

BOARD OF TRUSTEES
Governance Committee

Tuesday, April 11, 2023
11:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

- | | | |
|--|------------------------------|---------------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 2 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Andrea Caracostis | 2 min |
| • Governance Committee – March 7, 2023 | | |
| III. Board Engagement Opportunities – Ms. Olga Rodriguez | | 5 min |
| IV. Presentation Regarding Parliamentary Procedure Training for Board Members – Ms. Elizabeth Winn | | 25 min |
| V. Presentation Regarding 2022 Board Self-Assessment – Ms. Olga Rodriguez and Ms. Elisabeth Hurst, NRC Health | | 25 min |
| VI. Adjournment | Dr. Andrea Caracostis | 1 min |

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
GOVERNANCE COMMITTEE MEETING
Tuesday, March 7, 2023
11:00 AM

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|--|---|---|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis, Chair, called the meeting to order at 11:01 a.m. It was noted there was a quorum present and the attendance was recorded. Dr. Caracostis announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live . | |
| II. Approval of the Minutes of Previous Meeting – Governance Committee – February 7, 2023 | | Moved by Ms. Alicia Reyes, seconded by Ms. Marcia Johnson, and unanimously approved the minutes of the previous meeting. Motion carried. |
| III. Update Regarding Board Onboarding Process | Ms. Maria Cowles, Senior Vice President, Chief of Staff, delivered an update regarding the Board onboarding process. She presented a brief overview of Harris Health’s board orientation survey results, orientation current state, as well as perspective from similar healthcare systems. In addition, Ms. Cowles provided recommendations and snapshot of the Board orientation and onboarding process. Committee discussion ensued regarding the Board liaison approach versus the Board buddy system. A copy of the presentation is available in the permanent record. | As Presented. |
| IV. Possible Revisions to Board Standard Operating Procedures | Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, presented possible revisions to the Board Standard Operating Procedures (SOPs). She stated there are plans to incorporate her revisions to the document; however, she welcomed feedback from the Governance committee members. Ms. Thomas noted that she will bring forth the edits to the next Governance committee meeting for further discussion. | As Presented. |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|---|---|--------------------------------|
| | <p>Dr. Arthur Bracey recommended that all agenda item requests come before the Board chair or committee chair, which will then be vetted by the Board officers and Administration to determine if this will be a posted agenda item. Dr. Bracey stated that the final decision will be communicated by the Chair. Ms. Thomas explained how and why items are added to the agenda as it relates to the Board’s yearly calendar. Additionally, Ms. Thomas stated there will be Texas Open Meetings Act (TOMA) Training at the March Board meeting. A copy of the SOPs is available in the permanent record.</p> | |
| <p>V. Update Regarding 2022 Board Self-Assessment</p> | <p>Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications, delivered an update regarding the 2022 Board Self-Assessment. She noted that there were five (5) out of nine (9) Board members who have completed the assessment. She state that the findings of the assessment will be presented at the April 11th Governance committee meeting.</p> | <p>As Presented.</p> |
| <p>VI. Executive Session</p> | <p>At 11:29 a.m., Dr. Caracostis stated that the Governance Committee of the Board of Trustees would go into Executive Session for item “A” as permitted by law under Tex. Gov’t Code Ann. §551.074 and Tex. Gov’t Code Ann. §551.071.</p> | |
| <p>A. Discussion Related to Duties and Role of Board of Trustees and Board Governance, Including the Texas Open Meetings Act, Pursuant to Tex. Gov’t Code Ann. §551.074 and Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p> | | <p>No Action Taken.</p> |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|--------------------------|---|------------------------|
| VII. Reconvene | At 11:54 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session. | |
| VIII. Adjournment | Moved by Ms. Alicia Reyes, seconded by Dr. Arthur Bracey, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 11:54 a.m. | |

I certify that the foregoing are the Minutes of the Meeting of the Governance Committee of the Board of Trustees of the Harris Health System held on March 7, 2023.

Respectfully submitted,

Andrea Caracostis, M.D., MPH, Chair

Recorded by Cherry Pierson

Tuesday, March 7, 2023

Harris Health System Board of Trustees Board Meeting – Governance Committee Attendance

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

| GOVERNANCE COMMITTEE MEMBERS PRESENT | GOVERNANCE COMMITTEE MEMBERS ABSENT |
|---|--|
| Dr. Andrea Caracostis (<i>Chair</i>) | |
| Dr. Arthur Bracey (<i>Ex-Officio</i>) | |
| Ms. Alicia Reyes | |
| Ms. Marcia Johnson | |

| EXECUTIVE LEADERSHIP |
|--|
| Dr. Esmail Porsa, President & Chief Executive Officer |
| Ms. Amineh Kostov, Vice President, Operations, Specialty Care & Service Lines |
| Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer |
| Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital |
| Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services |
| Dr. Joseph Kunisch, Vice President, Quality Programs |
| Ms. Kari McMichael, Vice President, Controller |
| Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer |
| Ms. Maria Cowles, Senior Vice President, Chief of Staff |
| Dr. Martha Mims, Chair, Medical Executive Board |
| Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services |
| Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer |
| Mr. Michael Nnadi, Senior Vice President, Chief Pharmacy Officer |
| Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications |
| Mr. Omar Reid, Senior Vice President, Human Resources |
| Mr. Ron Fuschillo, Senior Vice President and Chief Information Officer |
| Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital |
| Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office |
| Dr. Steven Brass, Executive Vice President & Chief Medical Executive |
| Ms. Victoria Nikitin, Executive Vice President, Chief Financial Officer |

| ADDITIONAL GUESTS PRESENT | |
|---|---|
| Antoinette "Toni" Cotton | Jennifer Zarate |
| Bryan McLeod | Jerry Summers |
| Cherry Pierson | John Matcek |
| Daniel Smith | Katie Rutherford (<i>Harris County Attorney's Office</i>) |
| Diana Mathai | Matthew Schlueter |
| Ebon Swofford (<i>Harris County Attorney's Office</i>) | Nicholas Bell |
| Elizabeth Winn (<i>Harris County Attorney's Office</i>) | Randy Manarang |

Tuesday, April 11, 2023

Presentation Regarding Parliamentary Procedure Training for Board Members

Procedures for Effective Board Governance

**By Elizabeth Hanshaw Winn,
Assistant Harris County Attorney
Harris Health Legal Team**



Parliamentary Procedure Purposes

- **Use of Parliamentary Procedures are required per bylaws.**
- **Benefits:**
 - **Working together effectively and smoothly**
 - **Opportunity for all members to be heard**
 - **Helps accomplish meeting purpose**
 - **Forces handling 1 item at a time**
- **Requires that motions are handled by rank (e.g., you can't put amendment before a main motion has been seconded)**

Minimum Meeting Requirements

- **Chair-someone to preside over meeting**
- **Secretary-someone to take the minutes (although this can be delegated)**
- **Quorum-as dictated by the state law & bylaws**
- **Agenda-as required under Texas Open Meetings Act for a public meeting and Robert's Rules**

Chairperson

- **The role of a chairperson:**
 - **lead the meeting and help meeting run smoothly and efficiently;**
 - **ensure the agenda is followed;**
 - **maintain order and ensure everyone has an opportunity to speak. Roberts Rules of Order (12th ed.) 47:7**

Making Motions (Rules of Debate)

- Simple Formula:

- $M+S \rightarrow D \rightarrow V$

- [Motion plus a second is required for discussion and only after all 3, can a vote occur] (motions die without a second)

MAKING MOTIONS (a/k/a Rules of Debate)

Making your motion:

- **rise (or raise hand) and address the Chair**
 - ❑ **Virtual meetings-put a note in the chat box that member has comment/question**

- **wait to be recognized by the chair as having obtained the floor;**
 - ❑ **Limits members talking over each other**

- **make your motion in a clear and concise manner, for example “I move that Harris Health build a new hospital” OR by saying “so moved” after the chair asks is there a motion.**

MAKING MOTIONS (a/k/a Rules of Debate)

Cont'd

- wait for someone to second your motion. “I second the motion”
- the chair will repeat your motion and then ask “Is there any discussion?”
 - ❑ Repeating the motion eliminates any confusion as to the actual motion on the floor
- The question is then open to discussion.
 - ❑ Until this process happens the motion is not official.

MAKING MOTIONS (a/k/a Rules of Debate) (cont'd)

- The Board member who makes the motion is the first to speak, if they desire to do so.
- All discussion should be directed to the chair-not towards other members.
- All discussion should relate to the posted agenda item read by the Chair.
- The chair should relinquish himself/herself as Chair during the debate if he/she has strong opinions on a subject and wishes to participate in the discussion.
- Keep the discussion professional, avoid making your position personal.

