail Order RX Benefit



# I CONNECT

## Employee Value Proposition



[Thursday, August 24, 2023](#)

[August Board Committee Reports](#)

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August Board Committee Meetings:

- Governance Committee – August 8, 2023
- Quality Committee – August 8, 2023 (Summary attached for your review)
  - Executive Summary – HRO Safety Message – Video: Just and Accountable Culture
  - Contracted Services Oversight Update
  - Maternal Health Service Line
- Budget & Finance Committee – August 10, 2023
- DEI Committee – August 18, 2023

Board of Trustees – Executive Summary  
Patient Safety & Quality Programs – Open Session  
August 24, 2023

**Please refer to reports presented at the Quality Committee Open Session on August 8, 2023 for additional details.**

**HRO Safety Message – Video: Just and Accountable Culture**

Steven Brass, MD, MBA

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

**Contracted Services Oversight Update**

Monica Carbajal, MBA

As required by the CMS Conditions of Participation, Harris Health continues to maintain and mature our contracted services oversight program. Contracts are stored in the PeopleSoft Supplier Contracts Module system and all patient-facing contracts have at least one (1) performance metric being monitored. Through active quality monitoring and our vendor evaluation process, Harris Health strives to continuously identify and address any non performing vendors.

**Maternal Health Service Line**

Amineh Kostov, FACHE

The Maternal Health Service Line would like to recognize Ben Taub Hospital for being named one of Newsweek’s America’s Best Maternity Hospitals. Current initiatives include participation in the Texas Healthy Mothers and Babies Collaborative for Post-Partum Hypertension in the Emergency Department, Texas AIM participation, and Baby Friendly Designations. All measures are meeting targets when defined, and we continue to collect baseline data for new measures.

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

August 9, 2023

Board of Trustees Office  
Harris Health System

**RE: Board of Trustees Meeting – August 24, 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: August 24, 2023 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	HKS, Inc. (HCHD-733)  MWBE Goal: 30%	<b>Professional Architectural and/or Engineering Services for the New Lyndon B. Johnson Hospital for Harris Health System</b> - The additional funds provides for additional design fees and includes an owners contingency of \$4,500,000 for the new Lyndon B. Johnson Hospital.  <i>Job No. 210413, Board Motion 23.02-24</i>	Additional Funds	Patrick Casey	\$ 47,537,789	\$ 21,923,889
A2	The Brandt Companies, LLC  MWBE Goal: 33%	<b>Refurbishment of Air Handling Units at Ben Taub Hospital Phase IV for the Harris County Hospital District dba Harris Health System</b> - This project is for the relocation of kitchen grease exhaust, replacement of penthouse outside air dampers and controls, and refurbishment of nineteen (19) air handling units at the Ben Taub (BT) Hospital - Phase IV. The owner contingency provides for coverage on unanticipated costs throughout the project.  <i>Job No. 230204</i>	Best proposal meeting requirements	Fred Fordham		\$ 10,768,972
A3	GLOBO Language Solutions, LLC (GA-06865)  MWBE Goal: 25%	<b>Language Interpretation Services for Harris Health System</b> - To provide language interpretation for non-English speaking patients and family members through telephonic and video remote interpretation services from health care certified interpreters.  <i>16/0256</i>	Renewal RFP  June 01, 2023 through May 31, 2024	Jennifer Small	\$ 8,500,000	\$ 8,500,000
A4	Simpler Postage, Incorporated dba EasyPost (HCHD-1023)  MWBE Goal: N/A Sole Source	<b>Shipping Application Programming Interface (API) for Harris Health System</b> - To provide shipping and management software for Harris Health System.  <i>Sole Source Exemption</i>	Ratify Purchase Sole Source Exemption  July 01, 2023 through June 30, 2026 with four (4) one-year renewal options	Jabeen John		\$ 7,800,000
A5	SafeGuard Health Plans, Inc. a part of Metropolitan Life Insurance Company (GA-06400)  MWBE Goal: 5%	<b>Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organization (PPO) Insurance for Harris Health System</b> - To provide for continued DHMO and PPO insurance coverage for employees and retirees of Harris Health System.  <i>Job No. 150099, Board Motion 23.03-41</i>	Renewal  October 01, 2023 through September 30, 2024	Omar Reid	\$ 6,483,770	\$ 7,500,000
A6	SHC Services, Inc. d/b/a Supplemental Health Care (HCHD-650)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Temporary Nursing and Other Clinical Personnel for Harris Health System</b> - To continue providing temporary staff for Harris County Correctional Health facilities.  <i>Public Health or Safety Exemption, Board Motion 22.09-126</i>	Ratify Renewal Public Health or Safety Exemption  March 01, 2023 through February 29, 2024	Michael Hill	\$ 7,363,109	\$ 7,400,000
A7	O'Donnell/Snider Construction LLC  MWBE Goal: 32%	<b>Construction of a 21-Bay Observation Unit on the 2nd floor of the Ben Taub Hospital for the Harris County Hospital District dba Harris Health System</b> - This project is for the build-out of twenty-one (21) observation beds at the Ben Taub Hospital (BT) observation unit expansion. The owner contingency provides for coverage on unanticipated costs throughout the project  <i>Job No. 230191</i>	Ratify Lowest priced proposal meeting requirements	Akintunde Badru		\$ 5,244,875

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	<b>Draeger Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Anesthesia Equipment, Accessories and Supplies</b> - To replace thirty-nine (39) anesthesia machines that are past their expected useful life at Lyndon B. Johnson Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 3,238,237
A9	<b>CDW Government, LLC (PP-IT-242)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Clinical Communications Hardware for Epic Rover and Nurse Call</b> - The purchase of 3,500 iPhones is needed to provide a clinical communications device for the roll out of the Epic Rover project, which is a mobile application that allows clinicians to record documentation and conduct barcode validation at the point of care. These devices will also replace the nurse call phones that have reached their end of life and need to be replaced.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	William Bowker Antony Kilty		\$ 3,081,680
A10	<b>J.T. Vaughn, Construction LLC (HCHD-803)</b>  MWBE Goal: 32%	<b>Job Order Contracting for Small and Large Construction and/or Construction Related Projects for the Harris Health System</b> - To provide construction, repair, renovation, and/or alteration services at various hospitals and clinics for Harris Health System.  <i>Job No. 220046, Board Motion 22.08-111</i>	Renewal  August 26, 2023 through August 25, 2024	Patrick Casey	\$ 7,095,000	\$ 3,000,000
A11	<b>Mint Medical Physician Staffing (assignor)</b>  MWBE Goal: 0% Minimal MWBE Availability  <b>Cross Country Staffing, Inc. dba Cross Country Locums (assignee)</b>  MWBE Goal: 0% Minimal MWBE Availability	<b>Temporary Locum Tenens Coverage</b> - Mint Medical Physician Staffing has been acquired by Cross Country Staffing, Inc. dba Cross Country Locums and has conveyed all rights, title and interest with no change in pricing.  <i>HCHD-588</i>	NA Assignment  March 01, 2023 through February 29, 2024	Mike Hill	\$ 3,000,000	\$ 3,000,000
A12	<b>Elevator Repair Service, Inc</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Maintenance and Repair of Vertical Transportation Equipment and Related Items for Harris Health System</b> - To continue providing maintenance and repair of vertical transportation equipment throughout Harris Health System facilities.  <i>Job No. 190271, Board Motion 22.08-111</i>	Ratify Renewal  July 29, 2023 through July 28, 2024	Chip Whitten	\$ 1,272,287	\$ 2,850,000
A13	<b>Conmed Corporation (PP-OR-1930)</b>  MWBE Goal: GPO/CO-OP Sourced  <b>Johnson &amp; Johnson Health Care Systems, Inc. (PP-OR-1933)</b>  MWBE Goal: GPO/CO-OP Sourced  <b>Covidien Sales LLC (PP-OR-1931)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Surgical Energy Products</b> - To continue providing Harris Health System with surgical energy and smoke evacuation products.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Renewal  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 2,458,457	\$ 2,507,627

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A14	Sierra7, Inc.  MWBE Goal: N/A Specialized or Technical	<b>Virtual Patient Observation (VPO) System for Harris Health</b> - To provide a virtual patient observation (VPO) system used to remotely monitor patients and address all patient safety precautions necessary to mitigate such risks as falls, elopement, self-harm, harm to others, etc.  <b>Government Services Administration (GSA) Cooperative Purchasing Program</b>	Award Best quote meeting specifications  One-year initial term with four (4) one-year renewal options	Maureen Padilla		\$ 2,326,458
A15	Texas Medical Center Laundry (GA-07058)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Linen Processing, Cart Building and Linen Distribution Services for Harris Health System</b> - To continue providing linen processing, cart building and distribution services for Harris Health System.  <b>Job No. 160324, Board Motion 22.08-111</b>	Renewal  September 01, 2023 through August 31, 2024	Benjamin Etuk	\$ 2,175,531	\$ 2,240,144
A16	Texas Medical Center (HCHD-967)  MWBE Goal: N/A Sole Source	<b>Parking Facility for Harris Health System</b> - To provide access and use of Texas Medical Center's parking facility for Harris Health System employees and medical staff.  <b>Sole Source Exemption</b>	Award Sole Source Exemption  One (1) year initial term with four (4) one-year renewal options	John Hallaway		\$ 2,125,000
A17	Sysmex America, Inc. (PP-LA-635)  MWBE Goal: GPO/CO-OP Sourced	<b>Urinalysis Analyzers, Reagents, Consumables and Service</b> - In March 2023, the Board of Trustees approved an award to Sysmex America, Inc. to provide urinalysis analyzers, reagents, consumables & analyzer services to Harris Health System. Since that time, it has been determined that the award amount was underestimated. The amount has been corrected to reflect the updated projected expenditure. The term has also been corrected to reflect a seven-year lease.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Corrected Term and Amount N/A	Michael Nnadi	\$ 1,765,901	\$ 1,984,726
A18	3M Health Information System (HCHD-479)  MWBE Goal: N/A Sole Source	<b>3M Software Maintenance for Harris Health System</b> - To provide maintenance and support for coding and reimbursement applications for Harris Health  <b>Sole Source Exemption, Board Motion 23.01-08</b>	Renewal Sole Source Exemption  October 28, 2023 through October 27, 2024	Ronald Fuschillo	\$ 1,912,295	\$ 1,643,077
A19	Philips Healthcare  MWBE Goal: GPO/CO-OP Sourced	<b>Physiological Monitoring Equipment</b> - To replace one (1) physiological monitoring unit no longer supported by the manufacturer at Ben Taub Hospital as part of a multi-year phased replacement.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 1,543,828
A20	Community Impact Newspaper  MWBE Goal: N/A Procured Prior to MWBE Program  Houston Business Journal, Inc  MWBE Goal: N/A Procured Prior to MWBE Program  Minority Print Media, LLC  MWBE Goal: 100%	<b>Paid Placement Services for Harris Health System</b> - To provide ad space in print publications for Harris Health System.  <b>Job No. 220164</b>	Award Best proposal meeting requirements  One (1) year initial term with four (4) one-year renewal options	Amanda Callaway		*



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A21	<b>Mark III Systems, Inc. (DIR-TSO-3997)</b>  MWBE Goal: N/A Specialized or Technical	<b>IBM Hardware and Software Maintenance Renewal for Harris Health System</b> - To provide continued support and services for the IBM equipment, which includes servers, storage, and related operating systems in Harris Health's Data Centers. This equipment supports Harris Health's business and clinical information systems such as: Epic (Clinical and Revenue Cycle), PeopleSoft (Financials, Supply Chain and HR) and SAP (Business Intelligence).  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Award Only quote  September 01, 2023 through August 31, 2024	Antony Kilty Emeka Okoli		\$ 1,054,939
A22	<b>Teliosity, LLC (HCHD-842)</b>  MWBE Goal: 22%	<b>Professional Architectural and Engineering Services for Various Projects for Harris Health System</b> - The additional funds provides for additional professional architectural & engineering services.  <i>Job No. 220099, Board Motion 22.06-83</i>	Additional Funds	Patrick Casey	\$ 500,000	\$ 1,000,000
A23	<b>Stryker Medical</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Stretchers</b> - To replace eighty (80) stretchers that are past their expected useful life and are no longer supported by the manufacturer at Ben Taub and Lyndon B. Johnson Hospitals.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 981,705
A24	<b>Johnson Controls, Inc. (HCHD-210)</b>  MWBE Goal: N/A Sole Source	<b>Maintenance and Service of Heating, Ventilation and Air Conditioning (HVAC) Building Automation System (BAS) for Harris Health System</b> - To continue providing maintenance and service for the HVAC BAS for Harris Health System facilities.  <i>Sole Source Exemption, Board Motion 22.06-83</i>	Ratify Renewal Sole Source Exemption  July 24, 2023 through July 23, 2024	Chip Whitten	\$ 701,194	\$ 950,000
A25	<b>Depuy Synthes (HCHD-524)</b>  MWBE Goal: N/A Public Health or Safety	<b>Craniomaxillofacial and Neurosurgical Craniofacial Implants and Related Products</b> - To continue providing physician clinically preferred craniomaxillofacial and neurosurgical craniofacial implants and related products used for various operating procedures.  <i>Public Health or Safety Exemption, Board Motion 22.08-111</i>	Renewal Public Health or Safety Exemption  September 21, 2023 through September 20, 2024	Doug Creamer	\$ 938,822	\$ 938,822
A26	<b>Hologic, Inc. (GA-05316)</b>  MWBE Goal: N/A Specialized or Technical	<b>GC and Chlamydia Testing System including Analyzer(s), Reagents, Consumables and Services for Harris Health System</b> - To continue providing GC, Chlamydia and HPV testing to Harris Health System patients.  <i>Job No. 120036, Board Motion 22.08-111</i>	Renewal  September 01, 2023 through August 31, 2024	Michael Nnadi	\$ 821,107	\$ 903,218
A27	<b>Set Solutions, Inc. (Choice Partners #21/031KN-55)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Managed Security Support Services Platform for Harris Health System</b> - To provide for Managed Security Support Services Platform needed to ensure that the organization is monitored 24x7x365 to drive a faster threat detection, investigation, and response across the network providing situational awareness to protect the organization from cyber threats.  <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Renewal  September 19, 2023 through September 18, 2024	Jeffrey Vinson Tracee Williams	\$ 818,225	\$ 837,365



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A28	<b>FMA Alliance Ltd</b>  MWBE Goal: 0% Non-Divisible	<b>Early Out Collection Services for Harris Health System</b> - To provide early out collection services for patient accounts after discharge for Harris Health System.  <b>Job No. 220409</b>	Award Best proposal meeting requirements  One (1) year initial term with six (6) one-year renewal options	Clement Gerard		*
A29	<b>GE Medical Systems Information Technologies, Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Infant Care Capital Equipment</b> - To replace existing infant warmer and infant incubator units at Ben Taub and Lyndon B. Johnson Hospitals that are no longer supported by the manufacturer and past their expected useful life.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 818,092
A30	<b>Hamilton Medical</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Ventilators</b> - To replace seven (7) existing ventilators that are past their expected useful life and to add ten (10) ventilators each to Ben Taub and Lyndon B. Johnson Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 818,024
A31	<b>Edwards Lifesciences LLC (HCHD-409)</b>  MWBE Goal: N/A Public Health or Safety	<b>Transcatheter Aortic Valve Implants and Products for the Harris Health System</b> - To continue providing Harris Health System with heart valve implants and delivery products utilized in transcatheter aortic valve replacement (TAVR) procedures.  <b>Public Health or Safety Exemption, Board Motion 22.01-06</b>	Ratify Renewal Public Health or Safety Exemption  May 07, 2023 through May 06, 2024	Douglas Creamer	\$ 747,500	\$ 762,450
A32	<b>Aramark Uniform Services (PP-FA-835)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Microfiber Products, Mats and Accessories for Harris Health System</b> - To provide microfiber products such as towels, mops and dusters and other accessories for Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Only Offer Received  One (1) year initial term with four (4) one-year renewal options	Damien Wiley		\$ 730,000
A33	<b>Medline Industries</b>  MWBE Goal: GPO/CO-OP Sourced  <b>Bard Medical Division</b>  MWBE Goal: GPO/CO-OP Sourced	<b>General Urological Products</b> - To provide general urological products including catheters, urine meters, drainage bags and irrigation trays for Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best Contract(s)  March 01, 2023 through February 29, 2024	Douglas Creamer	\$ 635,757	\$ 635,757
A34	<b>Accudata Systems, LLC (DIR-TSO-4315)</b>  MWBE Goal: N/A Specialized or Technical	<b>Citrix Software Management Renewal</b> - To continue 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.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Ratify Purchase Low quote  August 01, 2023 through July 31, 2024	Antony Kilty Jin Lee		\$ 565,439
A35	<b>CooperSurgical, Inc.</b>  MWBE Goal: N/A Specialized or Technical	<b>High Risk OB/GYN Specialty Products and Related Items</b> - To provide high risk OB/GYN specialty products and related items for Harris Health System.  <b>Public Health or Safety Exemption</b>	Ratify Award Public Health or Safety Exemption  One (1) year initial term with three (3) one-year renewal options	Douglas Creamer		\$ 502,772

