

DIALYSIS CENTER AT QUENTIN MEASE (DC) GOVERNING BODY

Thursday, May 21, 2026

9:45 AM

(or immediately following the Ambulatory Surgical Center at LBJ Governing Body meeting)

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some members of the Governing Body may participate by videoconference.

Mission

Harris Health is a public, integrated health system dedicated to improving the health of our communities by delivering high-quality, person-centered care in collaboration with community and academic partners.

AGENDA

I. Call to Order and Record of Attendance	Ms. Libby Viera-Bland	1 min
II. Approval of the Minutes of Previous Meeting <ul style="list-style-type: none"> • DC Governing Body Meeting – February 19, 2026 	Ms. Libby Viera-Bland	2 min
III. Executive Session <ul style="list-style-type: none"> A. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session – Ms.Carolynn Jones B. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, the DC Quality Scorecard, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session – Dr. Matasha Russell, Dr. Kevin Erickson and Dr. Lori Timmons 	Ms. Libby Viera-Bland	15 min <i>(5 min)</i> <i>(10 min)</i>
IV. Reconvene	Ms. Libby Viera-Bland	1 min
V. General Action Item(s) <ul style="list-style-type: none"> A. General Action Item(s) Related to Policy and Procedures <ul style="list-style-type: none"> 1. Consideration of Approval of Amended Policies and Procedures for the DC – Dr. Kevin Erickson and Dr. Lori Timmons 	Ms. Libby Viera-Bland	5 min

- 2. [Consideration of Approval of New Policies and Procedures for the DC](#)
[– Dr. Kevin Erickson and Dr. Lori Timmons](#)

VI. DC Leadership Report	Ms. Libby Viera-Bland	5 min
A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Dialysis Center, Including Questions and Answers – Dr. Kevin Erickson and Dr. Lori Timmons		
VII. Adjournment	Ms. Libby Viera-Bland	1 min

HARRIS HEALTH
DIALYSIS CENTER AT QUENTIN MEASE
GOVERNING BODY MEETING MINUTES
Thursday, February 19, 2026
9:45 AM

(or immediately following the Ambulatory Surgical Center at LBJ Governing Body meeting)

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	The meeting was called to order at 9:22 A.M. by Ms. Libby Viera-Bland, Chair. A quorum was noted as present, and attendance was recorded. Some Board members attended in person while others participated by videoconference, in accordance with state law and the Harris Health Videoconferencing Policy. Only scheduled speakers were provided dial-in information; the public was able to view the meeting live via the Harris Health website at http://harrishealthtx.swagit.com/live .	A copy of the attendance is appended to the archived minutes.
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • DC at Quentin Mease Governing Body Meeting – November 20, 2025 	<u>Motion No. 25.11 – 06</u> Moved by Dr. Lori Timmons, seconded by Ms. Carol Paret, and unanimously approved that the Governing Body adopt the minutes of the November 20, 2025, meeting. Motion carried.
III. Executive Session	At 9:24 A.M., Ms. Viera – Bland announced that the that the HHDC would enter into Executive Session for Items A and B as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §160.007.	
	A. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and other federal and state healthcare program requirements and a status of fraud and abuse investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, including possible action regarding this matter upon return to Open Session.	No Action Taken.
	B. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 will receive a Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, including DC Governing Body Quality Scorecard Report, Quality Review Committee Report and Medical Executive Committee Report, including possible action upon return to Open Session.	No Action Taken.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
IV. Reconvene	At 9:32 A.M., Ms. Viera – Bland reconvened the meeting in open session, confirmed a quorum, and noted that no action was taken in Executive Session.	
V. DC Leadership Report		
	<p>A. Report Regarding Medical Staff Operations, Clinical Operations, Statistical Analysis of Services Performed and Operational Opportunities at the Dialysis Center, Including Questions and Answers</p> <p>Dr. Lori Timmons, Director, Ambulatory Nursing, delivered the Dialysis Center leadership report. Dr. Timmons reported that members of the Dialysis Center team had been invited to serve as guest panelists at the National Kidney Foundation Houston Professional Symposium. She stated that the team would present on the growth and success of the Dialysis Center’s peritoneal dialysis program, which had received statewide recognition for its development and outcomes. Dr. Timmons further noted that the program’s success had generated interest from other dialysis programs throughout Texas seeking to learn from the Center’s experience and operational approach.</p> <p>Dr. Timmons also reported that the Dialysis Center received the 2026 “5-Star Patient Safety Culture” designation. She explained that the designation is part of a voluntary national program available to dialysis clinics throughout the United States and reflects the organization’s commitment to promoting a strong culture of patient safety and quality care. Board members congratulated the Dialysis Center leadership team on the national and statewide recognition and acknowledged the organization’s leadership among peer institutions.</p>	
VI. Adjournment	There being no further business and without objection from the members of the Governing Body, the meeting adjourned at 9:34 A.M.	

