

Thursday, February 24, 2022

8:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

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

*Notice: Some Board Members may participate by videoconference

Mission

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

AGENDA

- I. **Call to Order and Record of Attendance** Dr. Arthur Bracey 2 min
- II. **Approval of the Minutes of Previous Meeting** Dr. Arthur Bracey 2 min
 - Board Meeting – January 27, 2022
- III. **Announcements / Special Presentations** Dr. Arthur Bracey 13 min
 - A. **CEO Report Including Updates on COVID-19 and Special Announcements** *(10 min)*
 - B. **Board Member Announcements** Regarding Board Member Advocacy and Community Engagements *(3 min)*
- IV. **Public Comment** Dr. Arthur Bracey 3 min
- V. **Executive Session** Dr. Arthur Bracey 15 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, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session, Including Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. Steven Brass, Dr. Yashwant Chathampally, Dr. John Foringer and Dr. Otis Egins**
[Strategic Pillar 1: Quality and Patient Safety]
- VI. **Reconvene to Open Meeting** Dr. Arthur Bracey 2 min
- VII. **General Action Item(s)** Dr. Arthur Bracey 28 min
 - A. General Action Item(s) Related to Quality: Medical Staff
[Strategic Pillar 1: Quality and Patient Safety]

1. Consideration of Acceptance of the Medical Executive Board Report to Include Notice of Appointments and Selection of New Service Chiefs (2 min)
– **Dr. John Foringer**

2. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – **Dr. John Foringer** (2 min)

B. General Action Item(s) Related to Quality: Correctional Health Medical Staff

1. Consideration of Approval of Harris Health System Correctional Health Medical Staff Bylaws – **Dr. Otis Egins** (2 min)

2. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – **Dr. Otis Egins** (2 min)

C. General Action Item(s) Related to Harris Health Diversity, Equity and Inclusion

1. Consideration of Approval of the Harris Health System Board of Trustees Diversity Equity and Inclusion (DE&I) Philosophy Statement (10 min)
– **Professor Marcia Johnson, Ms. Mia Mends, and Ms. Elena Marks**

2. Discussion Regarding Diversity, Equity and Inclusion Initiatives at Harris Health System – **Mr. Omar Reid** (10 min)

VIII. Consent Agenda Items

Dr. Arthur Bracey 5 min

A. Recommended Committee Approval

1. Consideration of Approval of the Internal Audit Charter
– **Ms. Errika Perkins, Chief Assistant County Auditor and Ms. Sharon Brantley Smith, Audit Director**

2. Consideration of Approval of the Internal Audit Plan
– **Ms. Errika Perkins, Chief Assistant County Auditor and Ms. Sharon Brantley Smith, Audit Director**

3. Consideration of Approval to Appoint Mr. Mark Smith, Human Resources, as a Committee Member to the Harris County Hospital District 401K and 457(b) Administrative Committee and the Pension and Disability Administrative Committee, Effective as of February 1, 2022 – **Mr. Michael Norby**

4. Consideration of Acceptance of the Harris Health System Third Quarter Fiscal 2022 Investment Report – **Ms. Victoria Nikitin**

5. Consideration of Acceptance of the Harris Health System Fourth Quarter Calendar Year 2021 Pension Plan Report – **Ms. Victoria Nikitin**

6. Consideration of Acceptance of the Harris Health System November 2021 Quarterly Financial Report Subject to Audit – **Ms. Victoria Nikitin**

B. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A78) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**
(See Attached Expenditure Summary: February 24, 2022)

C. Consent Grant Agreements

1. Consideration of Approval of Grant Agreement (Item C1 through C4)
– **Dr. Jennifer Small**
(See Attached Grant Agreement Summary: February 24, 2022)

D. Consent Items for Board Approval

1. Consideration of Approval to Amend the Interlocal Lease Agreement Between The Harris Center and Harris County Hospital District d/b/a Harris Health System for the First and Second Floor Spaces Occupied in the Neuro Psychiatric Center at Ben Taub Hospital – **Mr. David Attard**
2. Consideration of Approval to Amend the Lease Agreement Between Hartman Highway 6, LLC and Harris County Hospital District d/b/a Harris Health System for the Bear Creek Health Center – **Mr. David Attard**

E. Consent Reports and Updates to Board

1. Harris Health System December 2021 and January 2022 Financial Reports Subject to Audit – **Ms. Victoria Nikitin**
2. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**
3. Update Regarding Population Health – **Dr. Ann Barnes**
4. Update Regarding Pharmacy – **Dr. Michael Nnadi**

F. Consent Item for Notice

1. Harris Health System Council-At-Large Meeting Minutes – **Mr. Louis Smith**
 - January 10, 2022

{End of Consent Agenda}

IX. New Item for Board Consideration	12 min
A. Consideration of Approval of Standing 2022 Committees, Appointment of Committee Members, and Approval of the 2022 Committee Charters – Dr. Arthur Bracey	(10 min)
B. Consideration of Approval of Revised 2022 Board of Trustees Calendar – Dr. Arthur Bracey	(2 min)
X. Strategic Discussion	Dr. Arthur Bracey 15 min
A. Harris Health System Strategic Plan Initiatives	
1. Discussion Regarding Strategic Financial Plan – Ms. Victoria Nikitin	(15 min)
XI. Executive Session	Dr. Arthur Bracey 105 min
B. Discussion Regarding the Evaluation of Chief Executive Officer, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session – Board of Trustees	(20 min)

- C. Discussion Regarding the Slate of Officers for the Harris Health Board of Trustees, Pursuant to Tex. Gov't Code Ann. §551.074, Including Consideration of Approval of the Harris Health Board of Trustees Slate of Officers – **Board of Trustees** (10 min)
- D. Discussion Regarding Board of Trustees Roles and Responsibilities, Pursuant to Tex. Gov't Code Ann. §551.074 – **Ms. Elisabeth Hurst, The Governance Institute** (15 min)
- E. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085 – **Ms. Sara Thomas, Mr. Louis Smith and Mr. Michael Hill**
[Strategic Pillar 3: One Harris Health System] (15 min)
- F. Consultation with Attorney Regarding the Harris County Hospital District Foundation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Sara Thomas** (20 min)
- G. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, Including Possible Action Regarding this Matter Upon Return to Open Session – **Ms.Carolynn Jones**
[Strategic Pillar 1: Quality and Patient Safety] (10 min)
- H. Consultation with Attorney Regarding Opioid Litigation, and Possible Action Upon Return to Executive Session, Including Approval for Harris Health to Participate in the Statewide Settlement Agreement Reached with McKesson Corp., Cardinal Health, Inc., Amerisource-Bergen Drug Corp., and Teva Pharmaceutical Co. in Connection with Harris County v. Purdue Pharma, LP, et al., Case No.4:18-cv-00490 (S.D. Tex.); In Re National Prescription Opiate Litigation, MDL No. 2804, Case No. 1:18-op-45677-DAP, Pursuant to Tex. Gov't Code Ann. §551.071 – **Ms. Sara Thomas** (5 min)
- I. Discussion Regarding Harris Health System Executive Compensation, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session – **Mr. Omar Reid** (10 min)

- XII. Reconvene** Dr. Arthur Bracey 2 min
- XIII. Item(s) Related to the Health Care For the Homeless Program** Dr. Arthur Bracey 10 min

- A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act Health Care for the Homeless Program – **Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge**
- HCHP January 2022 Operation Update
 - HCHP Fourth Quarter Quality Management Report

B. Consideration of Approval of Changes of Scope

– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge

- Extend Days of Operation at Salvation Army Family Residence, Effective March 1, 2022
- Open New Clinic at Navigation Center, Effective May 1, 2022
- Close the Jackson Hinds Gardens Location, Effective March 1, 2022

C. Consideration of Approval of New HCHP Waiving Client Fees Policy

– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge

XIV. Adjournment

Dr. Arthur Bracey 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, January 27, 2022

8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	<p>The meeting was called to order at 8:01 a.m. by Arthur Bracey, MD, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Bracey stated while some of Board members are in the room with us today, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. The meeting may be viewed online: http://harrishealthtx.swagit.com/live.</p>	<p>A copy of the attendance is appended to the archived minutes.</p>
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – December 2, 2021 • Special Called Board Meeting and Budget Workshop – December 9, 2021 • Special Called Board Meeting – January 6, 2022 	<p><u>Motion No. 22.01-02</u> Moved by Ms. Alicia Reyes, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.</p>
III. Announcements/ Special Presentations	<p>A. CEO Report Including Updates on COVID-19, Special Announcements and Employee Recognition</p> <p>Dr. Esmail Porsa, Harris Health System President and Chief Executive Officer (CEO), recognized Ms. Tracy Huerta, Social Worker/Case Manager, Ben Taub Hospital and Ms. Tiffany Purnell, Social Worker/Case Manager, Ben Taub Hospital, as the recipients of the Harris Health Hero Award. This award recognized these two individuals for their unwavering patience, compassion and professionalism shown to our patients and families.</p> <p>Dr. Porsa also recognized Ms. Jamie Hons, as Vice President of Operations, BT Hospital. Dr. Porsa announced that El Franco Lee Health Center would resume full medical operations on Tuesday, February 1, 2022.</p> <p>Dr. Porsa delivered an update regarding COVID-19, stating that Harris Health System (HHS) continues to see steady decline in the positivity rate and overall number of average daily COVID-19 cases in our region. He stated that HHS is seeing a downward trend in the number of daily hospitalizations but still at a higher level than previously seen during the pandemic. He also reported that HHS is seeing a dramatic drop in the number of COVID patients at our hospitals; however, Harris Health is still at numbers near the peak of its last winter COVID surge. Dr. Porsa emphasized the effectiveness of the vaccine and stated that</p>	<p>As presented.</p>

	<p>individuals who are fully vaccinated and boosted are less likely to become hospitalized with COVID-19.</p> <p>Important COVID Vaccination Information:</p> <ul style="list-style-type: none"> • More than 98% of Harris Health staff are vaccinated against COVID. • The grace period for the first dose of vaccinations is today, Thursday, January 27, 2022. • The deadline for full vaccination is Monday, February 28, 2022. • This applies to all HHS employees and our medical staff and learners from Baylor College of Medicine (BCM) and University of Texas Health (UTH). <p>Dr. Porsa announced that the Harris County Hospital District (HCHD) Foundation’s 19th Annual Texas Med Run is being held on Saturday, February 5, 2022. Proceeds from this event support HHS Food Farmacy Program, including the prescription fresh fruit/vegetable purchases at Strawberry Health Center, Acres Health Center, and LBJ Hospital Campus, to other Harris Health facilities. A copy of the CEO report is available in the permanent record.</p>	
	<p>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.</p> <p>Dr. Arthur Bracey recognized Dr. Ewan Johnson for being featured in Texas Standard as an Emergency Room (ER) physician and frontline worker treating patients during the COVID-19 pandemic. Dr. Bracey also recognized Dr. Andrea Caracostis for advocacy and service to those in need of Medicaid coverage.</p>	<p>As presented.</p>
<p>IV. Public Comment</p>	<p>Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding dissatisfied employees related to their work environment, poor remuneration and low employee retention. Ms. Cole also expressed concerns related to County Employee pensions as the Employees transition to Harris Health employment.</p>	
<p>V. Executive Session</p>	<p>At 8:17 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Texas Health and Safety Code Ann §161.032, Texas Occupations Code Ann. §151.002 and Texas Occupations Code Ann. §160.007.</p> <p>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, Including the Harris Health System Quality, Safety Performance Measures and Zero Harm, and Possible Action Regarding this Matter Upon Return to Open Session, Including</p>	<p>No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine</p>

	Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.	
VI. Reconvene to Open Meeting	At 8:38 a.m., Dr. Arthur Bracey reconvened the meeting in open session; he noted that a quorum was present and that no action was taken in Executive Session.	
	<p>A. General Action Item(s) Related to Quality</p> <p>1. Acceptance of the Medical Executive Board Report to Include Notice of Appointments and Selection of New Service Chiefs.</p> <p>Dr. John Foringer, Chair, Medical Executive Board, highlighted the success of a new lung cancer-screening program. In collaboration with pulmonary, radiology and oncology, the program aims to bring patients in to get low dose screening computerized tomographs (CTs) and have them rapidly biopsied. A copy of the MEB report is available in the permanent record.</p>	<p><u>Motion No. 22.01-03</u> Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VI.A.1. Motion carried.</p>
	<p>2. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff.</p> <p>Dr. Foringer presented the credentialing changes for members of the Harris Health System Medical Staff. He reported that there were five (5) temporary privileges, thirteen (13) initial appointments; thirty-eight (38) reappointments, eighteen (18) resignations, and one (1) change/add privileges. A copy of the report is available in the permanent record.</p>	<p><u>Motion No. 22.01-04</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VI.A.2. Motion carried. Dr. Arthur Bracey recused on this matter related to Baylor College of Medicine.</p>
VII. Consent Agenda Items	Dr. Bracey stated that the following consent agenda items were discussed at length during the October Committee meetings.	
	<p>A. Consent Grant Agreement</p> <p>1. Approval of Grant Agreement (Item C1).</p>	<p><u>Motion No. 22.01-05</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda items VII.A.1. through VII.B.2. Motion carried. Ms. Elena Marks recused on this matter related to Episcopal Health Foundation.</p>

	<p>B. New Consent Items for Approval</p> <p>1. Approval of a Resolution Setting the Rate of Mandatory Payment for the Harris County Hospital District Local Provider Participation Fund in February 2022 as Up to 0.63 Percent.</p>	<p><u>Motion No. 22.01-05</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda items VII.A.1. through VII.B.2. Motion carried.</p>
	<p>2. Approval of the Reappointment of Members to the Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), collectively “Community”, Board of Directors.</p> <ul style="list-style-type: none"> • Vicki Green Keiser • Anne Clutterbuck • Stephen Leo McKernan 	<p><u>Motion No. 22.01-05</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda items VII.A.1. through VII.B.2. Motion carried.</p>
	<p>C. Consent Purchasing Recommendations</p> <p>1. Approval of Purchasing Recommendations (Items A1 through A78) <i>Dr. Arthur Bracey recused on this matter related to BCM (Item A14, A55, A61 and B10).</i></p> <p>Dr. Bracey stated that Purchasing’s Transmittals (B1 through B23) are not for approval. He also noted that Purchasing Item A44 related to Integra Lifescience Sales, LLC has been pulled. Mr. Finder requested additional information regarding purchasing items A2 and A69, which involves the transporting of psychiatric patients. Professor Johnson commented on the Harris County Disparity Study as well as the Harris Health Diversity and Inclusion initiatives and policies. Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, will review neutral measures and assist in the development of a Board Policy Statement on Diversity & Inclusion. Ms. Mia Mendis, Ms. Elena Marks, and Professor Johnson have agreed to collaborate on these efforts. A copy of the purchasing recommendations are available in the permanent record.</p>	<p><u>Motion No. 22.01-06</u> Moved by Ms. Elena Marks, seconded by Ms. Alicia Reyes, and majority passed that the Board approve purchasing recommendations (Items A1 through A43 and A45 through A78). Motion carried. Professor Marcia Johnson and Dr. Ewan Johnson opposed this motion. Ms. Mia Mendis and Ms. Jennifer Tijerina abstained from the vote.</p>

	<p>D. Consent Item for Notice</p> <ol style="list-style-type: none"> 1. Harris Health System Council-At-Large Meeting Minutes <ul style="list-style-type: none"> • October 11, 2021 • November 8, 2022 2. Notice to the Harris Health System Board of Trustees of the Transfer of \$20,000,000.00 from Community Health Choice Texas, Inc. to Community Health Choice, Inc. to Ensure the Sufficiency of Community Health Choice, Inc.’s Risk Based Capital. <p><i>{End of Consent Agenda}</i></p>	<p>For informational purposes only - No action required.</p>
<p>VIII. General Action Items</p>	<p>B. Items Related to Community Health Choice</p> <ol style="list-style-type: none"> 1. Review and Approval of Fiscal Year 2022 Budgets for Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), collectively “Community” <p>Mr. Derek Reddell, Interim Chief Financial Officer, Community Health Choice, presented the Fiscal Year 2022 Budgets for (CHC) and (CHCT). He provided a brief overview on the positive and negative impacts to budget operations which includes the Experience Rebate Formula change, Special Enrollment Period (SEP), Build Back Better (BBB) Act, and contracts changing to Medicare Advantage basis of \$5M. Mr. Reddell reported a consolidated net income of \$9.9M, Marketplace net loss of \$7.4M, and HHSC net income of \$17.4M. A copy of the presentation is available in the permanent record.</p>	<p><u>Motion No. 22.01-07</u> Moved by Ms. Alicia Reyes, seconded by Mr. Lawrence Finder, and unanimously passed that the Board approve agenda item VIII.B.1. Motion carried.</p>
<p>IX. Strategic Discussion</p>	<p>A. Harris Health System Legislative Initiatives</p> <ol style="list-style-type: none"> 1. Update, Discussion and Possible Action Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System <p>Mr. R. King Hillier, Vice President, Public Policy and Government Relations, provided an update regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System. He noted that Congress has since recessed and returned to work earlier this month. The legislative impasse in the Senate preventing the Build Back Better (BBB) Act from moving forward under the reconciliation process continues as Senator Manchin announced his opposition to the bill in its current form.</p> <p>Mr. Hillier stated that the Harris County Commissioners Court Budget Hearing was held on January 13, 2022 and that the hearing was very smooth and successful. A copy of the legislative report is available in the permanent record.</p>	<p>As Presented.</p>

	<p>B. Harris Health System Strategic Initiatives</p> <p>1. Presentation Regarding Harris County Auditor/Third-Party Protiviti Report on Harris Health System Human Resources Process Review and Audit.</p> <p>Mr. Marcus Delouche, Managing Director, Protiviti, delivered a presentation regarding Harris County Auditor/Third-Party Protiviti Report on Harris Health System Human Resources (HR) Process Review and Audit. The objective of the audit is to assess current HR processes through interviews, walkthroughs, and select control testing and develop recommendations to improve the effectiveness and efficiency of in-scope processes. Mr. Delouche stated that the audit did not include processes outside of HR’s control such as payroll. Based on the procedures performed, the audit team identified areas within the HR processes that can be strengthened, some of which the HR team continued to enhance during this internal audit. Ms. Lisa Anderson, Managing Director, Protiviti, stated that the strengths identified include: 1) HR Strategic Planning, 2) Use and Leverage of Technology, 3) Focus and Development, 4) Willingness to Change/Implementation of HR Projects and Programs, and 5) Compensation Management. Additionally, Ms. Anderson provided a brief summary of the audit findings including gap and process improvement areas. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
	<p>C. Harris Health System Strategic Plan Initiatives</p> <p>1. One Harris Health – Update on Clinical Service Lines and Clinical Pathways</p> <p>Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer, delivered a presentation regarding One Harris Health - Update on Clinical Service Lines and Clinical Pathways. He noted that Harris Health’s goals are:</p> <ul style="list-style-type: none"> • Increase cross-system medical leadership collaboration with key stakeholders • Develop clinical service lines in FY22 and create a foundation for future service line development • Implement at least three (3) clinical pathways in FY22 shared by both medical schools <p>Mr. Smith shared the clinical pathway roadmap, which outlines the implementation process, tracks performance and identifies improvement opportunities and necessary modifications. Discussion ensued regarding next steps towards becoming One Harris Health System. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>

<p>X. Item(s) Related to Health Care for the Homeless Program</p>	<p>A. Review and Acceptance of the Following Reports for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act Health Care for the Homeless Program.</p> <ul style="list-style-type: none"> • HCHP January 2022 Operational Update • September 2021 – November 2021 Consumer Advisory Council Report <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, presented Health Care for the Homeless Program (HCHP) operational update including Patient Services and Consumer Advisory Council Report. Ms. Burdine noted that HCHP is expected to see approximately 9,775 patients per year as required by the Health Resources and Services Administration (HRSA). At the close of 2021, HCHP served 7,491 unduplicated patients with 17,372 total visits completed. Ms. Burdine stated that the reduction in unduplicated patients were a result of two (2) clinic closures. For the month of December, HCHP served 1,910 unduplicated patients, which was an increase from the previous year total. Ms. Burdine also reported an increase in the previous year total of completed visits from 2,473 to 2,671. Highlights of the Consumer Advisory Council Activities from September to November 2021 is listed as follows:</p> <ul style="list-style-type: none"> • The council was updated on the change in scope to have operations at Lord of the Streets increase from 32 hours per week to 40 hours per week. • The council was informed about changes to the eligibility services locations and days of operations at the sites. • The council was informed that the program received recognition from HRSA with four Community Health Center Quality Recognition badges that recognize achievements in access, quality health equity and health information technology for 2021 UDS reporting period. The badges included Health Center Quality Leaders, Advancing Health Information Technology for Quality, COVID-19 Data Reporter, and Patient Centered Medical Home Recognition. • The council was informed of a new HRSA health center infrastructure grant for \$613,179. • The council was updated on the repairs to medical and dental mobile units and on the process of purchasing new mobile units and the delays caused by the supply chain crisis. <p>A copy of the operational update is available in the permanent record.</p>	<p><u>Motion No. 22.01-08</u> Moved by Mr. Lawrence Finder, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item X.A. Motion carried.</p>
<p>XI. Executive Session</p>	<p>At 9:41 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Texas Gov't Code Ann. §551.071, Texas Gov't Code Ann. §551.074, Texas Gov't Code Ann. §551.085 and Texas Health and Safety Code Ann. §161.032.</p>	

<p>XII. Reconvene</p>	<p>At 12:55 p.m., Dr. Arthur Bracey reconvened the meeting in open session and stated that the Board will take action on item(s) ‘B1, B2, G & J’ of the Executive Session agenda.</p>	
	<p>B. Items Related to Correctional Health</p> <p>1. Consultation with Attorney Regarding Jail Health Services at the Harris County Jail and Consideration of Approval of the Interlocal Agreement between Harris County and Harris Health System for Correctional Health Care Services, Pursuant to Tex. Gov’t Code Ann. §551.071, Tex. Gov’t Code Ann. §551.085 and Tex. Gov’t Code Ann. §551.085.</p> <p><i>Harris Health, by and through the Board of Trustees, hereby approves execution of an interlocal agreement, effective March 1, 2022, between Harris Health and Harris County for the provision of correctional healthcare services to detainees at the Harris County Jail on the following terms:</i></p> <ol style="list-style-type: none"> 1. <i>The Harris County Sheriff shall retain the duty to provide detainees with reasonable access to adequate medical care;</i> 2. <i>Harris Health shall not be required to utilize its own revenue or increase its property tax rate to provide medical care to detainees; and</i> 3. <i>Harris Health shall be permitted to enter into subcontracts for competent, diligent medical personnel or services.</i> 	<p><u>Motion No. 22.01-09</u></p> <p>Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.B.1. Motion carried.</p>
	<p>2. Consultation with Attorney Regarding Provider Agreement with University of Houston System to Provide Healthcare Services at the Harris County Jail, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085, and Consideration of Approval of the Affiliation and Services Agreement between Harris Health System and the University of Houston System Acting for and on Behalf of the University of Houston, Including College of Medicine and its College of Optometry University of Houston Upon Return to Open Session.</p> <p><i>Harris Health, by and through the Board of Trustees, hereby approves execution of the Affiliation and Services Agreement between Harris Health System and the University of Houston System Acting for and on Behalf of the University of Houston, including its College of Medicine and its College of Optometry, for the purpose of supplying physicians, advanced practice providers, and other health care professionals or trainees to provide medical services at Harris County detention facilities effective on March 1, 2022.</i></p>	<p><u>Motion No. 22.01-10</u></p> <p>Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XI.B.2. Motion carried.</p>
	<p>C. Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.085.</p>	<p>No Action Taken.</p>

	<p>D. Consultation with Attorney Regarding the Harris County Hospital District Foundation, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.</p>	<p>No Action Taken.</p>
	<p>E. Discussion Regarding Harris County Auditor’s Protiviti Report on Harris Health System Human Resources Process Review and Audit, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov’t Code Ann. §551.071 and Tex. Gov’t Code Ann. §551.074.</p>	<p>No Action Taken.</p>
	<p>F. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Including Possible Action Regarding this Matter Upon Return to Open Session.</p>	<p>No Action Taken.</p>
	<p>G. Discussion of Community Health Choice Matters, Pursuant to Tex. Gov’t Code Ann. §551.085 and Consideration of Approval of the Service Area Expansion of Community Health Choice, Inc. to Include STAR+PLUS, STAR, CHIP, and D-SNP in the 20 Texas Counties Community Health Choice, Inc. Currently Serves and the Transfer of the STAR, CHIP, and D-SNP Lines of Business from Community Health Choice Texas, Inc. to Community Health Choice, Inc. Upon Return to Open Session.</p> <p><i>Harris Health, by and through the Board of Trustees, hereby approves of the Service Area Expansion of Community Health Choice, Inc. to Include STAR+PLUS, STAR, CHIP, and D-SNP in the 20 Texas Counties Community Health Choice, Inc. Currently Serves and the Transfer of the STAR, CHIP, and D-SNP Lines of Business from Community Health Choice Texas, Inc. to Community Health Choice, Inc.</i></p>	<p><u>Motion No. 22.01-11</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.G. Motion carried.</p>
	<p>H. Consultation with Attorney Regarding Board of Trustees Participation in Board Meetings and Board Committee Meetings via Videoconference Call Policy, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.</p>	<p>No Action Taken.</p>
	<p>I. Discussion Regarding the Slate of Officers for the Harris Health Board of Trustees, Pursuant to Tex. Gov’t Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session.</p>	<p>No Action Taken.</p>
	<p>J. Consultation with Attorney Regarding Opioid Litigation, Pursuant to Tex. Gov’t Code Ann. §551.071, and Consideration of Approval of Harris Health’s Participation the Statewide Settlement Agreement Reached with Endo Health Solutions, Inc. et al. as set forth in the Endo/Par Texas State-Wide Opioid Settlement Agreement and Settlement Term Sheet, Executed on December 22, 2021.</p>	<p><u>Motion No. 22.01-12</u> Moved by Ms. Alicia Reyes, seconded by Ms. Elena Marks, and unanimously passed that the Board approve agenda</p>

	<i>Harris Health, by and through the Board of Trustees, hereby authorizes approval for Harris Health to Participate in the Statewide Settlement Agreement Reached with Endo Health Solutions, Inc. et al. as set forth in the Endo/Par Texas State-Wide Opioid Settlement Agreement and Settlement Term Sheet, Executed on December 22, 2021.</i>	item XI.J. Motion carried.
	K. Discussion Regarding the Evaluation of Chief Executive Officer, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session.	No Action Taken.
XIII. Adjournment	Moved by Ms. Elena Marks, seconded by Dr. Ewan Johnson, and unanimously approved to adjourn the meeting. There being no further business to come before the Board, the meeting adjourned at 12:59 p.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on January 27, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Elena Marks, Secretary

Minutes transcribed by Cherry Pierson

Thursday, January 27, 2022

Harris Health System Board of Trustees Board Meeting – Attendance

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

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Dr. Arthur Bracey (Chair)	
Ms. Elena Marks (Secretary)	
Ms. Alicia Reyes	
Dr. Andrea Caracostis	
Dr. Ewan Johnson	
Ms. Jennifer Tijerina	
Professor Marcia Johnson	
Mr. Lawrence Finder	
Ms. Mia Mends	

EXECUTIVE LEADERSHIP
Dr. Esmaeil Porsa, President & Chief Executive Officer
Ms. Lisa Wright, President & Chief Executive Officer, Community Health Choice, Inc.
Ms. Amy Smith, Senior Vice President, Transitions & Post-Acute Care
Dr. Ann Barnes, Executive Vice President & Chief Medical Executive
Ms.Carolynn Jones, Executive Vice President & Chief Compliance and Risk Officer
Mr. Christopher Okezie, Vice President, Operations
Mr. Dwight Dopslauf, Purchasing Agent, Harris County Purchasing Office
Mr. David Attard, Senior Vice President, Facilities, Construction and System Engineering
Ms. Errika Perkins, Chief Assistant County Auditor, Harris County Auditor’s Office
Dr. Glorimar Medina-Rivera, Executive Vice President, Ben Taub Hospital
Mr. Jack Adger, Assistant Purchasing Agent, Harris County Purchasing Office
Dr. Jackie Brock, Executive Vice President & Chief Nursing Executive
Dr. Jason Chung, Associate Chief Medical Officer & Senior Vice President, Medical Affairs and Utilization
Dr. Jennifer Small, Interim Executive Vice President, Ambulatory Care Services
Dr. John Foringer, Chair, Medical Executive Board
Dr. Joseph Kunisch, Vice President, Quality Programs
Mr. Louis Smith, Senior Executive Vice President & Chief Operating Officer

Ms. Maria Cowles, Senior Vice President, Chief of Staff
Dr. Martha Mims, Vice Chair, Medical Executive Board
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support Services
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
Mr. Michael Norby, Executive Vice President & Chief Financial Officer
Ms. Monica Carbajal, Vice President, Contract Administration
Ms. Olga Rodriguez, Vice President, Community Engagement & Corporate Communications
Mr. Omar Reid, Senior Vice President, Human Resources
Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson Hospital
Mr. R. King Hillier, Vice President, Public Policy & Government Relations
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
Dr. Tien Ko, Chief of Staff, Lyndon B. Johnson Hospital
Ms. Victoria Nikitin, Senior Vice President, Finance
Dr. Yashwant Chathampally, Associate Chief Medical Officer & Senior Vice President, Quality and Patient Safety

OTHERS PRESENT	
Amanda Suehs (Kimley Horn)	Marcus Delouch (Protiviti)
Anthony Williams	Matthew Schlueter
Antoinette Cotton	Nathan Bac
Cherry Pierson	Nicholas Bell
Cynthia Cole (AFSCME)	Otis Reggie Ekins, MD
Daniel Smith	Paul Lopez
Derek Curtis	Randy Manarang
Ebon Swofford	Tai Nguyen
Fadine Roquemore	Taylor Cooper
Holly Gummert	Tiffany Purnell
Jamie Orlikoff	Toni Peck
Jennifer Zarate	Tracey Burdine
Jerald Summers	Tracy Huerta
Karen Hughes (Burson Cohn & Wolfe)	Wade Gates (Burson Cohn & Wolfe)
Katy Miller (Kimley Horn)	Xylia Rosenzweig
Kim Sterling (Sterling)	Yasmin Othman

LaDale George (Perkins Coie LLP)	Zubin Khambatta (Perkins Coie LLP)
Lisa Anderson (Protiviti)	
Maria Montes (Harris County Office of County Administration)	

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, February 24, 2022

CEO Report Including Updates on COVID-19 and Special Announcements

Thursday, February 24, 2022

Board Member Announcements

Board Member Announcements Regarding Board Member Advocacy and Community Engagements

Public Comment Request and Registration Process

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

How to Request to Address the Board of Trustees

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

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

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

Rules During Public Comment Period

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

Three Minutes

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

-This Page Was Intentionally Left Blank -

Thursday, February 24, 2022

Executive Session Agenda Item

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

- Pages 24- 52 Were Intentionally Left Blank -

Thursday, February 24, 2022

Consideration of Acceptance of the Medical Executive Board Report to Include Notice of

Appointments and Selection of New Service Chiefs

The Harris Health System Medical Executive Board Report is presented for Board review and acceptance.

MINUTES OF THE MEDICAL EXECUTIVE BOARD
Harris Health System
February 8, 2022 4:00pm

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
CALL TO ORDER	The Medical Executive Board Meeting was called to order at 4:00 p.m. by John Foringer, MD, Chair.	As reported.
MINUTES OF THE PREVIOUS MEETING	The minutes of the January 11, 2022 meeting of the Harris Health Medical Executive Board were reviewed and approved.	A copy of the minutes is appended. A summary of the minutes was submitted to the Harris Health Board of Trustees for review and acceptance.
HARRIS HEALTH POLICIES	<p>Algorithm for Management of Pericardial Effusion at LBJ</p> <p>Dr. Foringer stated that the Algorithm for the Management of Pericardial Effusion at LBJ was developed over the past two years with good collaboration between Ben Taub and LBJ (Cardiology and Cardiovascular Surgery). LBJ does not have Interventional Cardiology. Dr. Irani is the only physician that deals with our pericardial effusions in the operating room - usually with a window which is not always ideal. We developed this algorithm to identify patients that need to be transferred to Ben Taub to have their pericardial effusion taken care of. Dr. Markan thanked both Cardiology groups that worked on the algorithm. The document provides clarity for different issues including addressing patients that are stable, patients that are not stable, how to triage, and how to escalate. It is a thoughtfully laid out algorithm that gives a greater sense of connectedness to our partner hospital which has fewer cardiology resources. He stated that the efforts of Dr. Foringer and Dr. Roy were really instrumental in getting this completed. It was moved and seconded to approve the Algorithm for the Management of Pericardial Effusion at LBJ as presented. Motion carried.</p> <p>Newborn Glucose Protocol</p> <p>Dr. Garcia presented the Newborn Glucose Protocol for approval. He stated that he worked with Dr. Garcia-Prats and both general pediatrics divisions in collaboration with nursing to develop the protocol and guideline. Both pavilions have signed off for this protocol to be used on the units and to be implemented in Epic. He thanked everyone for their work on the protocol. It was moved and seconded to approve the</p>	<p>It was moved and seconded to approve the Algorithm for the Management of Pericardial Effusion at LBJ as presented. Motion carried.</p> <p>It was moved and seconded to approve the Newborn Glucose Protocol as presented. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	Newborn Glucose Protocol as presented. Motion carried.	
STANDING BUSINESS	<p>Reports from the Chiefs of Staff</p> <p><i>Ben Taub General Hospital (BT)</i></p> <p>Dr. Markan presented the BT Chief of Staff Report. He stated that the BT MEC met Monday and discussed many priorities. A presentation was brought forward on proposed updates to critical lab values which is pending approval by the BT MEC. Dr. Fisher gave a presentation on the Harris Health Plan to Address Ethical Challenges in a Severe Pandemic. Mr. Mike Hill gave an update on correctional health and what it will mean to the medical and other clinical staff at both pavilions. We received an encouraging report from Dr. Atmar regarding COVID. The Omicron numbers have hit a slight plateau but seem to be trending in the right direction. Several administrative reports were given which showcased some of the ongoing priorities. Dr. Markan stated that our trauma group officially received notification of a 3-year accreditation of its Level I Trauma Program.</p> <p><i>Lyndon B. Johnson General Hospital (LBJ)</i></p> <p>Dr. Ko presented the LBJ Chief of Staff Report. He stated that the LBJ MEC met on February 2 and heard the same reports that Dr. Markan highlighted in his report. He highlighted the great collaboration between all the staff at LBJ dealing with the Omicron surge and the collaboration between BT and LBJ. The numbers are trending down which greatly benefits the frontline staff.</p> <p><i>Ambulatory Care Services (ACS)</i></p> <p>Dr. Russell presented the ACS Chief of Staff Report. She stated that the ACS MEC discussed several initiatives surrounding the roll out of COVID testing at select ambulatory sites. Discussion included criteria for those that will be tested and also having the oral treatments available for our COVID positive patients in the outpatient setting. There was also discussion regarding our quality initiatives.</p> <p>It was moved and seconded to approve the Chief of Staff Reports as presented. Motion carried.</p> <p>Chief Medical Executive Report</p> <p>Dr. Brass presented the Chief Medical Executive Report. He presented a medical affairs update. He addressed the COVID vaccine deadline extension, stating that proof of full vaccination is due to MSS by February 28. Medical staff is 99% compliant</p>	<p>It was moved and seconded to approve the Chief of Staff Reports as presented. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>for submitting proof of vaccination. The deadline for the annual mandatory education has been extended to May 31.</p> <p>For the safety message on zero harm, he addressed the difference between a known complication and a safety event. Distinguishing between a known complication and safety event can be challenging when a bad outcome occurs. Not all bad outcomes are safety events. Clinical complications are a known and understood possible result of certain high-risk procedures, treatments, or tests. Known complications should be distinguished from safety events resulting from deviations from generally accepted standards of care. When trying to distinguish between a safety event and a known complication from a procedure or operation, there's 4 questions that are very helpful to ask. A "yes" to each question suggests the outcome should be a known complication and not a safety event. It's not always easy and it requires a lot of due diligence.</p> <hr/> <p style="text-align: right;"><small>HARRISHEALTH SYSTEM</small></p> <h3 style="text-align: center;">Known Complication vs Safety Event</h3> <p style="text-align: center;">-ask these 4 questions:</p> <ol style="list-style-type: none"> 1. Was the procedure, treatment, or test appropriate or warranted for the patient based on nationally recognized standards of care? 2. Was the complication a known risk and was the standard of care employed to mitigate risk? 3. Was the complication identified in a timely manner? 4. Was the complication treated according to the standard of care and done in a timely manner? <p>•An affirmative answer to each question suggests the outcome should be classified as a known complication in which there was no deviation from generally accepted performance standards and for which there was no organizational causation.</p> <p>Dr. Brass stated that the quality dashboard was presented to the Board of Trustees Quality Committee. The scorecard was presented to the Board as system wide data but will be sent out to the MEB by pavilion. He reviewed the categories and metrics for the scorecard.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS												
	<div data-bbox="625 196 1514 699" data-label="Table"> <table border="1"> <thead> <tr> <th>Category</th> <th>Metric</th> </tr> </thead> <tbody> <tr> <td>Clinical Outcome</td> <td>Mortality</td> </tr> <tr> <td>Coordination of Care</td> <td>30 Day Readmissions</td> </tr> <tr> <td>Safety</td> <td>Patient Safety Indicators, Hospital Acquired Infections, Elective delivery before 39 weeks</td> </tr> <tr> <td>Efficiency</td> <td>No show rate, LWBS, LBTC</td> </tr> <tr> <td>Personal and Community Engagement</td> <td>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS)</td> </tr> </tbody> </table> </div> <p data-bbox="604 769 1543 987">He reviewed the system scorecard with the MEB. He reviewed the Clinical Outcomes scorecard to explain the structure. The different metrics (mortality) are listed under the category (clinical outcomes). The unit is included (O/E for mortality) and the goal. The O/E is then broken out by month as well as the absolute number. A target is included with the goal. A target is internally decided by Harris Health and the benchmark is based on national average. He stated that he looks forward to sharing the pavilion specific data and sharing action plans at the MECs.</p> <p data-bbox="604 1008 1543 1159">Dr. Brass gave physician kudos to Dr. Waleed Kayani (BT TSICU), Dr. Samuel Prater (LBJ EC) and Dr. Soujanya Challa (ACS - MLK) - sharing patient feedback from patients. Dr. Foringer stated that the Board of Trustees Quality Committee was very appreciative of the scorecard. It helped them understand the metrics we're tracking and how they are being tracked.</p> <p data-bbox="604 1211 957 1235">Chief Nursing Executive Report</p> <p data-bbox="604 1256 1543 1442">Dr. Brock gave a staffing update. In early January, we onboarded crisis nurses from both the state and the county. We are in the phase of releasing some of the crisis nurses that came from the county. We will retain the state nurses for a little bit longer. We are continuing to onboard our agency nurses to backfill the staffing gaps that we have. We are onboarding new graduates as well as experienced nurses on an ongoing basis. In February, we have the largest new graduate program starting that</p>	Category	Metric	Clinical Outcome	Mortality	Coordination of Care	30 Day Readmissions	Safety	Patient Safety Indicators, Hospital Acquired Infections, Elective delivery before 39 weeks	Efficiency	No show rate, LWBS, LBTC	Personal and Community Engagement	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS)	
Category	Metric													
Clinical Outcome	Mortality													
Coordination of Care	30 Day Readmissions													
Safety	Patient Safety Indicators, Hospital Acquired Infections, Elective delivery before 39 weeks													
Efficiency	No show rate, LWBS, LBTC													
Personal and Community Engagement	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS)													

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>we've ever had with over 150 new graduate nurses starting. Many of them actually joined us in January to work as unlicensed personnel to help us through the surge. We are working on the kick-off for our Self-Care for Healthcare Program. The program will be open to 3,000 nurses this first year and we are looking forward to being able to expand it beyond nursing for next year. We anticipate that this will really help our nurses with resilience. Research has shown this type of program to improve turnover and decrease vacancy rates. Dr. Foringer stated that we have had a lot of good collaborations with nursing. We are going to do next week's panel discussions with nursing for night and day shift at LBJ. The nursing grand rounds has also gone very well. Our collaboration with nursing staff is at an all-time high.</p> <p>Compliance/Risk Management/Accreditation</p> <p>Carolynn Jones stated that we are within our DNV survey window so they can appear unannounced any time between now and mid-summer. We did put together an updated survey readiness guide. She put the link to the guide in the chat box. A .PDF version will be sent to MSS to send out to members. Hard copies in booklet form are also being delivered to the various facilities.</p> <p>She stated that we do have state surveyors show up at times to investigate patient complaints. We had surveyors show up at Ben Taub last year about a patient they were investigating that had visits at both Ben Taub and LBJ. The patient had filed a complaint about his care and that complaint was investigated under EMTALA. We had really good results and feedback while the surveyor was here. Anytime there is an EMTALA investigation, the state surveyor has to write up everything and send it to CMS for a final determination. We received a letter today that the complaint was unsubstantiated and nothing has been levied against us. This is great news and affirmation for all the great work that is going on in our ECs and hospitals to comply with EMTALA.</p> <p>Carolynn Jones gave an update on Senate Bill Eight or Heartbeat Bill. This is the bill prohibiting elective abortions in Texas. There is still ongoing litigation - it's been going back and forth between our Supreme Court and now the 5th Court of Appeals. We continue to engage with the obstetrical leaders and Chiefs of Staff on this. This is a very sensitive topic and the OB leaders can be contacted with questions or concerns.</p> <p>She stated that we are still working on finalizing some policy revisions for the Red Rules and the Patient ID policies as well as a FAQ document that will encompass all of the feedback that has been provided. We are getting final sign off from legal at both schools and that will then be pushed out to staff. Based on feedback from the</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>medical and nursing staff - we have clarified those high risk patient interactions where patient ID needs to happen every time. We have also clarified what happens when you're caring for a patient in a team setting. We have learned a great deal from the red rule huddles and have made a lot of improvements in the process. This process is not meant to be punitive - it's about working collectively as a team to make sure that patients are identified appropriately.</p> <p>Administrative Report</p> <p>Louis Smith reaffirmed how important patient safety and quality is from his perspective. We always begin the pavilion operational excellence meetings with patient safety and quality perspective because everything has to drive and support that. He applauded the work done by Dr. Brass to refine our approach to that including our scorecards and our ability to get information to staff. This is an incredibly important strategy for us as an organization. Mr. Smith acknowledged the work being done on the service lines. We will be continuing to develop the existing service lines and also expand our service line opportunities. There will be more service line activities to come and MEB members will be engaged in that work. As we move forward with these types of efforts, there is a component in our agreements with the schools around metrics and performance incentives. We have learned a lot in the first year and we will be working on those goals later this month related to the schools/agreements. The intent is to align those goals with the Board of Trustee's goals. These should ideally be in place for the upcoming school year that begins July 2022. There are 4 buckets for those goals - patient safety, patient experience, a value goal around how are we being optimized on our quality versus cost paradigm, and the service lines.</p> <p>It was moved and seconded to accept the Administrative Reports as presented. Motion carried.</p>	<p>It was moved and seconded to accept the Administrative Reports as presented. Motion carried.</p>
<p>COMMITTEE REPORTS</p>	<p>Bylaws</p> <p>Dr. Mims stated that the committee is finishing up the review of the medical staff committees. The committee had a robust discussion about the annual education policy and how to make that consistent. There was agreement on the policy and it should be moving forward. It is hoped that the committees will be completed this month and we will then move on to other sections in the bylaws.</p> <p>Emergency Center Committee</p> <p>Dr. Sharma stated that the committee met in January and reviewed the BT and LBJ statistics for CY21. Both BT and LBJ saw increases in overall patient volume</p>	<p>A copy of the Bylaws Committee Report is appended to the archived minutes.</p> <p>A copy of the Emergency Center Committee Report is appended to the archived minutes.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>compared to 2020 but neither pavilion reached the higher volumes seen pre-COVID. The statistics were included in the packet for review and information.</p> <p>Medical Records Committee</p> <p>Dr. Vandana Shah stated that the report was included in the packet for review and information. The committee met in January and there were no forms or order sets to bring forward. We continue to do very well with our HIM metrics and CDI queries. Unfortunately, the CDI team was redeployed during the latest surge so we might be getting queries a little bit later.</p> <p>Dr. Foringer stated that he was also going to report (UR Committee) on the CDI team and efforts of Valerie Del Bosque and Michael Kaitschuck. We still continue to see a 99%-100% response rate for the queries. This is well above the average response rates at other hospitals. This does have a financial impact on the system. There were just over 500 queries in November with a financial impact of approximately \$ 200,000 for the system.</p> <p>Pharmacy & Therapeutics Committee</p> <p>Dr. Sheikh-Hamad presented the Pharmacy & Therapeutics Committee Report. The FDA has withdrawn the EUA for the use of REGN-COV because of lack of efficacy and neutralizing potential against Omicron. The Antimicrobial Subcommittee recommended extending the outpatient ambulatory therapy dispensing duration of certain antibiotics from 7 days to 14 days. The CV Subcommittee reported that the IMPELLA device is being rolled out for BT Interventional Cardiology. The subcommittee was tasked with development of an anticoagulation protocol and guideline for staff. Work is currently being done on the Epic build. The current service line restrictions for Ticagrelor were modified to include Neurology. There was a review of current ARBs and the recommendation was made to add Valsartan to formulary. Nifedipine IR was restricted to OB/GYN. The CNS Subcommittee recommended the addition of Pilocaine HCl inj. for use in pregnant patients seen in dental. The Neurosurgical Intracranial Hypertension Order Set was approved. The Hem/Onc Subcommittee recommended restricting both pembrolizumab and pemetrexed to outpatient use only.</p> <p>Dr. Sheikh-Hamad stated that the committee discussed a patient safety event at LBJ involving nutrition via feeding tube and the default discontinuation period. The committee approved removing the 30 day default for nutritionals but did not approve a change to the policy (540.00) at this time. The full recommendations from the corrective action plan will be brought back to the committee.</p>	<p>A copy of the Medical Records Committee Report is appended to the archived minutes.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>A recommendation was presented for the development of a standing delegation order that would allow pharmacists to enter prescription orders for any necessary insulin supplies that may have been missed. This was identified as an opportunity early on with the Meds to Beds Program.</p> <p>Physician Advisory Committee</p> <p>The Physician Advisory Committee Report was included in the packet for review and information. It was moved and seconded to accept the Physician Advisory Committee Report. Motion carried.</p> <p>Utilization Review Committee</p> <p>Dr. Foringer presented the Utilization Review Committee Report. Dr. Foringer stated that 33,868 patients were admitted between both BT and LBJ for January 2021 - November 2021 with a provider liable rate of .009%. It is quite remarkable that we have so little provider liables which is a testament to CCM and the documentation done on the ground by the medical staff.</p> <p>It was moved and seconded to approve the Bylaws, EC, Medical Records, P&T, and UR Committee Reports as presented. Motion carried.</p> <p>Ethics Committee</p> <p>Dr. Fisher presented the Harris Health Plan to Address the Ethical Challenges of a Severe Pandemic and the Decision Making Capacity Algorithm for approval. She thanked everyone who has been involved in the development and refinement of both documents. She reviewed the most recent update of the Decision Making Capacity Algorithm. The algorithm was developed to help frontline staff when patients lack decision-making capacity. She stated that the most recent Plan was sent to members for review. Dr. Foringer stated that the Decision Making Capacity Algorithm is extremely helpful and he will be sending it out to his service. The Plan is an extensive document and very well done. He gave kudos to all that were involved in the development. It was moved and seconded to accept the Ethics Committee Report as presented. Motion carried. It was moved and seconded to approve the Decision Making Capacity Algorithm and Harris Health Plan to Address the Ethical Challenges of a Severe Pandemic as presented. Motion carried.</p>	<p>A copy of the Pharmacy & Therapeutics Committee Report is appended to the archived minutes.</p> <p>A copy of the Physician Advisory Committee Report is appended to the archived minutes. It was moved and seconded to accept the Physician Advisory Committee Report. Motion carried.</p> <p>A copy of the Utilization Review Committee Report is appended to the archived minutes.</p> <p>It was moved and seconded to approve the Bylaws, EC, Medical Records, P&T, and UR Committee Reports as presented. Motion carried.</p> <p>A copy of the Ethics Committee Report is appended to the archived minutes.</p> <p>It was moved and seconded to accept the Ethics Committee Report as presented. Motion carried.</p> <p>It was moved and seconded to approve the Decision Making Capacity Algorithm and Harris Health Plan to Address the Ethical Challenges of a Severe Pandemic as presented. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Credentials Committee</p> <p>Dr. Scott presented the Credentials Committee Report. There were 11 temporary privileges, 25 initial applications, 34 reappointments, 3 change/add privileges, and 18 resignations.</p> <p>The Medical Executive Board went into Executive Session at 4:54pm. The Medical Executive Board reconvened at 5:13pm.</p> <p>The Credentials Committee Report was approved as presented.</p>	<p>A copy of the Credentials Committee Report is appended to the archived minutes. Following is a list of actions made by the Medical Executive Board.</p> <p><u>Approved:</u></p> <ul style="list-style-type: none"> • 11 temporary privileges • 25 initial applications • 34 reappointments • 3 change/add privileges • 18 resignations
<p>ADJOURNMENT</p>	<p>There being no further business to come before the Medical Executive Board, the meeting adjourned at 5:14 p.m.</p>	

John Foringer, MD, Chair

Minutes recorded by Medical Staff Services (CR)

Thursday, February 24, 2022

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

The Harris Health System Medical Executive Board approved the attached credentialing changes for the members of the Harris Health System Medical Staff for February 2022.

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

Thank you.

Credentials Committee Report

February 2022

ITEM	PAGES
TABLE OF CONTENTS	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>FEBRUARY 2022 TEMPORARY PRIVILEGES REQUESTED ROSTER</p> <ul style="list-style-type: none"> • 11 TEMPS • 25 INITIALS 	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>FEBRUARY 2022 REAPPOINTMENT ROSTER</p> <ul style="list-style-type: none"> • 34 REAPPOINTMENTS 	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>FEBRUARY 2022 CHANGES/ADDS/DELETES ROSTER</p> <ul style="list-style-type: none"> • 3 Changes in Clinical Privileges 	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>FEBRUARY 2022 RESIGNATIONS</p> <ul style="list-style-type: none"> • 18 Resignations 	
<p style="text-align: center;">OTHER BUSINESS</p> <ul style="list-style-type: none"> • FILE FOR DISCUSSION <ul style="list-style-type: none"> • 3 INITIAL FILES 	

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM TEMPORARY PRIVILEGES ROSTER 2/2/2022**

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments
054020	UTX	Caplan	Kailey Daniele Caplan, MD	Assistant Professor	Psychiatry
435737	MDA/UTX	Cobb	Lauren Patterson Cobb, MD	Assistant Professor	Obstetrics and Gynecology
442400	BCM	Cole	Kendall Cole, PA	Physician Assistant	Emergency Medicine
430251	UTX	Corder	Mary Corder, NP	Nurse Practitioner	Emergency Medicine
043218	MDA/UTX	Doughtie	Kathleen Mary Doughtie, NP	Nurse Practitioner	Obstetrics and Gynecology
442439	UTX	Ford	Patrick Ford, MD	Assistant Professor	Radiology
442403	BCM	Gyamfi	Emmanuel Gyamfi, PA	Physician Assistant	Emergency Medicine
441178	UTX	Nazeer	Sarah Ayesha Nazeer, MD	Clinical Instructor	Obstetrics and Gynecology
442435	MDA/UTX	Perez	Marcela Goretty Perez, NP	Nurse Practitioner	Nurse Practitioner
431418	UTX	Shah	Monisha Hitesh Shah, MD	Assistant Professor	Pediatric Gastroenterology
055292	MDA/UTX	Taylor	Jolyn Sharpe Taylor, MD	Assistant Professor	Obstetrics and Gynecology

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM INITIALS ROSTER 2/2/2022**

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments	Lic Type	Exp Date
055008	UTX	Al Salihi	Suhair Al Salihi, MD	Assistant Professor	Pathology	State License	11/30/2022
						DEA	N/A
442448	MDA/UTX	Alkhatib	Yaser Alkhatib, MD	Assistant Professor	Internal Med-Hematology	State License	8/31/2023
						DEA	6/30/2022
442438	BCM	Blessing	Melissa Blessing, DO	Assistant Professor	Pathology	State License	5/31/2023
						DEA	N/A
054020	UTX	Caplan	Kailey Daniele Caplan, MD	Assistant Professor	Psychiatry	State License	11/30/2023
						DEA	8/31/2024
435737	MDA/UTX	Cobb	Lauren Patterson Cobb, MD	Assistant Professor	Obstetrics and Gynecology	State License	5/31/2023
						DEA	8/31/2023
442400	BCM	Cole	Kendall Cole, PA	Physician Assistant	Emergency Medicine	State License	8/31/2022
						DEA	8/31/2024
430251	UTX	Corder	Mary Corder, NP	Nurse Practitioner	Emergency Medicine	State License	7/31/2022
						DEA	8/31/2024
043218	MDA/UTX	Doughtie	Kathleen Mary Doughtie, NP	Nurse Practitioner	Obstetrics and Gynecology	State License	9/30/2023
						DEA	6/30/2023
442439	UTX	Ford	Patrick Ford, MD	Assistant Professor	Radiology	State License	8/31/2022
						DEA	9/30/2023
442403	BCM	Gyamfi	Emmanuel Gyamfi, PA	Physician Assistant	Emergency Medicine	State License	8/31/2023
						DEA	6/30/2023
036445	BCM	Harring	Theresa Rebecca Harring, MD	Assistant Professor	Emergency Medicine	State License	5/31/2023
						DEA	10/31/2023
433886	BCM	Helekar	Bharati Santosh Helekar, MD	Assistant Professor	Pathology	State License	8/31/2022
						DEA	N/A
442283	UTX	Hill	Sheila Hill, MD	Assistant Professor	Obstetrics and Gynecology	State License	11/30/2022
						DEA	1/31/2025
442399	BCM	Jacobs	Sara Jacobs, MD	Associate Professor	Obstetrics and Gynecology	State License	2/28/2024
						DEA	12/31/2023
442340	MDA/UTX	Joseph	Donyika Joseph, PharmD	Pharmacy	Obstetrics and Gynecology	State License	1/31/2024
						DEA	N/A
431354	UTX	Kazzaz	Farah Imad Kazzaz, MD	Assistant Professor	Int Med - Pulmonary/Critical Care	State License	8/31/2022
						DEA	12/31/2024
442402	BCM	Kim	Eric Kim, MD	Assistant Professor	Ophthalmology	State License	5/31/2023
						DEA	12/31/2022
433847	BCM	Lam	Elizabeth Ellen Lam, MD	Assistant Professor	Internal Medicine	State License	8/31/2022
						DEA	3/31/2024
441178	UTX	Nazeer	Sarah Ayesha Nazeer, MD	Clinical Instructor	Obstetrics and Gynecology	State License	5/31/2022
						DEA	10/31/2022
442433	BCM	Orr	Jay Orr, DO	Assistant Professor	Family & Community Medicine	State License	8/31/2022
						DEA	12/31/2022
029578	BCM	Patel	Pooja Rani Patel, MD	Associate Professor	Obstetrics and Gynecology	State License	11/30/2023
						DEA	3/31/2024
442435	MDA/UTX	Perez	Marcela Goretty Perez, NP	Nurse Practitioner	Nurse Practitioner	State License	9/30/2022
						DEA	3/31/2025
442222	BCM	Polverino	Francesca Polverino, MD	Associate Professor	Internal Medicine	State License	3/31/2024
						DEA	11/9/2022
431418	UTX	Shah	Monisha Hitesh Shah, MD	Assistant Professor	Pediatric Gastroenterology	State License	11/30/2022
						DEA	3/31/2024
055292	MDA/UTX	Taylor	Jolyn Sharpe Taylor, MD	Assistant Professor	Obstetrics and Gynecology	State License	11/30/2022
						DEA	11/30/2023

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM REAPPOINTMENTS ROSTER 2/2/2022
EXP. 2/28/2022

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments	Lic Type	Lic Exp
052827	UTX	Bayona	Andres Bayona, MD	Clinical Instructor	Emergency Medicine	State License	5/31/2023
						DEA	7/31/2022
439208	UTX	Pourzargham	Hoda Pourzargham, PA	Physician Assistant	Emergency Medicine	State License	2/28/2022
						DEA	3/31/2023
438275	UTX	Puzio	Thaddeus Joseph Puzio, MD	Clinical Instructor	Surgery	State License	2/28/2022
						DEA	3/31/2022
050028	BCM	Sheikh	Rehman Ali Sheikh, MD	Clinical Instructor	Internal Medicine	State License	8/31/2022
						DEA	2/28/2023

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM REAPPOINTMENTS ROSTER 2/2/2022
EXP. 3/31/2022

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments	Lic Type	Exp Date
435728	BCM	Albrecht	Kelsey Merrick Albrecht, CRNA	Instructor	Anesthesiology	State License DEA	10/31/2023 N/A
044172	UTX	Ali	Salima Karam Ali, MD	Clinical Instructor	Internal Medicine	State License DEA	6/30/2022 5/31/2023
439186	UTX	Arribas	Alfredo Roberto Arribas, DDS	Assistant Professor	Oral and Maxillofacial Surgery	State License DEA	6/30/2022 2/28/2022
040849	BCM	Bhavsar	Sheena Dinesh Bhavsar, PA	Instructor	Pediatric Neonatal-Perinatal Medicine	State License DEA	8/31/2023 7/31/2023
09290	UTX	Burke	Luke Ignatius Burke, M.D.	Assistant Professor	Otolaryngology	State License DEA	8/31/2022 7/31/2023
043429	UTX	Carreno	Carlos Alberto Carreno, MD	Assistant Clinical Professor	Obstetrics and Gynecology	State License DEA	5/31/2023 8/31/2024
439207	UTX	Chen	Rachel Fan Chen, OD	Instructor	Ophthalmology	State License DEA	12/31/2023 8/31/2023
026412	BCM	Digilova	Irina Digilova, MD	Assistant Professor	Psychiatry	State License DEA	11/30/2022 6/30/2023
02302	BCM	Edmondson	Everton Anthony Edmondson, MD	Professor	Neurology	State License DEA	8/31/2023 8/31/2024
006372	UTX	Eissa	Mona A H Eissa, MD	Associate Professor	Pediatric Adolescent Medicine	State License DEA	5/31/2022 8/31/2022
432289	BCM	Erickson	Kevin Furman Erickson, MD	Assistant Professor	Int Med-Nephrology	State License DEA	2/28/2023 8/31/2023
027386	UTX	Ferguson	Emma Cathryn Ferguson, MD	Associate Professor	Radiology-Diagnostic Division	State License DEA	11/30/2022 9/30/2023
043454	BCM	Fuentes Pinillos	Alfonso Maximo Fuentes Pinillos, MD	Assistant Professor	Neurosurgery	State License DEA	12/21/2022 9/30/2022
027189	UTX	Geltemeyer	Abby Marie Geltemeyer, MD	Assistant Professor	Pediatrics	State License DEA	11/30/2023 9/30/2024
038033	UTX	Ghosh	Lisa Chacko Ghosh, MD	Assistant Professor	Family & Community Medicine	State License DEA	2/28/2022 9/30/2024
439477	UTX	Guo	Tianhua Guo, MD	Assistant Professor	Pathology	State License DEA	2/28/2023 N/A
038275	BCM	Harpavat	Sanjiv Harpavat, MD	Assistant Professor	Pediatrics	State License DEA	2/28/2022 6/30/2023
048318	BCM	Hartman	Sarah Kathryn Hartman, MD	Assistant Professor	Pathology	State License DEA	5/31/2023 N/A
041128	UTX	Izquierdo	Miguel Armando Izquierdo, MD	Clinical Instructor	Internal Medicine	State License DEA	2/28/2022 11/30/2023
439189	UTX	Lowe	Lindsey Diane Lowe, PA	Physician Assistant	Emergency Medicine	State License DEA	2/28/2023 3/31/2023
027087	UTX	Marques	Erik Scott Marques, MD	Associate Professor	Plastic Surgery	State License DEA	5/31/2023 1/31/2025
028711	UTX	Mathew	Reeba Mathew, MD	Assistant Professor	Int Med-Pulmonary Disease	State License DEA	11/30/2023 1/31/2025
435739	UTX	Murdock	Cristina Murdock, MD	Assistant Professor	Internal Medicine	DEA	1/31/2023
042944	BCM	Nemeth	Ira Robert Nemeth, MD	Senior Faculty	Emergency Medicine	State License DEA	2/28/2023 8/31/2022 10/31/2022
053015	UTX	Nguyen	Ha Thanh Nguyen, MD	Clinical Assistant Professor	Obstetrics and Gynecology	State License DEA	8/31/2022 10/31/2022
022568	BCM	Ostermaier	Kathryn Klish Ostermaier, MD	Associate Professor	Pediatrics	State License DEA	11/30/2023 12/31/2022
37733	UTX	Supsupin	Emilio Supsupin, MD	Assistant Professor	Diagnostic Radiology	State License DEA	11/30/2022 2/28/2022
022695	BCM	Sutton	Vernon Reid Sutton, MD	Professor	Pediatric Molecular & Human Genetics	State License DEA	2/28/2024 2/28/2023
432281	UTX	Tyring	Stephen Keith Tyring, MD	Clinical Professor	Dermatology	DEA	11/30/2024
040882	UTX	Vanga	Naveen Vanga, MD	Assistant Professor	Anesthesiology	State License DEA	2/28/2022 8/31/2022 5/31/2022

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM CHANGES IN CLINICAL PRIVILEGES 2/2/2022**

Afil	L Name	F Name	Degree	Faculty Appointment	Specialty Description	Credentialing Committee Notes
UTX	Mathew	Reeba	MD	Assistant Professor	Internal Medicine-Pulmonary Diseases	Delete non core internal medicine exercise testing/treadmill privileges
BCM	Sheikh	Rehman	MD	Clinical Instructor	Internal Medicine	Delete Non-Core Internal Medicine Privileges: 1. Moderate Sedation 2. endoscopy (EGD) Add Core Gastroenterology Privileges **BCM 2019 Gastroenterology Residency, 2019 ABMS Gastroenterology
UTX	Patnaik	Soumya	MD	Assistant Professor	Internal Med-Cardiology	Add non-core TEE (transesophageal echocardiography) privileges, Add non-core cardiac nuclear scan interpretation privileges ** UTX Fellow 2021 Advanced Heart Failure and Transplant Cardiology

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM RESIGNATIONS ROSTER 2/2/2022**

ID	Affil	L Name	Full Name	Assignments	Term Date	Term Reason
433902	BCM	Reece	Edward Martin Reece, MD	Plastic Surgery	1/27/2022	Resignation
436164	BCM	Murdock	David Raul Murdock, MD	Int Med-Molecular & Human Genetics	1/6/2022	Resignation
440394	BCM	Saunders	Richon Marie Saunders, CRNA	Anesthesiology	1/25/2022	Resignation
440678	BCM	Clarkson	Terri Clarkson, CRNA	Anesthesiology	1/20/2022	Resignation
021052	BCM	Letsou	George Vasilios Letsou, MD	Surgery-Thoracic & Cardiac Surgery	1/26/2022	Resignation
431125	BCM	Kelly	Michelle Marie Kelly, PA	Plastic Surgery	12/31/2020	Resignation
043341	BCM	Shaib	Fidaa Shaib, MD	Internal Medicine	12/31/2021	Resignation
050908	BCM	Krill	Joseph Timothy Krill, MD	Int Med-Gastroenterology	1/26/2022	Resignation
023238	BCM	Marcogliese	Andrea Nicole Marcogliese, MD	Pathology-Anatomic & Clinical Pathology	12/31/2021	Resignation
025091	BCM	Julapalli	Venodhar Rao Julapalli, MD	Int Med-Gastroenterology	1/25/2022	Resignation
045269	BCM	Veretennikova	Yuliya Borisovna Veretennikova, CRNA	Anesthesiology	1/20/2022	Resignation
025122	BCM	Gutierrez	Carolina Gutierrez, MD	Pathology-Anatomic & Clinical Pathology	1/27/2022	Retirement
438221	UTX	Annamalai	Palam Annamalai, MD	Radiology	1/28/2022	Resignation
438582	UTX	Irion	Amanda Irion, NP	Int Med-Hematology	12/11/2021	Resignation
003691	UTX	Safi	Hazim Jawad Safi, MD	Surgery-Thoracic & Cardiac Surgery	10/31/2021	Resignation
022956	UTX	Ferrendelli	James A. Ferrendelli, MD	Neurology	12/31/2021	Resignation
030875	UTX	Roldan Jimenez	Carlos Julio Roldan Jimenez, MD	Emergency Medicine	1/21/2022	Resignation
031348	UTX	Bogomolny	Yefim W Bogomolny, MD	Anesthesiology	12/31/2021	Resignation

Thursday, February 24, 2022

Consideration of Approval of Harris Health System Correctional Health Medical Staff
Bylaws

Executive Summary – Harris Health Correctional Health Medical Staff Bylaws

February 16, 2022

The attached Correctional Health Medical Staff Bylaws have been drafted to describe the duties and responsibilities of the medical staff who will be providing clinical care in the Harris County jail.

These Bylaws were drafted using much of the language from the Medical Staff Bylaws that govern the medical staff who currently provide care in our Harris Health hospitals and clinics, as well as our ambulatory surgical center. However, revisions were made where necessary to address specific items unique to the correctional health setting.

Dr. Otis Ekins, our Chief Medical Officer for Correctional Health, whose CV is attached to this summary, led the review and internal approval of these bylaws, with assistance from various members of the Harris Health team. We are now asking that the Board of Trustees approve these bylaws.

Below is a summary of key provisions from the attached bylaws that differ from language in other Harris Health Medical Staff Bylaws. For those articles of the bylaws not specifically listed below, the language used in these bylaws is very similar to language used in our other Medical Staff Bylaws.

1. Preamble – The preamble provides background information on the relationship between Harris Health and the Sheriff and describes the Interlocal Cooperation Agreement that was approved by the Board of Trustees in January, 2022.

2. Definitions – The following definitions should be noted:

- Advanced Practice Professional (APPs)– this definition is limited to physician assistants and nurse practitioners
- Medical Staff – this definition includes physicians and dentists who either (i) hold a faculty appointment at the University of Houston College of Medicine; or (ii) are employed by or have a contractual relationship with University of Houston College of Medicine or Harris Health.
- Practitioner – this definition is limited to physicians and dentists

3. Article II – Purpose – This article describes the purpose of the medical staff organization governed by these bylaws, namely to provide quality care, review the quality of care provided through delineation of clinical privileges and peer review, educate, self-govern, and resolve conflicts.

8. Article VIII – Chief Medical Officer – this article is unique to these Bylaws and describes Dr. Ekins’ role and responsibilities.

9. Article IX – Committees – this article describes the Medical Executive Committee, which is the one named medical staff committee in the bylaws.

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 • EMAIL: o.r.egins@gmail.com

QUALIFICATIONS PROFILE

Highly organized, multifaceted, and quality-patient-care-driven professional, offering hands-on background within the medical field, recognized for expertise in delivering improved patient outcomes and directing activities related to the delivery of medical care and services. Skilled in overseeing operations that focuses on exceptional patient experiences and leading healthcare teams by creating a positive atmosphere of respect and courtesy in the workplace. Equipped with solid critical thinking and leadership aptitudes; along with the ability to plan, direct, and execute effective programs and initiatives. Armed with excellent communication, interpersonal, decision-making, and time management skills necessary in building and maintaining positive relationships with healthcare professionals from all levels and backgrounds.

CORE COMPETENCIES

*Clinic and Operations Management ~ Administrative Services ~ Quality Assurance ~ Staff Supervision
Strategic Planning and Implementation ~ Training and Development Management ~ Regulatory Compliance
Policy Development ~ Cross-functional Collaboration ~ Organizational Leadership ~ Continuous Quality Improvement*

EDUCATION AND CREDENTIALS

Doctorate of Medicine, 2005 · University of Texas Medical Branch · Galveston, TX
Post Baccalaureate Program, 2001 · Southern Illinois University School of Medicine · Carbondale, IL
Bachelor of Science in Biology, 1998 · Prairie View A&M University · Prairie View, TX *Graduated magna cum laude | GPA: 3.9*
*Beta Beta Beta Biological Honor Society | Alpha Mu Gamma Foreign Language Honor Society
Phi Beta Kappa National Honor Society*

Medical Doctor License, State of Texas (Valid until: May 2022)
Medical Doctor License, State of Florida (Valid until: Jan 2023)
Certified Correctional Healthcare Professional, National Commission of Correctional Healthcare: 2015–Present
Board Certification, American Board of Family Medicine: last certification 2017

LEADERSHIP EXPERIENCE

HARRIS HEALTH SYSTEM • HOUSTON, TX

Chief Medical Officer of Correctional Health

2021–Present

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 * EMAIL: o.r.egins@gmail.com

- Render oversight to all medical services for the Corrections Health Services, including collaboration with the medical director of Behavioral Health Services and the chief of Psychiatry of Corrections Health Services to provide quality care for the population of Miami-Dade corrections and rehabilitation facilities.
- Ensure policy and procedure consistency based upon the NCCHS Standards.
- Adhere to the provisions of a 2013 Consent Agreement set forth by the Department of Justice, and develop processes which satisfy provisions not in compliance.
- Provider deliverables for the Department of Justice for provisions not in compliance in order to achieve compliance.
- Deliver quality management of patients accessing adolescent, women's, and adult health by writing medical protocols, determining quality care issues, and addressing problems.
- Change approach, communication, and interaction in accordance with sensory impairments and specific needs of customers, particularly the elderly.
- Maintain positive working relations with Miami-Dade Corrections and Rehabilitation Department, Jackson Health System management, vendors, regional hospitals, and stakeholders to ensure effective departmental operations and patient-centered and valued health care services.
- Offer recommendations on the development, monitoring, and revision of annual goals and objectives for Corrections Health Services supporting the mission and objectives of the organization.
- Supervise and train provider staff to maximize individual and group capabilities while delivering optimal service to both internal and external customers.
- Act as a supervising physician in charge of delegating prescriptive authority for advanced practice providers and as a consultant for nursing leadership.
- Provide and assess medical education and training for physicians, residents, students, and advanced practice providers, while ensuring adherence of top-level training to teaching community standards of care for treating, diagnosing, and providing medical services.
- Perform interdisciplinary work to develop cohesive teams and serve as a prominent and engaged team member to meet set-forth goals of senior leadership.
- Display expertise in creating effective internal controls that promote compliance with applicable state or federal laws and program requirements of accreditation agencies and federal, state, and private health plans.
- Oversee the medical practice to ensure and promote high-quality medical care while guaranteeing delivery of all health care services at jail sites.
- Act as liaison between the medical/clinical staff, Jackson Health System (JHS) leadership and Miami Dade Corrections and Rehabilitation (MDCR).
- Perform coordination of services of all physicians, physician extenders, psychiatrists, psychologists, and any other medical professionals within the medical facilities at the site.
- Provide exceptional patient care to ensure timeliness and implementation of appropriate medical care.
- Resolve all patient safety issues and patient complaints/grievances arising at the site.
- Maintain the utilization management and clinical practice standards.
- Help in developing and implementing medical/clinical policies and case consultation to clinical staff.