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A36	<b>Maxim Healthcare Staffing Services, Inc. (HCHD-862)</b>  MWBE Goal: 0% Non-Divisible	<b>Temporary Nursing Personnel for Harris Health System</b> - To provide temporary nurses for the Harris County correctional health facilities.  <b>Professional Services Exemption, Board Motion 22.09-126</b>	Renewal Professional Services Exemption  November 18, 2023 through November 17, 2024	Kiki Teal	\$ 426,981	\$ 500,000
A37	<b>Huitt-Zollars, Inc.</b>  MWBE Goal: 24%	<b>Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System</b> - To provide architectural and engineering services for projects of various size and scope for Harris Health System.  <b>Job No. 220099, Board Motion 22.06-83</b>	Renewal  September 02, 2023 through September 01, 2024	Patrick Casey	\$ 500,000	\$ 500,000
A38	<b>Angel Staffing, Inc. (HCHD-859)</b>  MWBE Goal: 0% Non-Divisible	<b>Temporary Nursing Personnel for Harris Health System</b> - To provide temporary nurses for Correctional Health facilities.  <b>Public Health or Safety Exemption, Board Motion 22.09-126</b>	Renewal Public Health or Safety Exemption  September 08, 2023 through September 07, 2024	Kiki Teal	\$ 384,000	\$ 500,000
A39	<b>Linnet Americas, Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Patient Beds, Mattresses and Therapeutic Surfaces - Purchase</b> - To replace twenty-seven (27) birthing beds that are past their expected useful life and no longer supported by the manufacturer at Ben Taub and Lyndon B. Johnson Hospitals.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	Teong Chai		\$ 453,043
A40	<b>FMA Alliance Ltd</b>  MWBE Goal: 0% Non-Divisible	<b>Bad Debt Collection Services for Harris Health System</b> - To provide bad debt collection services for overdue patient accounts for the Harris Health System.  <b>Job No. 220404</b>	Award Best proposal meeting requirements  One (1) year initial term with six (6) one-year renewal options	Gerard Clement		*
A41	<b>Carestream Health Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Mobile X-Ray System</b> - To replace two (2) existing fixed radiography systems at Lyndon B. Johnson Hospital with two (2) new mobile radiography systems.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 444,912
A42	<b>Cardinal Health</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Suction Canisters, Yankauers and Tubing</b> - To provide Harris Health System with suction canisters, yankauers, tubing (sterile and non-sterile) and solidifiers use to collect medical waste.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Single Source ASCEND Contract  May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 436,547	\$ 436,547
A43	<b>Johnson &amp; Johnson Health Care System, Inc. (HCHD-0613)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Surgical Hemostatic Products and Sealants</b> - To continue providing Harris Health System with products used during open surgical procedures to assist with controlling capillary, venous and arteriolar bleeding.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Renewal  August 26, 2023 through August 25, 2024	Douglas Creamer	\$ 401,270	\$ 401,270

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A44	<b>Emergency Care Research Institute, Inc. DBA ECRI</b>  MWBE Goal: N/A Specialized or Technical	<b>Sterilization Processing Assessment</b> - Additional services are needed to provide implementation and oversight of recommended improvements for system-wide sterilization and high-level disinfection policy and procedures throughout the Harris Health System.  <i>Public Health or Safety Exemption, Board Motion 23.01-08</i>	Additional Funds Public Health or Safety Exemption	Jacqueline Brock	\$ 299,031	\$ 398,117
A45	<b>The Brandt Companies, LLC</b>  MWBE Goal: 14%	<b>Pump Replacement at Ben Taub Hospital for Harris Health System</b> - The project consist of the replacement of eight sump pumps in two locations in Ben Taub Hospital.  <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Purchase Low quote	Patrick Casey		\$ 379,654
A46	<b>Mark III Systems - Government Solutions, LLC (DIR-TSO-3763)</b>  MWBE Goal: 0% Dropped Shipped	<b>vSAN Servers for Harris Health System</b> - Ten vSAN servers and two vSAN fabric switches at the FiberTown – Bryan data center are seven years old, have reached their end of life and need to be replaced.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Purchase Low quote	Antony Kilty Jin Lee		\$ 339,400
A47	<b>GE Precision Healthcare LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Mobile C-Arms</b> - To replace one (1) immobile c-arm systems past its expected useful life and no longer supported by the manufacturer with a new unit for Ben Taub Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 337,192
A48	<b>Sysmex America, Inc.</b>  MWBE Goal: 0% Dropped Shipped	<b>Automated Sedimentation (SED) Rate Analyzers, including Reagents, Consumables and Service for Harris Health System</b> - To provide automated sedimentation (SED) rate analyzers, to include reagents, consumables and service, for Ben Taub and Lyndon B. Johnson Hospitals.  <i>Job No. 230092</i>	Award Best proposal meeting requirements  Seven-year initial term	Michael Nnadi		*
A49	<b>Axogen Corporation (HCHD-550)</b>  MWBE Goal: N/A Public Health or Safety	<b>Avance Nerve Grafts for the Harris Health System</b> - To continue providing nerve grafts used in surgical repair of peripheral nerve damage throughout the body.  <i>Public Health or Safety Exemption, Board Motion 22.05-67</i>	Ratify Renewal Public Health or Safety Exemption  April 01, 2023 through March 31, 2024	Douglas Creamer	\$ 336,275	\$ 336,275
A50	<b>Stryker Corporation</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Surgical Video Visualization Systems</b> - To add a surgical video visualization system at Ben Taub Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 330,025
A51	<b>MGC Diagnostics Corporation</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Pulmonary Function and Metabolic Analyzers</b> - To replace a pulmonary gas exchange analysis system that is no longer supported by the manufacturer and past its expected useful life with a new machine for Lyndon B. Johnson Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 326,941

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A52	<b>Lyft, Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Ridesharing Services for Harris Health System</b> - To continue providing ridesharing services for patients within the Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.06-83</b>	Ratify Funding Yr. 3  August 01, 2023 through July 31, 2024	Ruth Russell	\$ 319,265	\$ 319,265
A53	<b>Epic Systems Corporation (GA-04577)</b>  MWBE Goal: N/A Sole Source	<b>Epic MyChart subscription fees for Harris Health</b> - To provide for continues use of the Epic MyChart application which allows patients access to their electronic medical records on-line. on-line.  <b>Sole Source Exemption, Board Motion 23.03-41</b>	Renewal Sole Source Exemption  September 28, 2023 through September 27, 2024	Ronald Fuschillo	\$ 312,000	\$ 312,000
A54	<b>Getinge USA Sales, LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Washers and Decontaminators</b> - To replace two (2) steam sterilizers and two (2) washer disinfectors that are past their expected useful life for four (4) new units for the Ambulatory Surgery Center.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 310,878
A55	<b>OptumRx Inc. (GA-06851)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Pharmacy Benefit Manager Services for Harris Health System</b> - To provide employee and retiree medical and pharmacy benefits.  <b>Job No. 160065, Board Motion 23.01-08</b>	Renewal  October 01, 2023 through September 30, 2024	Omar Reid	\$ 310,000	\$ 310,000
A56	<b>The Gordian Group, Inc. (HCHD-543)</b>  MWBE Goal: 0% Non-Divisible	<b>Consulting Services for Job Order Contracting Management System for Harris Health System</b> - To maintain, assist and support a Job Order Contracting (JOC) management system to engage Harris Health System's JOC contractors to perform small/large construction and/or construction related projects at various locations facilities.  <b>Job No. 210052, Board Motion 21.09-86</b>	Ratify Renewal  August 05, 2023 through August 04, 2024	Patrick Casey	\$ 300,000	\$ 300,000
A57	<b>Katten Muchin Rosenman LLP (HCHD-884)</b>  MWBE Goal: N/A Specialized or Technical	<b>Legal Services for Harris Health System</b> - To provide legal services for federal healthcare privacy law, including 42 CFR Part 2, interoperability rules under the 21st Century Cures Act, and correctional health standards.  <b>Professional Services Exemption, Board Motion 22.12-166</b>	Renewal Professional Services Exemption  September 15, 2023 through September 14, 2024	Sara Thomas	\$ 300,000	\$ 300,000
A58	<b>The CSI Companies, Inc. dba CSI Healthcare IT (GA-07578)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Information Technology Consulting, Implementation, and Staff Augmentation for Harris Health System</b> - To augment Information Technology (IT) capabilities and resources by providing staff and support for category2 (IT Staffing Services Temporary and Permanent Placement).  <b>Job No. 180274, Board Motion 22.06-83</b>	Ratify Renewal  May 21, 2023 through May 20, 2024	Ronald Fuschillo	\$ 0	\$ 300,000
A59	<b>Baker &amp; Hostetler LLP (HCHD-913)</b>  MWBE Goal: N/A Specialized or Technical	<b>Legal Services for Harris Health System</b> - To provide advice regarding HIPAA privacy and security incidents, including incident investigation, breach notification law analysis, and possibly notification preparation, crisis communication management, and reporting and responding to regulators.  <b>Professional Services Exemption</b>	Renewal Professional Services Exemption  October 01, 2023 through September 30, 2024	Marta Bolinska	\$ 295,000	\$ 295,000

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A60	<b>Stryker Corporation</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Orthopedic Power Tools and Accessories</b> - To replace large bone surgical drills and saws that are well past their expected useful life and experiencing maintenance issues at Ben Taub Hospital OR.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	Teong Chai		\$ 288,175
A61	<b>Insight Direct (USA), Inc. (PP-JT-241)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>ForcePoint Data Loss Prevention Software and Gateway Support</b> - Forcepoint detects unauthorized transmission of sensitive data such as Protected Health Information (PHI) and credit card information leaving the organization through the network environment. The WebSecurity Gateway protects users from threats while browsing the Internet.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Ratify Award Only Offer Received  July 29, 2023 through July 28, 2024	Jeffrey Vinson		\$ 286,668
A62	<b>The Brandt Companies, LLC</b>  MWBE Goal: 6%	<b>Roof Top Unit Replacement at the Martin Luther King Jr. Health Center for Harris Health System</b> - The project consists of the replacement of four (4) rooftop units that are past their useful life, not economical to maintain and are unreliable.  <i>Choice Partners, a division of Harris County Department of Education Cooperative Program</i>	Purchase Low quote	Patrick Casey		\$ 285,255
A63	<b>KGI Holdings, LLC dba BrightScreen, Inc.</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Pre and Post-Employment Background Screening for Harris Health System</b> - Additional funds are required to cover services due to the extended term. The term is being extended to provide for services until this project is completed and a new Agreement has been executed.  <i>Job No. 130326, Board Motion 23.04-58</i>	Additional Funds Extension  August 01, 2023 through September 30, 2023	Keith Manis	\$ 663,798	\$ 285,000
A64	<b>AMO Sales and Service, Inc. d/b/a J&amp;J Vision (HCHD-267)</b>  MWBE Goal: N/A Public Health or Safety	<b>Ophthalmology Intraocular Lens and Related Items for the Harris Health System</b> - To continue providing intraocular lens and related items used in Ophthalmology surgical procedures for the Operating Room at Ben Taub and Lyndon B. Johnson Hospitals.  <i>Job No. 170115, Board Motion 22.04-56</i>	Ratify Renewal  June 11, 2023 through June 10, 2024	Douglas Creamer	\$ 246,368	\$ 258,686
A65	<b>Concentric Healthcare Solutions, LLC dba Concentric Healthcare Staffing (HCHD-487)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Temporary Nursing and Allied Health Personnel for Harris Health System</b> - To provide temporary nursing and allied health personnel at Harris Health hospitals.  <i>Public Health or Safety Exemption, Board Motion 22.12-166</i>	Ratify Renewal Public Health or Safety Exemption  August 04, 2023 through August 03, 2024	Maureen Padilla	\$ 85,000	\$ 250,000
A66	<b>Baker &amp; Hostetler LLP (HCHD-913)</b>  MWBE Goal: N/A Specialized or Technical	<b>Legal Services for Harris Health System</b> - Additional funds cover additional services related to HIPAA privacy and security incidents.  <i>Professional Services Exemption</i>	Ratify Additional Funds Professional Services Exemption  October 01, 2022 through September 30, 2023	L. Sara Thomas	\$ 45,000	\$ 250,000
A67	<b>Clear Channel Outdoor</b>  MWBE Goal: N/A Sole Source	<b>Outdoor Advertising Posters for Harris Health System</b> - Additional funds to cover additional purchase of posters.  <i>NA</i>	Additional Funds Sole Source  April 24, 2023 through August 23, 2024	Olga Rodriguez	\$ 61,275	\$ 246,150

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A68	Beckman Coulter Inc.  MWBE Goal: 0% Dropped Shipped	<b>Microbiology Automation</b> - To purchase instrumentation for mycobacterial testing and MTB species identification at Lyndon B. Johnson Hospital. This equipment will replace existing equipment that is being discontinued by the vendor.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Michael Nnadi		\$ 234,955
A69	Care.com, Inc. (GA-07223)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Back Up Care (Child and Eldercare) Services for Harris Health System</b> - Additional funds cover the extended period until a competitive proposal process is complete and a new Agreement is in place.  <i>170271</i>	Approve Additional funds and an extension  May 15, 2024 through September 30, 2024	Amanda Jones-Duncan	\$ 617,643	\$ 232,357
A70	RevSpring Inc.  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Patient Billing Services for Harris Health System</b> - Extension and funds allow for services to continue until the competitive proposal process is complete and a new Agreement is executed.  <i>Job No. 110198, Board Motion 22.12-166</i>	Ratify Additional Funds Extension  July 01, 2023 through December 31, 2023	Nikki Martinez	\$ 325,000	\$ 225,000
A71	GE Precision Healthcare LLC  MWBE Goal: GPO/CO-OP Sourced	<b>Mobile C-Arms</b> - To add one (1) new mobile c-arm unit for Harris Health System.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 211,547
A72	CompuTrition, Inc./Jonas Software Company (HCHD-279) (PP-DI-1883)  MWBE Goal: GPO/CO-OP Sourced	<b>Foodservice Software and Transaction Processing Systems for Harris Health System</b> - To continue to provide a Food and Nutrition Point of Sale System for the Harris Health System.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</i>	Renewal  September 01, 2023 through August 31, 2024	Ronald Fuschillo	\$ 193,632	\$ 209,234
A73	CareFusion Solutions, LLC (PPPH20CFS01)  MWBE Goal: GPO/CO-OP Sourced	<b>Maintenance and Support of Pyxis Supply Distribution System for Harris Health System</b> - The additional funds are to provide maintenance and support of purchased automated supply cabinets and related technology equipment and software for Ben Taub General Hospital. The additional services will ensure that this organization has ongoing support to assist in equipment inventory, charge, capture, and requisitioning.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</i>	Additional Funds  October 01, 2022 through September 30, 2023	David Edmund Wilson Lola Lashon Monroe	\$ 1,312,716	\$ 203,354
A74	Urban One, Inc.  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Paid Placement Services for Harris Health System</b> - To provide ad space in local radio stations for Harris Health System.  <i>Job No. 220164</i>	Award Only proposal received  One (1) year initial term with four (4) one-year renewal options	Amanda Callaway		*
A75	Orion Ambulance Services, LLC (HCHD-427)  MWBE Goal: N/A Specialized or Technical	<b>Ambulance Service for Harris Health System</b> - To continue providing ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations.  <i>Public Health or Safety Exemption, Board Motion 22.08-111</i>	Ratify Renewal Public Health or Safety Exemption  July 19, 2023 through July 18, 2024	Ruth Russell	\$ 135,429	\$ 198,000



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A76	<b>Boston Scientific (PP-CA-558)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Diagnostic and Interventional Radiology Guidewires</b> - To provide Harris Health System with guidewires used in interventional peripheral vascular procedures.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s)  February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 159,100	\$ 196,712
A77	<b>Smith &amp; Nephew, Inc. (HCHD-329)</b>  MWBE Goal: N/A Specialized or Technical	<b>Negative Pressure Wound Therapy (NPWT) Products and Services for the Harris Health System</b> - To continue providing negative pressure wound therapy (NPWT) treatment systems including products and services to facilitate the healing of patient wounds.  <i>Job No. 170012, Board Motion 22.08-111</i>	Renewal  October 13, 2023 through October 12, 2024	Doug Creamer	\$ 193,391	\$ 193,391
A78	<b>Lumenis</b>  MWBE Goal: N/A Public Health or Safety	<b>Ophthalmic Laser System</b> - To replace two (2) Ophthalmic Laser Systems that have reached end of life and no longer operating for Ben Taub Hospital Ophthalmology.  <i>Public Health or Safety Exemption</i>	Ratify Purchase Public Health or Safety Exemption	Teong Chai		\$ 192,000
A79	<b>Insight Direct (USA), Inc. (PP-JT-241)</b>  MWBE Goal: N/A Specialized or Technical	<b>Mobile Provisioning Software for Clinical Communication Project</b> - The Mobile Provisioning or Imprivata Ground Control Software automates iOS updates, clears data from the phone between uses, and allows for customization of each device based on the roles a user is assigned in the software. This purchase is part of the Clinical Communications project.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	William Bowker Antony Kilty		\$ 191,499
A80	<b>AbbVie Inc. (HCHD-0732)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Biological Mesh Products</b> - To continue providing Harris Health System with the consignment of biological mesh products used for hernia repair and abdominal wall reconstruction.  <i>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</i>	Renewal  October 01, 2023 through September 30, 2024	Douglas Creamer	\$ 191,000	\$ 191,000
A81	<b>The University of Texas Health Services at Houston (HCHD-602)</b>  MWBE Goal: N/A Government Entity	<b>Substance Abuse and Mental Health Services for Harris Health System</b> - To continue providing physicians to Harris Health System for the delivery of medically assisted treatment services related to substance abuse and mental health.  <i>Interlocal Agreement, Board Motion 22.09-126</i>	Renewal  September 30, 2023 through September 29, 2024	Jennifer Lahue	\$ 279,363	\$ 185,205
A82	<b>Stryker Medical</b>  MWBE Goal: GPO/CO-OP Sourced	<b>EMS Stretchers and Stair Chairs</b> - To provide EMS stretchers and stair chairs to support new ambulances and the Emergency Center for Lyndon B. Johnson Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Ratify Award Best Contract(s)	Teong Chai		\$ 176,599
A83	<b>Elekta, Incorporated (GA-04943)</b>  MWBE Goal: N/A Sole Source	<b>Maintenance and Support for the MOSAIQ Oncology Information System (OIS) for Harris Health System</b> - To continue providing maintenance and support for the Oncology Information System (OIS) for the Elekta linear accelerators at Smith Clinic.  <i>Sole Source Exemption, Board Motion 22.10-141</i>	Ratify Renewal Sole Source Exemption  June 11, 2023 through August 27, 2024	Antony Kilty	\$ 170,905	\$ 170,905