I certify that the foregoing are the Minutes of the Harris Health System Dialysis Center at Quentin Mease Governing Body Meeting held on February 19, 2026.

Respectfully Submitted,

Libby Viera – Bland, AICP, ASC at DC at QM Governing Body Chair

Minutes transcribed by Cherry A. Joseph, MBA

**Dialysis Center at Quentin Mease (DC) Governing Body Attendance
Thursday, February 19, 2026**

GOVERING BODY MEMBERS PRESENT	GOVERNING BODY MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Libby Viera-Bland, Governing Body Chair	Philip Sun	Carol Paret
Dr. Kevin Erickson		
Dr. Lori Timmons		
Matthew Reeder		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Alexander Barrie	Louis Smith
Anthony Williams	Maria Cowles
Catherine Walther	Dr. Matasha Russell
Cherry Joseph	Randy Manarang
Daniel Smith	Sara Thomas <i>(Harris County Attorney's Office)</i>
Dr. Esmael Porsa <i>(President & CEO, Harris Health)</i>	Shawn DeCosta
Jennifer Zarate	Vivian Ho-Nguyen
Jerald Summers	

Virtual Attendee Notice: *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.*

[Thursday, May 21, 2026](#)

[Executive Session](#)

Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report in Connection with the Evaluation of the Quality of Medical and Healthcare Services, the DC Quality Scorecard, Quality Review Committee Report and Medical Executive Committee Report, Including Possible Action Upon Return to Open Session.

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Thursday, May 21, 2026

Consideration of Approval of Amended Policies and Procedures for the Dialysis Center

Listed below is a summary of the policy changes, along with the attached back-up material.

- Policy QMD-EM-104: Emergency Preparedness and Contingency Operations Plan
 - Minor format changes
 - Change in context
 - Modifications to match system policy



**DIALYSIS CENTER AT QUENTIN MEASE
HEALTH CENTER**

**DEPARTMENTAL GUIDELINES AND
PROCEDURES**

Policy No: QMD-EM-104
Page Number: 1 of 5
Effective Date: 9/1/2021
Last Review Date: 05/15/2025
Due For Review: 05/15/2027

TITLE: Emergency Preparedness and Contingency Operations Plan

PURPOSE: To provide guidance on the provision of care during an emergency.

POLICY STATEMENT:

Harris Health Dialysis Center at Quentin Mease has a disaster preparedness and contingency plan in place to ensure continuity of care for patients when a major disruptive event occurs such as: a fire, equipment failure, power outage, flood, interruption in utility service, medical emergency, or natural or other disaster.

—The governing body of the Dialysis Center at Quentin Mease is responsible for the development of this plan.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A. **DISASTER/EMERGENCY EVENT:** An Incident or occurrence (e.g. severe weather condition, flood, hurricane, exposure to contaminated air, or dangerous chemicals) that demands a crisis response beyond the scope of any single line service agency or service; and presents a threat to a community or larger area.
- B. **EMERGENCY:** An incident likely to threaten the health, welfare, or safety of end stage renal disease facility patients or staff or the public, including a fire, equipment failure, power outage, flood, interruption in utility service, medical emergency, or natural or other disaster.

