



Fiscal Year 2022 Operating and Capital Budget

**Special Called Board Meeting and
Budget Workshop**

January 14, 2021

PROPOSED FISCAL YEAR 2022 OPERATING AND CAPITAL BUDGET

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Harris Health System FY 2022 Operating & Capital Budget Executive Summary

Harris Health System Budget – Fiscal Year 2022 (March 2021 to February 2022)

The proposed Fiscal Year 2022 Operating and Capital Budget for Harris Health System demonstrates its unwavering dedication to caring for the community and for those most in need in Harris County.

The demand for services in Harris County stems from a large uninsured population of more than one million people, equivalent to an uninsured rate of over 20 percent. Harris Health provides acute, emergency, trauma, and ambulatory care services as the County's key safety net provider for three hundred thousand indigent and low-income patients.

While the COVID-19 pandemic strained the System's capacity and resources, management's resolve to move through the challenges coupled with the imperative to improve patient safety and outcomes, continues to inform its vision and strategy for FY 2022 and beyond. Based on the solid financial foundation built over the last five fiscal years, Harris Health recommends budgeting a 2.0 percent operating margin for FY 2022. The proposed annual Operating Budget for the fiscal year ending February 28, 2022 reflects a margin of \$37.7 million, which underlines the ongoing effort to manage operations and to be able to reinvest in the services we provide and in the infrastructure of the system.

The Harris Health System budget excludes the operating results for the Community Health Choice HMOs and the Harris County Hospital District Foundation.

Harris Health System

FY 2022 Operating & Capital Budget

Unprecedented History in the Making

On March 2, 2020, the first business day of the new Fiscal Year 2021, Harris Health System welcomed its new President and Chief Executive Officer, Dr. Esmaeil Porsa. Ten days later, in response to a confirmed community-spread case of COVID-19 in Montgomery County, the City of Houston and Harris County issued local public health disaster declarations. On March 20, Harris Health established an Incident Command Center for COVID-19 response, and admitted the first six COVID-19 positive patients to Ben Taub and LBJ Hospitals. By mid-July, the capacity of the System's intensive care units was about 90% full and COVID-19 patients accounted for 35% of the total inpatient census.

The rise in COVID-19 cases in Houston stressed Harris Health's clinical operations and triggered multi-phase surge plans. This led to suspension of non-emergent procedures and facility closures across the System. But, it also brought out the best of creativity and extraordinary solutions to meet patient needs in the new environment. Harris Health's team of teams built a brand new telemedicine platform; delivered medications directly to patient homes or hospital beds prior to discharge; partnered with the Harris County Public Health Department to operate a 24/7 nurse call center; provided curbside food delivery through the Food Pharmacy program; deployed nurse navigators to support COVID patients; and implemented a work-from-home program for members of Harris Health's staff.

Financially, Harris Health experienced a more subdued downside effect from the volume losses than many of its counterparts within the Houston area. Since the majority of the System's patient population has no ability to pay for services, Harris Health's diversity of "fixed" funding sources comprised of property tax revenue and supplemental programs allowed it to weather the storm with fewer disruptions. In addition, federal funding received for uninsured COVID-19 patients under the CARES Act provided for sustained operational support.

With much uncertainty still in the air, management remains optimistic about the year-end results and expects the System to finish FY 2021 with a positive operating margin comparable to, or better than, the prior year.

Harris Health System

FY 2022 Operating & Capital Budget

Significant Activities and Initiatives in FY 2022

❖ Infrastructure and Inpatient Platform Update

Over the summer and early fall of 2020, Lyndon B. Johnson Hospital has experienced multiple water leaks and plumbing failures that significantly affected its operations and safety of patients and staff.

In response to infrastructure concerns, a comprehensive engineering assessment was performed and a systematic upgrade plan for LBJ Hospital developed. The remediation plan is expected to take up to 18 months and result in 30 to 50 beds being out of service at different points in time.

The plan necessitates the relocation of patient care units and other support services from the main hospital tower to other areas of the health system. For example, LBJ Hospital's Neonatal Intensive Care Unit will temporarily join services at Ben Taub Hospital during this project.

Likewise, Ben Taub Hospital will increase its medical/surgical capacity to 100 percent and augment its ICU complement by ten beds by re-configuring the existing ICU platform to optimize throughput. Ben Taub's operating rooms forecast an increase in volumes in order to accommodate LBJ patients in the event of temporary closures at the LBJ campus. Upon completion of the remediation work, all services are expected to return to LBJ Hospital.

❖ Care Coordination (Outside Medical Services)

Expansion of outside medical services for the indigent has been a strategic priority for Harris Health for the past several years. Harris Health continues to outsource some inpatient medical cases, psychiatric overflow volume, rehab, skilled nursing, and hospice referrals to assist with inpatient capacity.

In FY 2021, inpatient transfers became an imperative for patient throughput at both Ben Taub and LBJ Hospitals, due to overflow of COVID-positive patients.

In FY 2022, Harris Health will continue investing in clinical purchased services while strategically aligning them with the most demand. Such optimization plans are currently in the design phase.

❖ Telehealth Expansion

In response to the COVID-19 pandemic, Ambulatory Care Services (ACS) rapidly deployed virtual telehealth capability for its patients and providers. Even during phase IV surge plan, Harris Health's ambulatory patients continued to have access to primary and specialty care services either virtually or in person.

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The current estimate for FY 2021 is over 400,000 virtual visits, or half of overall ACS volume. For FY 2022, ACS leadership is projecting telehealth volume to make up to 30 percent of the total visits, as face-to-face services resume and ramp back up.

❖ Specialty Care Expansion

Last year, specialty services have been added to existing health centers. Six specialty clinics—General Surgery, Urology, Neurology, Cardiology, Rheumatology, and Endocrinology—opened at two community clinic locations, El Franco Lee and Danny Jackson.

In FY 2021, the specialty care platform was projected to grow an additional 7,600 visits based on the multi-year access improvement strategy by Ambulatory Care Services. Due to the COVID-19 disruption, these plans did not materialize and will carry forward into FY 2022.

Over the long term, the additional access is expected to increase appointments by 30,000 visits annually.

❖ Health Insurance Marketplace

Starting in 2016, Harris Health began to subsidize the individual portion of the marketplace insurance premium for patients who qualify for both the Financial Assistance program (Harris County resident with income below 150% of the federal poverty level) and marketplace coverage under the Affordable Care Act.