JACKSON HEALTH SYSTEM • MIAMI, FL

Chief Medical Officer of Corrections Health Services

**2018–
2021**

- Render oversight to all medical services for the Corrections Health Services, including collaboration with the medical director of Behavioral Health Services and the chief of Psychiatry of Corrections Health Services to provide quality care for the population of Miami-Dade corrections and rehabilitation facilities.
- Ensure policy and procedure consistency based upon the NCCHS Standards.

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 * EMAIL: o.r.egins@gmail.com

- Adhere to the provisions of a 2013 Consent Agreement set forth by the Department of Justice, and develop processes which satisfy provisions not in compliance.
- Provider deliverables for the Department of Justice for provisions not in compliance in order to achieve compliance.
- Deliver quality management of patients accessing adolescent, women's, and adult health by writing medical protocols, determining quality care issues, and addressing problems.
- Change approach, communication, and interaction in accordance with sensory impairments and specific needs of customers, particularly the elderly.
- Maintain positive working relations with Miami-Dade Corrections and Rehabilitation Department, Jackson Health System management, vendors, regional hospitals, and stakeholders to ensure effective departmental operations and patient-centered and valued health care services.
- Offer recommendations on the development, monitoring, and revision of annual goals and objectives for Corrections Health Services supporting the mission and objectives of the organization.
- Supervise and train provider staff to maximize individual and group capabilities while delivering optimal service to both internal and external customers.
- Act as a supervising physician in charge of delegating prescriptive authority for advanced practice providers and as a consultant for nursing leadership.
- Provide and assess medical education and training for physicians, residents, students, and advanced practice providers, while ensuring adherence of top-level training to teaching community standards of care for treating, diagnosing, and providing medical services.
- Perform interdisciplinary work to develop cohesive teams and serve as a prominent and engaged team member to meet set-forth goals of senior leadership.
- Display expertise in creating effective internal controls that promote compliance with applicable state or federal laws and program requirements of accreditation agencies and federal, state, and private health plans.
- Oversee the medical practice to ensure and promote high-quality medical care while guaranteeing delivery of all health care services at jail sites.
- Act as liaison between the medical/clinical staff, Jackson Health System (JHS) leadership and Miami Dade Corrections and Rehabilitation (MDCR).
- Perform coordination of services of all physicians, physician extenders, psychiatrists, psychologists, and any other medical professionals within the medical facilities at the site.
- Provide exceptional patient care to ensure timeliness and implementation of appropriate medical care.
- Resolve all patient safety issues and patient complaints/grievances arising at the site.
- Maintain the utilization management and clinical practice standards.
- Help in developing and implementing medical/clinical policies and case consultation to clinical staff.

UNITY HEALTH CARE, INC. | DISTRICT OF COLUMBIA

Medical Director of Correctional Health

2014–2018

- Oversaw and coordinated clinical care, connectivity, and continuity between DC Department of Corrections and Unity Health Care's community health centers, along with clinical leadership meetings on quality of care, quality improvement and operational efficiency.
- Participated in the development of operational system procedures which included registration, appointment management, and patient flow.
- Responsible for hiring and staffing of Medical Services for physicians, physicians and mid-level providers.
- Provided continuous support to medical directors of behavioral health and community clinics, while acting as resources to all providers.
- Managed, diagnosed, and provided counseling to inmates on a broad scope of personal health care issues, while monitoring care provided to inmates with complex medical problems.

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 * EMAIL: o.r.egins@gmail.com

- Executed minor surgical procedures, prescribed medications, and issued referrals for specialty services when necessary.
- Expertly delivered women's health care services, including gynecologic examination, and prenatal care as well as patient care to inmates in medical emergencies.
- Completed documents for all medical evaluations, diagnostic and therapeutic procedures, treatment outcomes, referrals, and consultations.
- Contributed in the planning, implementation, and evaluation of treatment guidelines and service delivery models.
- Conceptualized and implemented systems and procedures for the effective management and execution of all administrative policies and processes within the health services.
- Oversaw referrals to outside medical specialties and coordination of care for follow-up with Georgetown University Hospital, George Washington Hospital, Howard University Hospital and Washington Hospital Center.
- Developed and enhanced policies and procedures for Corrections, consistent with the standards of the National Commission on Correctional Health Care.
- Successfully prepared for and was awarded two NCCHC Accreditation in Health Services and one NCCHC Accreditation in Opioid Treatment Programs.
- Exhibited efforts in handling an average daily census of 3000.

Primary Care

2011–2018

- Delivered high-rate preventive, diagnostic, and therapeutic services to patients within the correctional facilities; generated medical histories, performed physical examinations and evaluations, and interpreted laboratory and radiology testing.
- Diagnosed and prescribed therapeutic measures of care including legend drugs and controlled substances. ▫ Offered counseling to patients and educated them on health maintenance and specific health problems.
- Expertly identified and managed common acute and chronic illnesses within the scope of practice, while rendering immediate emergency care as well as coordinating transport to appropriate hospital or health service.
- Worked closely with Healthcare Team on treatments, referrals, and follow-up care of patients while ensuring compliance with departmental policies, procedures, and objectives, and continuous quality improvement objectives as well as safety, environmental, and infection control standards.
- Keenly managed mid-level professional as well as reviewed and signed charts of physician assistants.
- Provided on-call telephone consultation while overseeing nurse practitioners, physician assistants, medical students, and residents within the scope of physician's practice.

Medical Director II

2013–2014

- Fulfilled patient care and provider duties, while coordinating with the health center director (HCD) to improve nonmedical systems procedures including registration, appointments, and patient flow.
- Participated at site's leadership meetings with medical director, HCD, and nurse manager to discuss areas to promote quality of care and operational efficiency.
- Took part in monthly medical director and company-wide QI meetings, while serving as an active member of the site QI team.
- Held responsibility in accomplishing all clinical aspects of annual provider assessments, overseeing and reviewing clinical issues in relation to nursing performance, and authorizing and submitting leave requests for all providers.
- Assisted in identifying supply and equipment requirements, while organizing provider schedule which included coverage of scheduled and unscheduled absences.

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 * EMAIL: o.r.egins@gmail.com

- Presided over meetings with the site's Providers such as HCD, NM, deputy chief medical officer of Medical Administration (DCMO), chief nursing officer (CNO) and vice president of Clinical Administration.
- Directed peer review process, re-assessed providers who meet minimum standards, and provided constructive feedback to improve individual's work performance.
- Provided orientation program and managed newly hired providers at site to ensure conformance with the organizational policies and procedures.

Medical Director, Stanton Road Health Center and Congress Heights Health Center

2011-2014

- Coordinated directly with the health services administrator (HSA) and the director of nursing (DON) on various activities which involved overall aspects of clinic management at Unity Correctional Health Services.
- Delivered comprehensive medical care based on company standards to the Department of Corrections (DOC), Central Detention Facility (CDF), and Central Treatment Facility (CTF), while overseeing physicians within CDF and CTF health facilities.
- Rendered support to the HSA in organizing site's leadership conferences to promote quality of care and operational efficiency.
- Keenly monitored intake procedure and analyzed processes and quality improvement initiatives in collaboration with the intake director.
- Supervised the quality improvement (QI) coordinator and guaranteed strict compliance with the National Commission of Correctional Health Care (NCCHC), American Correctional Association (ACA), and the Department of Corrections (DOC) agreements.
- Strategically planned and employed site-specific QI initiatives, while presiding over the Morbidity and Mortality Committee.
- Advised the deputy chief medical officer (DCMO) as well as communicated with HSA and DON to discuss staff performance.
- Conceptualized and analyzed operational health policies and procedures for Correctional Health Care, while preparing written agreements to guarantee proper monitoring and provision of services.
- Assumed full accountability to the daily activities of the various medical disciplines of the Health Center Team, while acting as key liaison between the company and the community.
- Managed clinical site's daily medical services which involved supervision of all providers working at the designated site.
- Fulfilled patient care and provider responsibilities, as well as consistently maintained provider, staff, and patient's satisfaction, quality of care, and efficiency.

MEDICAL EXPERIENCE

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 * EMAIL: o.r.egins@gmail.com

UNITY HEALTH CARE, INC. • WASHINGTON, DC

Family Medicine Physician

2011–Present

FRANKLIN SQUARE HOSPITAL CENTER • BALTIMORE, MD

Family Medicine Residency

2008–2011

WASHINGTON HOSPITAL CENTER • WASHINGTON, DC

General Surgery Internship

2007-2008

PROFESSIONAL EXPERIENCE

DEPUY ACROMED (ACQUIRED BY JOHNSON & JOHNSON) • HOUSTON, TX

2001-2002

Surgical Case Coverer | Spinal Implant Distributor

TEACHING EXPERIENCE

HOUSTON INDEPENDENT SCHOOL DISTRICT, HIGH SCHOOL • HOUSTON, TX

Level I Spanish Teacher

BEAUMONT INDEPENDENT SCHOOL DISTRICT • BEAUMONT, TX

Science Teacher | Department Chairperson

PROFESSIONAL DEVELOPMENT

Buprenorphine Treatment Practitioner Training, SAMHSA: 2016

PROFESSIONAL AFFILIATIONS

Member, American Academy of Family Physicians: 2008–Present
Executive Committee on Health Care, Congressional Black Caucus: 2008–Present

Member, National Medical Association, 2007–Present

Member, American Medical Association, 2002–Present

OTIS R. EGINS , MD

ADDRESS: PO BOX 741989 Miami, FL 33247-1989

PHONE: 409.351.5664 • EMAIL: o.r.egins@gmail.com

ACTIVITIES

Participant, *Barry Farms Youth and Family Development Model*, 2015–Present

Member, *Ward 8 Health Council – Washington, DC*: 2014–Present

Participant, *Congressional Black Caucus Health Initiative*, 2010–Present

Executive Member, *State of Texas Education Science Curriculum*

TECHNICAL ACUMEN

Microsoft Office Applications (Word, Excel, PowerPoint, and Access) | Spreadsheets



Medical Staff

Bylaws

March, 2022

Correctional Health

Table of Contents

PREAMBLE	1
DEFINITIONS	2
ARTICLE I — NAME	5
ARTICLE II — PURPOSE	5
ARTICLE III — MEDICAL STAFF MEMBERSHIP	5
SECTION 1. NATURE OF MEDICAL STAFF MEMBERSHIP.....	5
SECTION 2. QUALIFICATIONS FOR MEMBERSHIP.....	5
SECTION 3. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP.....	6
SECTION 4. CONDITIONS AND DURATION OF APPOINTMENT.....	7
SECTION 5. LEAVE OF ABSENCE.....	8
ARTICLE IV — ADVANCED PRACTICE PROFESSIONALS	9
SECTION 1. MEMBERSHIP.....	9
SECTION 2. QUALIFICATIONS.....	9
ARTICLE V — PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT	10
SECTION 1. BURDEN OF PRODUCING INFORMATION.....	10
SECTION 2. APPLICATION FOR APPOINTMENT.....	11
SECTION 3. APPOINTMENT PROCESS.....	12
SECTION 4. REAPPOINTMENT PROCESS.....	13
SECTION 5. PERFORMANCE DATA.....	14
SECTION 6. APPLICATION FOR CLINICAL PRIVILEGES.....	15
SECTION 7. CLINICAL PRIVILEGES.....	15
SECTION 8. PRIVILEGES IN MORE THAN ONE SPECIALTY.....	15
SECTION 9. TEMPORARY PRIVILEGES.....	15
SECTION 10. EMERGENCY CLINICAL PRIVILEGES.....	15
SECTION 11. CONFIDENTIALITY OF THE CREDENTIALS FILE.....	16
ARTICLE VI - CORRECTIVE ACTION	16
SECTION 1. PROCEDURE.....	16
SECTION 2. SUMMARY SUSPENSION.....	17
SECTION 3. AUTOMATIC SUSPENSION.....	18
SECTION 5. MEDICAL ADMINISTRATIVE POSITIONS.....	19
ARTICLE VII — PROCEDURAL RIGHTS OF REVIEW	19
SECTION 1. EVENTS GIVING RISE TO HEARING RIGHTS.....	19
SECTION 2. NOTICE OF ADVERSE ACTION.....	21
SECTION 3. REQUEST FOR MEDIATION.....	22
SECTION 4. REQUEST FOR HEARING.....	22
SECTION 5. WAIVER BY FAILURE TO REQUEST A HEARING.....	22
SECTION 6. ADDITIONAL INFORMATION OBTAINED FOLLOWING WAIVER.....	23
SECTION 7. NOTICE OF TIME AND PLACE FOR HEARING.....	24
SECTION 8. APPOINTMENT OF HEARING COMMITTEE OR HEARING OFFICER.....	24
SECTION 9. FINAL LIST OF WITNESSES.....	25

SECTION 10.	DOCUMENTS.....	25
SECTION 11.	PERSONAL PRESENCE.....	25
SECTION 12.	PRESIDING OFFICER	26
SECTION 13.	REPRESENTATION.....	26
SECTION 14.	RIGHTS OF PARTIES.....	26
SECTION 15.	PROCEDURE AND EVIDENCE.....	26
SECTION 16.	OFFICIAL NOTICE	27
SECTION 17.	BURDEN OF PROOF	27
SECTION 18.	HEARING RECORD.....	27
SECTION 19.	POSTPONEMENT	27
SECTION 20.	PRESENCE OF HEARING COMMITTEE MEMBERS AND VOTE	27
SECTION 21.	RECESSES AND ADJOURNMENT	27
SECTION 22.	HEARING COMMITTEE REPORT	28
SECTION 23.	ACTION ON HEARING COMMITTEE REPORT.....	28
SECTION 24.	NOTICE AND EFFECT OF RESULT	28
SECTION 25.	REQUEST FOR APPELLATE REVIEW	28
SECTION 26.	WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW	29
SECTION 27.	NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW	29
SECTION 28.	APPELLATE REVIEW BODY	29
SECTION 29.	NATURE OF PROCEEDINGS	29
SECTION 30.	WRITTEN STATEMENTS.....	29
SECTION 31.	PRESIDING OFFICER	29
SECTION 32.	ORAL STATEMENT.....	30
SECTION 33.	CONSIDERATION OF NEW OR ADDITIONAL MATTERS.....	30
SECTION 34.	POWERS.....	30
SECTION 35.	PRESENCE OF MEMBERS AND VOTE	30
SECTION 36.	RECESSES AND ADJOURNMENTS	30
SECTION 37.	ACTION TAKEN	30
SECTION 38.	HEARING OFFICER APPOINTMENT AND DUTIES.....	31
SECTION 39.	NUMBER OF HEARINGS AND REVIEWS	31
SECTION 40.	RELEASE	31
ARTICLE VIII – CHIEF MEDICAL OFFICER.....		31
SECTION 1.	APPOINTMENT.....	31
SECTION 2.	RESPONSIBILITIES	32
ARTICLE IX — COMMITTEES.....		32
SECTION 1.	THE MEDICAL EXECUTIVE COMMITTEE	33
ARTICLE X— IMMUNITY FROM LIABILITY		34
ARTICLE XI — CONFLICTS OF INTEREST.....		35
ARTICLE XII — CREDENTIALING POLICIES AND PROCEDURES.....		36
ARTICLE XIII — AMENDMENTS		36
SECTION 1.	AMENDMENT PROCESS.....	36
SECTION 2.	EDITORIAL AMENDMENTS.....	37
SECTION 3.	REVIEW PROCESS	37

ARTICLE XIV — PARLIAMENTARY PROCEDURES	38
ARTICLE XV — CONFLICT MANAGEMENT	38
ARTICLE XVI - ADOPTION	38

BYLAWS

OF THE

HARRIS HEALTH SYSTEM CORRECTIONAL HEALTH

MEDICAL STAFF

PREAMBLE

WHEREAS, the County owns detention facilities (“Detention Facilities”) which are under the supervision and control of the Sheriff of Harris County (“Sheriff”); and

WHEREAS, the Sheriff is charged by law with the responsibility for obtaining and providing adequate medical care for detainees of the County’s Detention Facilities (each such facility generally referred to as the “Jail”); and

WHEREAS, the Sheriff desires to outsource the provision and supervision of medical and mental health care (generically, “health care”) to a qualified care provider; and

WHEREAS, the Harris County Hospital District d//b/a Harris Health System (“Harris Health”) has experience evaluating whether health care services are being provided in a safe and effective manner; and

WHEREAS, in compliance with the Interlocal Cooperation Act, the Sheriff and Harris Health have entered into an Interlocal Cooperation Agreement (“the Agreement”); and

WHEREAS, the Agreement obligates Harris Health to provide certain medical care to Jail detainees; and

WHEREAS, subject to oversight by the Harris Health Board of Trustees (“Governing Body”), the Harris Health Correctional Health Medical Executive Committee (“Medical Executive Committee”) is responsible for determining, implementing, and monitoring policies governing the medical care to Jail detainees, including the quality and safety of the medical care in the Jail, and holding the medical staff accountable to fulfill Harris Health’s obligations to the Jail detainees; and

WHEREAS, the Medical Executive Committee has approved these Harris Health Correctional Health Medical Staff Bylaws (“Bylaws”).

THEREFORE, the Practitioners and Advanced Practice Professionals practicing in the Jail shall carry out the functions delegated to the Medical Staff by the Governing Body in compliance with these Bylaws.

DEFINITIONS

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

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

10. The term “**FEDERAL HEALTH CARE PROGRAM**” shall mean any plan or program that provides health benefits whether through insurance or otherwise, which is funded directly in whole or in part by the United States government or a state health program (with the exception of the Federal Employees Health Benefits program). The most significant federal health care programs are Medicare, Medicaid, Blue Cross Federal Employees Program (FEP)/Tricare/CHAMPUS and the veterans' programs.
11. The term “**GOOD STANDING**” means that, at the time of his or her most recent appointment, this individual was deemed to have met the following requirements: satisfactory clinical competence, satisfactory technical skill/judgment, satisfactory results of Quality Assurance activity, satisfactory adherence to these Bylaws, satisfactory medical records completion, satisfactory physical mental health completion, satisfactory relationships to peers and status.
12. The term “**GOVERNING BODY**” means the Harris Health System Board of Trustees.
13. The term “**INELIGIBLE PERSON**” means any individual or entity that: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in any federal and/or state health care programs or in federal and/or state procurement or nonprocurement programs (this includes persons who are on the List of Excluded Individuals or Entities of the Inspector General, List of Parties Excluded from Federal Programs by the General Services Administration or the Medicaid Sanction List); or (ii) has been convicted of a criminal offense related to the provision of a health care program that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.
14. The term “**MEDICAL EXECUTIVE COMMITTEE**” means the committee with authority to exercise Correctional Health-wide functions on behalf of the Medical Staff.
15. The term “**MEDICAL STAFF**” means all physicians and dentists who are appointed to the Medical Staff to provide healthcare services at Harris Health Correctional Health and who either (i) hold a faculty appointment at the University of Houston College of Medicine; or (ii) are employed by or have a contractual relationship with University of Houston College of Medicine or Harris Health.
16. The term “**PEER**” shall mean an individual who practices in the same profession as the Practitioner under review. The level of subject-matter expertise required to provide meaningful evaluation of a Practitioner’s performance will determine what “practicing in the same profession” means on a case-by-case basis. The Medical Executive Committee shall determine the degree of subject matter expertise required on a case-by-case basis.
17. The term “**PEER REVIEW**” shall mean the evaluation of medical and healthcare services, including evaluation of the qualifications and professional conduct of professional healthcare practitioners and of patient care provided by those Practitioners. The Practitioner is evaluated based on generally recognized standards of care. The Medical Executive Committee conducts a peer review with input from one or more Practitioner colleagues (peers).
18. The term “**PHYSICIAN**” means an individual with an M.D., D.O. or equivalent degree currently licensed to practice medicine in the State of Texas.
19. The term “**PRACTITIONER**” means, unless otherwise expressly limited, any Physician or Dentist holding a current license to practice in the State of Texas.
20. The term “**SPECIAL NOTICE**” shall mean written notification sent by certified or registered mail, return receipt requested, or by personal or e-mail delivery with a receipt of delivery or attempted delivery obtained.

21. The term “**STATE**” shall mean the State of Texas.
22. The term “**STATE BOARD**” shall mean, as applicable, the Texas Medical Board, the State Board of Dental Examiners, or such other licensing board that may license individuals who have clinical privileges at Correctional Health.

ARTICLE I — NAME

The name of this organization governed by these Bylaws shall be Harris Health System Correctional Health (hereinafter referred to as “Correctional Health”).

ARTICLE II — PURPOSE

The purposes of this organization are:

1. To provide the best possible care for all Jail detainees;
3. To ensure a high level of professional performance of all Medical Staff members authorized to practice in Correctional Health through appropriate delineation of the clinical privileges that each Medical Staff member may exercise and through an ongoing review and evaluation of each Medical Staff member's performance;
4. To provide an appropriate educational setting for Medical Staff members that will maintain medical and scientific standards that will lead to continuous advancement in professional knowledge and skill;
5. To initiate and maintain these Bylaws for self-governance of the Medical Staff;
6. To provide a means for communication and conflict resolution regarding issues that are of concern to the Medical Staff.

ARTICLE III — MEDICAL STAFF MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Membership on the Medical Staff of Correctional Health is a privilege which shall be extended, without discrimination as to race, sex, religion, disability, national origin, or age only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws, and does not in any way imply or preclude employment status by Harris Health. Membership on the Medical Staff shall confer only such clinical privileges as have been granted by the Governing Body in accordance with these Bylaws.

Section 2. Qualifications for Membership

- a. Only individuals who have no health problems that could affect his or her ability to perform the privileges requested and can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others so as to assure the Medical Staff and Governing Body that patients treated by them will be given a high quality of medical care, shall be qualified for membership on the Medical Staff.
- b. Only individuals who have and continue to maintain current unrestricted privileges, in Good Standing, at Harris Health Correctional Health.
- c. Only individuals who have current licenses and certificates. Medical Staff members must have unrestricted licenses and certificates, with no past adverse licensure actions(s) (e.g. probation, suspension, revocation). Past adverse licensure action(s) do not include action(s) taken for administrative reasons, such as failure to timely pay licensure fees. Required licenses and certificates include:
 - State of Texas license to practice medicine, osteopathy, or dentistry;

- United States Controlled Substances Registration Certificate (DEA), with exceptions approved by the Medical Executive Committee;
 - National Provider Identifier (NPI); and
 - Professional liability insurance covering the exercise of all requested privileges, except for Practitioners or APPs employed by Harris Health, whose liability is governed by the Texas Tort Claims Act.
- d. Only Practitioners who have no record of denial, revocation, relinquishment or termination of appointment or clinical privileges at any other healthcare facility for reasons related to professional competence or conduct.
- e. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in Correctional Health merely by virtue of the fact that he or she is duly licensed to practice medicine, osteopathy, or dentistry in this State or in any other state, or that he or she is a member of any professional organization, or that he or she had in the past, or presently has, such privileges at another healthcare facility.
- f. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he or she will strictly abide with all provisions of these Bylaws.
- g. The Practitioner will remain in Good Standing so long as he or she is a member of the Medical Staff.
- h. The Practitioner is required to be eligible to participate in federal and/or State healthcare programs. The Practitioner may not currently be an Ineligible Person and shall not become an Ineligible Person during any term of membership. The Practitioner must also have no record of conviction of Medicare, Medicaid or insurance fraud and abuse.
- (1) A Practitioner is required to disclose immediately any debarment, exclusion, or other event that makes the person an Ineligible Person.
 - (2) An Ineligible Person is immediately disqualified for membership to the Medical Staff or the granting of clinical privileges or practice prerogatives.
- i. A Practitioner or APP who does not meet one or more of the qualifications for membership described above may request the Medical Executive Committee to waive one or more of the qualifications for membership. The Medical Executive Committee's determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner or APP's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does not entitle the Applicant to the fair hearing rights as described in these Bylaws.

Section 3. Basic Responsibilities of Medical Staff Membership

The following responsibilities shall govern the professional conduct of Medical Staff members and failure to meet these responsibilities shall be cause for suspension of privileges or dismissal from the Medical Staff:

- a. The principal objective of the Medical Staff is to render service to humanity with full respect for the dignity of each person. Medical Staff members should merit the confidence of patients entrusted to their care, rendering to each a full measure of service, devotion and continuity of care. Medical Staff members are responsible for the quality of the medical care provided to patients.

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

Section 4. Conditions and Duration of Appointment

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments after there has been a recommendation from the Medical Executive Committee.
- b. Initial appointments shall be acted upon following submittal of a Completed Application.
- c. All appointments to the Medical Staff shall be for a period of not more than two (2) years.
- d. Appointment or reappointment to the Medical Staff confers on the appointee only such clinical privileges as have been approved by the Governing Body.
- e. Each application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of a Medical Staff member's obligations to provide continuous care and supervision of their patients, to abide by these Bylaws, to accept committee assignments and to accept staff assignments in Correctional Health. All Medical

Staff members shall carry an appropriate level of professional liability insurance as determined by the Governing Body.

- f. Appointments and reappointments to the Medical Staff shall always conform to applicable State and Federal laws.

Section 5. Leave of Absence

- a. Requesting a Leave of Absence. A Practitioner may submit a written request to Medical Staff Services for a leave of absence 30 days prior to the requested leave, unless related to a Medical Leave of Absence. Upon favorable recommendation by the Chief Medical Officer, the Medical Executive Committee may consider a voluntary leave of absence for up to one (1) year. An additional one (1) year may be granted for good cause in accordance with policy. During the period of the leave, the Practitioner shall not exercise clinical privileges at Correctional Health, and the Practitioner's rights and responsibilities shall be inactive. All medical records must be completed prior to granting a leave of absence unless circumstances would not make this feasible.
- b. Termination of Leave. At least 45 days prior to the termination of the leave of absence, or at any earlier time, the Practitioner may request reinstatement of privileges by submitting a written notice to Medical Staff Services along with a summary of relevant activities during the leave. The Practitioner's request, activity summary and verification, if applicable, shall be presented to the Chief Medical Officer. The Chief Medical Officer will review the documentation and provide a recommendation to the Medical Executive Committee. Reactivation of membership and clinical privileges previously held shall be subject to quality review as determined by the Medical Executive Committee following recommendation by the Chief Medical Officer. If the practitioner is scheduled for reappointment during the approved leave, the practitioner's application for reappointment must be finalized in accordance with these Bylaws prior to the practitioner's return.
- c. Failure to Request Reinstatement. Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall not give rise to the right to a fair hearing. A request for Medical Staff membership received from a practitioner subsequent to termination shall be submitted and processed in the manner specified for applications for initial appointments.
- d. Medical Leave of Absence. Following recommendation by the Chief Medical Officer, the Medical Executive Committee shall determine the circumstances under which a particular practitioner shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. Unless accompanied by a reportable restriction of privileges, the leave shall be deemed a voluntary medical leave of absence and will not be reported to the National Practitioner Data Bank.
- e. Military Leave of Absence. Requests for leave of absence to fulfill military service obligations shall be granted upon appropriate notice to Medical Staff Services and will be provided to the Medical Executive Committee for information only.

ARTICLE IV — ADVANCED PRACTICE PROFESSIONALS

Section 1. Membership

Advanced Practice Professionals are not members of the Medical Staff, but are granted clinical privileges to provide clinical services to Jail detainees.

Section 2. Qualifications

APPs include those non-Medical Staff members whose license or certificate permits, and these Bylaws authorize, to permit the individual provision of patient care services without direction or supervision within the scope of the APP's individually delineated clinical privileges. APPs must:

- (1) Meet all applicable standards related to licensure, training and education, clinical competence and health status as described in these Bylaws and applicable policies and procedures;
- (2) Be assessed, credentialed, and monitored through existing Correctional Health credentialing, quality assessment, and performance improvement functions;
- (3) Maintain an active and current credential file and hold delineated clinical privileges approved by the Medical Executive Committee and Governing Body;
- (4) Complete all proctoring requirements as may be established by the Medical Executive Committee; and
- (5) Not assume primary patient care responsibilities.

APPs include those categories of individuals identified in the Definitions Section of these Bylaws.

Section 3. Prerogatives

1. By virtue of their training, experience and professional licensure, APPs are allowed to function within the scope of their licensure and delineated clinical privileges but may not assume primary patient care responsibilities. All APPs shall be under the supervision of a sponsoring physician, who is member of the Medical Staff, who is responsible for delineating the applicant's clinical privileges. If the sponsoring physician's Medical Staff membership is terminated, then the APP's ability to perform clinical services shall be suspended for a period of up to ninety (90) days or until an alternative supervising physician can be secured. If the suspension lasts longer than ninety (90) days or if there is any change in the APP's privileges, then the APP shall complete the initial application procedure. Each APP must notify Medical Staff Services immediately upon loss of required sponsorship or supervision.
2. APPs holding clinical privileges shall have their privileges or practice prerogatives reviewed and approved through the same mechanism described in these Bylaws unless otherwise determined by the Medical Executive Committee.
3. The clinical privileges and/or practice prerogatives which may be granted to specific APPs shall be defined by the Medical Staff. Such prerogatives may include:
 - (a) The provision of specific patient care services pursuant to established protocols, either independently or under the supervision or direction of a physician or other member of the Medical Staff. The provision of such patient care services must be consistent with the APP's licensure or certification and delineated clinical privileges or job description;

- (b) Participation by request on Medical Staff and/or administrative committees or teams; and
 - (c) Attendance by request at Medical Staff and/or administrative meetings.
4. Participating in quality assessment and performance improvement activities as requested by the Medical Executive Committee, or any other committee of the Medical Staff or Governing Body. Failure of an APP to participate in quality assessment or performance improvement activities when requested by the Medical Staff or Governing Body shall result in responsive action, including the possible revocation or suspension of all privileges or practice prerogatives.

Section 4. Review

Nothing in these Bylaws shall be interpreted to entitle APPs to the fair hearing rights as described in these Bylaws. An APP shall, however, have the right to challenge any action that would adversely affect the APP's ability to provide patient care services in Correctional Health. Under such circumstances, the following procedures shall apply:

- (1) Notice. Special Notice of the adverse recommendation or action and the right to a hearing shall be promptly given to the APP subject to the adverse recommendation or action. The notice shall state that the APP has thirty (30) days in which to request a hearing. If the APP does not request a hearing within thirty (30) days, the APP shall have waived the right to a hearing.
- (2) Hearing Panel. The Chief Medical Officer shall appoint a hearing panel that will include at least three members. The panel members shall include the Chief Medical Officer, another member of the Medical Staff, and if possible, a peer of the APP, except that any peer review of a nurse shall meet the panel requirements of the Texas Nursing Practice Act. None of the panel members shall have had a role in the adverse recommendation or action.
- (3) Rights. The APP subject to the adverse recommendation or action shall have the right to present information but cannot have legal representation or call witnesses.
- (4) Hearing Panel Determination. Following presentation of information and panel deliberation, the panel shall make a determination:
 - i. A determination favorable to the APP shall be reported in writing to the body making the adverse recommendation or action.
 - ii. A determination adverse to the APP shall result in notice to the APP of a right to appeal the decision to the Chairperson of the Governing Body.
- (5) Final Decision. The decision of the Chairperson of the Governing Body shall be the final appeal and represent the final action in the matter.

ARTICLE V – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1. Burden of Producing Information

In connection with all applications for appointment, reappointment, advancement, or transfer, the applicant shall have the burden of producing sufficient information of clinical and professional performance to permit an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and staff category requested, to resolve any reasonable doubts about these matters, and to satisfy any request for such information. Failure of a Practitioner to produce required

information related to an authorized Medical Staff peer review, quality assessment, performance improvement, or credentialing activity in a timely manner shall result in automatic suspension of all clinical privileges until such time as the required information has been provided. Initial applicants who fail to produce all appropriate information and/or documents as requested may withdraw their application prior to review by the Medical Executive Committee.

Section 2. Application for Appointment

- a. All applications for appointment to the Medical Staff shall be signed by the applicant, and shall be submitted on a form prescribed by the State of Texas. The application shall include the following detailed information:
- evidence of current licensure;
 - evidence of current United States Controlled Substances Registration Certificate (DEA);
 - evidence of current National Provider Identifier (NPI);
 - evidence of appropriate professional liability insurance, as determined by the Governing Body;
 - privileges requested;
 - Evidence of appropriate Basic Life Support (BLS) Certificate.
 - relevant training and/or experience;
 - current competence;
 - physical and mental health status attestation;
 - previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
 - voluntary or involuntary relinquishment of any licensure or registration (state or district, Drug Enforcement Administration);
 - voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary decrease of privileges at any other hospital or institution;
 - suspension or revocation of membership in any local, state or national medical society;
 - suspension or revocation of license to practice any profession in any jurisdiction
 - any claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, including consent to the release of information from the present and past malpractice insurance carrier(s);
 - loss of clinical privileges;
 - a clear, legible copy of a government-issued photo identification, e.g., valid driver's license or passport;
 - three professional peer references; and
 - evidence of continuing medical education satisfactory to the Medical Executive Committee.
- b. The applicant shall have the burden of producing adequate information for a proper evaluation of their competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.

- c. Upon the receipt of a Completed Application, Medical Staff Services shall verify the applicant's information on behalf of the Medical Executive Committee, including consulting with primary sources of information about the applicant's credentials. It is the applicant's responsibility to resolve any problems Harris Health may have in obtaining information from primary sources. Verifications of licensure, controlled substances registrations, and professional liability claims history, as well as queries of the National Practitioner Data Bank and queries to ensure the applicant is not an Ineligible Person shall be completed. Verification may be made by a letter or computer printout obtained from the primary source, verbally, if documented, or electronically if transmitted directly from the primary source to Harris Health. For new applicants, information about the applicant's membership status and/or work history shall be obtained from all organizations where the applicant currently has membership or privileges and/or is employed, and where the applicant has held membership or has been granted clinical privileges and/or has been employed during the previous five (5) years. Associated details on the credentialing process are set forth in Harris Health's Credentialing Procedures Manual.
- d. The application and verifications shall be forwarded to Medical Staff Services for review. After review by Medical Staff Services for completeness, the application and all supporting materials shall be transmitted to the Medical Executive Committee for evaluation.
- e. By applying for appointment to the Medical Staff, applicants thereby signify their willingness to appear for interviews in regard to the application; authorize Harris Health and/or the Medical Executive Committee, to consult with members of Medical Staffs of other health care organizations with which the applicant has been associated and with others, including past and present malpractice insurance carriers, who may have information bearing on the applicant's competence, character and ethical qualification; consent to the inspection of all records and documents that, in the opinion of the Medical Executive Committee, may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, as well as moral and ethical qualifications for staff membership; releases from any liability all representatives of Harris Health and the Medical Executive Committee for their acts performed in good faith and without malice in connection with evaluation of the applicant and his or her credentials; and releases from any liability all individuals and organizations who provide information to Harris Health and/or the Medical Executive Committee in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.
- f. Each applicant shall sign and return a statement that he or she has received and read these Medical Staff Bylaws and that he or she agrees to be bound by the terms thereof relating to consideration of the application and, if the applicant is appointed, to all terms thereof.

Section 3. Appointment Process

- a. Medical Staff Services shall transmit Completed Applications to the Medical Executive Committee at its next regularly scheduled meeting following completion of verifications tasks and receipt of all relevant materials.
- b. Within one hundred and twenty days (120) days after receipt of the Completed Application, the Medical Executive Committee shall report its review and recommendation to the Governing Body. Prior to making this report, the Medical Executive Committee shall examine the evidence of the character, professional competence, physical and mental health status, qualifications and ethical standing of the applicant and shall determine, through information contained in references given by the applicant, and from any other sources available to the committee, whether the applicant has established and meets all of the

necessary qualifications for the category of staff membership and the clinical privileges requested.

- c. Within sixty (60) days of receipt of the recommendation from the Medical Executive Committee, the Governing Body shall determine whether to accept or reject the recommendation. The Governing Body may only make a decision contrary to the recommendation of the Medical Executive Committee if the applicant meets all of the requirements for Medical Staff membership and the Medical Executive Committee's recommendation is unreasonable or not based on sound judgment. If the Governing Body makes a decision contrary to the recommendation of the Medical Executive Committee, the Governing Body must document its rationale for doing so.
- d. A decision by the Governing Body to accept a recommendation resulting in an applicant's appointment to the Medical Staff shall be considered a final action. Within twenty (20) days of the Governing Body's final action, the Medical Executive Committee shall provide notice of all appointments approved by the Governing Body by Special Notice to each new Medical Staff member. All such notices shall include a delineation of approved privileges and appointment dates.
- e. The time periods specified in Section 3(b) and (c) above are for guidance only and do not create any right for the applicant to have his or her application processed within those time periods.
- f. When the recommendation of the Governing Body is adverse to the applicant, either in respect to appointment or clinical privileges, the Chief Medical Officer shall notify the applicant by Special Notice within fifteen (15) days, as described in these Bylaws. No such adverse recommendation shall be forwarded to the Governing Body until after the applicant has exercised his or her right to a hearing as provided in these Bylaws. If the applicant fails to act within thirty (30) days of receipt of the Special Notice, the applicant will have waived his or her right to a hearing as provided in these Bylaws.
- g. If, after the Medical Executive Committee has considered the report and recommendations of the hearing committee and the hearing record, the Medical Executive Committee's reconsidered recommendation is favorable to the applicant, it shall be processed in accordance with subparagraph "b" of this section. If such recommendation continues to be adverse, the Chief Medical Officer shall promptly so notify the applicant by Special Notice. The Chief Medical Officer shall so forward such recommendation and documentation to the Governing Body.
- h. The Governing Body shall send notice of its final decision regarding any such review under these Bylaws through the Chief Medical Officer to the applicant.

Section 4. Reappointment Process

- a. It is the responsibility of Active and Affiliate members and Advanced Practice Professionals to request reappointment to the Medical Staff in accordance with the "Reappointment and Renewal of Clinical Privileges Procedure" in the Credentialing Procedures Manual. Reappointment to the Medical Staff shall be based on the applicant's maintaining qualifications for Medical Staff membership, as described in Section 2 of this Article, current competence, and consideration of the results of quality assessment activities as determined by the Medical Executive Committee. Failure to submit a completed reappointment application form with required supporting documentation no less than sixty (60) days prior to the expiration of the Practitioner's then current appointment shall constitute a resignation from the Medical Staff and all privileges will terminate upon expiration of said appointment. Such termination shall not give rise to the right to a hearing pursuant to these Bylaws.

Reappointment shall occur every two (2) years. Medical Staff Services will transmit the necessary reapplication materials to the Practitioner not less than 120 days prior to the expiration date of their then current appointment.

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

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

Section 5. Performance Data

- a. Practitioner or APP specific performance data will be evaluated, analyzed, and appropriate action taken as necessary when variation is present and/or standard of care has not been

met as determined by the Medical Staff.

- b. Performance data will be routinely collected within the reappointment period or as required as a part of the peer review process and will include specific data elements approved by the Medical Executive Committee.
- c. If the Practitioner or APP does not have sufficient performance data from his or her practice at Harris Health Correctional Health, the Practitioner or APP must submit performance data from other clinical locations where he or she practices.
- d. The Medical Executive Committee will review summarized performance data as part of the reappointment process for each Practitioner or APP and make appropriate recommendations for any remedial or corrective action or refer the Practitioner or APP to peer review.

Section 6. Application for Clinical Privileges

Every initial application for staff appointment to the Medical Staff and each reappointment application must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such request shall be based upon the applicant's education, clinical training, experience, current competence, references, judgment, and other relevant information. The applicant shall have the burden of establishing his or her qualifications and competency to be granted the clinical privileges requested.

Section 7. Clinical Privileges

- a. Every Medical Staff member practicing within Correctional Health by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, exercise only those clinical privileges specifically approved, ratified, and affirmed to him or her by the Governing Body.
- b. Clinical privileges will be limited to those activities deemed the responsibility of the specialty area to which the applicant is appointed.

Section 8. Privileges in More Than One Specialty

Practitioners or APPs may be awarded clinical privileges in one or more specialty in accordance with their education, training, experience, and demonstrated competence.

Section 9. Temporary Privileges

- a. Upon the basis of information then available, which may reasonably be relied upon as to the competence and ethical standing of the applicant, the Medical Executive Committee may grant temporary clinical privileges to the applicant. Temporary privileges of the applicant shall persist until the next meeting of the Governing Body (not to exceed 120 days) and shall cease at the time of official action upon his or her application for Medical Staff membership.
- b. Termination. Temporary clinical privileges may be terminated by the Chief Medical Officer.
- c. Neither termination of temporary clinical privileges nor failure to grant them shall constitute a Final Hearing Review Action and neither is an Adverse Recommendation or Action.

Section 10. Emergency Clinical Privileges

In the case of an emergency, any current Medical Staff member, to the degree permitted by his or her license and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life of a patient using the appropriate resources available, including the calling for any consultation necessary or desirable. For the purpose of this section, an "emergency" is defined

as a condition in which a patient is in immediate danger of serious permanent harm or loss of life, and any delay in administering treatment could add to that danger.

Section 11. Confidentiality of the Credentials File

A Medical Staff member or other individual exercising clinical privileges shall be granted access to his or her own credentials file, subject to the following provisions:

- a. A request for access must be submitted in writing to the Chairperson of the Medical Executive Committee.
- b. The individual may review, and receive a copy of, only those documents provided by or addressed personally to the individual. All other information, including peer review committee findings, letters of reference, proctoring reports, complaints, and other documents shall not be disclosed.
- c. The review by the individual shall take place in Medical Staff Services during normal work hours with an officer or designee of the Medical Staff present.

ARTICLE VI - CORRECTIVE ACTION

Section 1. Procedure

- a. Whenever the activities, professional conduct or health status of any Medical Staff member are considered to be lower than the standards or aims of the Medical Staff or to be disruptive to the operations of Correctional Health, corrective action against such Medical Staff member may be requested by the Chief Medical Officer or by the Governing Body. All such requests shall be in writing, shall be made to the Medical Executive Committee, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request. The Chief Medical Officer or designee must meet with the member to discuss the issues that are the basis for the request either prior to submission or no later than 72 hours after receipt of a copy of the request. In the event that the member who is the subject of the request for corrective action is the Chief Medical Officer, another voting member of the Medical Executive Committee must conduct the meeting. The party conducting the meeting shall send a letter to the staff member immediately following the meeting confirming that the meeting was held and the matters discussed. The letter must be sent to the staff member via Special Notice procedures with a copy to Medical Staff Services.
- b. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Chairperson of the Medical Executive Committee shall immediately appoint an ad hoc committee to investigate the matter.
- c. Within thirty (30) days after the ad hoc committee's receipt of the request for corrective action, it shall make a report of its investigation to the Medical Executive Committee. If in the reasonable view of the Medical Executive Committee more than thirty (30) days is needed to complete the investigation, the Medical Executive Committee shall grant an extension to the ad hoc committee. Prior to the making of a report, the Medical Staff member against whom corrective action has been requested shall have an opportunity for an interview with the ad hoc investigating committee. At such interview, the Medical Staff member shall be informed that the meeting shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearing shall apply thereto. A record of such interview shall be made by the ad hoc committee and included with its report to the Chairperson of the Medical Executive Committee.

- d. Within thirty (30) days following the receipt of the report of the ad hoc investigating committee, the Medical Executive Committee shall take action upon the request. If the corrective action could involve a reduction or suspension of clinical privileges, or a suspension or expulsion from the Medical Staff, the affected Medical Staff member shall be permitted to make an appearance before the Medical Executive Committee prior to its taking action on such request, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such appearance shall be made by the Medical Executive Committee.
- e. The Medical Executive Committee shall take such action as deemed justified as a result of these investigations.
- f. Any recommendations by the Medical Executive Committee to the Governing Body for reduction or revocation of clinical privileges, or expulsion from the Medical Staff shall entitle the affected Medical Staff member to the procedural rights provided in these Bylaws.
- g. All decisions resulting from investigations of a Medical Staff member in a medical administrative position shall be reviewed by the Governing Body following the process as outlined in these Bylaws.
- h. When the Medical Executive Committee or Governing Body has reason to question the physical and/or mental status of a Medical Staff member, the latter shall be required to submit an evaluation of their physical and/or mental health status by a physician or physicians acceptable to the Medical Executive Committee and the affected physician as a prerequisite to further consideration of: (1) their application for appointment or reappointment, (2) their exercise of previously granted privileges, or (3) their maintenance of a Medical Staff appointment.

Section 2. Summary Suspension

Whenever there is a reasonable belief that a Member's conduct or condition requires that immediate action be taken to protect life or to reduce the likelihood of injury or damage to the health or safety of patients, workforce members, or others, summary action must be taken as to all or any portion of the Member's clinical privileges, and such action shall become effective immediately upon imposition.

The Chairperson of the Medical Executive Committee, the Medical Executive Committee itself, the Chief Medical Officer, Harris Health's Chief Medical Executive, or the Governing Body shall have the authority, whenever action must be taken immediately in the best interest of patient care, to suspend summarily all or any portion of the clinical privileges of a Medical Staff member, and such summary suspension shall become effective immediately upon imposition.

The Medical Staff member must be immediately notified by Special Notice from the Chief Medical Officer. A suspended member's patients must be assigned to another member by the applicable specialty, considering the wishes of the patient, where feasible, in choosing a substitute practitioner.

As soon as possible, but within ten (10) working days after a summary suspension is imposed, the Medical Executive Committee shall convene to review and consider the action taken. In its sole discretion, the Medical Executive Committee may provide the member the opportunity to meet with the Medical Executive Committee, which may recommend modification, continuation or termination of the terms of the suspension. A Medical Executive Committee recommendation to continue the extension or to take any other adverse action as defined in Article VI entitles the Medical Staff member, upon timely and proper request, to the procedural rights contained in Article VII.

Section 3. Automatic Suspension

Occurrence of any of the following shall result in an automatic suspension as detailed. An automatic suspension is not considered a final action or an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article VII of these Bylaws.

- (1) Suspension, limitation or placement of a condition on a member's professional license by the state licensing board shall result in automatic suspension of the member's privileges until the Medical Executive Committee can assess whether the suspension, limitation, or condition will be adopted by the medical staff. As soon as possible, but no later than the tenth (10th) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.
- (2) Indictment of a member for a felony or indictment of any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services shall result in automatic suspension of the member's privileges. As soon as possible, but no later than the tenth (10th) working day after the automatic suspension, the Medical Executive Committee shall convene to review and consider appropriate action.
- (3) Failure of the member to maintain current required licensure and certifications, as described in Article III, Section 3, shall result in automatic suspension of the member's privileges for up to thirty (30) days. The member's privileges will be reinstated once Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such actions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the actions as appropriate. Failure to satisfy this requirement in thirty (30) days will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Medical Executive Committee may approve an exception to this requirement.
- (4) A member's delinquency in completion of medical records shall result in automatic suspension of the member's privileges and medical staff membership until Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Medical Executive Committee, or designee. The Chair shall make a report of all such resolutions at the next regularly scheduled meeting of the Medical Executive Committee and the Medical Executive Committee shall ratify or modify the resolution as appropriate.

Section 4. Automatic Termination

Occurrence of any of the following shall result in an automatic termination as detailed. An Automatic termination is not considered an adverse recommendation or action but may be considered in any investigation or proceeding pursuant to Article VII of these Bylaws.

- (1) Revocation of a physician's professional license by the Texas Medical Board shall cause all the member's clinical privileges and the medical staff membership to automatically terminate.

- (2) Conviction of or a guilty or nolo contendere plea to (including deferred adjudication) for a felony or conviction of or a guilty or nolo contendere plea to any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services by a member shall result in automatic termination of the member's privileges and medical staff membership.
- (3) A member's privileges and staff membership shall automatically terminate if the member becomes an Ineligible Person as that term is defined in these Bylaws.
- (4) Loss of employment or contractual relationship with University of Houston College of Medicine or Harris Health, to provide clinical care in Correctional Health shall result in automatic termination of the Practitioner's privileges and staff membership. However, if the loss of employment is related to the member's professional competence or conduct, such action is considered an adverse action under Article VI, Section 1.
- (5) The privileges and medical staff membership of a member who is suspended four times in a twelve (12) month period for delinquency in completion of medical records shall automatically terminate upon the first day of the fourth suspension within twelve months
- (6) The privileges and medical staff membership of a member who remains suspended for six (6) continuous weeks for delinquency in completion of medical records shall automatically terminate upon the last day of the sixth week of continuous suspension.
- (7) Failure to notify the Medical Staff Services of the occurrence of any of the events listed in Article VI, Section 3 shall result in automatic termination of a member's privileges and medical staff membership.

a. Notice

The member must be immediately notified by Special Notice from the Chief Medical Officer.

Section 5. Medical Administrative Positions

A Medical Staff member shall not lose staff privileges if his or her medical administrative position is terminated without following the hearing and appellate procedures as outlined in Article VII.

ARTICLE VII — PROCEDURAL RIGHTS OF REVIEW

Section 1. Events Giving Rise to Hearing Rights

a. Actions or Recommended Actions

Subject to the exceptions set forth in Section 1.c of this Article, the following actions or recommended actions, if deemed adverse under Section 1.b below, entitle the member (for purposes of this Article, the term "member" shall include an

applicant to the Medical Staff whose application for Medical Staff appointment and clinical privileges has been denied) to a hearing upon timely and proper request as provided in Section 4:

- (1) Denial of initial Medical Staff appointment;
- (2) Denial of reappointment;
- (3) Suspension of appointment, provided that summary suspension entitles the member to request a hearing only as specified in this section;
- (4) Revocation of appointment;
- (5) Denial or restriction of requested clinical privileges;
- (6) Reduction in clinical privileges;
- (7) Suspension of clinical privileges, provided that summary suspension entitles the member to request a hearing only as specified in this section,
- (8) Revocation of clinical privileges;
- (9) Individual application of, or individual changes in, mandatory consultation or supervision requirement; or
- (10) Summary suspension of appointment or clinical privileges, if the recommendation of the Medical Executive Committee or action by the Governing Body is to continue the suspension or to take other action which would entitle the member to request a hearing under Section 4, provided that if the Medical Executive Committee initiates an investigation of the member in accordance with Article VII, no hearing rights shall accrue until the Medical Executive Committee had acted upon the report of the ad hoc committee.

b. When Deemed Adverse

Except as provided below, any action or recommended action listed in Section 1.a above is deemed adverse to the member only when it has been:

- (1) recommended by the Medical Executive Committee; or
- (2) taken by the Governing Body under circumstances where no prior right to request a hearing exists.

c. Exceptions to Hearing Rights

(1) Certain Actions or Recommended Actions: Notwithstanding any provision in these Bylaws, or in the Credentialing Procedures Manual to the contrary, the following actions or recommended actions do not entitle the member to a hearing:

- (a) the issuance of a verbal warning or formal letter of reprimand;

- (b) the imposition of a monitoring or consultation requirement as a condition attached to the exercise of clinical privileges during a provisional period;
 - (c) the imposition of a probationary period involving review of cases;
 - (d) the imposition of a requirement for a proctor to be present at procedures performed by the member, provided that there is no requirement for the proctor to grant approval prior to provision of care;
 - (e) the removal of a Practitioner from a medical administrative office within the hospital unless a contract or employment arrangement provides otherwise; and
 - (f) any other action or recommended action not listed in Section 1.a above.
- (2) Other Situations: An action or recommended action listed in Section 1.a above does not entitle the applicant or member to a hearing when it is:
- (a) voluntarily imposed or accepted by the Practitioner;
 - (b) automatic pursuant to any provision of these Bylaws and related manuals;
 - (c) taken or recommended with respect to temporary privileges, unless the action must be reported to the National Practitioner Data Bank.

Section 2. Notice of Adverse Action

- a. Correctional Health shall, within fifteen (15) days of receiving written notice of an adverse action or recommended action under Section 1.a, give the Practitioner Special Notice thereof. The notice shall:
- (1) advise the Practitioner of the nature of and reasons for the proposed action and of his or her right to mediation or a hearing upon timely and proper request pursuant to Section 3 and/or Section 4 of this Article IX;
 - (2) specify that the Practitioner has thirty (30) days after receiving the notice within which to submit a request for mediation or a hearing and that the request must satisfy the conditions of Section 3 and/or Section 4;
 - (3) state that failure to request mediation or a hearing within that time period and in the proper manner constitutes a waiver of rights to mediation or a hearing and to an appellate review on the matter that is the subject of the notice;
 - (4) state that any higher authority required or permitted under this Article to act on the matter following a waiver is not bound by the adverse action or recommended action that the Practitioner has accepted by virtue of the waiver but may take whatever action, whether more or less severe, it deems

warranted by the circumstances;

- (5) state that upon receipt of his mediation or hearing request, the Practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based; and
- (6) provide a brief summary of the rights the Practitioner would have at a hearing, as set forth in Sections 12-14 of this Article.

Section 3. Request for Mediation

- a. Within ten (10) days of receipt of the notice of adverse recommendations giving rise to hearing rights, an affected member may file a written request for mediation. The request must be delivered by Special Notice to the Chief Medical Officer and state the reason the member believes mediation is desirable. If a hearing has already been scheduled, mediation must be completed prior to the date of the hearing. If no hearing has been scheduled, the mediation must take place within 45 days of receipt of the request. Under no circumstances will a hearing be delayed beyond the originally scheduled date unless both parties agree to a continuance to a date certain.
- b. The mediator shall be selected by the Chairperson of the Medical Executive Committee and must have the qualifications required by state law and experience in medical staff privileging and disputes.
- c. The fee of the mediator shall be shared equally among the parties.
- d. An individual shall be appointed by the Chairperson of the Medical Executive Committee to participate in the mediation and represent the Medical Executive Committee. The affected member and the representative of the Medical Executive Committee may each be accompanied in the mediation by counsel of their choice.
- e. Under no circumstances may the mediation delay the filing of any report required by law, or result in an agreement to take any action not permitted by law. No agreement arising out of the mediation may permit or require the Medical Executive Committee, the Governing Body, or Harris Health to violate any legal requirement, accreditation requirement or any requirement of these Bylaws.
- f. If no resolution is reached through the mediation, a hearing must be scheduled no later than forty-five (45) days following the mediation, unless otherwise agreed by the parties.

Section 4. Request for Hearing

The Practitioner shall have thirty (30) days after receiving the above notice to file a written request for a hearing. The request must be delivered to the Chief Medical Officer by Special Notice.

Section 5. Waiver by Failure to Request a Hearing

A member who fails to request a hearing within the time and in the manner specified in Section 4 above waives his or her right to any hearing and appellate review to which he or she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the adverse action or recommended action triggering the Section 2 notice. The Chief Medical Officer shall as soon as reasonably practicable send the member Special Notice of each action

taken under any of the following Sections and shall notify the Chairperson of the Medical Executive Committee of each such action. The effect of a waiver is as follows:

a. Adverse Action by the Governing Body

A waiver constitutes acceptance of the adverse action, which immediately becomes the final decision of the Governing Body.

b. Adverse Recommendation by the Medical Executive Committee

A waiver constitutes acceptance of the adverse recommendation, which becomes effective immediately and remains so pending the decision of the Governing Body. The Governing Body shall consider the adverse recommendation as soon as practicable following the waiver but at least at its next regularly scheduled meeting. Its action has the following effect:

- (1) If the Governing Body's action accords in all respects with the Medical Executive Committee recommendation, the Governing Body decision becomes effective immediately.
- (2) If, on the basis of the same information and material considered by the Medical Executive Committee in formulating its recommendation, the Governing Body proposes a more severe adverse action, the member shall be entitled to a hearing.

Section 6. Additional Information Obtained Following Waiver

When, in considering an adverse Medical Executive Committee recommendation transmitted to it under Section 5.b of this Article IX, the Governing Body acquires or is informed of additional relevant information not available to or considered by the Medical Executive Committee, the Governing Body shall refer the matter back to the Medical Executive Committee for reconsideration within a set time limit. If the source of the additional information referred to in this Section is the member or an individual or group functioning, directly or indirectly, on his or her behalf, the provisions of this Section shall not apply unless the member demonstrates to the satisfaction of the Medical Executive Committee that the information was not reasonably discoverable in time for presentation to and consideration by the party taking the initial adverse action.

a. If the Medical Executive Committee's recommendation following reconsideration is unchanged, the Governing Body shall act on the matter as provided in Section 5.b. of this Article.

b. If the Medical Executive Committee's recommendation following reconsideration is still adverse but is more severe than the action originally recommended, it is deemed a new adverse recommendation under Section 1.a of this Article and the matter proceeds as such.

c. A favorable Medical Executive Committee recommendation following reconsideration shall be forwarded as soon as reasonably practicable to the Governing Body by the Chief Medical Officer. The effect of the Governing Body action is as follows:

- (1) Favorable: Favorable Governing Body action on a favorable Medical

Executive Committee recommendation becomes effective immediately.

- (2) Adverse: If the Governing Body's action is adverse, the member shall be entitled to a hearing.

Section 7. Notice of Time and Place for Hearing

The Chief Medical Officer shall deliver a timely and proper request for a hearing to the Chair of the Medical Executive Committee or Chairperson of the Governing Body, depending on whose recommendation or action prompted the hearing request. The Chairperson of the Medical Executive Committee or the Chairperson of the Governing Body, as appropriate, shall then schedule a hearing. Hearings held by the Governing Body or any committee of the Governing Body under this Article of these Bylaws will be closed meetings pursuant to Chapter 151 of the Texas Occupations Code and Section 161.032 of the Texas Health & Safety Code. The hearing date shall be set for as soon as practicable after the Chief Medical Officer received the request but in any event no more than forty-five (45) days thereafter. The Chief Medical Officer shall send the member Special Notice of the time, place, and date of the hearing, and the identity of the hearing committee members or hearing officer not less than thirty (30) days from the date of the hearing. The notice provided to the member shall contain a list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Executive Committee or Governing Body, whichever is appropriate. The member must provide a list of the witnesses expected to testify on his behalf within ten (10) days of this notice. If the member is under suspension, he or she may request that the hearing be held not later than twenty (20) days after the Chief Medical Officer has received the hearing request. The Chief Medical Officer may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Chairperson of the Governing Body. If the member does not in good faith cooperate in scheduling a hearing date, and as a result, a hearing has not been scheduled within ninety (90) days from the date of the first proposal for a hearing date by the Medical Executive Committee or Chairperson of the Governing Body, the member shall be deemed to have waived the member's right to a hearing in accordance with this Article, Section 5, unless both parties agree to a delayed hearing date.

The notice of hearing shall contain a concise statement of the member's alleged acts or omissions, a list by number of the specific or representative patient records in question, and/or the other reasons or subject matter forming the basis for the adverse action which is the subject of the hearing.

Section 8. Appointment of Hearing Committee or Hearing Officer

a. By Medical Staff

A hearing occasioned by an adverse Medical Executive Committee recommendation shall be conducted by a hearing committee appointed by the Chairperson of the Medical Executive Committee and composed of at least three (3) members of the Medical Staff. The Chairperson of the Medical Executive Committee shall designate one of the appointees as Chairperson of the committee.

b. By the Governing Body

A hearing occasioned by an adverse action of the Governing Body shall be conducted by a hearing committee appointed by the Chairperson of the Governing Body and composed of at least three (3) persons, including at least two (2) medical

staff members when feasible. The Chairperson of the Governing Body shall designate one appointee as Chairperson of the committee.

c. Service on Hearing Committee

An individual shall not be disqualified from serving on a hearing committee merely because he or she has heard the case or has knowledge of the facts involved or what he or she supposes the facts to be. Any member of the Hearing Committee shall not be in direct economic competition with the member involved. Direct economic competition may not be shown based solely on the member's medical school affiliation. Within ten (10) days of receipt of the Notice of Hearing, the member under review may submit a written challenge to a member of the hearing panel, specifying the manner in which the hearing committee member is deemed to be disqualified along with supporting facts and circumstances. The Medical Executive Committee or Governing Body, as appropriate, shall consider and rule on the challenge.

d. Hearing Officer in Lieu of Hearing Committee

Subject to the approval of the Governing Body, the Medical Executive Committee may determine that the hearing will be conducted in front of a hearing officer to be appointed by the Medical Executive Committee. This officer shall not be in direct economic competition with the member involved. The term "hearing officer" as used in this Section 8.d shall be used to refer to a hearing officer who is appointed in lieu of a Hearing Committee and shall not refer to an appointed presiding officer of a Hearing Committee, provided, however, that a presiding officer still may be appointed. The decision of a Hearing Officer appointed in lieu of a Hearing Committee shall have the same force and effect as a decision by the Hearing Committee.

Section 9. Final List of Witnesses

The witness lists required in Section 7 of this Article shall be amended as soon as possible by the appropriate party when additional witnesses are identified. The final list of witnesses must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the testimony of witnesses not disclosed within the required timeframe.

Section 10. Documents

All documents the parties plan to introduce into evidence at the hearing must be submitted to the Presiding Officer and exchanged by the member and the Medical Executive Committee or the Governing Body, as appropriate, no later than seven (7) days prior to the hearing. Failure of a party to comply with this requirement shall constitute good cause for the Presiding Officer to grant a continuance or otherwise limit the introduction into evidence of documents not produced within the required timeframe.

Section 11. Personal Presence

The personal presence of the member is required throughout the hearing, unless the member's

presence is excused for any specified time by the hearing committee. The presence of the member's representative does not substitute for the personal presence of the member. A member who fails, without good cause, to be present throughout the hearing unless excused or who fails to proceed at the hearing in accordance with this Article of these Bylaws shall be deemed to have waived his or her rights in the same manner and with the same consequence as provided in Sections 4 and 5 of this Article, if applicable.

Section 12. Presiding Officer

The hearing officer, if appointed pursuant to this Article of these Bylaws, or if not appointed, the hearing committee Chairperson, shall be the presiding officer. The presiding officer shall maintain decorum and assure that all participants have a reasonable opportunity to present relevant evidence. He or she shall determine the order of procedure during the hearing and make all rulings on matters of procedure and the admissibility of evidence. The presiding officer shall not act as a prosecuting officer or as an advocate to any party to the hearing. If a hearing officer is appointed, he or she shall not be entitled to vote. If the Chairperson of the hearing committee serves as the presiding officer, he or she shall be entitled to vote.

Section 13. Representation

The member may be represented at the hearing by a member of the Medical Staff in good standing, a member of his or her local professional society, or an attorney of his or her choice. The Medical Executive Committee or Governing Body, depending on whose recommendation or action prompted the hearing, shall designate a medical staff member to support its recommendation or action and, in addition, may appoint an attorney to represent it.

Section 14. Rights of Parties

During the hearing, each party shall have the following rights, which shall be exercised in a manner so as to permit the hearing to proceed efficiently and expeditiously:

- (1) provide an opening statement no longer than 5 minutes each;
- (2) call and examine witnesses;
- (3) introduce exhibits;
- (4) cross-examine any witness on any matter relevant to the issues;
- (5) impeach any witness; and
- (6) rebut any evidence.

If the member does not testify in his or her own behalf, he or she may be called and examined as if under cross-examination.

Section 15. Procedure and Evidence

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. In the discretion of the presiding officer, any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs may be considered, regardless of the admissibility of such evidence in a court of law. Each party shall be entitled, prior to, during, or at the close of the hearing, to submit memoranda concerning any issue of law or fact, and those memoranda shall become part of the hearing record. Written memoranda, if any, must be presented to the presiding officer, and a copy must be provided to the other party. The hearing committee may ask questions of the witnesses, call additional witnesses, or request documentary evidence if it deems it is appropriate.

Section 16. Official Notice

In reaching a decision, the hearing committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the State of Texas. Participants in the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Either party shall have the opportunity to request that a matter be officially noticed and to refute the officially noticed matters by written or oral presentation of authority, in a manner to be determined by the hearing committee. Reasonable additional time shall be granted, if requested, to present written rebuttal of any evidence admitted on official notice.

Section 17. Burden of Proof

The body whose adverse action or recommended action occasioned the hearing shall have the burden of coming forward with evidence in support thereof. Thereafter, the member shall have the burden of coming forward with evidence and proving by clear and convincing evidence that the adverse action or recommended action lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

Section 18. Hearing Record

A court reporter shall be used to record the hearing, although those giving testimony need not be sworn by said reporter. The court reporter shall transcribe the hearing and submit a written copy to the presiding officer within 10 business days after adjournment of the hearing for his/her review. The presiding officer shall return any noted corrections to the court reporter within 7 days. The member may within ten days after the hearing's adjournment also request a copy of the hearing report upon payment of any reasonable costs associated with the preparation of said report and in such event may review the hearing report and return any noted corrections to the court reporter within 7 days. If the member fails to request a copy of the hearing report or if the hearing report is not returned in 7 days, the right to make any changes is waived.

Section 19. Postponement

Requests for postponement or continuance of a hearing may be granted by the presiding officer or hearing committee only upon a timely showing of good cause.

Section 20. Presence of Hearing Committee Members and Vote

A majority of the hearing committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the hearing or deliberations, the presiding officer, in his or her discretion, may rule that such member may not participate further in the hearing or deliberations or in the decision of the hearing committee.

Section 21. Recesses and Adjournment

The hearing committee may recess and reconvene the hearing without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon conclusion of the presentation of oral and written evidence, the hearing shall be adjourned. The hearing committee shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

Section 22. Hearing Committee Report

Within twenty (20) days after adjournment of the hearing, the hearing committee shall make a written report of its findings and recommendations with such reference to the hearing record and other considered documentation as it deems appropriate. The hearing committee shall forward the report to the body whose adverse action or recommended action occasioned the hearing. The member shall also be given a copy of the report by Special Notice. The hearing record and other documentation shall be transmitted to the Medical Staff Office for safekeeping as official records and minutes of the Medical Staff and shall be made available for review by any party between the hours of 8:00 a.m. and 4:30 p.m. Monday through Friday, excluding holidays.

Section 23. Action on Hearing Committee Report

Within thirty (30) days after receiving the hearing committee report, the body whose adverse action or recommended action occasioned the hearing shall consider said report and affirm, modify, or reverse its action or recommended action. It shall transmit the result to the Chief Medical Officer.

Section 24. Notice and Effect of Result

a. Notice

As soon as is reasonably practicable, the Chief Medical Officer shall send a copy of the result to the member by Special Notice and to the Chairperson of the Medical Executive Committee.

b. Effect of Favorable Result

- (1) Adopted by the Governing Body: If the Governing Body's determination is favorable to the member, it shall become effective immediately.
- (2) Adopted by the Medical Executive Committee: If the Medical Executive Committee result is favorable to the member, the Chief Medical Officer shall, as soon as is reasonably practicable, forward it to the Governing Body which may adopt or reject the result in whole or in part, or refer the matter back to the Medical Executive Committee for further reconsideration. Any referral back shall state the reasons, set a time limit within which a subsequent recommendation must be made, and may include a directive for an additional hearing. After receiving a subsequent recommendation and any new evidence, the Governing Body shall take action. Favorable action by the Governing Body shall become effective immediately.

c. Effect of Adverse Result

If the hearing results in an adverse recommendation, the member shall receive Special Notice of his or her right to request appellate review.

Section 25. Request for Appellate Review

A member shall have thirty (30) days after receiving Special Notice of an adverse result to file a written request for an appellate review. The request must be delivered to the Chief Medical Officer by Special Notice.

Section 26. Waiver by Failure to Request Appellate Review

A member who fails to request an appellate review within the time and in the manner specified in Section 24 of this Article shall have waived any right to a review. The waiver has the same force and effect as provided in Sections 5 and 6 of this Article, if applicable.

Section 27. Notice of Time and Place for Appellate Review

The Chief Medical Officer shall deliver a timely and proper request for appellate review to the Chairperson of the Governing Body. As soon as practicable, said Chairperson shall schedule an appellate review to commence not less than thirty (30) days nor more than sixty (60) days after the Chief Medical Officer received the request. If the member is under suspension, he or she may request that the appellate review be held not later than twenty (20) days after the Chief Medical Officer has received the appellate review request. The Chief Medical Officer may grant the member's request after consultation with the Chairperson of the Medical Executive Committee or Governing Body. At least thirty (30) days prior to the appellate review, the Chief Medical Officer shall send the member Special Notice of the time, place, and date of the review. The time for appellate review may be extended by the Chairperson of the Governing Body for good cause.

Section 28. Appellate Review Body

The appellate review may be conducted by the Governing Body. The Chairperson of the Governing Body will appoint a committee consisting of three (3) to nine (9) members of the Governing Body to hear the appeal, including at least one (1) physician. The Chairperson shall designate one of the members as Chairperson.

Section 29. Nature of Proceedings

The proceedings by the review body are a review based upon the hearing record, the hearing committee's report, all subsequent results and actions, the written statements, if any, provided below, and any other material that may be presented and accepted. The presiding officer shall direct the Medical Staff Office to make the hearing record and hearing committee report available at the appellate review for use by any party. The review body shall determine whether the foregoing evidence demonstrates that the member has met the applicable burden of proof as required under Section 16 of this Article.

Section 30. Written Statements

The member may submit a written statement detailing the findings of fact, conclusions, and procedural matters with which he or she disagrees and his or her reasons. This written statement may cover any matters raised at any step in the hearing process. The statement shall be submitted to the appellate review body and to the group whose adverse action or recommended action occasioned the review through the Chief Medical Officer at least five (5) days prior to the scheduled date of the review, except if the time limit is waived by the review body or its presiding officer. A similar statement may be submitted by the body whose adverse action or recommended action occasioned the review, and if submitted, the Chief Medical Officer shall provide a copy to the member and to the appellate review body at least ten (10) days prior to the scheduled date of the appellate review.

Section 31. Presiding Officer

The Chairperson of the appellate review body is the presiding officer. He or she shall determine

the order of procedure during the review, make all required rulings, and maintain decorum.

Section 32. Oral Statement

The appellate review body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions. Any party or representative appearing shall be required to answer questions put by any member of the review body.

Section 33. Consideration of New or Additional Matters

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the review body and only if the party requesting consideration of the matter or evidence demonstrates to the satisfaction of the review body that it could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Chief Medical Officer, a written, substantive description of the matter or evidence to the appellate review body and the other party prior to its being introduced at the review. Any such new or additional matters or evidence shall be subject to the same rights of cross-examination, impeachment, and rebuttal provided at the hearing pursuant to Section 13 of this Article.

Section 34. Powers

The appellate review body has all the powers granted to the hearing committee, and any additional powers that are reasonably appropriate to or necessary for the discharge of its responsibilities.

Section 35. Presence of Members and Vote

A majority of the members of the review body must be present throughout the appellate review and deliberations. If a member is absent from any part of the proceedings, the presiding officer of the appellate review may, in his discretion, rule that said member shall not be permitted to participate further in the review or deliberations or in the decision of the review body.

Section 36. Recesses and Adjournments

The review body may recess and reconvene the proceedings without Special Notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. At the conclusion of the oral statements, if allowed, the appellate review shall be adjourned. The review body shall then, at a time convenient to itself, conduct its deliberations outside the presence of the parties.

Section 37. Action Taken

Within thirty (30) days after adjournment pursuant to Section 21 of this Article, the review body shall prepare its report and conclusion with the result as provided below. The Chief Medical Officer shall send notice of each action taken under Section 22 of this Article below to the Chairperson of the Medical Executive Committee for transmittal to the appropriate Staff authorities and to the member by Special Notice.

a. Governing Body Decision

- (1) Within fifteen (15) days after adjournment, appellate review body shall make its decision, including a statement of the basis of the decision. The

appellate review body may decide:

- (a) that the adverse recommendation be affirmed;
- (b) that the adverse recommendation be denied;
- (c) that the matter be the subject of further hearing or other appropriate procedures within a specified time period; or
- (d) that modification of the adverse recommendation be made so that it is no longer unreasonable, arbitrary, capricious, or discriminatory.

If the appellate review body finds that the procedures were substantially complied with and that the adverse recommendation which is the subject of the appeal was not unreasonable, arbitrary, capricious, discriminatory, or lacking in basis, it shall affirm the adverse recommendation in its decision.