II. GENERAL PROVISIONS:

- ~~A.~~—The emergency preparedness and contingency plan shall be reviewed, updated, and approved annually by facility leadership.
- A. The Dialysis Center at Quentin Mease will follow an all hazards approach to disaster management utilizing NIMS incident command structure. Quentin Mease will also participate with SETRAC and CMOC to assist with local resources. A Hazard vulnerability assessment based on the facility, and region

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**DIALYSIS CENTER AT QUENTIN MEASE
HEALTH CENTER**

**DEPARTMENTAL GUIDELINES AND
PROCEDURES**

Policy No: QMD-EM-104
Page Number: 2 of 5
Effective Date: 9/1/2021
Last Review Date: 05/15/2025
Due For Review: 05/15/2026⁷

will be presented to governing body of Quentin Mease dialysis center. Also, the City of Houston OEM with an annual email communication.

a. See Appendix for top ten

B. Facility leadership will be responsible for ensuring the following entities are notified of facility closures or reduction in hours of operations due to emergencies:

- a. Departments Medical Director, nursing and support services;
- b. Harris Health and Ambulatory Care Services senior leadership;
- c. Hospitals with backup and/or transfer agreements. Harris Health Ben Taub and LBJ hospitals will provide back up and support dialysis services during an emergency, in accordance with established transfer and support agreements, will provide backup dialysis services during an emergency, consistent with state requirements for continuity of care and patient transfer.
- d. Regional Advisory Council; and
- e. Local Emergency Management Agency
- e.f. Texas Health and Human Services Commission (HHSC), Health Facility Compliance Group, as soon as practicable following a closure or reduction in hours of operation due to an emergency.

C. Quentin Mease participates with SETRAC in Trauma Region Q, to provide facility status, and updates by utilization of EMResource. This allows SETRAC and other local emergency management agencies to view facility status.

D. When a Closure Occurs

- a. A dialysis facility may close for various reasons, including: Staffing shortages, Financial difficulties, Structural or operational issues, or Failure to meet regulatory requirements HSAG
- b. Under CMS Conditions for Coverage, if a facility ceases to operate, its governing body must:
 - i. Notify CMS, the State Survey Agency (HHSC), and the applicable ESRD Network.
 - ii. Assist patients in transferring to other facilities.
 - iii. Complete a CMS-2744 in EQRS after all patients are transferred or discharged HSAG.
- c. Notification and Patient Transition

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**DIALYSIS CENTER AT QUENTIN MEASE
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**DEPARTMENTAL GUIDELINES AND
PROCEDURES**

Policy No: QMD-EM-104
Page Number: 3 of 5
Effective Date: 9/1/2021
Last Review Date: 05/15/2025
Due For Review: 05/15/2026⁷

- i. Facilities must: Use the Facility Closure – ESRD Network Notification Form to inform the ESRD Network of planned, temporary, or permanent closures HSAG.
- ii. Notify patients in writing as soon as possible, including translated materials if needed.
- iii. Address transportation, scheduling, and insurance issues.
- iv. Revisit patients for possible home dialysis options

~~E.F.~~ Scheduled disruption - Patients shall be notified via phone or electronic communications methods in the event scheduled dialysis services are interrupted or schedule changes.

~~D.F.~~ The facility shall have an approved continuity of care plan to include:

- a. Alternate scheduling of dialysis in advance of pending inclement weather where possible
- b. All dialysis patients are provided with a copy of the facility's continuity of care plan and educated on emergency operational changes prior to initiation or scheduling of dialysis treatment.