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A84	Henry Schein  MWBE Goal: GPO/CO-OP Sourced	Exam Room Furniture Equipment - To replace twenty-five (25) exam tables and twenty-one (21) LED lights that are past their expected useful life at Ben Taub Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Teong Chai		\$ 168,155
A85	Highlights Electrical  MWBE Goal: 6%	Fire Pump Replacement at Ben Taub Hospital for the Harris Health System - To replace the fire pump motor and associated control panel in the Ben Taub Hospital Utility Plant.  <i>Texas Association of School Boards (TASB) BuyBoard Cooperative Program</i>	Award Only quote	Babak Zare		\$ 152,661
A86	AMN Workforce Solutions, LLC (HCHD-447)  MWBE Goal: N/A Specialized or Technical	Cancer Registry Abstraction Services for Harris Health System - Additional funds cover an increase in staffing hours to abstract a backlog of cases.  <i>Job No. 210141, Board Motion 22.08-111</i>	Ratify Additional Funds  September 30, 2022 through September 29, 2023	Tenisha Granville	\$ 341,000	\$ 150,000
A87	Baylor College of Medicine (GA-06801)  MWBE Goal: N/A Procured Prior to MWBE Program  Harris County  MWBE Goal: N/A Government Entity	Clinic/Health Services for School Based Teen Clinic Program in Precinct 1 for Harris Health System - To continue providing preventative medical services which include immunizations, general health assessments, laboratory services, athletic physicals, vision and hearing screenings for children within the geographical boundaries of Harris County Precinct 1. HISD will continue providing adequate and suitable space for operation of the Teen Health Clinic at no cost.  NA	Ratify Renewal  April 05, 2023 through June 30, 2024	William Walker	\$ 187,000	\$ 150,000
A88	Baylor College of Medicine (GA-06802)  MWBE Goal: N/A Procured Prior to MWBE Program  Houston Independent School District  MWBE Goal: N/A Government Entity	Clinic/Health Services for School Based Teen Clinic Program in Precinct 2 for Harris Health System - To continue providing preventative medical services which include immunizations, general health assessments, laboratory services, athletic physicals, vision and hearing screenings for children within the geographical boundaries of Harris County Precinct 2. HISD will continue providing adequate and suitable space for operation of the Teen Health Clinic at no cost.  NA	Ratify Renewal  April 16, 2023 through June 30, 2024	William Walker	\$ 187,000	\$ 150,000
A89	Baylor College of Medicine (BCM) (GA-04772)  MWBE Goal: N/A Public Health or Safety  Houston Independent School District (HISD)  MWBE Goal: N/A Public Health or Safety	Clinic/Health Services for School Based Teen Clinic Program in Precinct 3 for Harris Health System - Baylor will provide continued medical services for students enrolled in HISD within the geographical boundaries of Harris County, TX, Precinct 3. HISD will continue providing adequate and suitable space for operation of the Teen Health Clinic at no cost.  GA-04772	Ratify Texas Health & Safety Code 61.056(a), Interlocal  July 01, 2023 through June 30, 2024	William Walker	\$ 150,000	\$ 150,000
A90	Mizuho OSI  MWBE Goal: GPO/CO-OP Sourced	OR Tables - To add one (1) OR fracture table for orthopedic surgery cases at Lyndon B. Johnson Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Contract(s)	Teong Chai		\$ 149,724



No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A91	<b>CDW Government, LLC</b>  MWBE Goal: 0% Dropped Shipped	<b>Workstation on Wheels (WOW) carts for Harris Health System.</b> - Workstation On Wheels (WOW) cart purchases and installation are for the BTGH and LBJGH Observation projects. Due to long lead-times on equipment and in order to meet construction deadlines, purchase orders need to be placed now to avoid delays.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Ratify Award Lowest Offer	Ronald Fuschillo		\$ 129,622
A92	<b>Medline Industries</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Respiratory Therapy: Respiratory Disposables</b> - To provide Harris Health System with oxygen delivery disposables, spirometers, open suction catheters, non-proprietary ventilators supplies, passive humidification devices and high flow nasal cannulas.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best ASCEND Contract  May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 128,857	\$ 128,857
A93	<b>GE Precision Healthcare LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Ultrasound Machine</b> - To replace one (1) ultrasound machine that is past its expected useful life with a new unit for Smith Clinic.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 128,336
A94	<b>Cook Medical, LLC (PP-CA-518)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Interventional Sheaths and Introducers</b> - To continue providing Harris Health System with Sheaths and Introduces used in diagnostic and interventional coronary and vascular procedures.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.09-126</b>	Ratify Funding Yr. 2  July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 122,466	\$ 126,139
A95	<b>The University of Texas Health Services at Houston (HCHD-602)</b>  MWBE Goal: N/A Government Entity	<b>Substance Abuse and Mental Health Services for Harris Health System</b> - Additional SAMHSA Grant Funds are required to cover added services of a part time MD and a full time Behavioral Health Therapist related to substance abuse and mental health.  <b>Interlocal Agreement, Board Motion 22.09-126</b>	Ratify Additional Funds  September 30, 2022 through September 29, 2023	Jennifer Lahue	\$ 154,337	\$ 125,028
A96	<b>Penumbra Inc. (HCHD-0731)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Interventional Oncology</b> - To continue providing Harris Health System with the consignment of ruby coils used in medical procedures for Interventional Radiology.  <b>Premier Healthcare Alliance, L.P. Contract, Board Motion 22.08-111</b>	Renewal  August 26, 2023 through August 25, 2024	Douglas Creamer	\$ 122,990	\$ 122,990
A97	<b>CFI Mechanical, Inc.</b>  MWBE Goal: 18%	<b>Heating, Ventilation and Air Conditioning Repairs at Lyndon B. Johnson Hospital for Harris Health System</b> - The project consists of the replacement of fan coil units and suspended exhaust fans at the the Lyndon B. Johnson Hopsital due to the equipment reaching the end of its planned life cycle.  <b>Choice Partners, a division of Harris County Department of Education Cooperative Program</b>	Award Low quote	Patrick Casey		\$ 119,778
A98	<b>Getinge USA Sales, LLC</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Washers and Decontaminators</b> - To replace steam sterilizers, cart washers, and washer disinfectors past their expected useful life with new units at Lyndon B. Johnson Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 106,197

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A99	<b>SG-2, LLC (HCHD-1059)</b>  MWBE Goal: N/A Sole Source	<b>Edge Intel Analytics Membership and Subscription for Harris Health System</b> - To provide SG-2 Edge Analytics membership for the integration of Vizient and Harris Health networks for market performance analysis through the benchmarking program.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption  One (1) year initial term with four (4) one-year renewal options	Amineh Kostov		\$ 104,000
A100	<b>Acadian Ambulance Service of Texas, LLC (HCHD-678)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Ambulance Services for Harris Health System</b> - To provide ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations.  <b>Public Health or Safety Exemption, Board Motion 22.03-40</b>	Ratify Renewal Public Health or Safety Exemption  August 19, 2023 through August 18, 2024	Ruth Russell	\$ 0	\$ 100,000
A101	<b>A.O. Phillips and Associates LLC (HCHD-863)</b>  MWBE Goal: 100%	<b>M/WBE Consulting Services for Harris Health System</b> - Additional funds cover an increase in need for consulting services for effective strategies to help Harris Health System develop and implement a minority or woman-owned business entity (M/WBE) program.  <b>Personal Services Exemption</b>	Additional Funds Personal Services Exemption  August 01, 2023 through July 31, 2024	Derek Holmes	\$ 100,000	\$ 20,000
A102	<b>A.O. Phillips and Associates LLC (HCHD-863)</b>  MWBE Goal: 100%	<b>M/WBE Consulting Services for Harris Health System</b> - Additional funds cover an increase in need for consulting services for effective strategies to help Harris Health System develop and implement a minority or woman-owned business entity (M/WBE) program.  <b>Personal Services Exemption</b>	Ratify Additional Funds Personal Services Exemption  August 01, 2022 through July 31, 2023	Derek Holmes	\$ 100,000	\$ 20,000
A103	<b>Unattended Solutions Incorporated DBA Bleni Blends (HCHD-769)</b>  MWBE Goal: Not Applicable to Request	<b>Smoothie Vending Machine the Harris Health System</b> - To provide Smoothie Vending Services throughout Harris Health System.  N/A	Approve Revenue Contract Renewal  September 15, 2023 through September 14, 2024	Shweta Misra	\$ 2,055	\$ (2,055)
A104	<b>Stryker Sustainability Solutions, Inc.</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Used Medical Device Collection Program</b> - To collect specific used medical devices from Harris Health facilities in exchange for a collection credit.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Ratify Best ASCEND Contract  One (1) year initial term with one (1) one-year renewal options	Doug Creamer		\$ (72,861)
					Total Expenditures	\$ 128,996,429
					Total Revenue	\$ (74,916)

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

Expenditure Summary: August 24, 2023 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	Tech Systems, Inc.  MWBE Goal: N/A Sole Source	<b>Support Services for WIFI Infant Protection System for Harris Health System</b> - To provide maintenance and captive replacement parts/components to the existing HUGS WIFI Infant Protection System at Ben Taub and Lyndon B. Johnson Hospitals.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption	Jon Hallaway		\$ 71,762
B2	Identity Theft Guard Solutions, Inc. dba ID Experts (GA-07349)  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Ad Hoc Data Breach Services for Harris Health System</b> - To continue monitoring and protecting the integrity of Harris Health System's network and web services.  <b>Job No. 170242</b>	Renewal  October 01, 2023 through September 30, 2024	Anthony Williams	\$ 0	\$ 100,000
B3	Medtronic Inc. (PP-CA-568)  MWBE Goal: GPO/CO-OP Sourced	<b>Peripheral and Biliary Bare Metal Stent</b> - To provide Harris Health System with small, expandable, metallic scaffolds implanted in a vessel or structure to prevent restenosis.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Best Contract(s)  February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 86,581	\$ 93,609
B4	Vyaire Medical, Inc.  MWBE Goal: GPO/CO-OP Sourced	<b>Ventilators</b> - To replace high frequency oscillator ventilators past their life expectancy at Ben Taub Hospital with new units.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 90,843
B5	Hamilton Medical  MWBE Goal: GPO/CO-OP Sourced	<b>Ventilators</b> - To replace MRI conditional ventilators that have past useful life expectancy at Ben Taub and Lyndon B. Johnson Hospitals.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 84,960
B6	Medela LLC (PP-NS-1455)  MWBE Goal: GPO/CO-OP Sourced	<b>Neonatal Specialty Products</b> - To continue providing Harris Health System with catheterization trays, urinary drainage kits, lumbar puncture kits, peripherally-inserted central catheter (PICCs), umbilical artery catheters, needles, blood filters, spikes and other specialty items/equipment designed for use in the neonatal population.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Funding Yr. 3  May 01, 2023 through April 30, 2024	Douglas Creamer	\$ 83,543	\$ 83,543
B7	Teleflex Incorporated (PP-NS-1546)  MWBE Goal: GPO/CO-OP Sourced	<b>Emergency Medicine Products</b> - To continue providing Harris Health System with products used for unscheduled patients with illnesses or injuries requiring immediate medical attention.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Funding Yr. 3  August 01, 2023 through July 31, 2024	Douglas Creamer	\$ 62,608	\$ 68,868
B8	Midmark Sales Corporation via Henry Schein  MWBE Goal: GPO/CO-OP Sourced	<b>Exam Room Furniture Equipment</b> - To add examination tables to meet the operational needs of Harris Health System.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Lowest Offer	Teong Chai		\$ 68,398
B9	Q-Matic Corporation (GA-03759)  MWBE Goal: N/A Sole Source	<b>Q-Matic Software Support and Maintenance for Harris Health System</b> - To provide continued support and maintenance for the Q-Matic ticket machines used in the Harris Health System Pharmacies.  <b>Sole Source Exemption</b>	Renewal Sole Source Exemption  September 01, 2023 through August 31, 2024	Sunny Ogbonnaya	\$ 72,960	\$ 66,116

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B10	<b>Cardinal Health 200, LLC (AD-OR-1877)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Wound Drainage Products</b> - To continue providing wound drain devices used to drain fluid from the body when excessive drainage is expected for Harris Health System.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 2  August 01, 2023 through July 31, 2024	Douglas Creamer	\$ 59,906	\$ 65,896
B11	<b>Coker Group Holdings, LLC (GA-06662)</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Healthcare Contract Negotiation Service for Affiliated Medical Services for Harris Health System</b> - Additional funds consultative assistance related to Harris Health's partnership discussions related to oncology.  NA	Transmittal Additional funds  July 01, 2023 through June 30, 2024	Louis Smith	\$ 165,000	\$ 65,000
B12	<b>Steris Corporation</b>  MWBE Goal: GPO/CO-OP Sourced	<b>OR Integration and Automation Systems</b> - To add three (3) in-light camera modules to the ceiling at Ben Taub Hospital.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Teong Chai		\$ 60,160
B13	<b>Cook Medical LLC (PP-CA-543)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Diagnostic and Interventional Radiology Catheters</b> - To provide Harris Health System with diagnostic, guide and support catheters used in diagnostic and interventional radiology procedures.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Best Contract(s)  February 01, 2023 through January 31, 2024	Douglas Creamer	\$ 56,976	\$ 59,723
B14	<b>CNA Advertising, Inc.</b>  MWBE Goal: 100%	<b>Celebratory T-shirts for Harris Health System</b> - To provide Celebratory T-Shirts for National Hospital Week for Ben Taub employees.  NA	Transmittal Unauthorized Purchase	Stephani Stan		\$ 58,905
B15	<b>Teleflex LLC (PP-CA-489)</b>  MWBE Goal: GPO/CO-OP Sourced	<b>Hemostasis Products</b> - To continue providing Harris Health System with pads, patches and dressings that incorporate a range of coagulant components, such as collagen, kaolin or chitosan, to promote hemostasis.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Funding Yr. 3  July 01, 2023 through June 30, 2024	Douglas Creamer	\$ 55,397	\$ 57,059
B16	<b>KCI Technologies, Inc.</b>  MWBE Goal: N/A Procured Prior to MWBE Program	<b>Professional Architectural and Engineering Services to Provide improvements to Lyndon B. Johnson Hospital for Harris Health System</b> - The increase of funds ensures capacity to support the remaining construction activities and refeeding emergency power to AHU-1 of this project. This agreement was previously managed by the Harris County Office of the County Engineer.  <i>Professional Services Exemption</i>	Additional Funds Professional Services Exemption	Babak Zare	\$ 236,980	\$ 30,450
B17	<b>Dee's Mobile Phlebotomy Service, LLC (HCHD-802)</b>  MWBE Goal: 100%	<b>Mobile Phlebotomy Services for Harris Health System</b> - Additional funds are needed due to an unanticipated increase in volume.  <i>Public Health or Safety Exemption</i>	Additional Funds Public Health or Safety Exemption  July 19, 2022 through September 30, 2023	Kiki Teal	\$ 50,000	\$ 22,000
					Total Expenditures	\$ 1,075,530
					Total Revenue	\$ (0)

Thursday, August 24, 2023

Consideration of Approval of Grant Recommendations (Items C1 through C2)

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Grant recommendations:

C1. Harris County Hospital District's 2<sup>nd</sup> Capital Campaign

- Term: September 1, 2023 – August 31, 2025
- Award Amount: \$9,500,000.00
- Project Owner: Jeffrey Baker

C2. United States Department of Health & Human Services Administration (HRSA)

- Term: August 1, 2023 – July 31, 2024
- Award Amount: \$464,814.00
- Project Owner: Dr. Jennifer Small

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report**  
**Grant Agreement Summary: August 24, 2023**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	United States Department of Health & Human Services Administration (HRSA)	Consideration of Approval of a Ratification of a Grant Award Renewal from the United States Department of Health & Human Services Administration (HRSA) to the Harris County Hospital District d/b/a Harris Health System funded under Part D of the Ryan White HIV/AIDS Treatment Extension Act of 2009 to provide Outpatient Family Centered Care for Women, Infants, Children, and Youth living with HIV/AIDS	<b>Ratification of a Grant Agreement</b>	August 1, 2023 through July 31, 2024	Dr. Jennifer Small	\$ 464,814
C2	Harris County Hospital District Foundation's 2nd Capital Campaign	Consideration of Approval of a Grant Agreement between Harris Health System and the Harris County Hospital District Foundation's 2nd Capital Campaign, restricted to the Harris Health System 1st Floor Renovation of the Ben Taub Hospital Level I Trauma Center (Ginni and Richard Mithoff Trauma Center) and the Ben Taub Hospital Level I Trauma Center (Ginni and Richard Mithoff Trauma Center) Cath Lab	<b>Grant Agreement</b>	September 1, 2023 through August 31, 2025	Jeffrey Baker	\$ 9,500,000
<b>TOTAL AMOUNT:</b>						<b>\$ 9,500,000.00</b>

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH  
SYSTEM

Thursday, August 24, 2023

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

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# Financial Statements

As of July 31, 2023





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# Financial Highlights Review

As of July 31, 2023

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Operating income for July was \$5.8 million compared to a budgeted loss of \$1.3 million.

Total net revenue for July of \$198.3 million was \$7.3 million or 3.8% more than budget. Net patient revenue was \$1.6 million lower than expected, but was offset by Medicaid Supplemental programs income of \$3.3 million. Improved investment returns added \$5.1 million to the favorable variance.

In July, total expenses of \$192.5 million were \$132 thousand or 0.1% less than budget. Staff costs were \$5.3 million greater than budget due to the actuarially calculated adjustment attributed to an increase in pension expense which impacts both FY 2023 and FY 2024. Purchased services decreased \$4.0 million primarily for medical insurance subsidies 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.

Harris Health System adopted Governmental Accounting Standards Board (GASB) Statement No. 96 – Subscription-Based Information Technology Arrangements (GASB 96) for all subscription-based information technology (SBIT) contracts in place and not yet completed at the beginning of the earliest period of the fiscal year, which was October 1, 2022. The statement requires subscribers to recognize a SBIT liability, measured at the present value of payments expected to be made during the subscription term, and an intangible right-to-use SBIT asset. The adoption of GASB 96 did not have a material impact on the financial statements.

Also in July, total patient days and average daily census increased 8.1% compared to budget. Inpatient case mix index, a measure of patient acuity, was 0.4% lower than planned with length of stay 2.1% lower than budget. Emergency room visits were 2.9% higher than planned for the month. Total clinic visits, including telehealth, were 3.9% higher compared to budget. Births were up 13.5% for the month and 11.0% higher year-to-date.

Total cash receipts for July were \$103.4 million. The System has \$1,396.3 million in unrestricted cash, cash equivalents and investments, representing 236.2 days cash on hand. Harris Health System has \$155.6 million in net accounts receivable, representing 79.2 days of outstanding patient accounts receivable at July 31, 2023. The July balance sheet reflects a combined net receivable position of \$142.9 million under the various Medicaid Supplemental programs.