MAKING MOTIONS (aka Rules of Debate) (cont'd)

- At the end of discussion (if any), the Chair will call for the vote, restating the motion. “A motion has been made by member X that Harris Health build a new hospital and its been seconded by member X . Hearing no more discussion, I will call for the vote.”
- The Chair will ask for those in favor, and then against. The Chair will state the number of votes for and against the motion. (“We have 4 yes votes, and 3 no votes”)
- The Chair will then announce the results of the motion. (“the motion for Harris Health to build a new hospital passes”)

Frequently Used Subsidiary Motions

Motion to Amend

- *This motion is used to modify a pending motion.
- *The amendment can take three forms:
 - Insert or add words or paragraphs
 - Strike out words or paragraphs
 - Strike and insert by substituting a word, paragraph, or the entire text with new text
- *The amendment must relate to the subject of the motion it is amending.
- *You cannot vote on main motion until after the vote is taken on the amendment(s).

Frequently Used Subsidiary Motions (cont'd)

Motion to Close Debate (or Call for the Previous Question)

- Stops debate on a motion and any subsidiary motion(s) except the higher-ranking motion to Lay on the Table.
- Needs a second
- Is not debatable
- Is not amendable



Point of Order

- Verbally announced by a member if they believe a process is not being followed.
- Examples of announcements:
 - “Chair, Point of order, this discussion is not related to the agenda item.”
 - Chair, Point of order, we are discussing the motion without a second.
- Chair will respond to the member and correct this matter, if necessary.
- Compared with Point of Information or Parliamentary Inquiry

Types of Ways to Delay (or otherwise Postpone) an Agenda Item

LAY ON THE TABLE

POSTPONE TO A CERTAIN TIME

REFER TO A COMMITTEE

POSTPONE INDEFINITELY

Motions That Take a Two-Thirds Vote

In general, a two-thirds vote is required for any motion that takes rights away from members such as the right to speak.

The following motions require a two-thirds vote in all cases:

- Previous Question (close debate)
- Limit or Extend Debate
- Amend Bylaws
- Close Nominations

Any Questions?

Tuesday, April 11, 2023

Presentation Regarding 2022 Board Self-Assessment



Harris Health System

2023 Board Self-Assessment Report

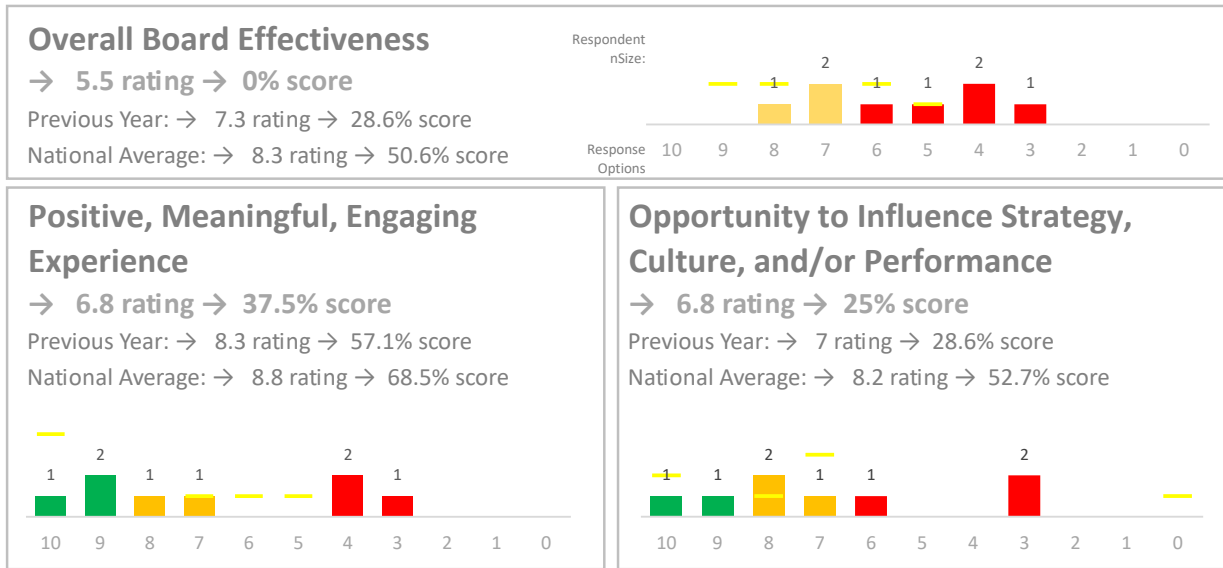


Executive Summary

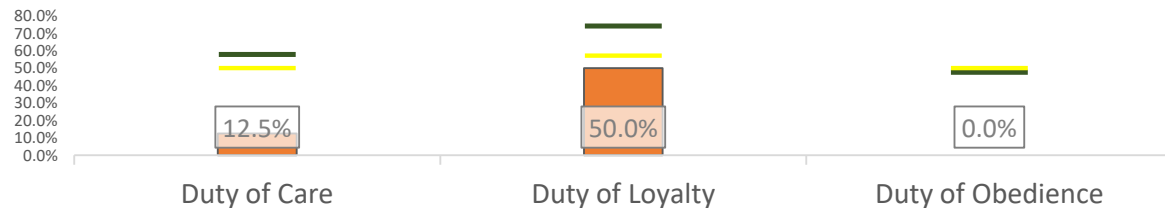
→ 8 of 8 board members responded to your board's self-assessment, resulting in a 100% participation rate.

→ The board gave an overall effectiveness rating of 5.5 out of 10, with 0% of the board selecting the highest possible rating.

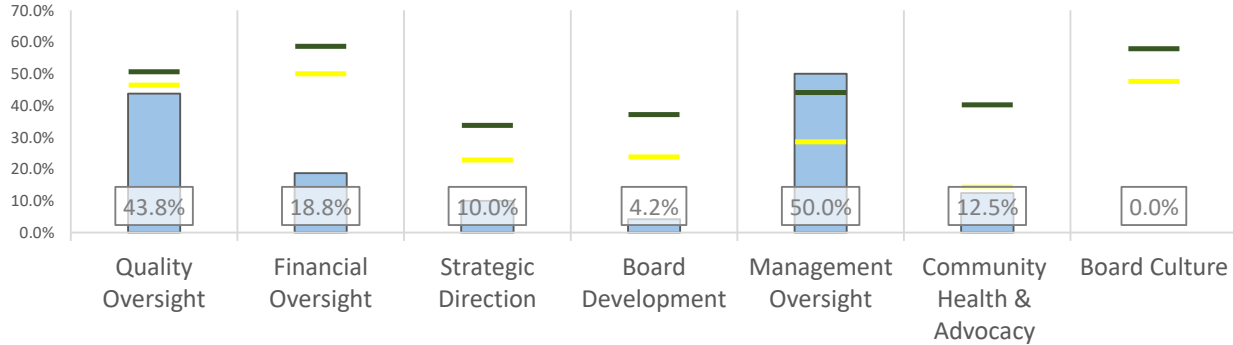
→ This report utilizes top box scoring, which shows either the percentage of respondents that selected "Very Effective," or 9 and 10 on a 10-point scale."