~~a.c.~~ Procedures for distribution of written materials to patients with the facilities emergency preparedness and contingency operations plan; and
d. Transportation options.

~~b.c.~~ Document downtime process.

~~E.G.~~ Staff shall receive annual training on the facility emergency preparedness and contingency plan.

~~F.H.~~ Staff shall maintain a current copy of the facilities disaster call tree and emergency contact numbers.

~~G.I.~~ Annually, the facility shall:

- a. Contact a local and state disaster management representative, an emergency operations center, and a trauma service area regional advisory council to:
 - i. Request comments on whether the emergency preparedness and contingency operations plan adopted by the facility under should be modified; and ensure that local agencies, regional agencies, state agencies, and hospitals are aware of the facility, the facility's policy on provision of life-saving treatment, the facility's patient population and potential transportation needs, and the anticipated number of patients affected.

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HEALTH CENTER**

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Policy No: QMD-EM-104
Page Number: 4 of 5
Effective Date: 9/1/2021
Last Review Date: 05/15/2025
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- ii. Educate ~~patient~~ patients on emergency and disaster preparedness readiness to include, emergency diet, patient wristband identification, prescription medication and medical supplies, communication methods, and maintenance of current medical records documentation.
- i. [Hazard and Vulnerability Assessment](#)

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PROCEDURES**

Policy No: QMD-EM-104
Page Number: 5 of 5
Effective Date: 9/1/2021
Last Review Date: 05/15/2025
Due For Review: 05/15/2026

REFERENCES/BIBLIOGRAPHY:

Relating to emergency planning for the continued treatment and safety of end stage renal disease facility patients, SB. 1876, 87th Cong (2021).

<https://capitol.texas.gov/tlodocs/87R/billtext/pdf/SB01876F.pdf>

ACS Disaster Preparedness Plan ~~2020~~ 2024

Harris Health Emergency Operations Plan.

[Title 26 Health and Human Services Part 1 Health and Human Services Commission Chapter 507 End Stage Renal Disease Facilities](#)

OFFICE OF PRIMARY RESPONSIBILITY:

[Harris Health](#) Dialysis Center at Quentin Mease

REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
09/01/2021			Riverside Dialysis Governing Board
		12/10/2021	Riverside Dialysis Governing Board
		10/27/2022	Riverside Dialysis Governing Board
		Revised 5/15/2025	Dialysis Center at Quentin Governing Body

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Thursday, May 21, 2026

Consideration of Approval of New Policies and Procedures for the Dialysis Center

Listed below is the new policy, along with the attached back-up material.

- Policy: QMD-CP-008: Peritoneal Dialysis (PD) Temporary Hemodialysis Chair



DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINE

Guideline No:	QMD-CP-008
Page Number:	1 of 4
Effective Date:	4/8/2026
Last Review Date:	4/8/2026
Next Review Date:	4/8/2029
Published Date:	

TITLE: PERITONEAL DIALYSIS (PD) TEMPORARY HEMODIALYSIS CHAIR

PURPOSE: To support the strategic growth of the Peritoneal Dialysis (PD) program by providing temporary hemodialysis (HD) access for patients awaiting PD initiation or who need HD temporarily before going back onto PD, while ensuring the hemodialysis census remains within safe staffing limits and that temporary HD capacity is preserved for patients actively transitioning to PD.

GUIDELINES/PROCEDURES STATEMENT:

The dialysis program maintains two temporary hemodialysis chairs designated exclusively for patients who are in the process of transitioning to Peritoneal Dialysis or who are already on PD but need HD temporarily. These chairs are intended for short-term use only and are not designed to expand the long-term hemodialysis census.

Temporary chair utilization must not compromise safe staffing ratios or regulatory compliance.

Patients who elect not to proceed with Peritoneal Dialysis after occupying a temporary HD chair will be transitioned to an external dialysis provider, when appropriate, to preserve chair availability for patients awaiting PD initiation.