# Income Statement

As of the Year To Date July 31, 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
<b>REVENUE</b>								
Net Patient Revenue	\$ 59.2	\$ 60.8	-2.6%	\$ 597.5	\$ 602.5	-0.8%	\$ 619.8	-3.6%
Medicaid Supplemental Programs	54.3	51.0	6.5%	567.4	510.2	11.2%	430.0	31.9%
Other Operating Revenue	10.0	9.6	4.3%	101.2	94.6	7.0%	65.9	53.6%
<b>Total Operating Revenue</b>	<b>\$ 123.5</b>	<b>\$ 121.3</b>	<b>1.7%</b>	<b>\$ 1,266.0</b>	<b>\$ 1,207.3</b>	<b>4.9%</b>	<b>\$ 1,115.7</b>	<b>13.5%</b>
Net Ad Valorem Taxes	69.3	69.3	0.0%	695.6	692.6	0.4%	353.5	96.8%
Net Tobacco Settlement Revenue	-	-	0.0%	15.2	13.3	14.2%	16.7	-9.3%
Capital Gifts & Grants	-	-	0.0%	-	-	0.0%	45.9	-100.0%
Interest Income & Other	5.5	0.4	1230.5%	65.2	5.2	1161.1%	44.5	46.5%
<b>Total Nonoperating Revenue</b>	<b>\$ 74.8</b>	<b>\$ 69.7</b>	<b>7.4%</b>	<b>\$ 775.9</b>	<b>\$ 711.0</b>	<b>9.1%</b>	<b>\$ 460.6</b>	<b>68.4%</b>
<b>Total Net Revenue</b>	<b>\$ 198.3</b>	<b>\$ 191.0</b>	<b>3.8%</b>	<b>\$ 2,041.9</b>	<b>\$ 1,918.3</b>	<b>6.4%</b>	<b>\$ 1,576.3</b>	<b>29.5%</b>
<b>EXPENSE</b>								
Salaries and Wages	\$ 73.2	\$ 77.6	5.7%	\$ 727.5	\$ 755.5	3.7%	\$ 702.0	-3.6%
Employee Benefits	33.8	24.2	-39.7%	253.3	242.3	-4.5%	217.3	-16.6%
<b>Total Labor Cost</b>	<b>\$ 107.1</b>	<b>\$ 101.9</b>	<b>-5.1%</b>	<b>\$ 980.8</b>	<b>\$ 997.8</b>	<b>1.7%</b>	<b>\$ 919.3</b>	<b>-6.7%</b>
Supply Expenses	22.0	23.4	5.9%	237.3	233.7	-1.5%	227.7	-4.2%
Physician Services	36.6	35.8	-2.2%	355.3	369.3	3.8%	331.7	-7.1%
Purchased Services	19.7	24.1	18.2%	204.0	233.7	12.7%	224.8	9.3%
Depreciation & Interest	7.1	7.2	1.5%	69.9	74.4	6.0%	65.6	-6.5%
<b>Total Operating Expense</b>	<b>\$ 192.5</b>	<b>\$ 192.3</b>	<b>-0.1%</b>	<b>\$ 1,847.3</b>	<b>\$ 1,908.9</b>	<b>3.2%</b>	<b>\$ 1,769.1</b>	<b>-4.4%</b>
<b>Operating Income (Loss)</b>	<b>\$ 5.8</b>	<b>\$ (1.3)</b>		<b>\$ 194.6</b>	<b>\$ 9.5</b>		<b>\$ (192.8)</b>	
<b>Total Margin %</b>	<b>2.9%</b>	<b>-0.7%</b>		<b>9.5%</b>	<b>0.5%</b>		<b>-12.2%</b>	

# Balance Sheet

As of July 31, 2023 and 2022 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<b><u>CURRENT ASSETS</u></b>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,396.3	\$ 1,172.3
Net Patient Accounts Receivable	155.6	118.2
Net Ad Valorem Taxes, Current Portion	4.1	0.8
Other Current Assets	233.8	156.0
<b>Total Current Assets</b>	<b>\$ 1,789.9</b>	<b>\$ 1,447.3</b>
<b><u>CAPITAL ASSETS</u></b>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 421.2	\$ 422.8
Construction in Progress	221.7	142.9
Right of Use Assets	43.8	44.7
<b>Total Capital Assets</b>	<b>\$ 686.7</b>	<b>\$ 610.4</b>
<b><u>ASSETS LIMITED AS TO USE &amp; RESTRICTED ASSETS</u></b>		
Debt Service & Capital Asset Funds	\$ 41.1	\$ 46.2
LPPF Restricted Cash	35.1	11.2
Capital Gift Proceeds	47.1	45.2
Other - Restricted	1.0	1.1
<b>Total Assets Limited As to Use &amp; Restricted Assets</b>	<b>\$ 124.3</b>	<b>\$ 103.7</b>
Other Assets	46.2	18.3
Deferred Outflows of Resources	231.4	152.7
<b>Total Assets &amp; Deferred Outflows of Resources</b>	<b>\$ 2,878.5</b>	<b>\$ 2,332.4</b>
<b><u>CURRENT LIABILITIES</u></b>		
Accounts Payable and Accrued Liabilities	\$ 355.4	\$ 210.6
Employee Compensation & Related Liabilities	138.9	123.1
Estimated Third-Party Payor Settlements	16.9	13.5
Current Portion Long-Term Debt and Capital Leases	19.9	20.0
<b>Total Current Liabilities</b>	<b>\$ 531.1</b>	<b>\$ 367.2</b>
Long-Term Debt	316.6	333.1
Net Pension & Post Employment Benefits Liability	691.9	597.5
Other Long-Term Liabilities	7.6	17.9
Deferred Inflows of Resources	175.2	218.7
<b>Total Liabilities</b>	<b>\$ 1,722.5</b>	<b>\$ 1,534.4</b>
<b>Total Net Assets</b>	<b>\$ 1,156.1</b>	<b>\$ 797.9</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 2,878.5</b>	<b>\$ 2,332.4</b>

# Cash Flow Summary

As of the Year To Date July 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<b>CASH RECEIPTS</b>				
Collections on Patient Accounts	\$ 51.8	\$ 55.1	\$ 572.4	\$ 579.8
Medicaid Supplemental Programs	(2.0)	82.1	857.8	599.4
Net Ad Valorem Taxes	3.1	0.0	823.2	805.1
Tobacco Settlement	-	-	15.2	16.7
Other Revenue	50.5	4.9	231.8	127.1
<b>Total Cash Receipts</b>	<b>\$ 103.4</b>	<b>\$ 142.1</b>	<b>\$ 2,500.5</b>	<b>\$ 2,128.3</b>
<b>CASH DISBURSEMENTS</b>				
Salaries, Wages and Benefits	\$ 100.7	\$ 103.7	\$ 1,077.6	\$ 927.3
Supplies	27.3	30.4	256.4	235.9
Physician Services	45.3	42.6	342.8	323.8
Purchased Services	14.9	23.6	194.7	182.3
Capital Expenditures	10.9	6.9	112.0	82.8
Debt and Interest Payments	0.2	0.3	20.1	19.6
Other Uses	(5.8)	(9.1)	(76.6)	36.8
<b>Total Cash Disbursements</b>	<b>\$ 193.4</b>	<b>\$ 198.5</b>	<b>\$ 1,927.0</b>	<b>\$ 1,808.5</b>
<b>Net Change</b>	<b>\$ (90.0)</b>	<b>\$ (56.4)</b>	<b>\$ 573.5</b>	<b>\$ 319.7</b>
Unrestricted Cash, Cash Equivalents and Investments - Beginning of year			\$ 822.8	
Net Change			573.5	
<b>Unrestricted Cash, Cash Equivalents and Investments - End of period</b>			<b>\$ 1,396.3</b>	

# Performance Ratios

As of Year To Date July 31, 2023 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<b><u>OPERATING HEALTH INDICATORS</u></b>					
Operating Margin %	2.9%	-0.7%	9.5%	0.5%	-12.2%
Run Rate per Day (In\$ Millions)	\$ 6.0	\$ 6.0	\$ 5.9	\$ 6.1	\$ 5.6
Salary, Wages & Benefit per APD	\$ 2,474	\$ 2,596	\$ 2,358	\$ 2,644	\$ 2,485
Supply Cost per APD	\$ 509	\$ 596	\$ 570	\$ 619	\$ 616
Physician Services per APD	\$ 846	\$ 913	\$ 854	\$ 979	\$ 897
<b>Total Expense per APD</b>	<b>\$ 4,446</b>	<b>\$ 4,900</b>	<b>\$ 4,441</b>	<b>\$ 5,059</b>	<b>\$ 4,782</b>
Overtime as a % of Total Salaries	3.3%	1.9%	3.5%	1.9%	3.4%
Contract as a % of Total Salaries	5.3%	7.3%	5.2%	7.4%	8.6%
Full-time Equivalent Employees	10,144	10,244	9,942	10,168	9,481
<b><u>FINANCIAL HEALTH INDICATORS</u></b>					
Quick Ratio			3.3		3.9
Unrestricted Cash (In \$ Millions)			\$ 1,396.3	\$ 752.8	\$ 1,172.3
Days Cash on Hand			236.2	128.9	208.3
Days Revenue in Accounts Receivable			79.2	54.1	58.0
Days in Accounts Payable			47.7		45.4
Capital Expenditures/Depreciation & Amortization			186.2%		146.8%
Average Age of Plant(years)			11.8		12.0

# Harris Health System Key Indicators



# Statistical Highlights

As of Year To Date July 31, 2023 (In \$ Millions)

	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	43,285	39,246	10.3%	416,436	377,321	10.4%	369,934	12.6%
Outpatient % of Adjusted Volume	61.0%	61.5%	-0.8%	60.7%	61.7%	-1.6%	62.2%	-2.3%
Primary Care Clinic Visits	42,553	38,789	9.7%	437,224	405,532	7.8%	395,455	10.6%
Specialty Clinic Visits	19,078	19,378	-1.5%	203,292	196,768	3.3%	193,981	4.8%
Telehealth Clinic Visits	9,319	10,114	-7.9%	106,538	108,183	-1.5%	135,297	-21.3%
<b>Total Clinic Visits</b>	<b>70,950</b>	<b>68,281</b>	<b>3.9%</b>	<b>747,054</b>	<b>710,483</b>	<b>5.1%</b>	<b>724,733</b>	<b>3.1%</b>
Emergency Room Visits - Outpatient	11,723	11,581	1.2%	110,112	112,504	-2.1%	107,919	2.0%
Emergency Room Visits - Admitted	1,859	1,621	14.7%	18,325	16,402	11.7%	14,929	22.7%
<b>Total Emergency Room Visits</b>	<b>13,582</b>	<b>13,202</b>	<b>2.9%</b>	<b>128,437</b>	<b>128,906</b>	<b>-0.4%</b>	<b>122,848</b>	<b>4.5%</b>
Surgery Cases - Outpatient	788	1,146	-31.2%	9,186	10,915	-15.8%	8,290	10.8%
Surgery Cases - Inpatient	809	976	-17.1%	7,962	9,328	-14.6%	7,461	6.7%
<b>Total Surgery Cases</b>	<b>1,597</b>	<b>2,122</b>	<b>-24.7%</b>	<b>17,148</b>	<b>20,243</b>	<b>-15.3%</b>	<b>15,751</b>	<b>8.9%</b>
<b>Total Outpatient Visits</b>	<b>119,581</b>	<b>119,145</b>	<b>0.4%</b>	<b>1,233,297</b>	<b>1,213,615</b>	<b>1.6%</b>	<b>1,255,890</b>	<b>-1.8%</b>
Inpatient Cases (Discharges)	2,694	2,362	14.1%	26,187	24,175	8.3%	23,028	13.7%
Outpatient Observation Cases	884	1,153	-23.3%	8,282	11,984	-30.9%	11,420	-27.5%
<b>Total Cases Occupying Patient Beds</b>	<b>3,578</b>	<b>3,515</b>	<b>1.8%</b>	<b>34,469</b>	<b>36,159</b>	<b>-4.7%</b>	<b>34,448</b>	<b>0.1%</b>
Births	489	431	13.5%	4,490	4,046	11.0%	4,196	7.0%
Inpatient Days	16,894	15,129	11.7%	163,535	144,500	13.2%	139,868	16.9%
Outpatient Observation Days	3,267	3,523	-7.3%	26,901	36,373	-26.0%	36,420	-26.1%
<b>Total Patient Days</b>	<b>20,161</b>	<b>18,652</b>	<b>8.1%</b>	<b>190,436</b>	<b>180,873</b>	<b>5.3%</b>	<b>176,288</b>	<b>8.0%</b>
Average Daily Census	650.3	601.7	8.1%	626.4	595.0	5.3%	579.9	8.0%
Average Operating Beds	695	681	2.1%	684	681	0.4%	683	0.1%
Bed Occupancy %	93.6%	88.4%	5.9%	91.6%	87.4%	4.8%	84.9%	7.9%
Inpatient Average Length of Stay	6.27	6.41	-2.1%	6.24	5.98	4.5%	6.07	2.8%
Inpatient Case Mix Index (CMI)	1.699	1.706	-0.4%	1.707	1.706	0.0%	1.768	-3.5%
<b>Payor Mix (% of Charges)</b>								
Charity & Self Pay	46.5%	46.2%	0.6%	44.3%	46.7%	-5.1%	46.5%	-4.6%
Medicaid & Medicaid Managed	22.5%	23.5%	-4.4%	23.1%	22.7%	1.8%	22.0%	5.1%
Medicare & Medicare Managed	9.4%	11.6%	-18.8%	11.3%	11.0%	3.1%	11.6%	-1.8%
Commercial & Other	21.6%	18.7%	15.6%	21.2%	19.5%	9.0%	20.0%	6.1%
<b>Total Unduplicated Patients - Rolling 12</b>				<b>249,349</b>			<b>248,277</b>	<b>0.4%</b>
<b>Total New Patient - Rolling 12</b>				<b>87,959</b>			<b>82,215</b>	<b>7.0%</b>



# Harris Health System

## Statistical Highlights

July FY 2023

### Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,578	3,515	3,504

### Cases Occupying Beds - YTD

Actual	Budget	Prior Year
34,469	36,159	34,448

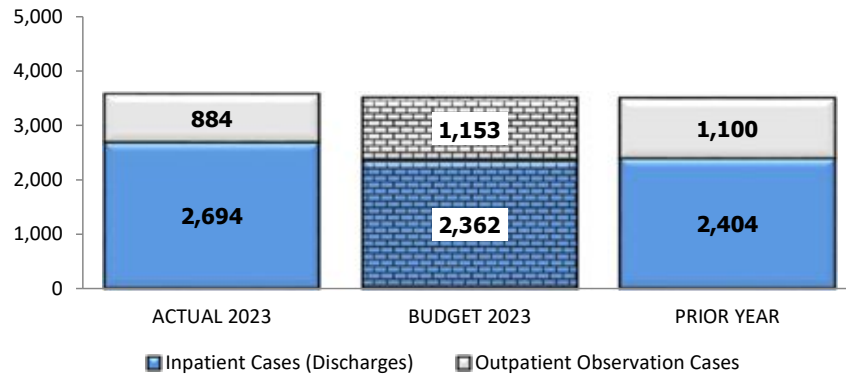
### Emergency Visits - CM

Actual	Budget	Prior Year
13,582	13,202	12,832

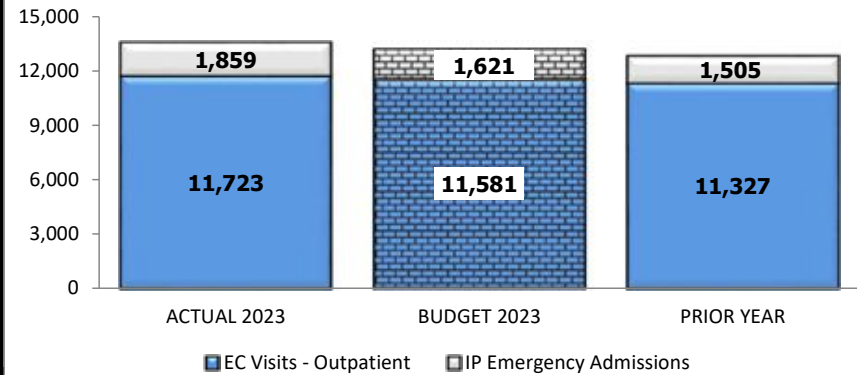
### Emergency Visits - YTD

Actual	Budget	Prior Year
128,437	128,906	122,848

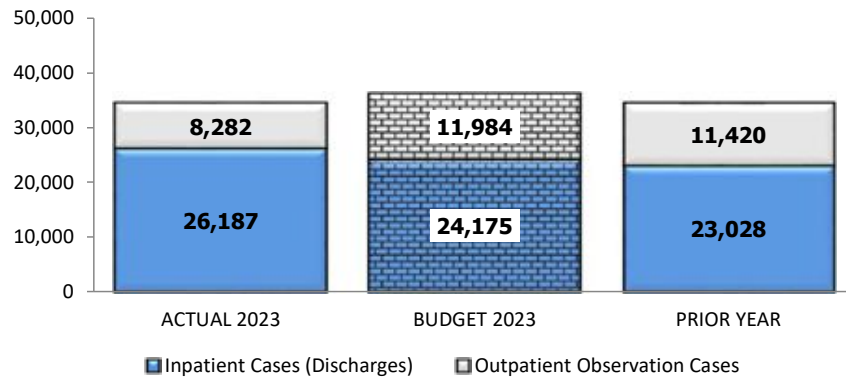
### Cases Occupying Beds - Current Month