Fundamental Fiduciary Duties

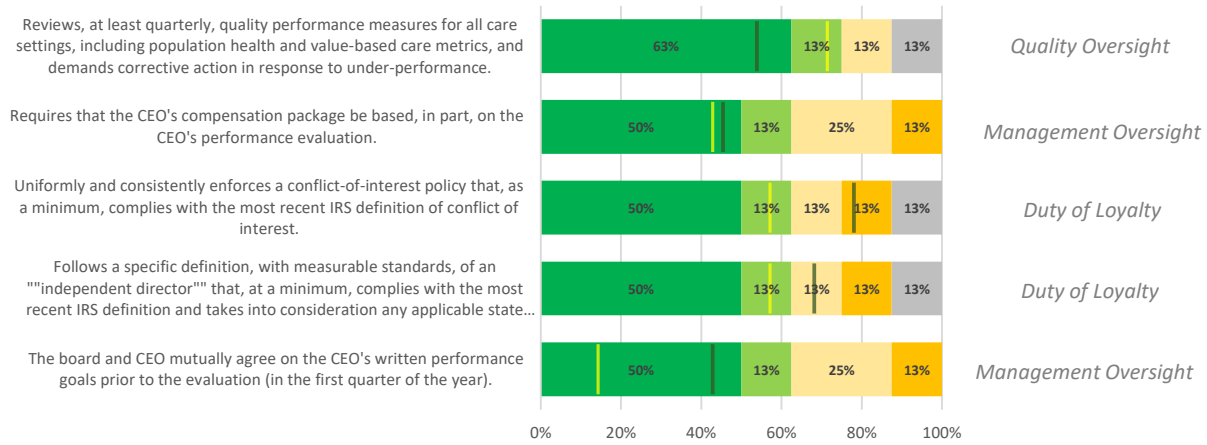


Core Responsibilities



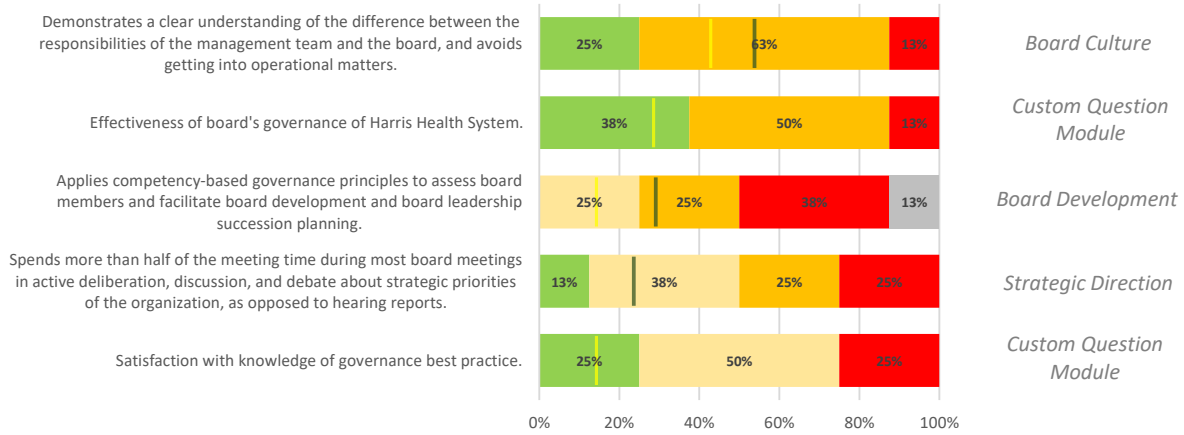
Focus Areas Highest Performing Questions

Assessment items with highest Very Effective performance

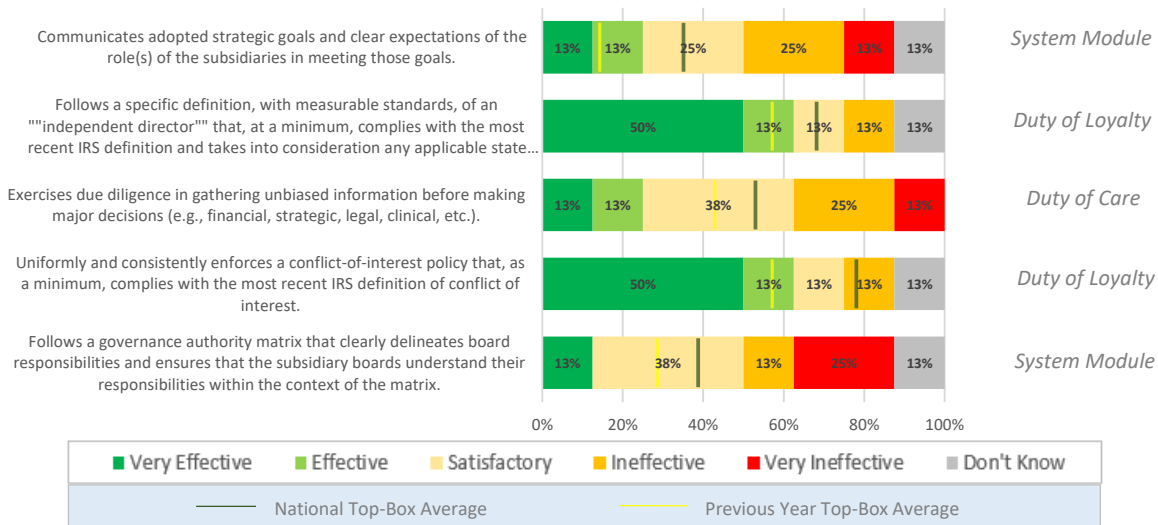


Lowest Performing Questions

Assessment items with lowest Very Effective performance



Questions with the Greatest Response Distribution



Additional Feedback

What do you believe to be your most important obligations as a member of the board?

Feedback was shared by 100% of respondents. The average effectiveness rating provided by this group of respondents was 5.5 with a percent positive score of 0%.

Comments:

To ensure that our patients receive quality health care. To educate our communities with information that will assist them to live healthier and productive lives. To ensure that budgeted funds are spent appropriately. Our biggest challenge and opportunity is and will always be COMMUNICATION

Fiduciary and loyalty

1. Ensure that those persons that depend on HHS are receiving equitable healthcare. 2. Keep HHS aligned with its mission statement - with a focus on 2 key concepts - improving health and fulfilling an academic purpose - specifically advancing knowledge. 3. Nurturing our most precious resource or staff (people).

To meet the mission and role of the public hospital system which is to improve the health and quality of care for the populations that are served by the system.

Being an advocate for all things that would benefit those most in need in Harris County. Supporting and developing our staff so they may operate at the top of their credentials

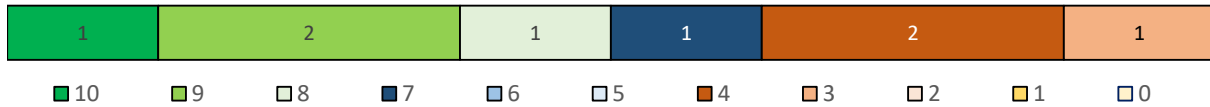
Ensure our patients are receiving quality and superior care and that our employees have all the training and tools to perform superior patient care. Employees are treated fairly and receiving the best salary and benefits the system can provide.

Fiduciary responsibility, including operating within budget Ensure quality of service to patients
quality health care equally administered financial strength free flow of information

Additional Feedback

Respondents were asked to rate how much they agree with this question on a 0-10 scale, where 10 is strongly agree

My experience on the board is positive, meaningful, and engaging.



Comments:

The personal experience has been rewarding. My regret is that board churning lends to uncertainty, lack of knowledge re this complex organization and more division among members. That said - groupthink is not the ideal goal. The perfect balance must be sought.

Not all board members are given equal and meaningful opportunities to participate. There is minimal dialogue to allow for the diversity of thought and participation of all members. Something as basic as only 3 individuals are looked to for motions and seconds on agenda items. Conversations on topics that are meaningful and priority are not encouraged they are actually stifled.

Additional Feedback

What is the single most important improvement the board could make to be more effective in the upcoming year?

Feedback was shared by 100% of respondents. The average effectiveness rating provided by this group of respondents was 5.5 with a percent positive score of 0%.

Comments:

Committee chairs should communicate with their members on a monthly/quarterly basis to ascertain if they have any agenda items for discussion. Fiscal committee needs to meet monthly, considering our future bond election. Board needs education. I attended a recent seminar. We need to consider holding at least one Board Meeting away from Fournance. Find out what it will take. The PUBLIC should be able to attend our meetings in person; however, this isn't possible at this location.

Focus on the strategic plans and leave operations to staff.

We finally got going on governance - hurrah! Now is the time to leverage assets (internal and external) to yield progress.

Require transparency. Ask for documentation and evidence to support requested action items.

A Change in leadership Board should have legal counsel separate from administration.

Changing the Finance Committee meetings from quarterly to monthly.

Ensuring that individual board members are well prepared for meetings.

Transparency/full disclosure

Additional Feedback

What suggestions do you have for ongoing board education topics?

Feedback was shared by 62.5% of respondents. The average effectiveness rating provided by this group of respondents was 5.8 with a percent positive score of 0%.

Comments:

Monthly education items in short videos. Provide an annual board training boot camp to all new board members and annual refreshers. Keep board focused on strategy and oversight.

Governance, governance, governance. Healthcare finance. Safety net hospital collective work, goals and aspirations.