For calendar 2021 enrollment period, Harris Health plans to enhance the program by extending it to low income residents of Harris County within the 150 – 200% of the federal poverty level. Based on the final open enrollment results, the average monthly membership in calendar year 2020 – about 19,000 individuals – will increase to an average of 21,000 for the 2021 marketplace year.

❖ Other Strategic Initiatives

Harris Health has begun discussing the transition of the management of jail medical services from the Harris County Sheriff's Office with the Harris County Budget Office and the Sheriff's Office. While the actual transition is not included in the Fiscal Year 2022 budget for Harris Health System, an advisory committee, comprised of stakeholders from each side, is being created to discuss the process and timing of such a transition which is currently estimated to occur on March 1, 2022. Included in the preliminary planning is an update to the 2018 consultant report to consider current cost, quality, infrastructure and staffing issues related to the transition of jail medical services management.

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A team from MD Anderson Cancer Center and Harris Health System has come together to forge a patient-centric relationship that will support the construction of a cancer care center on site at LBJ Hospital. The new cancer care center will provide all aspects of patient treatment in one physical location and will be the only one of its kind within that geographical area. Careful consideration has been given to plan a facility that will be able to expand to the patient demand over a 10-year projection. Based on the approved timeline, MD Anderson will continue its three-year fundraising activities through FY 2024.

In addition to this multi-year project, Harris Health System is actively exploring strategic expansion of services in high needs areas. Examples include primary care, specialty care, observation, urgent care, expanded hours and other modalities to be determined at the conclusion of the ongoing five-year strategic plan development.

Uncertainties for FY 2022

The COVID-19 pandemic that started in March 2020 and is in its third wave remains a daily factor consuming operational resources and creating unpredictability. This situation is exacerbated by the fact that CARES Act Public Relief Funds (PRF) provided by the federal government in support of healthcare industry may be recouped. Based on the latest, evolving guidance issued by United States Department of Health and Human Services, the timeline for reporting and utilizing such funds expires June 30, 2021.

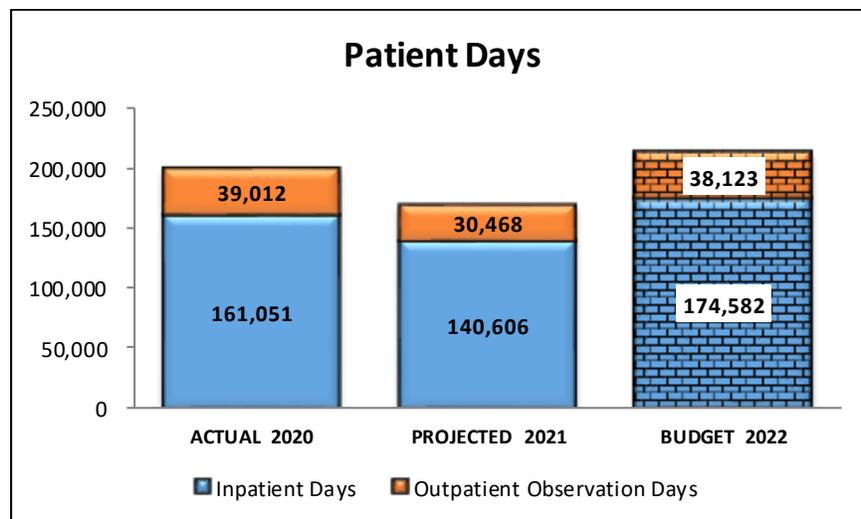
Harris Health System FY 2022 Operating & Capital Budget

Expected Patient Volumes for Fiscal Year 2022

In FY 2022, there will be no change in the indigent care policy (Financial Assistance Program) affecting patient volumes. Income eligibility criteria will be maintained at 150% of the federal poverty level.

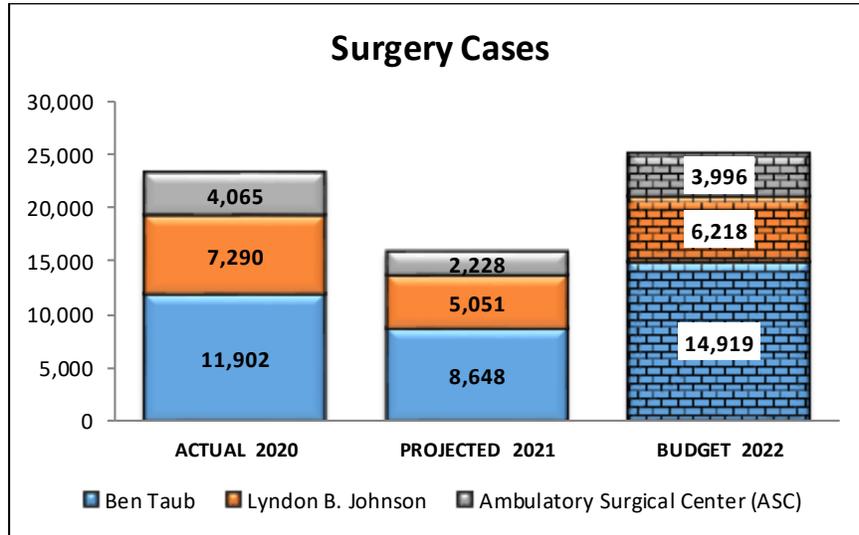
Except for planned bed closures at LBJ Hospital, and conversion to telemedicine in outpatient clinics, overall volume for Harris Health is expected to remain stable and gradually return to pre-COVID levels in FY 2022.

While inpatient volumes at LBJ will see a planned fluctuation throughout the year to accommodate construction and repair efforts, Ben Taub Hospital will increase all its available capacity to the maximum and serve as an overflow facility. The net impact to total patient days and average daily census for next fiscal year is estimated to be 20 percent higher than the run rate during the pandemic but within six percent compared to the prior fiscal year.