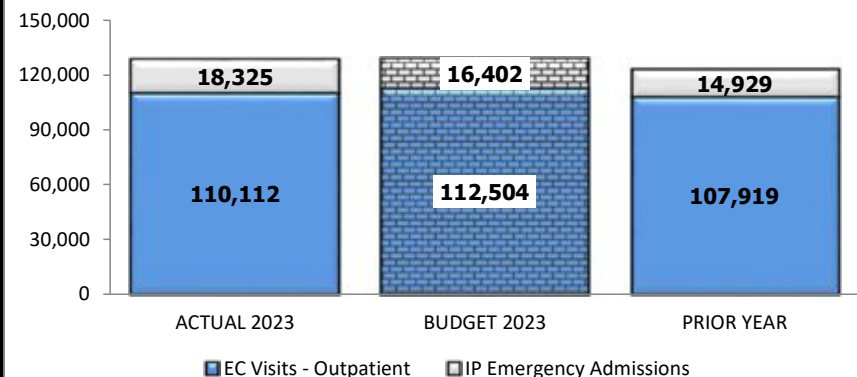
### Emergency Visits - Current Month



### Cases Occupying Beds - YTD



### Emergency Visits - YTD



# Harris Health System

## Statistical Highlights

July FY 2023

### Surgery Cases - CM

Actual	Budget	Prior Year
1,597	2,122	1,584

### Surgery Cases - YTD

Actual	Budget	Prior Year
17,148	20,243	15,751

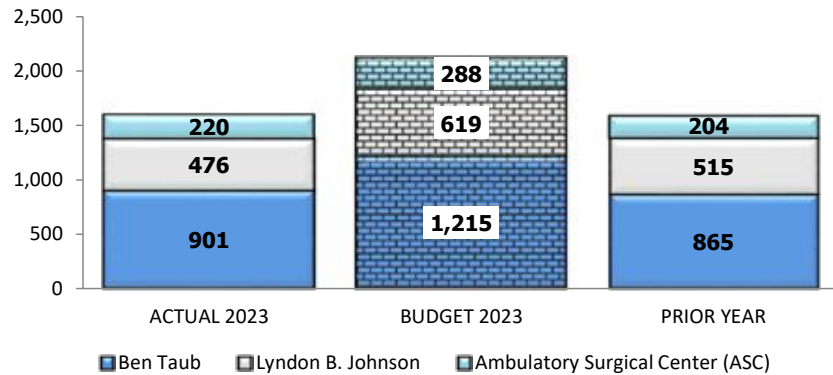
### Clinic Visits - CM

Actual	Budget	Prior Year
70,950	68,281	68,469

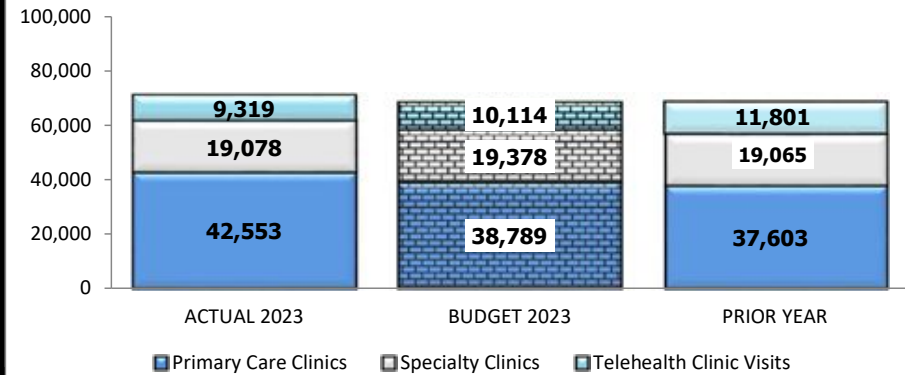
### Clinic Visits - YTD

Actual	Budget	Prior Year
747,054	710,483	724,733

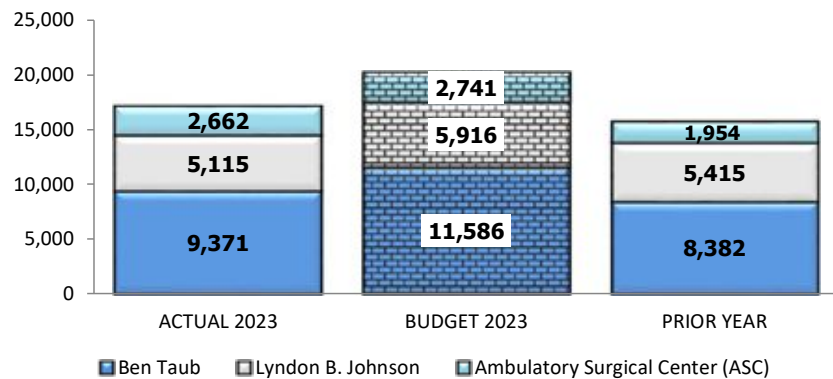
### Surgery Cases - Current Month



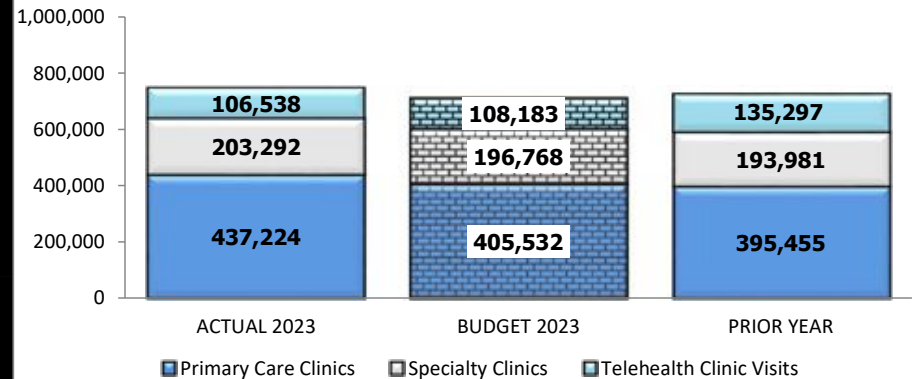
### Clinic Visits - Current Month



### Surgery Cases - YTD



### Clinic Visits - YTD



# Harris Health System

## Statistical Highlights

July FY 2023

### Adjusted Patient Days - CM

43,285

### Adjusted Patient Days - YTD

416,436

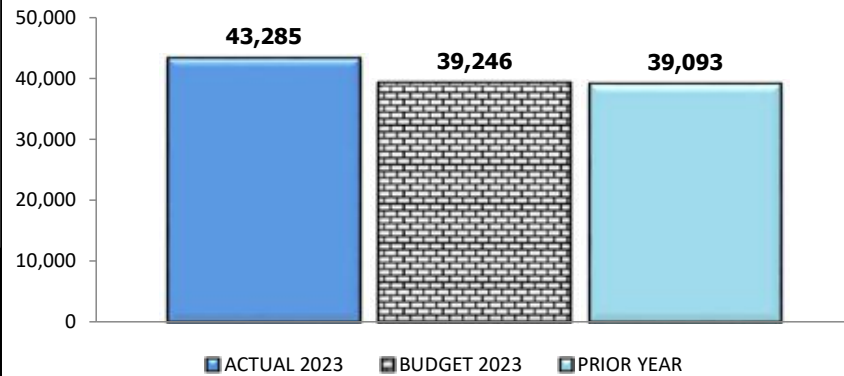
### Average Daily Census - CM

650.3

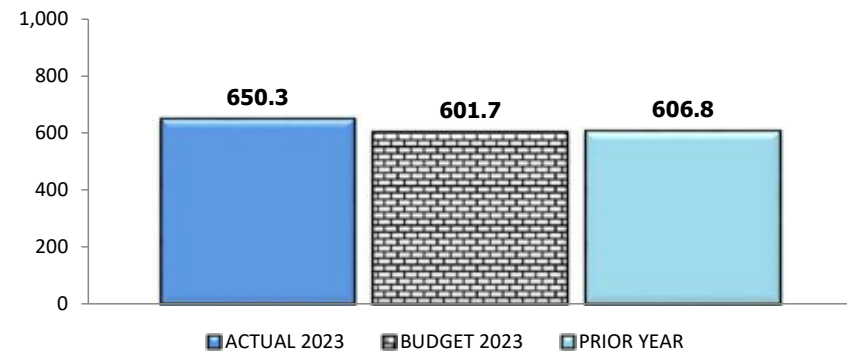
### Average Daily Census - YTD

626.4

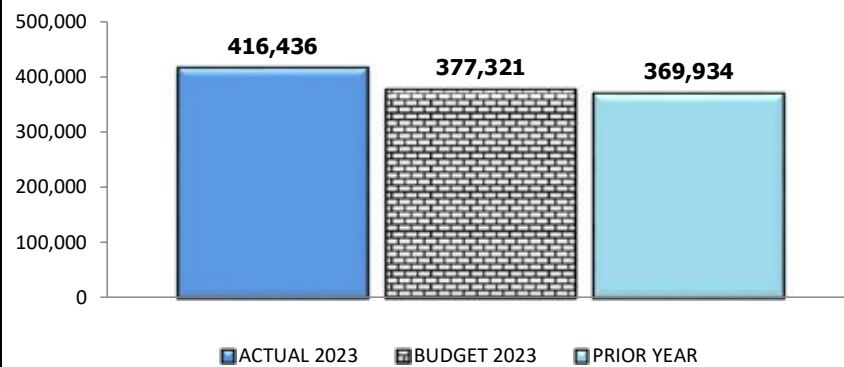
### Adjusted Patient Days - Current Month



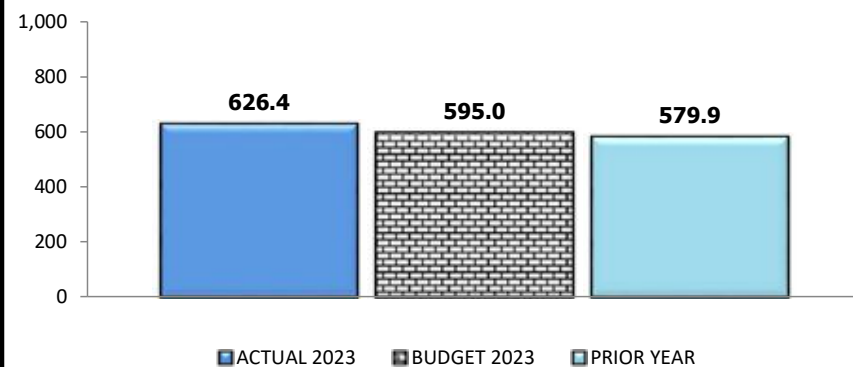
### Average Daily Census - Current Month



### Adjusted Patient Days - YTD



### Average Daily Census - YTD



# Harris Health System

## Statistical Highlights

July FY 2023

### Inpatient ALOS - CM

6.27

### Inpatient ALOS - YTD

6.24

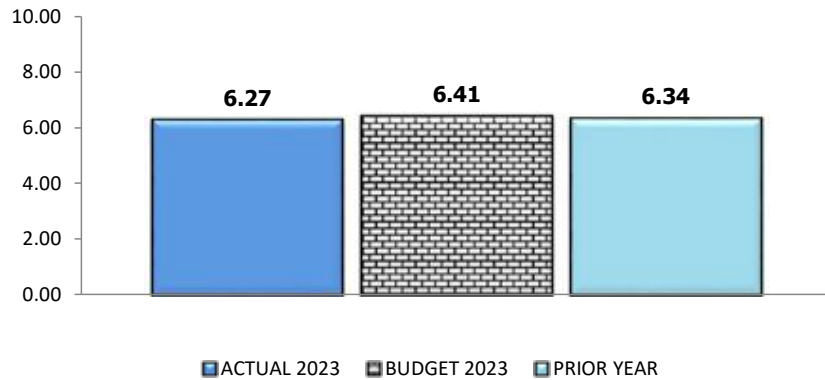
### Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.699	1.890

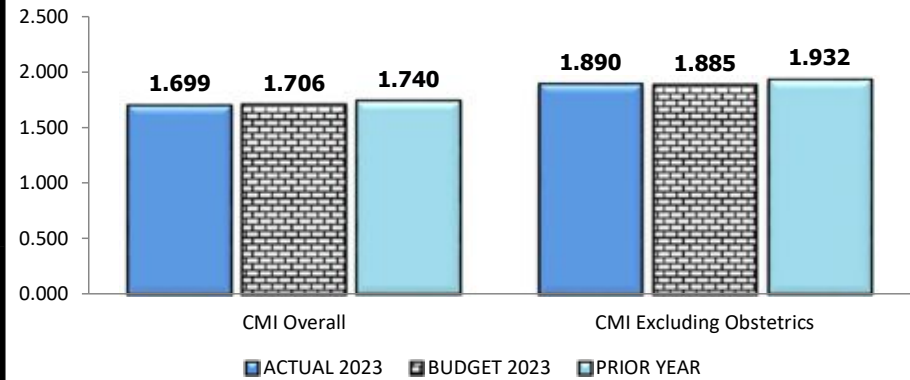
### Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.707	1.882

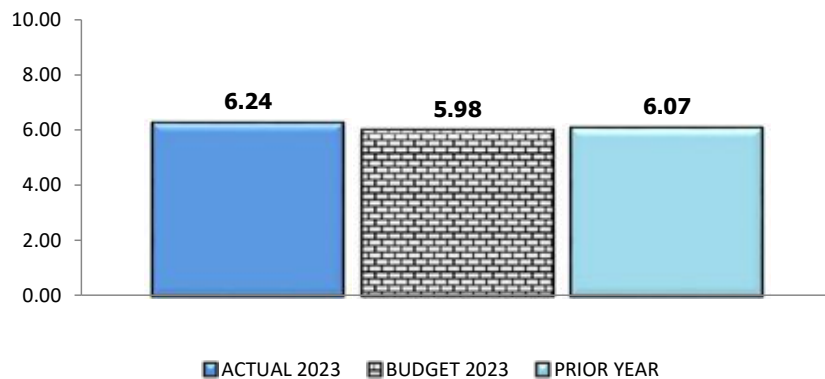
### Inpatient ALOS - Current Month



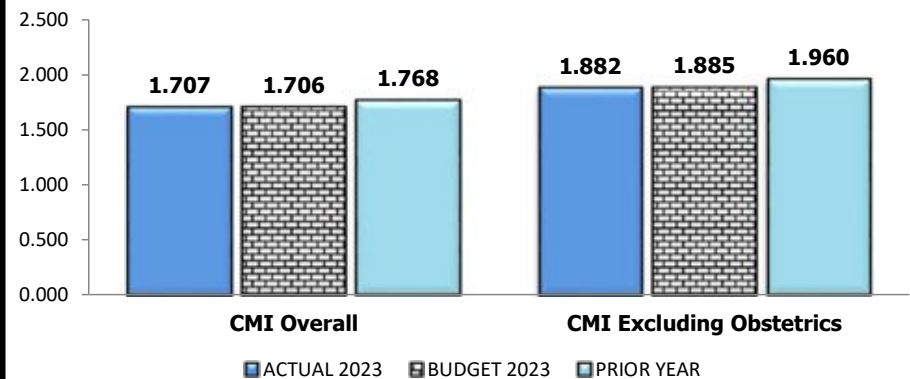
### Case Mix Index - Current Month



### Inpatient ALOS - YTD



### Case Mix Index - YTD

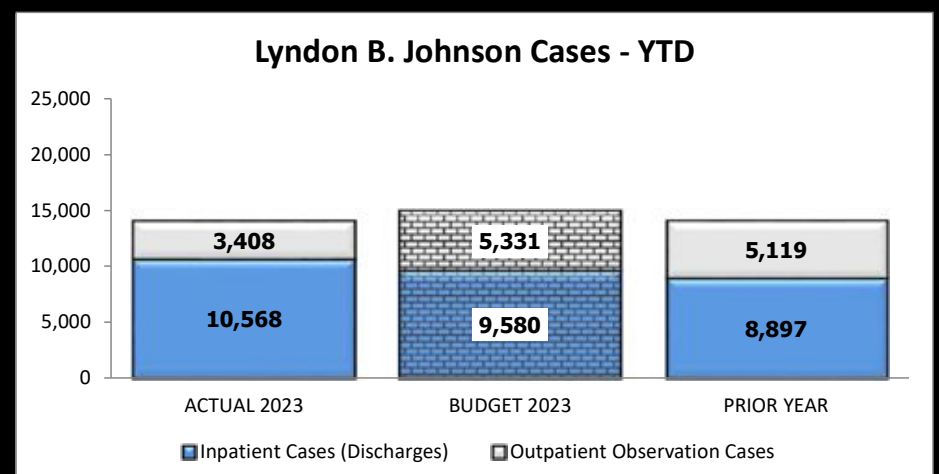
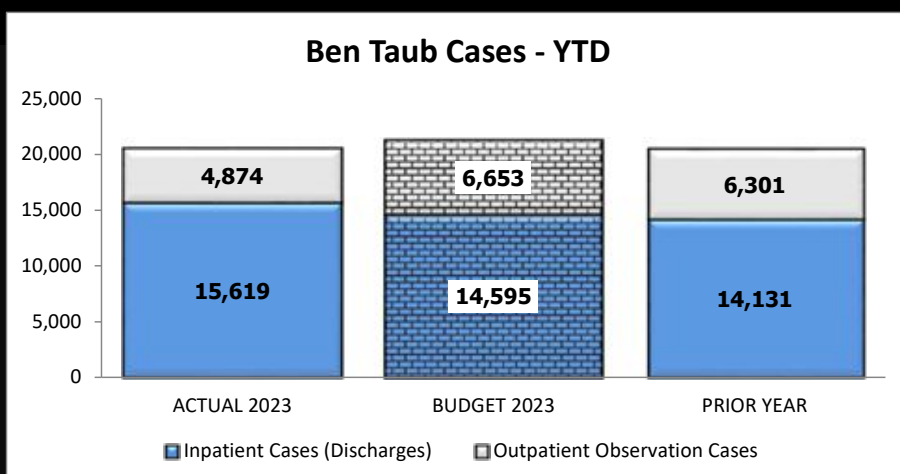
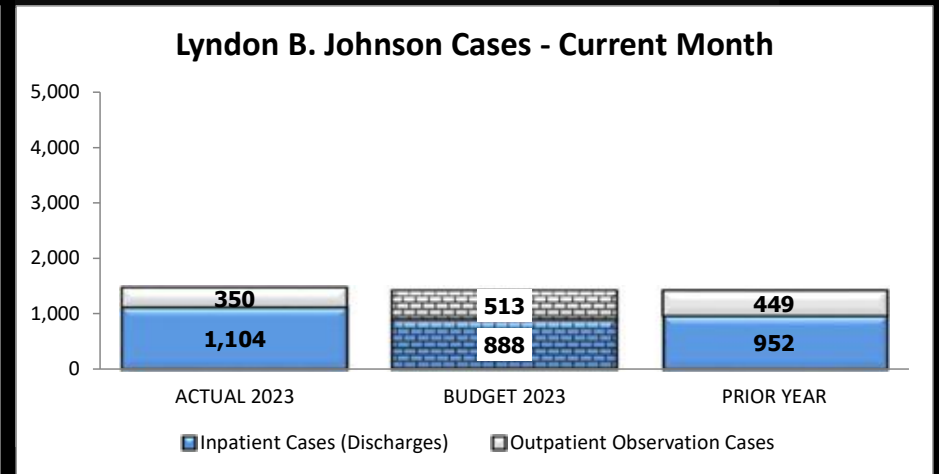
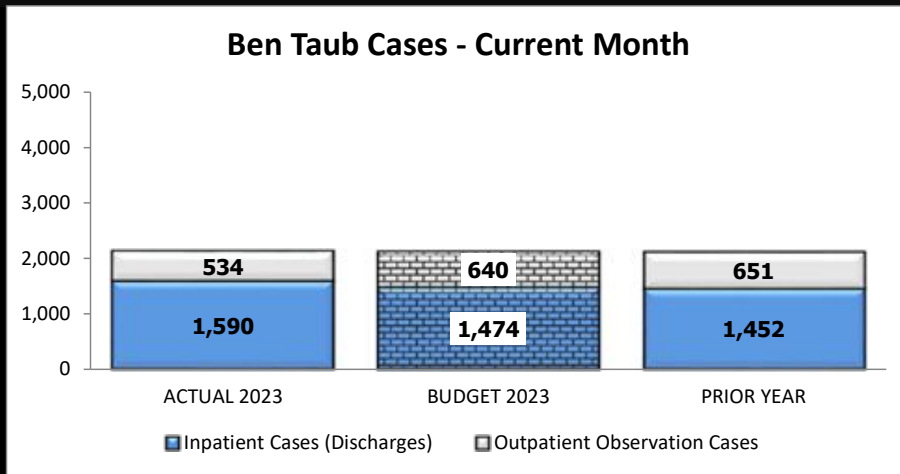