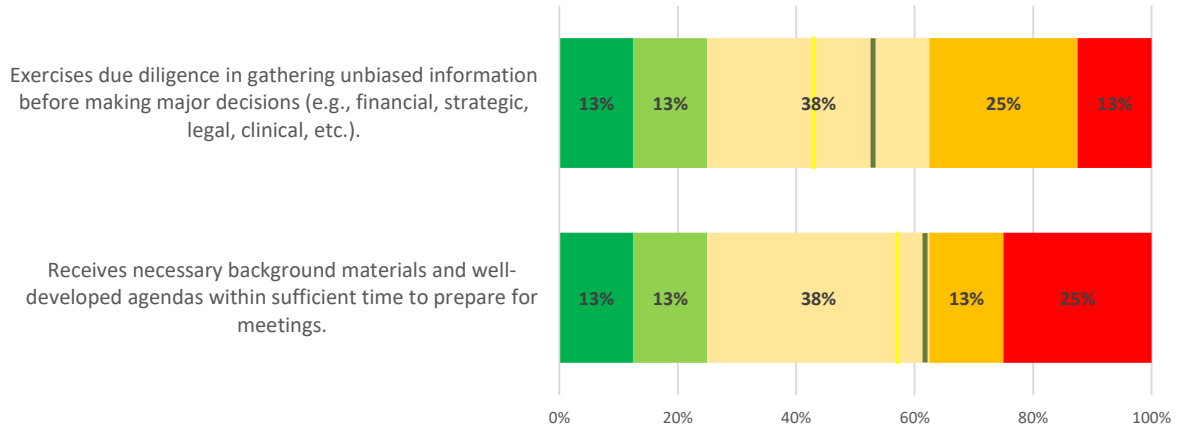
Each board member should complete a core curriculum for Texas Hospital trustees

Correctional Health County Bond referendums Medicaid expansion

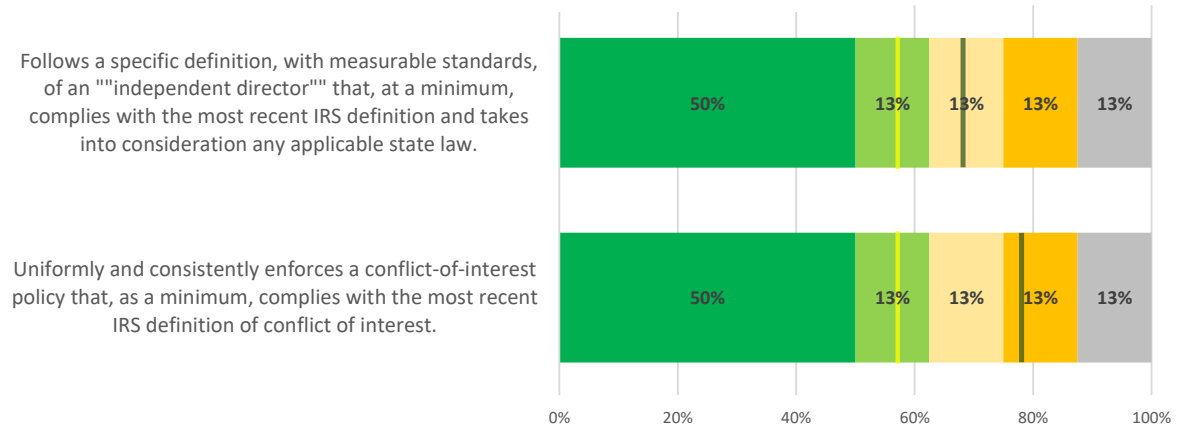
procedures bond issue finances inclusion across HHS

Question Summary

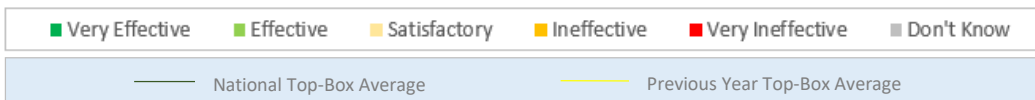
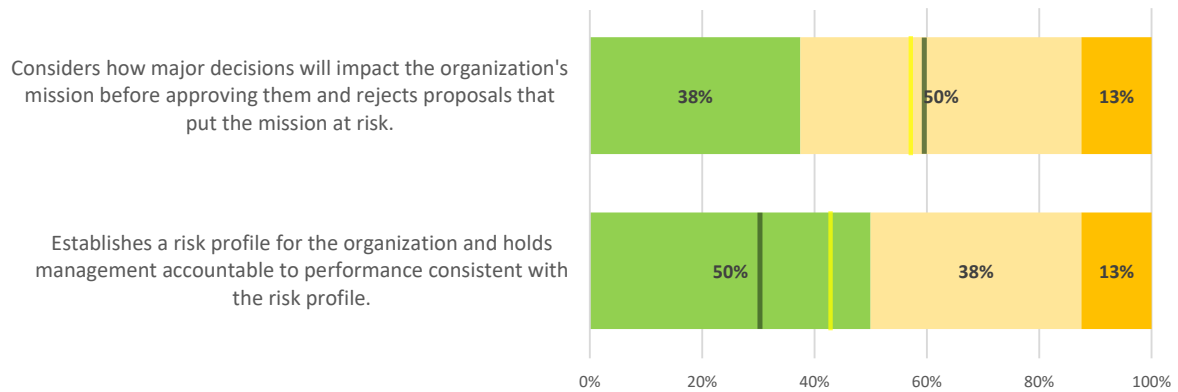
Duty of Care



Duty of Loyalty



Duty of Obedience

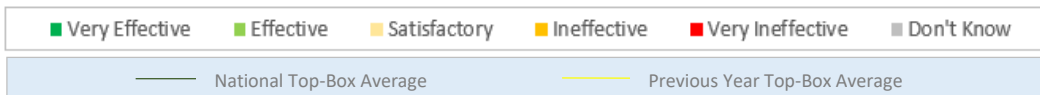
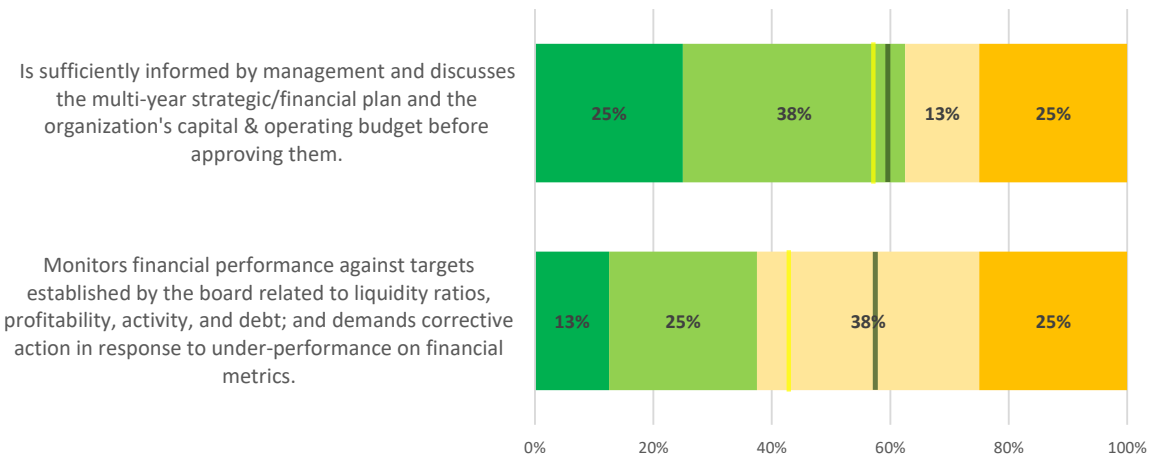