- (2) A majority vote of the members of the appellate review body authorized to vote is required for an adverse decision.
- (3) The decision of the appellate review body on behalf of the Governing Body shall be effective upon the date of such decision, unless reversed or modified by the Governing Body within thirty (30) days.
- (4) A copy of the appellate review body's decision shall be sent to the member by Special Notice within five (5) days following its decision.

Section 38. Hearing Officer Appointment and Duties

The use of a hearing officer to preside at the evidentiary hearing is optional and is to be determined by, and the actual officer if any to be used is to be selected by the Chairperson of the Medical Executive Committee in conjunction with the Chief Medical Officer. A hearing officer may or may not be an attorney at law, but must be experienced in and recognized for conducting Medical Staff hearings in an orderly, efficient, and non-partisan manner.

Section 39. Number of Hearings and Reviews

Notwithstanding any other provision of these Bylaws, no member shall be entitled as a right to more than one evidentiary hearing and appellate review with respect to the subject matter that is the basis of the adverse action or recommended action giving use to the right.

Section 40. Release

By requesting a hearing or appellate review under this Article, a member agrees to be bound by the provisions of Article V of these Bylaws.

ARTICLE VIII – CHIEF MEDICAL OFFICER

Section 1. Appointment

The Chief Medical Officer shall be an employee of Harris Health and be a direct report of Harris Health's Chief Medical Executive.

Section 2. Responsibilities

The Chief Medical Officer is invested with the following duties and prerogatives, which he may perform personally or delegate to appropriate members of his or her leadership team:

1. Call and preside over Quality Improvement (QI) meetings.
2. Facilitate adherence of the Medical Staff of these Bylaws.
3. Be chief spokesperson and enunciator of policy for the Medical Staff.
4. Monitor adherence to policies with respect to patient rights.
5. Assist in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
6. Assist in developing a structure that clearly delineates the authority and responsibility of the Medical Staff within the organization.
7. Take the initiative in developing, on behalf of the Medical Staff, appropriate policies and procedures for the safe, effective conduct of business and provision of patient care; and review all clinical policies and procedures.
8. Take the initiative in developing, on behalf of the Medical Staff, Quality Improvement, Risk Management, and Peer Review programs in accordance with applicable standards.
9. Assist in arranging for ancillary services including laboratory, radiology, and pathology services.
10. Carry out all other duties specifically entrusted to him/her by the Medical Executive Committee, Governing Body, or any other provision of these Bylaws.

ARTICLE IX — COMMITTEES

The Governing Body or Chief Medical Officer, may establish such committees as are necessary to fulfill the functions of Correctional Health.

Unless otherwise specified in these Bylaws or at the time of selection or appointment of a Committee, non-Medical staff members of a committee shall serve in an ex-officio capacity without a vote.

Committees of the Medical Staff described in these Bylaws all function as “medical committees” and/or “medical peer review committees” pursuant to state law. Each committee’s records and proceedings are, therefore, confidential, legally privileged, and protected from discovery under certain circumstances.

The function that the committee performs determines the protected status of its activities. Information is protected by the privilege if it is sought out or brought to the attention of the medical committee and/or medical peer review committee for purposes of an investigation, review, or other deliberative proceeding. Medical peer review activities include the evaluation of medical and health care services, including the evaluation of the qualifications of professional health care practitioners and of patient care provided by those practitioners. These review activities include evaluating the merits of complaints involving health-care practitioners, and determinations or recommendations regarding those complaints. The medical peer review privilege applies to records and proceedings of the committee, and oral and written communications made to a medical peer review committee when engaged in medical peer review activities. Medical committee activities also include the evaluation of medical and health care services. The medical committee privilege protection extends to the minutes of meetings, correspondence between committee members relating to the deliberative process, and any final committee product, such as any recommendation or determination.

In order to protect the confidential nature of the quality and peer review activities conducted by the committee, the committee's records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions to be protected as described herein. Therefore, committee meetings must be limited to only the committee members and invited guests who need to attend the meetings. The committee must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health care practitioners and patient care provided by those practitioners. At the beginning of each meeting, the committee members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in committee meetings, without prior approval from the Chair of the committee. Documents prepared by or considered by committee in the committee meetings must clearly indicate that they are not to be copied, are solely for use by the committee, and are privileged and confidential.

The records and proceedings of the Correctional Health and/or Harris Health departments *that support* the quality and peer review functions of a committee, such as the Patient Safety/Risk Management and Quality Program departments are also confidential, legally privileged, and protected from discovery, if the records are prepared by or at the direction of the committee, and are not kept in the ordinary course of business. Routine administrative records prepared by Correctional Health in the ordinary course of business are not legally privileged or protected from discovery. Documents that are gratuitously submitted to the committee, or which have been created without committee impetus and purpose, are also not protected.

Section 1. The Medical Executive Committee

a. Membership

All Medical Staff members are eligible for membership on the Medical Executive Committee. The Chief Medical Officer shall serve as the Chair of the Medical Executive Committee.

b. Voting Members

The Medical Executive Committee shall consist of five (5) members of the Medical Staff, including the Chief Medical Officer.

c. Election of Voting Members

Voting members of the Medical Executive Committee will be elected every two (2) years. Nominations and voting will occur at the beginning of the first Medical Executive Committee meeting of the new term. In the event a voting member is unable to complete his or her term, a special election will occur at the next Medical Executive Committee to fill the position.

d. Ex-officio Non-Voting Members:

(1) Harris Health System President & Chief Executive Officer;

(2) Harris Health System Chief Strategy Officer; and

(3) Harris Health System Chief Medical Executive.

e. Invited Guests

At the request of a committee member, non-voting guests may attend meetings of the Medical Executive Committee.

f. Duties

- (1) Report to the Governing Body on all evaluation, monitoring and recommendations regarding the appropriateness and quality of health care services rendered to the patients;
- (2) Review, investigate, and make recommendations on matters relating to the professional competence and conduct of Practitioners and APPs, including the merits of complaints and appropriate corrective action;
- (3) Represent and act on behalf of the Medical Staff and APPs between meetings, subject to such limitations imposed by these Bylaws;
- (4) Coordinate the activities of and initiate and implement general policies applicable to the Medical Staff;
- (5) Receive and act upon committee reports;
- (6) Act as the liaison between the Medical Staff and the Governing Body;
- (7) Periodically review all information available concerning the performance and clinical competence of Practitioners and APPs with clinical privileges and make recommendations for reappointment or changes in clinical privileges;
- (8) Take all reasonable steps to ensure professional, ethical conduct and competent clinical performance on the part of the Practitioners and APPs with clinical privileges;
- (9) Review credentials of all applicants to the Medical Staff, as well as APPs, make recommendations on initial appointment and reappointment to the medical staff, and delineate clinical privileges;
- (10) Perform appropriate functions related to quality assessment and improvement, medical records, infection control, , medical staff utilization, pharmacy and therapeutics, and other such functions; and
- (11) Perform other duties as requested by the Governing Body.

ARTICLE X— IMMUNITY FROM LIABILITY

The following shall be express conditions to any Medical Staff member's application for clinical privileges within Correctional Health:

Condition 1.

Any act, communication, report, recommendation, or disclosure, with respect to any such Medical Staff member performed, or made in good faith and without malice, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged and immune from liability to the fullest extent permitted by law.

Condition 2.

All such privileges and immunities shall extend to members of Correctional Health Medical Staff and of its Governing Body, its other Practitioners, its Chief Medical Officer and his or her representatives, and to third parties who supply information to any of the foregoing authorized to receive, release, or act upon the same. For the purpose of this Article, the term “third parties” means both individuals and organizations who provide information to an authorized representative of the Governing Body or of the Medical Staff.

Condition 3.

There shall be, to the fullest extent permitted by law, absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

Condition 4.

All such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities, including, but not limited to:

- a. Applications for appointment or clinical privileges;
- b. Periodic reappraisals for reappointment or clinical privileges;
- c. Corrective action, including summary suspension;
- d. Hearings and appellate reviews;
- e. Medical care evaluations;
- f. Utilization reviews; and
- g. Other activities related to quality patient care and inter-professional conduct.

Condition 5.

The acts, communications, reports, recommendations and disclosures referred to in this Article may relate to a Medical Staff member's professional qualifications, ethics, or any other matter that might directly or indirectly have an effect on patient care.

Condition 6.

Each Medical Staff member shall, upon request, execute a release in favor of the entities identified in the Second paragraph of this Section and consistent with the provisions of this Article.

ARTICLE XI — CONFLICTS OF INTEREST

Section 1. Definitions

Conflicts of Interest – A conflict of interest potentially exists when a Medical Staff member, or a relative, has direct or indirect interests, including financial and personal interests, or business transactions or professional activities, that may compromise or appear to compromise: (1) the Medical Staff member's clinical judgment; (2) the delivery of patient care; or (3) the Medical Staff member's ability to fulfill his or her Medical Staff obligations.

Section 2. Compliance

Medical Staff members must comply with the Conflict of Interest policies of their affiliated organization (e.g. The University of Houston College of Medicine or Harris Health).

Section 3. Disclosure of Potential Conflict of Interest

- a. A Medical Staff member shall have a duty to disclose any conflict of interest when such interest is relevant to a matter of action (including a recommendation to Harris Health Administration or the Governing Body) being considered by a committee, department or other body of the Medical Staff. In a Medical Staff member's dealings with and on behalf of Correctional Health, the Medical Staff member shall be held to a strict rule of honest and fair dealing with Correctional Health. The Medical Staff member shall not use his or her position, or knowledge gained there from, so that a conflict might arise between the interests of Correctional Health and those of the Medical Staff member.
- b. As a matter of procedure, the Chairperson of the Medical Staff committee or other body designated to consider a matter that may lead to the provision of items, services or facilities to Correctional Health by a third party or the establishment of a business relationship between a third party and Correctional Health shall inquire, prior to any discussion of the matter, whether any Medical Staff member has a conflict of interest. The existence of a potential conflict of interest on the part of any committee member may be called to the attention of the committee Chairperson by any Medical Staff member with knowledge of the matter.
- c. Any Medical Staff member with a conflict of interest on any matter should not vote or use his or her personal influence regarding the matter, and he or she should not be counted in determining the quorum for the body taking action or making a recommendation to the Governing Body. The minutes of that meeting should reflect that a disclosure was made, the abstention from voting, and the quorum situation.
- d. The foregoing requirements should not be construed as preventing the Medical Staff member from briefly stating his or her position in the matter, nor from answering pertinent questions by the Governing Body or other Medical Staff members since his or her knowledge may be of great assistance.

ARTICLE XII — CREDENTIALING POLICIES AND PROCEDURES

The Medical Staff shall adopt a Medical Staff Credentialing Procedures Manual as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner and APP in Correctional Health. Such Medical Staff Credentialing Procedures Manual shall be a part of these Bylaws, except that the Manual may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Committee or at any special Medical Staff meeting on notice, provided a quorum is present. A majority vote of those present shall be required for amendment or repeal.

ARTICLE XIII — AMENDMENTS

Section 1. Amendment Process

- a. Amendment(s) to the Bylaws may be proposed at any meeting of the Medical Executive Committee.
- b. All proposed amendments to the Bylaws approved by the Medical Executive Committee shall be submitted to the members of the Active Medical Staff for approval. The proposed amendment(s) to be adopted shall require a majority vote of the Active Medical Staff

voting on the proposed amendment. Proposed Bylaws may be voted on at any regular or special meeting of the Medical Staff or submitted to the members of the Active Medical Staff for vote by written or electronic ballot, as approved by the Medical Executive Committee. Notice of such regular or special meeting shall be made at least fifteen (15) days in advance and shall include the Bylaws amendment(s) to be voted upon.

- c. Bylaws Amendment(s) approved by the Medical Executive Committee and the Medical Staff shall be forwarded to the Governing Body, which shall approve, disapprove or approve with modifications. If the Governing Body modifies any Bylaw amendments approved by the Medical Executive Committee and the Medical Staff, such amendments, as modified, shall be returned to the Medical Executive Committee, which may accept or reject the modifications. If the Medical Executive Committee accepts the modifications, the amendment shall be submitted to the members of the Active Medical Staff for approval or disapproval as described in Section (b) above. If the Medical Executive Committee rejects the modification, the amendment shall be submitted again to the Governing Body, which may either approve or disapprove the amendment. Any disputes regarding proposed bylaws amendments shall be referred to the Joint Conference Committee for discussion and further recommendation to the Medical Executive Committee and the Governing Body.
- d. Bylaws Amendments may also be proposed to the Governing Body by the Medical Staff by majority vote of the members of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws shall be brought before the Active Medical Staff by petition signed by 20% of the members of the Active Staff. Any such proposed Bylaw amendment shall be submitted to the Medical Executive Committee for review and comment before it is submitted to the voting members of the Active Medical Staff. Any Bylaw amendment approved by a majority of the Active Medical Staff shall be presented to the Governing Body for final action along with any comments from the Medical Executive Committee.
- e. These Bylaws, and all amendments thereto, shall be effective when approved by the Governing Body, unless otherwise stated in the Bylaw provision or amendment approved by the Governing Body, and shall apply to all pending matters to the extent practical, unless the Governing Body directs otherwise.
- f. These Bylaws shall not be unilaterally amended by the Governing Body or the Medical Staff.

Section 2. Editorial Amendments

Notwithstanding Section 1 of this Article, Medical Staff Services shall have the authority to make non-substantive editorial changes to the Bylaws and to correct any typographical, formatting, and inadvertent errors.

Section 3. Review Process

These Bylaws shall be reviewed at least annually and amendments made according to the described amendment procedure.

ARTICLE XIV — PARLIAMENTARY PROCEDURES

Where these Bylaws do not conflict, *Robert's Rules of Order* shall be used in the conduct of Medical Staff meetings.

ARTICLE XV — CONFLICT MANAGEMENT

A conflict management process shall be developed and implemented when a conflict arises between the Medical Executive Committee and Medical Staff on issues including, but not limited to, proposals to adopt provisions of, or amendments to, the Rules and Regulations or these Bylaws. The conflict management process shall include a meeting between the involved parties as early as possible to identify the conflict, gathering information about the conflict, working with all parties to manage and, to the extent possible, resolve the conflict, and ultimately protect patient safety and quality of care. As necessary, the Chief Medical Officer shall appoint an individual to act as mediator between the groups in an effort to resolve the conflict. The Governing Body shall have the ultimate discretion to determine an effective resolution to any conflict between the Medical Staff and the Medical Executive Committee, should the parties not be able to come to a resolution. The Governing Body shall regularly review whether the process is effective at managing conflict and shall revise the process as necessary.

ARTICLE XVI - ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Medical Executive Committee, shall replace any previous Bylaws, and shall become immediately effective when approved by the Governing Body, unless a specific effective date is listed below.

Accepted and adopted on February 24, 2022 with an effective date of March 1, 2022.

Otis Ekins, MD
Chief Medical Officer/Chair of Medical Executive Committee

Art Bracey, MD
Chair, Governing Body

Thursday, February 24, 2022

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

The Harris Health System Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health System Correctional Health for February 2022

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

Thank you.

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
MEC CORRECTIONAL HEALTH
INITIALS ROSTER 2/14/2022
PRIVILEGES EFFECTIVE DATE 3/1/2022

ID	Affiliation	L Name	Full Name	Employment Status	Assignments	License Type	Expiration Date
442405	Correctional Health	Bailey	Sandra Bailey, NP	Nurse Practitioner	Family & Community Medicine	State License	5/31/2022
						DEA	7/31/2022
442407	Correctional Health	Casely-Hayford	Marquita Casely-Hayford, NP	Nurse Practitioner	Family & Community Medicine	State License	10/31/2023
						DEA	8/31/2024
42204	Correctional Health	Chen	Chaun Chen, MD	Harris Health System Contracted Physician	Family & Community Medicine	State License	8/31/2023
						DEA	8/31/2023
442401	Correctional Health	Egins	Otis Egins, MD	Harris Health System Contracted Physician	Family & Community Medicine	State License	5/31/2022
						DEA	8/31/2023
442466	Correctional Health	Fischer	Conrad Alexander Fischer, MD	Harris Health System Contracted Physician	Orthopedic Surgery	State License	8/31/2023
						DEA	9/30/2022
030109	Correctional Health	Giesler	Carl Frederick Giesler, MD	Harris Health System Contracted Physician	OB/GYN	State License	8/31/2023
						DEA	9/30/2023
442440	Correctional Health	Higginbotham	Chandra Higginbotham, MD	Harris Health System Contracted Physician	Obstetrics and Gynecology	State License	5/31/2023
						DEA	10/31/2024
442412	Correctional Health	Johnson	Viveen Johnson, NP	Nurse Practitioner	Family & Community Medicine	State License	12/31/2023
						DEA	12/31/2024
442463	Correctional Health	Khasawneh	Faisal Khasawneh, MD	Harris Health System Contracted Physician	Int Med-Infectious Diseases	State License	11/30/2023
						DEA	12/31/2022
442414	Correctional Health	Labuga	Earl Labuga, PA	Physician Assistant	Family & Community Medicine	State License	8/31/2023
						DEA	3/31/2024
038045	Correctional Health	Lambi	Sharon Nkah Lambi, PA	Physician Assistant	Family & Community Medicine	State License	2/28/2022
						DEA	3/31/2024
442415	Correctional Health	Lockett	Naomi Mack Lockett, MD	Harris Health System Contracted Physician	Family & Community Medicine	State License	2/28/2022
						DEA	8/31/2023
442416	Correctional Health	Madu	Catherine Akwaugo Madu, NP	Nurse Practitioner	Family & Community Medicine	State License	1/31/2024
						DEA	1/31/2024
442417	Correctional Health	Madueke	Priscilla Ukamaka Madueke, NP	Nurse Practitioner	Family & Community Medicine	State License	5/31/2023
						DEA	1/31/2023
442418	Correctional Health	Mallari	Lowie Cortes Mallari, NP	Nurse Practitioner	Family & Community Medicine	State License	8/31/2023
						DEA	1/31/2025
442419	Correctional Health	Namuwonge	Stella Namuwonge, NP	Nurse Practitioner	Family & Community Medicine	State License	5/31/2023
						DEA	10/31/2022
442420	Correctional Health	Onsongo	Claudine Onsongo, NP	Nurse Practitioner	Family & Community Medicine	State License	12/31/2022
						DEA	12/31/2024
442421	Correctional Health	Onyango	Grace Onyango, NP	Nurse Practitioner	Family & Community Medicine	State License	12/31/2022
						DEA	12/31/2023
442422	Correctional Health	Peter	Esther Ogechi Peter, NP	Nurse Practitioner	Family & Community Medicine	State License	4/30/2022
						DEA	3/31/2022
442423	Correctional Health	Peters	Josephine Peters, NP	Nurse Practitioner	Family & Community Medicine	State License	7/31/2022
						DEA	3/31/2022
442423	Correctional Health	Prakash	Eva Prakash, MD	Harris Health System Contracted Physician	Family & Community Medicine	State License	5/31/2023
						DEA	5/31/2023
442425	Correctional Health	Sunder	Laxman Sunder, MD	Harris Health System Contracted Physician	Family & Community Medicine	State License	5/30/2023
						DEA	3/2/2023
442426	Correctional Health	Xuan	Dong Xuan, NP	Nurse Practitioner	Family & Community Medicine	State License	12/31/2023
						DEA	5/31/2022

Thursday, February 24, 2022

Consideration of Approval of the Harris Health System Board of Trustees Diversity
Equity and Inclusion (DE&I) Philosophy Statement

Harris Health System Board of Trustees

DE&I Philosophy Statement

The Board's Diversity Equity and Inclusion (DE&I) commitment reflects our desire to continuously ensure that DE&I is fully embedded in Harris Health System (Harris Health).

We aim to ensure Harris Health **staff** at all levels reflect the communities we serve, feel a sense of belonging, are recognized and rewarded for their contributions and are inspired to deliver the highest quality of service and care.

For our **patients**, DE&I enables Harris Health to consistently demonstrate a strong commitment to equitable and compassionate care, including deeply understanding and meeting each patient's needs to support outcomes that inform the service delivery model.

To uplift and enrich our **community**, we aim to develop strong and sustainable relationships with minority and other under-represented suppliers, contractors and service providers.

Our commitment will be **integrated in the strategic pillars of the Harris Health strategic plan** and anchored in, target setting, at least quarterly reporting and accountability mechanisms designed to demonstrate progress and achieve clearly articulated outcomes.

Our efforts will be **well grounded in Harris Health's mission and public responsibility** to improve lives in the communities where our employees and patients live and work.

Thursday, February 24, 2022

Discussion Regarding Diversity, Equity and Inclusion Initiatives at Harris Health
System



DIVERSITY, EQUITY & INCLUSION OVERVIEW

February 24, 2022

**HARRIS
HEALTH
SYSTEM**

**DIVERSITY
& INCLUSION**

The Benefits of Workplace Diversity

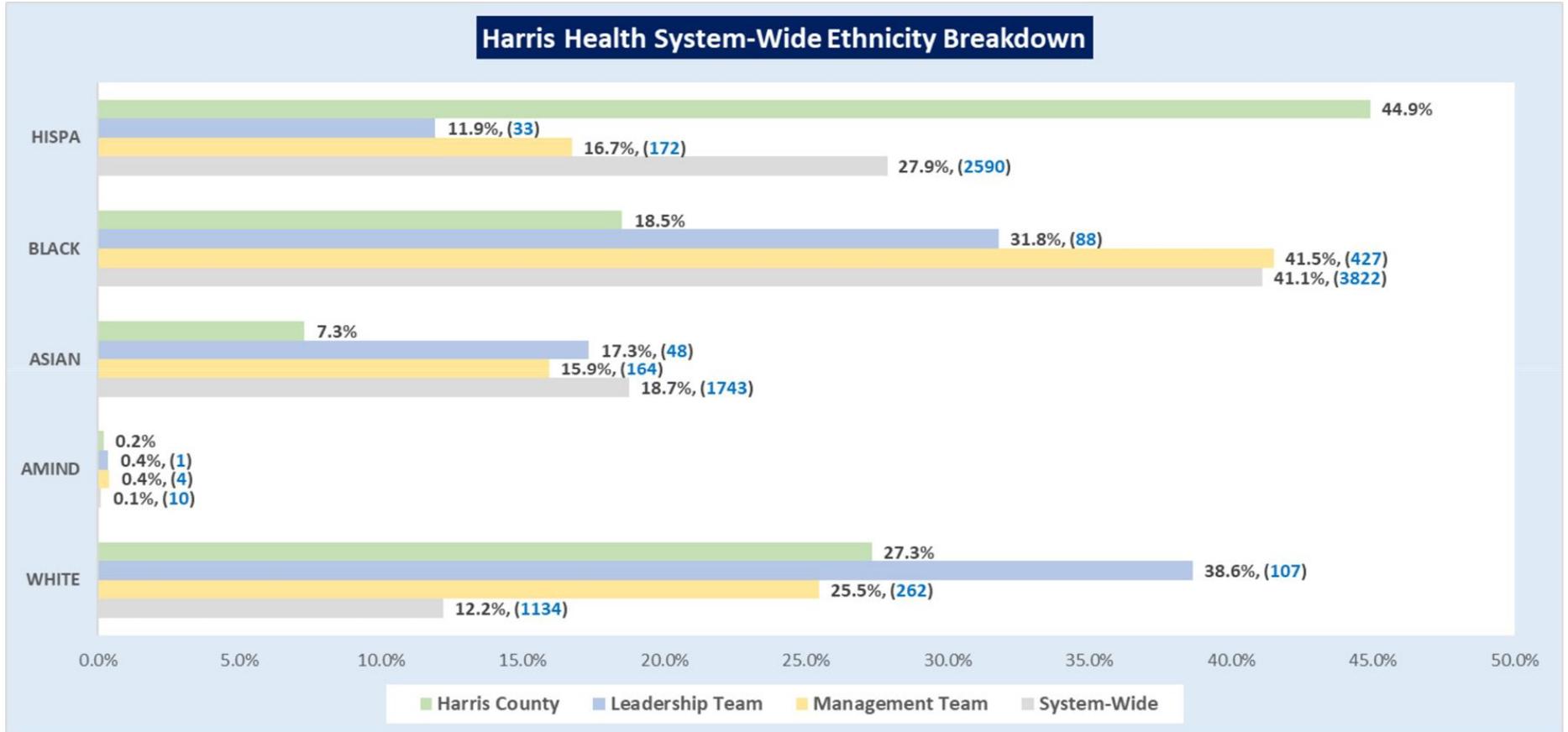
HARRIS
HEALTH
SYSTEM



So here at Harris Health,

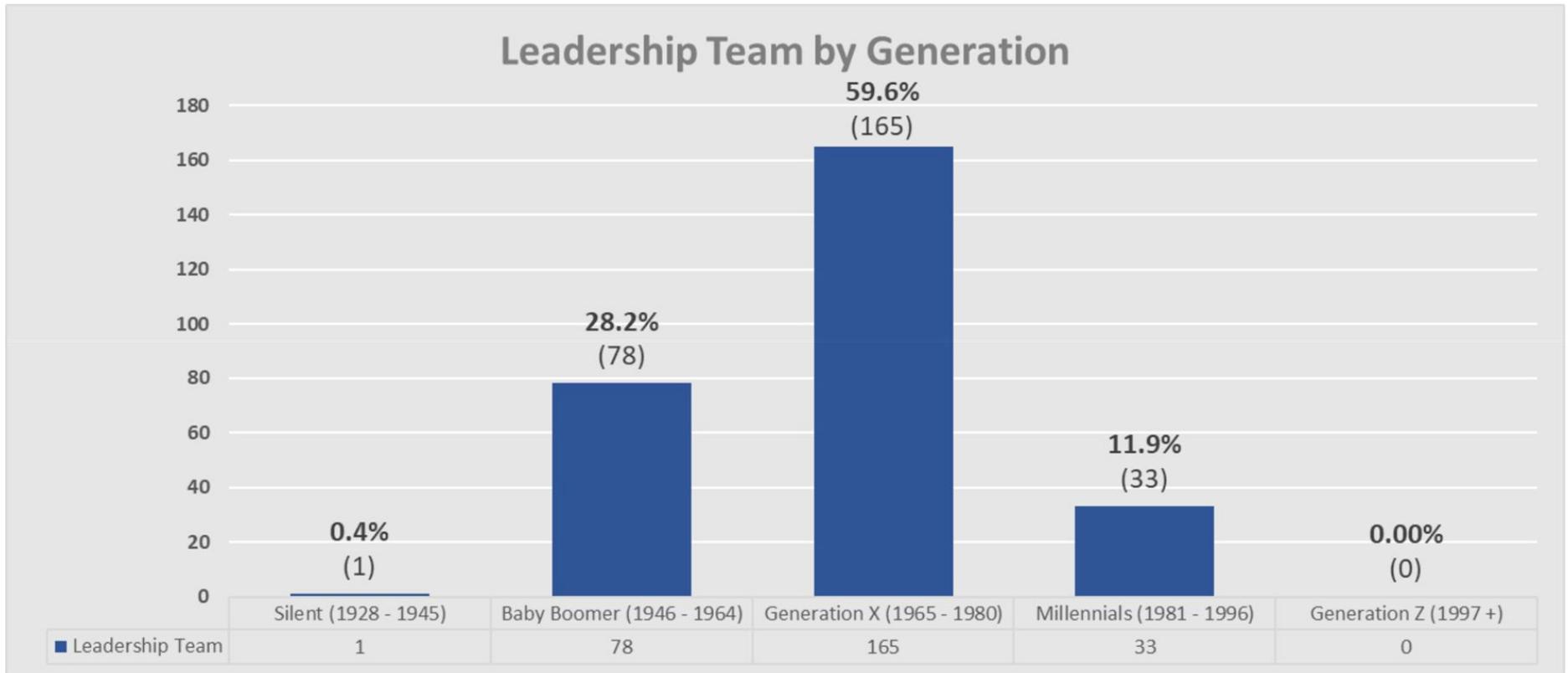
Ethnicity System-Wide (All Staff) – As of January 1, 2022

The **Management Team** is defined as Supervisor Level and above. The **Leadership Team** is defined as Director Level and above. There are 1029 Employees within the Management Team and 277 Employees within the Leadership Team at Harris Health.



Leadership Team Workforce Diversity By Generation

The **Leadership Team** is defined as Director Level and above. There are a total of 277 Harris Health employees that are part of the Leadership Team.



D&I Career Page LIVE

HARRISHEALTH SYSTEM

Careers Home Career Paths Residency Programs Life at Harris Health

Hiring Events FOLLOW US ON f t in

Search Jobs

THE BENEFITS OF WORKPLACE DIVERSITY

TOLU, RN

HARRIS HEALTH SYSTEM

YOU CAN BELONG HERE.

Our differences make us stronger and inclusion makes them matter. Meet Tolu, a Registered Nurse who shares his story on diversity at Harris Health.

HARRIS HEALTH SYSTEM

DIVERSITY & INCLUSION

Diversity, equity, and inclusion (DEI) is integral to who we are. At Harris Health, we're proud to employ an incredibly diverse group of talented team members, where we celebrate each other no matter the age, gender, sexual orientation, disability status, background, and religious/spiritual beliefs.

This is a place where you can bring your whole self to work. This is a place to belong.

Learn more about our current DEI initiatives and picture yourself here.

▶ Learn More about Diversity & Inclusion

▲ Get Email Updates for Jobs

Executive Search Policy

- i. Assemble a hiring panel made up of Harris Health employees capable of assessing the qualifications of a candidate for the position being filled;
- ii. Offer an interview to more than one candidate;
- iii. Offer interviews only to candidates who meet the minimum qualifications of the written job description for the position and have bona fide skills and experience reasonably related to satisfactory performance in the position;
- iv. Conduct a search process that delivers a pool for interview by the final decision maker that includes female, male and underrepresented group candidates.

OUR PRIORITIES

1. Psychological Safety
2. Cultural Competency
3. Religious Literacy
4. Emotional Intelligence

EXPECTED OUTCOMES



Increased Engagement



Increased Retention



Increased Patient Satisfaction



Executive Advisory Council
SUPPORT, MODEL, CHAMPION, SELECT



D&I Committee
LEAD, REPORT, MAINTAIN,



Diversity Champions
ENGAGE, RESPOND, INFORM

Plan on a Page

OUR MISSION

It is our mission to foster an inclusive environment that supports and nurtures the talents, skills, and abilities of each individual; encourages curiosity and empathy; and ensures world-class delivery of care marked by equity and respect.

OUR VISION

In our pursuit to create a healthier community and be recognized as one of the Nation's premier public academic healthcare systems, we are committed to celebrating the uniqueness of all individuals through acceptance, inclusion, continued learning, and respect. Our Diversity & Inclusion initiatives will honor the contributions of every employee, patient, and community member to our shared success.

OUR GOAL

To foster a culture of compassion, trust, integrity, equity, and respect that continues to ensure that our patients, staff, and partners feel welcomed, understood, and valued at Harris Health. Our inclusive culture is supported by an investment in continuous learning opportunities that broaden our collective understanding of the intersections between, culture, religion, language, and patient care. Moreover, Harris Health Systems is committed to leveraging industry-leading technology and analytics to ensure measurable progress in this goal.

The Executive Advisory Council is the pinnacle of our D&I structure. This group drives system-wide strategy for our D&I Initiatives and wields the institutional influence to ensure that new initiatives are adopted and supported throughout the system.

Each member plays a critical role in creating and modeling the expectations we hold for our employees as they interact with one another and our patients.

The membership itself was appointed by our Chief Executive Officer, Esmail Porsa, based, in part, on their proven track record of commitment to the values of diversity and inclusion.

DIVERSITY & INCLUSION
HARRISHEALTH SYSTEM

Executive Advisory Council for Diversity & Inclusion

 Dr. Esmail Porsa CEO Chair	 Dr. Ewan B. Johnson Board of Trustees	 Alicia Reyes Board of Trustees	 Prof. Marcia Johnson Board of Trustees
 Robert King Hillier Vice President Public Policy and Government Relations	 Omar Reid Senior Vice President Human Resources	 Jacqueline Brock Executive Vice President Chief Nurse Executive	 Dr. Glorimar Medina Executive Vice President Ben Taub Hospital
 David Chou Senior Vice President Chief Information Officer	 Christopher Okezie Vice President Operations	 Alicia Hernandez Administration Director Nursing Professional Development	

Employee Resource Groups

Harris Health Employee Resource Groups



W.E.N.
WOMEN'S EMPOWERMENT NETWORK
WEN@harrishealth.org



PRIDE
LGBTQIA+
PRIDE@harrishealth.org



G.O.A.L.
GIVING OUR ABILITIES LIFE
PHYSICAL/MENTAL DISABILITIES
GOAL@harrishealth.org



SPIRIT
FAITH & RELIGIONS
SPIRIT@harrishealth.org



V.E.T.S.
VETERAN EXCELLENCE
THROUGH SERVICE
VETS@harrishealth.org



MOSAIC
MULTICULTURAL
MOSAIC@harrishealth.org



I-GEN
INTERGENERATIONAL
IGEN@harrishealth.org

We Need You!

Join an ERG today and in the life and culture of Harris Health System.

Sign-up on [SharePoint](#).

D&I Glossary & Toolkit



Inclusive Language

A **LEADING WITH LOVE** inspired toolkit and glossary of terms that promotes a sense of belonging, supports a culture of respect, and improves engagement

What is “inclusive language?”

Inclusive language is defined as “language that avoids the use of certain expressions or words that might be considered to exclude particular groups of people.”

A hallmark of inclusive language is using “people first” descriptions, rather than reducing people to their most isolating characteristics.

This glossary of terms is not meant to be rigid or exhaustive. The goal is to familiarize you with the terminology used to discuss matters of inclusion and create a flexible framework for using language that is empowering and respectful.



Table of Contents

Diversity & Inclusion at Harris Health	3
Leading With Love at Harris Health.....	5
Glossary: Diversity & Inclusion	6
Glossary: Identity.....	8
Glossary: Forms of Inequity	12
Glossary: Forms of Bias.....	14
Glossary: HR & Compliance	17
Resources/Learning Toolkit.....	19



Leading with Love

A high-reliability organization is characterized by a culture of compassionate leadership. Leading With Love, Harris Health’s new leadership development program, aims to cultivate leadership among employees and support the system’s cultural transformation.

Leading With Love is Harris Health’s new leadership development program, designed to cultivate leadership among Harris Health employees and support the system’s transformation to a highreliability organization. The curriculum is designed to support employees and managers in developing the skills and tools to lead our organization. The six main courses available to all staff incorporate the QUALITY values and the ONE Harris Health Competency Framework and include:

- Sound Decision Making
- Embrace Learning and Adaptability
- Respect: Yourself, Patients, & Staff
- Trust: Yourself, Patients, & Staff
- Communicate Effectively
- Ensure Quality and Patient Safety
- Drive Performance

What is D&I?

D&I stands for Diversity and Inclusion.

In the workplace, diversity is a term used to represent the various personalities, behaviors, backgrounds, and general “states of being” represented by the employees.

Inclusion refers to the actions or steps that can be taken to ensure that diversity is not only present, but supported, retained, protected, valued, and treated equitably.

Source: Softway D&I Dictionary





Safety Net Collaborative Agencies

- Community Supervision & Corrections Department
- Department of Economic, Equity, and Opportunity
- Harris County Community Services Department
- Harris County Department of Education
- Harris County Housing Authority
- Harris County Juvenile Probation Department
- Harris County District Attorney's Office
- Harris County Libraries
- Harris County Public Health
- Harris County Resources for Children and Adults
- Harris County Sheriff's Office
- Harris Health System
- The Harris Center for Mental Health & IDD
- Texas Department of Criminal Justice Parole Division Region III/Area Agency on Parole
- City of Houston Health Department

Clinical Affiliation Agreements

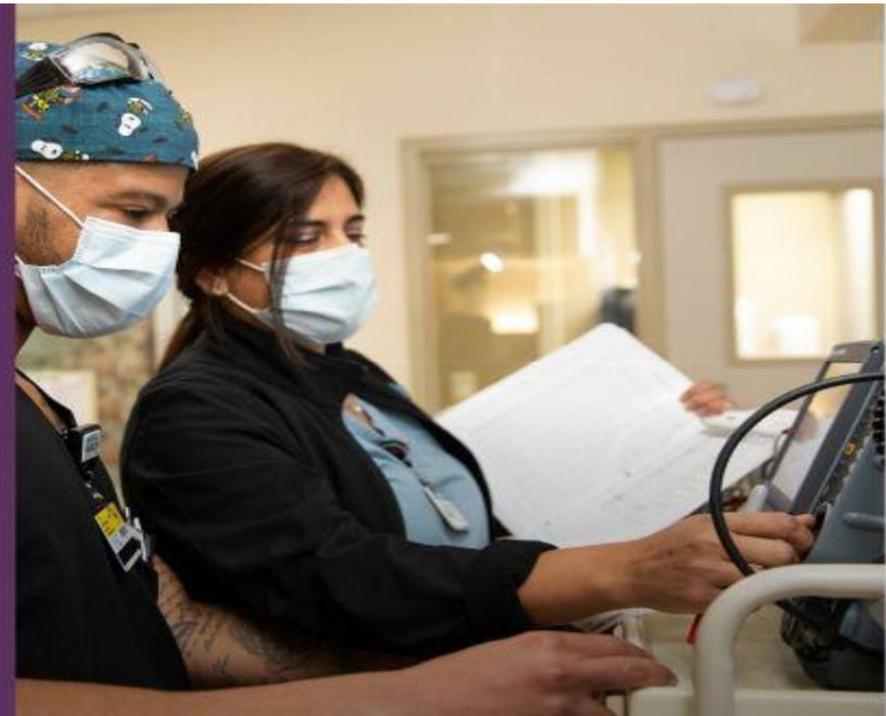
Train with the best.

Experience the Harris Health System
Nurse Residency Program.

Summer Session begins July 18, 2022.

Applications open February 1, 2022.

HARRISHEALTH SYSTEM



VP Chief Diversity Officer

Required Competencies:

- **Strategy and Engagement**
 - Develop evidence-based business rationale and strategy for DEI and implement a multi-year actionable roadmap and key accountability measures in alignment with, and pursuit of, organizational values and objectives.
- **Coordination and Alignment**
 - In collaboration with the CHRO and Executive Leadership team plan, and direct operational and strategic efforts help Harris Health System more effectively recruit, develop, engage and retain its diverse workforce to support an environment where all people feel included and welcomed.
- **Communications**
 - Must be comfortable leveraging the business case rationales for discussing diversity's importance
 - Must possess and outstanding command of the elements and dynamics of organizational change, also have entrenched experiences having led or been involved in these efforts in the past.
 - Must have the ability to cross numerous organizational boundaries with a fluid ability to adapt languages and styles to different audiences

VP Chief Diversity Officer

Required Competencies:

- **Success Metrics**

- Develops, establishes, and leverages key metrics and meaningful interventions to demonstrate progress toward a climate of inclusion and equitable outcomes for staff, management, and executive leadership. Develops and assesses the organization's Diversity, Equity, and Inclusion Plan

- **Expertise, Consultation, and Compliance**

- Works with Talent and Learning and clinical education departments ensuring comprehensive education, training and professional development programs are available for team members in an effort to enrich skill sets, enhance collaboration and provide culturally competent care to patients.

QUESTIONS ?



Thursday, February 10, 2022

Consideration of Approval of the Internal Audit Charter

CHARTER

Consideration for approval: Internal Audit Charter



Per the Harris Health System Board of Trustees Compliance and Audit Committee Charter, the **Board is required to annually review and recommend approval of the Internal Audit Activity Charter**. This charter is included on the subsequent pages for the Board's review and approval, with changes highlighted in yellow.

1200 – HARRIS HEALTH SYSTEM AUDIT CHARTER

INTRODUCTION

An interlocal agreement between Harris County and Harris Health System dedicates a portion of the Harris County Auditor's Office Audit Division to Harris Health. While serving in this capacity as Harris Health Internal Auditors, the Audit Executive reports to the Harris Health Board of Trustees (Board). As a result, a separate audit charter has been created for this team.

1200.01 PURPOSE

The purpose of Harris Health's internal audit department is to provide independent, objective assurance and consulting services designed to add value and improve Harris Health System's operations.

The mission of internal audit is to enhance and protect organizational value by providing risk-based and objective assurance, advice, and insight. The internal audit department helps Harris Health accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve effectiveness of governance, risk management, and control processes.

1200.02 STANDARDS FOR THE PROFESSIONAL PRACTICE OF INTERNAL AUDITING

The internal audit department is governed by adherence to the mandatory elements of The Institute of Internal Auditor's Professional Practices Framework (IPPF), including the Core Principles for the Professional Practice of Internal Auditing, the Code of Ethics, the International Standards for the Professional Practice of Internal Auditing (Standards), and the Definition of Internal Auditing. Internal Audit will also consider the IPPF's recommended and supplemental guidance for insight on how to execute compliance efficiently and effectively with the mandatory elements of the IPPF. The Chief Assistant County Auditor of the internal audit department, as appointed by the Harris County Auditor, is the Chief Audit Executive for Harris Health. The Chief Audit Executive will report periodically to the County Auditor, senior management, and the Board regarding the internal audit department's conformance to the Code of Ethics and the Standards.

1200.03 AUTHORITY

The Chief Audit Executive will report functionally to the Board and administratively to the County Auditor. To establish, maintain, and assure that Harris Health's Internal Audit has sufficient authority to fulfill its duties, the Board will:

- Approve the internal audit department's charter.
- Approve the risk-based internal audit plan.
- Approve the internal audit department's budget and resource plan.
- Receive communications from the Chief Audit Executive on the internal audit department's performance relative to its plan and other matters.

- Make appropriate inquiries of County Officials and the Audit Executive to determine whether there are inappropriate scope or resource limitations.

The Chief Audit Executive will have unrestricted access to communicate and interact directly with the Board of Trustees, including private meetings without management present as allowed by statute.

The Board authorizes the internal audit department to:

- Have full, free, and unrestricted access to all functions, records, property, and personnel pertinent to carrying out any engagement, subject to accountability for confidentiality and safeguarding of records and information.
- Allocate resources, set frequencies, select subjects, determine scopes of work, apply techniques required to accomplish audit objectives, and issue reports.
- Obtain assistance from the necessary personnel of Harris Health, as well as other specialized services from within or outside Harris Health, to complete the engagement.

1200.04 INDEPENDENCE AND OBJECTIVITY

The Chief Audit Executive will ensure that the internal audit department remains free from all conditions that threaten the ability of internal auditors to carry out their responsibilities in an unbiased manner, including matters of audit selection, scope, procedures, frequency, timing, and report content. If the Chief Audit Executive determines that independence or objectivity may be impaired in fact or appearance, the details of impairment will be disclosed to appropriate parties.

Internal auditors will maintain an unbiased mental attitude that allows them to perform engagements objectively and in such a manner that they believe in their work product, that no quality compromises are made, and that they do not subordinate their judgment on audit matters to others.

Internal auditors will have no direct operational responsibility or authority over any of the activities audited. Accordingly, internal auditors will not implement internal controls, develop procedures, install systems, prepare records, or engage in any other activity that may impair their judgment, including:

- Assessing specific operations for which they had responsibility within the previous two years
- Performing any operational duties for Harris Health or its affiliates
- Initiating or approving transactions external to the internal audit department
- Directing the activities of any Harris Health employee not employed by the internal audit department, except to the extent that such employees have been appropriately assigned to auditing teams or to otherwise assist internal auditors

Where the Chief Audit Executive has or is expected to have roles and/or responsibilities that fall outside of internal auditing, safeguards will be established to limit impairments to independence or objectivity.

Internal auditors will:

- Disclose any impairment of independence or objectivity, in fact or appearance, to appropriate parties.
- Exhibit professional objectivity in gathering, evaluating, and communicating information about the activity or process being examined.
- Make balanced assessments of all available and relevant facts and circumstances.
- Take necessary precautions to avoid being unduly influenced by their own interests or by others in forming judgments.

The Chief Audit Executive will confirm to Board, at least annually, the organizational independence of the internal audit department.

1200.05 SCOPE OF INTERNAL AUDIT ACTIVITIES

The scope of internal audit activities encompasses, but is not limited to, objective examinations of evidence for the purpose of providing independent assessments to the, Board, management, and outside parties on the adequacy and effectiveness of governance, risk management, and control processes for Harris Health. Internal audit assessments include evaluating whether:

- Risks relating to the achievement of Harris Health's financial strategic objectives are appropriately identified and managed
- The actions of Harris Health's officers, directors, employees, and contractors comply with Harris Health's policies, procedures, and applicable laws, regulations, and governance standards
- The results of operations or programs are consistent with established goals and objectives
- Operations or programs are being carried out effectively and efficiently
- Established processes and systems enable compliance with the policies, procedures, laws, and regulations that could significantly impact Harris Health
- Information and the means used to identify, measure, analyze, classify, and report such information are reliable and have integrity
- Resources and assets are acquired economically, used efficiently, and protected adequately

The Chief Audit Executive will report periodically to senior management and the Board regarding:

- The internal audit department's purpose, authority, and responsibility
- The internal audit department's plan and performance relative to its plan
- The internal audit department's conformance with The IIA's Code of Ethics and Standards, and action plans to address any significant conformance issues
- Significant risk exposures and control issues, including fraud risks, governance issues, and other matters requiring the attention of, or requested by, the County Auditor, and/or the Board

- Results of audit engagements or other activities
- Resource requirements
- Any response to risk by management that may be unacceptable to Harris Health

The Chief Audit Executive also coordinates activities, where possible, and considers relying upon the work of other internal and external assurance and consulting service providers as needed. The internal audit department may perform advisory and related client service activities, the nature and scope of which will be agreed with the client, provided the internal audit department does not assume management responsibility.

Opportunities for improving the efficiency of governance, risk management, and control processes may be identified during engagements. These opportunities will be communicated to the appropriate level of management.

1200.06 RESPONSIBILITY

The Chief Audit Executive has the responsibility to:

- Submit, at least annually, to the County Auditor and the Board a risk-based internal audit plan for review and approval.
- Communicate to the County Auditor and the Board the impact of resource limitations on the internal audit plan.
- Review and adjust the internal audit plan, as necessary, in response to changes in Harris Health's statutory requirements, risks, operations, programs, systems, and controls.
- Communicate to the County Auditor, senior management, and the Board any significant interim changes to the internal audit plan.
- Ensure each engagement of the internal audit plan is executed, including the establishment of objectives and scope, the assignment of appropriate and adequately supervised resources, the documentation of work programs and testing results, and the communication of engagement results with applicable conclusions and recommendations to appropriate parties.
- Follow up on engagement findings and corrective actions, and report periodically to senior management and the Board any corrective actions not effectively implemented.
- Ensure the principles of integrity, objectivity, confidentiality, and competency are applied and upheld.
- Ensure the internal audit department collectively possesses or obtains the knowledge, skills, and other competencies needed to meet the requirements of the internal audit charter.
- Ensure trends and emerging issues that could impact Harris Health are considered and communicated to the County Auditor, senior management, and the Board, as appropriate.
- Ensure emerging trends and successful practices in internal auditing are considered.

- Establish and ensure adherence to policies and procedures designed to guide the internal audit department.
- Ensure adherence to Harris Health’s relevant policies and procedures unless such policies and procedures conflict with the internal audit charter. Any such conflicts will be resolved or otherwise communicated to the County Auditor, senior management, and the Board.
- Ensure the internal audit department’s conformance with the Standards, with the following qualifications:
 - If the internal audit department is prohibited by law or regulation from conformance with certain parts of the Standards, the Chief Audit Executive will ensure appropriate disclosures and will ensure conformance with all other parts of the Standards.

1200.07 QUALITY ASSURANCE AND IMPROVEMENT PROGRAM

The internal audit department will maintain a quality assurance and improvement program that covers all aspects of the internal audit department. The program will include an evaluation of the internal audit department’s conformance with the Standards and an evaluation of whether internal auditors apply The IIA’s Code of Ethics. The program will also assess the efficiency and effectiveness of the internal audit department and identify opportunities for improvement.

The Chief Audit Executive will communicate to the County Auditor, senior management and the Board on the internal audit department’s quality assurance and improvement program, including results of external assessments conducted at least once every five years by a qualified, independent assessor or assessment team from outside Harris Health.

Thursday, February 10, 2022

Executive Session Agenda Item

Discussion Regarding Internal Audit Plan, Pursuant to Tex. Health & Safety Code Ann.

§161.032, and Possible Action Upon Return to Open Session



**Consideration for
approval:
Internal Audit Plan**



Draft Internal Audit Plan for 7 Month Stub Year

Project Name	Objective
CARRYOVER ENGAGEMENTS from FY 2022	
Physician Credentialing	Determine the accuracy and completeness of credentialing documentation based on applicable policies, procedures, and regulations, with a focus on physician reappointments.
Business Continuity and Disaster Recovery	Evaluate processes and controls for business continuity and disaster recovery.
PLANNED ENGAGEMENTS for Period Ending 9/30/2022	
HB3834 Cybersecurity Training Compliance	Assess Harris Health System's compliance with cybersecurity training and reporting requirements under HB 3834.
UT Provider Invoice Payments Audit (Joint w/Compliance)	Determine whether controls exist to ensure UT physician services invoices are complete, compliant with the agreement, and accurate prior to payment.
Baylor Provider Invoice Payments Audit (Joint w/Compliance)	Determine whether controls exist to ensure Baylor physician services invoices are complete, compliant with the agreement, and accurate prior to payment.
Procurement Audit	Perform a limited evaluation of the vendor selection and procurement processes to ensure compliance with applicable regulations and process efficiency.
Telemedicine Audit (Joint w/Compliance)	Review IT security controls in place for protecting patient privacy of information and determine compliance with applicable policy and regulations.
Follow-up on A&M Recommendations	Evaluate Harris Health System's progress with implementing corrective actions in response to consulting firm, Alvarez and Marsal's, findings related to compliance with Medicare Conditions of Participation.
Medical Device Audit	Evaluate controls to confirm medical devices are updated with the latest security patches/software per vendor and IT security requirements.
Vendor Invoice Payment Timeliness	Evaluate controls to ensure prompt payment of vendors.
Management Action Plan Follow-up	Follow-up on outstanding management action plans.

Thursday, January 13, 2022

Consideration of Approval to Appoint Mr. Mark Smith as a Committee Member to the Harris County Hospital District 401K and 457(b) Administrative Committee and the Pension and Disability Administrative Committee Effective as of February 1, 2022

The Board of Trustees appoints and removes members of the Harris County Hospital District 401K/457(b) and Pension and Disability Administrative Committees (Committees). The Plan Administrator and the Committees share administrative responsibility of the Harris County Hospital District 401K, 457(b), and Pension Plans. Administrative responsibility can be found in Appendix B of the plan document.

The Plan Administrator and the Committees recommend Mr. Mark Smith to be approved as a 401K/457(b) and Pension and Disability Committee member to be effective February 1, 2022.

Attachments: 2

- 401K and 457(b) Administrative Committee Membership Roster effective 02/01/2022.
- Pension and Disability Administrative Committee Membership Roster effective 02/01/2022.

Thank you.

Harris Health System
P.O. Box 66769, Houston, Texas 77266-6769

401K and 457(b) Administrative Committee Members

(As of 02/01/2022)

Lady Barrs	Sr. Ops Manager - ACS	Lady.Barrs@harrishealth.org
Kari McMichael	VP – Controller	Kari.McMichael@harrishealth.org
Victoria Nikitin	Sr. Vice President, Finance	Victoria.Nikitin@harrishealth.org
Michael Norby	Executive Vice President - CFO <i>Plan Administrator</i>	Michael.Norby@harrishealth.org
Amy Salinas	Director, Total Rewards <i>Committee Chairperson</i>	Amy.Salinas@harrishealth.org
Lorena Sandoval	Executive Assistant	Lorena.Sanchez@harrishealth.org
Mark Smith	HR Shared Services Supervisor	Mark.Smith@harrishealth.org
Nakiea Williams	Director, Supply Chain Mgmt	Nakiea.Williams@harrishealth.org
<u>Advisory Personnel</u>		
Ron Adzgery	Attorney, Norton Rose Fulbright	Ronald.Adzgery@nortonrosefulbright.com
Jason Bleeker	VP - Managing Director, Fidelity	Jason.Bleeker@fmr.com
Justin Coddington	Attorney, Norton Rose Fulbright	Justin.Coddington@nortonrosefulbright.com
John Flagel	Partner, Aon	John.Flagel@aon.com
Omar C. Reid	Sr. Vice President, Human Resources	Omar.Reid@harrishealth.org
Stephanie Schroepfer	Attorney, Norton Rose Fulbright	Stephanie.Schroepfer@nortonrosefulbright.com
Elizabeth Winn	Assistant Harris County Attorney	Elizabeth.Winn@harrishealth.org

Committee Secretary

TBD

Harris Health System
P.O. Box 66769, Houston, Texas 77266-6769

Pension and Disability Committee Members

(As of 02/01/2022)

Kari McMichael	VP – Controller	Kari.McMichael@harrishealth.org
Victoria Nikitin	Sr. Vice President, Finance	Victoria.Nikitin@harrishealth.org
Michael Norby	Executive Vice President - CFO <i>Plan Administrator</i>	Michael.Norby@harrishealth.org
Amy Salinas	Director, Total Rewards <i>Committee Chairperson</i>	Amy.Salinas@harrishealth.org
Mark Smith	HR Shared Services Supervisor	Mark.Smith@harrishealth.org
Yvonne Toney	Program Coordinator	Yvonne.Toney@harrishealth.org
Jennifer Wylie	Mgr Patient Access	Jennifer.Wylie@harrishealth.org
Lorraine Zachariah	Social Worker Case Manager II	Lorraine.Zachariah@harrishealth.org
<u>Advisory Personnel</u>		
Ron Adzgery	Attorney, Norton Rose Fulbright	Ronald.Adzgery@nortonrosefulbright.com
Justin Coddington	Attorney, Norton Rose Fulbright	Justin.Coddington@nortonrosefulbright.com
John Flagel	Partner, Aon	John.Flagel@aon.com
Omar C. Reid	Sr. Vice President, Human Resources	Omar.Reid@harrishealth.org
Stephanie Schroeffer	Attorney, Norton Rose Fulbright	Stephanie.Schroeffer@nortonrosefulbright.com
Elizabeth Winn	Assistant Harris County Attorney	Elizabeth.Winn@harrishealth.org

Committee Secretary

TBD

Thursday, January 13, 2022

Consideration of Acceptance of the Harris Health System
Third Quarter Fiscal 2022 Investment Report

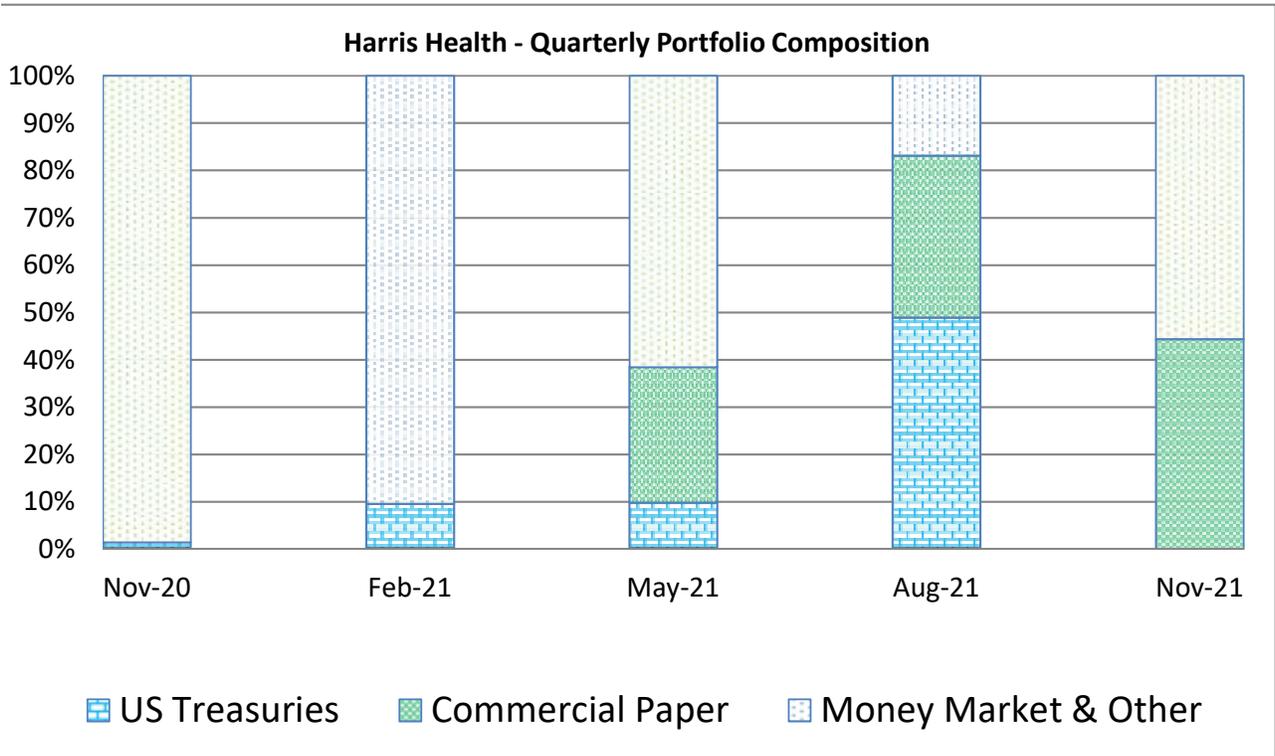
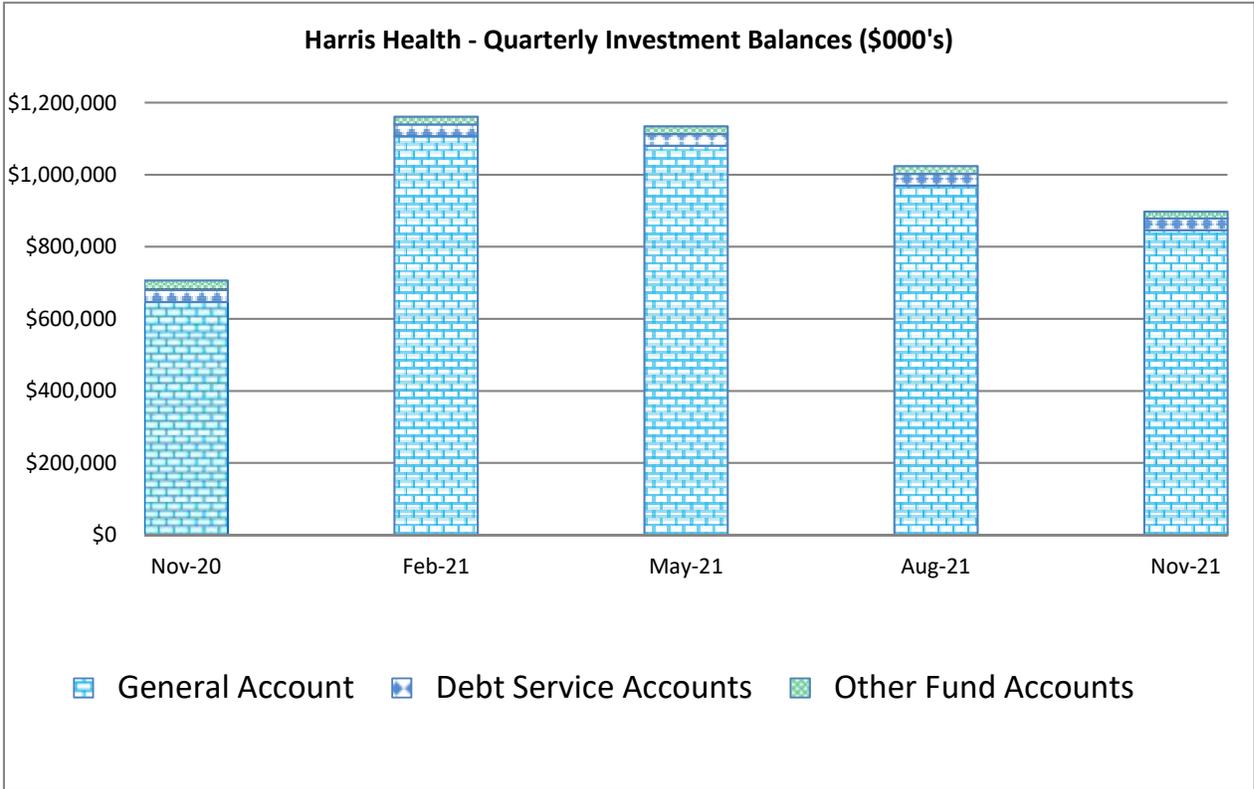
Attached for your review and acceptance is the Third Quarter Fiscal Year 2022 Investment Report for the period September– November 2021.

Administration recommends that the Board accept the Third Quarter Investment Report for the period ended November 30, 2021.

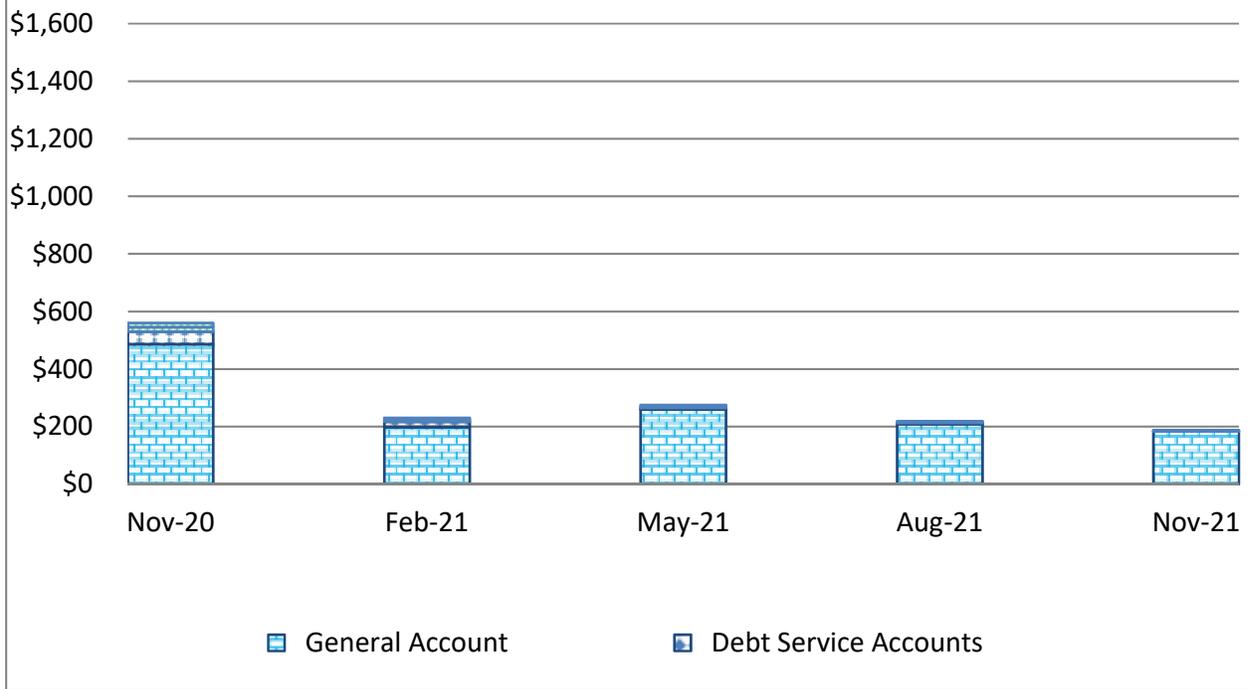
**HARRIS COUNTY HOSPITAL DISTRICT
dba HARRIS HEALTH SYSTEM**

**INVESTMENT REPORT
As of November 30, 2021**

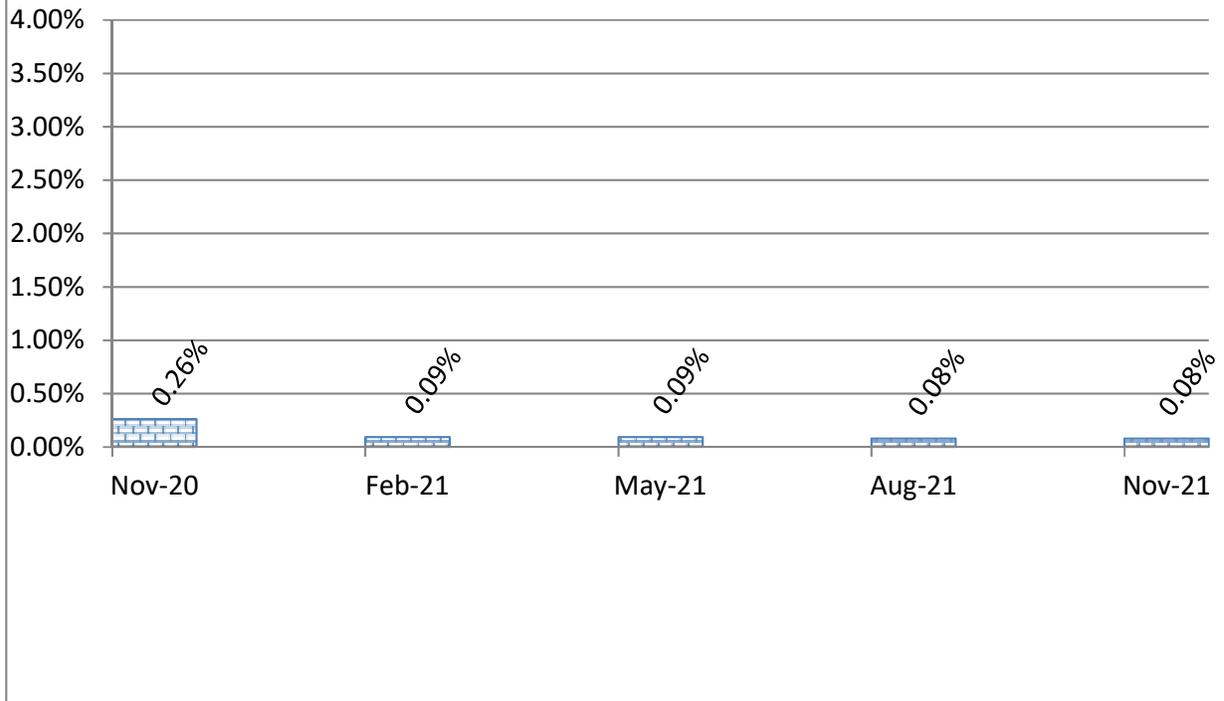
- Executive Summary Charts and Quarterly Trend Schedule for Harris Health System
- Quarter End Investment Report from Harris County Office of Financial Management



Harris Health - Quarterly Earnings (\$000's)



Harris Health - Quarterly Average Earnings %





HARRIS COUNTY

BUDGET MANAGEMENT DEPARTMENT

(713) 274-1100
1001 Preston St. #500 Houston TX 77002
<http://budget.harriscountytx.gov/>

To: Harris County Hospital District

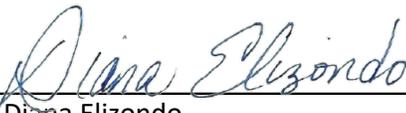
Date: December 9, 2021

Attached is the quarterly Investment Report for the Third Quarter of Fiscal Year 2021-22 (September through November). Please address any questions to Diana Elizondo at 713-274-1156.

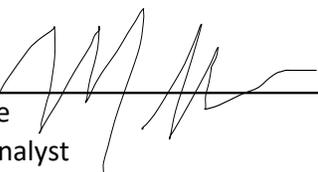
The report is presented in accordance with the Texas Government Code Title 10 Section 2256.023. Financial Management certifies that to the best of our knowledge the Harris County Hospital District is in compliance with the provisions of Government Code 2256 and with the stated policies and strategies of the Harris County Hospital District.



Amy Perez
Director, Financial Management



Diana Elizondo
Investment Manager, Office of Financial Management



Mark LaRue
Financial Analyst

Distribution:
Michael Norby, Hospital District
Lori Dochoda, Hospital District
Victoria Nikitin, Hospital District
Kari McMichael, Hospital District

HARRISHEALTH SYSTEM

QUARTERLY INVESTMENT REPORT THIRD QUARTER 2021-22

Contents

- Section 1: Portfolio Composition
- Section 2: Book & Market Value Summary
- Section 3: Portfolio Holdings
- Section 4: Transactions
- Section 5: Portfolio Earnings

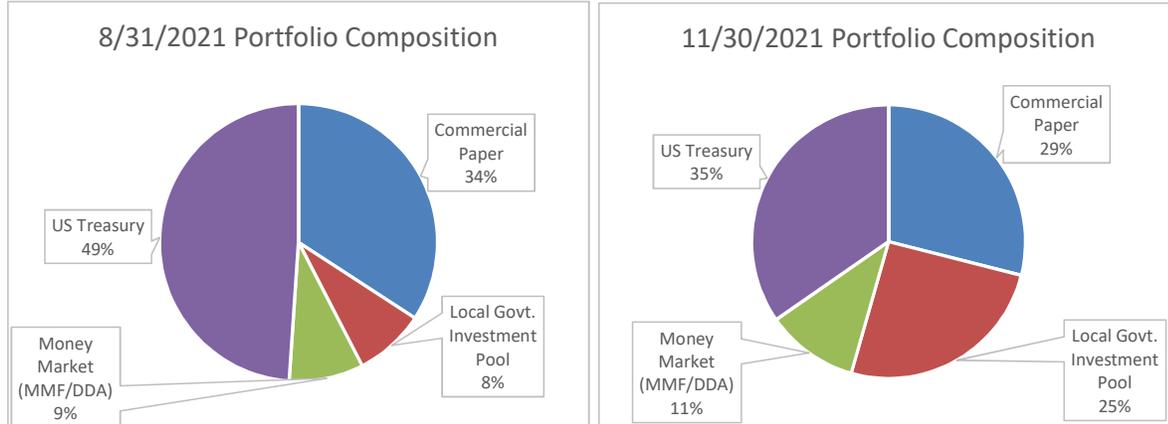
PREPARED BY:
OFFICE OF MANAGEMENT AND BUDGET
FINANCIAL MANAGEMENT

SECTION 1
PORTFOLIO COMPOSITION

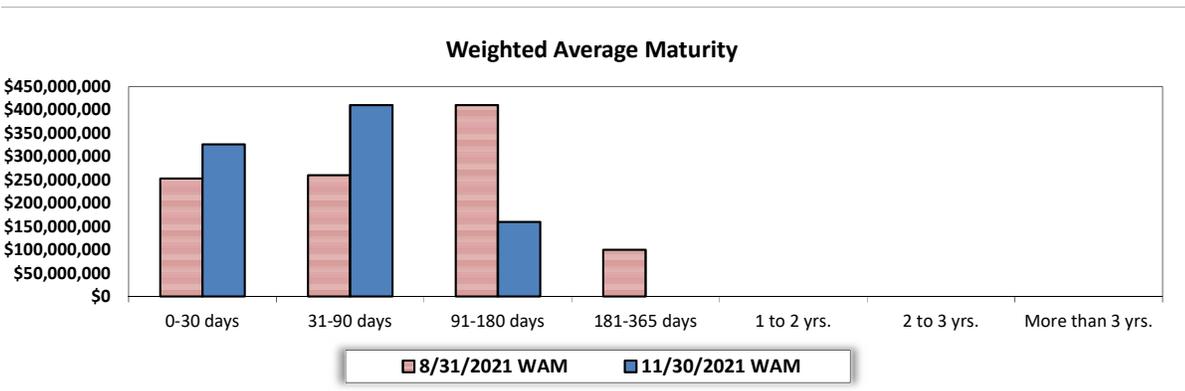
HARRIS HEALTH SYSTEM INVESTMENT REPORT

THIRD QUARTER
SEPTEMBER THROUGH NOVEMBER
FISCAL YEAR 2021-22

Portfolio interest earned and/or accrued for this quarter, including MMF/DDA interest: \$137,494.73



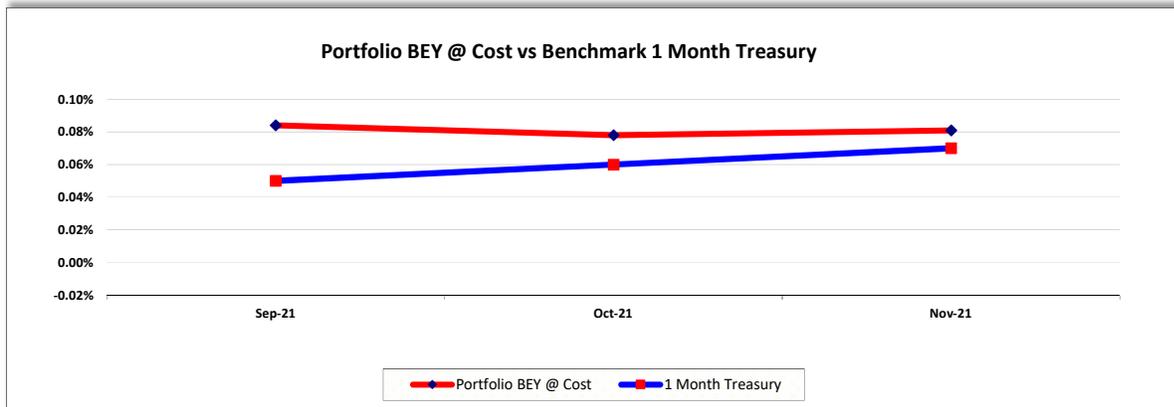
Total Par Value of Portfolio: \$ 1,023,957,163.79 Total Par Value of Portfolio: \$ 897,385,542.35



Portfolio's effective weighted average maturity for this quarter (in days): 56

SECTION 2
BOOK & MARKET VALUE SUMMARY

**HARRIS HEALTH SYSTEM
INVESTMENT REPORT
THIRD QUARTER
SEPTEMBER THROUGH NOVEMBER
FISCAL YEAR 2021-22**



The book value of the portfolio as of August 31, 2021 was \$1,023,718,328 and the book value as of November 30, 2021 was \$897,269,547.