# Harris Health System

## Statistical Highlights - Cases Occupying Beds

July FY 2023

<u>BT Cases Occupying Beds - CM</u>			<u>BT Cases Occupying Beds - YTD</u>			<u>LBJ Cases Occupying Beds - CM</u>			<u>LBJ Cases Occupying Beds - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,124	2,114	2,103	20,493	21,248	20,432	1,454	1,401	1,401	13,976	14,911	14,016



# Harris Health System

## Statistical Highlights - Surgery Cases

July FY 2023

**BT Surgery Cases - CM**

Actual	Budget	Prior Year
901	1,215	865

**BT Surgery Cases - YTD**

Actual	Budget	Prior Year
9,371	11,586	8,382

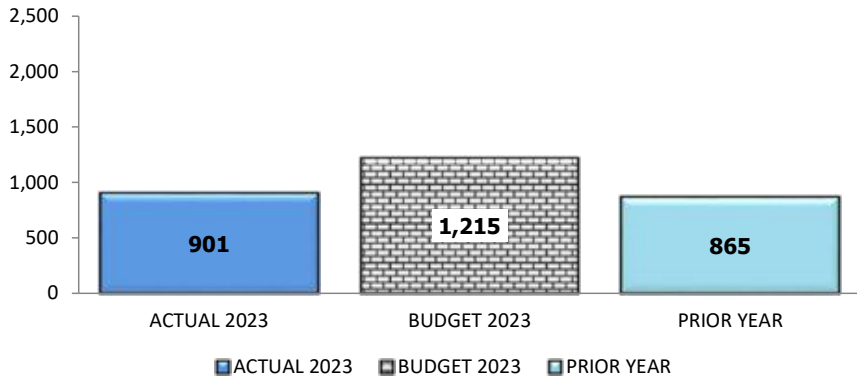
**LBJ Surgery Cases - CM**

Actual	Budget	Prior Year
696	907	719

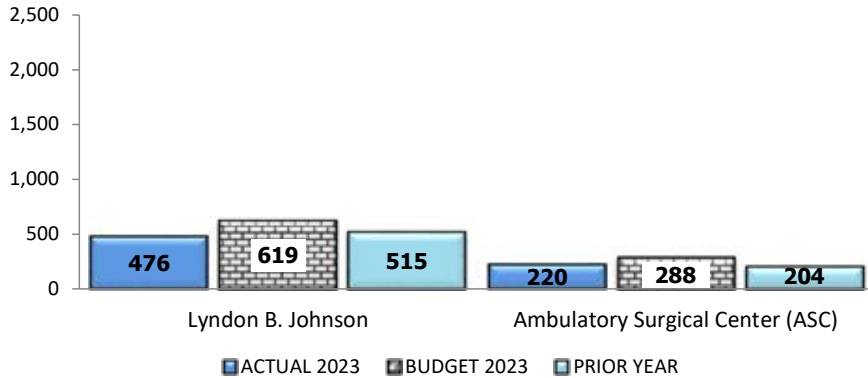
**LBJ Surgery Cases - YTD**

Actual	Budget	Prior Year
7,777	8,657	7,369

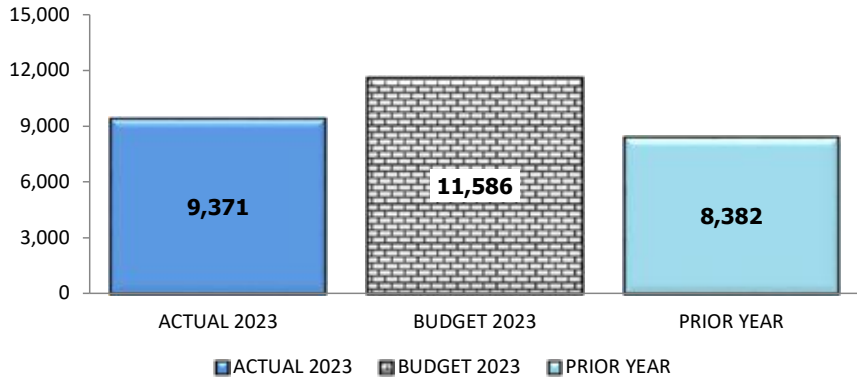
**Ben Taub OR Cases - Current Month**



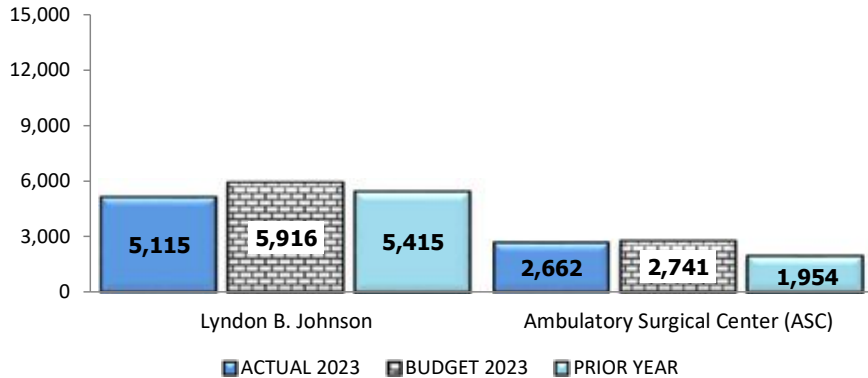
**Lyndon B. Johnson OR Cases - Current Month**



**Ben Taub OR Cases - YTD**



**Lyndon B. Johnson OR Cases - YTD**



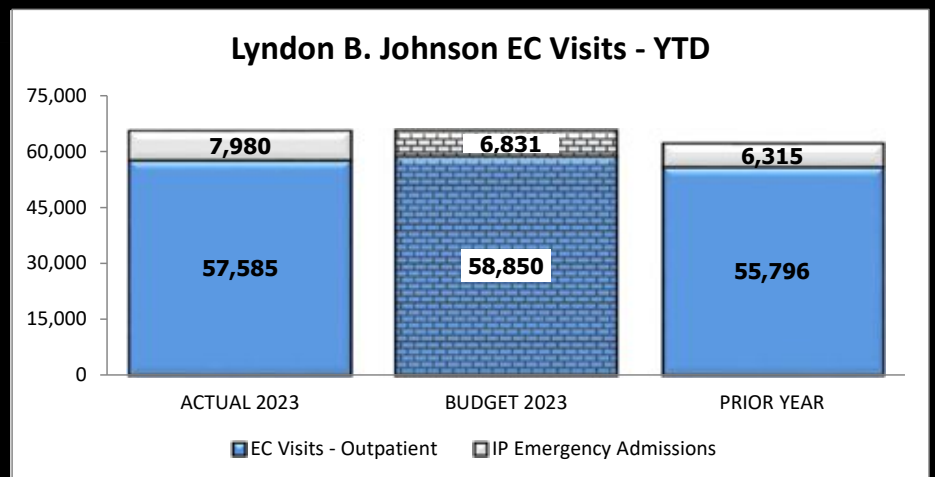
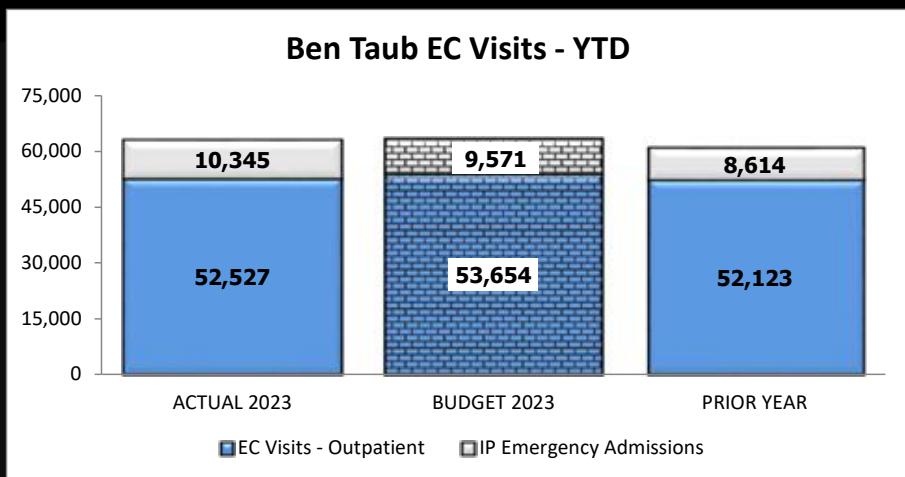
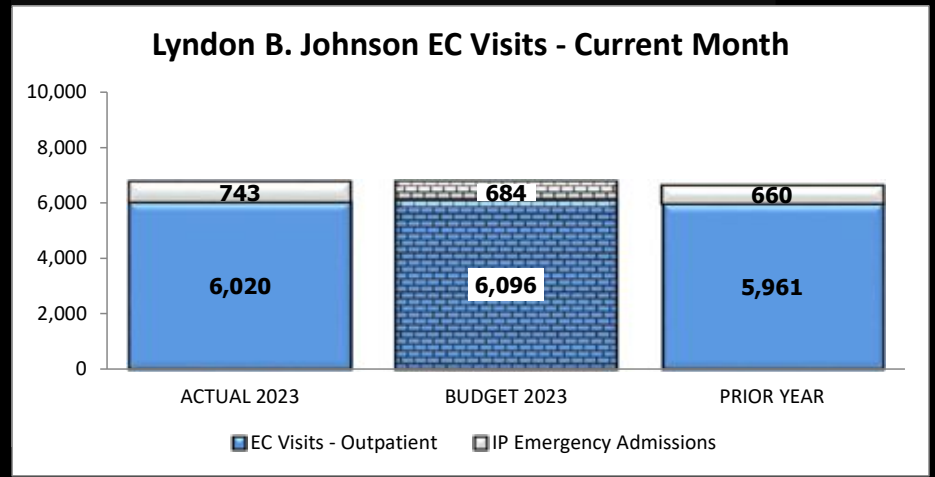
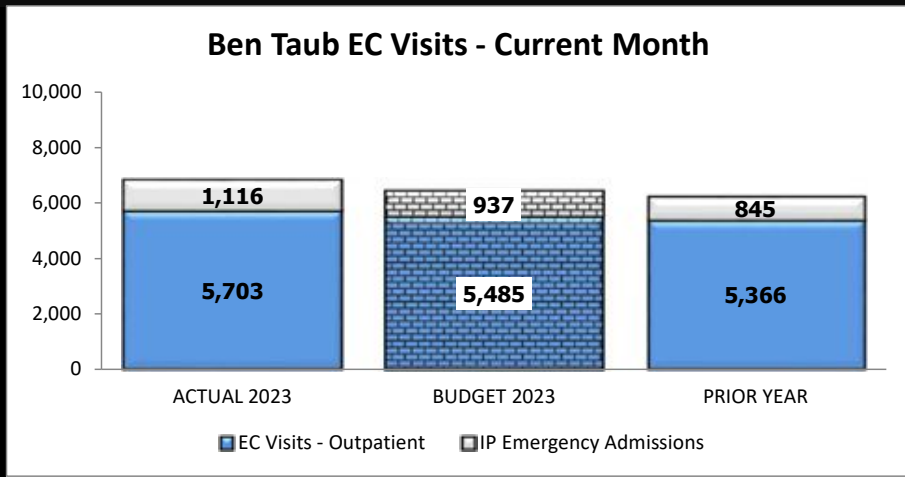


# Harris Health System

## Statistical Highlights - Emergency Room Visits

July 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
6,819	6,422	6,211	62,872	63,225	60,737	6,763	6,780	6,621	65,565	65,681	62,111

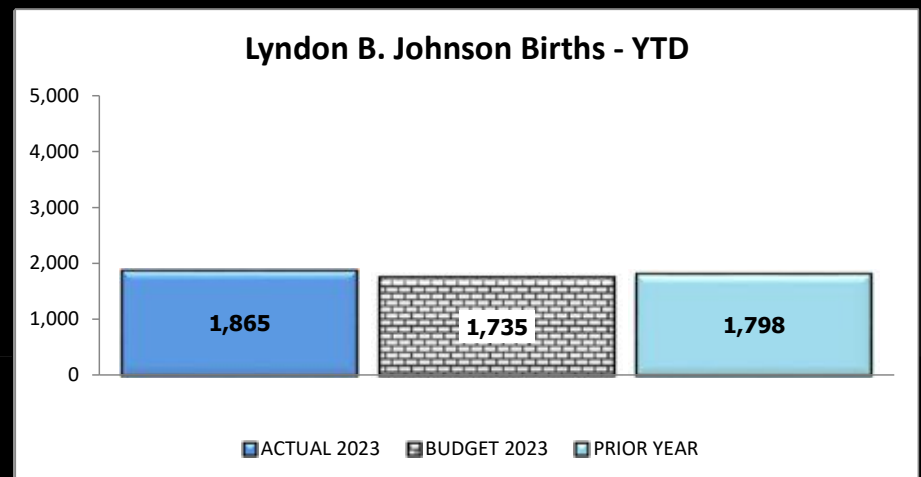
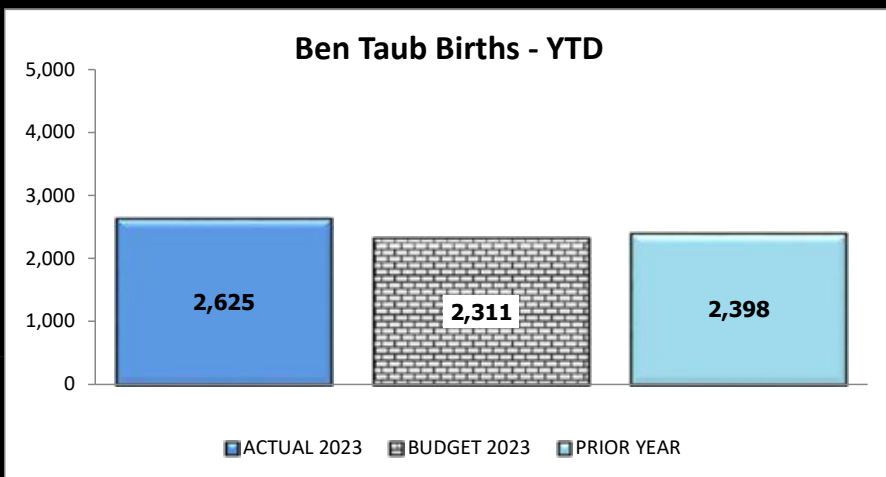
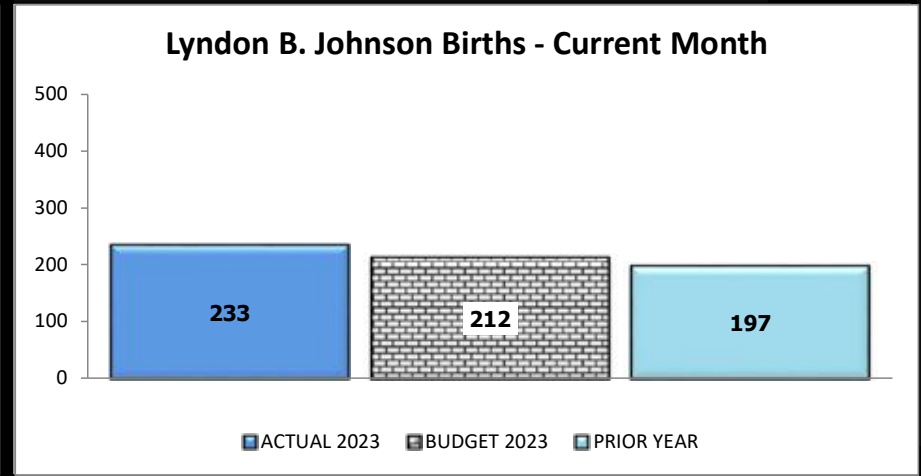
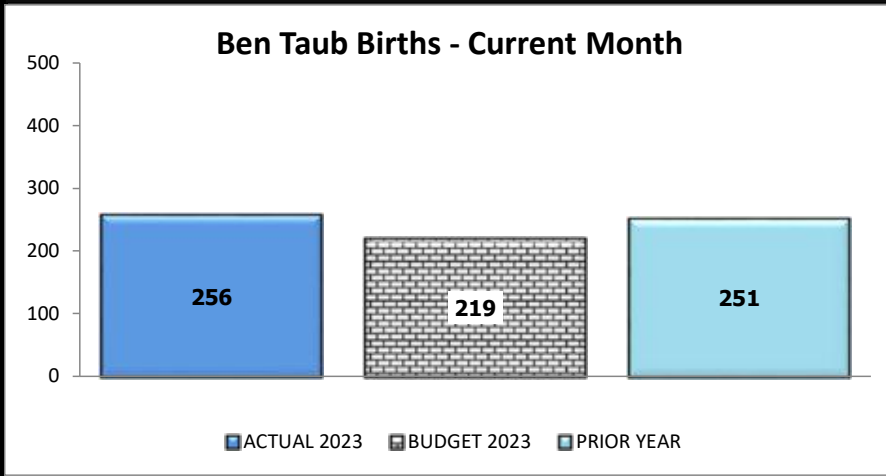