ELABORATIONS:

I. DEFINITIONS:

A. DIALYSIS: A process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semipermeable membrane. The two types of dialysis that are currently in common use are hemodialysis and peritoneal dialysis.

B. PERITONEAL DIALYSIS: The process of instilling sterile dialysate fluid into the peritoneal cavity through tubing connected to an implanted catheter causing waste products to move from the blood through the peritoneal membrane into the dialysate. This process filters toxins and waste products from the blood, eliminates excess fluid, and balances electrolytes using the diffusion and osmosis across the peritoneal membranes.

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C. HEMODIALYSIS: Method that is used to achieve the extracorporeal (outside of the body) removal of waste products and water from the blood when the kidneys are in a state of renal failure.

II. ELIGIBILITY CRITERIA:

A. New PD Patient Awaiting PD Initiation

The patient is new to peritoneal dialysis and:

1. Has a PD catheter placed, and
2. Is awaiting PD training or initiation, and
3. Requires temporary HD treatments until PD therapy begins.

B. Existing PD Patient with Temporary Catheter Issue

The patient is an established PD patient, and

1. Is receiving temporary HD treatments while awaiting resolution of a time-limited issue preventing the use of PD.

III. ADMISSION REQUIREMENTS:

Prior to admission to a temporary HD chair:

1. The patient must be counseled on the PD program and expected transition timeline.
2. The patient must understand that hemodialysis at Quentin Mease is temporary.
3. Patients must understand that if they elect to continue hemodialysis rather than transition to PD then they will be referred to a community dialysis provider when appropriate.

Admission must be reviewed and approved by the Medical Director or designee.

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DIALYSIS CENTER AT QUENTIN MEASE HEALTH
CENTER

DEPARTMENTAL GUIDELINE

Guideline No:	QMD-CP-008
Page Number:	3 of 4
Effective Date:	4/8/2026
Last Review Date:	4/8/2026
Next Review Date:	4/8/2029
Published Date:	

IV. TEMPORARY CHAIR TIMEFRAME:

Typical duration should not exceed 30–60 days, unless otherwise approved by the Medical Director.

Temporary HD chair use should be limited to the shortest time necessary to:

1. Allow for PD catheter healing
2. Complete PD training
3. Resolve temporary issues preventing the use of PD

V. PATIENT ELECTION TO REMAIN ON HEMODIALYSIS

If a patient who was admitted under the temporary chair program elects to or must remain on HD:

1. The patient will be re-evaluated by the care team.
2. The patient will be counseled regarding the program design and limitations.
3. If the patient declines PD, the care team will coordinate transfer to an external dialysis provider when appropriate.

This ensures temporary HD chairs remain available for patients awaiting PD therapy.

VI. PROGRAM CAPACITY AND STAFFING

Temporary hemodialysis chair availability will be determined based on the current hemodialysis census, staffing levels, and regulatory minimum staffing requirements necessary to safely support dialysis operations. Temporary chairs may only be utilized when staffing levels allow safe patient care and regulatory compliance.

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DIALYSIS CENTER AT QUENTIN MEASE HEALTH CENTER

DEPARTMENTAL GUIDELINE

Guideline No: QMD-CP-008
Page Number: 4 of 4
Effective Date: 4/8/2026
Last Review Date: 4/8/2026
Next Review Date: 4/8/2029
Published Date:

VII. REFERENCES/BIBLIOGRAPHY:

Harris Health Policy 8.09 Governance of Patient Care at Harris Health Dialysis Center at Quentin Mease

Harris Health Policy 4524 Peritoneal Dialysis in the Home

VIII. DEPARTMENT OF PRIMARY RESPONSIBILITY:

Harris Health Dialysis Center at Quentin Mease Health Center.

IX. REVISION HISTORY:

Effective Date	Version# (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Reviewed or Approved by: (Directors, Committees, Managers, and Stakeholders, etc.)
4/8/2026		4/8/2026	

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