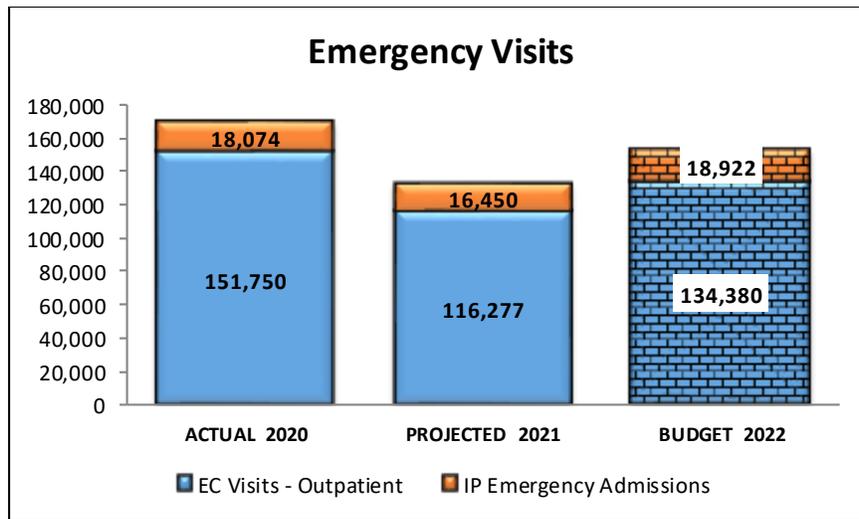


Surgery cases at Ben Taub will experience incremental growth of 720 cases after the planned utilization of all its 18 operating rooms to support temporarily reduced inpatient surgical volume at LBJ. In addition, Ben Taub projects a modest increase in gastrointestinal procedures to meet patient needs. The overall System surgical volume in FY 2022 will reach over 25,000 cases, same as previously planned for FY 2021.

Harris Health System FY 2022 Operating & Capital Budget



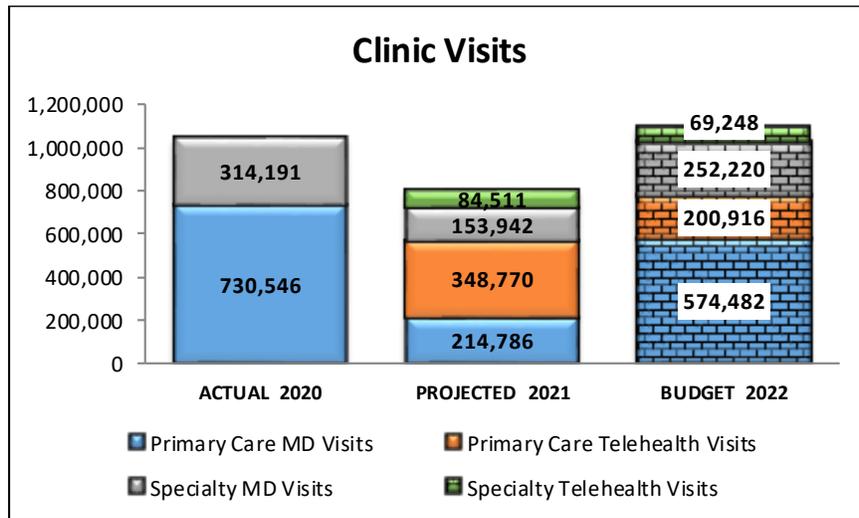
Emergency room visits are anticipated to be ten percent lower than pre-COVID levels due to the changes in patient behavior caused by the pandemic, and availability of telehealth visits. Total combined emergency room volume for the Ben Taub Level I emergency center and the LBJ Level III emergency center is projected to be at about 153,300 visits, with the built-in expectation of some volume return.



Similarly, labor and delivery volumes are budgeted virtually at the same level as two previous years.

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In outpatient services, ACS leadership is projecting a “reset” to the pre-COVID volume levels in clinic visits in FY 2022. In addition, ambulatory face-to-face visits will be supplemented with virtual visits up to 30 percent of the overall appointment schedule. Specialty care visits are expected to see planned growth in certain specialties, to continue to address service lines with the longest wait times. Overall, primary, specialty, and telehealth visits are expected to outpace pre-COVID volumes by five percent, and the current run rate by 25 percent, in FY 2022.



Leadership will continue to evaluate community demand as part of the new five-year strategic plan development, to optimize primary care access in Harris County.

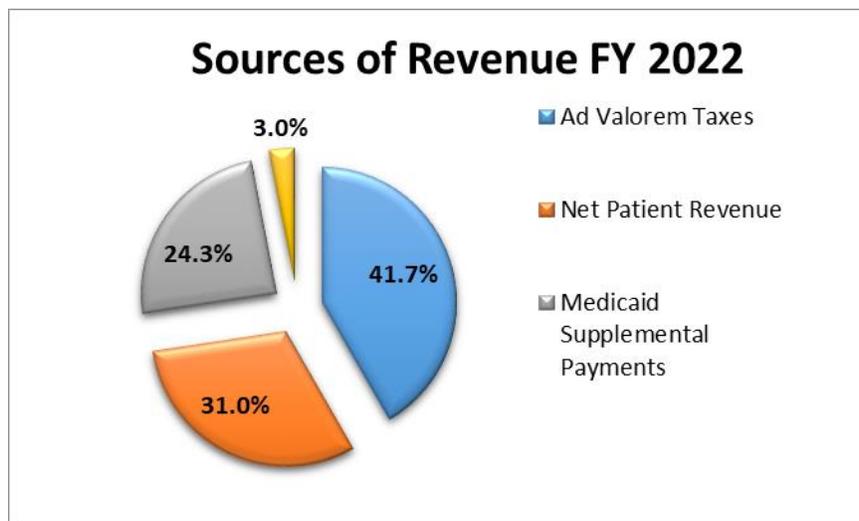
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Revenues

Management believes that Harris Health is well positioned to withstand the COVID-19 pandemic given its diversity of funding sources and proven operating flexibility. Property tax revenue and supplemental funding, which comprise the majority of operating revenue, generally continue to flow to the System regardless of patient volume.

For FY 2021, Harris Health originally budgeted \$1.68 billion in total revenue. Though uncertainty through year-end remains, this budget is expected to be surpassed by over \$330 million, or 19.7 percent given the added supplemental funding through traditional Medicaid supplemental programs as well as grants provided under the CARES Act.

The total Harris Health System revenue budget for FY 2022 is planned at \$1.89 billion, a decrease of \$127 million, or 6.3 percent, from the FY 2021 projections due to expiration of flexibilities allowed during the public health emergency.



❖ Ad Valorem Tax

In October 2020, the Commissioners Court unanimously reaffirmed the existing tax rate for maintenance and operations of 16.491 cents per \$100 of property valuation. At year-end for FY 2021, ad valorem revenues are projected to stay within or somewhat above the budget of \$782 million. No increase in Harris County property values, and Harris Health ad valorem budget, is assumed for FY 2022.

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❖ Net Patient Service Revenue

Net Patient Revenue is budgeted to grow from \$553.5 million in FY 2021 to \$584.1 million in FY 2022. As previously discussed, the estimate is based on the assumption of volume stabilization at close to pre-COVID levels in the coming year. Also included in the projection is the Medicare Disproportionate Share (DSH) add-on payment, a fixed component of net patient revenue that does not depend on volume of services. This fixed portion of net patient revenue is projected to peak at \$170 million in FY 2021.