The market value of the portfolio as of August 31, 2021 was \$1,023,778,464 and the market value as of November 30, 2021 was \$897,287,271.

The weighted average bond equivalent yield at cost for this quarter was 0.08% while the quarterly average for the benchmark 1 month constant maturity Treasury was 0.06%. This resulted in the portfolio exceeding the benchmark by 2 basis points.

SECTION 3
PORTFOLIO HOLDINGS

Harris County
Portfolio Holdings
ML - MR Portfolio Holdings
Report Format: By Transaction
Group By: Portfolio Name
Average By: Face Amount / Shares
Portfolio / Report Group: Harris County Hospital District
As of 11/30/2021

Security Type	CUSIP/Ticker	Description	Face Amount/Shares	Maturity Date	YTM @ Cost	Settlement Date	Days To Maturity	Cost Value	Book Value	Market Value	Accrued Interest	% of Portfolio
H9902 Hospital - General Fund												
Money Market	M3951	H9902 Hospital - FSA Plan MMF MM	1,011,973.23	N/A	0.030	3/31/2020	1	1,011,973.23	1,011,973.23	1,011,973.23		0.11
Money Market	D5899	H9902 Hospital - Donations MM	0.01	N/A	0.040	4/15/2020	1	0.01	0.01	0.01		0.00
Money Market	M3845	H9902 Hospital - HRA Sweep MMF MM	346,368.90	N/A	0.030	3/30/2020	1	346,368.90	346,368.90	346,368.90		0.04
Local Government Investment Pool	TXCLASSH9902	TexasCLASS H9902 LGIP	80,005,732.96	N/A	0.062	4/28/2020	1	80,005,732.96	80,005,732.96	80,005,732.96		8.92
Money Market	M3944	H9902 Hospital - Cigna Health Benefits MMF MM	9,443,681.88	N/A	0.030	3/30/2020	1	9,443,681.88	9,443,681.88	9,443,681.88		1.05
Money Market	M3837	H9902 Hospital - Cadence General Funds MMF MM	35,224,699.50	N/A	0.030	3/30/2020	1	35,224,699.50	35,224,699.50	35,224,699.50		3.93
Money Market	D3837	H9902 Hospital - Cadence General Funds DDA MM	50,001,636.34	N/A	0.040	3/31/2020	1	50,001,636.34	50,001,636.34	50,001,636.34		5.57
Local Government Investment Pool	LONESTARH9902	LoneStar H9902 LGIP	110,009,135.10	N/A	0.067	8/5/2020	1	110,009,135.10	110,009,135.10	110,009,135.10		12.26
Commercial Paper	89233HA38	TMCC DISC CP 0 1/3/2022	100,000,000.00	1/3/2022	0.180	5/7/2021	34	99,879,500.00	99,983,000.00	99,993,100.00	0.00	11.14
Treasury Bill	912796K81	T-Bill 0 1/20/2022	100,000,000.00	1/20/2022	0.046	8/2/2021	51	99,978,625.00	99,993,625.00	99,993,400.00	0.00	11.14
Treasury Bill	912796K81	T-Bill 0 1/20/2022	100,000,000.00	1/20/2022	0.046	8/2/2021	51	99,978,625.00	99,993,625.00	99,993,400.00	0.00	11.14
Treasury Bill	912796K81	T-Bill 0 1/20/2022	100,000,000.00	1/20/2022	0.046	8/2/2021	51	99,978,625.00	99,993,625.00	99,993,400.00	0.00	11.14
Commercial Paper	89233HCA0	TMCC DISC CP 0 3/10/2022	40,000,000.00	3/10/2022	0.120	8/13/2021	100	39,972,133.33	39,986,666.66	39,988,520.00	0.00	4.46
Commercial Paper	63873KD12	NATX DISC CP 0 4/1/2022	30,000,000.00	4/1/2022	0.150	11/2/2021	122	29,981,250.00	29,984,750.00	29,981,490.00	0.00	3.34
Commercial Paper	89233HD19	TMCC DISC CP 0 4/1/2022	30,000,000.00	4/1/2022	0.150	11/2/2021	122	29,981,250.00	29,984,750.00	29,988,690.00	0.00	3.34
Commercial Paper	89233HD84	TMCC DISC CP 0 4/8/2022	30,000,000.00	4/8/2022	0.140	8/13/2021	129	29,972,233.33	29,984,950.00	29,987,850.00	0.00	3.34
Commercial Paper	89233HE91	TMCC DISC CP 0 5/9/2022	30,000,000.00	5/9/2022	0.150	8/13/2021	160	29,966,375.00	29,980,000.00	29,982,660.00	0.00	3.34
Sub Total / Average		H9902 Hospital - General Fund	846,043,227.92		0.083		46	845,731,844.58	845,928,219.58	845,945,737.92	0.00	94.28
H9906 Hospital - SPFC												
Money Market	M3936	H9906 Hospital - SPFC Money Market MM	49,502.92	N/A	0.030	3/30/2020	1	49,502.92	49,502.92	49,502.92		0.01
Local Government Investment Pool	TXCLASSH9906	TexasCLASS H9906 LGIP	872,263.42	N/A	0.062	5/22/2020	1	872,263.42	872,263.42	872,263.42		0.10
Sub Total / Average		H9906 Hospital - SPFC	921,766.34		0.061		1	921,766.34	921,766.34	921,766.34	0.00	0.10
H9917 Hospital - Debt Service 2010												
Money Market	M3993	H9917 Hospital - Series 2010 DS Sweep MMF MM	829,692.17	N/A	0.030	3/30/2020	1	829,692.17	829,692.17	829,692.17		0.09
Local Government Investment Pool	TXCLASSH9917	TexasCLASS H9917 LGIP	6,016,425.11	N/A	0.062	5/15/2020	1	6,016,425.11	6,016,425.11	6,016,425.11		0.67
Sub Total / Average		H9917 Hospital - Debt Service 2010	6,846,117.28		0.058		1	6,846,117.28	6,846,117.28	6,846,117.28	0.00	0.76
H9918 Hospital - Debt Service Reserve 2010												
Local Government Investment Pool	TXCLASSH9918	TexasCLASS H9918 LGIP	6,818,615.13	N/A	0.062	5/15/2020	1	6,818,615.13	6,818,615.13	6,818,615.13		0.76
Money Market	M4017	H9918 Hospital - Series 2010 DSR Sweep MMF MM	274,124.06	N/A	0.030	3/30/2020	1	274,124.06	274,124.06	274,124.06		0.03
Sub Total / Average		H9918 Hospital - Debt Service Reserve 2010	7,092,739.19		0.061		1	7,092,739.19	7,092,739.19	7,092,739.19	0.00	0.79

Security Type	CUSIP/Ticker	Description	Face Amount/Shares	Maturity Date	YTM @ Cost	Settlement Date	Days To Maturity	Cost Value	Book Value	Market Value	Accrued Interest	% of Portfolio
H9920 Hospital - Debt Service 2016 Rev & Ref												
Local Government Investment Pool	TXCLASSH9920	TexasCLASS H9920 LGIP	7,019,162.68	N/A	0.062	5/15/2020	1	7,019,162.68	7,019,162.68	7,019,162.68		0.78
Money Market	M4009	H9920 Hospital - Series 2016 DS Sweep MMF MM	280,361.70	N/A	0.030	3/30/2020	1	280,361.70	280,361.70	280,361.70		0.03
Sub Total / Average		H9920 Hospital - Debt Service 2016 Rev & Ref	7,299,524.38		0.061		1	7,299,524.38	7,299,524.38	7,299,524.38	0.00	0.81
H9921 Hospital - Debt Service Reserve 2016 Rev & am												
Money Market	M4033	H9921 Hospital - Series 2016 DSR Sweep MMF MM	432,208.39	N/A	0.030	3/30/2020	1	432,208.39	432,208.39	432,208.39		0.05
Treasury Bill	912796C31	T-Bill 0 1/27/2022	11,000,000.00	1/27/2022	0.057	2/8/2021	58	10,993,905.85	10,999,013.16	10,999,219.00	0.00	1.23
Sub Total / Average		H9921 Hospital - Debt Service Reserve 2016 Rev & am	11,432,208.39		0.056		56	11,426,114.24	11,431,221.55	11,431,427.39	0.00	1.27
H9924 Hospital - Capital Assets Series 2020												
Money Market	M6228	H9924 Hospital - Capital Assets Ser 2020 Sweep MMF	253,166.62	N/A	0.030	11/29/2020	1	253,166.62	253,166.62	253,166.62		0.03
Local Government Investment Pool	TXCLASSH9924	TexasCLASS H9924 LGIP	17,496,792.23	N/A	0.062	7/8/2020	1	17,496,792.23	17,496,792.23	17,496,792.23		1.95
Sub Total / Average		H9924 Hospital - Capital Assets Series 2020	17,749,958.85		0.062		1	17,749,958.85	17,749,958.85	17,749,958.85	0.00	1.98
Total / Average			897,385,542.35		0.081		44	897,068,064.86	897,269,547.17	897,287,271.35	0.00	100

SECTION 4
TRANSACTIONS

Harris County
 Transactions Summary
 ML - Mthly or Qly Report Transaction Summary
 Group By: Action
 Portfolio / Report Group: Harris County Hospital District
 Begin Date: 08/31/2021, End Date: 11/30/2021

Description	CUSIP/Ticker	Coupon Rate	YTM @ Cost	Trade Date	Settlement Date	Maturity Date	Face Amount/Shares	Principal	Price	Interest/Dividends	Total	Security Type	Broker/Dealer
Buy													
NATX DISC CP 0 4/1/2022	63873KD12	0.000	0.150	11/1/2021	11/2/2021	4/1/2022	30,000,000.00	29,981,250.00	99.9375	0.00	29,981,250.00	Commercial Paper	Natixis New York 067
TMCC DISC CP 0 4/1/2022	89233HD19	0.000	0.150	11/1/2021	11/2/2021	4/1/2022	30,000,000.00	29,981,250.00	99.9375	0.00	29,981,250.00	Commercial Paper	Toyota Motor Credit Corp [D] 022
Buy													
							60,000,000.00	59,962,500.00		0.00	59,962,500.00		
Deposit													
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	10/21/2021	10/21/2021	N/A	130,000,000.00	130,000,000.00	100	0.00	130,000,000.00	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	10/21/2021	10/21/2021	N/A	100,000,000.00	100,000,000.00	100	0.00	100,000,000.00	Local Government Investment Pool	None
Deposit													
							350,659,354.21	350,659,354.21		0.00	350,659,354.21		
Interest													
H9902 Hospital - Cadence General Funds DDA MM	D3837	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	1,636.34	1,636.34	Money Market	None
H9902 Hospital - Cadence General Funds DDA MM	D3837	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	1,682.48	1,682.48	Money Market	None
H9902 Hospital - Cadence General Funds DDA MM	D3837	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	1,640.62	1,640.62	Money Market	None
H9902 Hospital - Cadence General Funds MMF MM	M3837	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	2,271.11	2,271.11	Money Market	None
H9902 Hospital - Cadence General Funds MMF MM	M3837	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	1,142.06	1,142.06	Money Market	None
H9902 Hospital - Cadence General Funds MMF MM	M3837	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	2,715.81	2,715.81	Money Market	None
H9902 Hospital - Cigna Health Benefits MMF MM	M3944	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	147.85	147.85	Money Market	None
H9902 Hospital - Cigna Health Benefits MMF MM	M3944	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	145.87	145.87	Money Market	None
H9902 Hospital - Cigna Health Benefits MMF MM	M3944	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	148.78	148.78	Money Market	None
H9902 Hospital - Donations MM	D5899	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	0.01	0.01	Money Market	None
H9902 Hospital - Donations MM	D5899	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	0.03	0.03	Money Market	None
H9902 Hospital - Donations MM	D5899	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	0.01	0.01	Money Market	None
H9902 Hospital - FSA Plan MMF MM	M3951	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	13.21	13.21	Money Market	None
H9902 Hospital - FSA Plan MMF MM	M3951	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	16.04	16.04	Money Market	None
H9902 Hospital - FSA Plan MMF MM	M3951	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	17.46	17.46	Money Market	None
H9902 Hospital - HRA Sweep MMF MM	M3845	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	7.93	7.93	Money Market	None
H9902 Hospital - HRA Sweep MMF MM	M3845	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	7.99	7.99	Money Market	None
H9902 Hospital - HRA Sweep MMF MM	M3845	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	8.57	8.57	Money Market	None
H9906 Hospital - SPFC Money Market MM	M3936	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	1.13	1.13	Money Market	None
H9906 Hospital - SPFC Money Market MM	M3936	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	1.12	1.12	Money Market	None
H9906 Hospital - SPFC Money Market MM	M3936	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	1.14	1.14	Money Market	None
H9917 Hospital - Series 2010 DS Sweep MMF MM	M3993	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	18.32	18.32	Money Market	None
H9917 Hospital - Series 2010 DS Sweep MMF MM	M3993	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	17.72	17.72	Money Market	None
H9917 Hospital - Series 2010 DS Sweep MMF MM	M3993	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	18.32	18.32	Money Market	None
H9918 Hospital - Series 2010 DSR Sweep MMF MM	M4017	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	6.05	6.05	Money Market	None
H9918 Hospital - Series 2010 DSR Sweep MMF MM	M4017	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	5.86	5.86	Money Market	None
H9918 Hospital - Series 2010 DSR Sweep MMF MM	M4017	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	6.05	6.05	Money Market	None
H9920 Hospital - Series 2016 DS Sweep MMF MM	M4009	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	6.19	6.19	Money Market	None
H9920 Hospital - Series 2016 DS Sweep MMF MM	M4009	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	5.99	5.99	Money Market	None
H9920 Hospital - Series 2016 DS Sweep MMF MM	M4009	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	6.19	6.19	Money Market	None
H9921 Hospital - Series 2016 DSR Sweep MMF MM	M4033	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	9.54	9.54	Money Market	None
H9921 Hospital - Series 2016 DSR Sweep MMF MM	M4033	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	9.23	9.23	Money Market	None
H9921 Hospital - Series 2016 DSR Sweep MMF MM	M4033	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	9.54	9.54	Money Market	None
H9924 Hospital - Capital Assets Ser 2020 Sweep MMF	M6228	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	5.59	5.59	Money Market	None
H9924 Hospital - Capital Assets Ser 2020 Sweep MMF	M6228	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	1.48	1.48	Money Market	None
H9924 Hospital - Capital Assets Ser 2020 Sweep MMF	M6228	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	0.29	0.29	Money Market	None
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	6,605.73	6,605.73	Local Government Investment Pool	None
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	2,224.49	2,224.49	Local Government Investment Pool	None
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	304.88	304.88	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	4,395.54	4,395.54	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	1,331.30	1,331.30	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	9/23/2021	9/23/2021	N/A	0.00	0.00	0.00	6.12	6.12	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	9/22/2021	9/22/2021	N/A	0.00	0.00	0.00	172.75	172.75	Local Government Investment Pool	None
TexasCLASS H9906 LGIP	TXCLASSH9906	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	38.64	38.64	Local Government Investment Pool	None
TexasCLASS H9906 LGIP	TXCLASSH9906	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	32.25	32.25	Local Government Investment Pool	None
TexasCLASS H9906 LGIP	TXCLASSH9906	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	31.72	31.72	Local Government Investment Pool	None
TexasCLASS H9917 LGIP	TXCLASSH9917	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	266.51	266.51	Local Government Investment Pool	None
TexasCLASS H9917 LGIP	TXCLASSH9917	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	222.52	222.52	Local Government Investment Pool	None
TexasCLASS H9917 LGIP	TXCLASSH9917	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	218.79	218.79	Local Government Investment Pool	None
TexasCLASS H9918 LGIP	TXCLASSH9918	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	302.05	302.05	Local Government Investment Pool	None
TexasCLASS H9918 LGIP	TXCLASSH9918	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	252.15	252.15	Local Government Investment Pool	None
TexasCLASS H9918 LGIP	TXCLASSH9918	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	247.94	247.94	Local Government Investment Pool	None
TexasCLASS H9920 LGIP	TXCLASSH9920	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	310.89	310.89	Local Government Investment Pool	None
TexasCLASS H9920 LGIP	TXCLASSH9920	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	259.58	259.58	Local Government Investment Pool	None
TexasCLASS H9920 LGIP	TXCLASSH9920	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	255.27	255.27	Local Government Investment Pool	None
TexasCLASS H9924 LGIP	TXCLASSH9924	N/A	0.000	11/30/2021	11/30/2021	N/A	0.00	0.00	0.00	775.00	775.00	Local Government Investment Pool	None
TexasCLASS H9924 LGIP	TXCLASSH9924	N/A	0.000	10/31/2021	10/31/2021	N/A	0.00	0.00	0.00	647.09	647.09	Local Government Investment Pool	None
TexasCLASS H9924 LGIP	TXCLASSH9924	N/A	0.000	9/30/2021	9/30/2021	N/A	0.00	0.00	0.00	717.23	717.23	Local Government Investment Pool	None
Interest													
							0.00	0.00		31,350.36	31,350.36		
Matured													
T-Bill 0 11/4/2021	9127964W6	0.000	0.000	11/4/2021	11/4/2021	11/4/2021	30,000,000.00	30,000,000.00	0	0.00	30,000,000.00	Treasury Bill	Cantor Fitzgerald & Company 064
T-Bill 0 9/21/2021	912796L49	0.000	0.000	9/21/2021	9/21/2021	9/21/2021	40,000,000.00	40,000,000.00	0	0.00	40,000,000.00	Treasury Bill	Loop Capital Markets 045
T-Bill 0 9/9/2021	9127964L0	0.000	0.000	9/9/2021	9/9/2021	9/9/2021	40,000,000.00	40,000,000.00	0	0.00	40,000,000.00	Treasury Bill	Loop Capital Markets 045
TMCC DISC CP 0 10/4/2021	89233GX43	0.000	0.000	10/4/2021	10/4/2021	10/4/2021	75,000,000.00	75,000,000.00	0	0.00	75,000,000.00	Commercial Paper	Toyota Motor Credit Corp [D] 022
TMCC DISC CP 0 11/2/2021	89233GY26	0.000	0.000	11/2/2021	11/2/2021	11/2/2021	75,000,000.00	75,000,000.00	0	0.00	75,000,000.00	Commercial Paper	Toyota Motor Credit Corp [D] 022

Matured							260,000,000.00	260,000,000.00		0.00	260,000,000.00			
Sell														
T-Bill 0 10/19/2021	912796M48		0.000	0.000	9/22/2021	9/23/2021	10/19/2021	80,000,000.00	79,997,544.44	0	0.00	79,997,544.44	Treasury Bill	Wells Fargo Securities 044
Sell								80,000,000.00	79,997,544.44		0.00	79,997,544.44		
Withdraw														
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	0.000	11/30/2021	11/30/2021	N/A	20,000,000.00	20,000,000.00	0	0.00	20,000,000.00	Local Government Investment Pool	None
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	0.000	9/23/2021	9/23/2021	N/A	7,918,940.69	7,918,940.69	0	0.00	7,918,940.69	Local Government Investment Pool	None
LoneStar H9902 LGIP	LONESTARH9902	N/A	0.000	0.000	9/3/2021	9/3/2021	N/A	15,000,000.00	15,000,000.00	0	0.00	15,000,000.00	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	0.000	11/30/2021	11/30/2021	N/A	20,000,000.00	20,000,000.00	0	0.00	20,000,000.00	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	0.000	9/23/2021	9/23/2021	N/A	5,243,552.73	5,243,552.73	0	0.00	5,243,552.73	Local Government Investment Pool	None
TexasCLASS H9902 LGIP	TXCLASSH9902	N/A	0.000	0.000	9/3/2021	9/3/2021	N/A	15,000,000.00	15,000,000.00	0	0.00	15,000,000.00	Local Government Investment Pool	None
TexasCLASS H9924 LGIP	TXCLASSH9924	N/A	0.000	0.000	9/23/2021	9/23/2021	N/A	3,000,000.00	3,000,000.00	0	0.00	3,000,000.00	Local Government Investment Pool	None
Withdraw								197,230,975.65	197,230,975.65		0.00	197,230,975.65		

SECTION 4
PORTFOLIO EARNINGS

Harris County
Date To Date
ML - Portfolio Earnings for Monthly Report
Report Format: By Transaction
Group By: Portfolio Name
Portfolio / Report Group: Harris County Hospital District
Begin Date: 8/31/2021, End Date: 11/30/2021

Description	CUSIP/Ticker	Buy Accrued Interest	Sell Accrued Interest	Interest/Dividends	Amortized Discount	Amortized Premium	Difference in Accrued Interest	Interest Earned During Period-BV	Investment Income-BV
H9902 Hospital - General Fund									
H9902 Hospital - Cadence General Funds DDA MM	D3837	0.00	0.00	4,959.44	0.00	0.00	0.00	4,959.44	4,959.44
H9902 Hospital - Cadence General Funds MMF MM	M3837	0.00	0.00	6,128.98	0.00	0.00	0.00	6,128.98	6,128.98
H9902 Hospital - Cigna Health Benefits MMF MM	M3944	0.00	0.00	442.50	0.00	0.00	0.00	442.50	442.50
H9902 Hospital - Donations MM	D5899	0.00	0.00	0.05	0.00	0.00	0.00	0.05	0.05
H9902 Hospital - FSA Plan MMF MM	M3951	0.00	0.00	46.71	0.00	0.00	0.00	46.71	46.71
H9902 Hospital - HRA Sweep MMF MM	M3845	0.00	0.00	24.49	0.00	0.00	0.00	24.49	24.49
LoneStar H9902 LGIP	LONESTARH9902	0.00	0.00	9,135.10	0.00	0.00	0.00	9,135.10	9,135.10
NATX DISC CP 0 4/1/2022	63873KD12	0.00	0.00	0.00	3,500.00	0.00	0.00	3,500.00	3,500.00
T-Bill 0 1/20/2022	912796K81	0.00	0.00	0.00	11,375.00	0.00	0.00	11,375.00	11,375.00
T-Bill 0 1/20/2022	912796K81	0.00	0.00	0.00	11,375.00	0.00	0.00	11,375.00	11,375.00
T-Bill 0 1/20/2022	912796K81	0.00	0.00	0.00	11,375.00	0.00	0.00	11,375.00	11,375.00
T-Bill 0 10/19/2021	912796M48	0.00	0.00	0.00	2,121.11	0.00	0.00	2,121.11	2,063.33
T-Bill 0 11/4/2021	9127964W6	0.00	0.00	0.00	4,281.48	0.00	0.00	4,281.48	4,281.48
T-Bill 0 9/21/2021	912796L49	0.00	0.00	0.00	911.46	0.00	0.00	911.46	911.46
T-Bill 0 9/9/2021	9127964L0	0.00	0.00	0.00	719.76	0.00	0.00	719.76	719.76
TexasCLASS H9902 LGIP	TXCLASSH9902	0.00	0.00	5,905.71	0.00	0.00	0.00	5,905.71	5,905.71
TMCC DISC CP 0 1/3/2022	89233HA38	0.00	0.00	0.00	45,500.00	0.00	0.00	45,500.00	45,500.00
TMCC DISC CP 0 10/4/2021	89233GX43	0.00	0.00	0.00	9,208.34	0.00	0.00	9,208.34	9,208.34
TMCC DISC CP 0 11/2/2021	89233GY26	0.00	0.00	0.00	18,375.00	0.00	0.00	18,375.00	18,375.00
TMCC DISC CP 0 3/10/2022	89233HCA0	0.00	0.00	0.00	12,133.33	0.00	0.00	12,133.33	12,133.33
TMCC DISC CP 0 4/1/2022	89233HD19	0.00	0.00	0.00	3,500.00	0.00	0.00	3,500.00	3,500.00
TMCC DISC CP 0 4/8/2022	89233HD84	0.00	0.00	0.00	10,616.67	0.00	0.00	10,616.67	10,616.67
TMCC DISC CP 0 5/9/2022	89233HE91	0.00	0.00	0.00	11,375.00	0.00	0.00	11,375.00	11,375.00
Sub Total/Average H9902 Hospital - General Fund		0.00	0.00	26,642.98	156,367.15	0.00	0.00	183,010.13	182,952.35
H9906 Hospital - SPFC									
H9906 Hospital - SPFC Money Market MM	M3936	0.00	0.00	3.39	0.00	0.00	0.00	3.39	3.39
TexasCLASS H9906 LGIP	TXCLASSH9906	0.00	0.00	102.61	0.00	0.00	0.00	102.61	102.61
Sub Total/Average H9906 Hospital - SPFC		0.00	0.00	106.00	0.00	0.00	0.00	106.00	106.00
H9917 Hospital - Debt Service 2010									
H9917 Hospital - Series 2010 DS Sweep MMF MM	M3993	0.00	0.00	54.36	0.00	0.00	0.00	54.36	54.36
TexasCLASS H9917 LGIP	TXCLASSH9917	0.00	0.00	707.82	0.00	0.00	0.00	707.82	707.82
Sub Total/Average H9917 Hospital - Debt Service 2010		0.00	0.00	762.18	0.00	0.00	0.00	762.18	762.18
H9918 Hospital - Debt Service Reserve 2010									
H9918 Hospital - Series 2010 DSR Sweep MMF MM	M4017	0.00	0.00	17.96	0.00	0.00	0.00	17.96	17.96
TexasCLASS H9918 LGIP	TXCLASSH9918	0.00	0.00	802.14	0.00	0.00	0.00	802.14	802.14
Sub Total/Average H9918 Hospital - Debt Service Reserve 2010		0.00	0.00	820.10	0.00	0.00	0.00	820.10	820.10
H9920 Hospital - Debt Service 2016 Rev & Ref									
H9920 Hospital - Series 2016 DS Sweep MMF MM	M4009	0.00	0.00	13 18.37	0.00	0.00	0.00	18.37	18.37

Description	CUSIP/Ticker	Buy Accrued Interest	Sell Accrued Interest	Interest/Dividends	Amortized Discount	Amortized Premium	Difference in Accrued Interest	Interest Earned During Period-BV	Investment Income-BV
TexasCLASS H9920 LGIP	TXCLASSH9920	0.00	0.00	825.74	0.00	0.00	0.00	825.74	825.74
Sub Total/Average H9920 Hospital - Debt Service 2016 Rev & Ref		0.00	0.00	844.11	0.00	0.00	0.00	844.11	844.11
H9921 Hospital - Debt Service Reserve 2016 Rev & am									
H9921 Hospital - Series 2016 DSR Sweep MMF MM	M4033	0.00	0.00	28.31	0.00	0.00	0.00	28.31	28.31
T-Bill 0 1/27/2022	912796C31	0.00	0.00	0.00	1,575.47	0.00	0.00	1,575.47	1,575.47
Sub Total/Average H9921 Hospital - Debt Service Reserve 2016 Rev & am		0.00	0.00	28.31	1,575.47	0.00	0.00	1,603.78	1,603.78
H9924 Hospital - Capital Assets Series 2020									
H9924 Hospital - Capital Assets Ser 2020 Sweep MMF	M6228	0.00	0.00	7.36	0.00	0.00	0.00	7.36	7.36
TexasCLASS H9924 LGIP	TXCLASSH9924	0.00	0.00	2,139.32	0.00	0.00	0.00	2,139.32	2,139.32
Sub Total/Average H9924 Hospital - Capital Assets Series 2020		0.00	0.00	2,146.68	0.00	0.00	0.00	2,146.68	2,146.68
Total / Average		0.00	0.00	31,350.36	157,942.62	0.00	0.00	189,292.98	189,235.20

Thursday, February 10, 2022

**Consideration of Acceptance of the Harris Health System Fourth Quarter
Calendar Year 2021 Pension Plan Report.**

Attached for your review and acceptance is the Fourth Quarter Calendar Year 2021 Pension Plan Report for the period October–December 2021.

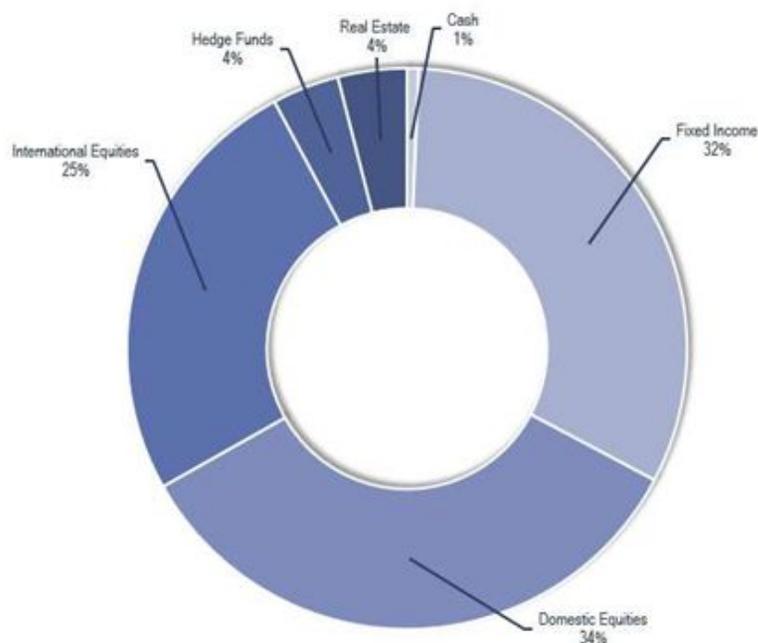
Administration recommends that the Board accept the Fourth Quarter Pension Plan Report for the period ended December 31, 2021.

Pension Plan Summary

For the Quarter Ended and Year Ended December 31, 2021

	YEAR-TO-DATE	QUARTERLY				YEAR-TO-DATE
	12/31/20	03/31/21	06/30/21	09/30/21	12/31/21	12/31/21
Investment Return	17.1%	2.6%	5.8%	-0.6%	1.8%	9.7%
Market Value of Assets (in millions)	\$ 876.6	\$ 899.4	\$ 953.5	\$ 948.3	\$ 966.4	\$ 966.4
Employer Contributions (in millions)	\$ 53.8	\$ 13.4	\$ 14.3	\$ 14.7	\$ 14.7	\$ 57.0
Benefit Payments (in millions)	\$ 50.2	\$ 13.1	\$ 13.3	\$ 13.3	\$ 13.5	\$ 53.3
Funded Ratio	84.9%	86.0%	90.7%	89.6%	90.8%	90.8%

Current Asset Allocation:



Market Updates:

The market value of the Plan assets increased \$89.8 million since the beginning of the calendar year. Investment return was 1.8% for the quarter ended December 31, 2021, due to the following market conditions:

- U.S. equities and real estate ended the year strong despite renewed concerns around the latest COVID-19 variant Omicron, continued strain on already fractured supply chains, and global inflation pressures intensifying. Economic growth trends remained positive, helping global equities close the fourth quarter higher, as the S&P 500 Index rose 11.0% over the final three months of the year.
- A flattening of the U.S. Treasury yield curve was present during the quarter as longer-dated rates fell back due to heightened uncertainty surrounding Omicron and the Federal Reserve, which elected to increase its pace of balance sheet tapering. This led to mixed results for bond investors across sectors and durations, with longer-dated issues benefitting and credit markets continuing to underwhelm.
- The total Pension Plan return for the final quarter of 2021 was 1.8%, which trailed the Policy Index return of 3.6%. Despite a strong overall absolute return for the quarter, weak performance from the Plan's U.S. large cap equity allocation largely contributed to the negative relative results. When looking more broadly at returns for the full year, the Plan return of 9.7% is just slightly behind that of the Policy Index of 10.4%.

*The Plan was in compliance with target asset allocations per the Board approved Pension Plan Investment Policy.

Thursday, January 13, 2022

**Consideration of Acceptance of the Harris Health System November 2021
Quarterly Financial Report Subject to Audit**

Attached for your review and consideration is the November 2021 Financial Report for the quarter and nine months fiscal year-to-date ended November 30, 2021.

Administration recommends that the Board accept the financial report for the period ended November 30, 2022, subject to final audit.



Financial Statements

As of the Quarter Ended November 30, 2021



Table of Contents



Financial Highlights Review.....3

FINANCIAL STATEMENTS

Income Statement.....4

Balance Sheet.....5

Cash Flow Summary.....6

Performance Ratios.....7

KEY STATISTICAL INDICATORS

Statistical Highlights.....9

Statistical Highlights Graphs.....10 – 21

Financial Highlights Review

As of Quarter Ended November 30, 2021

Operating Income for the quarter ended November 30, 2021 was \$34.7 million compared to budgeted loss of \$12.2 million.

Overall quarterly net revenue of \$568.3 million was \$118.6 million or 26.4% greater than budget. Net patient revenue, including HRSA Relief Fund revenue, contributed \$76.5 million to the positive variance. Income from Medicaid Supplemental programs was \$25.2 million higher than expected due to the additional revenues from the projected final distribution of the Uncompensated Care program for federal fiscal year 2021. In addition, the first submission for the Provider Relief Fund resulted in \$16.0 million in COVID CARES Act income recognized.

Total quarterly operating expenses of \$533.6 million were \$71.8 million or 15.5% greater than budget. Staff costs were \$56.3 million over budget as a result of market salary increases and bonuses for all personnel, continued premium labor utilization, and increases in health insurance claims. Medical supplies and pharmaceuticals increased \$9.8 million over budget as a result of the pandemic supply management.

Total patient days and average daily census decreased slightly the third quarter of FY 2022, with a 1.7% variance to budget. However, inpatient case mix index, a measure of patient acuity, was 6.8% higher for the quarter and 2.5% higher for the year. Emergency room visits in the third quarter stabilized at a lower level and were 4.7% lower than budget. Total clinic visits including telehealth were 17.7% lower than budget and births were down 4.6%. Adjusted patient days, a measure of overall patient volume, posted a 21.5% recovery compared to the same period for prior year.

Total cash receipts for the quarter were \$419.7 million. The System has \$831.8 million in unrestricted cash, cash equivalents and investments, representing 153.1 days cash on hand. Harris Health System has \$108.4 million in net accounts receivable, representing 48.1 days of outstanding patient accounts receivable at November 30, 2021. The November balance sheet reflects a combined net receivable position of \$34.9 million under the various Medicaid Supplemental programs.

The quarterly expenses incurred by Harris Health for Foundation personnel and other costs were \$144,000.

Income Statement



As of the Quarter Ended November 30, 2021 (In \$ Millions)

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 222.2	\$ 145.7	52.5%	\$ 620.3	\$ 438.2	41.5%	\$ 417.2	48.7%
Medicaid Supplemental Programs	122.5	97.3	25.9%	442.7	351.7	25.9%	415.6	6.5%
Other Operating Revenue	9.9	8.9	11.4%	29.2	27.2	7.2%	21.7	34.7%
Total Operating Revenue	\$ 354.5	\$ 251.8	40.8%	\$ 1,092.1	\$ 817.1	33.7%	\$ 854.4	27.8%
Net Ad Valorem Taxes	196.5	196.5	"0.0%"	590.8	589.5	0.2%	586.7	0.7%
Net Tobacco Settlement Revenue	-	-		13.3	12.9	2.9%	12.9	2.7%
Interest Income & Other	17.3	1.3	1191.5%	18.3	6.0	204.2%	2.9	532.2%
Total Nonoperating Revenue	\$ 213.7	\$ 197.8	8.0%	\$ 622.4	\$ 608.4	2.3%	\$ 602.5	3.3%
Total Net Revenue	\$ 568.3	\$ 449.7	26.4%	\$ 1,714.5	\$ 1,425.5	20.3%	\$ 1,456.9	17.7%
EXPENSE								
Salaries and Wages	\$ 215.1	\$ 171.7	-25.3%	\$ 590.3	\$ 514.8	-14.7%	\$ 481.8	-22.5%
Employee Benefits	72.1	59.1	-21.9%	202.1	177.4	-13.9%	170.2	-18.8%
Total Labor Cost	\$ 287.1	\$ 230.8	-24.4%	\$ 792.5	\$ 692.2	-14.5%	\$ 652.0	-21.5%
Supply Expenses	68.6	58.9	-16.6%	202.3	177.4	-14.0%	166.7	-21.4%
Physician Services	89.1	88.5	-0.7%	275.9	265.4	-4.0%	250.2	-10.3%
Purchased Services	70.4	65.1	-8.1%	213.2	200.9	-6.2%	176.1	-21.1%
Depreciation & Interest	18.3	18.6	1.6%	53.3	55.1	3.4%	51.1	-4.2%
Total Operating Expense	\$ 533.6	\$ 461.8	-15.5%	\$ 1,537.2	\$ 1,391.0	-10.5%	\$ 1,296.2	-18.6%
Operating Income (Loss)	\$ 34.7	\$ (12.2)		\$ 177.2	\$ 34.6		\$ 160.7	
Total Margin %	6.1%	-2.7%		10.3%	2.4%		11.0%	

Balance Sheet

HARRISHEALTH
SYSTEM

November 30, 2021 and 2020 (In \$ Millions)

	<u>CURRENT YEAR</u>	<u>PRIOR YEAR</u>
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 831.8	\$ 625.9
Net Patient Accounts Receivable	108.4	91.2
Net Ad Valorem Taxes, Current Portion	579.4	593.5
Other Current Assets	172.9	165.2
Total Current Assets	\$ 1,692.6	\$ 1,475.9
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 440.5	\$ 440.8
Construction in Progress	99.6	68.5
Total Capital Assets	\$ 540.1	\$ 509.3
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 50.4	\$ 58.5
LPPF Restricted Cash	28.3	30.0
Other - Restricted	1.1	0.9
Total Assets Limited As to Use & Restricted Assets	\$ 79.8	\$ 89.4
Other Assets	7.8	25.4
Deferred Outflows of Resources	179.3	97.8
Total Assets & Deferred Outflows of Resources	\$ 2,499.6	\$ 2,197.8
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 192.0	\$ 237.0
Employee Compensation & Related Liabilities	112.9	106.9
Estimated Third-Party Payor Settlements	8.6	7.4
Current Portion Long-Term Debt and Capital Leases	12.2	11.0
Total Current Liabilities	\$ 325.7	\$ 362.3
Long-Term Debt	307.8	320.7
Net Pension & Post Employment Benefits Liability	737.4	702.4
Other Long-Term Liabilities	24.2	28.2
Deferred Inflows of Resources	112.4	55.3
Total Liabilities	\$ 1,507.6	\$ 1,468.9
Total Net Assets	\$ 992.0	\$ 728.9
Total Liabilities & Net Assets	\$ 2,499.6	\$ 2,197.8

Cash Flow Summary

As of the Quarter Ended November 30, 2021 (In \$ Millions)

	QUARTER-TO-DATE		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 194.7	\$ 179.8	\$ 605.7	\$ 480.6
Medicaid Supplemental Programs	228.7	32.4	580.1	393.0
Net Ad Valorem Taxes	7.6	1.6	57.7	27.2
Tobacco Settlement	-	-	13.3	12.9
Other Revenue	(11.4)	12.5	19.2	109.3
Total Cash Receipts	\$ 419.7	\$ 226.4	\$ 1,276.0	\$ 1,022.9
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 273.8	\$ 250.8	\$ 714.9	\$ 707.9
Supplies	73.9	58.0	208.7	183.0
Physician Services	89.0	85.8	279.0	250.0
Purchased Services	49.8	49.7	161.5	155.9
Capital Expenditures	23.2	21.7	63.5	69.1
Debt and Interest Payments	0.9	1.1	7.1	7.6
Other Uses	35.5	(5.0)	100.2	(71.0)
Total Cash Disbursements	\$ 546.0	\$ 462.1	\$ 1,534.8	\$ 1,302.6
Net Change	\$ (126.3)	\$ (235.8)	\$ (258.8)	\$ (279.7)

Unrestricted Cash, Cash Equivalents and Investments - February 28, 2021	\$ 1,090.6
Net Change	\$ (258.8)
Unrestricted Cash, Cash Equivalents and Investments - As of the Quarter Ended November 30, 2021	\$ 831.8

Performance Ratios

As of the Quarter Ended November 30, 2021

	QUARTER-TO-DATE		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	6.1%	-2.7%	10.3%	2.4%	15.5%
Run Rate per Day (In \$ Millions)	\$ 5.7	\$ 4.9	\$ 5.4	\$ 4.9	\$ 4.6
Salary, Wages & Benefit per APD	\$ 2,476	\$ 1,873	\$ 2,334	\$ 1,855	\$ 2,334
Supply Cost per APD	\$ 592	\$ 478	\$ 596	\$ 475	\$ 597
Physician Services Cost per APD	\$ 769	\$ 718	\$ 813	\$ 711	\$ 896
Total Expense per APD	\$ 4,602	\$ 3,747	\$ 4,528	\$ 3,727	\$ 4,639
Overtime as a % of Total Salaries	3.6%	2.5%	3.5%	2.6%	2.7%
Contract as a % of Total Salaries	5.9%	0.4%	4.4%	0.4%	1.7%
Full-time Equivalent Employees	9,278	9,178	9,148	9,161	8,589
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			5.1		4.0
Unrestricted Cash (In \$ Millions)			\$ 831.8	\$ 466.8	\$ 625.9
Days Cash on Hand			153.1	95.5	137.1
Days Revenue in Accounts Receivable			48.1	66.7	50.8
Days in Accounts Payable			39.0		39.3
Capital Expenditures/Depreciation & Amortization			140.4%		161.1%
Average Age of Plant (years)			12.9		12.8

Harris Health System Key Indicators



Statistical Highlights

As of the Quarter Ended November 30, 2021

	QUARTER-TO-DATE			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	111,204	123,238	-9.8%	339,500	373,227	-9.0%	279,413	21.5%
Outpatient % of Adjusted Volume	61.5%	64.8%	-5.0%	62.8%	64.6%	-2.8%	61.2%	2.7%
Primary Care Clinic Visits	114,961	141,355	-18.7%	322,549	435,668	-26.0%	164,463	96.1%
Specialty Clinic Visits	56,935	62,108	-8.3%	174,718	191,080	-8.6%	114,456	52.7%
Telehealth Clinic Visits	50,240	66,383	-24.3%	194,113	204,957	-5.3%	323,482	-40.0%
Total Clinic Visits	222,136	269,846	-17.7%	691,380	831,705	-16.9%	602,401	14.8%
Emergency Room Visits - Outpatient	30,237	31,769	-4.8%	97,841	100,537	-2.7%	86,961	12.5%
Emergency Room Visits - Admitted	4,315	4,506	-4.2%	13,771	14,106	-2.4%	12,328	11.7%
Total Emergency Room Visits	34,552	36,275	-4.7%	111,612	114,643	-2.6%	99,289	12.4%
Surgery Cases - Outpatient	2,213	3,500	-36.8%	7,142	10,838	-34.1%	6,404	11.5%
Surgery Cases - Inpatient	2,134	2,666	-20.0%	6,715	8,157	-17.7%	5,870	14.4%
Total Surgery Cases	4,347	6,166	-29.5%	13,857	18,995	-27.0%	12,274	12.9%
Total Outpatient Visits	398,525	426,571	-6.6%	1,300,898	1,313,266	-0.9%	1,030,625	26.2%
Inpatient Cases (Discharges)	6,810	7,652	-11.0%	20,497	23,307	-12.1%	18,482	10.9%
Outpatient Observation Cases	3,287	3,879	-15.3%	10,341	11,070	-6.6%	8,937	15.7%
Total Cases Occupying Patient Beds	10,097	11,531	-12.4%	30,838	34,377	-10.3%	27,419	12.5%
Births	1,346	1,411	-4.6%	3,603	4,099	-12.1%	3,270	10.2%
Inpatient Days	42,783	43,411	-1.4%	126,288	132,017	-4.3%	108,499	16.4%
Outpatient Observation Days	9,774	10,029	-2.5%	30,907	27,600	12.0%	23,572	31.1%
Total Patient Days	52,557	53,440	-1.7%	157,195	159,617	-1.5%	132,071	19.0%
Average Daily Census	577.5	587.3	-1.7%	571.6	580.4	-1.5%	480.3	19.0%
Average Operating Beds	682	618	10.4%	665	618	7.6%	655	1.5%
Bed Occupancy %	84.7%	95.0%	-10.9%	86.0%	93.9%	-8.5%	73.3%	17.2%
Inpatient Average Length of Stay	6.3	5.7	10.7%	6.2	5.7	8.8%	5.9	5.0%
Inpatient Case Mix Index (CMI)	1.857	1.738	6.8%	1.782	1.738	2.5%	1.734	2.8%
Payor Mix (% of Charges)								
Charity & Self Pay	46.9%	51.2%	-8.4%	47.8%	51.2%	-6.6%	51.6%	-7.3%
Medicaid & Medicaid Managed	20.7%	22.7%	-8.9%	20.5%	22.7%	-9.6%	22.5%	-8.8%
Medicare & Medicare Managed	12.1%	11.8%	2.1%	12.3%	11.8%	4.5%	11.8%	4.5%
Commercial & Other	20.4%	14.3%	42.4%	19.3%	14.3%	35.3%	14.1%	37.2%
Total Unduplicated Patients - Rolling 12				260,062			248,199	4.8%
Total New Patient - Rolling 12				83,648			69,983	19.5%

Note: Prior year Clinic Visits have been restated; E&M & Telehealth Visits were aligned with Clinic and Ancillary Visits as appropriate. This shift represents a decrease of ~ 7% to Total Clinic Visits but no change to Total Outpatient Visits reported in FY21.

Harris Health System

Statistical Highlights

As of the Quarter Ended November 30, 2021

Cases Occupying Beds - Q3

Actual	Budget	Prior Year
10,097	11,531	9,365

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
30,838	34,377	27,419

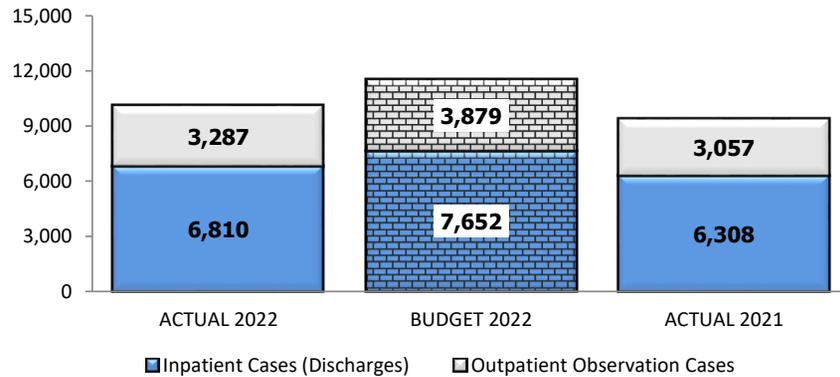
Emergency Visits - Q3

Actual	Budget	Prior Year
34,552	36,275	34,153

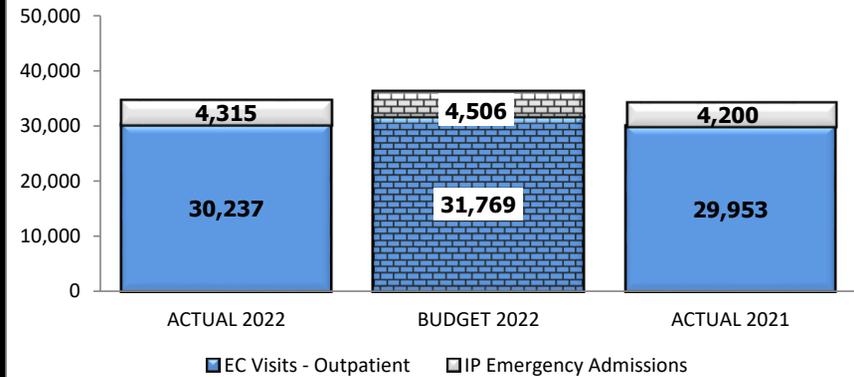
Emergency Visits - YTD

Actual	Budget	Prior Year
111,612	114,643	99,289

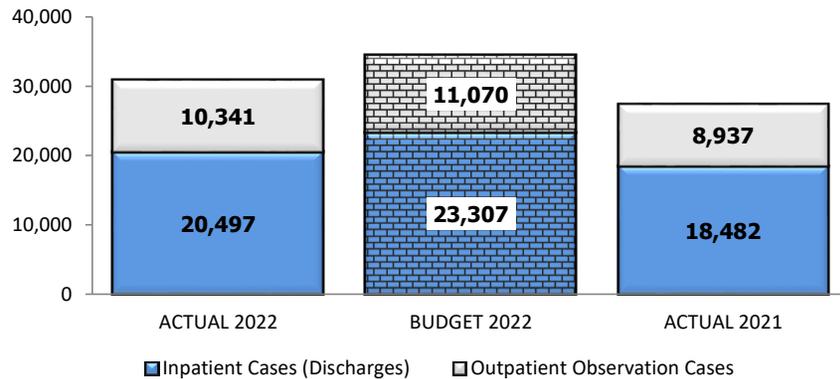
Cases Occupying Beds - Quarter End



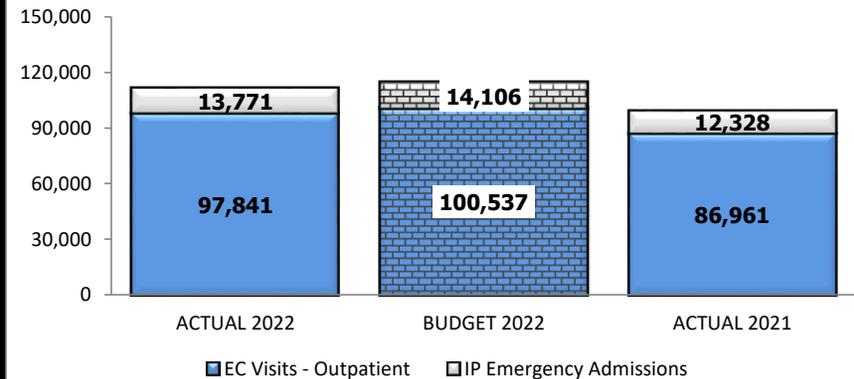
Emergency Visits - Quarter End



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended November 30, 2021

Surgery Cases - Q3

Actual	Budget	Prior Year
4,347	6,166	5,061

Surgery Cases - YTD

Actual	Budget	Prior Year
13,857	18,995	12,274

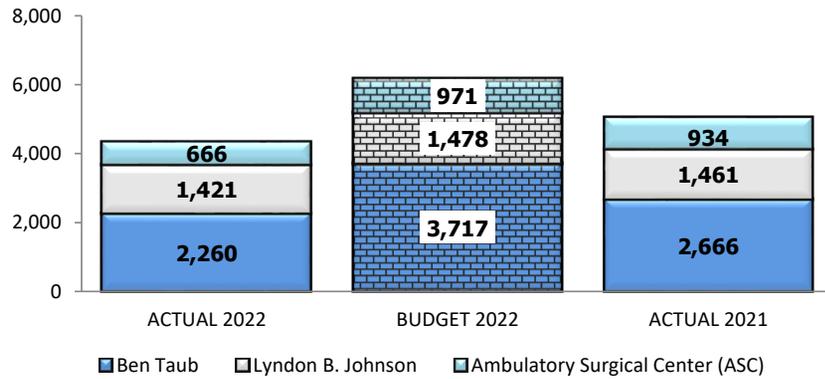
Clinic Visits - Q3

Actual	Budget	Prior Year
222,136	269,846	211,826

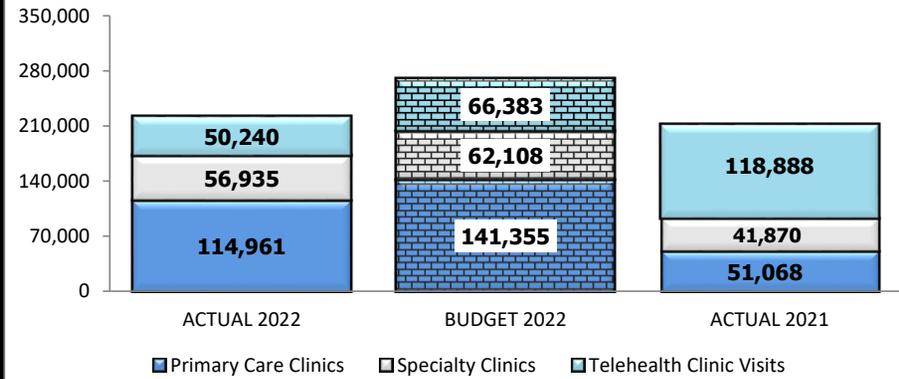
Clinic Visits - YTD

Actual	Budget	Prior Year
691,380	831,705	602,410

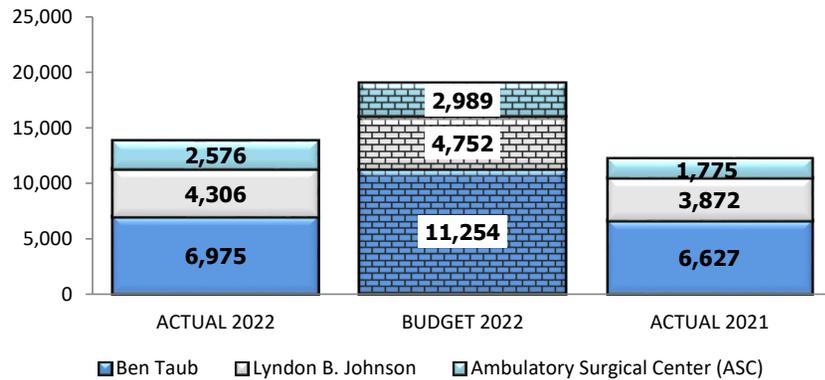
Surgery Cases - Quarter End



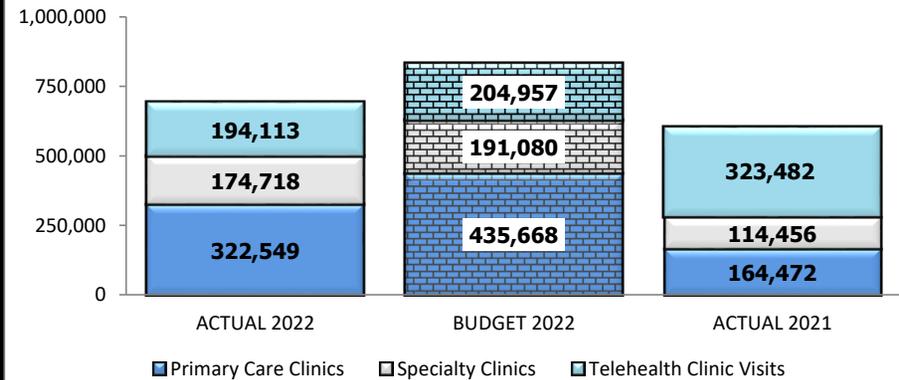
Clinic Visits - Quarter End



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended November 30, 2021

Adjusted Patient Days - Q3

111,204

Adjusted Patient Days - YTD

339,500

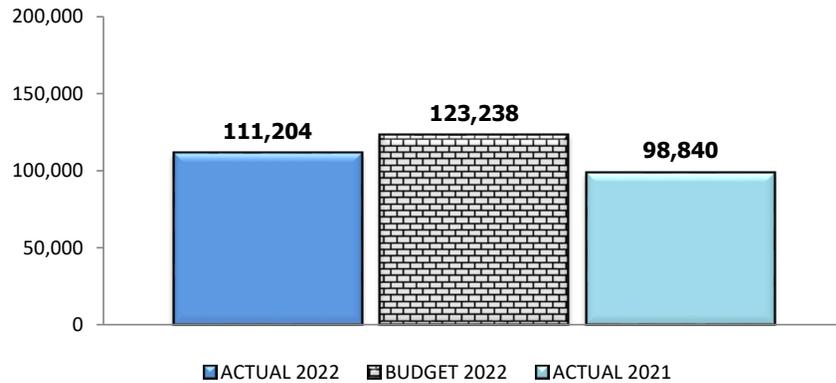
Average Daily Census - Q3

577.5

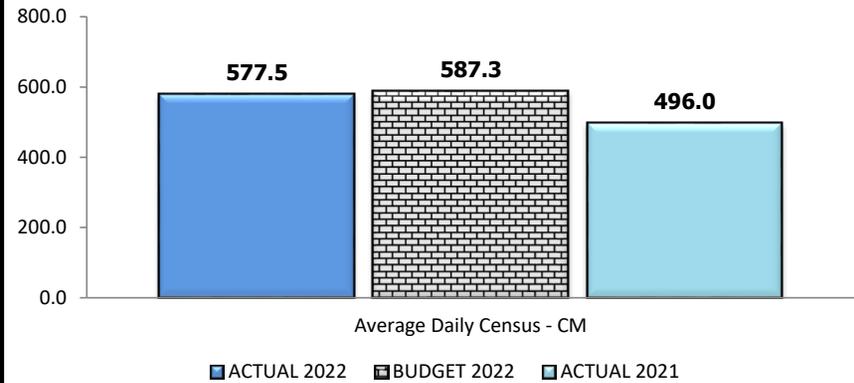
Average Daily Census - YTD

571.6

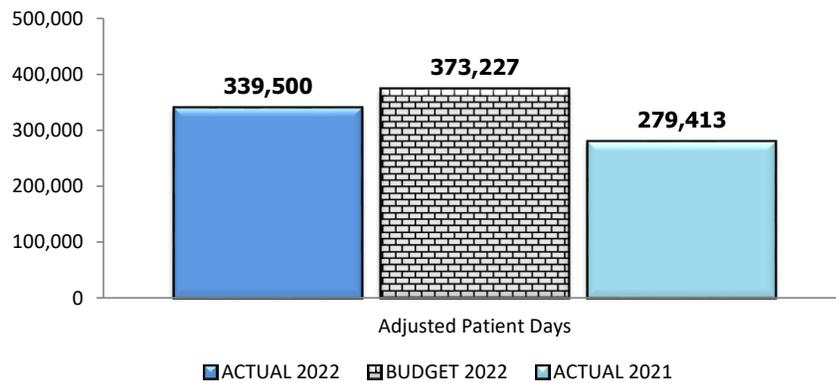
Adjusted Patient Days - Quarter End



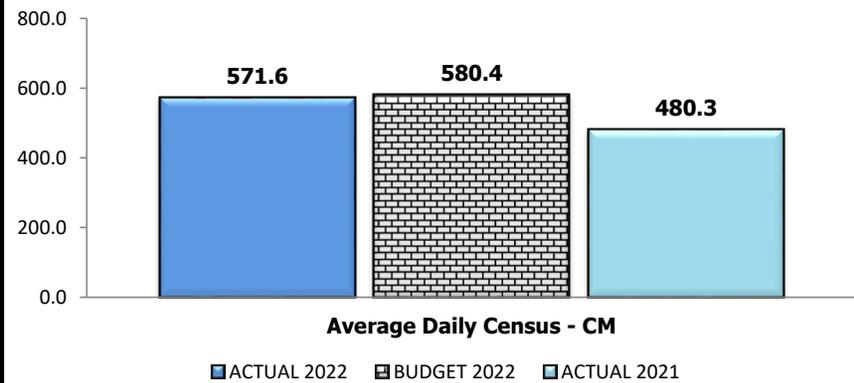
Average Daily Census - Quarter End



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

As of the Quarter Ended November 30, 2021

Inpatient ALOS - Q3

6.28

Inpatient ALOS - YTD

6.16

Case Mix Index - Q3

Overall

1.857

Excl. Obstetrics

2.094

Case Mix Index (CMI) - YTD

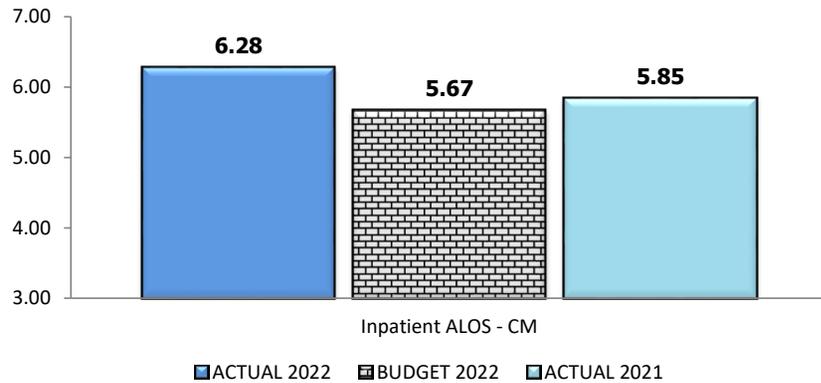
Overall

1.782

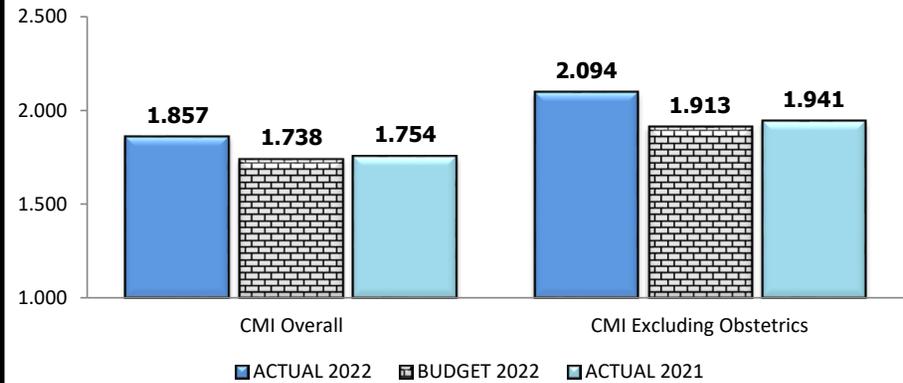
Excl. Obstetrics

1.973

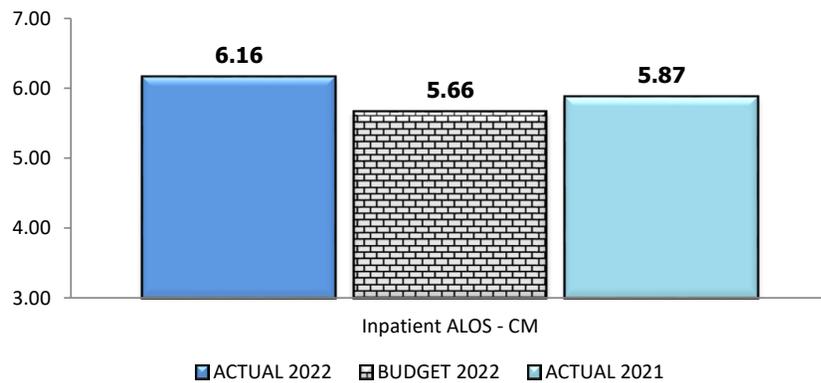
Inpatient ALOS - Quarter End



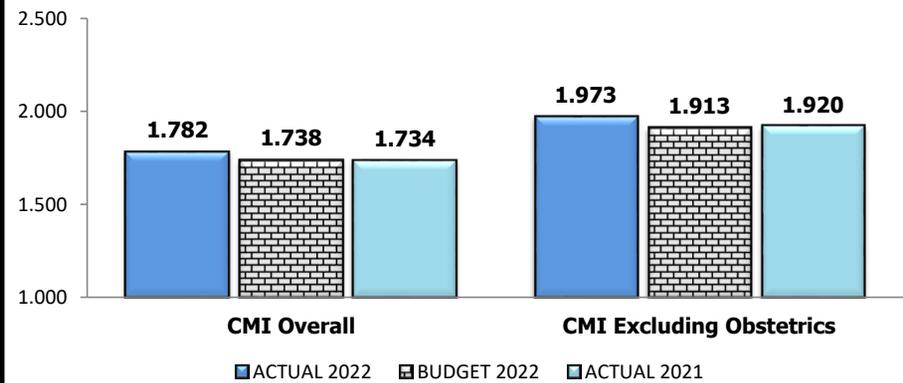
Case Mix Index - Quarter End



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

As of the Quarter Ended November 30, 2021

BT Cases Occupying Beds - Q3

Actual	Budget	Prior Year
6,150	7,859	6,048

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
18,843	23,440	17,336

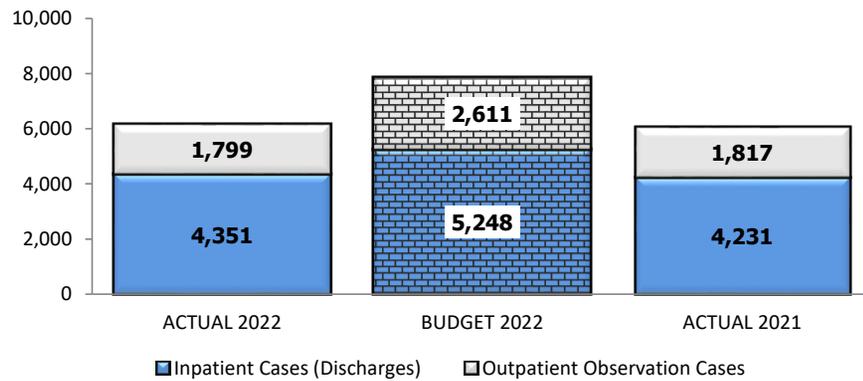
LBJ Cases Occupying Beds - Q3

Actual	Budget	Prior Year
3,947	3,672	3,317

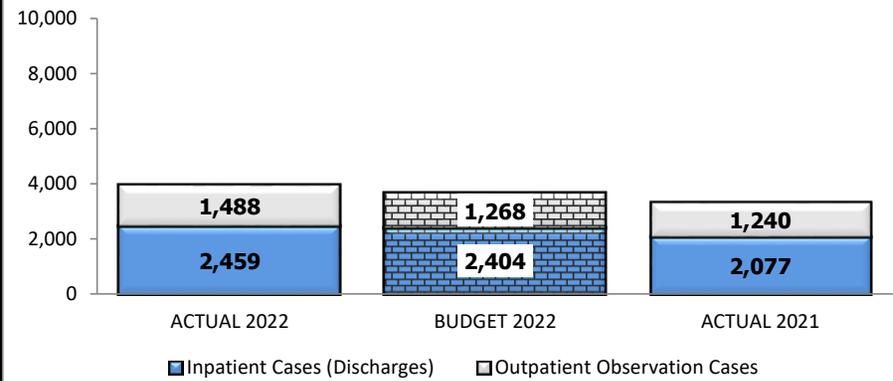
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
11,995	10,937	10,083

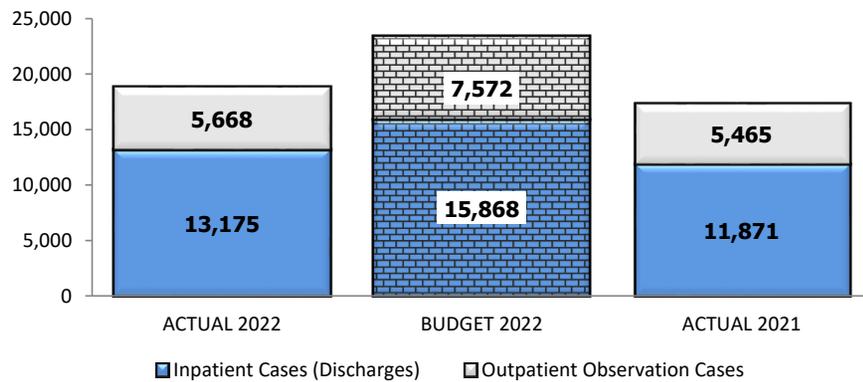
Ben Taub Cases - Quarter End



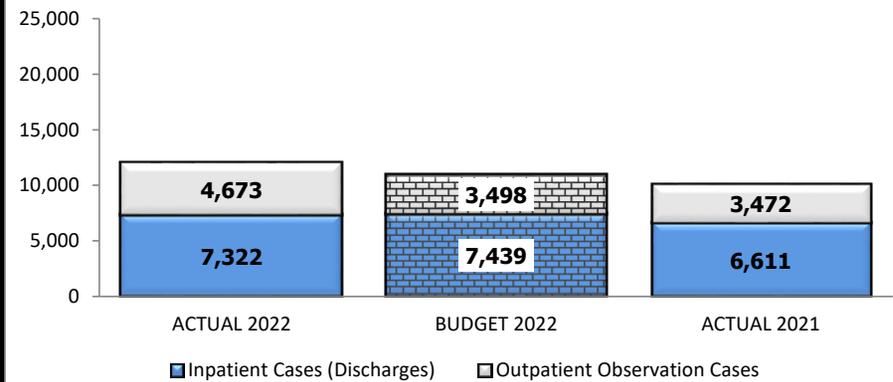
Lyndon B. Johnson Cases - Quarter End



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

As of the Quarter Ended November 30, 2021

BT Surgery Cases - Q3

Actual	Budget	Prior Year
2,260	3,717	2,666

BT Surgery Cases - YTD

Actual	Budget	Prior Year
6,975	11,254	6,627

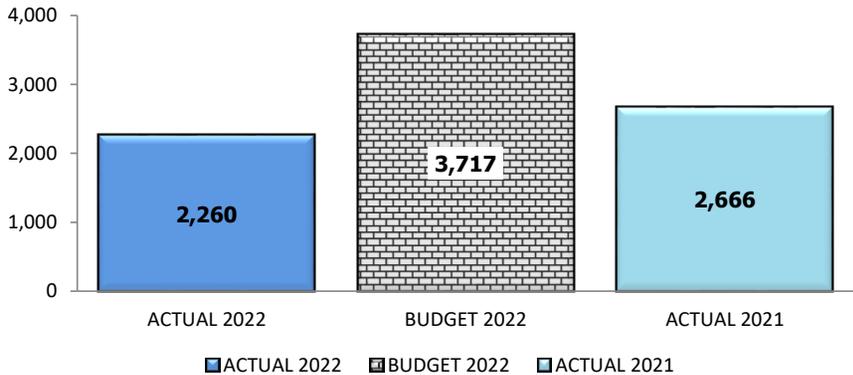
LBJ Surgery Cases - Q3

Actual	Budget	Prior Year
2,087	2,449	2,395

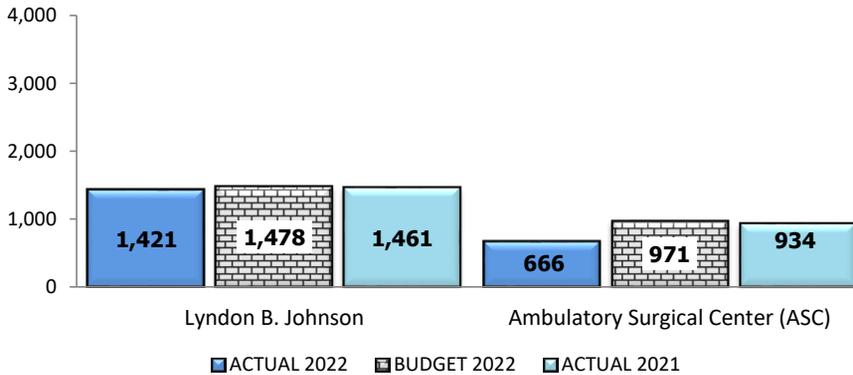
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
6,882	7,741	5,647