Question Summary

Quality Oversight



Financial Oversight



Question Summary

Strategic Direction



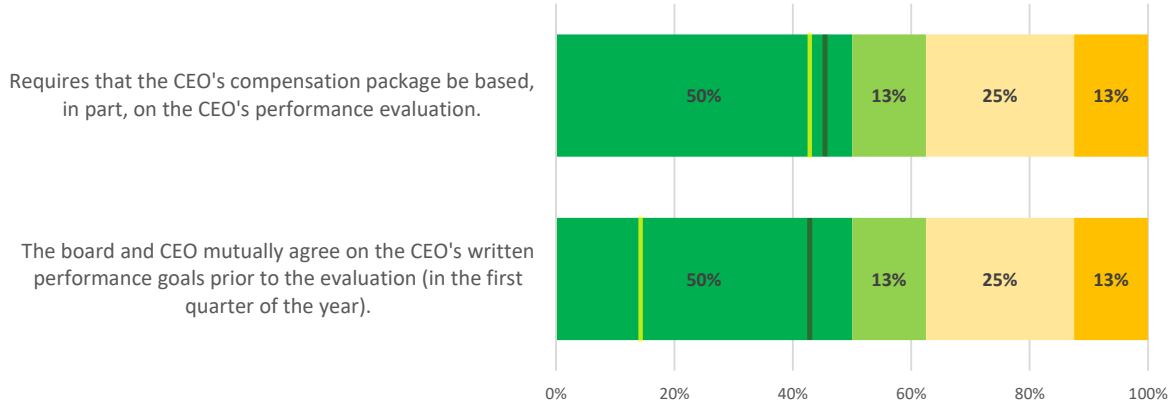
Question Summary

Board Development

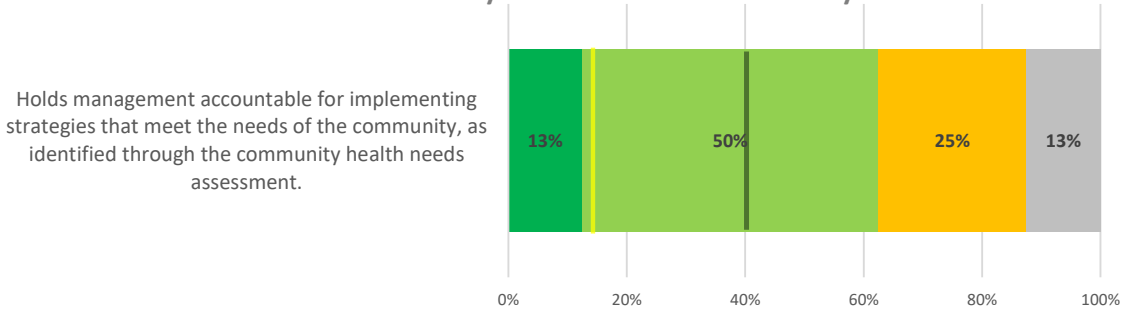


Question Summary

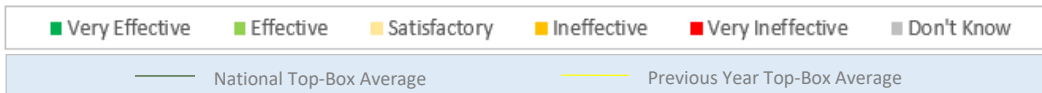
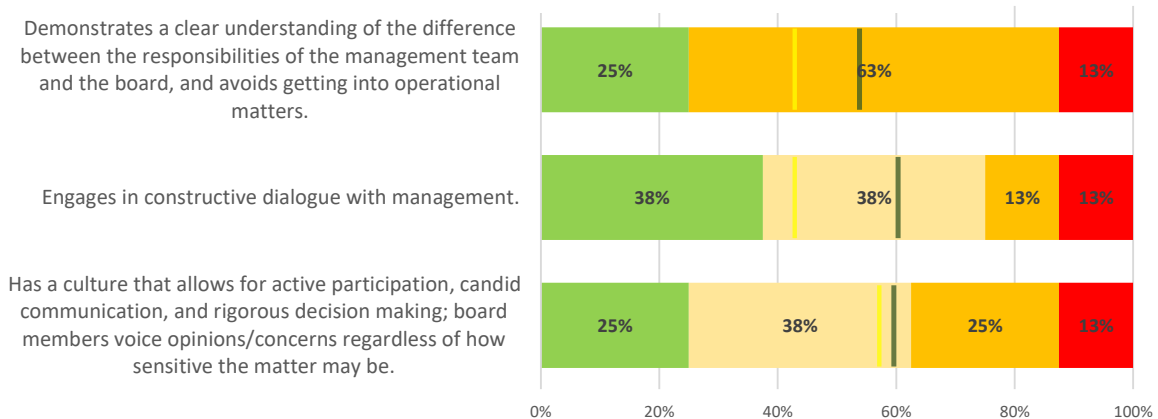
Management Oversight



Community Health & Advocacy



Board Culture



Question Summary

System Module



Question Summary

Custom Question Module



About The Governance Institute’s 2023 Board Compass

This assessment provides a detailed and thoughtful review of your *performance* as a board. The questions have been structured to reliably measure how effectively you perform a *specific, streamlined, and focused set* of The Governance Institute’s recommended governance practices and aspects of board culture that are considered to be strong indicators of highly effective governance. This collection of questions focuses on behaviors that impact effectiveness, as well as governance practices that are most statistically correlated with higher overall performance. This provides boards a more accurate picture, facilitating prioritization based on a given behavior’s or practice’s likelihood to improve overall performance. The open-ended questions were thoughtfully selected to allow reflection upon board members’ understanding of their role and their ability to make a meaningful impact, to pinpoint specific ways that can be improved.

Overview & Definitions

The survey questions go in the order of fiduciary duties and core responsibilities as listed below. There is not an equal number of questions per category because we worked diligently to determine which practices contributed the most to overall board effectiveness, and therefore did not want to bind the survey to an arbitrary formula.

Fiduciary Duties

Under the laws of most states, directors of not-for-profit corporations are responsible for the management of the business and affairs of the corporation. Directors must direct the organization’s officers and govern the organization’s efforts in carrying out its mission. In fulfilling their responsibilities, the law requires directors to exercise their fundamental duty of oversight. The duties of care, loyalty, and obedience describe the manner in which directors must carry out their fundamental duty of oversight.

- 1. Duty of Care:** Requires board members to have knowledge of all reasonably available and pertinent information before taking action. Directors must act in good faith, with the care of an ordinarily prudent person in similar circumstances, and in a manner he or she reasonably believes to be in the best interest of the organization.
- 2. Duty of Loyalty:** Requires board members to discharge their duties unselfishly, in a manner designed to benefit only the corporate enterprise and not board members personally. It incorporates the duty to disclose situations that may present a potential for conflict with the corporation’s mission as well as protection of confidential information.
- 3. Duty of Obedience:** Requires board members to ensure that the organization’s decisions and activities adhere to its fundamental corporate purpose and charitable mission as stated in its articles of incorporation and bylaws.

Core Responsibilities

The board accomplishes its responsibilities through oversight—that is, monitoring decisions and actions to ensure they comply with policy and produce intended results. Management and the medical staff are accountable to the board for the decisions they make and the actions they undertake. Proper oversight ensures this accountability.

The six core responsibilities of hospital and health system boards are:

1. **Quality oversight:** Boards have a legal, ethical, and moral obligation to keep patients safe and to ensure they receive the highest quality of care. The board's responsibility for quality oversight includes outcomes, safety, experience, and value. When the word "quality" is included in a practice, it encompasses all of these items.
2. **Financial oversight:** Boards must protect and enhance their organization's financial resources, and must ensure that these resources are used for legitimate purposes and in legitimate ways.
3. **Strategic direction:** Boards are responsible for envisioning and formulating organizational direction by confirming the organization's mission is being fulfilled, articulating a vision, and specifying goals that result in progress toward the organization's vision.
4. **Board development:** Boards must assume responsibility for effective and efficient performance through ongoing assessment, development, discipline, and attention to improvement.
5. **Management oversight:** Boards are responsible for ensuring high levels of executive management performance and consistent, continuous leadership.
6. **Community health and advocacy:** Boards must engage in a full range of efforts to reinforce the organization's grounding in their communities and must strive to truly understand and meet community health needs, work to address social determinants of health, improve the health of communities overall, and advocate for the underserved.

Board Culture

Board culture is the most important component and determinant of good governance. Culture determines the degree to which a board embraces its responsibilities, as well as the level of ethics and accountability to which the board holds its members. Culture determines how much of the advice and information gathered by the board will be absorbed, incorporated, and acted upon. Finally, it is the underpinning of the board's willingness to be proactive in fulfilling its requirement to evaluate its own performance.

Discussion Questions

1. What surprised us the most about the results?
2. How do the results reflect our prior areas of focus for board education and development? Were we on the right track?
3. How should the results reflect our new areas of focus for board education and development? Beyond selecting topics, what different methods or approaches should be considered?
4. How do the results align with our organization's mission, vision, strategic priorities, and challenges?
5. How will we, as a board, hold ourselves accountable for improving our performance over the next year?

Benchmark Description

Each exhibit presents a comparison of your board's responses and The Governance Institute's national normative database. *The national average included in this report represents the responses of 2,552 board members, 230 Boards, and 74 Organizations.*

BOARD OF TRUSTEES

Quality Committee

Tuesday, April 11, 2023

12:00 P.M.