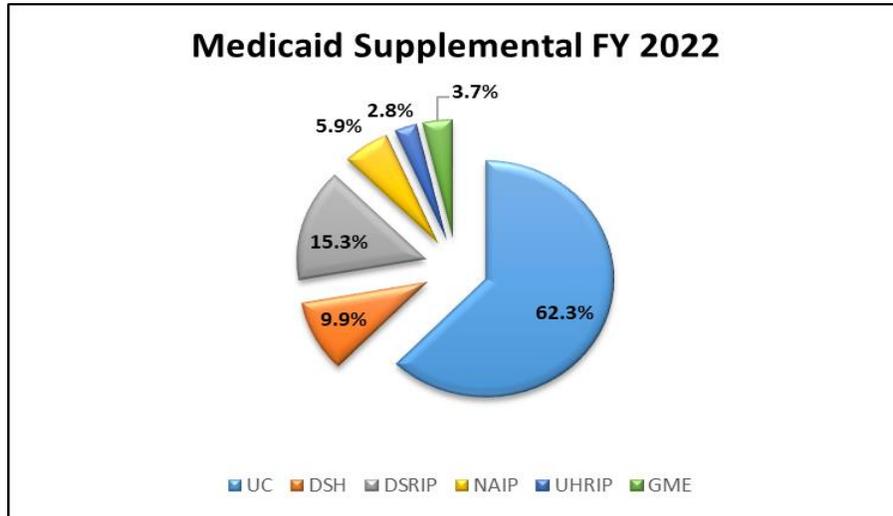
The three-year transition to the Medicare S-10 allocation methodology for Medicare DSH finalized with the close of Federal Fiscal Year 2020 in September 2020. Starting in October, FFY 2021 brings with it the ACA mandated reduction in the uncompensated care pool, and a corresponding payment reduction of \$15 million to Harris Health's Medicare DSH add-on payment beginning in FY 2022.

❖ Medicaid Supplemental Payments

Medicaid Supplemental Programs' revenues make up 24 percent of Harris Health's total revenue budget and include Medicaid Disproportionate Share (Medicaid DSH), Uncompensated Care (UC), Delivery System Reform Incentive Payment (DSRIP), Network Access Improvement Program (NAIP), Uniform Hospital Rate Increase Program (UHRIP), and Graduate Medical Education (GME) program funding. In FY 2021, overall supplemental funding grew by \$247 million over the prior year due to the resizing in the State's UC pool, the charity allocation changes, as well as the higher federal medical assistance percentage (FMAP) provided under the CARES Act.

The aggregate Medicaid Supplemental Programs revenue is budgeted at \$459.2 million in FY 2022, down by \$62.5 million, or 11.4 percent, from FY 2021. The decrease is mostly attributable to the expiration of the FMAP flexibilities expected to occur early in calendar 2021.

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Federal cuts in Medicaid DSH funding that were originally scheduled to be effective in October 2019, at the start of FFY 2020, have been recently delayed by Congress until federal fiscal years 2022 and 2023. As a result, the FY 2022 DSH budget for Harris Health reflects a total funding of \$47.5 million.

Beginning in FFY 2020, the aforementioned State’s UC allocation methodology was changed to reflect charity and uninsured care reflected on the Medicare S-10 schedule. In addition, the statewide UC pool was increased by Centers for Medicare and Medicaid Services (CMS) from \$3.1 to 3.8 billion. These two critical factors in general benefited most large urban hospital districts in Texas, Harris Health included. As the largest provider of uncompensated care in Texas, Harris Health will record a net benefit of over \$310 million in UC revenue in FY 2021. The proposed UC budget for FY 2022 is \$284 million.

The countdown of the DSRIP program in Texas has begun; the Demonstration Waiver is currently set to expire on September 30, 2022, the end of FFY 2022 (DY11). The State has already petitioned CMS to extend \$2.49 billion of DSRIP funding through DY11, the last year of the current Waiver. The agency is working on the options for DY11 and will submit documents to CMS by February 2021.

DY7	DY8	DY9	DY10	DY11
\$3.1	\$3.1	\$2.91	\$2.49	\$0

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Concurrently, HHSC announced its intent to request a five-year extension of the current Waiver through September 30, 2027 via CMS' fast-track application process. If approved, the UC pool will likely continue under the current methodology (based on charity) and DSRIP will be replaced. The extension also aims to create financial stability for Texas Medicaid providers, as HHSC works to transition the valuable work identified through DSRIP innovations. There are no significant policy changes proposed under this extension application.

Based on the aforementioned developments and flexibilities allowed by the State during the COVID-19 pandemic, Harris Health's DSRIP revenue will fare favorably in FY 2022. The current budget reflects \$70 million in DSRIP net benefit to the System.

The Network Access Improvement Program has commenced its fifth year at Harris Health. Funding is expected to be stable at \$27 million for the foreseeable future.

The addition of the Uniform Hospital Rate Improvement Program was first introduced by the State in March 2018. Harris Health's net Medicaid managed care reimbursement from the program is estimated at \$13 million in FY 2021. The net benefit for the System in FY 2022 is currently projected flat. On January 1, 2021, HHSC published proposed rule changes in the Texas Register that would dramatically change the current UHRIP program structure starting September 1, 2021. If adopted, HHSC's proposed changes will rename the current program the Comprehensive Hospital Increase Reimbursement Program (CHIRP), and divide the program into two separate components: (1) a Uniform Hospital Rate Increase Payment (UHRIP) component and (2) an Average Commercial Incentive Award (ACIA) component.

The Graduate Medical Education funding program started in October 2018. It allows for recovery of some GME costs, which resulted in the net benefit to Harris Health in FY 2021 of \$17 million. The program is projected at the same level for FY 2022.