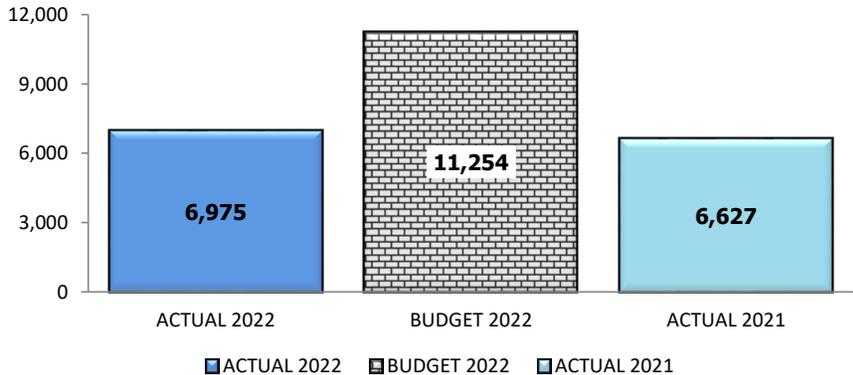
Ben Taub OR Cases - Quarter End



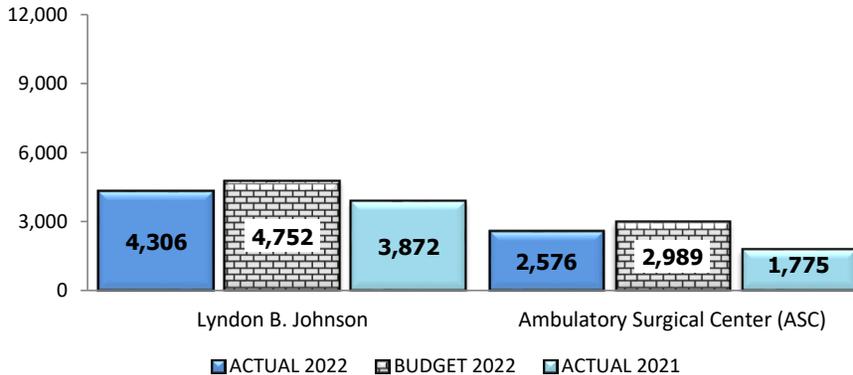
Lyndon B. Johnson OR Cases - Quarter End



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

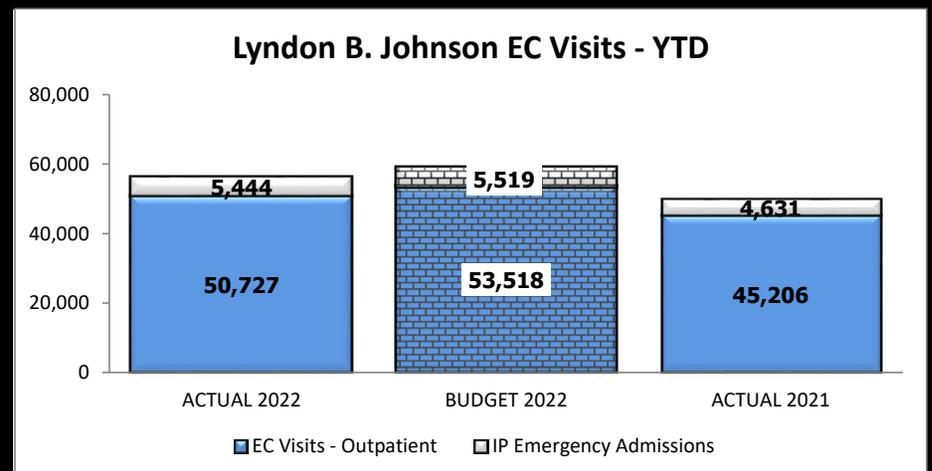
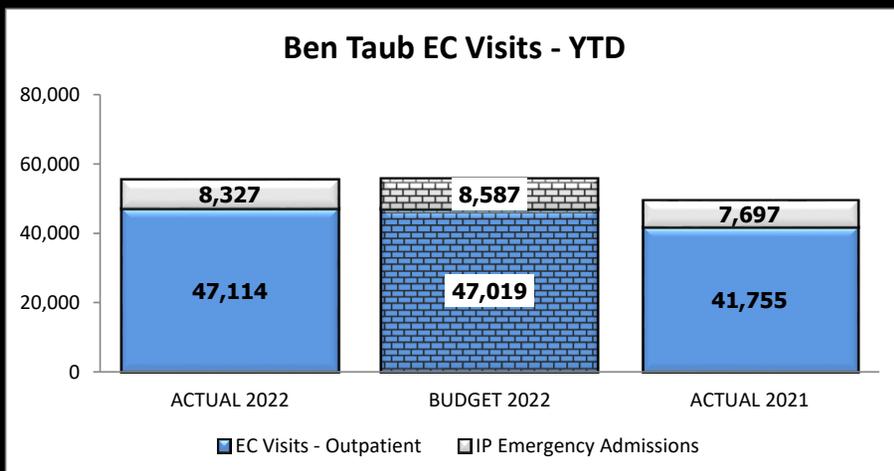
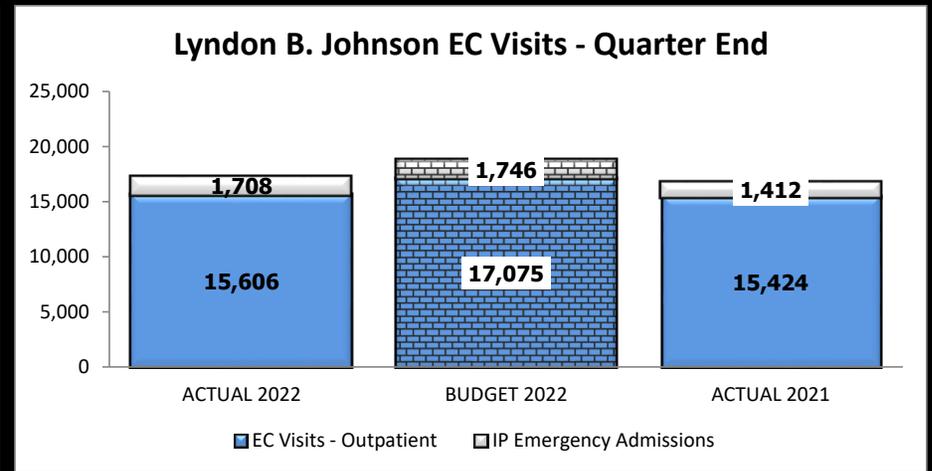
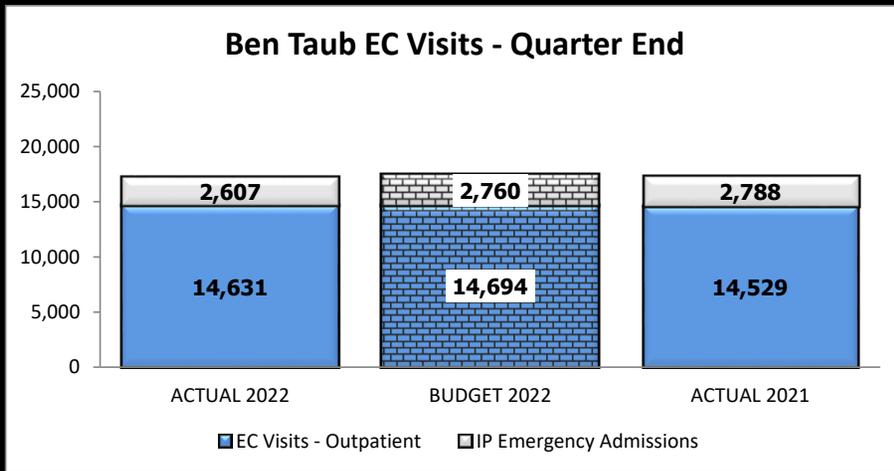


Harris Health System

Statistical Highlights - Emergency Room Visits

As of the Quarter Ended November 30, 2021

<u>BT Emergency Visits - Q3</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - Q3</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
17,238	17,454	17,317	55,441	55,606	49,452	17,314	18,821	16,836	56,171	59,037	49,837



Harris Health System

Statistical Highlights - Births

As of the Quarter Ended November 30, 2021

BT Births - Q3

Actual	Budget	Prior Year
773	985	669

BT Births - YTD

Actual	Budget	Prior Year
2,131	2,864	1,896

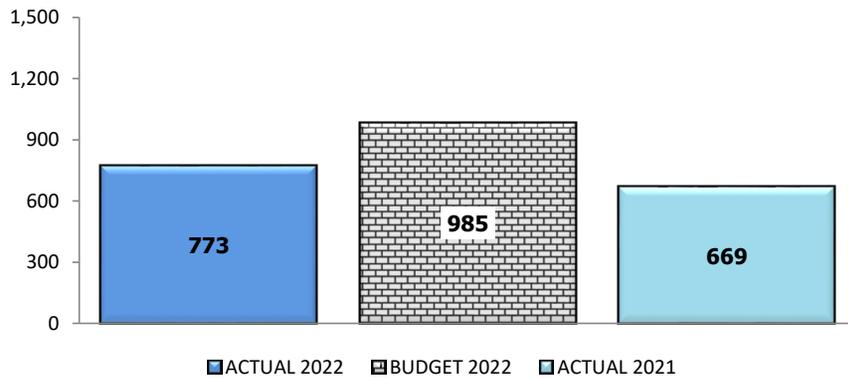
LBJ Births - Q3

Actual	Budget	Prior Year
573	426	458

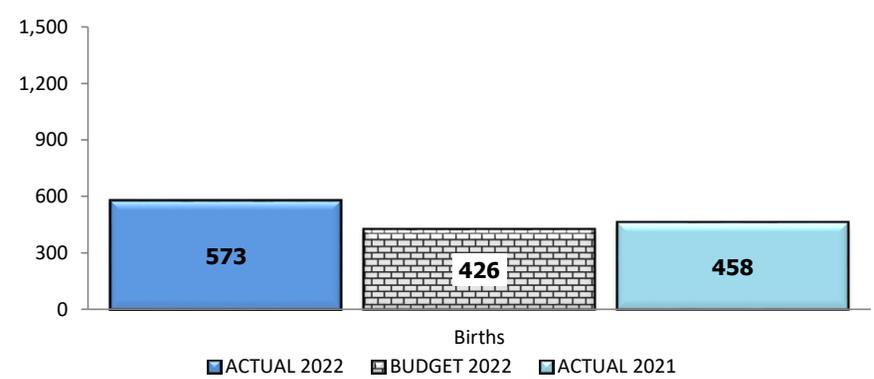
LBJ Births - YTD

Actual	Budget	Prior Year
1,472	1,235	1,374

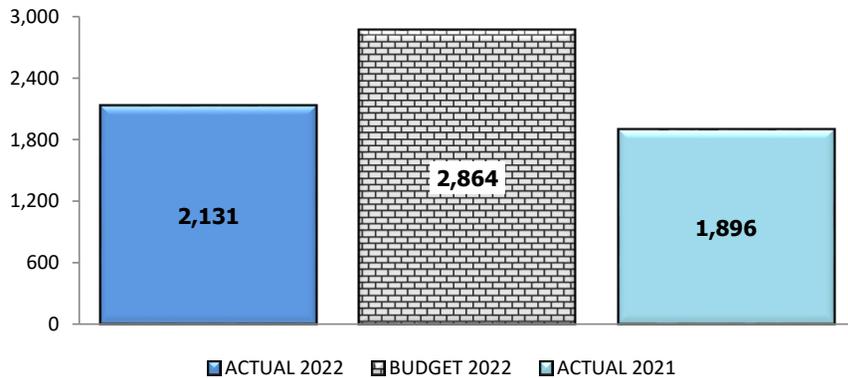
Ben Taub Births - Quarter End



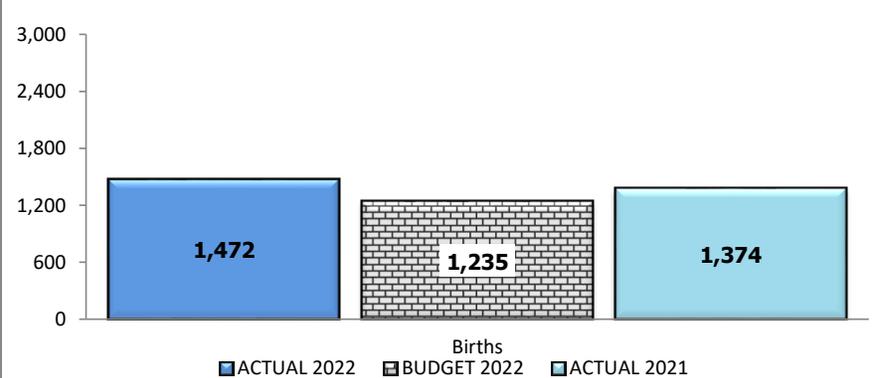
Lyndon B. Johnson Births - Quarter End



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

As of the Quarter Ended November 30, 2021

BT Adjusted Patient Days - Q3

56,987

BT Adjusted Patient Days - YTD

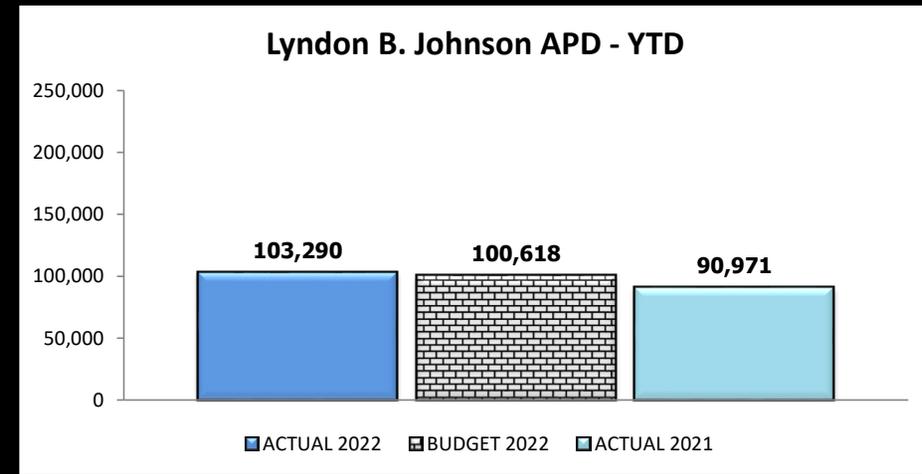
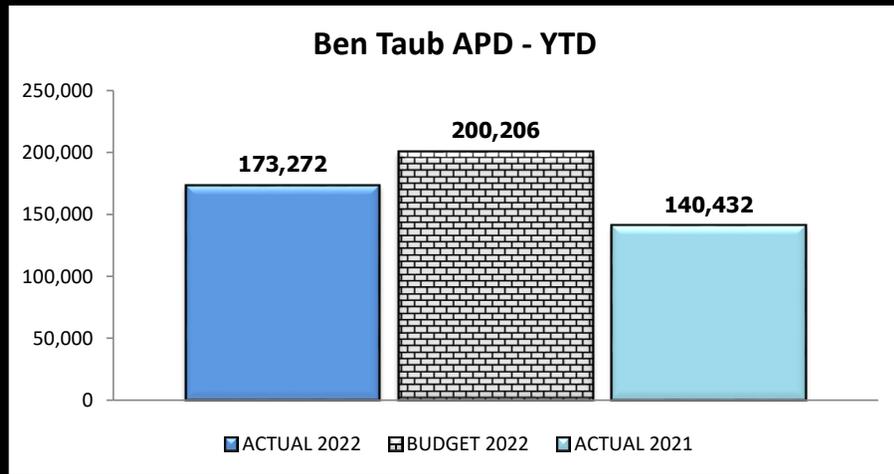
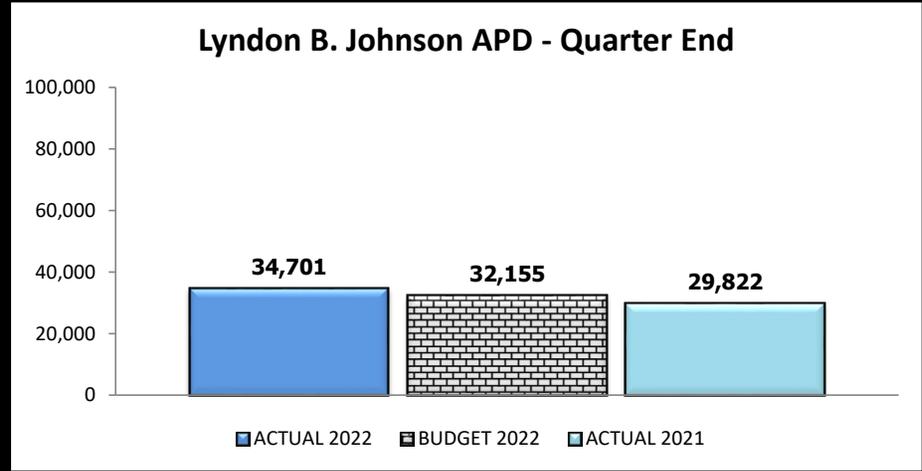
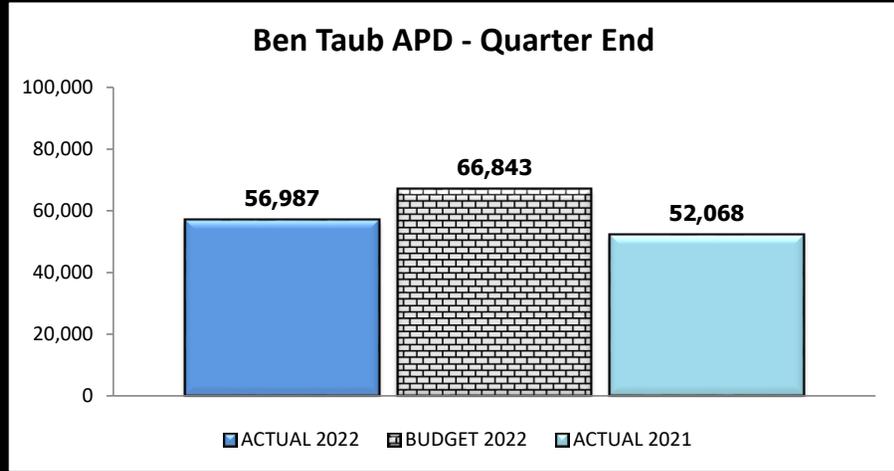
173,272

LBJ Adjusted Patient Days - Q3

34,701

LBJ Adjusted Patient Days - YTD

103,290



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

As of the Quarter Ended November 30, 2021

BT Average Daily Census - Q3

381.1

BT Average Daily Census - YTD

378.3

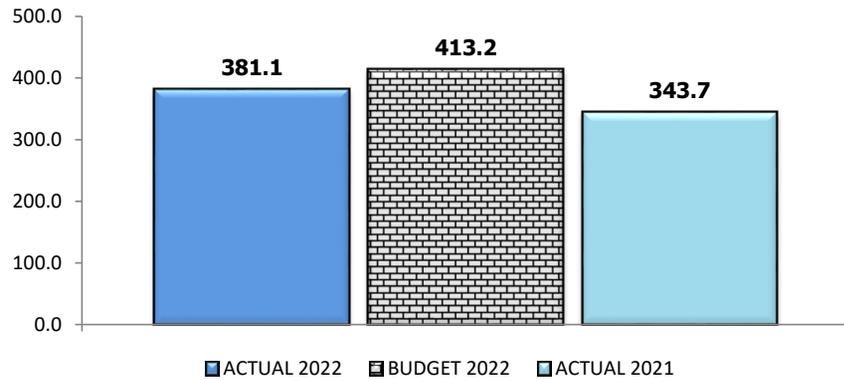
LBJ Average Daily Census - YTD

196.5

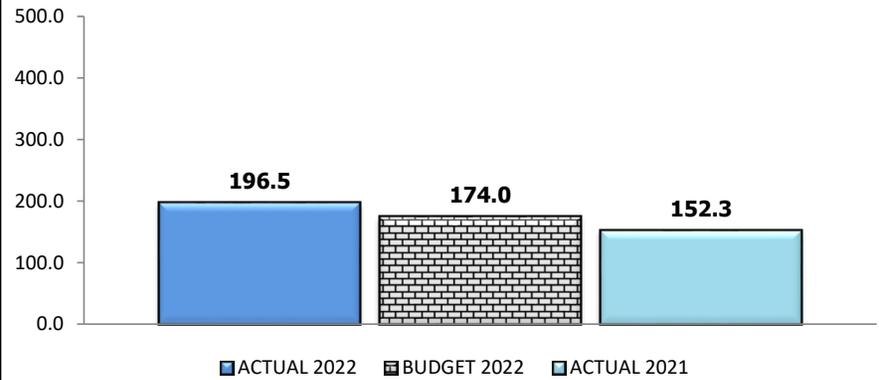
LBJ Average Daily Census - YTD

193.3

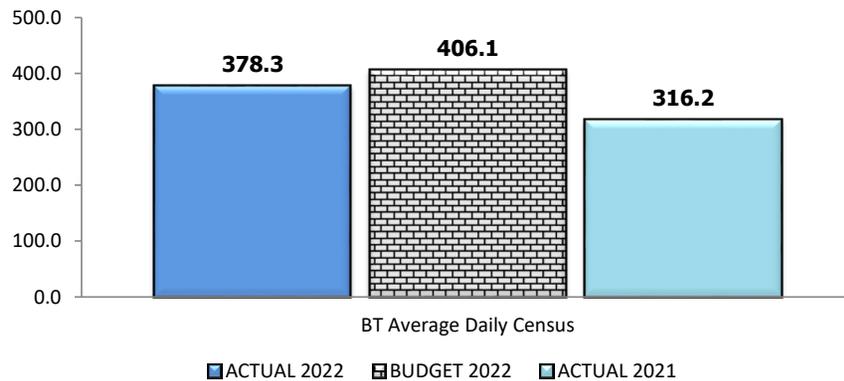
Ben Taub ADC - Quarter End



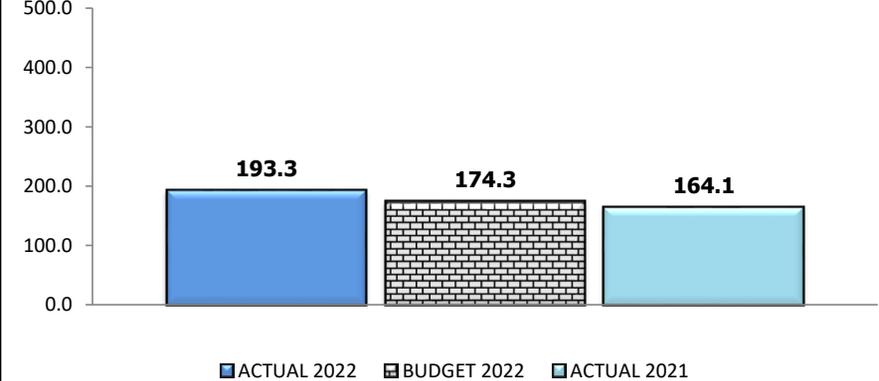
Lyndon B. Johnson ADC - Quarter End



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

As of the Quarter Ended November 30, 2021

BT Inpatient ALOS - Q3

6.68

BT Inpatient ALOS - YTD

6.57

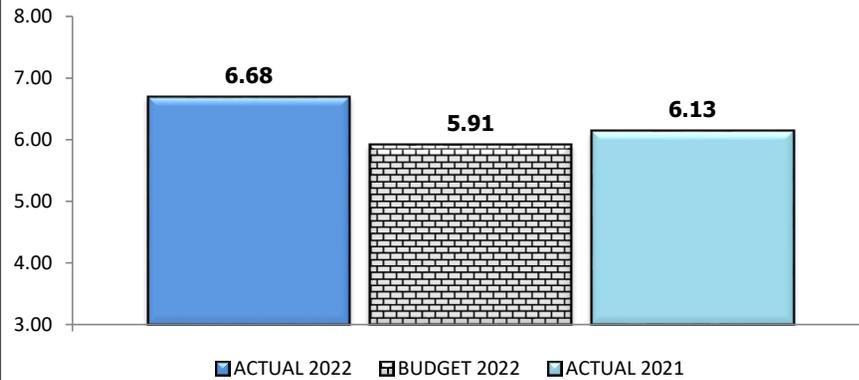
LBJ Inpatient ALOS - Q3

5.57

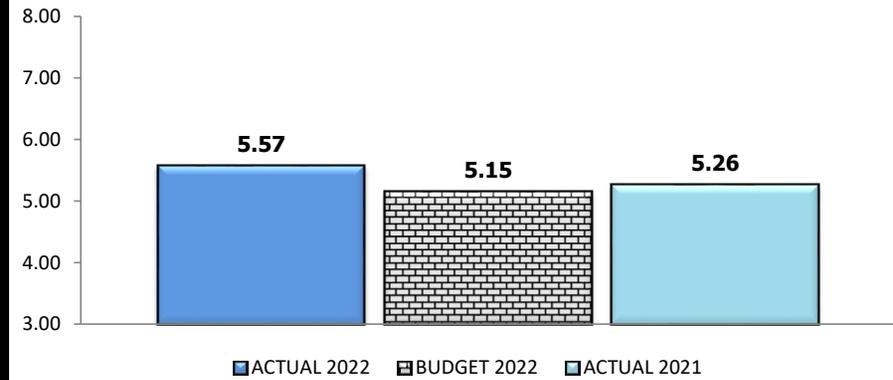
LBJ Inpatient ALOS - YTD

5.43

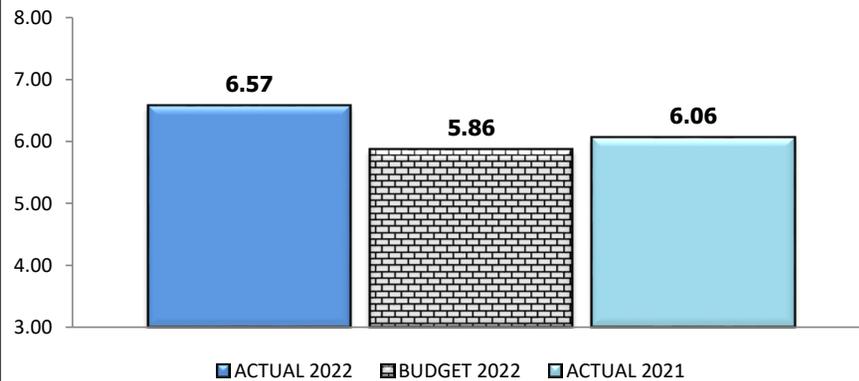
Ben Taub ALOS - Quarter End



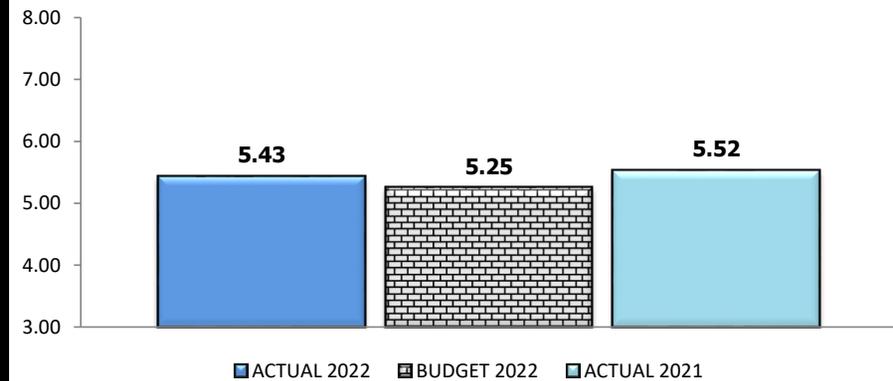
Lyndon B. Johnson ALOS - Quarter End



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

As of the Quarter Ended November 30, 2021

BT Case Mix Index (CMI) - Q3

Overall	Excl. Obstetrics
1.938	2.155

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.833	2.010

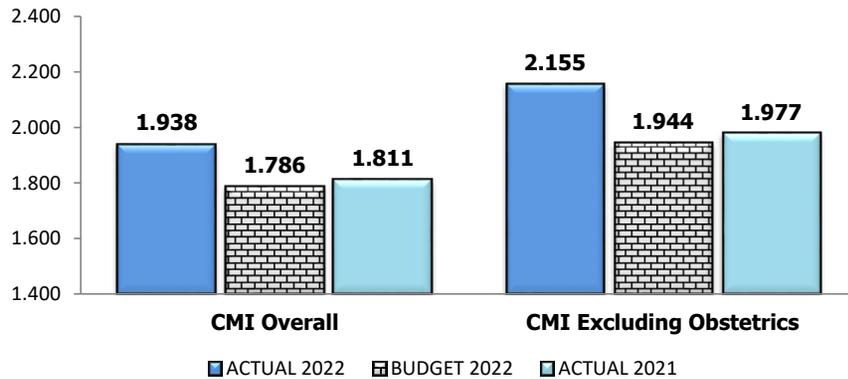
LBJ Case Mix Index (CMI) - Q3

Overall	Excl. Obstetrics
1.715	1.979

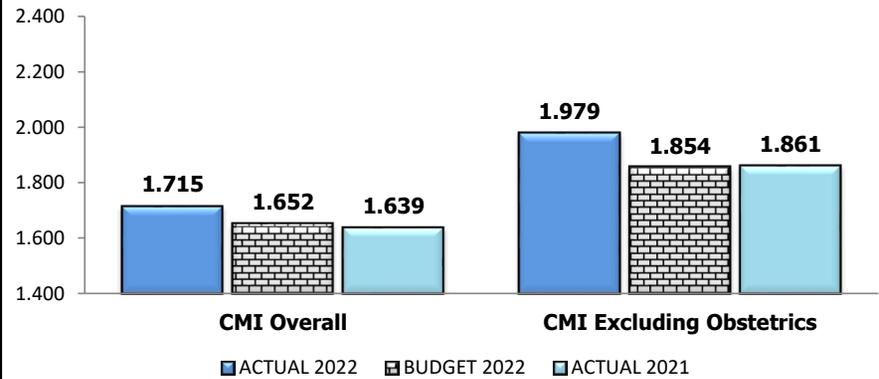
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.690	1.903

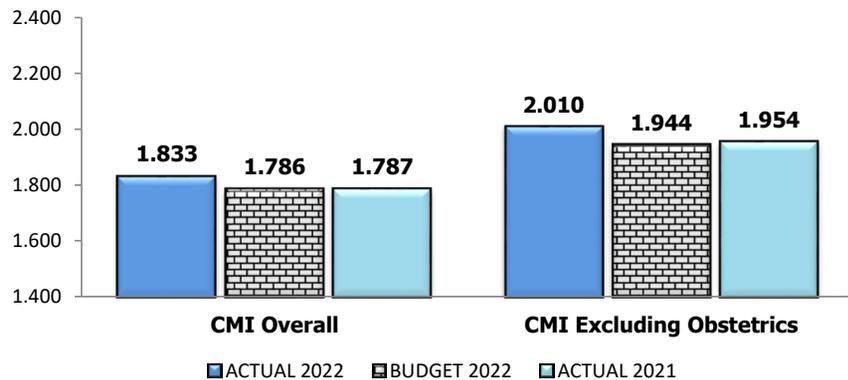
Ben Taub CMI - Quarter End



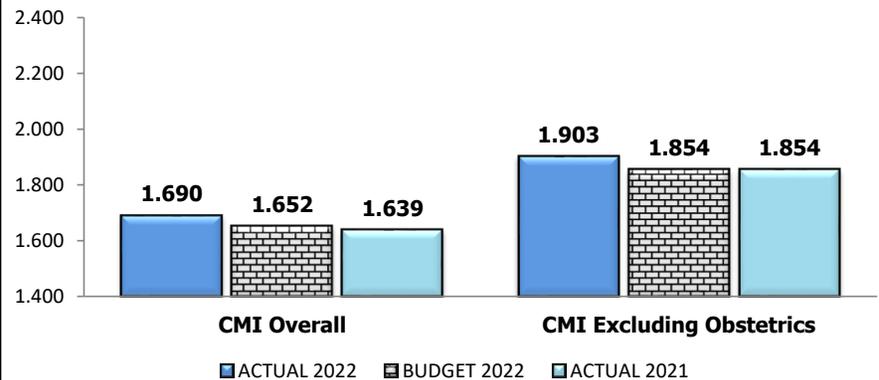
Lyndon B. Johnson CMI - Quarter End



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD





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

February 4, 2022

Board of Trustees Office
Harris County Hospital District
dba Harris Health System

**RE: Board of Trustees Meeting – February 24, 2022
Budget and Finance Agenda Items**

The Office of the Harris County Purchasing Agent recommends approval of the attached procurement actions. All recommendations are within the guidelines established by Harris County and Harris Health System.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA/ea
Attachments



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report
Expenditure Summary: February 24, 2022 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A1	Tellepsen Builders, L.P.	Construction of Parking Garage at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System - provide all labor, materials, equipment and incidentals for the construction of a parking garage at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 21/0362</i>	Award Lowest Priced Proposal Meeting Requirements	Attard, David		\$ 27,380,590		MNG
A2	Multiple (see attachment)	Various Medical Services and Temporary Personnel Provided to the Harris County Jail by the Harris County Hospital District dba Harris Health System - provide critical medical services and temporary personnel for the Harris County jail.	Purchases Public Health or Safety Exemption	Multiple		\$ 24,617,558		SH
A3	Rogers-O'Brien Construction	Construction Manager at Risk for the Renovation and Expansion of the Casa De Amigos Health Center for the Harris County Hospital District dba Harris Health System - construction services to renovate and expand the Casa De Amigos Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 20/0091</i>	Purchase Guaranteed Maximum Price	Attard, David		\$ 13,742,604		JAA
A4	SafeGuard Health Plans, Inc. a part of Metropolitan Life Insurance Company	Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organization (PPO) Insurance for Harris County Hospital District dba Harris Health System - provide for continued DHMO and PPO insurance coverage for employees and retirees of Harris Health System. <i>Job No. 15/0099</i>	Renewal March 1, 2022 through February 28, 2023	Reid, Omar	\$ 5,927,382	\$ 6,483,770		FDA
A5	Cigna Health & Life Insurance Company	Group Medical and Stop Loss Coverage for the Harris County Hospital District dba Harris Health System - provide stop loss for catastrophic claims. <i>Job No. 16/0065</i>	Renewal March 1, 2022 through February 28, 2023	Reid, Omar	\$ 6,783,072	\$ 5,402,552		FDA

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A6	Reliance Standard Life Insurance Company	Basic and Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance for the Harris County Hospital District dba Harris Health System - continued life and AD&D insurance for employees, retirees and dependents. <i>Job No. 15/0100</i>	Renewal March 1, 2022 through February 28, 2023	Reid, Omar	\$ 3,598,287	\$ 3,739,013		FDA
A7	Cardinal Health 200, LLC	Custom Procedure Trays - provide Harris Health System with custom and standard procedure trays, bulk non-sterile components and pack management software. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 ASCEND January 1, 2022 through December 31, 2022	Doug Creamer	\$ 2,235,885	\$ 2,235,885		BKP
A8	Masimo Americas	Pulse Oximetry and Capnography Devices - continue providing Harris Health System with disposable sensors and connecting cables for the pulse oximetry devices. <i>Premier Healthcare Alliance, L.P.</i>	Renewal February 19, 2022 through February 18, 2023	Creamer, Doug	\$ 2,040,812	\$ 2,102,036		BKP
A9	Livongo Health, Inc.	Diabetes Management Program for the Harris County Hospital District dba Harris Health System - continued comprehensive diabetes and hypertension management programs that will increase member engagement and improve overall health and wellbeing.	Additional Funds May 19, 2022 through May 18, 2023	Reid, Omar	\$ 1,131,451	\$ 2,078,902		FDA
A10	GE Healthcare	Infant Warmers and Incubators - replace the current infant warmer and incubator units at Ben Taub and Lyndon B. Johnson Hospitals that are past their expected useful life. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 1,119,514		AM
A11	RaySearch Americas	Treatment Planning System (TPS) for the Harris County Hospital District dba Harris Health System - replace the existing Elekta Monaco Treatment Planning System (TPS) with the RayStation Treatment Planning System (TPS) for the Radiation Oncology Department.	Purchase Public Health or Safety Exemption Competitive Bid Requirements	Chou, David		\$ 1,061,119		KJB

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A12	Reliance Standard Life Insurance Company	Basic and Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance for the Harris County Hospital District dba Harris Health System - continued life and AD&D insurance for employees, retirees and dependents. Job No. 15/0100	Additional Funds March 1,2021 through February 28, 2022	Reid, Omar	\$ 2,609,192	\$ 989,095		FDA
A13	Oracle America, Inc.	Oracle Enterprise Resource Planning System Software Maintenance for the Harris County Hospital District dba Harris Health System - continued maintenance and support for the entire suite of Oracle applications for Harris Health System. The functionality within Oracle includes Payroll, Human Resources, eDevelopment, eRecruitment, Benefits, Requisitioning, Purchasing, Inventory, Accounts Payable, Asset Management, General Ledger, ePerformance, Grants, Supplier Contracts, Expenses, Treasury, Cash Management and Lease.	Purchase Sole Source March 1, 2022 through February 28, 2023	Chou, David	\$ 1,042,025	\$ 926,194		KJB
A14	Centennial Contractors Enterprises, Inc.	Modernization of the Trauma Elevators at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System -upgrade the existing trauma elevators due to frequent breakdowns, hard to find maintenance parts due to their age, and potential safety risk. The owner contingency provides for coverage on unanticipated costs throughout the construction project. Job No. 21/0387	Award Best Proposal Meeting Requirements	Attard, David		\$ 894,000		MAM
A15	Dell Marketing, L.P.	Dell IT Equipment for the Harris County Hospital District dba Harris Health System - provide replacement of minor IT equipment with seven (7) years of age or older and defective equipment. Minor IT equipment includes printers, scanners, and projectors. Department of Information Resources	Purchase Only Quote	Chou, David		\$ 800,000		SPS
A16	Presidio Networked Solutions Group, LLC	WebEx Cloud Contact Center for the Harris County Hospital District dba Harris Health System - support and migrate the existing on premises contact centers with the Cisco WebEx Cloud contact center platform. This consists of several hardware servers, new applications, and replace our current Verint call recording solution. Department of Information Resources	Purchase Low Quote	Chou, David		\$ 795,245		KC

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A17	Cadence Bank, N.A.	Depository Bank Services for Harris County, Harris County Clerk's Office, Harris County District Clerk's Office and the Harris County Flood Control District - Allowing Harris Health to utilize existing contracts for banking services. <i>Job No. 16/0241</i>	Utilization Funding Yr. 2 Extension March 1, 2022 through September 30, 2023	McMichael, Kari	\$ 465,000	\$ 760,000		FDA
A18	Oracle America, Inc.	Oracle Database Maintenance and Support for the Harris County Hospital District dba Harris Health System - support for the following Oracle products: Database Enterprise, Access Manager, Identity Governance Suite, Active Data Guard, Diagnostics Pack, Real Application Clusters, Tuning Pack, Advanced Compression, Database Lifecycle Management Pack and Partitioning.	Purchase Sole Source March 1, 2022 through February 28, 2023	Chou, David	\$ 768,973	\$ 751,921		KJB
A19	Karl Storz Endoscopy-America, Inc.	OR Integration and Automation - replace an obsolete OR Integration System with a new system providing improved capabilities for Lyndon B. Johnson Hospital. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 719,303		AM
A20	Sequel Data Systems, Inc.	HP Server Infrastructure for the Harris County Hospital District dba Harris Health System - provide for the replacement of the Treatment Planning System or "TPS" for the Radiation Oncology Department. This purchase is for the HP Server infrastructure needed to stand up the RayStation software. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 635,896		SPS
A21	Cadence Bank, N.A.	Payment Processing Services and Payment Technology Solutions (Merchant Services) for Harris County - Allowing Harris Health to utilize existing contracts for merchant services. <i>Job No. 17/0025</i>	Renewal March 1, 2022 through September 30, 2023	McMichael, Kari	\$ 360,000	\$ 570,000		FDA
A22	3M Health Information System, Inc.	3M Software Maintenance for the Harris County Hospital District dba Harris Health System - maintenance and support for the following software products: APCfinder, Classic CMS V24 Grouping & Reimbursement Bundle, Advanced Analyzer, Codefinder, Coding Reference, Connections Basic, Core Grouping APC Grouper, DRGfinder, HCPCS/CPTfinder, Reimbursement Calculation Texas Medicaid, 360 Encompass Health Analytics, PPS Services Subscription, Coding Reference Plus and S-All Patient Refined DRG.	Additional Funds Sole Source Exemption October 28, 2021 through October 27, 2022	Chou, David Kaitschuck, Michael	\$ 1,973,816	\$ 546,167		KJB

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A23	Philips Healthcare	Ultrasound Machine - provide Harris Health System with radiology ultrasound units that have improved imaging capabilities, and will replace three (3) radiology ultrasound units no longer supported by the manufacturer. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 492,462		AM
A24	The University of Texas Health Science Center at Houston	Primary Medical Care Services to Eligible HIV Infected Patients of the Harris County Hospital District dba Harris Health System – Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A - primary medical care services to eligible HIV-infected patients at Harris Health System facilities.	Approve Texas Health & Safety Code March 1, 2022 through February 28, 2023	Kostov, Amineh		\$490,172 (Ryan White Grant Funds)		SH
A25	Solid Border, Inc.	Technology refresh of the Radware for the Harris County Hospital District dba Harris Health System - support for the Radware WAF solution in protecting Harris Health System web applications from cyber-attacks. Radware technology is used for denial of service prevention providing more in-depth monitoring of critical application systems. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 480,982		KC
A26	Coker Group Holdings, LLC Curative Talent Kaye/Bassman International Corporation Kirby Partners Recruiting Source International, LLC Royster Group, Inc.	Executive Recruitment Services for the Harris County Hospital District dba Harris Health System - provide executive recruitment services for Harris Health System. <i>Job No. 17/0306</i>	Renewal	Chou, David	\$ 460,894	\$ 460,894		FDA

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A27	Steris Corporation	OR Lights and Booms - replace obsolete anesthesia booms and equipment with new systems for Lyndon B. Johnson Hospital Operating Rooms. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 460,560		AM
A28	UniFirst Corporation	Mat and Mop Rental Services for the Harris County Hospital District dba Harris Health System - continued mat and mop rental services for Harris Health System. <i>Premier Healthcare Alliance, L.P.</i>	Renewal March 4, 2022 through March 3, 2023	Creamer, Doug	\$ 437,649	\$ 459,531		SEP
A29	Waste Corporation of Texas LP dba GFL Environmental	Refuse Removal Services for the Harris County Hospital District dba Harris Health System - provide refuse removal services at various Harris Health System locations. <i>Job No. 21/0358</i>	Award Only Bid February 24, 2022 through December 31, 2022	Brown, Tim		\$ 455,583		CTD
A30	Stryker Sales Corporation	Maintenance and Repair Services for Endoscopy Equipment for the Harris County Hospital District dba Harris Health System - provide for continued repair and replacement service of various Stryker Endoscopic Surgical Scopes for Ben Taub and Lyndon B. Johnson Hospitals.	Additional Funds Extension March 1, 2022 through February 28, 2023	Attard, David	\$ 451,180	\$ 451,180		SCF
A31	Community Health Choice, Inc.	Third Party Administration of Healthcare Claims from Non-Affiliated Providers for the Harris County Hospital District dba Harris Health System - providing Harris Health System access to its network of healthcare providers. Harris Health System will pay Community an administrative fee for providing access and will utilize the network to refer patients and thereby increase patient access to providers.	Renewal Texas Health & Safety Code; Interlocal Agreement March 1, 2022 through February 28, 2023	Smith, Amy Wright, Lisa	\$ 450,000	\$ 450,000		RRV
A32	FMA Alliance, Ltd.	Collection Services for Overdue Patient Accounts for Harris County Hospital District dba Harris Health System - assist Harris Health System in recovering overdue payments until the competitive proposal process is complete and a new Agreement has been executed. <i>Job No. 11/0223</i>	Ratify Additional Funds Extension June 12, 2021 through June 11, 2022	Norby, Mike	\$ 2,234,128	\$ 415,000		FDA

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A33	Kronos Incorporated	Time, Attendance, and Scheduling System for the Harris County Hospital District dba Harris Health System - Additional funds are required to provide for the Staffing Module to assist Nursing Operations allowing efficient workload management, predictive analytics, and sitter utilization.	Additional Funds OMNIA Partners Public Sector Cooperative Purchasing Program December 24, 2020 through June 23, 2022	Padilla, Maureen Chou, David	\$ 1,520,946	\$ 406,020		SPS
A34	Insight Health Corporation dba RAYUS Radiology	Lease of Mobile Magnetic Resonance Imaging (MRI) System for the Harris County Hospital District dba Harris Health System - An emergency lease was required due to the failure of the one (1) existing Ben Taub MRI unit. The mobile unit will assist in accommodating the current backlog of outpatient MRI services at Ben Taub Hospital and Smith Clinic, while allowing adequate time to purchase a permanent mobile MRI unit. The mobile unit will also provide some relief for the inpatient redundancy, for the one (1) existing Ben Taub MRI unit, which is very important for tertiary care at the Level I Trauma Center facility.	Ratify Public Health or Safety Exemption competitive bid requirements and authorization February 14, 2022 through February 13, 2023	Medina-Rivera, Glorimar Hons, Jamie February 14, 2022 through February 13, 2023		\$ 359,850		STM
A35	JLA Construction Solutions	Renovation of an Existing X-Ray and Control Room at the Baytown Health Center for the Harris County Hospital District dba Harris Health System - provide all labor, materials, equipment and incidentals for the renovation of an existing x-ray and control room at the Baytown Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 21/0388</i>	Award Only Proposal Meeting Requirements	Attard, David		\$ 358,512		JAA
A36	Roche Diagnostics Corporation	Immunohistochemistry Staining and Special Staining Systems including Analyzers, Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System - for continued immunohistochemistry staining and special staining testing of Harris Health patients. <i>Job No. 15/0220</i>	Renewal December 13, 2021 through December 12, 2022	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 346,808	\$ 346,808		WKB

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A37	JLA Construction Solutions	Renovation of the X-ray Unit at El Franco Lee Health Center for the Harris County Hospital District dba Harris Health System - To renovate and replace an existing X-Ray Unit on the first floor of El Franco Lee Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project. <i>Job No. 21/0380</i>	Award	Attard, David		\$ 338,629		MAM
A38	CFI Mechanical, Inc.	Replacement of Roof Top Unit at the Martin Luther King Jr. (MLK) Health Center for the Harris County Hospital District dba Harris Health System - To replace one six (6) roof top units at the MLK Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.	Purchase Low Quote Choice Partners	Attard, David		\$ 312,946		MAM
A39	Cardinal Health 200, LLC	Sterile Packs and Gowns - provide Harris Health System with sterile packs, gowns, drapes and nonsterile drapes. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 Best Contract January 1, 2022 through December 31, 2022	Creamer, Doug	\$ 307,530	\$ 307,530		BKP
A40	Rentokil North America, Inc.	Integrated Pest Management Services for Harris County Hospital District dba Harris Health System - Integrated Pest Management Services for Harris Health System. <i>Premier Healthcare Alliance, L.P.</i>	Renewal March 30, 2022 through March 29, 2023	Hons, James Syed, Awon Walker, William	\$ 274,210	\$ 300,300		PT
A41	CrowdStrike, Inc. through Set Solutions, Inc.	Advanced Malware Threat Intelligence Platform for the Harris County Hospital District dba Harris Health System - Additional funds are required to the extended term. The term is being extended to provide for CrowdStrike advanced malware threat intelligence platform to protect the organization from phishing attacks and ransomware.	Additional Funds Extension Choice Partners National Purchasing Cooperative March 24, 2021 through March 23, 2023	Vinson, Jeffrey	\$ 258,820	\$ 272,563		SPS
A42	Philips Healthcare	Physiological Monitoring Equipment - replace physiological monitoring equipment no longer supported by the manufacturer at Lyndon B. Johnson and Ben Taub Hospitals. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 265,752		AM

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A43	Mar Cor Purification	Reverse Osmosis Water Purification System - reverse osmosis (RO) water purification system required to meet the operational needs of dialysis stations for the Quentin Mease facility. <i>Job No. 16/0081</i>	Purchase January 31, 2022 through January 30, 2023	Attard, David		\$ 264,552		AM
A44	Stryker Medical	Stryker Medical - To provide Quentin Mease with stretchers required to meet the operational needs of the facility. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 261,423		AM
A45	The Brandt Companies, LLC	Installation of New Cooling Systems for IT Equipment at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System - add four (4) new cooling systems to provide the required cooling capacity for the IT equipment and servers in four (4) IDF closets at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the project.	Purchase Low Quote Choice Partners	Attard, David		\$ 247,210		JAA
A46	KGI Holdings LLC dba KGI	Pre and Post-Employment Background Screening for Harris County Hospital District dba Harris Health System - background screening services until the competitive proposal process is complete and a new Agreement has been executed. <i>Job No. 13/0326</i>	A4dditional Funds Extension February 26, 2022 through February 25, 2023	Reid, Omar	\$ 467,240	\$ 240,000		FDA
A47	PartsSource, Inc.	Biomedical Equipment Parts and Services for the Harris County Hospital District dba Harris Health System - PartsSource PROTm Managed Service Platform to assist in procuring medical equipment parts and services for Harris Health System Biomedical Engineering. <i>Premier Healthcare Alliance, L.P.</i>	Renewal February 28, 2022 through February 27, 2023	Attard, David	\$ 240,000	\$ 240,000		PT
A48	Carahsoft Technology Corporation	SAP Business Objects Software Maintenance for the Harris County Hospital District dba Harris Health System - provide maintenance for the Business Objects software that assists in performance and information management, planning, reporting, query and analysis used in organizational decision making. <i>Department of Information Resources</i>	Purchase Only Quote	Chou, David		\$ 225,639		SPS

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A49	Sirius Computer Solutions, LLC	Maintenance and Support for CheckPoint PointSec for the Harris County Hospital District dba Harris Health System - continued maintenance and support for CheckPoint PointSec hard disk and media encryption solution. This solution allows encryption capabilities to meet HIPAA standards and security best practices. <i>Department of Information Resources</i>	Purchase Low Quote	Vinson, Jeffrey		\$ 184,440		SPS
A50	Philips Healthcare	Ultrasound Machine - replace the current cardiology echo ultrasound unit at Ben Taub Hospital that is past its expected useful life with new equipment providing improved imaging capabilities. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 180,244		AM
A51	Premier Healthcare Solutions, Inc.	Consulting Services for the Harris County Hospital District dba Harris Health System - provide 1115 Waiver Anchor-related duties for Regional Healthcare Partnership 3 (RHP3) and provide ongoing guidance for region 3 Delivery Services Reform Incentive Payment (DSRIP) providers.	Ratify Purchase Personal Services Exemption January 1, 2022 through December 31, 2022	Rodriguez, Olga		\$ 178,200		RRV
A52	Oracle America, Inc.	Oracle Exadata Software Maintenance for the Harris County Hospital District dba Harris Health System - continued maintenance and support for Exadata Software which is a fully integrated database-computing platform.	Purchase Product Standardization April 1, 2022 through March 31, 2023	Chou, David	\$ 176,447	\$ 175,235		KJB
A53	Philips Healthcare	Ultrasound Machine - provide a cardiology ultrasound machine used to perform Transcatheter Aortic Valve Replacement (TAVR) procedures for Ben Taub Hospital. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 165,056		AM
A54	CFI Mechanical, Inc.	Replacement of Roof Top Units at the Northwest Health Center for the Harris County Hospital District dba Harris Health System - replace five (5) roof top units at the Northwest Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.	Purchase Low Quote Choice Partners	Attard, David		\$ 161,340		MAM

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A55	Shipcom Wireless, Inc.	Information Technology (IT) Professional Services for the Harris County Hospital District dba Harris Health System - temperature monitoring and data analysis to track the temperature/humidity of patient medical samples, pharmaceuticals, and medical devices, transported by HHS staff within HHS refrigerated vehicles and insulated containers. The solution analyzes the operational status of the HVAC equipment and provides a wireless connection that automates assigning coolers.	Renewal General Services Administration March 27, 2022 through March 26, 2023	Okezie, Chris	\$ 126,875	\$ 158,136		FDA
A56	Baylor College of Medicine	Physician Services for the School-Based Teen Clinic Program for the Harris County Hospital District dba Harris Health System - provide for continued preventative medical services which include immunizations, general health assessments, laboratory services, athletic physicals, vision and hearing screenings for children within the geographical boundaries of	Renewal Professional Services Exemption April 5, 2022 through	Walker, William	\$ 150,000	\$ 150,000		TCT
A57	Houston Independent School District (Agency) Baylor College of Medicine (Vendor)	Clinic/Health Services for School Based Teen Clinic Program in Precinct 2 for the Harris County Hospital District dba Harris Health System - Baylor will provide for continued treatment of minor acute illness, laboratory services, preventative medical services including immunizations, general health assessments, athletic physicals, vision and hearing screenings, and other services for students enrolled in HISD within the geographical boundaries of Harris County, Texas Precinct 2. HISD will continue providing adequate and suitable space for operation of the Teen Health Clinic at no cost.	Renewal Interlocal, Professional Services Exemption April 16, 2022 through April 15, 2023	Walker, William	\$ 150,000	\$ 150,000		TCT
A58	BG Staffing, LLC	Consulting Services for Fiscal Year Changes for the Harris County Hospital District dba Harris Health System - reconfigure chart of accounts and fiscal year calendars for Harris Health System to match new fiscal year.	Ratify Personal Services Exemption	Chou, David		\$ 150,000		RRV
A59	L.J. Power, Inc.	Purchase of Generator for Central Fill Pharmacy for the Harris County Hospital District dba Harris Health System - backup generator for Central Fill Pharmacy.	Purchase Low Quote	Attard, David		\$ 149,882		STM
A60	The Brandt Companies, LLC	Condensing Unit Replacement at Martin Luther King (MLK) Jr. Health Center for the Harris County Hospital District dba Harris Health System - two (2) condensing units at the MLK Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.	Purchase Low Quote Texas Association of School Boards	Attard, David		\$ 146,844		MAM

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A61	Lantheus Medical Imaging	Contrast Media Ultrasound - provide Harris Health System with contrast media agents used to enhance ultrasound imaging. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO January 1, 2022 through December 31, 2022	Creamer, Doug		\$ 141,142		AM
A62	McCoy-Rockford, Inc.	Task Seating, Cubicles, Storage Cabinets, and Lateral Files for the Lois J. Moore Center for Nursing Excellence for the Harris County Hospital District dba Harris Health System - provide office furniture for the Lois J. Moore Center for Nursing Excellence.	Purchase Low Quote Texas Multiple Award Schedule	Attard, David		\$ 140,517		MJS
A63	Becton, Dickinson and Company, through its BD Diagnostics – Integrated Diagnostic Solutions Business Unit	BD Service Agreement for the Harris County Hospital District dba Harris Health System - continued service to the Kiestra equipment.	Renewal Sole Source Exemption March 1, 2022 through February 28, 2023	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 90,139	\$ 132,500		WKB
A64	South Texas Nuclear Pharmacy Inc.	Nuclear Medicine Radiopharmaceuticals and Associated Pharmaceuticals for the Harris County Hospital District dba Harris Health System - continue providing nuclear medicine radiopharmaceuticals and associated pharmaceuticals used in nuclear medicine for diagnostic imaging and therapeutic procedures throughout Harris Health System. <i>Job No. 18/0222</i>	Renewal March 1, 2022 through February 28, 2023	Hesse, James P.	\$ 125,000	\$ 126,250		BA
A65	Ricoh USA, Inc.	Photocopier/Scanner Lease and Services for the Harris County Hospital District dba Harris Health System - provide for continued copy center services consisting of hard copy, digital and large format printing; finishing and delivery services; print procurement, consultation, pick-up and delivery services for Harris Health System. <i>Department of Information Resources</i>	Additional Funds April 5, 2021 through April 4, 2022	Creamer, Doug	\$ 517,998	\$ 126,242		KJB

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A66	Fujifilm Medical Systems, USA, Inc.	Service and Maintenance for Carbon XL Computed Radiography Equipment for the Harris County Hospital District dba Harris Health System - scheduled and unscheduled service and maintenance for the Fujifilm Carbon XL Computed Radiography Equipment throughout Harris Health System.	Renewal Sole Source Exemption March 1, 2022 through February 28, 2023	Attard, David	\$ 126,000	\$ 126,000		SCF
A67	Harris County	Use of Public Safety Radio System for the Harris County Hospital District dba Harris Health System - provide access to Harris County's radio communications system.	Ratify Renewal Interlocal November 5, 2021 through November 4, 2022	Okezie, Chris	\$ 124,488	\$ 124,488		JLD
A68	GE Healthcare	Ultrasound Machine - replace one (1) cardiology echo ultrasound unit that is past its useful life with new equipment providing improved imaging capabilities for Ben Taub Hospital Cardiology. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 122,060		AM
A69	Leica Microsystems, Inc.	Maintenance and Repair Services for Leica Instruments for the Harris County Hospital District dba Harris Health System - maintenance and repair services for Leica instrumentation for Ben Taub and Lyndon B. Johnson Hospitals.	Purchase Public Health or Safety Exemption March 1, 2022 through February 28, 2023	Attard, David		\$ 120,246		SCF
A70	Mayo Collaborative Services, LLC, d/b/a Mayo Clinic Laboratories	Clinical Reference Laboratory Services for the Harris County Hospital District dba Harris Health System - perform specialized/esoteric testing for Harris Health System patients.	Purchase Professional Services Exemption	Nnadi, Michael Darnauer, Patricia Gaston, George		\$ 120,000		WKB
A71	SHI Government Solutions, Inc.	Database licenses for the Harris County Hospital District dba Harris Health System - provide Microsoft software licenses for the replacement Treatment Planning System (TPS) to be used in the Radiation Oncology Departments. <i>Department of Information Resources</i>	Purchase Only Quote	Chou, David		\$ 114,853		KJB

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A72	CFI Mechanical, Inc.	Replacement of Roof Top Units at the Baytown Health Center for the Harris County Hospital District dba Harris Health System - replace three (3) roof top units at the Baytown Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.	Purchase Low Quote Choice Partners	Attard, David		\$ 114,367		MAM
A73	SHI Government Solutions, Inc.	Microsoft Windows Server licenses for the Harris County Hospital District dba Harris Health System - provide Microsoft Windows Server licenses for the replacement Treatment Planning System (TPS) to be used in the Radiation Oncology Departments. <i>Department of Information Resources</i>	Purchase Only Quote	Chou, David		\$ 113,725		KJB
A74	Fujifilm Medical Systems, USA, Inc.	Service and Maintenance for Computed Radiography Equipment for the Harris County Hospital District dba Harris Health System - scheduled and unscheduled service and maintenance for the Fujifilm Computed Radiography Equipment throughout Harris Health System.	Renewal Sole Source Exemption March 1, 2022 through February 28, 2023	Attard, David	\$ 113,652	\$ 113,652		SCF
A75	CFI Mechanical, Inc.	Replacement of Condensing and Air Handling Units at the Strawberry Health Center for the Harris County Hospital District dba Harris Health System - replace one (1) condensing unit and air handling unit coil at the Strawberry Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.	Purchase Low Quote Choice Partners	Attard, David		\$ 110,232		MAM
A76	Kronos Incorporated	Time, Attendance, and Scheduling System for the Harris County Hospital District dba Harris Health System - Additional funds are required to provide for licenses and services to onboard Correctional Health employees into the System.	Additional Funds OMNIA Partners Public Sector Cooperative Purchasing Program December 24, 2020 through June 23, 2022	Nikitin, Victoria Chou, David	\$ 1,520,946	\$ 109,200		SPS

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
A77	Pitney Bowes Inc.	Lease Mail Equipment, Mail Sorting Services and Send Suite® Shipping Solutions Software for the Harris County Hospital District dba Harris Health System - equipment and software for labeling, postage and tracking of letters and packages.	Ratify Funding Yr. 2 Texas Association of School Boards February 1, 2022 through January 31, 2022	Okezie, Chris	\$ 103,364	\$ 103,364		RRV
A78	FEI Behavioral Health, Inc.	Group Employee Assistance Program for the Harris County Hospital District dba Harris Health System - provide for continued counseling assistance services for Harris Health System employees until a new competitive proposal process is complete. <i>Job No. 16/0067</i>	Additional Funds Extension March 1, 2022 through February 28, 2023	Reid, Omar	\$ 63,640	\$ 63,640		FDA
					Total	\$ 111,297,145		

**Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report
Expenditure Summary: February 24, 2022 (Transmittals)**

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
B1	Netsync Network Solutions, Inc.	Artificial Intelligence Software for IT Service Desk Requests for the Harris County Hospital District dba Harris Health System - provide for the Aisera Software application that integrates with the existing Service Desk and is designed to autonomously resolve a high percentage of service desk requests from employees across the organization.	Purchase Only Quote The Interlocal Purchasing System	Chou, David		\$ 99,999		SPS
B2	Innovation Associates, Inc.	Maintenance and Support for the Central Fill Pharmacy System for the Harris County Hospital District dba Harris Health System - Additional funds are needed to provide services related to NEXiA upgrade and Vietnamese Translation Development Project for the PharmASSIST-Central Fill Pharmacy System.	Additional Funds Sole Source Exemption September 4, 2021 through September 3, 2022	Nnadi, Michael	\$ 414,802	\$ 99,448		BA
B3	Planmeca U.S.A. Inc	Cone Beam CT - replace the current Cone Beam CT machine at Lyndon B. Johnson Hospital with a new system capable of sending coronal, sagittal and axial CT slice series to the existing PACS system. <i>Job No. 18/0005</i>	Purchase August 30, 2021 through August 29, 2022	Attard, David		\$ 95,849		AM
B4	Covidien Sales LLC Smith's Medical	Tracheostomy Tubes and Related Products - provide Harris Health System with tracheostomy tubes, laryngectomy tubes, holders, plugs, cannulas, kits and speaking valves. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO January 1, 2022 through December 31, 2022	Creamer, Doug	\$ 94,560	\$ 94,560		BKP
B5	First DataBank, Inc.	FDB MedKnowledge™ License and Maintenance for the Harris County Hospital District dba Harris Health System - maintenance and support for the MedKnowledge™ software drug interaction database designed for medication ordering and prescribing at the point of care. The software is integrated into Epic's Computerized Physician Order Entry application.	Additional Funds Sole Source Exemption December 15, 2017 through December 14, 2020 and December 15, 2020 through December 14, 2021	Chou, David	\$ 386,165	\$ 92,701		KJB

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
B6	Epic Systems Corporation	Epic Infusion Pump Integration Services for the Harris County Hospital District dba Harris Health System - provide services from Epic to implement an interface between the Epic Electronic Medical Record software application and Alaris infusion pumps.	Award Sole Source Exemption	Chou, David		\$ 89,000		KJB
B7	National Research Corporation	Patient Satisfaction and CAHPS Surveys, Employee and Medical Staff Surveys for the Harris County Hospital District dba Harris Health System - conduct various surveys that will enable Harris Health System to continuously improve services provided to patients. <i>Job No. 14/0218</i>	Additional Funds October 1, 2021 through September 30, 2022	Rodriguez, Olga	\$ 983,607	\$ 85,587		RRV
B8	Flexible Benefit Administrators, Inc.	Group Flexible Spending Accounts for the Harris County Hospital District dba Harris Health System - provide pre-tax health benefit spending accounts and tuition reimbursement services for Harris Health System employees. <i>Job No. 16/0068</i>	Renewal March 1, 2021 through February 28, 2022	Reid, Omar	\$ 84,044	\$ 84,699		RRV
B9	HillRom Company Inc.	Airway Clearance Products - continue providing Harris Health System with implants used to clear the airways of mucus to improve breathing and prevent respiratory diseases. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 2 GPO May 1, 2022 t through April 30, 2023	Creamer, Doug	\$ 74,917	\$ 77,165		BKP
B10	Becton, Dickinson & Company	Sharps Disposal Containers - continue providing Harris Health System with canisters designed for the safe containment of sharps medical waste, and related accessories such as wall mountings and brackets. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO May 1, 2022 through April 30, 2023	Creamer, Doug	\$ 64,633	\$ 75,383		BKP
B11	Bluetriton Brands Inc. dba ReadyRefresh	Steam distilled and drinking water and rental of water coolers for the Harris County Hospital District dba Harris Health System - providing steam distilled and drinking water and rental of water coolers at various locations for Harris Health System. <i>Job No. 180347</i>	Renewal January 1, 2022 through December 31, 2022	Creamer, Doug	\$ 71,500	\$ 72,304		DLC

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
B12	BKD, LLP	External Audit Services for the Harris County Hospital District dba Harris Health System - independent audits for Harris Health System. <i>Job No. 17/0185</i>	Additional Funds December 15, 2021 through December 14, 2022	Nikitin, Victoria	\$ 652,000	\$ 63,700		JLD
B13	General Datatech, L.P.	Gigamon Software and Hardware Maintenance for the Harris County Hospital District dba Harris Health System - provide for the Gigamon software and hardware maintenance which allows Harris Health IT Engineers to have network visibility to support the organization's hospitals and clinics. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 59,812		SPS
B14	Cervey, LLC	Accumulator Services for Harris County Hospital District dba Harris Health System - provide for continued accumulator services for Harris Health Pharmacy, Morris & Dickson Accumulator is a web-based software that serves to maintain compliance with the Federal 340B Drug Pricing Program.	Renewal Sole Source Exemption March 4, 2022 through March 3, 2023	Nnadi, Michael	\$ 59,592	\$ 59,592		BPJ
B15	Bayer HealthCare LLC	Contrast Media Injector - provide one (1) contrast media injector to meet the requirements for a new MRI room at Lyndon B. Johnson Hospital. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 55,465		AM
B16	GE Healthcare	Contrast Media X-Ray - provide Harris Health System with iodinated contrast media agents that enhance body structure for general radiography, special procedures, CT scans, and mammography, etc. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO January 1, 2022 through December 31, 2022	Creamer, Doug	\$ 54,623	\$ 54,623		AM
B17	Diligent Corporation	Diligent Boards Software Subscription for the Harris County Hospital District dba Harris Health System - Diligent Boards which is an IT standard software used by the Board of Trustees to access all of the agendas, documents, annotations and discussions of board meetings on-line through a secure portal.	Renewal Sole Source Exemption February 13, 2022 through February 12, 2023	Chou, David	\$ 50,505	\$ 53,030		SPS

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential	Buyer Initials
B18	Mark III Systems, Inc.	VMware vSAN servers for the Harris County Hospital District dba Harris Health System - provide support and replacement for the two (2) VMware vSAN servers needed for the STERIS project. The servers are used as a virtual storage appliance instrument for the tracking system that reduces storage costs. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 52,572		KC
B19	W.L. Gore & Associates, Inc.	Vascular Grafts - continue providing Harris Health System with biological or synthetic implants that are used to repair a vascular defect that provides blood flow or acts as a conduit for hemodialysis. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 3 GPO April 1, 2022 through March 31, 2023	Creamer, Doug	\$ 51,210	\$ 51,210		BKP
B20	Set Solutions, Inc	User and Entity Behavior Analytics (UEBA) Solution for the Harris County Hospital District dba Harris Health System - provide for Securonix UEBA conversion from on premises to SaaS platform. This software monitors Harris Health critical applications such as Epic and PeopleSoft and detects security threats and suspicious behavior.	Purchase Only Quote Choice Partners National Purchasing Cooperative	Vinson, Jeffrey		\$ 50,000		KJB
B21	Norton Rose Fulbright	Legal Services for Harris County Hospital District dba Harris Health System - provide legal services to Harris Health System in connection with Harris Health's pension plan, section 401 (k) plan, and other employee benefits and fringe benefits.	Additional Funds Professional Services Exemption July 1, 2021 through June 30, 2022	Thomas, L. Sara	\$ 40,000	\$ 45,000		TCT
Total						\$ 1,511,699		



as

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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0362

Members of the Board:

Please approve the following award on the basis of lowest priced proposal meeting requirements:

Description: Construction of Parking Garage at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Proposals Received: Six (6) on December 13, 2021 (see attached)

Vendor: Tellepsen Builders, L.P.

Amount: \$24,380,590 construction price
3,000,000 owner contingency
\$27,380,590

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide all labor, materials, equipment and incidentals for the construction of a parking garage at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

MNG

MNG
Attachments

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A1

Board Summary

Board Date: February 25, 2022

Pavilion/Department: Lyndon B. Johnson Hospital (LBJ) / Administration

Item Description: New LBJ Staff Parking Garage

Estimated Project Cost: \$27,380,590 (Budgeted FY2022, FY2022 Stub Year, FY2023 Routine Capital)

Project Elaboration: The scope of the project includes the construction of a 1500 space staff parking garage. The structure of the garage will be precast concrete with a storm water detention system constructed under the parking garage structure. The parking garage will include a ground level walkway from the new garage to the existing parking garage and a pedestrian pathway from the parking garage to LBJ Hospital South Entrance in Parking Lot B.

Estimated Total Construction Cost: \$27,380,590

- **Construction Based Bid:** \$24,660,000
- **Construction Deductive Alternate Bid:** (\$279,410)
- **Owner's Contingency:** \$3,000,000

Contractor: Tellepsen Builders, L.P.

Based on a Harris Health System Facilities Planning and Engineering, Consultant, and the Purchasing department review of the Competitive Sealed Proposal (CSP), Tellepsen Builder, L.P. is the recommended vendor of choice based on lowest priced proposal as well as having the highest score at 94.20 in the overall ranking based on the criterion, qualifications, methodology, and experience in similar projects.

Item	Criterion/Offer Reference	Maximum Value
a	Firm Qualifications/Past Performance on Similar Projects	20%
b	Firm Experience with Medical and Government Projects	10%
c	Organization and Project Methodology	10%
d	Safety Record	5%
e	Fiscal and Bonding Capacity	5%
g	Pricing	50%
	Total Score	100%

Other vendor(s) that responded to the CSP are as follows:

- J.T. Vaughn Construction, LLC – Overall ranking score of 93.97
- Skanska USA Buildings - Overall ranking score of 91.12
- Flintco - Overall ranking score of 90.53
- Satterfield & Pontikes Construction - Overall ranking score of 84.17
- Paradigm Construction - Overall ranking score of 77.94

Financial Analysis: Proposal Tabulation is attached.