# Harris Health System

## Statistical Highlights - Births

July 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
256	219	251	2,625	2,311	2,398	233	212	197	1,865	1,735	1,798





# Harris Health System

## Statistical Highlights - Adjusted Patient Days

July FY 2023

**BT Adjusted Patient Days - CM**

21,411

**BT Adjusted Patient Days - YTD**

206,133

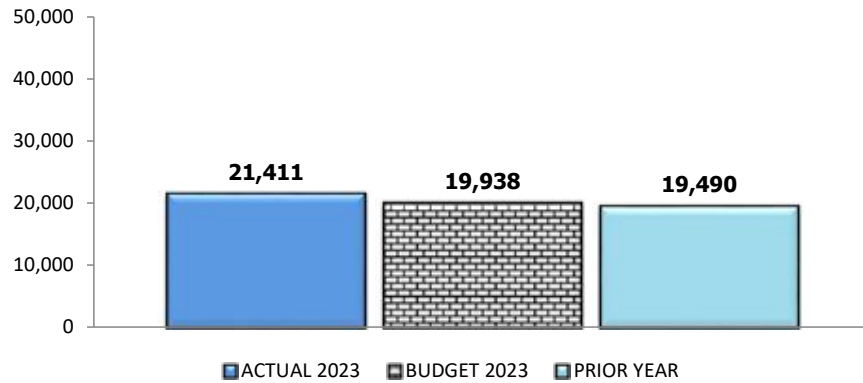
**LBJ Adjusted Patient Days - CM**

13,976

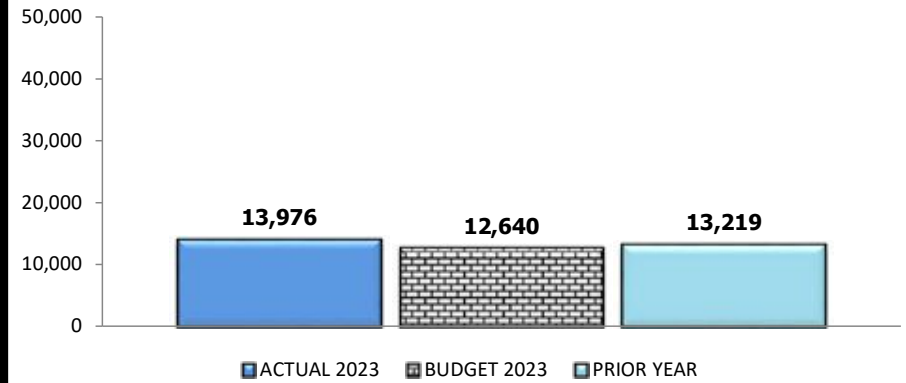
**LBJ Adjusted Patient Days - YTD**

131,533

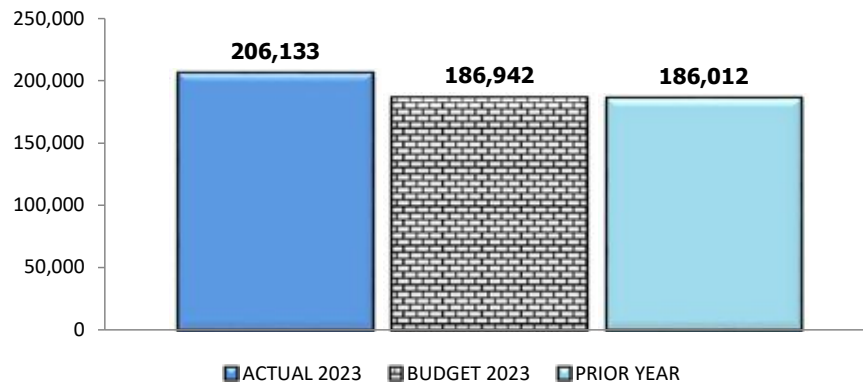
**Ben Taub APD - Current Month**



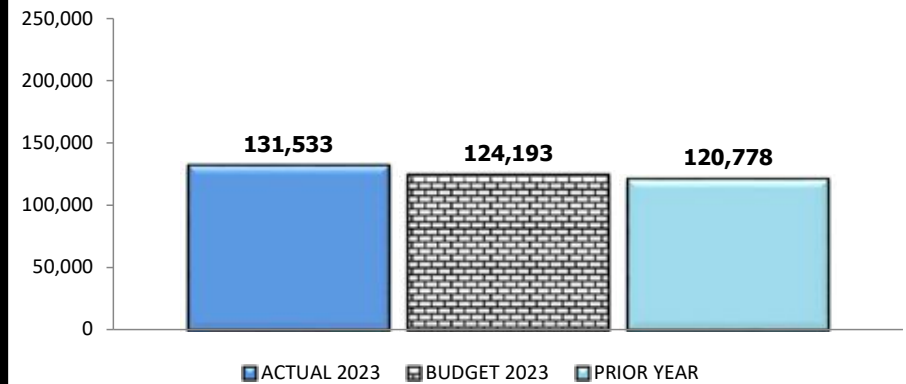
**Lyndon B. Johnson APD - Current Month**



**Ben Taub APD - YTD**



**Lyndon B. Johnson APD - YTD**



# Harris Health System

## Statistical Highlights - Average Daily Census (ADC)

July FY 2023

**BT Average Daily Census - CM**

414.1

**BT Average Daily Census - YTD**

402.7

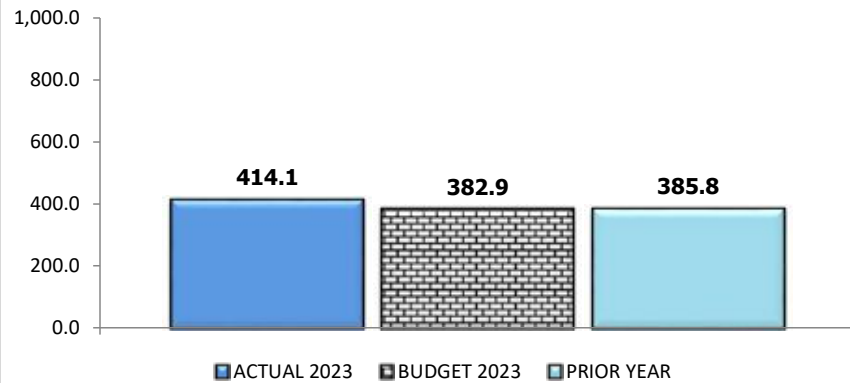
**LBJ Average Daily Census - CM**

236.3

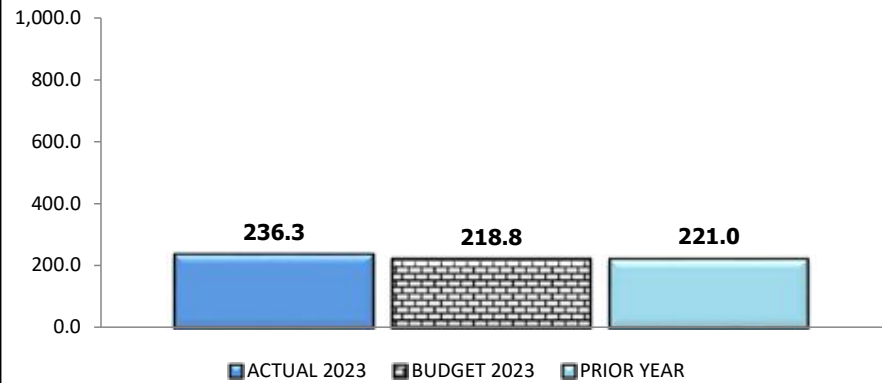
**LBJ Average Daily Census - YTD**

223.8

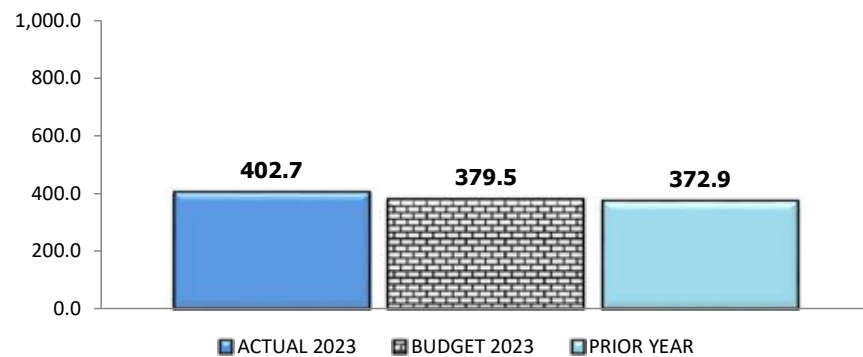
**Ben Taub ADC - Current Month**



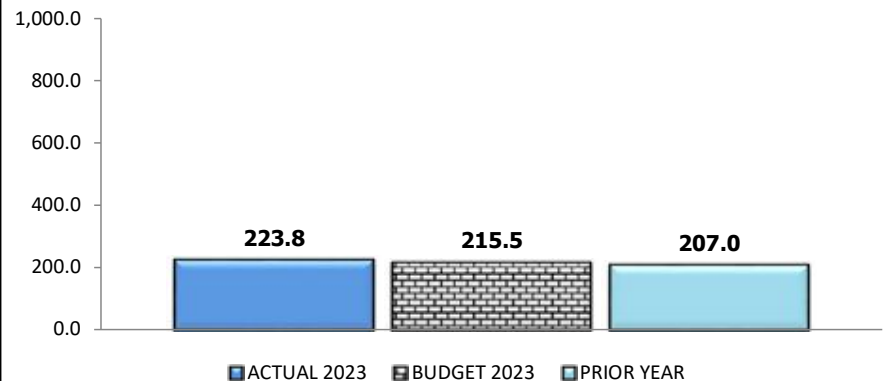
**Lyndon B. Johnson ADC - Current Month**



**Ben Taub ADC - YTD**



**Lyndon B. Johnson ADC - YTD**



# Harris Health System

## Statistical Highlights - Inpatient Average Length of Stay (ALOS)

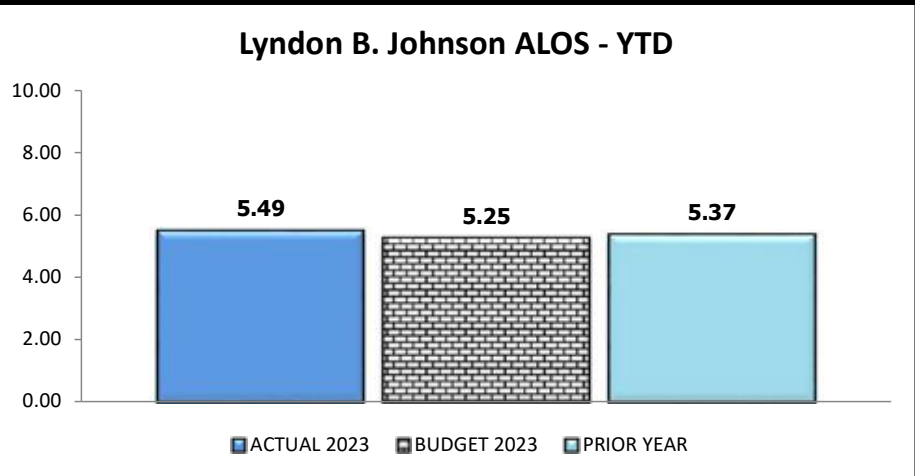
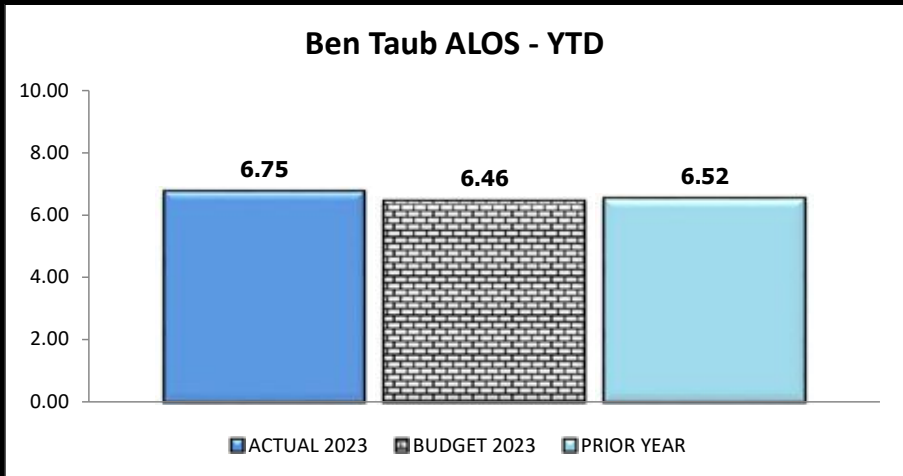
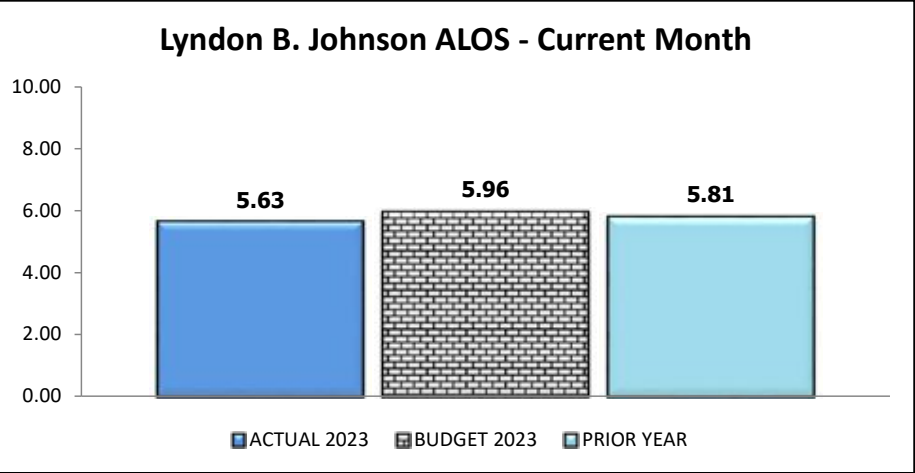
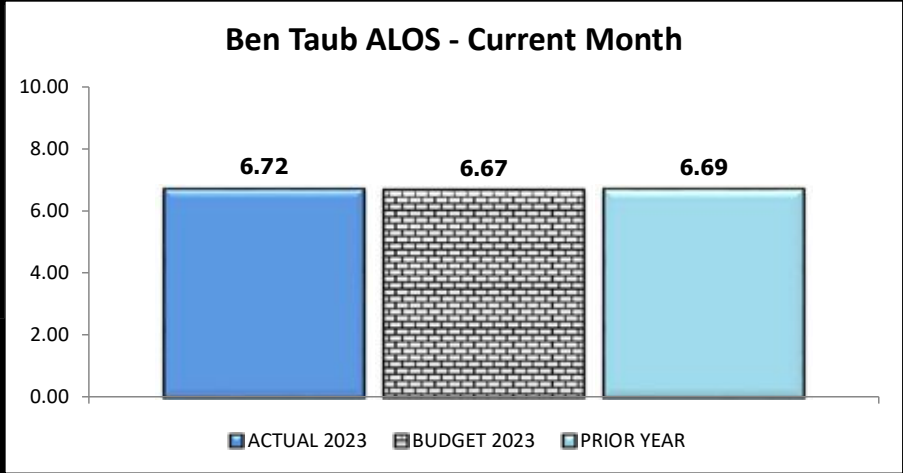
July FY 2023

**BT Inpatient ALOS - CM**  
6.72

**BT Inpatient ALOS - YTD**  
6.75

**LBJ Inpatient ALOS - CM**  
5.63

**LBJ Inpatient ALOS - YTD**  
5.49



# Harris Health System

## Statistical Highlights - Case Mix Index (CMI)

July FY 2023

### BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.833	2.019

### BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.824	2.013

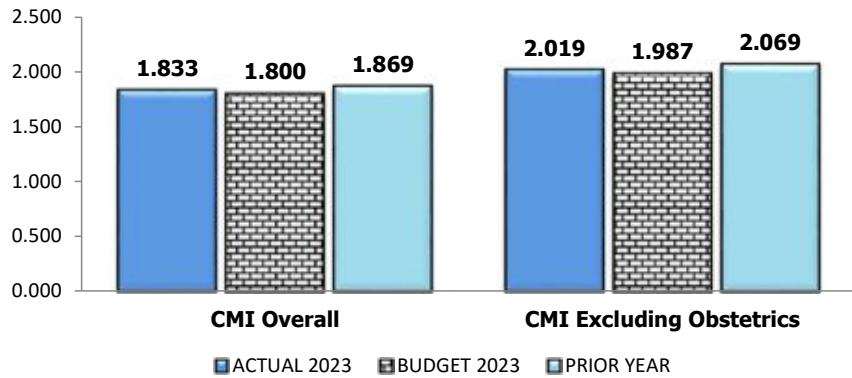
### LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.507	1.693

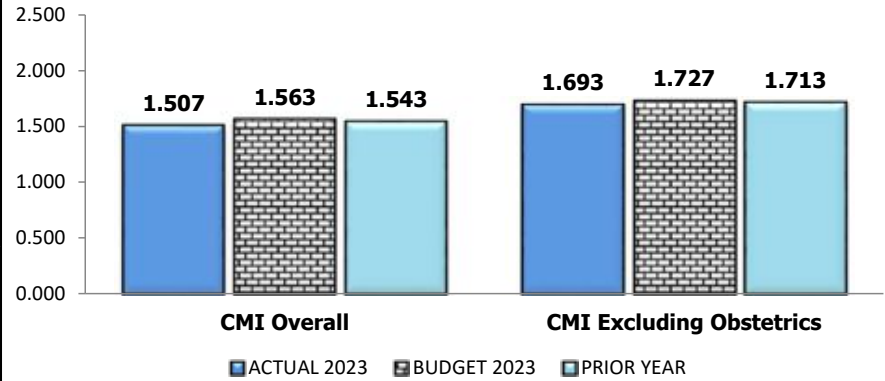
### LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.534	1.685