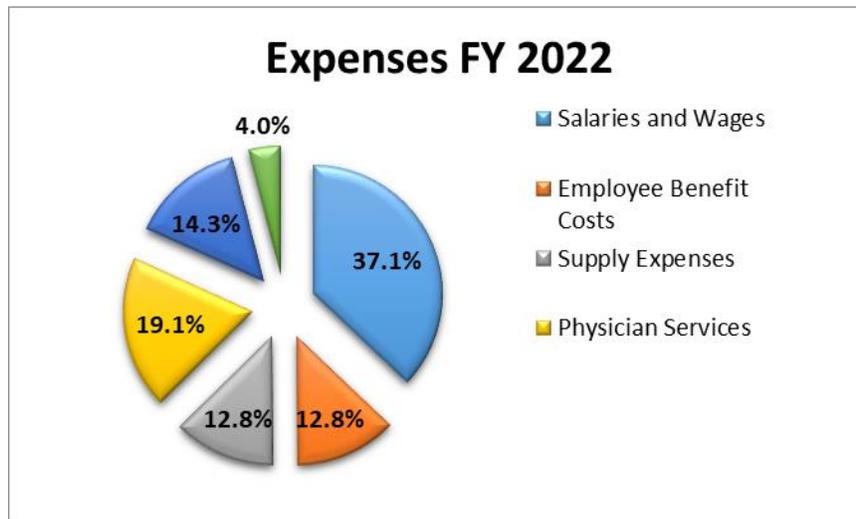
❖ Other Revenue

Other revenues are projected to return to pre-COVID levels at around \$57 million, or 3 percent of the total Harris Health budget. The largest, annual Tobacco Settlement revenue, is projected to continue at just under \$13 million in FY 2022. The CARES Act funding streams and various grants and donations specific to the pandemic relief are not expected to continue beyond FY 2021.

Harris Health System FY 2022 Operating & Capital Budget

Expenses

Total Harris Health System operating expense is projected to increase by 6.4 percent or \$111.4 million, from \$1.74 billion in FY 2021 to \$1.85 billion in FY 2022. After accounting for \$61 million in annual inflation of 3.5 percent, Harris Health is choosing to strategically invest \$50.7 million in infrastructure remediation, increased hospital capacity, care coordination and marketplace enrollment as major initiatives in FY 2022.



Salaries and benefits are budgeted to grow by 5.7 percent, or \$50 million in FY 2022, to a total of \$921.6 million. This increase accounts for inflationary adjustments of 3.6 percent and volume-adjusted impact of strategic initiatives of 2.1 percent. Examples include nursing-specific retention initiatives approved by the Board of Trustees, ICU and operating room capacity increases, and other patient care needs discussed earlier.

Physician services are budgeted to increase to \$353.9 million in FY 2022, up by \$15 million from the FY 2021 projection of \$339 million. In FY 2021, Harris Health executed new, separate physician services contracts with both Baylor College of Medicine and UT Health after a five-year wind down of the existing contracts was triggered in August 2018. The new contracts became effective July 2020 and have an initial term of 15 years.

Supply expense is expected to increase by 5.6 percent to \$235.8 million in FY 2022, accounting for a 3.0 percent inflation as well as incremental expenses associated with strategic initiatives and pandemic inventories. During the pandemic, much of the current year's run rate has seen extraordinary expenses in personal protective equipment and pharmaceuticals. These are expected to flatten somewhat in FY 2022 due to proactive inventory management achieved thus far.

Harris Health System FY 2022 Operating & Capital Budget

Purchased services are the fastest growing area of expense in Harris Health's budget, up from \$234.9 million in the current year to \$263.5 million in FY 2022. The increase of \$28.6 million, or 12.2 percent, is due to investments in infrastructure remediation, care coordination with outside partners, and increase in marketplace enrollment (insurance subsidies).

Depreciation, amortization, and interest expense for FY 2022 is budgeted at \$73.7 million, which includes a planned \$5.4 million increase for operationalizing capital assets.

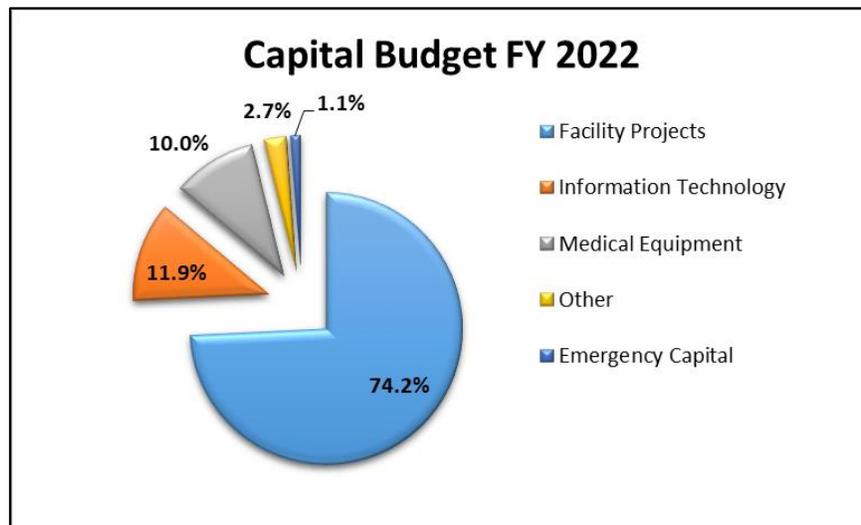
Overall, total operating expense budget for Harris Health is projected at \$1.85 billion in FY 2022. The result is a budgeted net operating margin of \$37.7 million, or 2.0 percent, for FY 2022. Analysis of cash flow for FY 2022, including the proposed capital budget expenditures discussed below, reflects a stable cash flow performance for the year, maintaining the minimum required days cash on hand for Harris Health's Letter of Credit covenants.

Harris Health System FY 2022 Operating & Capital Budget

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 2021, the overall Capital Budget proposal totaled \$121.8 million, of which \$75.8 million was routine capital funded from operations, and \$46 million funded from the issuance of Certificates of Obligation (\$36 million) and the HCHD Foundation (\$10 million). The \$75.8 million routine capital budget has been nearly fully obligated at December 2020, with major infrastructure projects pending additional funding. The \$46 million in non-routine capital was earmarked for the benefit of the County jail and mental health facility as well as costs related to the future renovation of Ben Taub's Emergency Center.



Given the current demand for major infrastructure improvement and modernization, along with planned facilities renovation and construction, Harris Health proposes to invest \$176.3 million in capital projects in FY 2022. The System's average age of plant stands at almost 13 years compared to the industry standard of ten years, which calls for acceleration of capital investment ahead of the schedule. Harris Health's capital program structure, lack of additional debt plans, and solid balance sheet also inform and support this recommendation.

Harris Health System

FY 2022 Operating & Capital Budget

Conclusion

Together, the Fiscal Year 2022 Operating Budget and the Fiscal Year 2022 Capital Budget represent Harris Health's unwavering commitment to patient safety and advancement in the health status of the residents of Harris County. The budget reflects Harris Health's essential status within the overall healthcare market of the Harris County's and underscores the strength of its operations and financial stability despite the ongoing COVID-19 pandemic and other economic challenges. The proposed 2.0 percent operating margin of \$37.7 million will allow Harris Health System to continue with its infrastructure modernization and delivery of high quality healthcare to Harris County residents.