A1

**Competitive Sealed Proposal for Construction of Parking Garage at Lyndon B. Johnson Hospital for
the Harris County Hospital District dba Harris Health System**

Six (6) proposals were received as follows:

<u>Vendors</u>	<u>Price</u>
Tellepsen Builders, L.P.	\$24,380,590
Flintco	\$24,762,000
Paradigm Construction	\$24,911,000
J.T. Vaughn Construction, LLC	\$25,096,000
Skanska USA Buildings	\$25,490,000
Satterfield & Pointikes Construction	\$25,900,000

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System’s Facility Planning, and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected Tellepsen Builders, L.P. on the basis of lowest priced proposal meeting the requirements and needs of Harris Health System.

Tellepsen Builders, L.P. also received the highest overall evaluation score. The remaining vendors were eliminated due to higher pricing and lower evaluation scores.

Amount

\$24,380,590 project price
<u>3,000,000</u> owner contingency
\$27,380,590



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

February 9, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Multiple Contracts; Public Health or Safety Exemption – Local Government Code 262.024(a)(2)

Members of the Board:

Please ratify the following purchases:

Description: Various Medical Services and Temporary Personnel Provided to the Harris County Jail by the Harris County Hospital District dba Harris Health System

Vendors: Multiple (see attachment)

Amount: \$24,617,558 estimated

Reviewed by: Executive Administration Harris County Purchasing

Justification: To provide critical medical services and temporary personnel for the Harris County jail.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

SH

Attachment

cc: Esmaeil Porsa, M.D., President & CEO
Multiple Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A2



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report
 Ratified Expenditure Summary: February 24, 2022

	Vendor(s)	Contract	Description	Department	Term	Project Owner	Amount
a.	Staff Care, Inc. [HCHD-579]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 2,736,739.00
b.	Advanced Health Education Center d/b/a MEDRelief Staffing [HCHD-580]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 1,549,052.00
c.	UltraStaff [HCHD-577]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 3,057,073.00
d.	Physician Resources, Inc. [HCHD-578]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 6,237,739.00
e.	Mint Medical Physician Staffing, LP dba Mint Physician Staffing [HCHD-588]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 3,057,078.00
f.	VISTA Staffing Solutions, Inc. dba Whitaker Medical, LLC [HCHD-653]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 995,446.00
g.	SHC Services, Inc. d/b/a Supplemental Health Care [HCHD-650]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 3,500,000.00
h.	Protouch Nurses, Inc dba Protouch Staffing [HCHD-655]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 880,916.00
i.	Smith & Dean, Inc. dba Dean's Professional Services [HCHD-641]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 422,122.00
j.	Pharmacy Healthcare Solutions, Ltd. [HCHD-607]	Public Health or Safety Exemption	Temporary Personnel for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 1,006,393.00
k.	Quality Dialysis Two, L.P. [HCHD-570]	Public Health or Safety Exemption	Hemodialysis Services for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 600,000.00
l.	Alpha Eyecare Associates, PLLC [HCHD-695]	Public Health or Safety Exemption	Optometry Services for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 75,000.00
m.	Acadian Ambulance Services, Inc. [HCHD-677]	Public Health or Safety Exemption	Ambulance Service for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	\$ 500,000.00
n.	Best Care EMS, LTD [HCHD-659]	Public Health or Safety Exemption	Ambulance Service for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	
o.	Orion EMS [HCHD-679]	Public Health or Safety Exemption	Ambulance Service for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	
p.	Windsor EMS, Inc. [HCHD-693]	Public Health or Safety Exemption	Ambulance Service for the Harris County Jail	Executive Administration	3/1/22 through 2/28/23 with one (1) one-year renewal option	Mike Hill	

\$ 24,617,558.00

A2



m7

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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 20/0091, Board Motion 20.09-118

Members of the Board:

Please approve the guaranteed maximum price for the following:

- Description:** Construction Manager at Risk for the Renovation and Expansion of the Casa De Amigos Health Center for the Harris County Hospital District dba Harris Health System
- Vendor:** Rogers-O'Brien Construction
- Amount:**

\$12,842,604	construction price
<u>900,000</u>	owner contingency
\$13,742,604	
- Justification:** To provide construction services to renovate and expand the Casa De Amigos Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

The Board of Trustees approved the award to Rogers-O'Brien Construction on September 24, 2020. The County Attorney's Office is preparing the Agreement for these services. These services are subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mng

JAA

Attachments

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

DA

A3

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Casa de Amigos Health Center

Item Description: Casa De Amigos Expansion Project

Estimated Cost: \$13,742,604.00 (FY2022 – FY2024 Routine Capital Budget)

Project Elaboration: To provide Construction Manager at Risk (CMAR) for the Casa de Amigos Health Center redesign and renovation of the existing facility to accommodate the relocation of services from Casa La Nueva to include: Pediatrics, Obstetrics, Gynecology and Midwifery along with the expansion of the Pharmacy services. Spaces will be consolidated by sharing staff lounges, waiting area, registration and physicians touchdown work spaces. This project will be completed in three different phases to ensure the health center is operational throughout construction. This Guaranteed Maximum Price (GMP) has been competitively bid on the basis of 100% Construction Documents (CD) drawings prepared by Philo Wilke. The provided Guaranteed Maximum Price (GMP) is based on final issue for construction (IFC) design plans and reflects a reduced project schedule estimate from 28 months to 21 months duration.

Estimated Total Construction Cost: \$13,742,604

- **Construction GMP:** \$12,842,604
- **Owner's Contingency:** \$900,000.00 (7% of GMP)

Contractor: Rogers-O'Brien Construction

The Board of Trustees approved the award Job No. 20/0091 (Board Motion: 20.09-118) to Rogers-O'Brien construction at the September 2020 Board meeting as the Construction Manager at Risk.

Financial Analysis: See final GMP attached from Rogers-O'Brien Construction

A3



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

January 11, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 15/0099, HMO 21.01-06

Members of the Board:

Please approve the sixth and final renewal option for the following:

Description: Dental Health Maintenance Organization (DHMO) and Dental Preferred Provider Organization (PPO) Insurance for Harris County Hospital District dba Harris Health System

Vendor: SafeGuard Health Plans, Inc. a part of Metropolitan Life Insurance Company [GA-06400]

Term: March 1, 2022 through February 28, 2023

Amount: \$6,483,770 estimated
\$5,927,382 previous year

Evaluated by: X Benefits Administration X Harris County Purchasing

Justification: To provide for continued DHMO and PPO insurance coverage for employees and retirees of Harris Health System.

The increase is due to an expected rise in employees enrolling in benefits.

Sincerely,

DeWight Dopslauf
Purchasing Agent

FDA
cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A4

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0065, Board Motion 21.02-22

Members of the Board:

Please approve the fifth of six (6) renewal options for the following:

Description: Group Medical and Stop Loss Coverage for the Harris County Hospital District dba Harris Health System

Vendor: Cigna Health & Life Insurance Company [GA-06734]

Term: March 1, 2022 through February 28, 2023

Amount: \$5,402,552 estimated
\$6,783,072 previous year

Reviewed by: X Benefits Administration X Harris County Purchasing

Justification: To continue to provide stop loss for catastrophic claims.

The lower amount is due to a decreased stop-loss premium.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
FDA

cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A5

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 15/0100, Board Motion 21.01-06

Members of the Board:

Please approve the sixth and final renewal option for the following:

Description: Basic and Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance for the Harris County Hospital District dba Harris Health System

Vendor: Reliance Standard Life Insurance Company through Insurance Point, a division of Gallagher Benefit Services, Inc.

Term: March 1, 2022 through February 28, 2023

Amount: \$3,739,013 estimated
\$3,598,287 previous year

Reviewed by: X Benefits Administration X Harris County Purchasing

Justification: To provide for continued life and AD&D insurance for employees, retirees and dependents.

The increased amount is due to an anticipated increase in headcount.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
FDA

cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A6

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following on the basis of single source ASCEND contract:

Description: Custom Procedure Trays
Contract Reviewed: Cardinal Health 200, LLC (AS-OR-1964)
Vendor: Cardinal Health 200, LLC
Premier Term: January 1, 2022 through December 31, 2022
Amount: \$2,235,885 estimated
\$2,235,885 previous year
Evaluated by: X Evaluation Committee X Harris County Purchasing
Justification: To provide Harris Health System with custom and standard procedure trays, bulk non-sterile components and pack management software.

Sincerely,

DeWight Dopslauf
Purchasing Agent

S.P.
BKP

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A7

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.01-06

Members of the Board:

Please approve the second of four (4) renewal options for the following:

Description: Pulse Oximetry and Capnography Devices

Vendor: Masimo Americas (PP-MM-615)

Term: February 19, 2022 through February 18, 2023

Amount: \$2,102,036 estimated
\$2,040,812 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To continue providing Harris Health System with disposable sensors and connecting cables for the pulse oximetry devices.

The vendor has agreed to renew under the same terms and conditions with a 3% increase in pricing, as set forth in the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP
BKP

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A8

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 18, 2022

Board of Trustees
Harris County Hospital District
Harris County, Texas

RE: Job No. 16/0182, Board Motion 21.04-47

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Diabetes Management Program for the Harris County Hospital District dba Harris Health System

Vendor: Livongo Health, Inc. [GA-06816]

Term: May 19, 2022 through May 18, 2023

Amount: \$2,078,902 estimated additional funds for the term 5/19/22 – 5/18/23
\$1,131,451 previously approved amount for the term 5/19/21 – 5/18/22

Reviewed by: X Employee Wellness X Harris County Purchasing

Justification: To provide for continued comprehensive diabetes and hypertension management programs that will increase member engagement and improve overall health and wellbeing.

The estimated amount is based on the continued increase in diabetes and hypertension program participation. The County Attorney’s Office will review an Amendment to the Agreement to extend the term.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
FDA

cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A9

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Infant Warmers and Incubators

Contracts Reviewed:	GE Healthcare (PP-NS-1511)	\$1,119,514
	Atom Medical USA (PP-NS-1507)	\$1,171,816

Vendor: GE Healthcare

Amount: \$1,119,514

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace the current infant warmer and incubator units at Ben Taub and Lyndon B. Johnson Hospitals that are past their expected useful life.

Amount includes trade-in credit of \$11,500 for twenty-three each of existing GE infant warmers and \$15,000 for fifteen each of existing GE infant incubators.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP
AM

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 A10

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Ben Taub, LBJ Hospitals / Neonatal ICU, LDR Suites, Newborn Nursery

Item Description: Infant Warmers and Incubators

Estimated Cost: \$1,119,514.02 (FY22 Routine Capital Budget)

Project Elaboration: Phased replacement, Phase 1 of 2, of existing infant warmer and infant incubator units at Ben Taub and LBJ Hospitals that are no longer supported by the manufacturer and past their expected useful life.

Vendor: GE (on Premier GPO Contract: PP-NS-1511)

- Vendor equipment evaluated by Ben Taub and LBJ clinical team as best meeting all requirements at the lowest total cost
 - Including requirement for backup battery.

Other Premier Vendors Considered:

- Atom – Higher cost. Not recommended by Ben Taub and LBJ evaluation team.
- Draeger – Do not meet requirement for backup battery.

Project Cost Summary:

Vendor	GE	Atom
Description	Panda iRes Bedded Warmer, Giraffe Omnibed Carestation	Infa Warmer i (103), Dual Incu i (100)
Infant Warmer Unit Price (Ea)	\$22,339.49	\$27,607.00
Infant Warmer Quantity	23	23
Trade-in Discount Infant Warmers (Ea)	(\$500.00)	(\$500.00)
Infant Incubator Unit Price (Ea)	\$42,147.05	\$36,857.00
Infant Incubator Quantity	15	15
Trade-in Discount Infant Incubator (Ea)	(\$1,000.00)	(\$300.00)
Total Equipment Cost	\$1,119,514.02	\$1,171,816.00



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
January 31, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption - Local Government Code § 262.024 (a)(2)

Members of the Board:

Please approve an exemption from the competitive bid requirements for the following:

Description: Treatment Planning System (TPS) for the Harris County Hospital District dba Harris Health System

Vendor: RaySearch Americas

Term: One-year initial term with five (1) one-year renewal option

Amount: \$1,061,119 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To replace the existing Elekta Monaco Treatment Planning System (TPS) with the RayStation Treatment Planning System (TPS) for the Radiation Oncology Department.

The current Elekta Monaco TPS system is being replaced due to performance issues and the inability of our vendor to provide resolution. Given the potential partnership with MD Anderson for Radiation Oncology, RayStation is the preferred product for Harris Health System. Raystation would also allow Harris Health to maintain the same TPS solution as MD Anderson and provide seamless integration. The County Attorney’s Office is preparing an Agreement for this purchase. This purchase is subject to the execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A11

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 15/0100, Board Motion 21.01-06

Members of the Board:

Please approve additional funds for the following:

Description: Basic and Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance for the Harris County Hospital District dba Harris Health System

Vendor: Reliance Standard Life Insurance Company through Insurance Point, a division of Gallagher Benefit Services, Inc.

Amount: \$ 989,095 estimated additional funds for the term 3/1/21 – 2/28/22
\$2,609,192 previously approved funds for the term 3/1/21 – 2/28/22
\$3,598,287

Reviewed by: X Benefits Administration X Harris County Purchasing

Justification: To provide for continued life and AD&D insurance for employees, retirees and dependents.

Additional funds cover an increase in headcount.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
FDA

cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A12

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

February 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source, Board Motion 21.06-65

Members of the Board:

Please approve the following purchase on the basis of sole source:

Description: Oracle Enterprise Resource Planning System Software Maintenance for the Harris County Hospital District dba Harris Health System

Vendor: Oracle America, Inc.

Term: March 1, 2022 through February 28, 2023

Amount: \$ 926,194 estimated
\$1,042,025 previous year

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide continued maintenance and support for the entire suite of Oracle applications for Harris Health System. The functionality within Oracle includes Payroll, Human Resources, eDevelopment, eRecruitment, Benefits, Requisitioning, Purchasing, Inventory, Accounts Payable, Asset Management, General Ledger, ePerformance, Grants, Supplier Contracts, Expenses, Treasury, Cash Management and Lease.

The previous year’s amount included additional software. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Oracle as the sole provider of the software and technical services.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A13



m7



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0387

Members of the Board:

Please approve the award on the basis of best proposal meeting requirements:

Description: Modernization of the Trauma Elevators at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Proposals Received: Two (2) on December 13, 2021 (see attached)

Vendor: Centennial Contractors Enterprises, Inc.

Amount: \$794,000 construction price
100,000 owner contingency
\$894,000

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To upgrade the existing trauma elevators due to frequent breakdowns, hard to find maintenance parts due to their age, and potential safety risk. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

OH

MAM
Attachments

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A14

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

**Competitive Sealed Proposal for Modernization of the Trauma Elevators at Lyndon B. Johnson
Hospital for the Harris County Hospital District dba Harris Health System**

Two (2) proposals were received as follows:

<u>Vendors</u>	<u>Price</u>
Elevator Repair Service, Inc.	\$500,743
Centennial Contractors Enterprises, Inc.	\$794,000

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected Centennial Contractors Enterprises, Inc. on the basis of best proposal meeting the requirements and needs of Harris Health System.

Elevator Repair Service, Inc. withdrew their proposal and therefore received no further consideration.

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Lyndon B. Johnson Hospital (LBJ) / Plant

Item Description: LBJ Trauma Elevator Modernization

Estimated Project Cost: \$894,000 (Budgeted FY2022 and FY2022 Stub Year Routine Capital)

Project Elaboration: This project is to upgrade the existing trauma elevators at the LBJ Hospital. In their current state, the elevators are logging frequent breakdowns, very hard to find maintenance parts due to their age, and poses as a potential safety risk. The scope of the upgrade will include mechanical equipment and software upgrades, cab interiors, Wi-Fi, and upgrades to machine room and pit.

Estimated Total Construction Cost: \$894,000

- **Construction Base Bid:** \$794,000
- **Owner's Contingency:** \$100,000

Contractor: Centennial Contractors Enterprises, Inc.

Based on Harris Health System Facilities Planning and Engineering and the Purchasing department review of the Competitive Sealed Proposals, Centennial Contractors Enterprises, Inc. is the recommended vendor based on best proposal.

A14



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR), Board Motion 21.02-22

Members of the Board:

Please approve the purchase of the following on the basis of only quote:

Description: Dell IT Equipment for the Harris County Hospital District dba Harris Health System

Vendor: Dell Marketing, L.P. (DIR-TSO-3763)

Amount: \$800,000 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide replacement of minor IT equipment with seven (7) years of age or older and defective equipment. Minor IT equipment includes printers, scanners, and projectors.

Sincerely,

DeWight Dopslauf
Purchasing Agent

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A15





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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description: WebEx Cloud Contact Center for the Harris County Hospital District dba Harris Health System

Quotes Received: Presidio Networked Solutions Group, LLC (DIR-TSO-4167) \$795,245
General Datatech L.P. (DIR-TSO-4167) \$823,010

Vendor: Presidio Networked Solutions Group, LLC

Amount: \$795,245 estimated

Evaluated by: X Information Technology X Harris County Purchasing

Justification: To support and migrate the existing on premises contact centers with the Cisco WebEx Cloud contact center platform. This consists of several hardware servers, new applications, and replaces our current Verint call recording solution.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KGB KC
cc: Esmaeil Porsa, M. D. , President & CEO
David Chou, SVP & CIO
Vendors

A16

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0241, Board Motion 20.01-02

Members of the Board:

Please approve utilization and funding for the second year and an extension for the following:

Description: Depository Bank Services for Harris County, Harris County Clerk’s Office, Harris County District Clerk’s Office and the Harris County Flood Control District

Vendor: Cadence Bank, N.A. [GA-07743]

Extended Term: March 1, 2022 through September 30, 2023

Amount: \$760,000 estimated
\$465,000 previous year

Reviewed by: X Finance X Harris County Purchasing

Justification: Allowing Harris Health to utilize existing contracts for banking services.

The increased amount is due to extending the term and to cover additional services and cash volume. The term is extended from February 28, 2022 to September 30, 2023 to coincide with the new fiscal year. The increase in cash volume equates to an increase in custodial fees. The County Attorney’s Office will review an Amendment to extend the term of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA

FDA/jld

cc: Esmaeil Porsa, M.D., President & CEO
Kari McMichael, VP – Controller
Vendor

A17

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

February 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source, Board Motion 21.03-31

Members of the Board:

Please approve the following purchase on the basis of sole source.

Description: Oracle Database Maintenance and Support for the Harris County Hospital District dba Harris Health System

Vendor: Oracle America, Inc.

Term: March 1, 2022 through February 28, 2023

Amount: \$751,921 estimated
\$768,973 previous year

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide support for the following Oracle products: Database Enterprise, Access Manager, Identity Governance Suite, Active Data Guard, Diagnostics Pack, Real Application Clusters, Tuning Pack, Advanced Compression, Database Lifecycle Management Pack and Partitioning.

Harris Health System signed a multi-year agreement that resulted in a slightly lower amount over the previous year. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Oracle as the sole provider of the software and technical services.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A18

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: OR Integration and Automation

Contract Reviewed: Karl Storz Endoscopy- America, Inc. (PP-OR-1786)

Vendor: Karl Storz Endoscopy- America, Inc.

Amount: \$719,303

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace an obsolete OR Integration System with a new system providing improved capabilities for Lyndon B. Johnson Hospital.

Trade-in of fourteen existing Stryker monitors and five existing LG monitors included without credit due to low fair market value and high disposal cost. The Karl Storz system was evaluated as best meeting all requirements. Therefore, other Premier suppliers were not selected.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A19

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): LBJ Hospital / OR

Item Description: OR Integration System, Video, Information

Estimated Cost: \$719,303.65 (FY22 Routine Capital Budget)

Project Elaboration: As part of the LBJ OR rooms refresh project, this procurement is replacing existing old and obsolete integration system with a new system providing improved capabilities for the OR.

Vendor: Karl Storz (on Premier GPO Contract: PP-OR-1786)

- Karl Storz OR integration solution evaluated by LBJ OR team as best meeting all requirements, and as offering greater connectivity opportunities that would better serve the OR team’s needs.
- LBJ Hospital OR team vendor recommendation letter on file with Harris County Purchase Office.

Other Premier Vendors Considered:

- Stryker – Not recommended by LBJ OR evaluation team.
- Steris – Not recommended by LBJ OR evaluation team.

Project Cost Summary: OR Integration System

Vendor	Stryker	Karl Storz	Steris
Description	COR Lite	OR1 AIR	HexaVue
Integration OR Rooms Quantity	7	7	7
Large Wall Mounted Monitor Quantity	7	7	7
Small Arm Mounted Monitor Quantity	14	14	14
Total Integration Cost	\$647,704.96	\$719,303.65	\$910,801.59



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

January 27, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description: HP Server Infrastructure for the Harris County Hospital District dba Harris Health System

Quotes Received:	Sequel Data Systems, Inc. (DIR-TSO-4160)	\$ 635,896
	Insight Direct USA, Inc. (PP-IT-241)	\$1,077,377
	Connection (PP-IT-238)	\$1,123,978

Vendor: Sequel Data Systems, Inc.

Amount: \$635,896 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for the replacement of the Treatment Planning System or “TPS” for the Radiation Oncology Department. This purchase is for the HP Server infrastructure needed to stand up the RayStation software.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SPS
SPS

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A20

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 17/0025, Board Motion 20.01-02

Members of the Board:

Please approve utilization, the second of four (4) renewal options and an extension for the following:

Description: Payment Processing Services and Payment Technology Solutions (Merchant Services) for Harris County

Vendor: Cadence Bank, N.A. [HCHD-237]

Extended Term: March 1, 2022 through September 30, 2023

Amount: \$570,000 estimated
\$360,000 previous year

Reviewed by: X Finance X Harris County Purchasing

Justification: Allowing Harris Health to utilize existing contracts for merchant services.

The increased amount is due to extending the term. The term is extended from February 28, 2022 to September 30, 2023 to coincide with the new fiscal year. The County Attorney’s Office will review an Amendment to extend the term of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA FDA/jld

cc: Esmaeil Porsa, M.D., President & CEO
Kari McMichael, VP – Controller
Vendor

A21

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

February 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.10-101

Members of the Board:

Please approve additional funds for the following:

Description: 3M Software Maintenance for the Harris County Hospital District dba Harris Health System

Vendor: 3M Health Information System, Inc. (GA-04582)

Amount: \$ 546,167 estimated additional funds for the term 10/28/21 – 10/27/22
1,973,816 previously approved funds for the term 10/28/21 – 10/27/22
\$2,519,983

Reviewed by: X Utilization Management X Harris County Purchasing
 X Information Technology

Justification: To provide maintenance and support for the following software products: APCfinder, Classic CMS V24 Grouping & Reimbursement Bundle, Advanced Analyzer, Codefinder, Coding Reference, Connections Basic, Core Grouping APC Grouper, DRGfinder, HCPCS/CPTfinder, Reimbursement Calculation Texas Medicaid, 360 Encompass Health Analytics, PPS Services Subscription, Coding Reference Plus and S-All Patient Refined DRG.

These products are coding and reimbursement applications used to determine how payers reimburse Harris Health for services rendered. We recently executed a contract with 3M for the 360 product. As soon as the new product goes live, the existing product will be decommissioned. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on 3M Health Information System, Inc. as the only authorized provider for software maintenance and upgrades.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmail Porsa M.D., President & CEO
David Chou, SVP & CIO
Michael Kaitschuck, VP, HIM, CODING, CDI, UM
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A22





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Ultrasound Machine

Contracts Reviewed: Philips Healthcare (PP-IM-287)
GE Precision Healthcare, LLC (PP-IM-271)

Vendor: Philips Healthcare

Amount: \$492,462

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide Harris Health System with radiology ultrasound units that have improved imaging capabilities, and will replace three (3) radiology ultrasound units no longer supported by the manufacturer.

Amount includes trade-in credit of \$3.00 for three (3) each of existing Philips Model iU22 Ultrasound System. Minimal trade-in amount offered because of the low fair market value and high disposal cost.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A23

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): LBJ Hospital / Radiology Ultrasound

Item Description: Ultrasound Machine

Estimated Cost: \$492,462.05 (FY22 Routine Capital Budget)

Project Elaboration: This project is replacing three radiology ultrasound units no longer supported by the manufacturer and have served Harris Health System for ten years, twice their expected useful life. The new equipment will provide improved imaging capabilities for the department.

Vendor: Philips (on Premier GPO Contract: PP-IM-287)

- Lowest cost vendor best meeting all clinical requirements as evaluated by the LBJ Hospital Radiology Ultrasound team, including elastography to measure organ stiffness.

Other Premier Vendors Considered:

- GE – Higher cost. Not recommended by LBJ Radiology Ultrasound team.
- Sonosite – Not meeting requirement for elastography to measure organ stiffness.
- Siemens – Did not provide quote.

Project Cost Summary:

Vendor	Philips	GE
Description	EPIQ Elite Adv	LOGIQ E10
Unit Price (Ea)	\$164,154.02	\$167,763.86
Quantity Equipment	3	3
Total Trade-in Discount	\$3.00	\$0.00
Total Equipment Cost	\$492,462.05	\$503,291.60

A23



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Health & Safety Code; Interlocal Agreement

Members of the Board:

Please approve the following:

Description: Primary Medical Care Services to Eligible HIV Infected Patients of the Harris County Hospital District dba Harris Health System – Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A

Agency: The University of Texas Health Science Center at Houston (Department of General Medicine) [HCHD-686]

Term: March 1, 2022 through February 28, 2023

Amount: \$490,172 (Ryan White Grant Funds)

Reviewed by: X HIV Services X Harris County Purchasing

Justification: To provide primary medical care services to eligible HIV-infected patients at Harris Health System facilities.

Funding will be provided through Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A. The County Attorney’s Office is preparing an Agreement for these services. Services are subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SH

cc: Esmail Porsa, M.D., President & CEO
Amineh Kostov, VP – Ops/Associate Admin – ACS
Agency

A24

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description: Technology refresh of the Radware for the Harris County Hospital District dba Harris Health System

Quotes Received: Solid Border, Inc. (DIR-TSO-4095) \$480,982
 Connection (PP-IT-238) \$629,557

Vendor: Solid Border, Inc.

Amount: \$480,982 estimated

Evaluated by: X Information Security X Harris County Purchasing

Justification: To provide support for the Radware WAF solution in protecting Harris Health System web applications from cyber-attacks. Radware technology is used for denial of service prevention providing more in-depth monitoring of critical application systems.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KC
cc: Esmail Porsa, M. D. , President & CEO
David Chou, SVP & CIO
Vendors

A25

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 17/0306, Board Motion 21.08-77

Members of the Board:

Please approve the fourth and final renewal option for the following:

Description: Executive Recruitment Services for the Harris County Hospital District dba Harris Health System

Vendors: Coker Group Holdings, LLC [GA-07166]
Curative Talent (fka THMED Executive Search) [HCHD-644]
Kaye/Bassman International Corporation [HCHD-645]
Kirby Partners [HCHD-646]
Recruiting Source International, LLC [HCHD-647]
Royster Group, Inc. [HCHD-648]

Amount: \$460,894 estimated
\$460,894 previous amount

Reviewed by: Talent Acquisition Management Harris County Purchasing

Justification: To provide executive recruitment services for Harris Health System.

Sincerely,

DeWight Dopslauf
Purchasing Agent

FDA/jld

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

A26

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695



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

January 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: OR Lights and Booms

Contracts Reviewed:	Stryker (PP-OR-1586)	\$332,316
	Steris Corporation (PP-OR-1951)	\$460,560

Vendor: Steris Corporation

Amount: \$460,560

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace obsolete anesthesia booms and equipment with new systems for Lyndon B. Johnson Hospital Operating Rooms.

Amount includes trade-in credit of \$17.00 for seventeen each of existing anesthesia booms and equipment. Minimal trade-in amount offered because of the low fair market value and high disposal cost. Steris was evaluated as best meeting all requirements and compatibility with existing equipment. Therefore, other Premier suppliers were not selected.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SP
AM

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 A27

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): LBJ Hospital / OR

Item Description: Anesthesia Boom and Equipment Boom, Ceiling Mounted

Estimated Cost: \$460,559.68 (FY22 Routine Capital Budget)

Project Elaboration: As part of the LBJ OR rooms refresh project, this procurement is replacing existing older obsolete anesthesia and equipment booms with new systems.

Vendor: Steris Corporation (on Premier GPO Contract: PP-OR-1951)

- Steris booms solution evaluated by LBJ OR team as best meeting all requirements, and as providing consistency with existing Steris booms and OR lights installed at Ben Taub Hospital ORs and Ambulatory Surgical Center ORs.
- LBJ Hospital OR team vendor recommendation letter on file with Harris County Purchase Office.

Other Premier Vendors Considered:

- Stryker – Not recommended by LBJ OR evaluation team. Not providing consistency with existing ceiling mounted booms and surgical lights installed at Ben Taub Hospital ORs and Ambulatory Surgical Center ORs.

Project Cost Summary: OR Anesthesia Booms and Equipment Booms

Vendor	Stryker	Steris
Description	S- series	HarmonyAir series
Anesthesia Boom Quantity	10	10
Equipment Boom Quantity	7	7
Total Booms Cost	\$332,315.65	\$460,559.68



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 20.12-149

Members of the Board:

Please approve the first of four (4) renewal options for the following:

Description: Mat and Mop Rental Services for the Harris County Hospital District dba Harris Health System

Vendor: UniFirst Corporation (HCHD-382)

Term: March 4, 2022 through March 3, 2023

Amount: \$459,531 estimated
\$437,649 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To provide continued mat and mop rental services for Harris Health System.

Increased amount is to account for projected additional services required.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SEP

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A28

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





mm

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

January 13, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0358

Members of the Board:

Please approve the following award on the basis of only bid:

- Description:** Refuse Removal Services for the Harris County Hospital District dba Harris Health System
- Bids Received:** One (1) on November 15, 2021 (see attached)
- Vendor:** Waste Corporation of Texas LP dba GFL Environmental
- Term/Renewals:** February 24, 2022 through December 31, 2022 with four (4) one-year renewal options
- Amount:** \$455,583
- Evaluated by:** X Logistics X Harris County Purchasing
- Justification:** To provide refuse removal services at various Harris Health System locations.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

SP
AH

CTD

Attachments

cc: Esmail Porsa, M.D., President & CEO
Tim Brown, Administrative Director, Logistics Projects/Contracts
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 A29

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Harris Health System; System's Logistics Department

Item Description: Refusal Removal Services for Harris Health System

Estimated Cost: \$455,583 (FY22 Routine Capital Budget)

Project Elaboration: This project provides refuse removal services at various Harris Health System

Vendor: Waste Corporation of Texas LP dba GFL Environmental (Job No. 21/0358)

- Only bid received

Project Cost Summary:

Vendor	Waste Corporation of Texas LP dba GFL Environmental
Description	Refusal Removal Services for Harris Health System
Estimated Monthly Service Cost	\$37,965.25
Quantity	Twelve (12) Months
Total Cost	\$455,583

A29

**Waste Corporation of Texas LP dba
GFL Environmental¹**

Item No	Description	Unit of Measure	Estimated Quantities	Unit Price	Total Price
Harris Health					
A. Front End Loader (FEL) Containers					
1	2,3,4,6,8 & 10 cu. yd, FEL Sizes	cu. yd.	30,000	3.95	118,500.00
2	Off Schedule Dump Fee	ea.	10	120.00	1,200.00
3	Short Term delivery fee	ea.	1	135.00	135.00
Subtotal Section A					<u>119,835.00</u>
B. Roll Off Containers					
1	Haul rates				
a	20 cubic yard	per haul	30	348.00	10,440.00
b	30 cubic yard	per haul	45	381.00	17,145.00
c	40 cubic yard	per haul	70	393.00	27,510.00
2	Temporary delivery fee	ea.	2	135.00	270.00
3	Upgrade (monthly) to water tight bow tarp	per mo.	2	410.00	820.00
Subtotal Section B					<u>56,185.00</u>
C. Hand pickup, priced per pickup					
1	1-100 bags	ea.	40	94.00	3,760.00
2	101-200 bags	ea.	5	175.00	875.00
3	201-300 bags	ea.	200	200.00	40,000.00
4	301-400 bags	ea.	5	220.00	1,100.00
Subtotal Section C					<u>45,735.00</u>
D. Compactor					
1	Stationary Rental Rate				
a	20 cubic yard	per mo.	2	368.00	736.00
b	40 cubic yard	per mo.	2	368.00	736.00
2	Self contained rental rate				
a	20 cubic yard	per mo.	12	368.00	4,416.00
b	30 cubic yard	per mo.	2	368.00	736.00
c	35 cubic yard	per mo.	36	368.00	13,248.00
3	Self contained haul rate				
a	20 cubic yard	per haul	20	344.00	6,880.00
b	30 cubic yard	per haul	100	398.00	39,800.00
c	35 cubic yard	per haul	400	413.00	165,200.00
Subtotal Section D					<u>231,752.00</u>
E. Clean Green Waste					
1	Roll off containers haul rate				
a	20 cubic yard	per haul	2	179.00	358.00
b	30 cubic yard	per haul	2	179.00	358.00
c	40 cubic yard	per haul	2	179.00	358.00
2	Temporary Roll off delivery fee	ea.	2	135.00	270.00
3	Extra charge for contaminated loads	ea.	2	366.05	732.10
Subtotal Section E					<u>2,076.10</u>
GRAND TOTAL					<u>455,583.10</u>
¹ Award Recommendation Only Bid					



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

January 27, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.02-22

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Maintenance and Repair Services for Endoscopy Equipment for the Harris County Hospital District dba Harris Health System

Vendor: Stryker Sales Corporation through Stryker Endoscopy Division (GA-06718)

Amount: \$451,180 additional funds for the additional extended term 3/2/22 – 3/1/23
\$451,180 previous approved funds for the term 3/2/21 – 3/1/22

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: Additional funds are required for continued repair and replacement service of various Stryker Endoscopic Surgical Scopes for Ben Taub and Lyndon B. Johnson Hospitals.

The vendor has agreed to extend under the same terms and conditions as set forth in the Agreement, with no increase in pricing. The County Attorney’s Office is preparing an Amendment to extend the term. The extension is subject to the execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

*JA
sm*

SCF
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A30



Board Summary

Board Date: January 27, 2022

Vendor: Stryker Sales Corporation

Description of Service: Maintenance and Repair Services for Endoscopy Equipment

Pavilion(s) Utilizing Contract: Ben Taub & LBJ Hospitals

Contract Elaboration: This is a full service contract under which Stryker Endoscopy Division provides Harris Health System with an unlimited number of repairs (including labor and parts) on Stryker Endoscopy Equipment. This is a no fault agreement.

Service Cost Breakout

- Previous year contract amount: \$451,180.05
- Stryker Endoscopy Division initial pricing: \$451,180.05
- This is a sole source contract.

Recommend Renewal

A30



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

December 15, 2021

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Health & Safety Code; Interlocal Agreement, Board Motion 21.10-101

Members of the Board:

Please approve renewal for the following:

Description: Third Party Administration of Healthcare Claims from Non-Affiliated Providers for the Harris County Hospital District dba Harris Health System

Agency: Community Health Choice, Inc. [GA-05831]

Term: March 1, 2022 through February 28, 2023

Amount: \$450,000 estimated
\$450,000 previous year

Reviewed by: X Clinical Integration & Transformation X Harris County Purchasing

Justification: Community Health Choice, Inc. (Community) will continue providing Harris Health System access to its network of healthcare providers. Harris Health System will pay Community an administrative fee for providing access and will utilize the network to refer patients and thereby increase patient access to providers.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
RRV

cc: Esmail Porsa, M.D., President & CEO
Amy Smith, SVP Transitions and Post-Acute Care
Lisa Wright, President & CEO

A31

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 11/0223, Board Motion 16.06-58

Members of the Board:

Please ratify additional funds and an extension for the following:

Description: Collection Services for Overdue Patient Accounts for Harris County Hospital District dba Harris Health System

Vendor: FMA Alliance, Ltd. [HCHD-587]

Amount: \$ 415,000 estimated additional funds for the extended term 6/12/21 – 6/11/22
\$2,234,128 previous amount for the term 6/12/17 – 6/11/21
\$2,649,128

Reviewed by: X Patient Financial Services X Harris County Purchasing

Justification: To assist Harris Health System in recovering overdue payments until the competitive proposal process is complete and a new Agreement has been executed.

The increased amount covers services during the extended term. The County Attorney’s Office will review an Agreement for the extended term.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA

FDA/jld
cc: Esmail Porsa, M.D., President & CEO
Mike Norby, EVP - CFO
Vendor

A32

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: OMNIA Partners Public Sector Cooperative Purchasing Program, Board Motion 20.06-90

Members of the Board:

Please approve the additional funds for the purchase of the following:

Description: Time, Attendance, and Scheduling System for the Harris County Hospital District dba Harris Health System

Vendor: Kronos Incorporated (OMNIA Partners USC #18220) (CID HCHD-76)

Amount: \$ 406,020 estimated additional funds for the term 12/24/2020 - 6/23/2022
1,520,946 previously approved funds for the term 12/24/2020 - 6/23/2022
\$ 1,926,966

Reviewed by: X Nursing Operations X Information Technology
 X Harris County Purchasing

Justification: Additional funds are required to provide for the Staffing Module to assist Nursing Operations allowing efficient workload management, predictive analytics, and sitter utilization.

The County Attorney’s Office is preparing an Amendment for the additional software. This purchase is subject to the execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SPS
SPS

cc: Esmail Porsa, M.D., President & CEO
Maureen Padilla, EVP & CNE
David Chou, SVP & CIO
Vendor

A33

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

February 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption – Local Government Code § 262.024 (a)(2)

Members of the Board:

Please ratify an exemption from the competitive bid requirements and authorization for the Harris County Assistant Purchasing Agent to execute the Agreement on behalf of Harris Health System for the following:

Description: Lease of Mobile Magnetic Resonance Imaging (MRI) System for the Harris County Hospital District dba Harris Health System

Vendor: Insight Health Corporation dba RAYUS Radiology (HCHD-687)

Term: February 14, 2022 through February 13, 2023

Amount: \$359,850

Reviewed by: X Operations Ben Taub X Harris County Purchasing

Justification: An emergency lease was required due to the failure of the one (1) existing Ben Taub MRI unit. The mobile unit will assist in accommodating the current backlog of outpatient MRI services at Ben Taub Hospital and Smith Clinic, while allowing adequate time to purchase a permanent mobile MRI unit. The mobile unit will also provide some relief for the inpatient redundancy, for the one (1) existing Ben Taub MRI unit, which is very important for tertiary care at the Level I Trauma Center facility.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

stm
STM

cc: Esmail Porsa, M.D., President & CEO
Glorimar Medina-Rivera, M.D., EVP
Jamie Hons, VP Operations BT
Vendor

A34

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-755-5036 Fax 713-755-6695

m7



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0388

Members of the Board:

Please approve the following award on the basis of only proposal received meeting requirements:

Description: Renovation of an Existing X-Ray and Control Room at the Baytown Health Center for the Harris County Hospital District dba Harris Health System

Proposals Received: One (1) on December 13, 2021 (see attached)

Vendor: JLA Construction Solutions

Amount: \$311,512 construction price
47,000 owner contingency
\$358,512

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide all labor, materials, equipment and incidentals for the renovation of an existing x-ray and control room at the Baytown Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mng

JAA
Attachments

OH

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A35

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion/Department: ACS Baytown Health Center/Radiology

Item Description: Baytown X-Ray Replacement Project

Purchasing Number: 21/0388

Original Estimated Cost: \$358,512 (FY22 Routine Capital)

Project Elaboration: The project consists of renovations to accommodate the replacement of an existing X-Ray on the first floor of Baytown Health Center. The work will include demolition of the existing partitions, construction of new partitions, finishes, as well as mechanical, electrical, and plumbing renovations to support the design. Finishes will include support for new overhead X-Ray equipment, architectural woodwork, leaded shielded glass window, new vinyl composition tile, resilient base, paint and acoustical tile.

Estimated Total Construction Cost: \$358,512

- **Construction Bid:** \$311,512
- **Owner's Contingency:** \$47,000

Contractor: JLA Construction Solutions

Based on a Harris Health System Facilities Planning, Facilities Engineering, and Purchasing review of the Competitive Sealed Proposal (CSP), JLA Construction Solutions is the recommended vendor of choice based on the only proposal received meeting specifications.

Item	Criterion/Offer Reference	Max. Value
a.	Firm Qualifications/Past Performance on Similar Projects	15%
b.	Firm Experience with Medical and Government Projects	15%
c.	Organization and Project Methodology	10%
d.	Safety Record	5%
e.	Fiscal and Bonding Capacity	5%
f.	Pricing	50%
Total Score		100%

Financial Analysis: Proposal Tabulation is attached.

Competitive Sealed Proposal for Renovation of an Existing X-Ray and Control Room at the Baytown Health Center for the Harris County Hospital District dba Harris Health System

One (1) proposal as received as follows:

<u>Vendors</u>	<u>Price</u>
JLA Construction Solutions	\$311,512

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System’s Facility Planning, and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposals, the Evaluation Committee selected JLA Construction Solutions on the basis of only proposal received meeting the requirements and needs of Harris Health System.

Amount

\$311,512 project price
<u>40,000</u> owner contingency
\$358,512



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 15/0220, Board Motion 20.12-149

Members of the Board:

Please ratify the third of six (6) renewal options for the following:

Description: Immunohistochemistry Staining and Special Staining Systems including Analyzers, Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System

Vendor: Roche Diagnostics Corporation (GA-07432)

Term: December 13, 2021 through December 12, 2022

Amount: \$346,808 estimated
\$346,808 previous year

Reviewed by: X Laboratory X Harris County Purchasing

Justification: To provide for continued immunohistochemistry staining and special staining testing of Harris Health patients.

The vendor has agreed to renew under the same terms and conditions, with an increase in pricing, as set forth in the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KB WKB

cc: Esmael Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A36



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

February 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0380

Members of the Board:

Please approve the award on the basis of only proposal received:

Description: Renovation of the X-ray Unit at El Franco Lee Health Center for the Harris County Hospital District dba Harris Health System

Proposals Received: One (1) on December 13, 2021 (see attached)

Vendor: JLA Construction Solutions

Amount: \$282,629 construction price
 56,000 owner contingency
 \$338,629

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To renovate and replace an existing X-Ray Unit on the first floor of El Franco Lee Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

DM

MAM
Attachments

cc: Esmail Porsa, M.D., President & CEO
 Dave Attard, Healthcare Systems Engineering
 Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 A37

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695 

**Competitive Sealed Proposal for Renovation of the X-ray Unit at El Franco Lee Health Center
for the Harris County Hospital District dba Harris Health System**

One (1) proposal was received as follows:

Vendors

JLA Construction Solutions

Price

\$282,629

Evaluation Information

The Evaluation Committee consisted of representatives from Harris Health System and a representative from the Office of the Harris County Purchasing Agent. Upon careful evaluation of the proposal, the Evaluation Committee selected JLA Construction Solutions on the basis of only proposal received meeting the requirements and needs of Harris Health System.

Board Summary

Board Date: February 24, 2022

Pavilion/Department: ACS El Franco Lee Health Center/Radiology

Item Description: El Franco Lee X-Ray Replacement Project

Purchasing Number: 21/0380

Original Estimated Cost: \$338,629.00 (FY22 Routine Capital)

Project Elaboration: The project consists of renovations to accommodate the replacement of an existing X-Ray on the first floor of El Franco Lee Health Center. The work will include demolition of the existing partitions, construction of new partitions, finishes, as well as mechanical, electrical, and plumbing renovations to support the design. Finishes will include support for new overhead X-Ray equipment, architectural woodwork, leaded shielded glass window, new vinyl composition tile, resilient base, paint and acoustical tile.

Estimated Total Construction Cost: \$338,629

- **Construction Bid:** \$282,629
- **Owner's Contingency:** \$56,000

Contractor: JLA Construction Services

Based on a Harris Health System Facilities Planning and Purchasing review of the Competitive Sealed Proposals (CSP), JLA Construction Services is the recommended vendor based on the only proposal received meeting the requirements of Harris Health System.

A37

as



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

February 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners, a division of Harris County Department of Education Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Replacement of Roof Top Unit at the Martin Luther King Jr. (MLK) Health Center for the Harris County Hospital District dba Harris Health System

Quotes Received: Three (3) on January 4 and January 26, 2022

Vendor: CFI Mechanical, Inc.

Amount: \$266,059 project price
6,068 bonding
40,819 owner contingency
\$312,946

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To replace one six (6) roof top units at the MLK Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

AM

MAM
Attachment

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A38



Quote Tabulation for Roof Top Unit Replacement at the Martin Luther King Jr. (MLK) Health Center for the Harris County Hospital District dba Harris Health System

				CFI Mechanical, Inc. (Choice Partners No. 18/036MC-02) ¹	The Brandt Companies LLC (BuyBoard No. 638-21)	MLN Service Company (BuyBoard 631-20)
Item No.	Description	Unit of Measure	Estimated Quantity	Total Price	Total Price	Total Price
1	Roof Top Unit Replacement	LOT	1	\$266,059	\$300,430	\$353,000
2	Bonds	EA	1	\$6,068	\$6,183	\$7,225
Grand Total				\$272,127	\$306,613	\$360,225
¹ Award Recommendation Low Quote						

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Martin Luther King (MLK) Jr. Health Center/Plant

Item Description: Rooftop Units (RTU) Replacement

Estimated Total Cost: \$312,946 (Budgeted FY2022 Routine Capital)

Project Elaboration: The project consist of the replacement of six (6) rooftop units that are past their useful life, not economical to maintain and are unreliable. Alternate 1 cost consist of two (2) additional units for replacement along with the initial four (4) units identified. The scope includes the removal of existing rooftop units and replacing with new equipment that meet the clinical space code requirement and other associated mechanical and electrical upgrades.

Estimated Total Cost: \$312,946

- **Bid Proposal:** \$173,492
- **Alternate Bid 1:** \$98,635
- **Owner's Contingency:** \$40,819

Contractor: CFI Mechanical, Inc.

Based on a Harris Health System Facilities Planning, Facilities Engineering, and the Purchasing department review of the quotes received, CFI Mechanical, Inc. is the recommended vendor based on low bid.

A38



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following on the basis of best contract:

Description: Sterile Packs and Gowns
Contract Reviewed: Cardinal Health 200, LLC (AS-OR-1969)
Vendor: Cardinal Health 200, LLC
Premier Term: January 1, 2022 through December 31, 2022
Amount: \$307,530 estimated
\$307,530 previous year
Evaluated by: X Evaluation Committee X Harris County Purchasing
Justification: To provide Harris Health System with sterile packs, gowns, drapes and nonsterile drapes.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
BKP

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A39



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

January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.08-77

Members of the Board:

Please approve the first of the four (4) renewal options for the following:

Description: Integrated Pest Management Services for Harris County Hospital District dba Harris Health System

Vendor: Rentokil North America, Inc. (HCHD-385/PP-SV-261)

Term: March 30, 2022 through March 29, 2023

Amount: \$300,300 estimated
\$274,210 previous

Reviewed by: X Environmental Services X Harris County Purchasing

Justification: To provide integrated pest management services throughout Harris Health System.

The increase is due to additional services required at Lyndon B. Johnson Hospital. The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increasing in pricing.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm
PT

cc: Esmail Porsa, M.D., President & CEO
Jamie Hons, VP Operations BT
Awon Syed, VP Operations LBJ
William Walker, Business Operations & Strategic Initiatives
Vendor

A40

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 27, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners National Purchasing Cooperative, Board Motion 21.03-31

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Advanced Malware Threat Intelligence Platform for the Harris County Hospital District dba HarrisHealth System

Vendor: CrowdStrike, Inc. through Set Solutions, Inc.
(Choice Partners# 21/031KN-55) (CID HCHD-193)

Amount: \$272,563 additional funds for the additional extended term 3/24/22 – 3/23/23
\$258,820 previous approved funds for the term 3/24/21 – 3/23/22
\$531,383

Reviewed by: X Information Security X Harris County Purchasing

Justification: Additional funds are required for the extended term. The term is being extended to provide for CrowdStrike advanced malware threat intelligence platform to protect the organization from phishing attacks and ransomware.

The vendor has agreed to extend under the same terms and conditions as set forth in the Agreement, with a 5% of increase in pricing. The County Attorney’s Office is preparing an Amendment to extend term and add renewal options. The extension is subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

cc: Esmail Porsa, M.D., President & CEO
Jeffrey Vinson, SVP & CISO
Vendor

A41

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Physiological Monitoring Equipment

Contract Reviewed: Philips Healthcare (PP-NS-1480)

Vendor: Philips Healthcare

Amount: \$265,752

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace physiological monitoring equipment no longer supported by the manufacturer at Lyndon B. Johnson and Ben Taub Hospitals.

Amount includes trade-in credit of \$20,013 for seven (7) each of existing Philips Model MP30 monitors. Philips is the only supplier that can provide physiological monitoring equipment compatible with Harris Health System’s existing equipment and IT infrastructure.

Sincerely,

DeWight Dopslauf
Purchasing Agent

S
AM

Attachment

cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A42

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Ben Taub, LBJ Hospitals / PACU

Item Description: Physiological Monitoring Equipment

Estimated Cost: \$265,752.36 (FY22 Routine Capital Budget)

Project Elaboration: Multi-year phased replacement of physiological monitoring equipment no longer supported by the manufacturer. In this phase, phase 3 of 5, with this procurement we are replacing Philips MP30 model monitors at LBJ Hospital PACU and tele desks at Ben Taub Hospital tele room.

Vendor: Philips Healthcare (on Premier GPO Contract: PP-NS-1480)

- All current Harris Health System physiological monitoring equipment is from Philips.
- Philips is the only vendor that can provide equipment compatible with Harris Health System’s existing system and IT infrastructure.

Project Cost Summary:

Item #	Item Description	Qty	Total Item Cost
1	7 IntelliVue MX550 monitors, 7 Multi-Measurement Module MMX, Accessories, Install for LBJ PACU	1	\$204,045.36
2	Rebate - Trade-in Allowance for existing MP30 monitors (quantity 7) from LBJ PACU	1	(\$20,013.00)
3	Installation cost for new tele-room monitors (monitors available separately through Software Maintenance Agreement), 5 new tele room desks with installation.	1	\$81,720.00
Total Equipment Cost			\$265, 752.36



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Local Government Code 262.024 (a)(2)- Public Health and Safety

Members of the Board:

Please approve the purchase of the following:

Description: Reverse Osmosis Water Purification System

Vendor: Mar Cor Purification (GA-06652)

Term: January 31, 2022 through January 30, 2023

Amount: \$264,552

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide a reverse osmosis (RO) water purification system required to meet the operational needs of dialysis stations for the Quentin Mease facility.

The County Attorney’s Office is preparing a Third Amendment to the Agreement for this purchase. This purchase is subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A43

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): ACS – Quentin Mease/ Hemodialysis

Item Description: Reverse Osmosis Water Purification System

Estimated Cost: \$264,552.22 (FY22 Routine Capital Budget)

Project Elaboration: Part of the Quentin Mease building renovation project to change from hospital classification to clinic, this procurement is adding a reverse osmosis (RO) water purification system required to meet the operational needs of the dialysis department with twenty nine dialysis stations in the facility.

Vendor: Mar Cor (on RFP based contract # GA-06652)

- Vendor on RFP based contract and meeting all mandatory user requirements.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Water and Solution Delivery System Equipment & Installation	1	\$198,799.74	\$198,799.74
2	Wall Boxes	1	\$23,051.53	\$23,051.53
3	Loop Materials & Installation	1	\$42,700.95	\$42,700.95
Total Cost				\$264,552.22



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Stretchers

Contract Reviewed: Stryker Medical (PP-MM-706)

Vendor: Stryker Medical

Amount: \$261,423

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide Quentin Mease with stretchers required to meet the operational needs of the facility.

Stryker Medical stretchers were evaluated as best meeting requirements. Therefore, other premier suppliers were not selected.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
5
AM

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A44

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): ACS – Quentin Mease/ Nursing

Item Description: Stretchers, Mobile

Estimated Cost: \$261,423.40 (FY22 Routine Capital Budget)

Project Elaboration: Part of the Quentin Mease building renovation project to change from hospital classification to clinic, this procurement is adding stretchers required to meet the operational needs of the facility.

Vendor: Stryker (on Premier GPO contract #PP-MM-706)

- Vendor meeting all mandatory user requirements, including three sided hydraulic controls.

Other Premier Vendors Considered:

- Hillrom – Responded to confirm as not meeting user requirements.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Prime Big Wheel Stretcher 30"	29	\$9,014.60	\$261,423.40
Total Cost				\$261,423.40



as

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

February 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners, a division of Harris County Department of Education Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Installation of New Cooling Systems for IT Equipment at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Quotes Received: Two (2) on January 11, 2022

Vendor: The Brandt Companies, LLC

Amount: \$ 203,250 project price
3,960 bonding
40,000 owner contingency
\$ 247,210

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To add four (4) new cooling systems to provide the required cooling capacity for the IT equipment and servers in four (4) IDF closets at Lyndon B. Johnson Hospital. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

ng

JAA
Attachments

DH

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A45

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Installation of New Cooling Systems for IT Equipment at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Item No.	Description	Est. Qty.	Unit of Measure	The Brandt Companies, LLC ¹ (Choice Partners 19/036MR-05)		MLN Service Company (BuyBoard 631-20)	
				Unit Price	Total Price	Unit Price	Total Price
1	Furnish all labor, equipment, materials, and incidentals necessary to Upgrade Installation Projer for four (4) at Lyndon B. Johnson Hospital, in accordance with the specifications.	1	Lump Sum	\$207,410.00	\$207,410.00	\$693,095.00	\$693,095.00
Grand Total					<u>\$207,410.00</u>		<u>\$693,095.00</u>
* Award Recommendation Low Bid							

A45

Board Summary

Date Date: February 22, 2022

Pavilion/Department: Lyndon B. Johnston (LBJ) Hospital / Plant

Item Description: Heating, Ventilation, and Air Conditioning (HVAC) Upgrade in Intermediate Distribution Frame (IDF) Closet

Estimated Total Cost: \$247,210 (Budgeted FY2022 and FY2022 Stub Year Routine Capital)

Project Elaboration: This project is to add four (4) new cooling systems to provide the required cooling capacity for the IT equipment and servers in four (4) IDF closets (LB21, LB22, LB41, LB42). The current HVAC system capacity is not sufficient which is causing an increase in temperature in these closets. Long term exposure to increase temperature ranges will reduce the reliability of the network equipment which could result in failure causing significant impact to how care is provided.

Estimated Total Construction Cost: \$247,210

- **Construction Bid:** \$207,210
- **Owner's Contingency:** \$40,000

Contractor: The Brandt Companies, LLC

Based on a Harris Health System Facilities Planning, LBJ Facilities Engineering, Harris Health IT and Purchasing review of the Choice Partners and Buyboard proposals, The Brandt Companies, LLC is the recommended vendor of choice based on being the lowest priced quote meeting all the requirement of the project.

Vendor response(s) and considered with Buyboard Price:

- MLN Companies – Higher Cost Proposal

Fianancial Analysis: Proposal tabulation

A45



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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 13/0326, Board Motion 21.02-22

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Pre and Post-Employment Background Screening for Harris County Hospital District dba Harris Health System

Vendor: KGI Holdings LLC dba KGI (fka K Griff Investigation and Civil Processing Inc.) [HCHD-288]

Amount: \$240,000 estimated additional funds for the extended term 2/26/22 – 2/25/23
\$467,240 previously approved funds for the term 8/26/14 – 2/25/22
\$707,240

Reviewed by: X Talent Acquisition Management X Harris County Purchasing

Justification: To provide background screening services until the competitive proposal process is complete and a new Agreement has been executed.

The increased amount covers estimated volume of services during the extended term. The County Attorney’s Office will review an Agreement for the extended term.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA

FDA/jld

cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A46

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 20.12-149

Members of the Board:

Please approve the first of the four (4) renewal options for the following:

Description: Biomedical Equipment Parts and Services for the Harris County Hospital District dba Harris Health System

Vendor: PartsSource, Inc. (HCHD-386/PP-SV-235)

Term: February 28, 2022 through February 27, 2023

Amount: \$240,000 estimated
\$240,000 previous

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide the PartsSource PRO™ Managed Service Platform to assist in procuring medical equipment parts and services for Harris Health System Biomedical Engineering.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm
PT

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 A47





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

January 24, 2022

Board of Trustees Harris
Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of only quote:

Description: SAP Business Objects Software Maintenance for the Harris County Hospital District dba Harris Health System

Vendor: Carahsoft Technology Corporation (DIR-TSO-4288)

Amount: \$225,639 estimated

Evaluated by: X Information Technology X Harris County Purchasing

Justification: To provide maintenance for the Business Objects software that assists in performance and information management, planning, reporting, query and analysis used in organizational decision making.

Sincerely,

DeWight Dopslauf
Purchasing Agent

 
SPS

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A48

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695





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

January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description: Maintenance and Support for CheckPoint PointSec for the Harris County Hospital District dba Harris Health System

Quotes Received:	Sirius Computer Solutions, LLC (DIR-CPO-4415)	\$184,440
	Future Com, LTD (TIPS 200105)	\$189,029
	Insight Direct USA, Inc. (PP-IT-241)	\$191,001
	Connection (PP-IT-238)	\$258,740

Vendor: Sirius Computer Solutions, LLC

Amount: \$184,440 estimated

Reviewed by: X Information Security X Harris County Purchasing

Justification: To provide continued maintenance and support for CheckPoint PointSec hard disk and media encryption solution. This solution allows encryption capabilities to meet HIPAA standards and security best practices.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJS
SPS
SPS

cc: Esmail Porsa, M.D., President & CEO
Jeffrey Vinson, SVP & CISO
Vendors

A49

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 27, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Ultrasound Machine

Contracts Reviewed:	GE Healthcare (PP-IM-271)	\$167,188
	Philips Healthcare (PP-IM-287)	\$180,245
	Siemens Medical Solutions USA, Inc. (PP-IM-279)	\$251,874

Vendor: Philips Healthcare

Amount: \$180,244

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace the current cardiology echo ultrasound unit at Ben Taub Hospital that is past its expected useful life with new equipment providing improved imaging capabilities.

Amount includes trade-in credit of \$10,000 for one (1) each of existing GE Medical model Vivid Q Ultrasound. Philips Healthcare was evaluated as best meeting all clinical requirements. Therefore, other Premier suppliers were not selected.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendors

A50

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / Non-Invasive Cardiology

Item Description: Ultrasound Machine

Estimated Cost: \$180,244.50 (FY22 Routine Capital Budget)

Project Elaboration: Replacing one cardiology echo ultrasound unit at Ben Taub that is no longer supported by the manufacturer and is past its expected useful life. The new equipment will provide improved imaging capabilities for the department.

Vendor: Philips (on Premier GPO Contract: PP-IM-287)

- Philips EPIQ CVx model ultrasound system is best meeting all clinical requirements as evaluated by the Ben Taub Non-Invasive Cardiology Imaging team.
- Including for follow up transesophageal echocardiograms where an existing Philips EPIQ CVx model ultrasound was utilized.
- Vendor recommendation from Ben Taub non-invasive cardiology imaging team on file with Harris County Purchasing Department.

Other Premier Vendors Considered:

- GE – Not recommended by Ben Taub non-invasive cardiology imaging team, not optimal for follow up transesophageal echocardiograms where an existing Philips EPIQ CVx model ultrasound was utilized.
- Siemens – Higher cost. Not recommended by Ben Taub non-invasive cardiology imaging team, not optimal for follow up transesophageal echocardiograms where an existing Philips EPIQ CVx model ultrasound was utilized.

Project Cost Summary:

Vendor	Philips	GE	Siemens
Description	EPIQ CVx with TEE probe	Vivid E95 with TEE probe	Acuson SC2000 with TEE probe
Unit Price (Ea)	\$180,244.50	\$167,187.50	\$251,874.00
Quantity Equipment	1	1	1
Total Equipment Cost	\$180,244.50	\$167,187.50	\$251,874.00

A50



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

January 13, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Services Exemption

Members of the Board:

Please ratify the following purchase on the basis of personal services exemption:

Description: Consulting Services for the Harris County Hospital District dba Harris Health System

Vendor: Premier Healthcare Solutions, Inc. [HCHD-619]

Term: January 1, 2022 through December 31, 2022

Amount: \$178,200 estimated

Reviewed by: X Mission Advancement X Harris County Purchasing

Justification: To provide 1115 Waiver Anchor-related duties for Regional Healthcare Partnership 3 (RHP3) and provide ongoing guidance for region 3 Delivery Services Reform Incentive Payment (DSRIP) providers.

Beth Cloyd, Jamie Marsh-Wheeler, and Thomas Fillet will provide personal services required under the Agreement. The County Attorney's Office is preparing an Amendment to the Agreement for this purchase. This purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

RRV

cc: Esmail Porsa, M.D., President & CEO
Olga Rodriguez, VP – Community Engagement & Corporate Communications
Vendor

A51

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

February 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source, Board Motion 21.03-31

Members of the Board:

Please approve the following purchase on the basis of sole source:

Description: Oracle Exadata Software Maintenance for the Harris County Hospital District dba Harris Health System

Vendor: Oracle America, Inc.

Term: April 1, 2022 through March 31, 2023

Amount: \$175,235 estimated
\$176,447 previous year

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide continued maintenance and support for Exadata Software which is a fully integrated database-computing platform.

The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Oracle as the sole provider of the software and technical services.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A52





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Ultrasound Machine

Contracts Reviewed:	Philips Healthcare (PP-IM-287)	\$165,056
	GE Healthcare (PP-IM-271)	\$170,233

Vendor: Philips Healthcare

Amount: \$165,056

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide a cardiology ultrasound machine used to perform Transcatheter Aortic Valve Replacement (TAVR) procedures for Ben Taub Hospital.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP
AM
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A53

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / OR

Item Description: Ultrasound Machine

Estimated Cost: \$165,056.00 (FY22 Routine Capital Budget)

Project Elaboration: For the Hybrid OR at Ben Taub Hospital, this project is procuring a cardiology ultrasound machine for the recently started Transcatheter Aortic Valve Replacement (TAVR) cases, a minimally invasive procedure which is an alternative to open-heart valve surgery.

Vendor: Philips (on Premier GPO Contract: PP-IM-287)

- Philips EPIQ CVx model ultrasound system is best meeting all clinical requirements at lowest cost as evaluated by the Ben Taub Non-Invasive Cardiology Imaging team. Including the below,
 - Probe for transesophageal echocardiograms.
 - Battery to allow sonographer to facilitate rapid machine functions, sleep mode and fast reboot.

Other Premier Vendors Considered:

- GE – Higher cost.
- Siemens – Not meeting requirement for battery to allow sonographer to facilitate rapid machine functions, sleep mode and fast reboot.

Project Cost Summary:

Vendor	Philips	GE
Description	EPIQ CVx with TEE probe	Vivid E95 with TEE probe
Unit Price (Ea)	\$165,056.00	\$170,233.75
Quantity Equipment	1	1
Total Equipment Cost	\$165,056.00	\$170,233.75

A53

as



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

February 2, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners, a division of Harris County Department of Education Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Replacement of Roof Top Units at the Northwest Health Center for the Harris County Hospital District dba Harris Health System

Quotes Received: Three (3) on January 5, 6 and February 1, 2022

Vendor: CFI Mechanical, Inc.

Amount: \$137,192 project price
3,104 bonding
21,044 owner contingency
\$161,340

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To replace five (5) roof top units at the Northwest Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

OH

MAM
Attachment

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A54

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Quote Tabulation for Roof Top Unit Replacement at the Northwest Health Center for the Harris County Hospital District dba Harris Health System

				CFI Mechanical, Inc. (Choice Partners No. 18/036MC-02) ¹	The Brandt Companies LLC (BuyBoard No. 638-21)	MLN Service Company (BuyBoard 631-20)
Item No.	Description	Unit of Measure	Estimated Quantity	Total Price	Total Price	Total Price
1	Roof Top Unit Replacement	LOT	1	\$137,192	\$161,058	\$206,180
2	Bonds	EA	1	\$3,104	\$3,319	\$4,060
Grand Total				\$140,296	\$164,377	\$210,240
¹ Award Recommendation Low Quote						

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Northwest Health Center/Plant

Item Description: Rooftop Units (RTU) Replacement

Estimated Total Cost: \$161,340 (Budgeted FY2022 Routine Capital)

Project Elaboration: The project consist of replacement of five (5) rooftop units that are past their useful life, not economical to maintain and are unreliable. The scope includes the removal of existing rooftop units and replacing with new equipment that meet the clinical space code requirement and other associated mechanical and electrical upgrades.

Estimated Total Cost: \$161,340

- **Bid Proposal:** \$140,296
- **Owner's Contingency:** \$21,044

Contractor: CFI Mechanical, Inc

Based on a Harris Health System Facilities Planning, Facilities Engineering, and the Purchasing department review of the quotes received, CFI Mechanical, Inc is the recommended vendor based on being the low quote.

A54



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

January 31, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: General Services Administration (GSA), Board Motion 21.03-31

Members of the Board:

Please approve the second of four (4) renewal options for the following:

Description: Information Technology (IT) Professional Services for the Harris County Hospital District dba Harris Health System

Vendor: Shipcom Wireless, Inc. (GSA-35F-464DA) [HCHD-150]

Term: March 27, 2022 through March 26, 2023

Amount: \$158,136 estimated
\$126,875 previous year

Reviewed by: X Logistics X Harris County Purchasing

Justification: To provide temperature monitoring and data analysis to track the temperature/humidity of patient medical samples, pharmaceuticals, and medical devices, transported by HHS staff within HHS refrigerated vehicles and insulated containers. The solution analyzes the operational status of the HVAC equipment and provides a wireless connection that automates assigning coolers.

The increased amount covers an add-on license and an increase in volume in goods and services totaling \$9,888 in support of the Harris County Sheriff's Office. The additional license will provide integrated real-time location systems, mobility and other technologies for workflow management. The County Attorney's Office is reviewing an Amendment to the Agreement to add the 2nd-4th renewal options and change in scope. Approval is subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA
FDA

cc: Esmail Porsa, M.D., President & CEO
Chris Okezie, VP – System Operations
Vendor

A55

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695





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

January 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Professional Services Exemption, Board Motion 21.03-31

Members of the Board:

Please approve the fifth and final renewal option for the following:

Description: Physician Services for the School-Based Teen Clinic Program for the Harris County Hospital District dba Harris Health System

Vendor: Baylor College of Medicine [HCHD-651]

Term: April 5, 2022 through April 4, 2023

Amount: \$150,000 estimated
\$150,000 previous year

Reviewed by: X Executive Administration X Harris County Purchasing

Justification: To provide for continued preventative medical services which include immunizations, general health assessments, laboratory services, athletic physicals, vision and hearing screenings for children within the geographical boundaries of Harris County Precinct 1.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
TCT

cc: Esmail Porsa, M.D., President & CEO
William Walker, VP – Business & Ancillary Operations
Vendor

A56

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695 



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

January 11, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Interlocal, Professional Services Exemption, Board Motion 21.03-31

Members of the Board:

Please approve the fifth and final renewal option of the following:

Description: Clinic/Health Services for School Based Teen Clinic Program in Precinct 2 for the Harris County Hospital District dba Harris Health System

Agency:	Houston Independent School District (HISD)	\$ 0
Vendor:	Baylor College of Medicine (Baylor) [HCHD-652]	<u>150,000</u>
		\$150,000

Term: April 16, 2022 through April 15, 2023

Amount: \$150,000 estimated
\$150,000 previous year

Reviewed by: X Executive Administration X Harris County Purchasing

Justification: Baylor will provide for continued treatment of minor acute illness, laboratory services, preventative medical services including immunizations, general health assessments, athletic physicals, vision and hearing screenings, and other services for students enrolled in HISD within the geographical boundaries of Harris County, Texas Precinct 2. HISD will continue providing adequate and suitable space for operation of the Teen Health Clinic at no cost.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA_{TCT}

cc: Esmail Porsa, M.D., President & CEO
William Walker, VP – Business & Ancillary Operations
Vendor
Agency

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A57



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

February 2, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Services Exemption

Members of the Board:

Please ratify an exemption from the competitive bid requirements for the following:

Description: Consulting Services for Fiscal Year Changes for the Harris County Hospital District dba Harris Health System

Vendor: BG Staffing, LLC [HCHD-683]

Term: Six-month term upon execution of Agreement

Amount: \$150,000 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To reconfigure chart of accounts and fiscal year calendars for Harris Health System to match new fiscal year.

Martin Eglinton will provide personal services required under the Agreement. The County Attorney’s Office prepared an Agreement for these services. The purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
RRV

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A58

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

February 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Association of School Boards (TASB) BuyBoard Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Purchase of Generator for Central Fill Pharmacy for the Harris County Hospital District dba Harris Health System

Quotes Received:	L.J. Power, Inc. (BuyBoard No. 657-21)	\$149,882
	Millennium Project Solutions, Inc. (BuyBoard No. 638-21)	\$168,209
	McCaffety Electric Co., Inc. (BuyBoard No. 638-21)	\$175,980

Vendor: L.J. Power, Inc.

Amount: \$149,882

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To purchase backup generator for Central Fill Pharmacy.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm
STM

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A59

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Date Submitted: January 14, 2022

Pavilion/Department: Central Fill Pharmacy/Administration

Item Description: 500kW Diesel Generator

Estimated Cost: \$149,882 (Budgeted FY2022 Routine Capital)

Project Elaboration: The project consist of the purchase of one (1) 500 kW diesel generator in order to provide uninterrupted services by the Central Fill Pharmacy when utility power is lost. The scope includes one (1) 500 kW diesel generator 277/480 volts 3 phases, a sound attenuated enclosure, a space heater, the ability to parallel to another generator in the future, an 800 amp motorized main line circuit breaker, a 10 amp battery charger, a 2,500 gallon UL 2085 fuel tank, freight to the jobsite, startup and testing by factory certified technician, and a 5 year warranty.

Vendor: L. J. Power, Inc. (BuyBoard #657-21)

Based on a Harris Health System Facilities Planning, Facilities Engineering, and the Purchasing department review of the Buyboard bids, L. J. Power, Inc. is the recommended vendor of choice based on being the lowest bidder meeting all specifications.