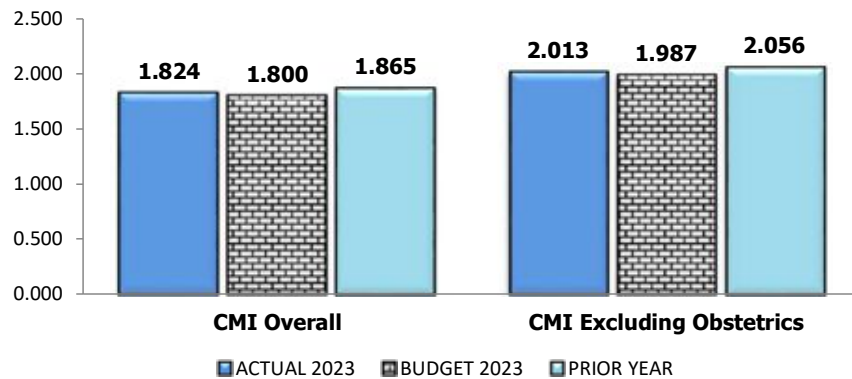
#### Ben Taub CMI - Current Month



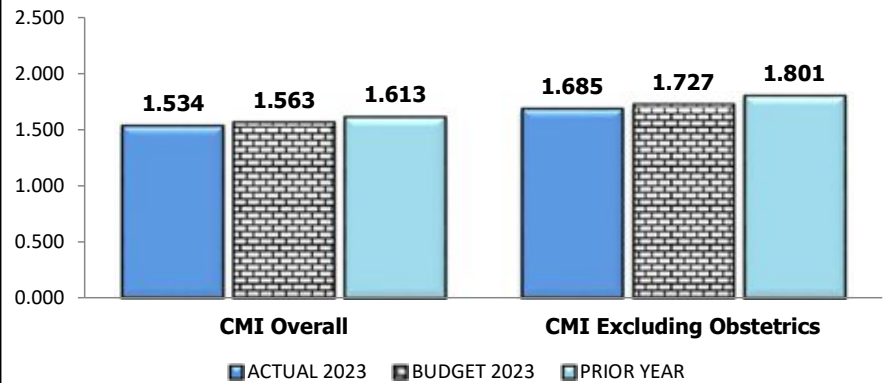
#### Lyndon B. Johnson CMI - Current Month



#### Ben Taub CMI - YTD



#### Lyndon B. Johnson CMI - YTD



Thursday, August 24, 2023

Consideration of approval of an interlocal agreement with the City of Houston, Harris County, Houston Land Bank, Port of Houston Authority of Harris County, Texas, Harris County Flood Control District, Harris County Department of Education, Houston Community College System, and Houston Independent School District for the purpose of evidencing the Houston Land Bank's commitment to use 83 parcels of vacated land for low-income housing

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Administration recommends approval of an Interlocal Agreement with the above-named parties. The Interlocal Agreement would authorize the Houston Land Bank ("HLB") to retain 83 parcels of land which were transferred to HLB in 2003 and were slated to be returned to Harris County in March 2017.

By way of background, the Houston Land Bank is a government corporation whose mission is to strategically acquire, dispose, and place vacant, abandoned, and damaged properties into productive use to catalyze community and economic development. In 2003, Harris Health entered an agreement (the "Original Interlocal") with HLB, the City of Houston, Harris County, Harris Health, and other taxing entities for the sale of 83 vacated lots by HLB. Pursuant to the Original Interlocal, if the HLB had not sold all lots or parcels of land conveyed to it by March 12, 2017, such land was to be returned to the County for the benefit of the parties, including Harris Health.

As of March 13, 2017, the HLB had not sold the lots and failed to return them to the County. Today, the City and County are seeking the approval of the remaining parties to permit HLB to retain the lots for the purpose of developing affordable new single-family homes for low-income residents. The Board's approval is necessary before the City or County will take action.

Thursday, August 24, 2022

Review and Acceptance of the Following Report 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

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Attached for review and acceptance:

- **HCHP August 2023 Operational Update**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report 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

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## Health Care for the Homeless Monthly Update Report – August 2023

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

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# Agenda

- Operational Update
  - Patient Services
  - 2023 Q2 Budget Report
  - Change in Scope



# Patients Served

## Telehealth Visits

- Telehealth New Patients: 0
- Telehealth Return Patients: 28

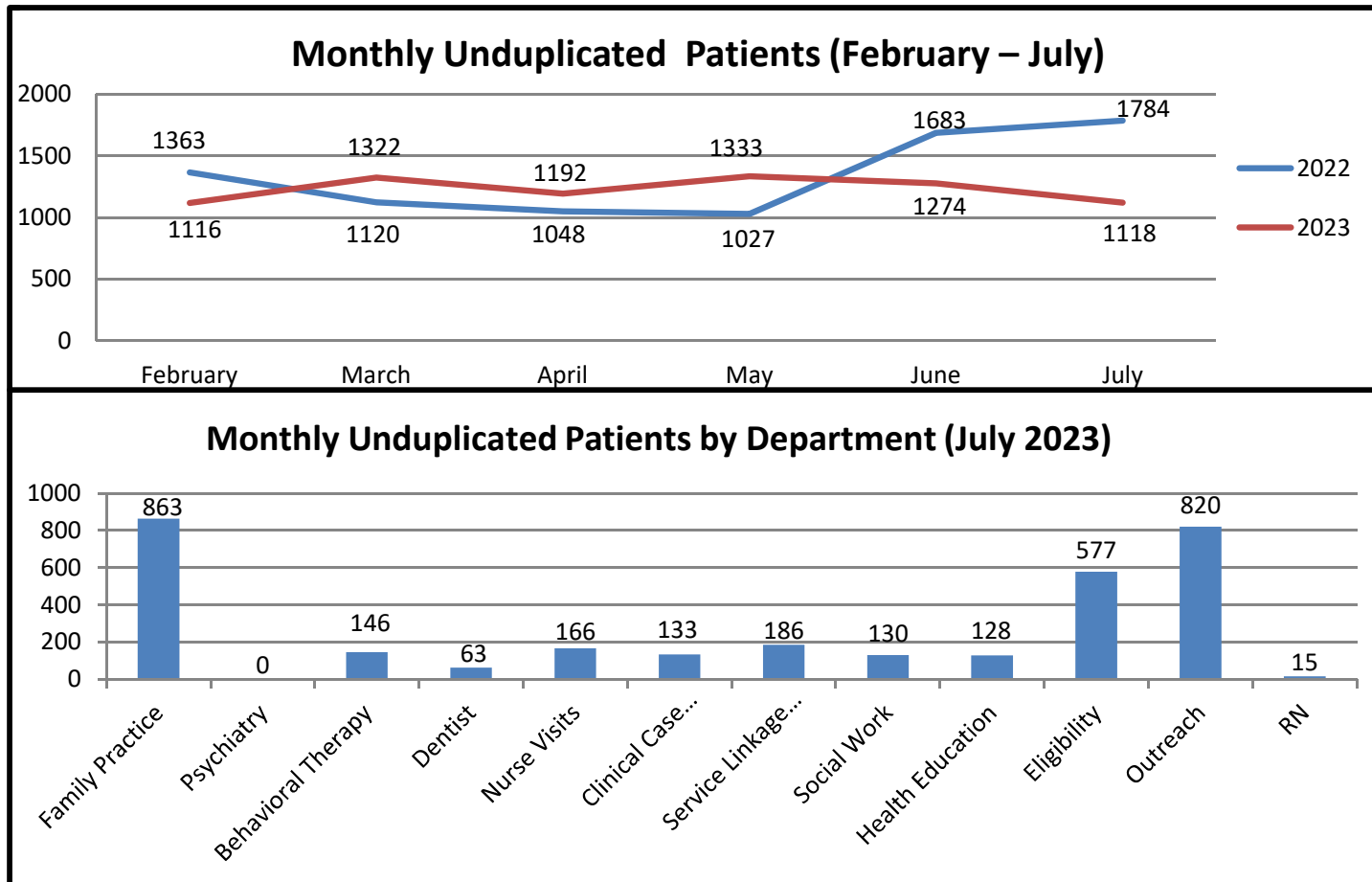
## New Patient Visits

- Adult New Patients: 364
- Pediatric New Patients: 26

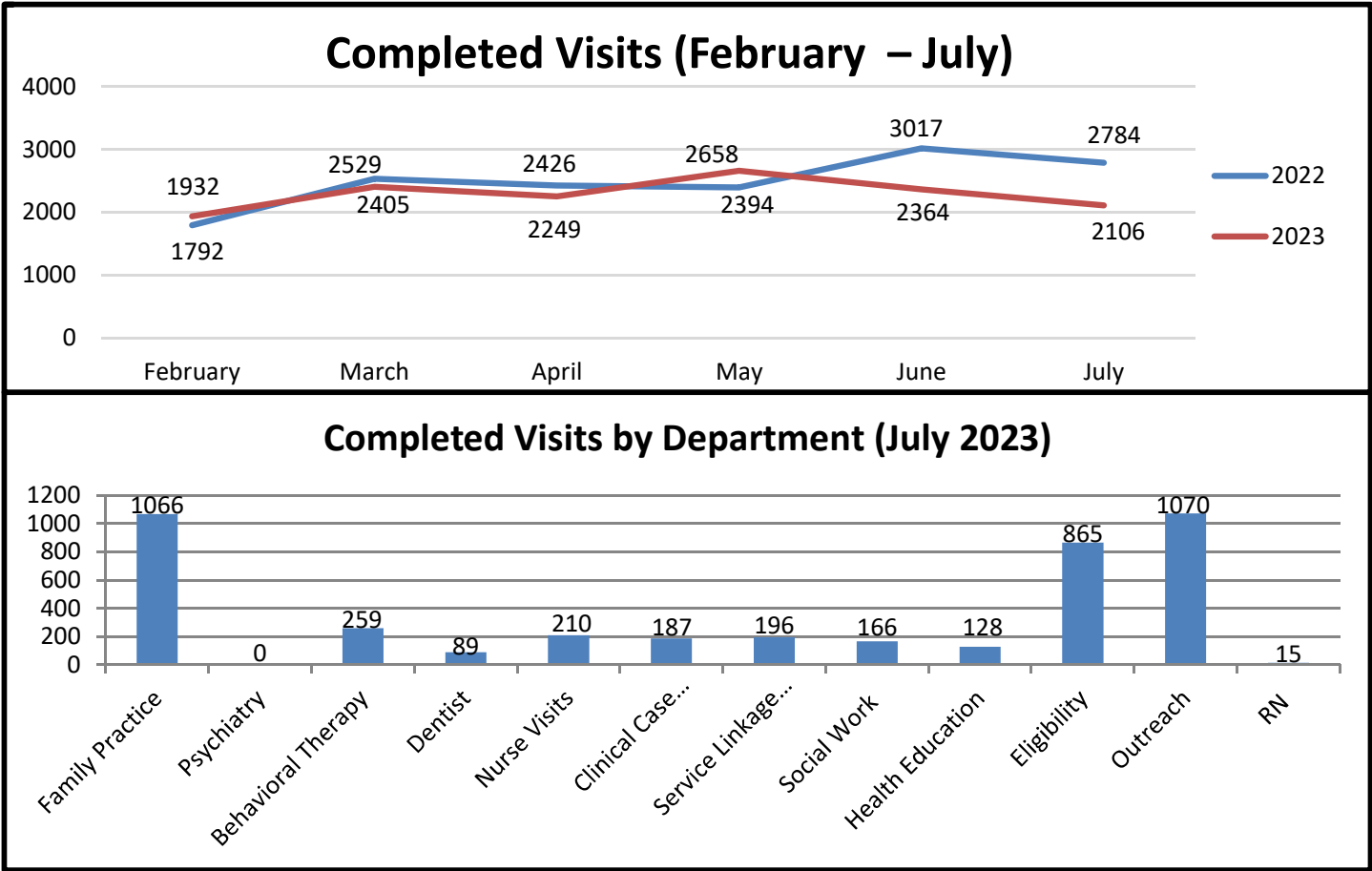
## HRSA Target: 9775

- Unduplicated Patients: 4,650
- Total Complete Visits: 15,821

# Operational Update



# Operational Update



# Operational Update

## Homeless -Primary Grants and Harris Health Funding

Period: January 1, 2023 – December 31, 2023

YTD June 2023

Line Item	Annual Budget	YTD Total Expense	Annualized Expenses	Remaining Balance (budget-annualized expenses)	% Used Total Projected Expenses
Personnel/Fringe	\$5,005,893	\$1,950,027	3,900,054	\$1105,839	77%
Travel	\$12,460	\$2,096	4,192	\$8,268	34%
Supplies	\$272,349	\$224,043	448,086	(\$175,737)	165%
Equipment	\$477,628	\$32,202	64,405	\$ 413,223	14%
Contractual	\$234,789	\$ 46,442	92,884	\$ 141,905	40%
Other	\$363,791	\$23,286	46,571	\$ 317,220	13%
<b>Total</b>	<b>\$ 6,366,910</b>	<b>\$2,278,096</b>	<b>4,556,192</b>	<b>\$ 1,810,718</b>	<b>72%</b>

# Operational Update

## Change in Scope

- Change in Scope for the Medical Mobile Unit operating hours, Located at 5656 Kelley Street, Houston, Texas, 77026. Change in operation services, from the unit providing services five days a week (40 hours) to four days a week (32 hours).
- Change implemented to reconcile the drivers hours and to ensure seven hours of direct patient care.

Thursday, August 24, 2022

Consideration of Approval of the Following Report 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

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Attached for consideration of approval:

- **HCHP 2023 Q2 Budget Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.

**Homeless Primary Grant & Non-Federal Funding  
Period: January 1, 2023 - December 31, 2023**

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	Line Item	Annual Budget	YTD Total Expense	Annualized Expenses	Remaining Balance(Budget-Annualized Expenses)	% Used YTD	% Used Annualized
<b>Federal</b>	Salary	\$ 3,867,655.00	\$ 1,551,938.00	\$ 3,103,876.00	\$ 763,779.00	40.1%	80.3%
	Benefits	\$ 928,237.67	\$ 360,469.00	\$ 720,938.00	\$ 207,299.67	38.8%	77.7%
	Travel	\$ 9,460.00	\$ 136.00	\$ 272.00	\$ 9,188.00	1.4%	2.9%
	Supplies	\$ 135,920.33	\$ 212,806.00	\$ 425,612.00	\$ (289,691.67)	156.6%	313.1%
	Equipment	\$ 454,156.00	\$ 31,550.00	\$ 63,100.00	\$ 391,056.00	6.9%	13.9%
	Contractual	\$ 234,789.00	\$ 46,442.00	\$ 92,884.00	\$ 141,905.00	19.8%	39.6%
	Other	\$ 307,110.00	\$ 9,524.00	\$ 19,048.00	\$ 288,062.00	3.1%	6.2%
	<b>Total</b>	<b>\$ 5,937,328.00</b>	<b>\$ 2,212,864.53</b>	<b>\$ 4,425,730.00</b>	<b>\$ 1,511,598.00</b>	<b>37.3%</b>	<b>74.5%</b>
<b>Non-Federal</b>	Salary	\$ 175,000.00	\$ 32,503.20	\$ 65,006.40	\$ 109,993.60	18.6%	37.1%
	Benefits	\$ 35,000.00	\$ 5,117.21	\$ 10,234.42	\$ 24,765.58	14.6%	29.2%
	Travel	\$ 3,000.00	\$ 1,960.02	\$ 3,920.04	\$ (920.04)	65.3%	130.7%
	Supplies	\$ 136,428.57	\$ 11,237.24	\$ 22,474.48	\$ 113,954.09	8.2%	16.5%
	Equipment	\$ 23,472.14	\$ 652.28	\$ 1,304.56	\$ 22,167.58	2.8%	5.6%
	Contractual	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
	Other	\$ 56,681.30	\$ 13,761.73	\$ 27,523.46	\$ 29,157.84	24.3%	48.6%
	<b>Total</b>	<b>\$ 429,582.01</b>	<b>\$ 65,231.68</b>	<b>\$ 130,463.36</b>	<b>\$ 299,118.65</b>	<b>15.2%</b>	<b>30.4%</b>
<b>Grand Total</b>	Salary	\$ 4,042,655.00	\$ 1,584,441.00	\$ 3,168,882.00	\$ 873,773.00	39.0%	78.0%
	Benefits	\$ 963,238.00	\$ 365,586.00	\$ 731,172.00	\$ 232,066.00	38.0%	76.0%
	Travel	\$ 12,460.00	\$ 2,096.00	\$ 4,192.00	\$ 8,268.00	17.0%	34.0%
	Supplies	\$ 272,349.00	\$ 224,043.00	\$ 448,086.00	\$ (175,737.00)	82.0%	165.0%
	Equipment	\$ 477,628.00	\$ 32,202.00	\$ 64,405.00	\$ 413,223.00	7.0%	14.0%
	Contractual	\$ 234,789.00	\$ 46,442.00	\$ 92,884.00	\$ 141,905.00	20.0%	40.0%
	Other	\$ 363,791.00	\$ 23,286.00	\$ 46,571.00	\$ 317,220.00	6.0%	13.0%
	<b>Total</b>	<b>\$ 6,366,910.00</b>	<b>\$ 2,278,096.00</b>	<b>\$ 4,556,192.00</b>	<b>\$ 1,810,718.00</b>	<b>36.0%</b>	<b>72.0%</b>

Thursday, August 24, 2022

Consideration of Approval of the Following Report 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

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Report included in the Operational Update for consideration of approval:

- **HCHP Change in Scope for the Medical Mobile Unit**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



Thursday, August 24, 2022

Executive Session

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Consultation with Attorney Regarding Bond Election Related Matters, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session

- Pages 231 – 232 Were Intentionally Left Blank -