Harris Health System
Statement of Revenues and Expenses
Fiscal 2022 Proposed Budget
(\$ in Millions)

	Actual FY 2020	Projected FY 2021	Budget FY 2022
Revenue:			
1. Net Patient Revenue	\$ 580.3	\$ 553.5	\$ 584.1
2. Medicaid Supplemental Programs	301.7	548.2	459.2
3. Other Operating Revenue	32.3	109.6	36.7
4. Total Operating Revenue	\$ 914.3	\$ 1,211.3	\$ 1,080.0
5. Net Ad Valorem Taxes	767.5	786.0	786.0
6. Net Tobacco Settlement Revenue	13.8	12.9	12.9
7. Interest Income & Other	15.1	2.6	7.4
8. Total Nonoperating Revenue	\$ 796.4	\$ 801.5	\$ 806.3
9. Total Net Revenue	\$ 1,710.6	\$ 2,012.9	\$ 1,886.3
Expense:			
10. Salaries and Wages	\$ 608.1	\$ 647.1	\$ 685.4
11. Employee Benefits	229.5	224.5	236.2
12. Total Labor Cost	\$ 837.6	\$ 871.6	921.6
13. Supplies	216.8	223.4	235.8
14. Physician Services	285.9	339.0	353.9
15. Purchased Services	214.6	234.9	263.5
16. Depreciation, Amortization & Interest	65.5	68.3	73.7
17. Total Operating Expense	\$ 1,620.4	\$ 1,737.2	\$ 1,848.6
18. Operating Income (Loss)	\$ 90.2	\$ 275.7	\$ 37.7
19. Total Margin	5.3%	13.7%	2.0%

**Harris Health System
Statistical Highlights
Fiscal 2022 Proposed Budget**

	Actual FY 2020	Projected FY 2021	Budget FY 2022
Volumes:			
1. Primary Care Clinic Visits			
MD Clinic Visits	730,546	214,786	574,482
Telehealth Visits	-	348,770	200,916
2. Specialty Clinic Visits			
MD Clinic Visits	314,191	153,942	252,220
Telehealth Visits	-	84,511	69,248
3. Total Clinic Visits	1,044,737	802,009	1,096,866
4. Total Emergency Room Visits	169,824	132,727	153,302
5. Total Surgery Cases	23,257	15,927	25,133
6. Total Outpatient Visits	1,695,583	1,332,535	1,769,606
7. Births	5,257	4,342	5,428
8. Inpatient Cases (Discharges)	28,615	23,810	30,794
9. Outpatient Observation Cases	15,606	11,562	15,127
10. Total Cases Occupying Patient Beds	44,221	35,372	45,921
11. Inpatient Days	161,051	140,606	174,582
12. Outpatient Observation Days	39,012	30,468	38,123
13. Total Patient Days	200,063	171,074	212,705
14. Average Daily Census	548.1	468.7	582.8
15. Payor Mix (% of Charges):			
16. Charity & Self Pay	54.1%	51.7%	51.2%
17. Medicaid & Medicaid Managed	21.8%	22.7%	22.7%
18. Medicare & Medicare Managed	11.7%	11.8%	11.8%
19. Other Third Party Payers	12.5%	13.8%	14.3%

**Harris Health System
Capital Budget Summary
Fiscal 2022 Proposed Budget
(\$ in Millions)**

Category Totals	Budget FY 2022
Facility Projects	\$ 130.9
Information Technology	\$ 21.0
Medical Equipment	\$ 17.7
Other	\$ 4.7
Emergency Capital	\$ 2.0
Total FY2022 Capital Budget	\$ 176.3

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**Harris Health System
Capital Project Highlights (Major Projects)
Fiscal 2022 Proposed Budget
(\$ in Millions)**

	Budget FY 2022
New Construction:	
QM Renovation	\$ 38.6
LBJ Parking Garage	\$ 28.0
CA Casa De Amigos Expansion	\$ 10.3
	\$ 76.9
Renovation:	
LBJ Kitchen Renovation	\$ 10.8
BT Building Glazing Systems	\$ 9.5
LBJ Sterile Processing Renovation	\$ 5.0
LBJ Clean Supply Storage Project	\$ 4.3
LBJ Emergency Department Renovation	\$ 2.9
	\$ 32.4
Infrastructure:	
BT Repl. Main Air Hnd Units	\$ 10.0
LBJ Repl. Main Air Hnd Units – Phase II	\$ 3.0
BT Electrical Distribution	\$ 1.3
	\$ 14.3
IT:	
Technology Refresh	\$ 2.6
Pharmacy Will Call Technology	\$ 2.0
	\$ 4.6
Subtotal Major Projects	\$ 128.2