(or immediately following the Governance Committee)

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

- | | | |
|---|------------------------------|-----------------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 1 min |
| II. Approval of the Minutes of Previous Meeting | Dr. Andrea Caracostis | 2 min |
| • Quality Committee Meeting – March 7, 2023 | | |
| III. Harris Health Safety Message: Shared Decision-Making | | 2 min |
| – <i>Dr. Steven Brass</i> | | |
| IV. Presentation Regarding Removing Race from Renal Function Calculations (Inpatient and Outpatient): A Monumental Step for Harris Health | | 8 min |
| – <i>Dr. Melandrea Worsley</i> | | |
| V. Presentation Regarding Venous Thromboembolism (VTE) Prophylaxis: Striving for the Quadruple Aim in Healthcare | | 8 min |
| – <i>Dr. Chirayu Shah</i> | | |
| VI. Presentation Regarding Gastrointestinal Service Line | | 8 min |
| – <i>Ms. Amineh Kostov</i> | | |
| VII. Presentation Regarding Workforce Safety and Violence Prevention | | 8 min |
| – <i>Dr. Jacqueline Brock</i> | | |
| VIII. Executive Session | Dr. Andrea Caracostis | 51 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 in Connection with the Evaluation of the Quality of Medical and Healthcare Services | | <i>(46 min)</i> |
| – <i>Dr. Steven Brass and Dr. Yashwant Chathampally</i> | | |

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

(5 min)

IX. Reconvene

Dr. Andrea Caracostis 1 min

X. Adjournment

Dr. Andrea Caracostis 1 min

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
Tuesday, March 7, 2023
12:00 PM

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|--|---|--|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis, Chair, called the meeting to order at 12:07 p.m. It was noted that a quorum was present and the attendance was recorded. Dr. Caracostis announced that while some board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live . | |
| II. Approval of the Minutes of Previous Meeting Quality Committee Meeting – February 7, 2023 | | Moved by Ms. Alicia Reyes, seconded by Dr. Arthur Bracey, and unanimously approved the minutes of the previous meeting. |
| III. Harris Health Safety Message: Ventilator Associated Pneumonia | Dr. Steven Brass, Executive Vice President & Chief Medical Executive, delivered a Minute for Medicine video series related to ventilator associated pneumonia. A copy of the video series and presentation is available in the permanent record. | As Presented. |
| IV. Presentation Regarding Cardiology Service Line | Ms. Amineh Kostov, Vice President, System Service Lines, delivered a presentation regarding cardiology service line. She shared a collaboration with Harris Health’s emergency medical services (EMS) partners, transfer center and emergency centers to develop an Acute Coronary Syndrome Algorithm, which reduces the time for transport and coronary reperfusion for patients with ST-elevation myocardial infarction (STEMI) diagnosed at Lyndon B. Johnson (LBJ) Hospital. She shared an initiative centered on improving EMS performance at Door In Door Out times at non-percutaneous coronary intervention (PCI) capable hospitals. Additionally, Ms. Kostov delivered a report on target measures related to chest pain, heart failure, and outpatient TTE turnaround times. A copy of the presentation is available in the permanent record. | As Presented. |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|--|---|-------------------------|
| V. Executive Session | At 12:18 p.m., Dr. Caracostis stated that the Quality Committee of the Board of Trustees would go into Executive Session for items “A and B” as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §160.007, and Tex. Occ. Code Ann. §151.002. | |
| 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 in Connection with the Evaluation of the Quality of Medical and Healthcare Services | | No action taken. |
| B. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Texas Health & Safety Code §161.032, and Possible Action Regarding this Matter Upon Return to Open Session | | No action taken. |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|-------------------------|---|------------------------|
| VI. Reconvene | At 1:03 p.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session. | |
| VII. Adjournment | Moved by Dr. Arthur Brace, seconded by Ms. Alicia Reyes, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 1:04 p.m. | |

I certify that the foregoing are the Minutes of the Meeting of the Quality Committee of the Board of Trustees of the Harris Health System held on March 7, 2023.

Respectfully submitted,

Andrea Caracostis, M.D., MPH, Chair

Recorded by Cherry Pierson

Tuesday, March 7, 2023

Harris Health System Board of Trustees Board Meeting – Quality Committee Attendance

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

| QUALITY COMMITTEE BOARD MEMBERS PRESENT | QUALITY COMMITTEE BOARD MEMBERS ABSENT | OTHER BOARD MEMBERS PRESENT |
|--|--|-----------------------------|
| Dr. Andrea Caracostis (<i>Chair</i>) | Dr. Ewan D. Johnson | Ms. Marcia Johnson |
| Dr. Arthur W. Bracey (<i>Ex-Officio</i>) | | |
| Ms. Alicia Reyes | | |

| EXECUTIVE LEADERSHIP |
|--|
| Dr. Esmail Porsa, President & Chief Executive Officer |
| Ms. Amineh Kostov, Vice President, Operations, Specialty Care & Service Lines |
| Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care |
| Mr. Anthony Williams, Vice President, Compliance Officer |
| Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer |
| Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital |
| Dr. Hemant Roy, Vice Chair, Harris Health System & Ben Taub Hospital |
| Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive |
| Dr. Jennifer Small, Executive Vice President, Ambulatory Care Services |
| Dr. Joseph Kunisch, Vice President, Quality Programs |
| Dr. Kunal Sharma, Vice Chair, Medical Executive Board |
| Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer |
| Ms. Maria Cowles, Senior Vice President, Chief of Staff |
| Dr. Martha Mims, Chair, Medical Executive Board |
| Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services |
| Mr. Michael Hill, Executive Vice President, Chief Strategy & Integration Officer |
| Dr. Michael Nnadi, Senior Vice President, Chief Pharmacy Officer |
| Ms. Monica Carabajal, Vice President, Contract Administration |
| Ms. Olga Llamas Rodriguez, Vice President, Community Engagement & Corporate Communications |
| Dr. Otis Reggie Ekins, Chief Medical Officer, Correctional Health |
| Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital |
| Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office |

| |
|--|
| Dr. Sandeep Markan, Chief of Staff, Ben Taub Hospital |
| Dr. Steven Brass, Executive Vice President & Chief Medical Executive |
| Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital |
| Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety |

| ADDITIONAL GUESTS PRESENT | |
|----------------------------------|-------------------|
| Antoinette "Toni" Cotton | Jeremy Ward, MD |
| Cherry Pierson | John Matcek |
| Daniel Smith | Katie Rutherford |
| Derek Curtis | Matthew Schlueter |
| Diana Mathai | Nicholas Bell |
| Ebon Swofford | Randy Manarang |
| Gabriel M. Aisenberg, MD | Tiffani Dusang |
| Jennifer Zarate | Yolonda Wall |
| Jerry Summers | |

Tuesday, April 11, 2023

Harris Health Safety Message

- HRO Safety Message: Harris Health Minute for Medicine Video
 - Shared Decision-Making

HARRISHEALTH SYSTEM

HRO Safety Message

**Steven Brass, MD, MPH, MBA
EVP, Chief Medical Executive**

**Board of Trustees Quality Committee
April 11, 2023**

SAFETY MESSAGE

HARRIS
HEALTH
SYSTEM

ZERO
HARM

Safety 1st. Always.

Having a High-reliability Organization's Mindset

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.



HRO Mindset:

- Minute for Medicine Video: Shared Decision-Making
- <https://youtu.be/FYh3sTG95pQ>

Tuesday, April 11, 2023

Presentation Regarding Removing Race from Renal Function Calculations
(Inpatient and Outpatient): A Monumental Step for Harris Health

HARRISHEALTH SYSTEM

**Removing Race from Renal
Function Calculations
(Inpatient and Outpatient)
A Monumental Step for
Harris Health**

Melandrea Worsley, MD

Chief Nephrology Fellow – BCM

Board of Trustees Quality Committee

April 11, 2023

Race in Kidney Function Calculations

- Estimations of kidney function are based on serum creatinine
- Prior equations included a coefficient for African American race
- Results displayed with separate African American and non-African American values

| | |
|---------------------------------|------|
| eGFR | 42 ▼ |
| >=90 mL/min/1.73 m ² | |
| eGFR If African Am | 49 ▼ |
| >=90 mL/min/1.73 m ² | |

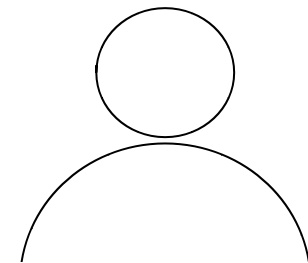
| Stage | Description | eGFR |
|-------|---|-------|
| 3a | <i>Mild to moderate</i> loss of kidney function | 45-59 |
| 3b | <i>Moderate to severe</i> loss of kidney function | 30-44 |

Older equations systematically built in misconceptions that African Americans tend to have higher levels of creatinine, possibly due to larger muscle mass, diet, or other factors



eGFR: 65

Age: 55
Sex: male
Creatinine: 1.4



eGFR: 56

Addressing the problem

- Race is a social construct, not a biological one
- Race-based equations contributed to systemic racism and healthcare bias against Black/African American patients
- The National Kidney Foundation and American Society of Nephrology convened a taskforce

Addressing the problem

- New non-race based formula (CKD-EPI refit)¹
 - Acceptable performance characteristics
 - Potential consequences do not disproportionately affect any one group of individuals²

1. N Engl J Med. 2021;385:1737-1749. [doi: 10.1056/NEJMoa2102953](https://doi.org/10.1056/NEJMoa2102953)

2. Am J Kidney Dis. 2022;79:268-288. [doi: 10.1053/j.ajkd.2021.08.003](https://doi.org/10.1053/j.ajkd.2021.08.003)

Moving forward

- Starting January 3rd, Harris Health adopted the non-race based calculation and eGFR results will be reported without any race qualifiers