Other Vendor(s) that responded to the bid and considered with Bid Price:

- Millennium Project Solutions, Inc. (BuyBoard #638-21) – Higher in cost at \$168,208.50
- McCaffety Electric Co., Inc. (BuyBoard #638-21) – Higher in cost at \$175,980.00
- Crescent Electric (BuyBoard #638-21) – No bid
- Express Electrical Services, Inc. (BuyBoard #638-21) – No bid

Fianancial Analysis: Proposal tabulation

me



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

February 9, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Association of School Boards (TASB) BuyBoard Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Condensing Unit Replacement at Martin Luther King (MLK) Jr. Health Center for the Harris County Hospital District dba Harris Health System

Quotes Received: Three (3) on January 4 and February 4, 2022

Vendor: The Brandt Companies, LLC

Amount: \$124,855 project price
2,836 bonding
19,153 owners contingency
\$146,844

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To replace two (2) condensing units at the MLK Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

AM

MAM
Attachments
cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A60

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Quote Tabulation for Condensing Unit Replacement at the Martin Luther King (MLK) Jr. Health Clinic for the Harris County Hospital District dba Harris Health System

				The Brandt Companies LLC (BuyBoard No. 638-21) ¹	CFI Mechanical, Inc. (Choice Partners No. 18/036MC-02)	MLN Service Company (BuyBoard 631-20)
Item No.	Description	Unit of Measure	Estimated Quantity	Total Price	Total Price	Total Price
1	Condensing Unit Replacement	LOT	1	\$124,855	\$133,299	\$211,905
2	Bonds	EA	1	\$2,836	\$3,045	\$4,150
Grand Total				\$127,691	\$136,344	\$216,055
¹ Award Recommendation Low Quote						

A60

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Martin Luther King (MLK) Jr. Health Center/Plant

Item Description: Replacement of Condensing units (CU)

Estimated Total Cost: \$146,844 (Budgeted FY2022 Routine Capital)

Project Elaboration: The project consists of replacement of two (2) condensing units that are past their useful life, not economical to maintain and are unreliable. The scope includes the removal of existing condensing units and replacing with new equipment that meet the clinical space code requirement and other associated mechanical and electrical upgrades.

Estimated Total Cost: \$146,844

- **Proposal:** \$ 127,691
- **Owner's Contingency:** \$19,153

Contractor: The Brandt Companies, LLC

Based on a Harris Health System Facilities Planning, Facilities Engineering, and the Purchasing department review of the quotes received, The Brandt Companies, LLC is the recommended vendor based on low quote.

A60



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

January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve first year funding for the following GPO contract:

Description: Contrast Media Ultrasound

Vendor: Lantheus Medical Imaging (PP-IM-418)

Premier Term: January 1, 2022 through December 31, 2022

Amount: \$141,142 estimated
\$141,142 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with contrast media agents used to enhance ultrasound imaging.

Harris Health is currently standardized to Lantheus Medical for contrast media ultrasounds. Therefore, no other Premier suppliers were considered.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A61



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

February 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Multiple Award Schedule (TXMAS) Cooperative Program

Members of the Board:

Please approve the purchase of the following on the basis of low quote:

Description: Task Seating, Cubicles, Storage Cabinets, and Lateral Files for the Lois J. Moore Center for Nursing Excellence for the Harris County Hospital District dba Harris Health System

Quotes Received: Two (2) on January 12, and 13, 2022 (see attached)

Vendors: McCoy-Rockford, Inc.

Amount: \$140,517

Reviewed by: X Facilities Planning X Harris County Purchasing

Justification: To provide office furniture for the Lois J. Moore Center for Nursing Excellence.

Sincerely,

DeWight Dopslauf
DeWight Dopslauf
Purchasing Agent

JP
AH

MJS
Attachments
cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

A62

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Lois J. Moore Center for Nursing Excellence

Item Description: Furniture for Lois J. Moore

Estimated Total Cost: \$140,516.77 (FY2022 Capital Budget)

Project Elaboration: This project consist of acquisition of task seating, cubicles, storage cabinets, and lateral files furniture for the Lois J. Moore Center for Nursing Excellence project.

Vendor: McCoy (on TXMAS Contract# 19-7111)

- Low quote meeting all requirements.

Quotes are based on TXMAS partners cooperatives. All vendors submitted based on specified manufactures, contracts and product lines.

Project Cost Summary: See attached quote tabulation

A62

Quote Tabulation for Task Seating, Cubicles, Storage Cabinets, and Lateral Files for the Lois J. Moore Center for Nursing Excellence for the Harris County Hospital District dba Harris Health System

Group #	Manufacturer and Furniture	McCoy-Rockfod, Inc ¹ (TXMAS 19-7111)	HBI Office Solutions, Inc. (TXMAS 19-7111)
1	Steelcase Task Seating, Cubicles, Storage Cabinets & Lateral Files ¹ Award Recommendation Low Quote	\$ 140,516.77	\$ 143,247.23

A62



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source, Board Motion 21.02-22

Members of the Board:

Please approve the first of four (4) renewal options for the following:

Description: BD Service Agreement for the Harris County Hospital District dba Harris Health System

Vendor: Becton, Dickinson and Company, through its BD Diagnostics – Integrated Diagnostic Solutions Business Unit (HCHD-457)

Term: March 1, 2022 through February 28, 2023

Amount: \$132,500 estimated
\$ 90,139 previous term

Reviewed by: X Laboratory X Harris County Purchasing

Justification: To provide for continued service to the Kiestra equipment.

The vendor has agreed to renew under the same terms and conditions, with an increase in pricing, as set forth in the Agreement. The previous term's amount was prorated. The estimated amount is higher than the previous term due to the price increase and a full year term.

Sincerely,

DeWight Dopslauf
Purchasing Agent

*KB*WKB

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

A63

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0222

Members of the Board:

Please approve the third of four (4) renewal options for the following:

Description: Nuclear Medicine Radiopharmaceuticals and Associated Pharmaceuticals for the Harris County Hospital District dba Harris Health System

Vendor: South Texas Nuclear Pharmacy Inc.

Term: March 1, 2022 through February 28, 2023

Amount: \$126,250 estimated
\$125,000 previous year

Reviewed by: X Radiology X Harris County Purchasing

Justification: To continue providing nuclear medicine radiopharmaceuticals and associated pharmaceuticals used in nuclear medicine for diagnostic imaging and therapeutic procedures throughout Harris Health System.

The vendor has agreed to renew under the same terms and conditions with a 1% increase in pricing, as set forth in the contract.

Sincerely,

DeWight Dopslauf
Purchasing Agent

BA
cc: Esmail Porsa, M.D., President & CEO
James P. Hesse, Radiology
Vendor

A64

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR), Board Motion 21.05-55

Members of the Board:

Please approve additional funds for the purchase of the following:

Description: Photocopier/Scanner Lease and Services for the Harris County Hospital District dba HarrisHealth System

Vendor: Ricoh USA, Inc. (DIR-CPO-4435) (GA-07322)

Amount: \$126,242 additional funds for the term 4/5/2021 – 4/4/2022
517,998 previously approved funds for the term 4/5/2021 – 4/4/2022
\$644,240

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To provide for continued copy center services consisting of hard copy, digital and large format printing; finishing and delivery services; print procurement, consultation, pick-up and delivery services for Harris Health System.

The increased amount is due to additional color multifunction copiers/printers with shorter lease terms and quarterly image overage fees at Fournace and other locations for Harris Health System and Community Health Choice.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

A65

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.01-06

Members of the Board:

Please approve the second of four (4) renewal options for the following on the basis of sole source:

Description: Service and Maintenance for Carbon XL Computed Radiography Equipment for the Harris County Hospital District dba Harris Health System

Vendor: Fujifilm Medical Systems, USA, Inc. (GA-06379)

Term: March 1, 2022 through February 28, 2023

Amount: \$126,000 estimated
\$126,000 previous year

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide scheduled and unscheduled service and maintenance for the Fujifilm Carbon XL Computed Radiography Equipment throughout Harris Health System.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Fujifilm Medical Systems, USA, Inc. as the sole source provider of the software maintenance, software and hardware upgrades, and repair of Fujifilm equipment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

*JA
sm*

SCF
Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A66

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



Board Summary

Board Date: February 24, 2022

Pavilion(s) Utilizing Contract: Ben Taub, LBJ and ACS

Item Description: Carbon XL Contract

Project Elaboration: This is a full service maintenance contract under which Fujifilm will provide Harris Health with preventative maintenance inspection and calibration services, all replacement parts, labor and travel as well as all software updates (based upon original OS and application purchased configuration) to our Carbon XL Readers and associated Dell CPU's and touchscreen monitors.

Vendor: Fujifilm Medical Systems, USA, Inc.

Service Cost Breakout

- Previous year contract amount: \$126,000
- Fujifilm Medical Systems, USA, Inc. renewal pricing: \$126,000
- This is a sole source contract.

Recommend Renewal

A66



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

January 10, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Interlocal, Board Motion 13.08-07

Members of the Board:

Please ratify renewal of the following:

Description: Use of Public Safety Radio System for the Harris County Hospital District dba Harris Health System

Vendor: Harris County [GA-01416]

Term: November 5, 2021 through November 4, 2022

Amount: \$124,488 estimated
\$124,488 previous year

Reviewed by: X Public Safety X Harris County Purchasing

Justification: To provide access to Harris County's radio communications system.

Sincerely,

p.p. John G. Adger

DeWight Dopslauf
Purchasing Agent

JLD
JLD/fda

cc: Esmail Porsa, M.D., President & CEO
Chris Okezie, VP – System Operations
Vendor

A67

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695 



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

Please approve the following purchase on the basis of best contract:

Description: Ultrasound Machine

Contracts Reviewed:	GE Healthcare (PP-IM-271)	\$122,060
	Philips (PP-IM-287)	\$131,923

Vendor: GE Healthcare

Amount: \$122,060

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace one (1) cardiology echo ultrasound unit that is past its useful life with new equipment providing improved imaging capabilities for Ben Taub Hospital Cardiology.

Amount includes trade-in credit of \$11,400 for one (1) each of existing GE Medical model Vivid S6 Ultrasound and probes.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
5
AM

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendors

A68

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / Non-Invasive Cardiology

Item Description: Ultrasound Machine

Estimated Cost: \$122,060.00 (FY22 Routine Capital Budget)

Project Elaboration: Replacing one cardiology echo ultrasound unit at Ben Taub that is no longer supported by the manufacturer and is past its expected useful life. The new equipment will provide improved imaging capabilities for the department.

Vendor: GE (on Premier GPO Contract: PP-IM-271)

- Lowest cost ultrasound system best meeting all clinical requirements at lowest cost as evaluated by the Ben Taub Non-Invasive Cardiology Imaging team. Including the below,
 - Battery to allow sonographer to facilitate rapid machine functions during portable studies, and sleep mode and fast reboot to facilitate STAT exams.

Other Premier Vendors Considered:

- Philips – Higher cost.
- Siemens – Not meeting requirement for battery to allow sonographer to facilitate rapid machine functions during portable studies.

Project Cost Summary:

Vendor	GE	Philips
Description	Vivid E95 – 4D Ultra	EPIQ CVx
Unit Price (Ea)	\$133,460.00	\$134,923.00
Quantity Equipment	1	1
Trade-in Discount (for GE Model Vivid S6 – Sl# 7194VS6 and probe)	(\$11,400.00)	(\$3,000.00)
Total Equipment Cost	\$122,060.00	\$131,923.00



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

January 31, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption – Local Government Code § 262.024 (a)(2)

Members of the Board:

Please approve an exemption from the competitive bid requirements for the following:

Description: Maintenance and Repair Services for Leica Instruments for the Harris County Hospital District dba Harris Health System

Vendor: Leica Microsystems, Inc.

Term: March 1, 2022 through February 28, 2023

Amount: \$120,246

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide maintenance and repair services for Leica instrumentation for Ben Taub and Lyndon B. Johnson Hospitals.

The County Attorney’s Office is preparing an Agreement for these services. The services are subject to the execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA
sm

SCF

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A69

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



Board Summary

Board Date: January 31, 2022

Vendor: Leica MicroSystems, Inc.

Description of Service: Leica Instrument Maintenance and Repair Services

Pavilion(s) Utilizing Contract: Ben Taub & LBJ Hospitals

Contract Elaboration: This is a full service maintenance and repair services contract under which Leica MicroSystems provides Harris Health with scheduled labor and travel to perform OEM periodic manufacturer's certification, electrical safety checks and software updates; planned maintenance parts and/or kits, consumable and expendable items, and an assistance hotline on our Leica Systems.

Service Cost Breakout

- Previous year contract amount: \$101,616
- Leica MicroSystems, Inc. current amount \$120,246

A69



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

February 1, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Professional Services Exemption, Local Government Code § 262.024 (a)(4)

Members of the Board:

Please approve an exemption from the competitive bid requirements for the following:

Description: Clinical Reference Laboratory Services for the Harris County Hospital District dba Harris Health System

Vendor: Mayo Collaborative Services, LLC, d/b/a Mayo Clinic Laboratories

Term: One-year initial term with four (4) one-year renewal options

Amount: \$120,000 estimated

Reviewed by: X Laboratory X Harris County Purchasing

Justification: To perform specialized/esoteric testing for Harris Health System patients.

The County Attorney’s Office is preparing an Agreement for these services. These services are subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

*KB*WKB

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

A70

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of only quote:

Description: Database licenses for the Harris County Hospital District dba Harris Health System

Vendor: SHI Government Solutions, Inc. (DIR-TSO-4092)

Amount: \$114,853 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide Microsoft software licenses for the replacement Treatment Planning System (TPS) to be used in the Radiation Oncology Departments.

The current Treatment Planning System (TPS) is being replaced due to performance issues and the inability of our vendor to provide resolution. This has caused a direct impact to our most vulnerable patients. This purchase is for the database licenses needed to stand up the RayStation software, the Treatment Planning System (TPS) Harris Health is currently purchasing as the replacement system.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KJB

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A71

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

February 2, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners, a division of Harris County Department of Education Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Replacement of Roof Top Units at the Baytown Health Center for the Harris County Hospital District dba Harris Health System

Quotes Received: Three (3) on December 17, 20, 2021 and February 1, 2022

Vendor: CFI Mechanical, Inc.

Amount: \$ 96,964 project price
2,486 bonding
14,917 owner contingency
\$114,367

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To replace three (3) roof top units at the Baytown Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

AM

MAM
Attachment

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A72

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



Quote Tabulation for Roof Top Unit Replacement at the Baytown Health Clinic for the Harris County Hospital District dba Harris Health System

				CFI Mechanical, Inc. (Choice Partners No. 18/036MC-02) ¹	The Brandt Companies LLC (BuyBoard No. 638-21)	MLN Service Company (BuyBoard 631-20)
Item No.	Description	Unit of Measure	Estimated Quantity	Total Price	Total Price	Total Price
1	Roof Top Unit Replacement	LOT	1	\$96,964	\$114,523	\$135,875
2	Bonds	EA	1	\$2,486	\$2,645	\$3,025
Grand Total				\$99,450	\$117,168	\$138,900
¹ Award Recommendation Low Quote						

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Baytown Health Center/Plant

Item Description: Rooftop Units (RTU) Replacement

Estimated Total Cost: \$114,367 (Budgeted FY2022 Routine Capital)

Project Elaboration: The project consist of the replacement of three (3) rooftop units that are past their useful life, not economical to maintain and are unreliable. The scope includes the removal of existing rooftop units and replacing with new equipment that meet the clinical space code requirement and other associated mechanical and electrical upgrades.

Estimated Total Cost: \$114,367

- **Bid Proposal:** \$99,450
- **Owner's Contingency:** \$14,917

Vendor: CFI Mechanical, Inc

Based on a Harris Health System Facilities Planning and Engineering, and the Purchasing department review of the quotes received, CFI Mechanical, Inc is the recommended vendor based low quote.

A72



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

January 26, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

Please approve the purchase of the following on the basis of only quote:

Description: Microsoft Windows Server licenses for the Harris County Hospital District dba Harris Health System

Vendor: SHI Government Solutions, Inc. (DIR-TSO-4092)

Amount: \$113,725 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide Microsoft Windows Server licenses for the replacement Treatment Planning System (TPS) to be used in the Radiation Oncology Departments.

The current Treatment Planning System (TPS) is being replaced due to performance issues and the inability of our vendor to provide resolution. This has caused a direct impact to our most vulnerable patients. This purchase is for the Microsoft Server licenses needed to stand up the RayStation software, the Treatment Planning System (TPS) Harris Health is currently purchasing as the replacement system.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KJB

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

A73

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 25, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.01-06

Members of the Board:

Please approve the third of three (3) renewal options for the following on the basis of sole source:

Description: Service and Maintenance for Computed Radiography Equipment for the Harris County Hospital District dba Harris Health System

Vendor: Fujifilm Medical Systems, USA, Inc. (GA-05737)

Term: March 1, 2022 through February 28, 2023

Amount: \$113,652 estimated
\$113,652 previous year

Reviewed by: X Biomedical Engineering X Harris County Purchasing

Justification: To provide scheduled and unscheduled service and maintenance for the Fujifilm Computed Radiography Equipment throughout Harris Health System.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Fujifilm Medical Systems, USA, Inc. as the sole source provider of the software maintenance, software and hardware upgrades, and repair of Fujifilm equipment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm

SCF

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A74

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



Board Summary

Board Date: January 18, 2022

Vendor: Fujifilm Medical Systems, USA, Inc.

Description of Service: Service and Maintenance for Computed Radiography Equipment

Pavilion(s) Utilizing Contract: Ben Taub, LBJ and ACS

Contract Elaboration: This is a full service maintenance contract under which Fujifilm will provide Harris Health with preventative maintenance inspection and calibration services, all replacement parts, labor and travel as well as all software updates (based upon original OS and application purchased configuration) to our Computed Radiography systems and associated Dell CPU's and touchscreen monitors.

Service Cost Breakout

- Previous year contract amount: \$113,652
- Fujifilm Medical Systems, USA, Inc. renewal pricing: \$113,652
- This is a sole source contract.

Recommend Renewal

A74



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

February 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners, a division of Harris County Department of Education Cooperative Program

Members of the Board:

Please approve the following purchase on the basis of low quote:

Description: Replacement of Condensing and Air Handling Units at the Strawberry Health Center for the Harris County Hospital District dba Harris Health System

Quotes Received: Three (3) on January 4 and February 1, 2022

Vendor: CFI Mechanical, Inc.

Amount: \$ 93,458 project price
2,396 bonding
14,378 owner contingency
\$110,232

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To replace one (1) condensing unit and air handling unit coil at the Strawberry Health Center that are past life expectancy. The owner contingency provides for coverage on unanticipated costs throughout the project.

Sincerely,

DeWight Dopslauf
Purchasing Agent

MAM
Attachment

cc: Esmail Porsa, M.D., President & CEO
Dave Attard, Healthcare Systems Engineering
Vendors

A75

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Quote Tabulation for Condensing Unit and Air Handling Coil Replacement at the Strawberry Health Center for the Harris County Hospital District dba Harris Health System

				CFI Mechanical, Inc. (Choice Partners No. 18/036MC-02) ¹	The Brandt Companies LLC (BuyBoard No. 638-21)	MLN Service Company (BuyBoard 631-20)
Item No.	Description	Unit of Measure	Estimated Quantity	Total Price	Total Price	Total Price
1	Condensing Unit and Air Handling Coil Replacement	LOT	1	\$93,458	\$102,609	\$117,100
2	Bonds	EA	1	\$2,396	\$2,454	\$2,740
Grand Total				\$95,854	\$105,063	\$119,840
¹ Award Recommendation Low Quote						

Board Summary

Board Date: February 24, 2022

Pavilion/Department: Strawberry Health Center/Plant

Item Description: Condensing Unit (CU) and Air Handling Unit (AHU) Coil Replacement

Estimated Total Cost: \$110,232 (Budgeted FY2022 Routine Capital)

Project Elaboration: The project consist of the replacement of one (1) condensing unit and air handling unit coil replacement that are past their useful life, not economical to maintain and are unreliable. The scope includes the removal of existing condensing unit and air handling unit coil, and replacing with new equipment that meet the clinical space code requirement and other associated mechanical and electrical upgrades.

Estimated Total Cost: \$110,232

- **Bid Proposal:** \$95,854
- **Owner's Contingency:** \$14,378

Contractor: CFI Mechanical, Inc.

Based on a Harris Health System Facilities Planning, Facilities Engineering, and the Purchasing department review of the quotes received, CFI Mechanical, Inc. is the recommended vendor based on low quote.

A75



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

January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: OMNIA Partners Public Sector Cooperative Purchasing Program, Board Motion 20.06-90

Members of the Board:

Please approve the additional funds for the purchase of the following:

Description: Time, Attendance, and Scheduling System for the Harris County Hospital District dba Harris Health System

Vendor: Kronos Incorporated (OMNIA Partners USC #18220) (CID HCHD-76)

Amount: \$ 109,200 estimated additional funds for the term 12/24/2020-6/23/2022
1,520,946 previously approved funds for the term 12/24/2020-6/23/2022
\$ 1,630,146

Reviewed by: X Financial Services X Information Technology
 X Harris County Purchasing

Justification: Additional funds are required to provide for licenses and services to onboard Correctional Health employees into the System.

The County Attorney’s Office is preparing an Amendment for the additional licenses and services. This purchase is subject to the execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SPS
RJB SPS

cc: Esmail Porsa, M.D., President & CEO
Victoria Nikitin, SVP Finance
David Chou, SVP & CIO
Vendor

A76

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

January 15, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Association of School Boards (TASB) BuyBoard Cooperative Program

Members of the Board:

Please ratify funding for the second year of a three-year term for the following:

Description: Lease Mail Equipment, Mail Sorting Services and Send Suite® Shipping Solutions Software for the Harris County Hospital District dba Harris Health System

Vendor: Pitney Bowes Inc. (576-18) [HCHD-276]

Term: February 1, 2022 through January 31, 2022

Amount: \$103,364 estimated
\$103,364 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To provide equipment and software for labeling, postage and tracking of letters and packages.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA

RRV/jld

cc: Esmail Porsa, M.D., President & CEO
Chris Okezie, VP – System Operations
Vendor

A77

FOR INCLUSION ONBOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

February 24, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0067

Members of the Board:

Please approve additional funds and an extension of the following:

Description: Group Employee Assistance Program for the Harris County Hospital District dba Harris Health System

Vendor: FEI Behavioral Health, Inc. [GA-06668]

Amount: \$ 63,640 estimated additional funds for the extended term 3/1/22 – 2/28/23
\$ 63,640 previous amount for the term 3/1/21 – 2/28/22
\$127,280

Reviewed by: X Employee Wellness X Harris County Purchasing

Justification: To provide for continued counseling assistance services for Harris Health System employees until a new competitive proposal process is complete.

The County Attorney's Office will review an Amendment to the Agreement to extend the term.

Sincerely,

DeWight Dopslauf
Purchasing Agent

FDA/jld

cc: Esmail Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

A78

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 24, 2021

Board of Trustees
Harris Health System
Harris County, Texas

RE: The Interlocal Purchasing System (TIPS)

Members of the Board:

This is a transmittal of purchase for the following on the basis of only quote:

Description: Artificial Intelligence Software for IT Service Desk Requests for the Harris County Hospital District dba Harris Health System

Vendor: Netsync Network Solutions, Inc. (TIPS 200105)

Amount: \$99,999 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for the Aisera Software application that integrates with the existing Service Desk and is designed to autonomously resolve a high percentage of service desk requests from employees across the organization.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SPS

cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

B1

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 28, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.08-77

Members of the Board:

This is a transmittal of additional funds for the following:

Description: Maintenance and Support for the Central Fill Pharmacy System for the Harris County Hospital District dba Harris Health System

Vendor: Innovation Associates, Inc. (HCHD-204)

Amount: \$ 99,448 additional funds for term 09/04/2021 – 09/03/2022
414,802 previously approved funds for term 09/04/2021 – 09/03/2022
\$514,250

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: Additional funds are needed to provide services related to NEXiA upgrade and Vietnamese Translation Development Project for the PharmASSIST-Central Fill Pharmacy System.

The County Attorney’s Office has prepared an Amendment to the Agreement for these services. The additional funds are subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

BPG BA

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B2





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0005, Board Motion 18.05-50

Members of the Board:

This is a transmittal of the following purchase:

Description: Cone Beam CT
Vendor: Planmeca U.S.A. Inc (GA-07325)
Term: August 30, 2021 through August 29, 2022
Amount: \$95,849
Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing
Justification: To replace the current Cone Beam CT machine at Lyndon B. Johnson Hospital with a new system capable of sending coronal, sagittal and axial CT slice series to the existing PACS system.

Sincerely,

p.p. John G. Adger

DeWight Dopslauf
Purchasing Agent

SP
AM

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 B3

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): LBJ Hospital / Oral Surgery Clinic

Item Description: Cone Beam CT

Estimated Cost: \$95,849.33 (FY22 Routine Capital Budget)

Project Elaboration: Replacing the existing Cone Beam CT machine at LBJ with a new system capable of sending coronal, sagittal and axial CT slice series to our existing PACS system.

Vendor: Planmeca (on RFP based contract # GA-07325)

- Vendor on existing RFP based contract and meeting all mandatory requirements including the ability to send coronal, sagittal and axial series to our existing PACS system.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Viso G7 CBCT, 3 Romexis Licenses, Romexis v5 DICOM Full license, Installation included. Trade-in not available.	1	\$95,849.33	\$95,849.33
Total Cost				\$95,849.33



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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of first year funding for the following GPO contracts:

Description:	Tracheostomy Tubes and Related Products	
Contracts Reviewed:	Covidien Sales LLC (AS-OR-1947)	\$80,846
	Smith's Medical (PP-OR-1948)	<u>13,714</u>
		\$94,560
Vendors:	Covidien Sales LLC (AS-OR-1947)	\$80,846
	Smith's Medical (PP-OR-1948)	<u>13,714</u>
		\$94,560

Premier Term: January 1, 2022 through December 31, 2022

Amount: \$94,560 estimated
\$94,560 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with tracheostomy tubes, laryngectomy tubes, holders, plugs, cannulas, kits and speaking valves.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP

BKP
cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B4



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

January 21, 2022

Board of Trustees
Harris Health
SystemHarris
County, Texas

RE: Sole Source Exemption, Board Motion 21.12-113

Members of the Board:

This is a transmittal of additional funds for the following:

Description: FDB MedKnowledge™ License and Maintenance for the Harris County Hospital District dbaHarris Health System

Vendor: First DataBank, Inc. (GA-07073)

Amount: \$ 30,256 additional funds for the term 12/15/17 – 12/14/2020
62,445 additional funds for the term 12/15/20 – 12/14/2021
386,165 previously approved funds for the term 12/15/21 – 12/14/22
\$478,866

Reviewed by: Information Technology Harris County Purchasing

Justification: To provide maintenance and support for the MedKnowledge™ software drug interaction database designed for medication ordering and prescribing at the point of care. The software is integrated into Epic's Computerized Physician Order Entry application.

The increased amount is due to the addition of clinicians from The Harris Center and the County Jail. Also added were sixteen (16) Willow outpatient clinic and hospital pharmacy sites. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on First DataBank as the sole provider of the software database, which contains proprietary data elements developed and maintained exclusively by First Databank.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB

cc: Esmaeil Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B5



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption

Members of the Board:

This is a transmittal of award on the basis of sole source:

Description: Epic Infusion Pump Integration Services for the Harris County Hospital District dba Harris Health System

Vendor: Epic Systems Corporation (GA-04577)

Amount: \$89,000 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide services from Epic to implement an interface between the Epic Electronic Medical Record software application and Alaris infusion pumps.

Alaris IV pumps administer medication to patients at the bedside. This new interface will avoid the manual entry of data by clinicians. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Epic as the sole provider and supporter of Epic software. The County Attorney's Office is preparing an Amendment for these services. This purchase is subject to the execution of the Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB
cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B6





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 14/0218, Board Motion 21.10-101

Members of the Board:

This is a transmittal of additional funds for the flowing:

Description: Patient Satisfaction and CAHPS Surveys, Employee and Medical Staff Surveys for the Harris County Hospital District dba Harris Health System

Vendor: National Research Corporation [GA-06049]

Amount: \$ 85,587 additional funds for the term 10/1/21 – 9/30/22
983,607 previously approved funds for the term 10/1/21 – 9/30/22
\$1,069,194

Reviewed by: X Mission Advancement X Harris County Purchasing

Justification: To conduct various surveys that will enable Harris Health System to continuously improve services provided to patients.

Additional funds provide access to Market Insights, a database containing opinions of healthcare consumers and markets.

Sincerely,

DeWight Dopslauf
Purchasing Agent

RRV/jld

cc: Esmaeil Porsa, M.D., President & CEO
Olga Rodriguez, VP – Community Engagement & Corporate Communications
Vendor

B7

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

December 16, 2021

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0068

Members of the Board:

This is a transmittal of the fourth of four (4) renewal options for the following:

Description: Group Flexible Spending Accounts for the Harris County Hospital District dba Harris Health System

Vendor: Flexible Benefit Administrators, Inc. [GA-06705]

Term: March 1, 2021 through February 28, 2022

Amount: \$84,699 estimated
\$84,044 previous year

Reviewed by: X Benefits Administration X Harris County Purchasing

Justification: To continue to provide pre-tax health benefit spending accounts and tuition reimbursement services for Harris Health System employees.

The increased amount is due to a lower enrollment than projected for 2020 from the COVID-19 enrollment modification period. The vendor agreed to renew under the same terms and conditions as set forth in the Agreement with no increase in rates.

Sincerely,

DeWight Dopslauf
Purchasing Agent

RRV
cc: Esmaeil Porsa, M.D., President & CEO
Omar Reid, SVP – Human Resources
Vendor

B8

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of second year funding for the following GPO contract:

Description: Airway Clearance Products
Vendor: HillRom Company Inc. (AS-NS-1466)
Term: May 1, 2022 through April 30, 2023
Amount: \$77,165 estimated
\$74,917 previous year
Reviewed by: X Supply Chain Management X Harris County Purchasing
Justification: To continue providing Harris Health System with implants used to clear the airways of mucus to improve breathing and prevent respiratory diseases.

The increased amount is due to additional supplies required to treat COVID-19 Pandemic.

Sincerely,

p.p. John G. Adger

DeWight Dopslauf
Purchasing Agent

SP
BKP

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B9



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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of third year funding for the following GPO contract:

Description: Sharps Disposal Containers

Vendor: Becton, Dickinson & Company (PP-NS-1343)
(All through Cardinal Health)

Term: May 1, 2022 through April 30, 2023

Amount: \$75,383 estimated
\$64,633 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To continue providing Harris Health System with canisters designed for the safe containment of sharps medical waste, and related accessories such as wall mountings and brackets.

The increased amount is due to additional supplies required to treat COVID-19 Pandemic.

Sincerely,

p.p. John G. Adger

DeWight Dopslauf
Purchasing Agent

SP
BKP

cc: Esmacil Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B10



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent

February 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 180347

Members of the Board:

This is a transmittal of the third of four (4) renewal options for the following:

Description: Steam distilled and drinking water and rental of water coolers for the Harris County Hospital District dba Harris Health System

Vendor: Bluetriton Brands Inc. dba ReadyRefresh

Term: January 1, 2022 December 31, 2022

Amount: \$72,304 estimated
\$71,500 previous year

Reviewed by: Harris Health System Harris County Purchasing

Justification: To continue providing steam distilled and drinking water and rental of water coolers at various locations for Harris Health System.

The vendor has agreed to renew under the same terms and conditions with a 4.67% increase in pricing based on the Consumer Price Index for All Urban Consumers (CPI-U) as set forth in the contract.

Sincerely,

DeWight Dopslauf
Purchasing Agent

DLC 
cc: Esmail Porsa, M.D., President & CEO
Douglas Creamer, Supply Change Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B11





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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 17/0185, Board Motion 21.12-113

Members of the Board:

This is a transmittal of additional funds for the following:

Description: External Audit Services for the Harris County Hospital District dba Harris Health System

Vendor: BKD, LLP [GA-06739]

Amount: \$ 63,700 estimated additional funds for the term 12/15/21 – 12/14/22
\$652,000 previously approved funds for the term 12/15/21 – 12/14/22
\$715,700

Reviewed by: X Finance X Harris County Purchasing

Justification: To continue independent audits for Harris Health System.

Additional funds cover the cost of audit services for the Harris Health 401(k) and Pension Plans.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JLD

cc: Esmaeil Porsa, M.D., President & CEO
Victoria Nikitin, SVP – Finance
Vendor

B12

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Board Summary

Board Date: February 24, 2022

Pavilion(s)/Department(s): LBJ Hospital / MRI

Item Description: Contrast Media Injector

Estimated Equipment Cost: \$55,465.00 (FY22 Routine Capital Budget)

Project Elaboration: As part of the approved project to build a comprehensive MRI suite at LBJ Hospital with a new 3T MRI Scanning System, alongside the 1.5T MRI system, this procurement is to add a contrast media injector to meet the requirements for the new 3T MRI room.

Vendor: Bayer (on Premier GPO contract# PP-IM-421)

- LBJ MRI team recommended vendor equipment for the 3T MRI room.
 - i. MRXperion model injector already in use with the 1.5T MRI system installed in the adjacent room and provides consistent workflow between the two MRI rooms.
- Recommendation letter on file with Harris County Purchasing Department.

Other Premier Vendor Considered:

- Bracco – Not recommended by the LBJ MRI team. Do not provide a consistent workflow between the two adjacent MRI rooms.

Project Cost Summary:

Vendor	Bayer	Bracco
Description	Medrad MRXperion	Empower
Unit Price (Ea)	\$55,465.00	\$25,750.00
Quantity Equipment	1	1
Total Equipment Cost	\$55,465.00	\$25,750.00

B12



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

January 20, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

This is a transmittal of purchase for the following on the basis of low quote:

Description: Gigamon Software and Hardware Maintenance for the Harris County Hospital District dba Harris Health System

Quotes Received:	General Datatech, L.P. (DIR-TSO-3926)	\$ 59,812
	Connection (PP-IT-238)	\$ 62,558
	Insight Direct USA, Inc. (PP-IT-241)	\$ 62,906

Vendor: General Datatech, L.P.

Amount: \$59,812 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for the Gigamon software and hardware maintenance which allows Harris Health IT Engineers to have network visibility to support the organization’s hospitals and clinics.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SPS
KGB
SPS

cc: Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B13





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

January 13, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption

Members of the Board:

This is a transmittal of the fourth and final renewal option for the following:

Description: Accumulator Services for Harris County Hospital District dba Harris Health System

Vendor: Cervey, LLC (fka Morris & Dickson Co, LLC) (GA-06033)

Term: March 4, 2022 through March 3, 2023

Amount: \$59,592 estimated
\$59,592 previous year

Reviewed by: Pharmacy Harris County Purchasing

Justification: To provide for continued accumulator services for Harris Health Pharmacy, Morris & Dickson Accumulator is a web-based software that serves to maintain compliance with the Federal 340B Drug Pricing Program.

The Office of the Harris County Purchasing Agent has confirmed the sole exemption source based on Morris & Dickson as the sole provider of its MD Accumulator services.

Sincerely,

DeWight Dopslauf
Purchasing Agent

BPJ BPJ

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B14



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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of the following purchase on the basis of best contract:

Description: Contrast Media Injector

Contracts Reviewed: Bracco Diagnostics, Inc. (PP-IM-422) \$25,750
 Bayer HealthCare LLC (PP-IM-421) \$55,465

Vendor: Bayer HealthCare LLC

Amount: \$55,465

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide one (1) contrast media injector to meet the requirements for a new MRI room at Lyndon B. Johnson Hospital.

Bayer equipment was evaluated as best meeting requirements. Therefore, other Premier suppliers were not selected.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^SAM

Attachment

cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 B15



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

January 19, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of first year funding for the following GPO contract:

Description: Contrast Media X-Ray

Vendor: GE Healthcare (PP-IM-411)

Premier Term: January 1, 2022 through December 31, 2022

Amount: \$54,623 estimated
\$54,623 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with iodinated contrast media agents that enhance body structure for general radiography, special procedures, CT scans, and mammography, etc.

GE Healthcare was evaluated as best meeting requirements. Therefore, other premier suppliers were not selected.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SP
AM

cc: Esmaeil Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022 **B16**



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

February 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption - Local Government Code § 262.024 (a)(7)(A)

Members of the Board:

This is a transmittal of renewal for the following on the basis of sole source:

Description: Diligent Boards Software Subscription for the Harris County Hospital District dba Harris Health System

Vendor: Diligent Corporation (CID GA-07143)

Term: February 13, 2022 through February 12, 2023

Amount: \$53,030 estimated
\$50,505 previous year

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for Diligent Boards which is an IT standard software used by the Board of Trustees to access all of the agendas, documents, annotations and discussions of board meetings on-line through a secure portal.

The vendor has agreed to renew under the same terms and conditions, with a 5% increase as set forth in the Agreement. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Diligent Corporation as the sole entity authorized to sell this IT standard Board of Trustees Board Management software in the United States.

Sincerely,

DeWight Dopslauf
Purchasing Agent

SPS
KJB SPS
cc:

Esmail Porsa, M.D., President & CEO
David Chou, SVP & CIO
Vendor

B17

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 31, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

This is a transmittal for purchase of the following on the basis of low quote:

Description: VMware vSAN servers for the Harris County Hospital District dba Harris Health System

Quotes Received:	Mark III Systems, Inc. (DIR-TSO-3763)	\$52,572
	Sequel Data System Inc. (DIR-TSO- 3763)	\$65,885
	Connection (PP-IT-238)	\$66,975
	SHI Government Solutions, Inc. (DIR-TSO-3763)	\$69,972

Vendor: Mark III Systems, Inc.

Amount: \$52,572 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide support and replacement for the two (2) VMware vSAN servers needed for the STERIS project. The servers are used as a virtual storage appliance instrument for the tracking system that reduces storage costs.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KC
cc: Esmail Porsa, M. D. , President & CEO
David Chou, SVP & CIO
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

B18



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

January 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

This is a transmittal of third year funding for the following GPO contract:

Description: Vascular Grafts

Vendor: W.L. Gore & Associates, Inc. (PP-OR-1703)

Term: April 1, 2022 through March 31, 2023

Amount: \$51,210 estimated
\$51,210 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To continue providing Harris Health System with biological or synthetic implants that are used to repair a vascular defect that provides blood flow or acts as a conduit for hemodialysis.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
BKP

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendor

B19

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022



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

January 11, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Choice Partners National Purchasing Cooperative

Members of the Board:

This is a transmittal of purchase for the following on the basis of only quote:

Description: User and Entity Behavior Analytics (UEBA) Solution for the Harris County Hospital District dba Harris Health System

Vendor: Set Solutions, Inc. (Choice Partners #21/031KN-55) (GA-07244)

Term: One-year initial term with four (4) one-year renewal options

Amount: \$50,000 estimated

Reviewed by: X Information Security X Harris County Purchasing

Justification: To provide for Securonix UEBA conversion from on premises to SaaS platform. This software monitors Harris Health critical applications such as Epic and PeopleSoft and detects security threats and suspicious behavior.

The County Attorney's Office is preparing an Agreement for this purchase. This purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB

cc: Esmail Porsa, M.D., President & CEO
Jeffrey Vinson, SVP & CISO
Vendor

B20

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022





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

January 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Professional Services Exemption

Members of the Board:

This is a transmittal of additional funds for the following:

Description: Legal Services for Harris County Hospital District dba Harris Health System

Vendor: Norton Rose Fulbright [HCHD-287]

Amount: \$45,000 estimated additional funds for term 7/1/2021 – 6/30/2022
40,000 previous amount for the term 7/1/2021 – 6/30/2022
\$85,000

Reviewed by: X Legal Affairs X Harris County Purchasing

Justification: To provide legal services to Harris Health System in connection with Harris Health’s pension plan, section 401 (k) plan, and other employee benefits and fringe benefits.

Additional funds cover the increased amount of time and expertise Harris Health needs from the vendor for these services. The County’s Attorney’s office is preparing a Second Amendment to the Agreement for these services. These services are subject to execution of the Second Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

TCT
cc: Esmail Porsa, MD, CEO & President
L.Sara Thomas, VP – Legal Affairs
Vendor

B21

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA FEBRUARY 24, 2022

Thursday, February 24, 2022

Consideration of Approval of Grant Agreement (Item C1 through C4)

See Attached Grant Agreement Summary: February 24, 2022

**Grant Agenda Items for the Harris County Hospital District dba Harris Health System, Board of Trustees Report
Grant Agreement Summary: February 24, 2022**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Baylor College of Medicine	Consideration of Approval of a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to fund the Strengthening Safety-Net Health Systems to Improve Cervical and Colorectal Cancer Screening and Follow-Up Among the Medically Underserved Project	Grant Agreement	August 31, 2021 through August 30, 2022	Dr. Jennifer Small	\$271,616.00
C2	Baylor College of Medicine	Consideration of Approval to Ratify a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to fund the Randomized Controlled Trial of Mail-Self Stamped HPV Testing to Increase Cervical Cancer Screening Participation Among Minority/Underserved Women in an Integrated Safety Net Healthcare	Ratification of Grant Agreement	January 1, 2021 through December 31, 2021	Dr. Jennifer Small	\$220,815.00

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C3	Baylor College of Medicine	Consideration of Approval to Ratify a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to fund the Expanding a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Tobacco Prevention in a Medically Underserved	Ratification of Grant Agreement	August 31, 2021 through August 30, 2022	Dr. Jennifer Small	\$153,549.00
C4	Harris County Hospital District Foundation	Consideration of Approval of a Subcontractor Agreement Between the Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to provide expanded access to behavioral health services and mental health services to children and adolescents ages 9 through 17 in Harris Health school-based clinics, the Pediatric/Adolescent Health Center and surrounding communities	Subcontractor Grant Agreement	August 1, 2021 through July 31, 2022	Dr. Jennifer Small	Shall Not Exceed \$247,540.00
						\$893,520.00

Thursday, February 24, 2022

Consideration of Approval of a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to fund the Strengthening Safety-Net Health Systems to Improve Cervical and Colorectal Cancer Screening and Follow-Up Among the Medically Underserved Project

Harris Health System is a sub-recipient to a new CPRIT (Cancer Prevention & Research Institute of Texas) grant to fund the Strengthening Safety-Net Health Systems to Improve Cervical and Colorectal Cancer Screening and Follow-Up Among the Medically Underserved project.

- This agreement provides funding for the first project year in the amount of \$271,616.00.
- This grant agreement will fund 0.05 FTE project director, 0.2 FTE nurse case manager, and 3.0 FTE patient navigators.
- The term of this agreement is August 31, 2021 through August 30, 2022.

Administration Recommends Approval of this Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine.

Thank you.

Thursday, February 24, 2022

Consideration of Approval to Ratify a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to fund the Randomized Controlled Trial of Mail-Self Stamped HPV Testing to Increase Cervical Cancer Screening Participation Among Minority/Underserved Women in an Integrated Safety Net Healthcare System Project

Harris Health System is a sub-recipient to a NIH (National Institutes of Health) grant to fund the Randomized Controlled Trial of Mail-Self Stamped HPV Testing to Increase Cervical Cancer Screening Participation Among Minority/Underserved Women in an Integrated Safety Net Healthcare System project.

- This amendment increases the current agreement by \$220,815.00 for a total award of \$462,200.00.
- This amendment includes funding for 0.05 FTE project director, 0.05 FTE nurse case manager, and 2.0 FTE patient navigators.
- The term of this agreement is January 1, 2021 through December 31, 2021.

Administration Recommends Approval of this Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine.

Thank you.

Thursday, February 24, 2022

Consideration of Approval to Ratify a Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to fund the Expanding a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Tobacco Prevention in a Medically Underserved Pediatric Population Project

Harris Health System is a sub-recipient to a CPRIT (Cancer Prevention & Research Institute of Texas) grant to fund the Expanding a Community Network for Cancer Prevention to Increase HPV Vaccine Uptake and Tobacco Prevention in a Medically Underserved Pediatric Population project.

- This amendment increases the current agreement by \$153,549.00 for a total award of \$447,831.00.
- This amendment includes funding for 2.0 FTE patient navigators.
- The term of this agreement is August 31, 2021 through August 30, 2022.

Administration Recommends Approval of this Grant Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine.

Thank you.

Thursday, February 24, 2022

Consideration of Approval of a Subcontractor Agreement Between the Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine to provide expanded access to behavioral health services and mental health services to children and adolescents ages 9 through 17 in Harris Health school-based clinics, the Pediatric/Adolescent Health Center and surrounding communities

Harris Health System is a recipient of a grant from the Children's Health Fund to provide expanded access to behavioral health services and mental health services to children and adolescents ages 9 through 17 in Harris Health school-based clinics, the Pediatric/Adolescent Health Center and surrounding communities:

- The purpose of this Agreement is for Agency to provide a physician who is qualified to provide the services described below. Agency will provide a qualified physician, licensed by the Texas Medical Board and credentialed in accordance with the credentialing procedures approved by Harris Health's Board of Trustees, to provide tele-psychiatry services in accordance with guidelines developed by the American Academy of Child & Adolescent Psychiatry. The total reimbursement amount for this grant shall not exceed \$247,540.00 for the term of August 1, 2021 to July 31, 2022.

Administration Recommends Approval of this Subcontractor Agreement Between Harris County Hospital District d/b/a Harris Health System and Baylor College of Medicine.

Thank you.

Board of Trustees

4800 Fournace Place, 7th Floor West
Bellaire, TX 77401
Mailing Address: P.O. Box 301168
Houston, TX 77230-1168

(T) 713.566.6409
(F) 713.566.6449

Theodore D. Franklin

Chairman

Cynthia Adkins

Vice-Chair

Jay R. Houren

Vice-Chair

Matthew Plummer, Jr., DMD

President

Roland Garcia, Jr.

Vice President

Michael S. Chadwick

Treasurer

Donald G. Blake

Assistant Treasurer

Wea H. Lee

Assistant Treasurer

Wanda LeBlanc

Secretary

Beth Young

Assistant Secretary

Patrick Blake

Kristin Blomquist

Wendy Montoya Cloonan

Meredith T. Cullen

Laura D. Dale

Algenita Davis

Denis DeBakey

Marianne P. Fanning

Elvin Franklin, Jr.

Ewan Johnson, MD, Ph.D.

Elena Marks

Kenneth L. Mattox, MD, FACS

Michael Mithoff

Virginia Mithoff

Regina J. Rogers

Peggy B. Smith, MA, Ph.D.

Henry J.N. Taub II

Ex-Officio

Jeffrey W. Baker

Arthur Bracey, MD

Judge Lina Hidalgo

Esmail Porsa, MD

Emeritus

Dorothy Caram, EdD

Carolyn Farb

Barbara Schachtel, Ph.D.

Marc J. Shapiro

Vice-Chair Emeritus

Larry L. Mathis

Honorary

Gerald D. Hines

Past Chairmen

Quentin R. Mease

H. Ben Taub

Henry J.N. Taub II

August 20, 2021

Harris County Hospital District
d/b/a Harris Health System
4800 Fournace Place, 6th Floor East
Bellaire, Texas 77401

Attention: Dr. Esmail Porsa

*Re: Children's Health Fund: Pediatric Mental and Behavioral Health
Program and Promotion (Year 1)*

Dear Dr. Porsa:

It is my pleasure to inform you that the Harris County Hospital District Foundation (the "Grantor") authorized a grant to the Harris County Hospital District d/b/a Harris Health System (the "Grantee") in the amount of \$312,852.00 (the "Grant"), subject to Grantee's acceptance of, compliance with or the making of, as the case may be, the terms, conditions, agreements, representations and other provisions set forth in this letter (the "Letter Agreement").

Grantee, by Grantee's signature hereinbelow, agrees to the following terms and conditions which relate to the award of the Grant described herein and represents the following with regard to Grantee's qualification as a recipient for such Grant:

(1) Grantee agrees that the Grant is to be used solely for the purpose of supporting one or more of those programs and/or activities listed in Exhibit "A", as attached hereto (the "Grant Proposal"). Grantee further agrees that the Grant funds are to be used within one (1) year from the date of Grantee's receipt of the Grant funds by Harris Health System's Grants Accounting, unless specifically extended by Grantor. The parties acknowledge that this is a one-time grant, and no further funds will be distributed by Grantor to Grantee under this Grant.

(2) Grantee agrees to pay to Grantor, upon Grantor's request, an amount equal to the amount of any portion of the Grant funds paid to Grantee that are not used for the purposes set forth in the Grant Proposal. Grantee agrees to make such payment to Grantor within 30 days of receipt of any such demand from Grantor, and to deliver such payment to Grantor's last known address. The obligations of Grantee contained in

this paragraph (2) shall survive the termination or expiration of this Letter Agreement.

(3) Grantee will be paid the total sum of \$312,852.00 upon completion and return of this Letter Agreement, in a manner and at a time that is solely within Grantor's discretion.

(4) Grantee agrees to furnish Grantor with two written reports (a mid-year report due February 16, 2022 and a final report due August 31, 2022) as to Grantee's progress in the programs and/or activities that the Grant funded, as further detailed in Exhibit "A". Grantee further agrees to provide such other reports in such form and at such times as Grantor reasonably requests. Grantee agrees to deliver all such reports to Grantor's last known address.

(5) Grantee agrees to maintain accurate and complete records of Grant expenditures and agrees that Grantor may conduct an audit of such records at any time reasonably requested by Grantor.

(6) Grantee agrees to acknowledge Grantor in program activities funded with the Grant. Grantee may issue news releases or other written acknowledgements regarding the Grant without Grantor's prior approval, provided that at the time of such release Grantee is in compliance with the provisions of this Letter Agreement. Grantee shall furnish Grantor with copies of any such news releases or other written acknowledgements within a week after such release. Nothing herein shall prevent Grantee from disclosing information that is required to be disclosed by the Texas Public Information Act or the Texas Open Meetings Act, Tex. Gov't Code Ann. Chapters 551 and 552 et. seq., as amended.

(7) Grantee represents that the programs and/or activities of the Grant Proposal are and will be in compliance with applicable laws, statutes, rules and regulations, including those related to protection of personal health information.

(8) Grantee represents and warrants that it is a political subdivision and a governmental entity under the laws of the State of Texas so that it is (1) exempt from U.S. federal income taxation under section 115(1) of the Internal Revenue Code of 1986, as amended (as amended, the "Code") and (2) not a private foundation described in section 509(a) of the Code.

(9) If any of the representations made by Grantee in this Letter Agreement are or become untrue in any respect or if Grantee fails to materially comply with the terms and provisions in this Letter Agreement, Grantee agrees to pay to Grantor, upon Grantor's request, an amount equal

to the amount of the Grant, within 30 days of receipt of a written demand for same and Grantee shall make such payment to Grantor by check, and agrees to deliver such payment to Grantor at Grantor's last known address.

(10) If Grantee fails to comply with any of the provisions of this Letter Agreement, any and all of the obligations of Grantor to make any further distributions or payments to Grantee under the Grant Proposal shall terminate.

(11) This Letter Agreement shall not be assigned by Grantee voluntarily, involuntarily, directly or indirectly, including without limitation, by change of control, merger, and operation of law or otherwise, without Grantor's prior written consent.

(12) The nature of this Letter Agreement is a funding agreement and no employment, partnership, joint venture or agency relationship is created.

(13) Failure of Grantor to enforce its rights under this Letter Agreement shall not constitute a waiver of such right.

(14) Venue for any action arising out of this Letter Agreement shall be in a court of competent jurisdiction in Harris County, Texas exclusively.

(15) Nothing contained herein shall be construed as creating any personal liability on the part of any officer or agent of either party.

(16) Grantee will promptly notify Grantor in the event that problems or issues occur that will materially impair Grantee's ability to perform its obligations under this Letter Agreement. Any notice shall include a statement of action(s) taken or contemplated to resolve such problems or issues.

(17) Notwithstanding paragraph (2) of this Letter Agreement, either party may terminate this Letter Agreement upon thirty (30) days' written notice to the non-terminating party without cause or any further obligation or liability, provided however, that the obligations of payment or reimbursement of Grant funds as set forth in paragraph 2 of this Letter Agreement or in the Grant Proposal shall survive such termination.

(18) Unless otherwise provided herein, this Letter Agreement shall expire upon completion of the goals, objectives, deliverables, complete expenditure of the Grant by Grantee in accordance with the Grant Proposal, and all required reports.

(19) This Letter Agreement may be executed simultaneously in one or more counterparts. Each counterpart when executed and delivered

will be considered a valid and binding original. Once signed, any reproduction of this Letter Agreement made by reliable means (e.g. photocopy, facsimile, .pdf) shall be considered an original.

Acknowledgment of Grantee's agreement to the representations, terms and conditions set forth in this Letter Agreement must be made by a duly authorized representative of Grantee as provided below on the enclosed copy of this Letter Agreement and such executed copy must be returned to Grantor.

If you have any questions with respect to the Grant or if you need any additional information, please contact Jeffrey Baker, Executive Director of the Harris County Hospital District Foundation, at 713-566-2362.

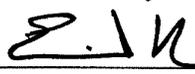
Very truly yours,



Matthew Plummer, Jr., DMD
Board President, HCHD Foundation

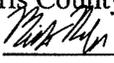
ACCEPTED AND AGREED TO:

HARRIS COUNTY HOSPITAL DISTRICT
d/b/a Harris Health System

By: 
Title: Esmail Porsa, MD / President and CEO
Date: 9/12/2021

APPROVED AS TO LEGAL FORM ONLY:
CHRISTIAN D. MENEFEE

Harris County Attorney

By: 

Name: Michael Nolan

Assistant County Attorney

C.A. File No. 21hsp0677

Date Signed: 9.9.21



Exhibit A

Fund Amount: \$312,852.00

Fund Name: Pediatric Mental and Behavioral Health Program and Promotion

Terms: 1 Year

Grant Purpose: The Pediatric Mental and Behavioral Program and Promotion aims to develop additional partnerships between Harris Health System, the surrounding school district, and community organizations to improve access to pediatric mental health services by expanding mental and behavioral health appointments availability using telehealth visits. The funding goals included:

- Direct access to a dedicated Child Psychiatrist for Harris County pediatric patients identified with mental health issues (via telehealth visits).
- Direct access to a dedicated Licensed Professional Counselor (LPC) or Licensed Professional Social Worker or Behavioral (LCSW) for continuity or care of patients identified with mental and behavioral health issues.
- Navigation of current patients and/or identified community members to Harris Health System behavioral health services, including coverage assistance, appointments, and resources.

Thursday, February 10, 2022

Consideration of Approval to Amend the Interlocal Lease Agreement Between The Harris Center and Harris County Hospital District d/b/a Harris Health System for the First and Second Floor Spaces Occupied in the Neuro Psychiatric Center at Ben Taub Hospital

Administration recommends Board of Trustees approve an amendment to the Interlocal Lease Agreement with The Harris Center for the purpose of operating an outpatient and adult inpatient psychiatric treatment unit. The Amendment would extend the lease 10-years from July 1, 2022 through June 30, 2032, add a right of first refusal for any additional space that may become available and require good faith negotiations on a new lease if Harris Health decides to sell, abandon, or rebuild Ben Taub Hospital. The lease would automatically renew for 3 additional 5-year terms unless otherwise terminated.

Thank you.

BOARD OF TRUSTEES-BUDGET AND FINANCE COMMITTEE
 Ben Taub Neuro Psychiatric Center
 The Harris Center
 February 10, 2022
 Page 2

Fact Sheet

Purpose of Lease: Outpatient and Adult inpatient psychiatric treatment unit
Lessor: The Harris Center
Lessee: Harris Health System
Location of Lease Space: 1504 Ben Taub Loop, Houston, TX 77030
Lease Term: 10-years with (3) 5-year automatic renewals
Lease Space: 37,308 gross square feet

Lease Terms	Monthly Base Rent	*Est. Monthly Operating Expenses	Est. Annual Payment	Est. Annual Lease Rate/SF
07/01/2021-06/30/2022	\$0.00	\$20,500.00	\$246,000	\$6.60
07/01/2022-06/30/2023	\$0.00	\$21,166.67	\$254,000	\$6.81
07/01/2023-06/30/2024	\$0.00	TBD	TBD	TBD
07/01/2024-06/30/2025	\$0.00	TBD	TBD	TBD
07/01/2025-06/30/2026	\$0.00	TBD	TBD	TBD
07/01/2026-06/30/2027	\$0.00	TBD	TBD	TBD
07/01/2027-06/30/2028	\$0.00	TBD	TBD	TBD
07/01/2028-06/30/2029	\$0.00	TBD	TBD	TBD
07/01/2029-06/30/2030	\$0.00	TBD	TBD	TBD
07/01/2030-06/30/2031	\$0.00	TBD	TBD	TBD
07/01/2031-06/30/2032	\$0.00	TBD	TBD	TBD

*Lease rate is based on projected reimbursement of annual facility operating expenses.

Termination Option: The Lease shall automatically renew under the same terms and conditions for three (3) additional five (5) year terms (each, a "Renewal Term") unless Harris Health notifies The Harris Center in writing of its intent not to renew this Agreement at least one hundred and twenty (120) days prior to the expiration of the Extended Initial Term or any Renewal Term.

Thursday, February 24, 2022

Consideration of Approval to Amend the Lease Agreement Between Hartman Highway 6, LLC and Harris County Hospital District d/b/a Harris Health System for the Bear Creek Health Center

Administration recommends Board of Trustees approve an amendment to extend the lease with Hartman SPE, LLC for 3 months from March 1, 2022 through May 31, 2022 as detailed on the attached Fact Sheet with a monthly rate \$12,897.90 for the Bear Creek Health Center.

Thank you.

Meeting of the Board of Trustees

BOARD OF TRUSTEES
Bear Creek Health Center
Hartman Highway 6, LLC
February 24, 2022
Page 2

Fact Sheet

Purpose of Lease: Medical Clinic

Lessor: Hartman Highway 6, LLC.

Lessee: Harris Health System

Location of Lease Space: 5870 N. Highway 6, Suite 108
Houston, Texas 77084

Precinct: Precinct 4

Lease Space: 6,885 square feet

Lease Terms	Monthly Base Rent	*Est. Monthly Operating Expenses	Est. Annual Payment	Est. Annual Lease Rate/SF
Term Ending: 02/28/2022	\$7,824.22	\$5,307.19	\$157,576.92	\$22.89
03/1/22-05/31/2023	\$7,590.71	\$5,307.19	\$38,693.70	\$22.48

Termination Option: Lessee may terminate this Agreement, without cause, prior to the expiration of any term or renewal period, upon 30 days advance written notice to Lessor. In the event that Lessee does not exercise its option to renew this Agreement or otherwise terminates this Lease Agreement for any reason, Lessee agrees to reimburse Lessor for the unamortized build-out costs.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, February 24, 2022

Harris Health System December 2021 and January 2022 Financial Reports Subject to
Audit



Financial Statements

As of December 31, 2021



Table of Contents



Financial Highlights Review.....3

FINANCIAL STATEMENTS

Income Statement.....4

Balance Sheet.....5

Cash Flow Summary.....6

Performance Ratios.....7

KEY STATISTICAL INDICATORS

Statistical Highlights.....9

Statistical Highlights Graphs.....10 – 21

Financial Highlights Review

As of December 31, 2021

Operating Loss for December was \$10.2 million compared to budgeted loss of \$3.8 million.

Overall December net revenue of \$164.6 million was \$14.8 million or 9.9% greater than budget. Net patient revenue, including HRSA Relief Fund revenue, contributed \$12.2 million to the positive variance.

Total operating expenses of \$174.8 million were \$21.2 million or 13.8% greater than budget. Staff costs were \$7.9 million over budget as a result of continued premium labor utilization and increases in health insurance claims. Supplies, including medical supplies and pharmaceuticals, increased \$8.0 million over budget as a result of the pandemic supply management. Purchased services medical increased \$1.7 million due to increased outsourced medical claims.

Total patient days and average daily census decreased in December 4.0% compared to budget but were down only 1.8% year-to-date. However, inpatient case mix index, a measure of patient acuity, was 1.1% higher for the month and 2.3% higher for the year. Emergency room visits in December were 8.6% lower than budget, but continue to increase and stabilize over prior months. Total clinic visits including telehealth were 22.5% lower than budget due to the most recent surge and clinic closures; births were up 8.7%.

Total cash receipts for December were \$346.9 million. The System has \$1,005.0 million in unrestricted cash, cash equivalents and investments, representing 184.9 days cash on hand. Harris Health System has \$90.7 million in net accounts receivable, representing 37.5 days of outstanding patient accounts receivable at December 31, 2021. The December balance sheet reflects a combined net receivable position of \$63.1 million under the various Medicaid Supplemental programs.

December expenses incurred by Harris Health for Foundation personnel and other costs were \$46,000.

Income Statement

As of December 31, 2021 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 60.8	\$ 48.6	25.2%	\$ 681.0	\$ 486.8	39.9%	\$ 476.3	43.0%
Medicaid Supplemental Programs	30.5	32.4	-6.1%	473.1	384.1	23.2%	449.7	5.2%
Other Operating Revenue	2.8	2.9	-5.8%	32.0	30.2	5.9%	27.6	15.8%
Total Operating Revenue	\$ 94.0	\$ 83.9	12.0%	\$ 1,186.1	\$ 901.1	31.6%	\$ 953.6	24.4%
Net Ad Valorem Taxes	70.5	65.5	7.6%	661.3	655.0	1.0%	651.9	1.5%
Net Tobacco Settlement Revenue	-	-	0.0%	13.3	12.9	2.9%	12.9	2.7%
Interest Income & Other	0.1	0.4	-66.9%	18.4	6.4	185.4%	3.6	408.5%
Total Nonoperating Revenue	\$ 70.6	\$ 65.9	7.1%	\$ 693.0	\$ 674.4	2.8%	\$ 668.4	3.7%
Total Net Revenue	\$ 164.6	\$ 149.9	9.9%	\$ 1,879.1	\$ 1,575.4	19.3%	\$ 1,622.0	15.9%
EXPENSE								
Salaries and Wages	\$ 66.3	\$ 57.5	-15.2%	\$ 656.6	\$ 572.3	-14.7%	\$ 540.8	-21.4%
Employee Benefits	19.0	19.8	4.1%	221.1	197.2	-12.1%	190.1	-16.3%
Total Labor Cost	\$ 85.2	\$ 77.3	-10.2%	\$ 877.7	\$ 769.5	-14.1%	\$ 730.8	-20.1%
Supply Expenses	27.5	19.6	-40.7%	229.9	197.0	-16.7%	191.9	-19.8%
Physician Services	30.6	29.5	-3.9%	306.6	294.9	-4.0%	277.0	-10.7%
Purchased Services	25.2	21.1	-19.8%	238.5	221.9	-7.5%	201.9	-18.1%
Depreciation & Interest	6.2	6.2	0.6%	59.4	61.3	3.1%	56.8	-4.6%
Total Operating Expense	\$ 174.8	\$ 153.6	-13.8%	\$ 1,712.0	\$ 1,544.6	-10.8%	\$ 1,458.6	-17.4%
Operating Income (Loss)	\$ (10.2)	\$ (3.8)		\$ 167.1	\$ 30.8		\$ 163.5	
Total Margin %	-6.2%	-2.5%		8.9%	2.0%		10.1%	

Balance Sheet

HARRISHEALTH
SYSTEM

December 31, 2021 and 2020 (In \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,005.0	\$ 601.6
Net Patient Accounts Receivable	90.7	101.9
Net Ad Valorem Taxes, Current Portion	434.3	580.4
Other Current Assets	150.6	196.7
Total Current Assets	\$ 1,680.6	\$ 1,480.6
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 438.4	\$ 439.8
Construction in Progress	103.3	72.6
Total Capital Assets	\$ 541.7	\$ 512.3
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 50.4	\$ 58.5
LPPF Restricted Cash	29.7	31.3
Other - Restricted	1.0	0.9
Total Assets Limited As to Use & Restricted Assets	\$ 81.2	\$ 90.8
Other Assets	12.0	22.2
Deferred Outflows of Resources	179.3	97.8
Total Assets & Deferred Outflows of Resources	\$ 2,494.8	\$ 2,203.7
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 187.8	\$ 224.6
Employee Compensation & Related Liabilities	117.3	109.9
Estimated Third-Party Payor Settlements	13.5	7.4
Current Portion Long-Term Debt and Capital Leases	12.3	11.0
Total Current Liabilities	\$ 330.8	\$ 352.9
Long-Term Debt	307.8	320.5
Net Pension & Post Employment Benefits Liability	737.7	702.9
Other Long-Term Liabilities	24.1	28.1
Deferred Inflows of Resources	112.4	55.3
Total Liabilities	\$ 1,512.9	\$ 1,459.8
Total Net Assets	\$ 981.9	\$ 743.9
Total Liabilities & Net Assets	\$ 2,494.8	\$ 2,203.7

Cash Flow Summary

As of December 31, 2021 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 73.3	\$ 51.5	\$ 678.9	\$ 532.1
Medicaid Supplemental Programs	2.7	4.4	582.8	397.3
Net Ad Valorem Taxes	214.9	80.1	272.6	107.3
Tobacco Settlement	-	-	13.3	12.9
Other Revenue	56.0	3.0	75.2	112.3
Total Cash Receipts	\$ 346.9	\$ 139.0	\$ 1,622.9	\$ 1,162.0
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 78.5	\$ 79.3	\$ 793.4	\$ 787.2
Supplies	24.5	25.2	233.2	208.2
Physician Services	31.3	28.2	310.2	278.2
Purchased Services	16.6	18.6	178.1	174.5
Capital Expenditures	8.6	6.8	72.1	75.9
Debt and Interest Payments	0.3	0.3	7.4	7.9
Other Uses	14.0	4.9	114.0	(66.1)
Total Cash Disbursements	\$ 173.7	\$ 163.3	\$ 1,708.4	\$ 1,465.9
Net Change	\$ 173.2	\$ (24.3)	\$ (85.5)	\$ (304.0)

Unrestricted Cash, Cash Equivalents and Investments - February 28, 2021

\$ 1,090.5

Net Change

(85.5)

Unrestricted Cash, Cash Equivalents and Investments - December 31, 2021

\$ 1,005.0

Performance Ratios

As of December 31, 2021

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	-6.2%	-2.5%	8.9%	2.0%	14.8%
Run Rate per Day (In\$ Millions)	\$ 5.5	\$ 4.8	\$ 5.4	\$ 4.9	\$ 4.6
Salary, Wages & Benefit per APD	\$ 2,320	\$ 1,951	\$ 2,333	\$ 1,864	\$ 2,335
Supply Cost per APD	\$ 750	\$ 494	\$ 611	\$ 477	\$ 613
Physician Services per APD	\$ 835	\$ 744	\$ 815	\$ 714	\$ 885
Total Expense per APD	\$ 4,760	\$ 3,878	\$ 4,551	\$ 3,741	\$ 4,659
Overtime as a % of Total Salaries	3.3%	2.6%	3.5%	2.6%	2.7%
Contract as a % of Total Salaries	8.7%	0.4%	4.8%	0.4%	1.7%
Full-time Equivalent Employees	9,248	9,057	9,158	9,150	8,678
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			5.0		4.1
Unrestricted Cash (In \$ Millions)			\$ 1,005.0	\$ 485.7	\$ 601.6
Days Cash on Hand			184.9	99.6	130.3
Days Revenue in Accounts Receivable			40.7	68.4	55.1
Days in Accounts Payable			37.5		44.6
Capital Expenditures/Depreciation & Amortization			142.8%		159.2%
Average Age of Plant (years)			12.9		12.8

Harris Health System Key Indicators



Statistical Highlights

As of December 31, 2021

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	36,724	39,618	-7.3%	376,224	412,845	-8.9%	313,063	20.2%
Outpatient % of Adjusted Volume	62.6%	62.9%	-0.5%	62.8%	64.5%	-2.6%	61.3%	2.4%
Primary Care Clinic Visits	37,574	47,410	-20.7%	360,123	483,078	-25.5%	185,609	94.0%
Specialty Clinic Visits	18,654	21,971	-15.1%	193,372	213,051	-9.2%	130,830	47.8%
Telehealth Clinic Visits	15,129	22,672	-33.3%	209,242	227,629	-8.1%	358,614	-41.7%
Total Clinic Visits	71,357	92,053	-22.5%	762,737	923,758	-17.4%	675,053	13.0%
Emergency Room Visits - Outpatient	10,565	11,342	-6.9%	108,406	111,879	-3.1%	96,575	12.3%
Emergency Room Visits - Admitted	1,305	1,683	-22.5%	15,076	15,789	-4.5%	13,788	9.3%
Total Emergency Room Visits	11,870	13,025	-8.9%	123,482	127,668	-3.3%	110,363	11.9%
Surgery Cases - Outpatient	760	1,233	-38.4%	7,902	12,071	-34.5%	7,377	7.1%
Surgery Cases - Inpatient	735	984	-25.3%	7,450	9,141	-18.5%	6,597	12.9%
Total Surgery Cases	1,495	2,217	-32.6%	15,352	21,212	-27.6%	13,974	9.9%
Total Outpatient Visits	128,780	145,552	-11.5%	1,429,678	1,458,818	-2.0%	1,160,395	23.2%
Inpatient Cases (Discharges)	2,314	2,551	-9.3%	22,811	25,858	-11.8%	20,598	10.7%
Outpatient Observation Cases	1,142	1,334	-14.4%	11,483	12,404	-7.4%	9,963	15.3%
Total Cases Occupying Patient Beds	3,456	3,885	-11.0%	34,294	38,262	-10.4%	30,561	12.2%
Births	492	453	8.7%	4,095	4,552	-10.0%	3,605	13.6%
Inpatient Days	13,747	14,712	-6.6%	140,035	146,729	-4.6%	121,080	15.7%
Outpatient Observation Days	3,722	3,480	6.9%	34,629	31,080	11.4%	26,323	31.6%
Total Patient Days	17,469	18,192	-4.0%	174,664	177,809	-1.8%	147,403	18.5%
Average Daily Census	563.5	586.8	-4.0%	570.8	581.1	-1.8%	481.7	18.5%
Average Operating Beds	670	618	8.4%	665	618	7.6%	640	3.9%
Bed Occupancy %	84.1%	95.0%	-11.4%	85.8%	94.0%	-8.7%	75.3%	14.0%
Inpatient Average Length of Stay	5.94	5.77	3.0%	6.14	5.67	8.2%	5.88	4.4%
Inpatient Case Mix Index (CMI)	1.757	1.738	1.1%	1.779	1.738	2.3%	1.734	2.6%
Payor Mix (% of Charges)								
Charity & Self Pay	47.8%	51.2%	-6.6%	47.7%	51.2%	-6.8%	51.6%	-7.5%
Medicaid & Medicaid Managed	20.5%	22.7%	-9.6%	20.7%	22.7%	-8.8%	22.5%	-7.9%
Medicare & Medicare Managed	12.3%	11.8%	4.5%	12.3%	11.8%	3.9%	11.7%	5.0%
Commercial & Other	19.3%	14.3%	35.3%	19.3%	14.3%	35.0%	14.2%	35.7%
Total Unduplicated Patients - Rolling 12				261,095			243,310	7.3%
Total New Patient - Rolling 12				0			68,217	-100.0%

Note: Prior year Clinic Visits have been restated; E&M & Telehealth Visits were aligned with Clinic and Ancillary Visits as appropriate. This shift represents a decrease of ~ 7% to Total Clinic Visits but no change to Total Outpatient Visits reported in FY21.