Harris Health System FY 2022 Operating & Capital Budget



Appendix

Harris Health System

Statistical Highlights

Fiscal 2022 Proposed Budget

BT Patient Days

Actual FY2020	Projected FY2021	Budget FY2022
125,493	116,192	149,233

BT Cases Occupying Beds

Actual FY2020	Projected FY2021	Budget FY2022
26,819	23,446	31,499

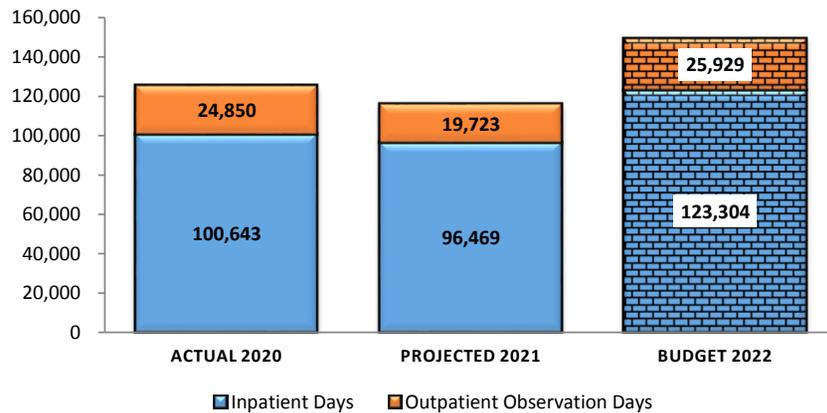
LBJ Patient Days

Actual FY2020	Projected FY2021	Budget FY2022
74,555	54,882	63,472

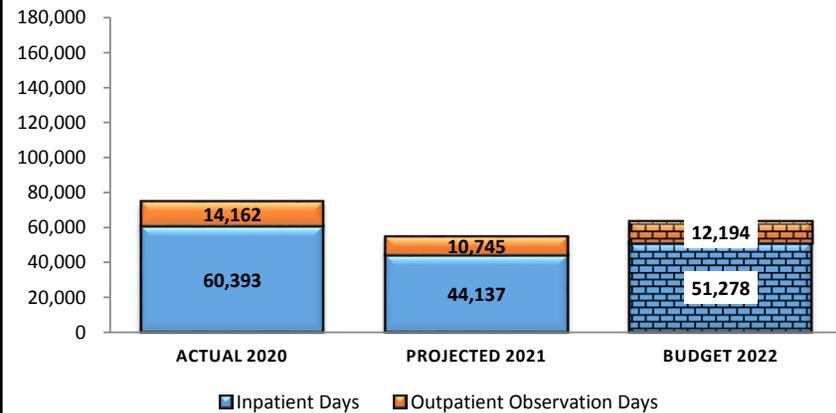
LBJ Cases Occupying Beds

Actual FY2020	Projected FY2021	Budget FY2022
17,402	11,926	14,422

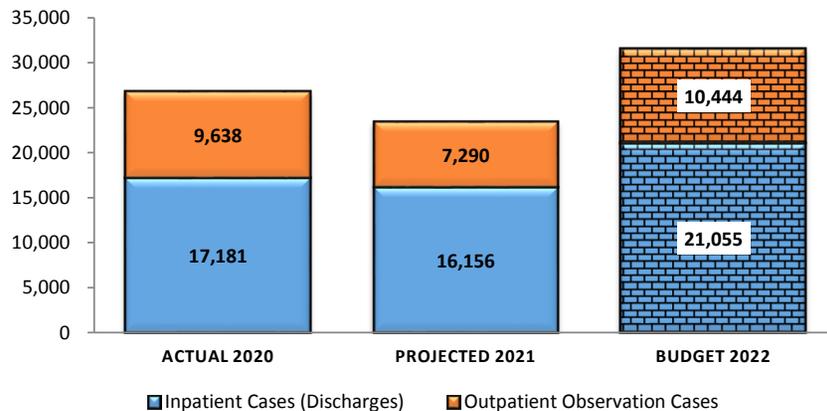
Ben Taub - Patient Days



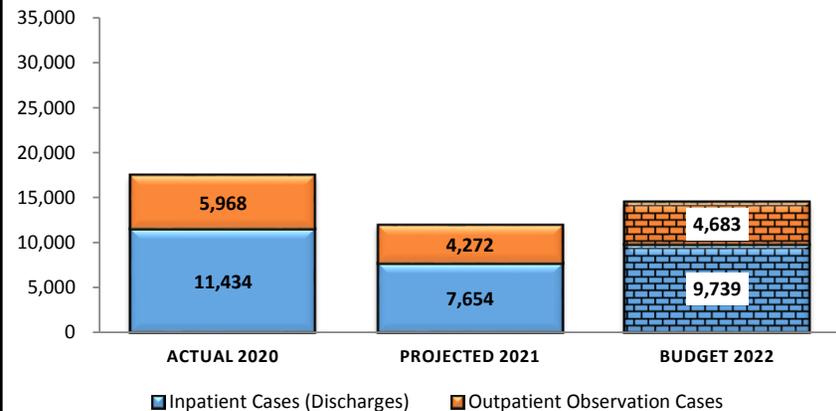
Lyndon B. Johnson - Patient Days



Ben Taub - Cases Occupying Beds



Lyndon B. Johnson - Cases Occupying Beds



Harris Health System

Statistical Highlights

Fiscal 2022 Proposed Budget

BT Emergency Visits

Actual	Projected	Budget
FY2020	FY2021	FY2022
82,207	66,015	74,447

BT Surgery Cases

Actual	Projected	Budget
FY2020	FY2021	FY2022
11,902	8,648	14,919

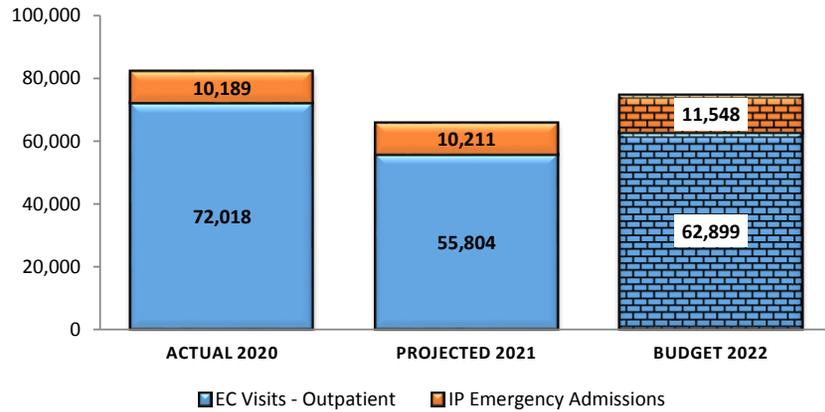