New eGFR reporting

| | |
|------------|-------|
| Creatinine | 1.0 * |
| eGFR | 81 * |

- These changes mark a monumental step as our organization continues to evolve with the newest evidence and to take actionable steps to remove systematic racism and healthcare bias from our practice of medicine

Tuesday, April 11, 2023

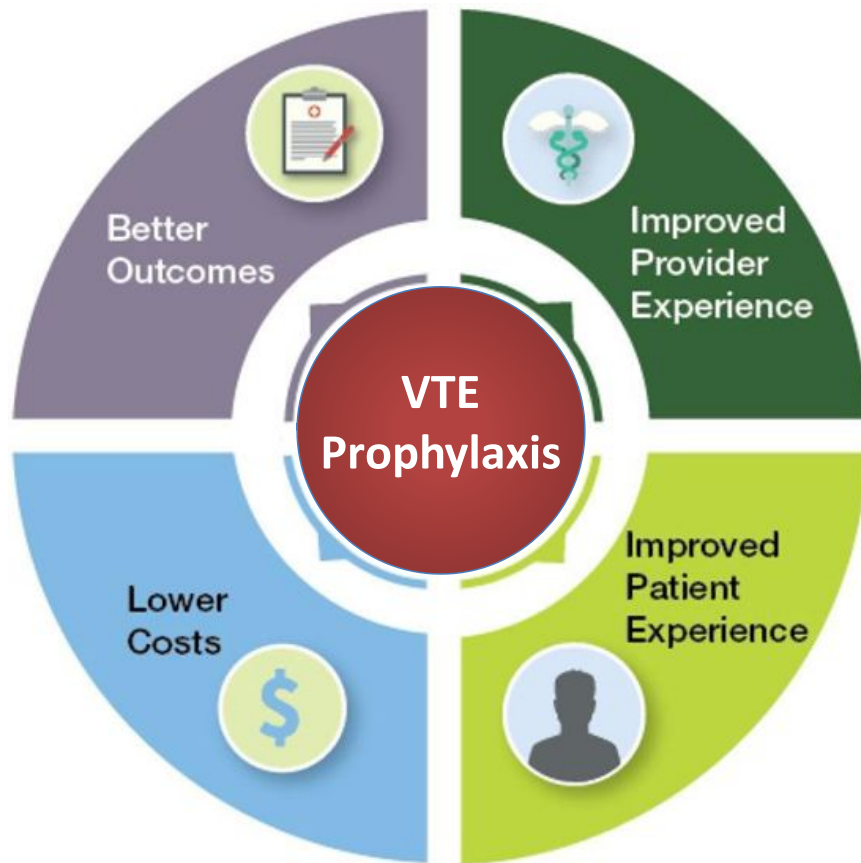
Presentation Regarding Venous Thromboembolism (VTE) Prophylaxis:
Striving for the Quadruple Aim in Healthcare

HARRISHEALTH SYSTEM

**Venous
Thromboembolism (VTE):
Prophylaxis
Striving for the
Quadruple Aim in
Healthcare**

**Chirayu Shah, MD, MEd, FACP, FHM
Associate Professor, General Internal Medicine**

**Board of Trustees Quality Committee
April 11, 2023**



- VTE remains one of the leading preventable causes of patient death/harm when hospitalized
- Use of VTE Prophylaxis can reduce risk by 50-70%
- VTE leads to longer LOS, increased cost to the healthcare system, and overall lower health care outcomes
- Associated with quality related penalties

Image credit: <https://www.ncbi.nlm.nih.gov/books/NBK578298/figure/ch7.fig6/>

Process Improvement to Bridge the Implementation Gap

- ✓ Retrospective Data Analysis
- ✓ Interviews with physician leadership and frontline staff
- ✓ Partnering with multidisciplinary physician and Harris Health leadership at BT and LBJ
- ✓ Collecting required documentation for Committee approvals
- ✓ Physician education through various committees, CME Newsletter and directly from Office of EVP & CME
- ✓ Partnering with Data Science and Clinical Quality Analytics teams to develop reporting tools
 - ✓ **Integrated the VTE Risk Assessment process into admission and post-operative order sets**

Building a Smarter Orderset

VTE Prophylaxis Risk Assessment and Orders

| <u>Low Risk</u> | <u>Moderate Risk</u> | <u>High Risk</u> | <u>Special Population</u> |
|--|---|--|---|
| Ambulatory non-surgical patient, Age < 55 | Age 55 + | Previous DVT/PE | Trauma |
| Minor surgery (general anesthesia < 45 mins) | Arthroscopic, laparoscopic, or major open surgery (>45 mins) | Pelvis, hip, femur, and/or tibia fracture | Hip and knee arthroplasty and isolated orthopedic injury patients |
| Anticipated bed rest <12 hrs | Confined to bed >72 hrs | Acute spinal cord injury w/paralysis (<1 month) | Patients unable to tolerate Heparin (i.e. recent Heparin induced thrombocytopenia, pork allergy, etc) |
| C-Section delivery | Malignancy, CHF, MI, acute infection, pulmonary HTN, sickle cell, rheumatic condition | Inherited thrombophilia | Traumatic Brain Injury Patients (refer to TBI Protocol) |
| | Ischemic stroke >1 month | Ischemic stroke <1 month | Pregnancy, or postpartum <6 weeks |
| | | CoVid-19 | |
| | >2 low risk factors | >5 low risk factors or >2 moderate risk factors | |

Contraindication Considerations: Active bleeding, coagulopathy, platelets < 50k, h/o cerebral hemorrhage, intracranial lesions/neoplasms, proliferative retinopathy, recent brain/eye surgery, on full dose anticoagulation

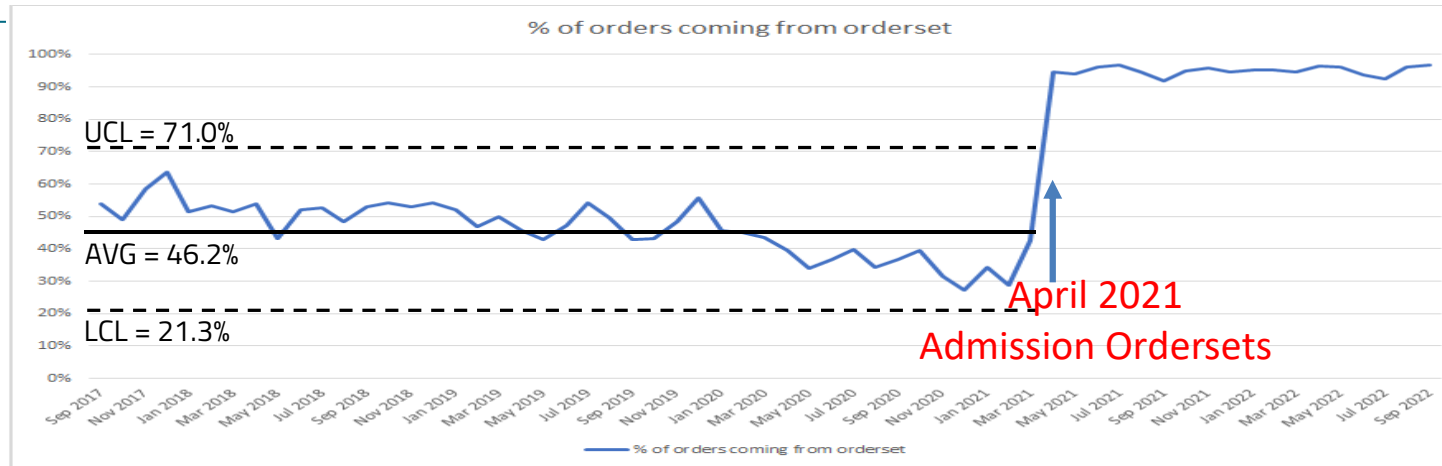
HHS Policy/Literature review can be found here: [VTE Prophylaxis Adult Inpatient Clinical Practice Guideline](#)

The Padua ([link](#)) and/or Caprini ([link](#)) scores are validated instruments for VTE Risk Assessment.