LBJ Emergency Visits

Actual	Projected	Budget
FY2020	FY2021	FY2022
87,617	66,712	78,855

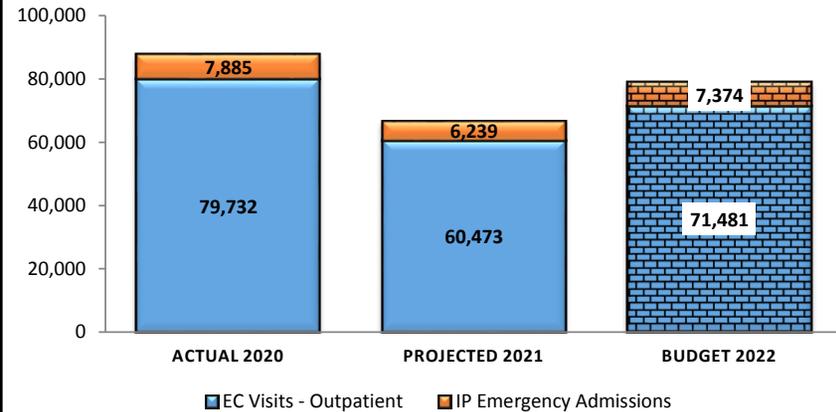
LBJ Surgery Cases

Actual	Projected	Budget
FY2020	FY2021	FY2022
11,355	7,279	10,214

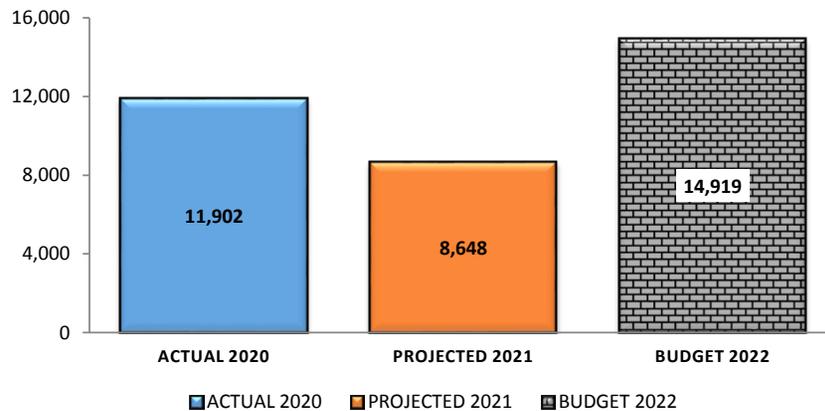
Ben Taub - Emergency Visits



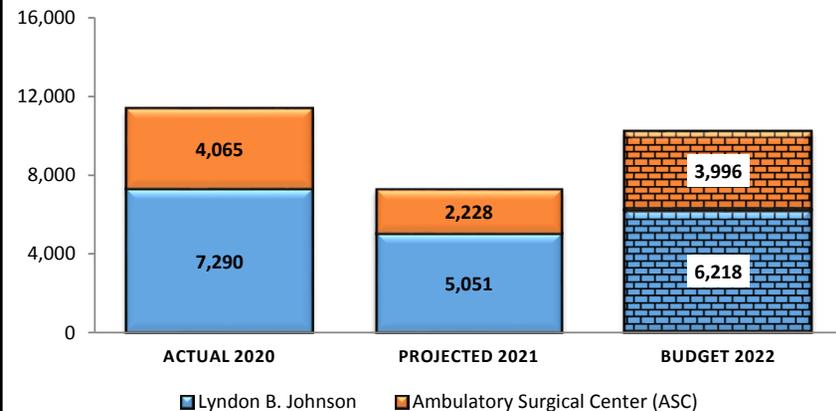
Lyndon B. Johnson - Emergency Visits



Ben Taub - Surgery Cases



Lyndon B. Johnson - Surgery Cases



Harris Health System

Statistical Highlights

Fiscal 2022 Proposed Budget

BT Births

Actual	Projected	Budget
FY2020	FY2021	FY2022
3,039	2,743	3,800

LBJ Births

Actual	Projected	Budget
FY2020	FY2021	FY2022
2,218	1,599	1,628

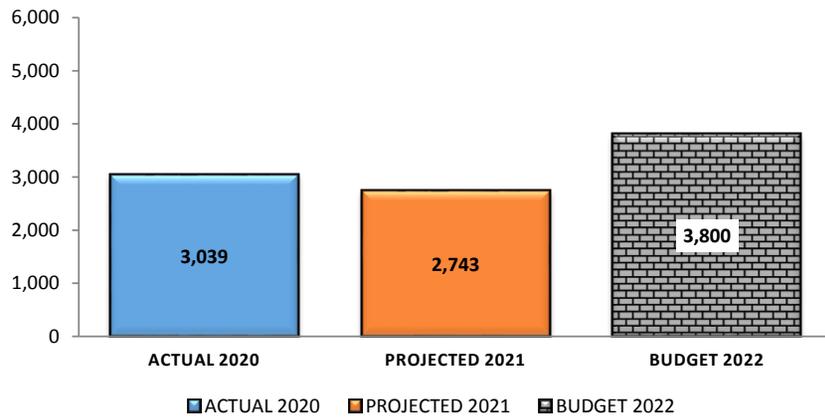
Primary Care Clinic Visits

Actual	Projected	Budget
FY2020	FY2021	FY2022
730,546	563,556	775,398

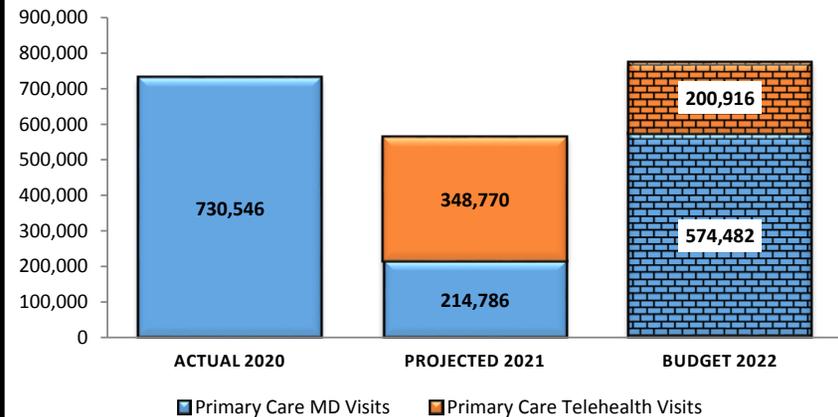
Specialty Clinic Visits

Actual	Projected	Budget
FY2020	FY2021	FY2022
314,191	238,453	321,468

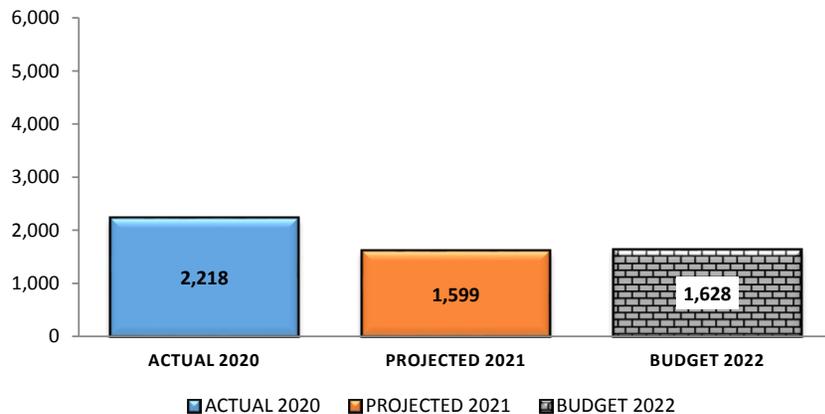
Ben Taub - Births



Primary Care Clinic Visits



Lyndon B. Johnson - Births



Specialty Clinic Visits