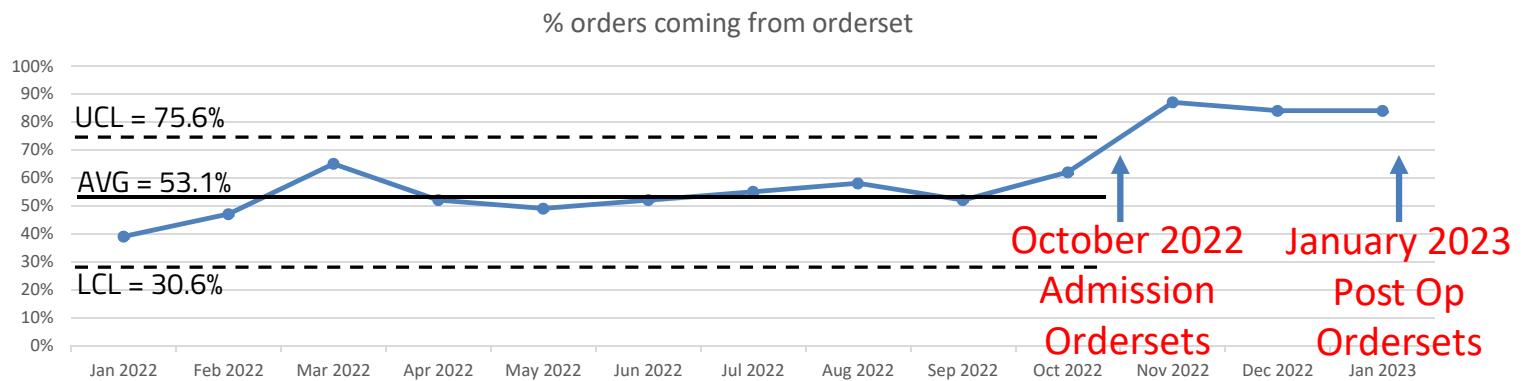
VTE Moderate or High Risk
 VTE: Trauma
 VTE: Orthopedics – Isolated Orthopaedic trauma and Hip/Knee arthroplasty
 VTE Low Risk
 VTE Non-Heparin based alternatives (Heparin or pork allergy)
 Opt Out - No VTE Prophylaxis

- Access to risk factors and risk calculators
- Medication/dosing options customized to the patient's weight/BMI and renal function
- Two clicks and you are done!

Harris Health Internal Medicine Services



Harris Health Surgical Services



Keys to Success

- Form cohesion around our common goal to improve patient outcomes
- Project management/performance improvement teams accelerate progress
- Large multi-disciplinary collaborative effort where every person's voice/perspective matters
- Find key workflows and integrate into them
- Leverage the power of Epic to make it easy to do the right thing

BOARD OF TRUSTEES

Quality Committee

HARRISHEALTH
SYSTEM

Tuesday, April 11, 2023

Presentation Regarding Gastrointestinal Service Line

HARRISHEALTH SYSTEM

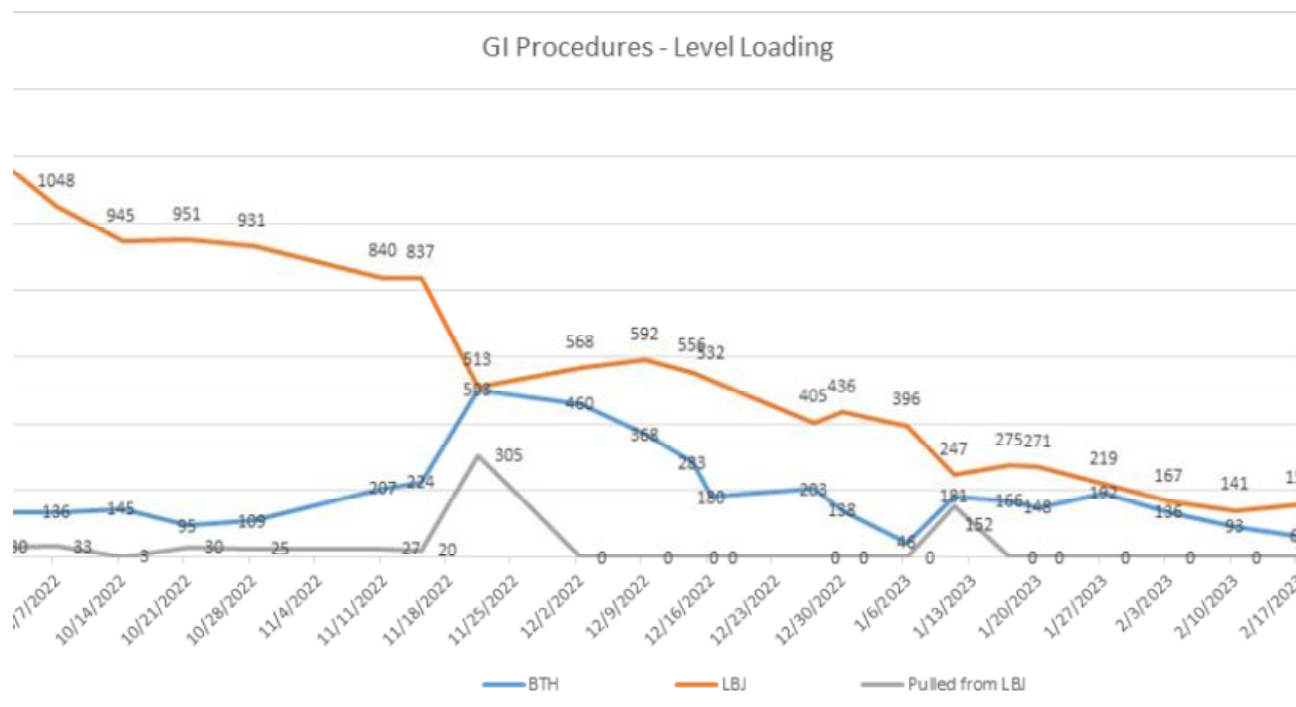
Gastrointestinal Service Line

**Amineh Kostov, FACHE, CMAC, CHFP
VP of Operations, Service Lines**

**Board of Trustees Quality Committee
April 11, 2023**

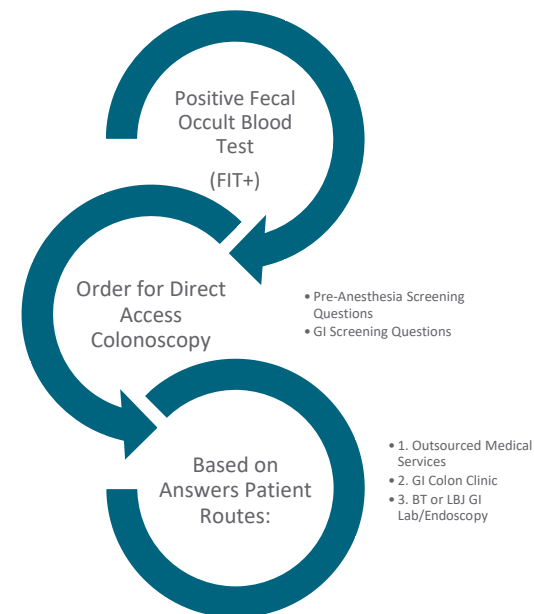
GI Service Line Current Initiatives

- Endoscopy Waitlist Level Loading



GI Service Line Current Initiatives

- Redesign of the colo-rectal screening process estimated go-live in May 2023
- Testing to begin in April 2023



GI Service Line Measures

- Meeting all Bowel Prep, Adenoma Detection Rate, Cecum Withdrawal Time, Cecal Intubation Rate, and Hand Hygiene Measures

Tuesday, April 11, 2023

Presentation Regarding Workplace Safety and Violence Prevention



Workplace Safety & Violence Prevention

**Jacqueline Brock, RN, DNP
EVP & Chief Nurse Executive**

**Board of Trustees Quality Committee
April 11, 2023**

Background

- I. Risk Assessment Completed 2021
- II. Work initiated to address some items
 - I. Access Control
 - II. SAMA education
 - III. Green checks
 - IV. Multiple town halls and forums
 - V. Daily review of incidents at pavilions
 - VI. Code Lavender and Lavender/Respite rooms
 - VII. EPIC flags
 - VIII. Policies / Processes (i.e., Disruptive Patient and Visitor, Crisis Intervention, Law enforcement, etc...)

Actions & Priorities

- I. Original committee being re-imagined
 - I. Reviewing the risk assessment
 - II. Interdisciplinary membership across pavilions & system
- II. Seeking frontline assessment and recommendations after each event
- III. Reviewing opportunities to enhance Electronic Incident Reporting (eIRS)
- IV. Incorporating early agitation and aggression tools
- V. Verifying data to ensure accurate and consistent
- VI. No simple fixes
- VII. Participating in community & state Certified Nurse Educator (CNE), Human Resources (HR), Academic workgroups
- VIII. Workplace Violence (WPV) Grant: Obtain a comprehensive assessment of our workplace safety program along with expert recommendations in June 2023.

Tuesday, April 11, 2023

Executive Session

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

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