Harris Health System

Statistical Highlights

December FY 2022

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,456	3,885	3,142

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
34,294	38,262	30,561

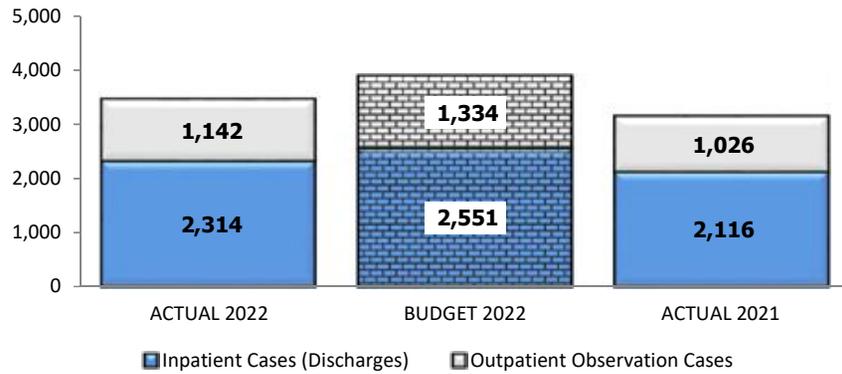
Emergency Visits - CM

Actual	Budget	Prior Year
11,870	13,025	11,074

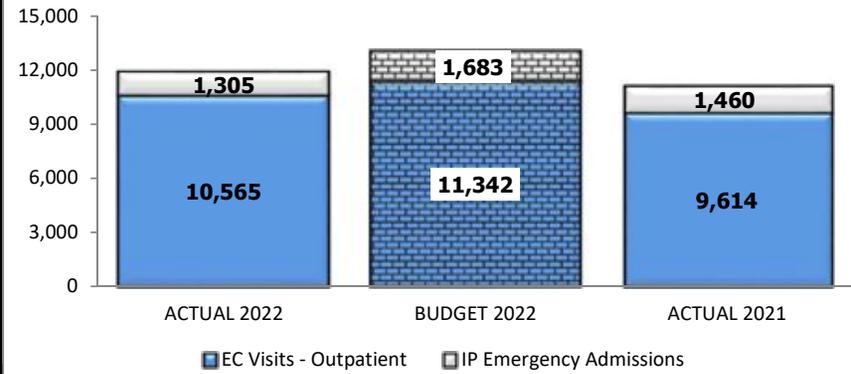
Emergency Visits - YTD

Actual	Budget	Prior Year
123,482	127,668	110,363

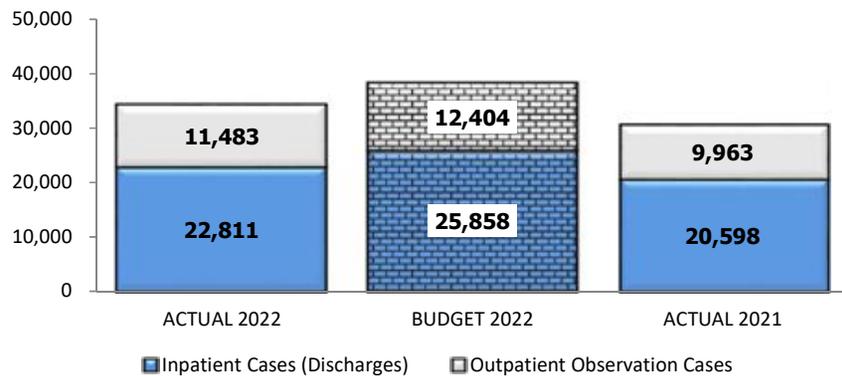
Cases Occupying Beds - Current Month



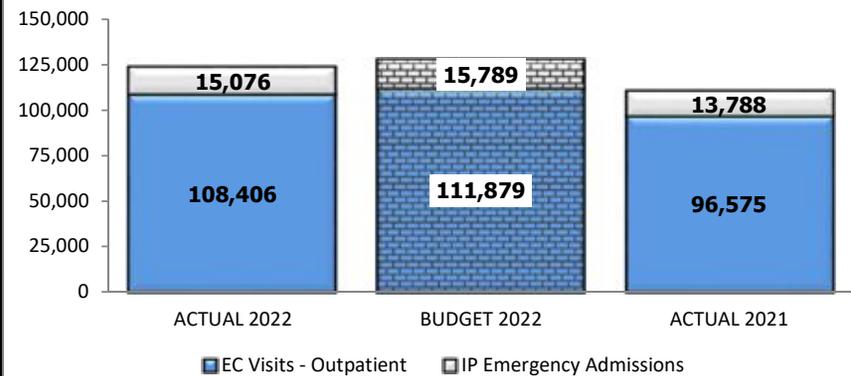
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

December FY 2022

Surgery Cases - CM

Actual	Budget	Prior Year
1,495	2,217	1,700

Surgery Cases - YTD

Actual	Budget	Prior Year
15,352	21,212	13,974

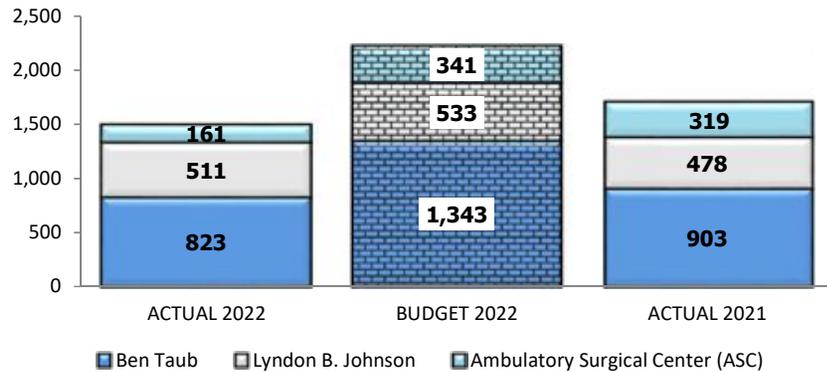
Clinic Visits - CM

Actual	Budget	Prior Year
71,357	92,053	72,652

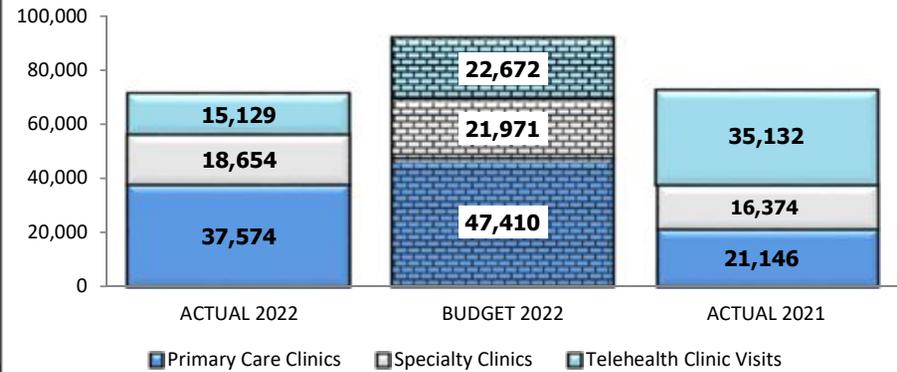
Clinic Visits - YTD

Actual	Budget	Prior Year
762,737	923,758	675,053

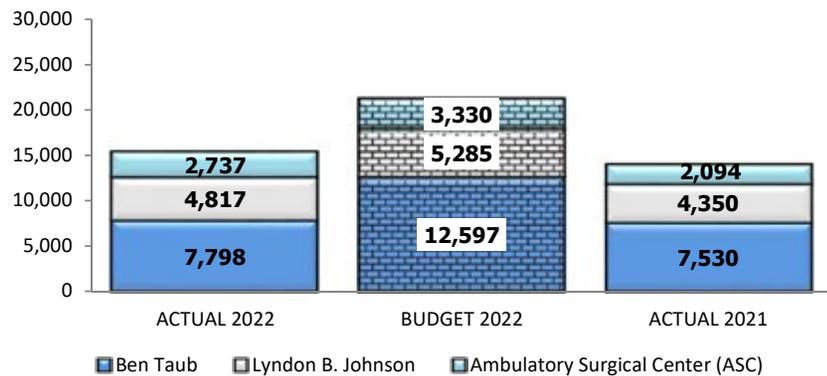
Surgery Cases - Current Month



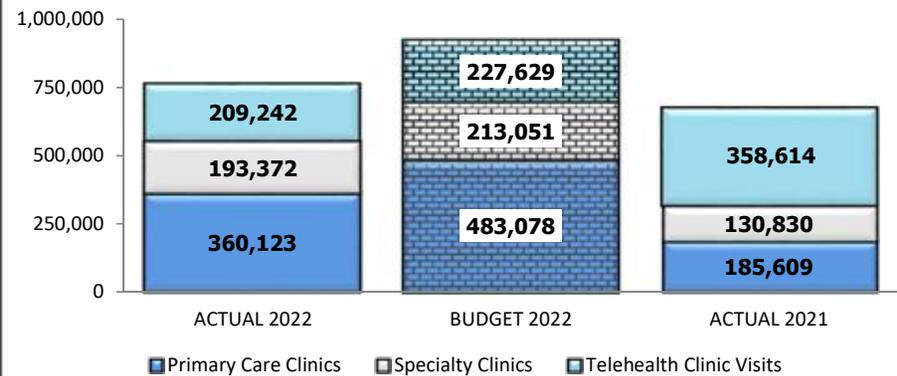
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

December FY 2022

Adjusted Patient Days - CM

36,724

Adjusted Patient Days - YTD

376,224

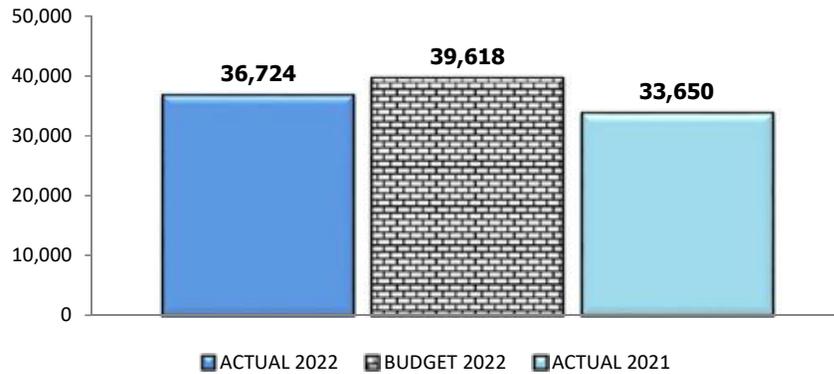
Average Daily Census - CM

563.5

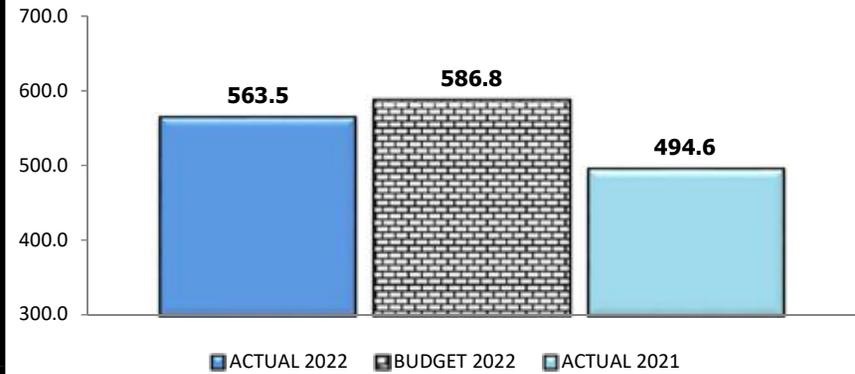
Average Daily Census - YTD

570.8

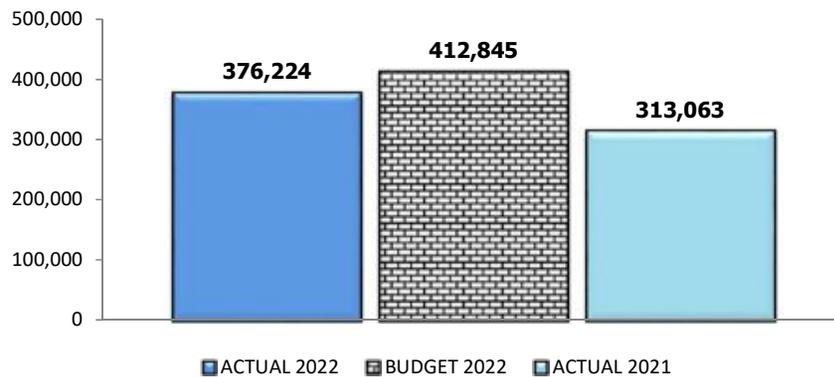
Adjusted Patient Days - Current Month



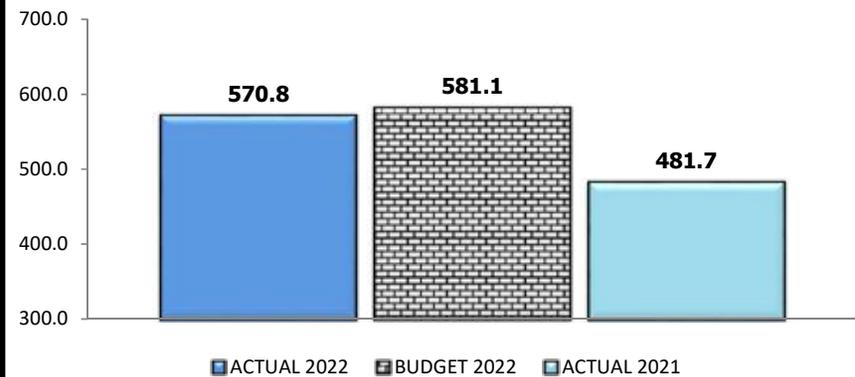
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

December FY 2022

Inpatient ALOS - CM

5.94

Inpatient ALOS - YTD

6.14

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.757

1.989

Case Mix Index (CMI) - YTD

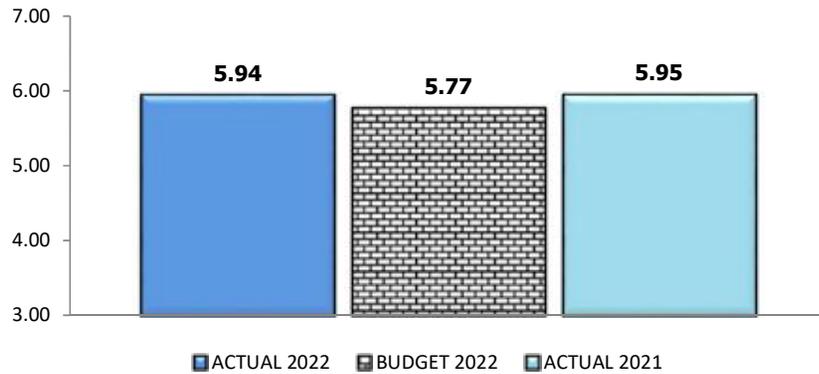
Overall

Excl. Obstetrics

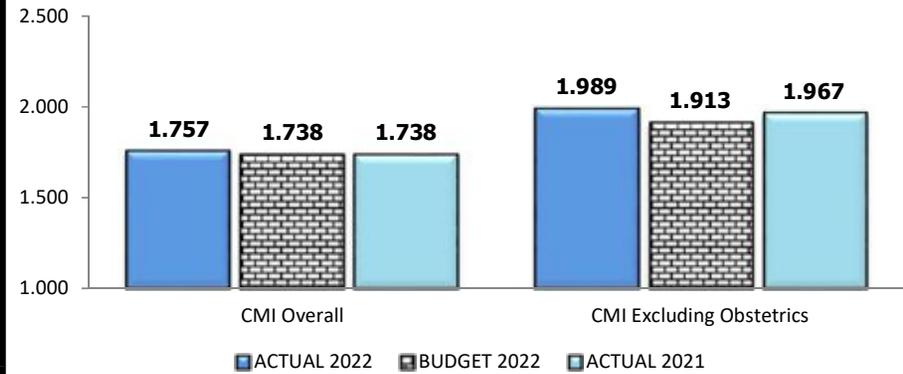
1.779

1.975

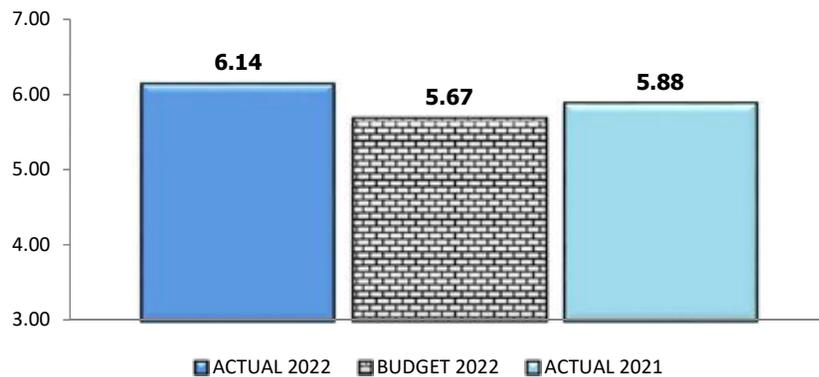
Inpatient ALOS - Current Month



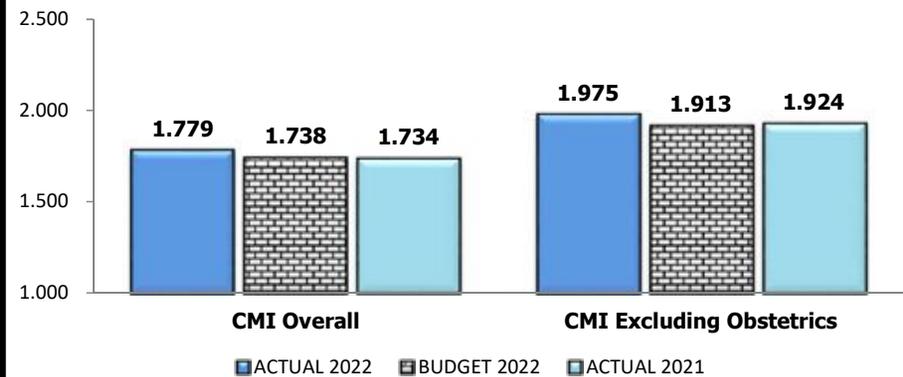
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

December FY 2022

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,106	2,744	2,033

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
20,949	26,184	19,369

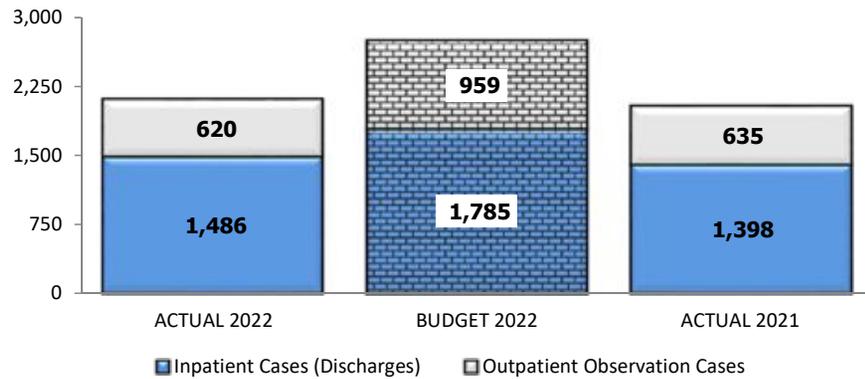
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,350	1,141	1,109

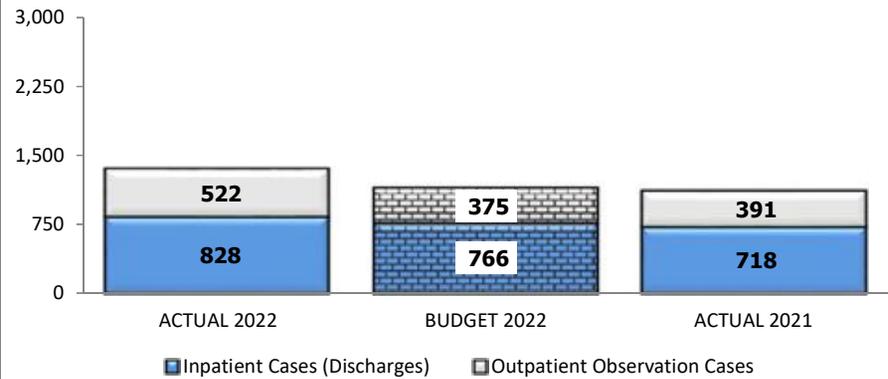
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
13,345	12,078	11,192

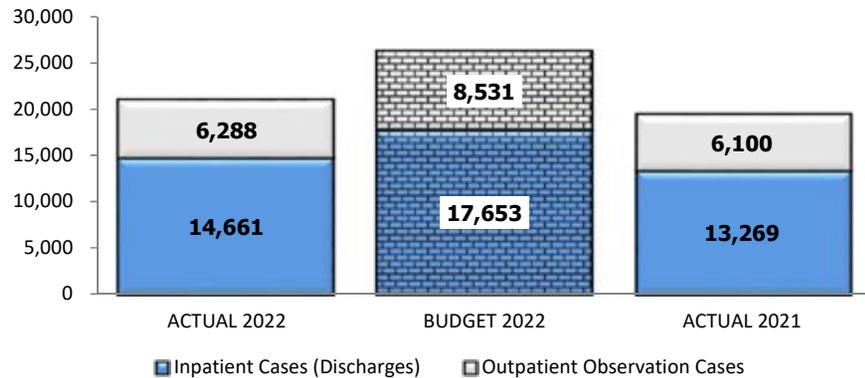
Ben Taub Cases - Current Month



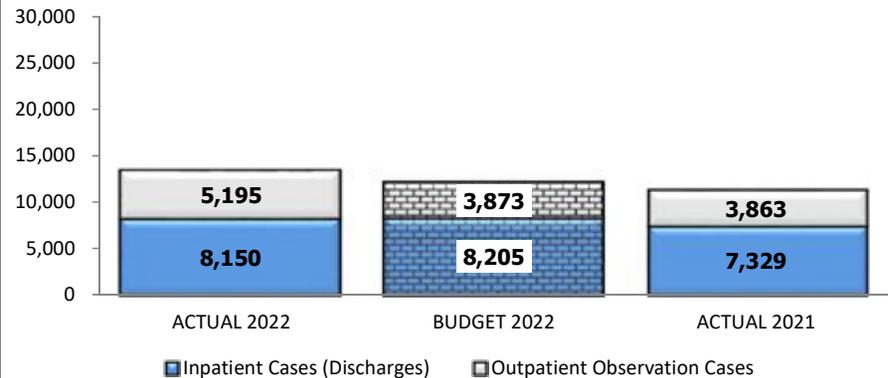
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

December FY 2022

BT Surgery Cases - CM

Actual	Budget	Prior Year
823	1,343	903

BT Surgery Cases - YTD

Actual	Budget	Prior Year
7,798	12,597	7,530

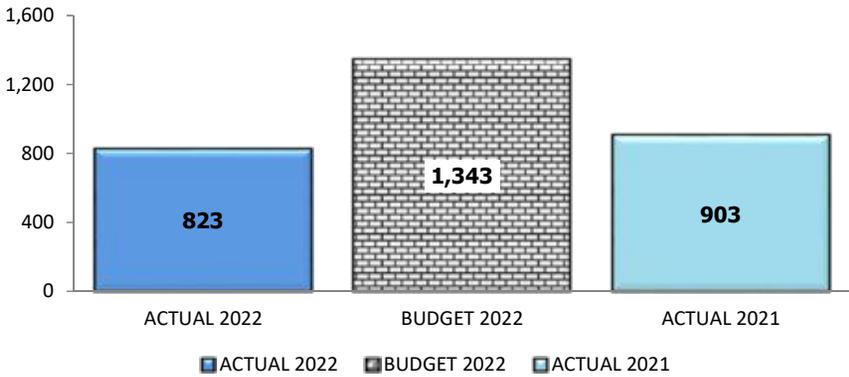
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
672	874	797

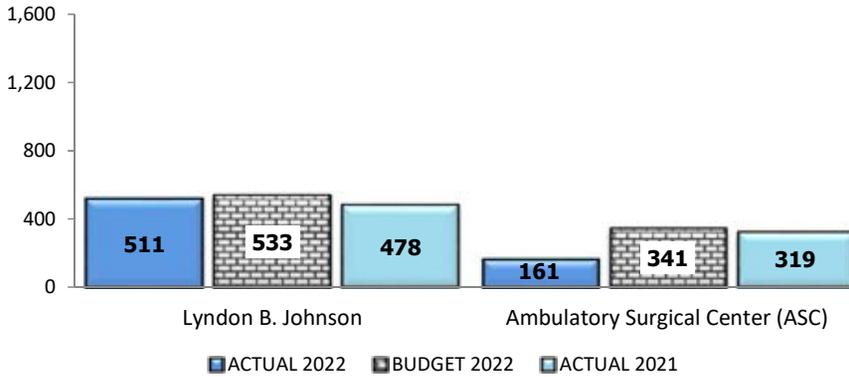
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
7,554	8,615	6,444

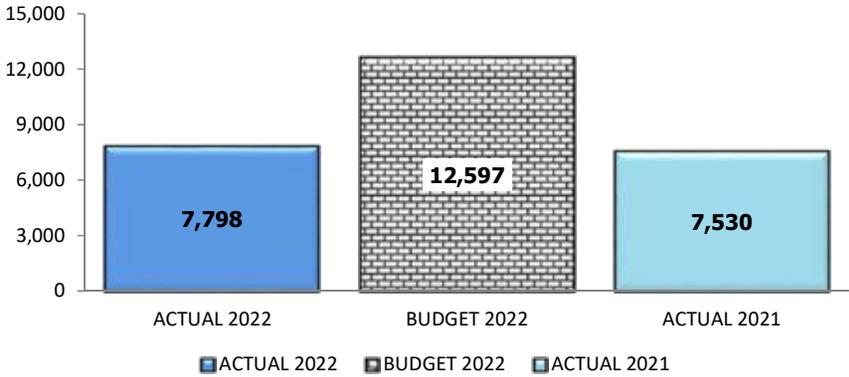
Ben Taub OR Cases - Current Month



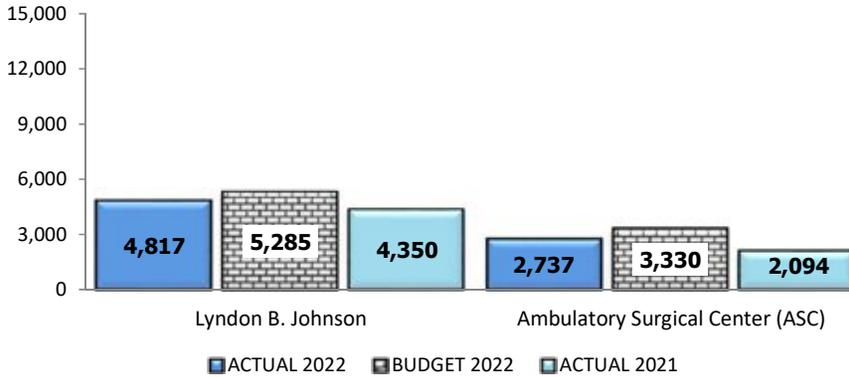
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

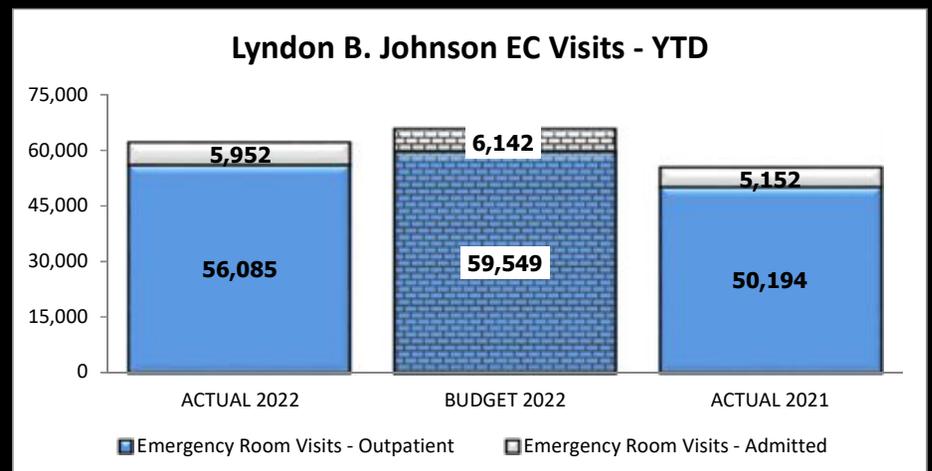
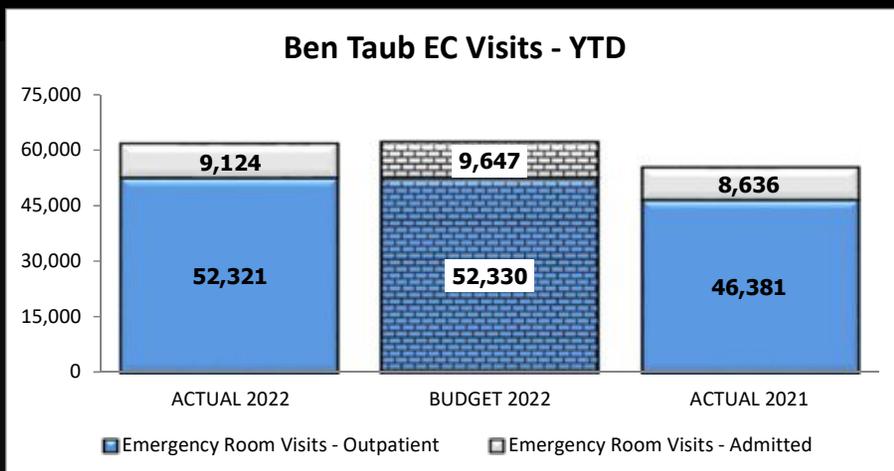
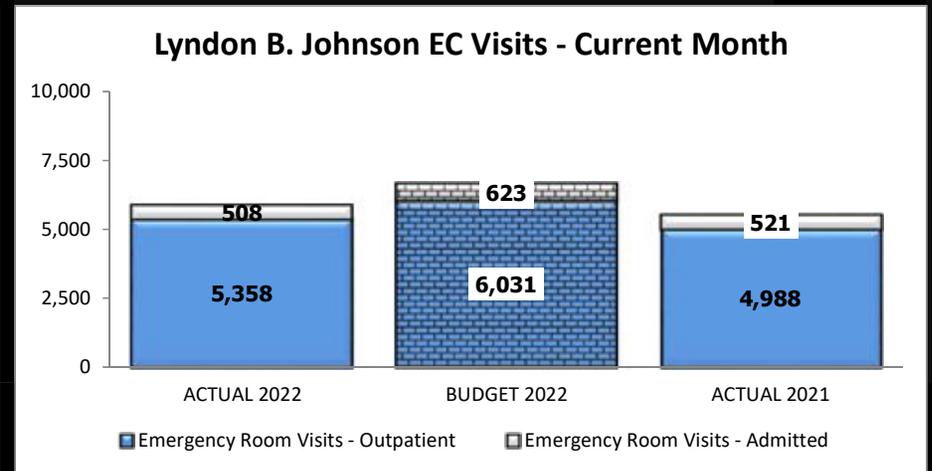
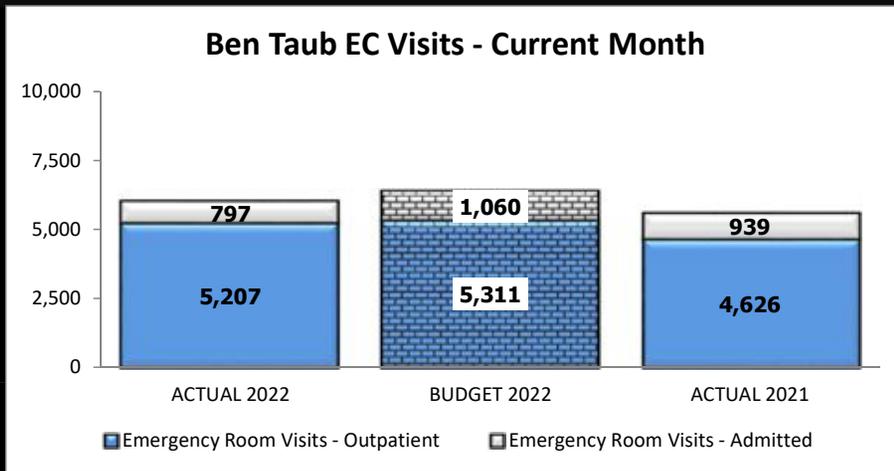


Harris Health System

Statistical Highlights - Emergency Room Visits

December FY 2022

<u>BT Emergency Visits - CM</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - CM</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
6,004	6,371	5,565	61,445	61,977	55,017	5,866	6,654	5,509	62,037	65,691	55,346



Harris Health System

Statistical Highlights - Births

December FY 2022

BT Births - CM

Actual	Budget	Prior Year
301	316	197

BT Births - YTD

Actual	Budget	Prior Year
2,432	3,180	2,093

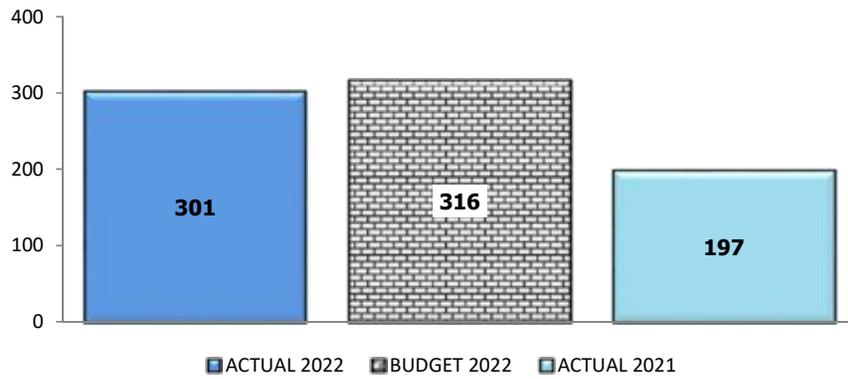
LBJ Births - CM

Actual	Budget	Prior Year
191	137	138

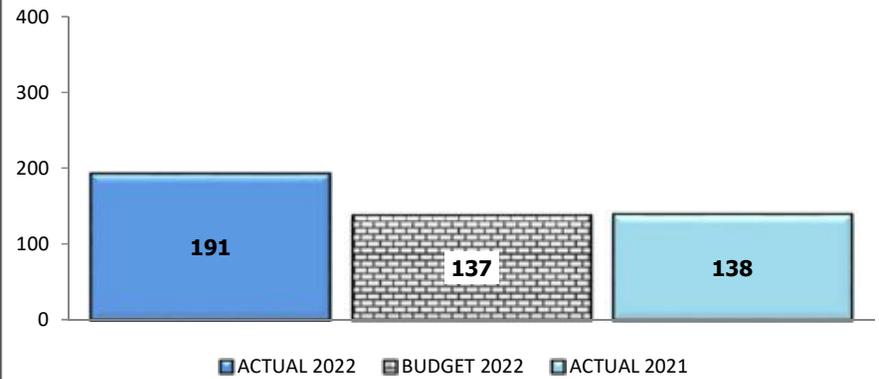
LBJ Births - YTD

Actual	Budget	Prior Year
1,663	1,372	1,512

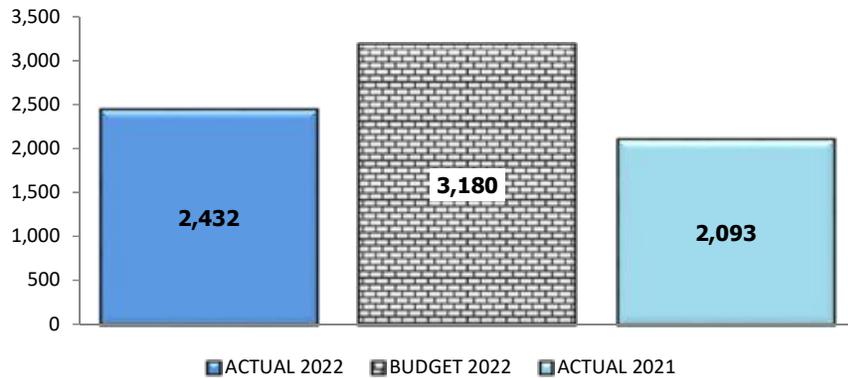
Ben Taub Births - Current Month



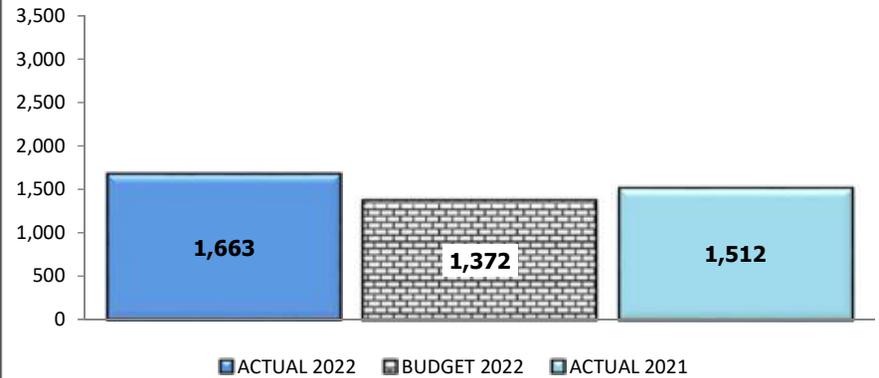
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

December FY 2022

BT Adjusted Patient Days - CM

18,517

BT Adjusted Patient Days - YTD

191,789

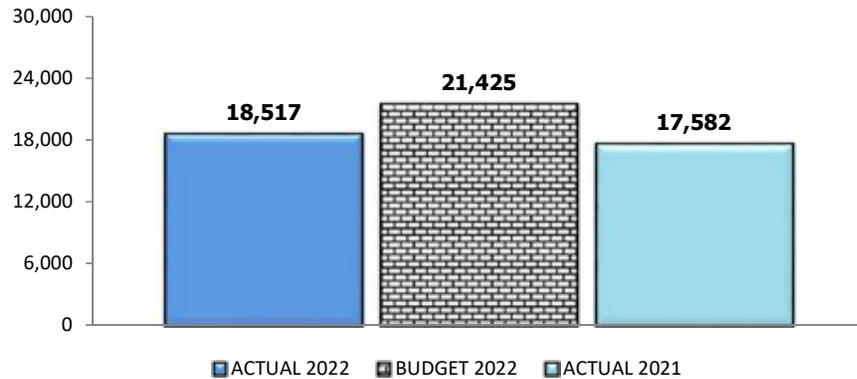
LBJ Adjusted Patient Days - CM

11,710

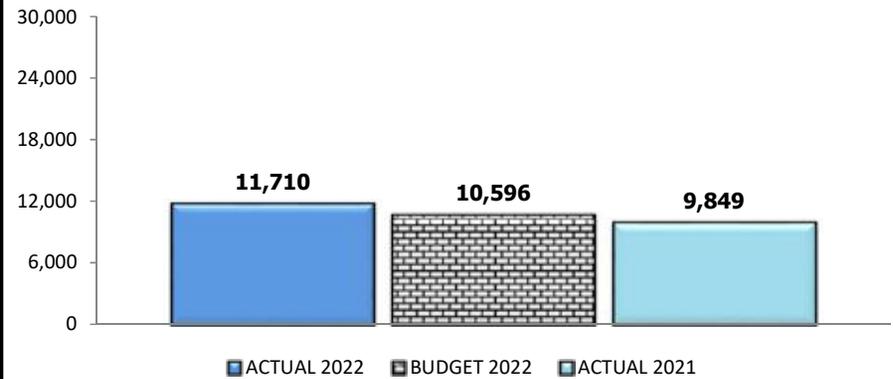
LBJ Adjusted Patient Days - YTD

115,000

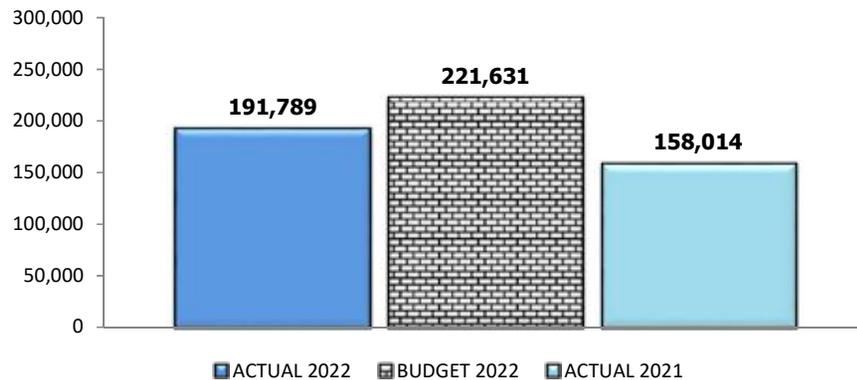
Ben Taub APD - Current Month



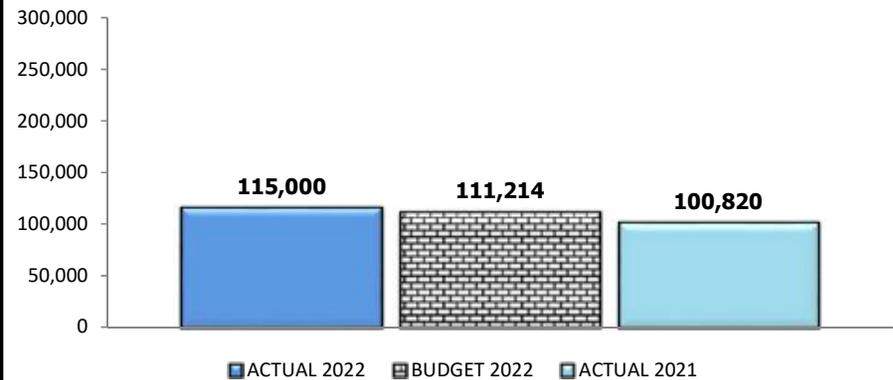
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

December FY 2022

BT Average Daily Census - CM

370.6

BT Average Daily Census - YTD

377.5

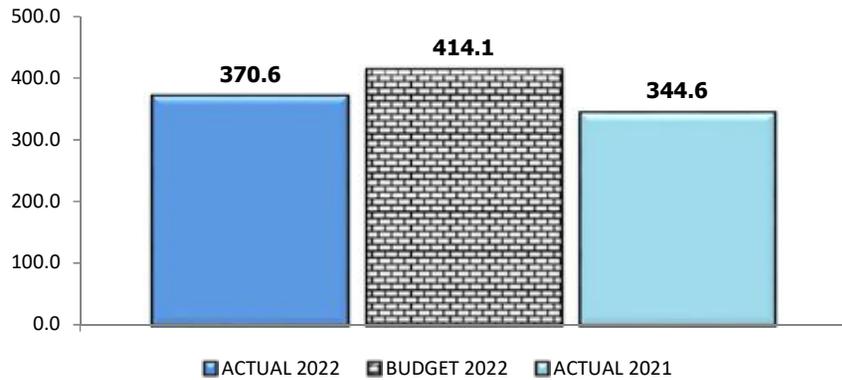
LBJ Average Daily Census - CM

192.9

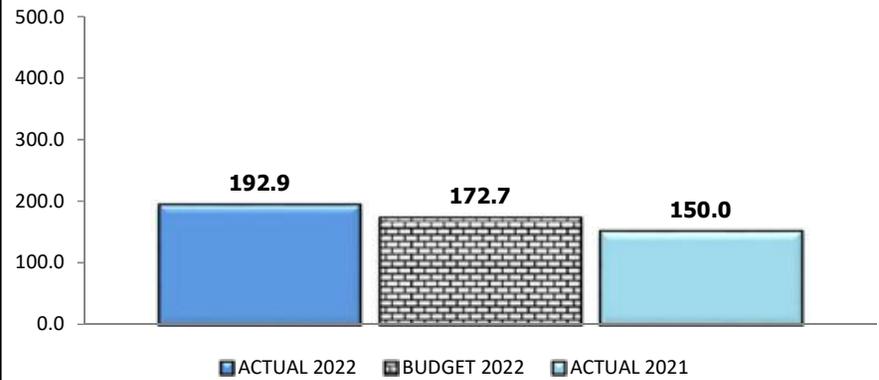
LBJ Average Daily Census - YTD

193.3

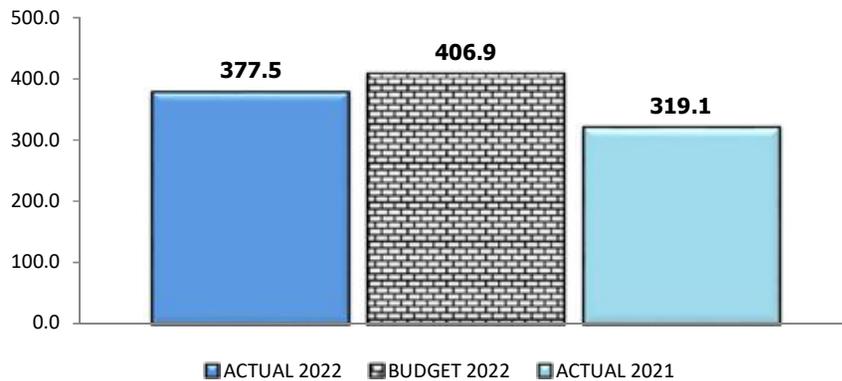
Ben Taub ADC - Current Month



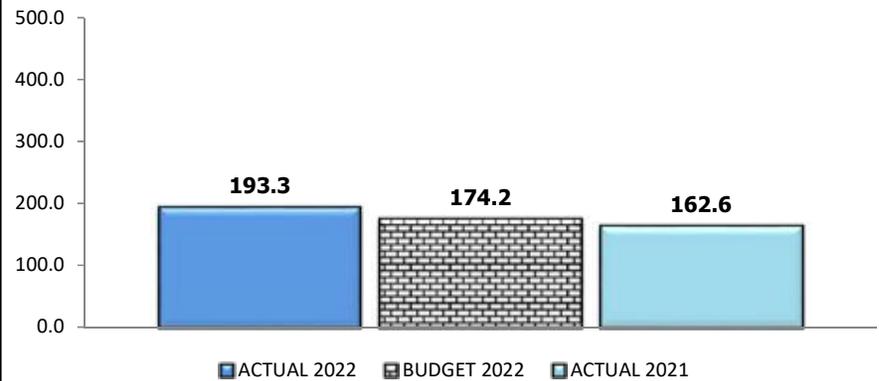
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

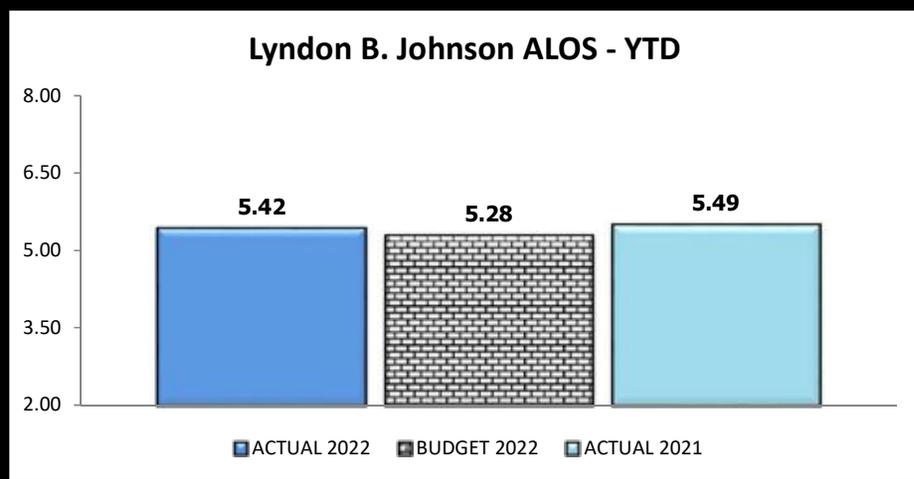
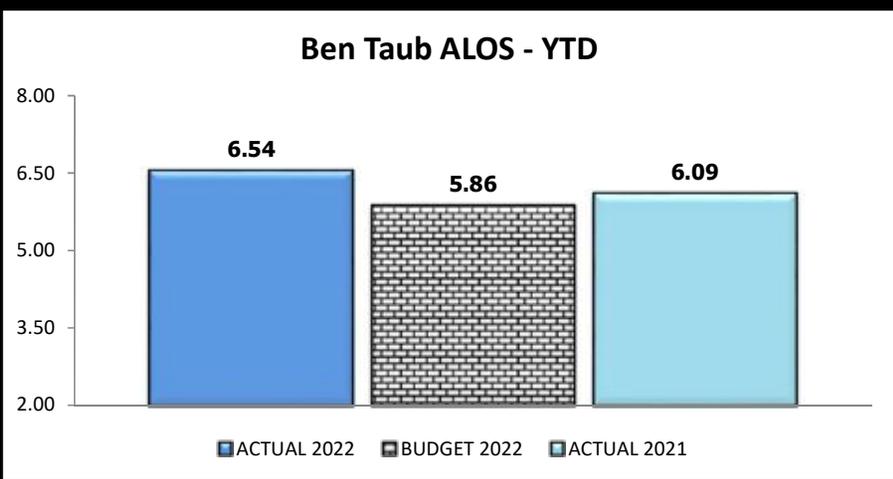
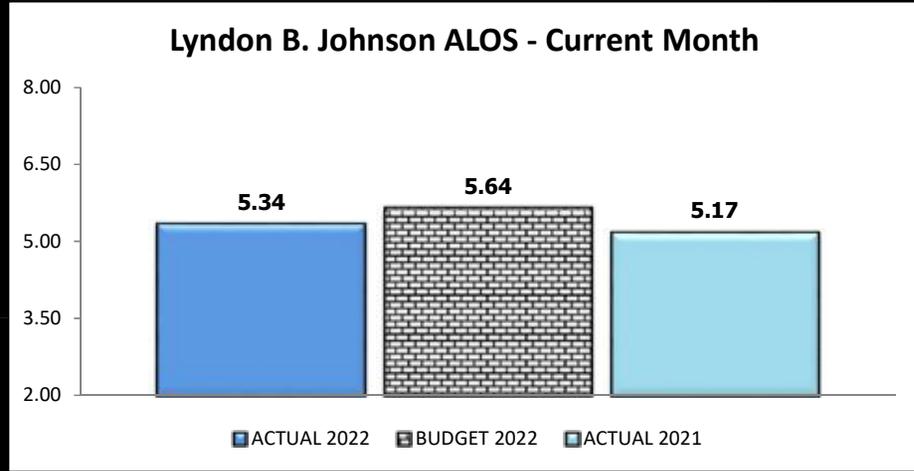
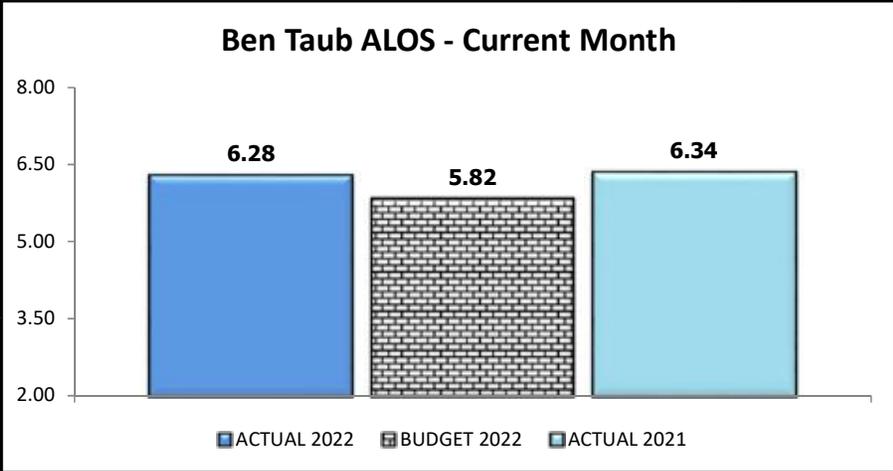
December FY 2022

BT Inpatient ALOS - CM
6.28

BT Inpatient ALOS - YTD
6.54

LBJ Inpatient ALOS - CM
5.34

LBJ Inpatient ALOS - YTD
5.42



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

December FY 2022

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.809	2.035

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.830	2.013

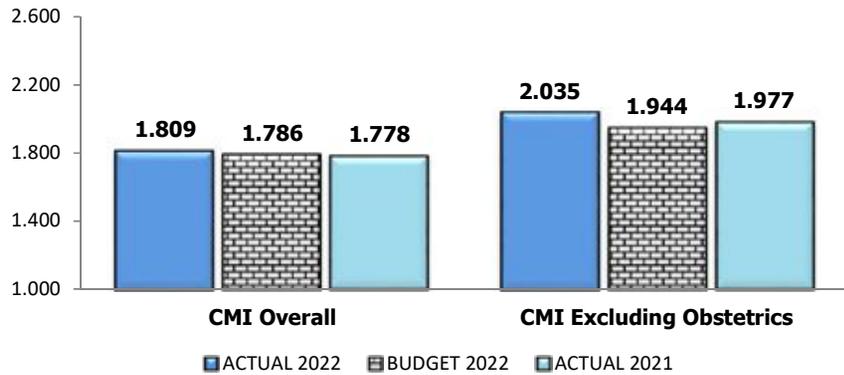
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.662	1.904

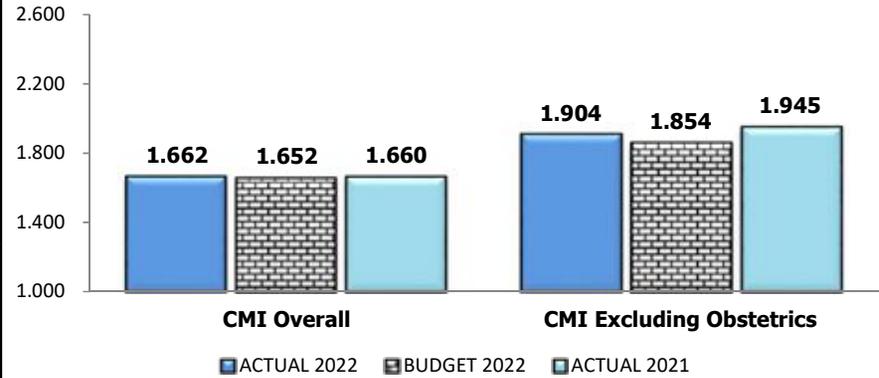
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.688	1.903

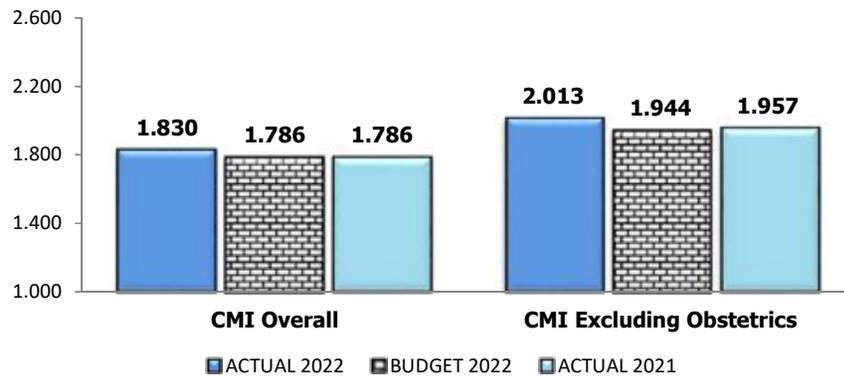
Ben Taub CMI - Current Month



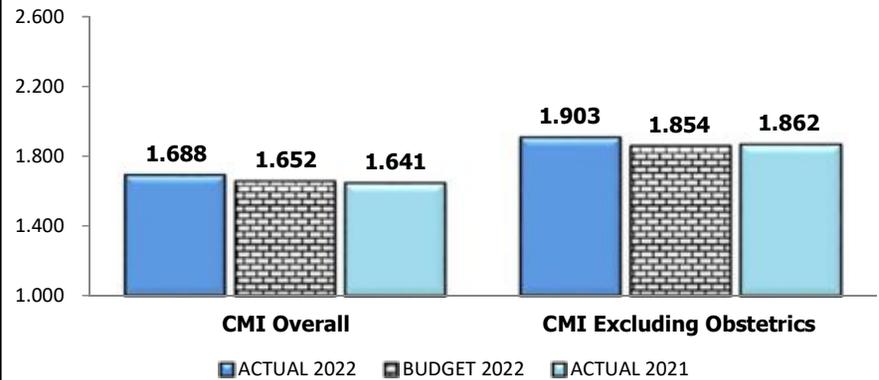
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD





Financial Statements

As of January 31, 2022



Table of Contents



Financial Highlights Review.....3

FINANCIAL STATEMENTS

Income Statement.....4

Balance Sheet.....5

Cash Flow Summary.....6

Performance Ratios.....7

KEY STATISTICAL INDICATORS

Statistical Highlights.....9

Statistical Highlights Graphs.....10 – 21

Financial Highlights Review

As of January 31, 2022

Operating Income for January was \$13.7 million compared to budgeted income of \$5.1 million.

Overall January net revenue of \$185.1 million was \$24.6 million or 15.3% greater than budget. Net patient revenue, including HRSA Relief Fund revenue of \$6.8 million, contributed \$12.8 million to the positive variance. Income from ad valorem taxes was \$8.0 million higher than budgeted based on the latest collection updates. In addition, the System recorded the annual equity return on its TECO investment resulting in \$3.2 million in additional income.

Total operating expenses of \$171.3 million were \$15.9 million or 10.3% greater than budget. Staff costs were \$14.2 million over budget as a result of continued premium labor utilization and increases in health insurance claims. Supplies, including medical supplies and pharmaceuticals, increased \$2.2 million over budget as a result of the pandemic supply management.

Total patient days and average daily census increased in January 1.6% compared to budget and were down only 1.5% year-to-date. Inpatient case mix index, a measure of patient acuity, was 7.6% higher for the month and 2.8% higher for the year. Emergency room visits in January were 1.6% lower than budget, but continued to increase and stabilize over prior months. Total clinic visits including telehealth were 25.1% lower than budget due to the most recent surge and clinic closures; births were down 9.9%.

Total cash receipts for January were \$299.3 million. The System has \$1,144.6 million in unrestricted cash, cash equivalents and investments, representing 210.8 days cash on hand. Harris Health System has \$101.2 million in net accounts receivable, representing 45.9 days of outstanding patient accounts receivable at January 31, 2022. The January balance sheet reflects a combined net receivable position of \$90.4 million under the various Medicaid Supplemental programs.

January expenses incurred by Harris Health for Foundation personnel and other costs were \$58,000.

Income Statement



As of January 31, 2022 (In \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	\$ 61.6	\$ 48.8	26.2%	\$ 742.6	\$ 535.6	38.7%	\$ 528.3	40.6%
Medicaid Supplemental Programs	43.3	42.7	1.5%	516.4	426.8	21.0%	517.5	-0.2%
Other Operating Revenue	3.6	3.0	19.3%	35.5	33.2	7.1%	30.5	16.3%
Total Operating Revenue	\$ 108.4	\$ 94.4	14.8%	\$ 1,294.6	\$ 995.5	30.0%	\$ 1,076.3	20.3%
Net Ad Valorem Taxes	73.5	65.5	12.2%	734.8	720.5	2.0%	716.6	2.5%
Net Tobacco Settlement Revenue	-	-	0.0%	13.3	12.9	2.9%	12.9	2.7%
Interest Income & Other	3.1	0.6	464.5%	21.5	7.0	207.6%	3.9	450.5%
Total Nonoperating Revenue	\$ 76.6	\$ 66.1	16.0%	\$ 769.6	\$ 740.4	3.9%	\$ 733.4	4.9%
Total Net Revenue	\$ 185.1	\$ 160.5	15.3%	\$ 2,064.2	\$ 1,735.9	18.9%	\$ 1,809.7	14.1%
EXPENSE								
Salaries and Wages	\$ 68.5	\$ 59.3	-15.5%	\$ 725.1	\$ 631.6	-14.8%	\$ 595.5	-21.8%
Employee Benefits	24.9	19.9	-25.1%	246.0	217.1	-13.3%	210.3	-17.0%
Total Labor Cost	\$ 93.4	\$ 79.2	-17.9%	\$ 971.1	\$ 848.7	-14.4%	\$ 805.8	-20.5%
Supply Expenses	21.7	19.5	-11.5%	251.6	216.5	-16.2%	211.7	-18.9%
Physician Services	30.7	29.5	-4.1%	337.3	324.4	-4.0%	307.9	-9.5%
Purchased Services	19.4	21.0	7.8%	257.8	242.9	-6.1%	229.8	-12.2%
Depreciation & Interest	6.2	6.2	0.5%	65.6	67.5	2.9%	62.5	-5.0%
Total Operating Expense	\$ 171.3	\$ 155.4	-10.3%	\$ 1,883.4	\$ 1,700.0	-10.8%	\$ 1,617.8	-16.4%
Operating Income (Loss)	\$ 13.7	\$ 5.1		\$ 180.8	\$ 35.9		\$ 192.0	
Total Margin %	7.4%	3.2%		8.8%	2.1%		10.6%	

Balance Sheet

HARRISHEALTH
SYSTEM

January 31, 2022 and 2021 (In \$ Millions)

	<u>CURRENT</u> <u>YEAR</u>	<u>PRIOR</u> <u>YEAR</u>
<u>CURRENT ASSETS</u>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,144.6	\$ 867.0
Net Patient Accounts Receivable	101.2	123.3
Net Ad Valorem Taxes, Current Portion	278.8	329.0
Other Current Assets	176.7	217.5
Total Current Assets	\$ 1,701.3	\$ 1,536.6
<u>CAPITAL ASSETS</u>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 436.4	\$ 437.9
Construction in Progress	106.3	78.3
Total Capital Assets	\$ 542.7	\$ 516.2
<u>ASSETS LIMITED AS TO USE & RESTRICTED ASSETS</u>		
Debt Service & Capital Asset Funds	\$ 50.4	\$ 58.6
LPPF Restricted Cash	87.8	121.9
Other - Restricted	1.3	0.9
Total Assets Limited As to Use & Restricted Assets	\$ 139.5	\$ 181.4
Other Assets	14.0	19.0
Deferred Outflows of Resources	179.3	97.8
Total Assets & Deferred Outflows of Resources	\$ 2,576.8	\$ 2,351.0
<u>CURRENT LIABILITIES</u>		
Accounts Payable and Accrued Liabilities	\$ 249.9	\$ 318.6
Employee Compensation & Related Liabilities	123.5	109.7
Estimated Third-Party Payor Settlements	13.5	7.4
Current Portion Long-Term Debt and Capital Leases	12.3	11.0
Total Current Liabilities	\$ 399.2	\$ 446.8
Long-Term Debt	307.7	320.4
Net Pension & Post Employment Benefits Liability	737.7	703.6
Other Long-Term Liabilities	24.1	28.1
Deferred Inflows of Resources	112.4	55.3
Total Liabilities	\$ 1,581.2	\$ 1,554.1
Total Net Assets	\$ 995.6	\$ 796.9
Total Liabilities & Net Assets	\$ 2,576.8	\$ 2,351.0

Cash Flow Summary

As of January 31, 2022 (In \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	\$ 45.4	\$ 49.2	\$ 724.3	\$ 581.3
Medicaid Supplemental Programs	15.8	47.3	598.6	444.6
Net Ad Valorem Taxes	230.1	317.4	502.7	424.7
Tobacco Settlement	-	-	13.3	12.9
Other Revenue	8.1	3.7	83.3	116.0
Total Cash Receipts	\$ 299.3	\$ 417.7	\$ 1,922.2	\$ 1,579.6
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	\$ 72.1	\$ 81.7	\$ 865.5	\$ 868.9
Supplies	22.7	18.5	255.9	226.7
Physician Services	31.0	27.5	341.3	305.7
Purchased Services	16.5	21.6	194.6	196.1
Capital Expenditures	3.6	6.1	75.6	82.0
Debt and Interest Payments	0.3	0.3	7.7	8.2
Other Uses	13.5	(3.4)	127.6	(69.4)
Total Cash Disbursements	\$ 159.7	\$ 152.3	\$ 1,868.2	\$ 1,618.2
Net Change	\$ 139.6	\$ 265.4	\$ 54.0	\$ (38.6)

Unrestricted Cash, Cash Equivalents and Investments - February 28, 2021

\$ 1,090.5

Net Change

54.0

Unrestricted Cash, Cash Equivalents and Investments - January 31, 2022

\$ 1,144.6

Performance Ratios

As of January 31, 2022

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<u>OPERATING HEALTH INDICATORS</u>					
Operating Margin %	7.4%	3.2%	8.8%	2.1%	15.9%
Run Rate per Day (In\$ Millions)	\$ 5.4	\$ 4.8	\$ 5.4	\$ 4.9	\$ 4.6
Salary, Wages & Benefit per APD	\$ 2,635	\$ 1,947	\$ 2,359	\$ 1,871	\$ 2,333
Supply Cost per APD	\$ 614	\$ 479	\$ 611	\$ 477	\$ 613
Physician Services per APD	\$ 866	\$ 725	\$ 819	\$ 715	\$ 891
Total Expense per APD	\$ 4,836	\$ 3,821	\$ 4,575	\$ 3,748	\$ 4,683
Overtime as a % of Total Salaries	3.1%	2.5%	3.4%	2.6%	2.7%
Contract as a % of Total Salaries	6.9%	0.4%	5.0%	0.4%	1.7%
Full-time Equivalent Employees	9,107	9,160	9,153	9,151	8,685
<u>FINANCIAL HEALTH INDICATORS</u>					
Quick Ratio			4.2		3.4
Unrestricted Cash (In \$ Millions)			\$ 1,144.6	\$ 732.5	\$ 867.0
Days Cash on Hand			210.8	150.3	186.4
Days Revenue in Accounts Receivable			45.9	67.8	64.7
Days in Accounts Payable			40.6		40.4
Capital Expenditures/Depreciation & Amortization			135.6%		156.4%
Average Age of Plant (years)			12.9		12.9

Harris Health System Key Indicators



Statistical Highlights

As of January 31, 2022

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	35,433	40,674	-12.9%	411,657	453,519	-9.2%	345,433	19.2%
Outpatient % of Adjusted Volume	58.9%	64.5%	-8.7%	62.4%	64.5%	-3.1%	61.0%	2.3%
Primary Care Clinic Visits	32,212	45,740	-29.6%	392,335	528,818	-25.8%	205,412	91.0%
Specialty Clinic Visits	17,546	19,120	-8.2%	210,918	232,171	-9.2%	144,800	45.7%
Telehealth Clinic Visits	14,691	21,179	-30.6%	223,933	248,808	-10.0%	390,132	-42.6%
Total Clinic Visits	64,449	86,039	-25.1%	827,186	1,009,797	-18.1%	740,344	11.7%
Emergency Room Visits - Outpatient	11,343	11,612	-2.3%	119,749	123,491	-3.0%	106,091	12.9%
Emergency Room Visits - Admitted	1,650	1,593	3.6%	16,726	17,382	-3.8%	15,268	9.5%
Total Emergency Room Visits	12,993	13,205	-1.6%	136,475	140,873	-3.1%	121,359	12.5%
Surgery Cases - Outpatient	680	1,085	-37.3%	8,582	13,156	-34.8%	7,755	10.7%
Surgery Cases - Inpatient	735	830	-11.4%	8,185	9,971	-17.9%	7,128	14.8%
Total Surgery Cases	1,415	1,915	-26.1%	16,767	23,127	-27.5%	14,883	12.7%
Total Outpatient Visits	112,074	135,643	-17.4%	1,541,752	1,594,461	-3.3%	1,289,859	19.5%
Inpatient Cases (Discharges)	2,157	2,529	-14.7%	24,968	28,387	-12.0%	22,683	10.1%
Outpatient Observation Cases	1,066	1,320	-19.2%	12,549	13,724	-8.6%	10,957	14.5%
Total Cases Occupying Patient Beds	3,223	3,849	-16.3%	37,517	42,111	-10.9%	33,640	11.5%
Births	399	443	-9.9%	4,494	4,995	-10.0%	3,921	14.6%
Inpatient Days	14,549	14,422	0.9%	154,584	161,151	-4.1%	134,616	14.8%
Outpatient Observation Days	3,569	3,407	4.7%	38,198	34,487	10.8%	29,331	30.2%
Total Patient Days	18,118	17,829	1.6%	192,782	195,638	-1.5%	163,947	17.6%
Average Daily Census	584.4	575.1	1.6%	572.1	580.5	-1.5%	486.5	17.6%
Average Operating Beds	695	618	12.5%	667	618	7.9%	642	3.9%
Bed Occupancy %	84.1%	93.1%	-9.6%	85.8%	93.9%	-8.7%	75.8%	13.2%
Inpatient Average Length of Stay	6.75	5.70	18.3%	6.19	5.68	9.1%	5.93	4.3%
Inpatient Case Mix Index (CMI)	1.870	1.738	7.6%	1.787	1.738	2.8%	1.734	3.1%
Payor Mix (% of Charges)								
Charity & Self Pay	47.7%	51.2%	-6.8%	47.5%	51.2%	-7.1%	51.3%	-7.3%
Medicaid & Medicaid Managed	20.7%	22.7%	-8.8%	20.7%	22.7%	-8.6%	22.4%	-7.3%
Medicare & Medicare Managed	12.3%	11.8%	3.9%	12.4%	11.8%	4.8%	11.8%	4.6%
Commercial & Other	19.3%	14.3%	35.0%	19.3%	14.3%	35.3%	14.5%	33.2%
Total Unduplicated Patients - Rolling 12				261,610			239,169	9.4%
Total New Patient - Rolling 12				83,405			66,398	25.6%

Note: Prior year Clinic Visits have been restated; E&M & Telehealth Visits were aligned with Clinic and Ancillary Visits as appropriate. This shift represents a decrease of ~ 7% to Total Clinic Visits but no change to Total Outpatient Visits reported in FY21.

Harris Health System

Statistical Highlights

January FY 2022

Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,223	3,849	3,079

Cases Occupying Beds - YTD

Actual	Budget	Prior Year
37,517	42,111	33,640

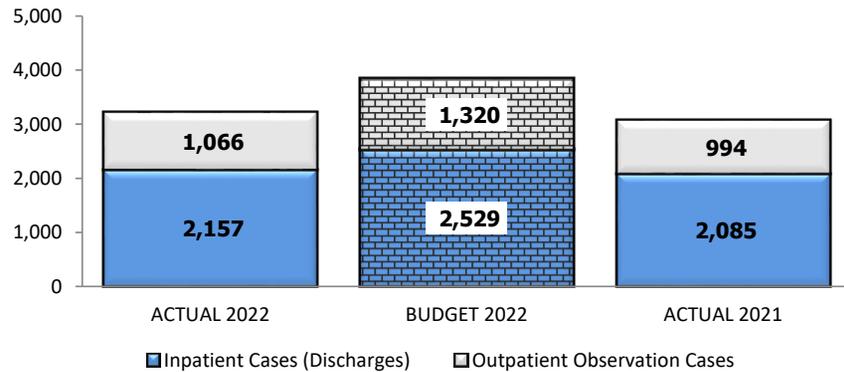
Emergency Visits - CM

Actual	Budget	Prior Year
12,993	13,205	10,996

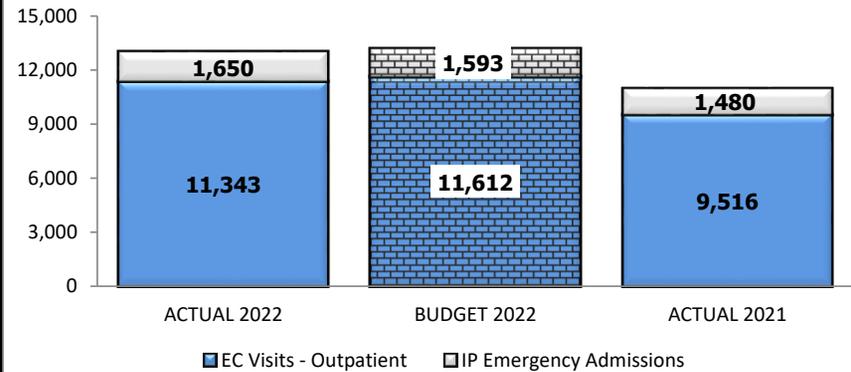
Emergency Visits - YTD

Actual	Budget	Prior Year
136,475	140,873	121,359

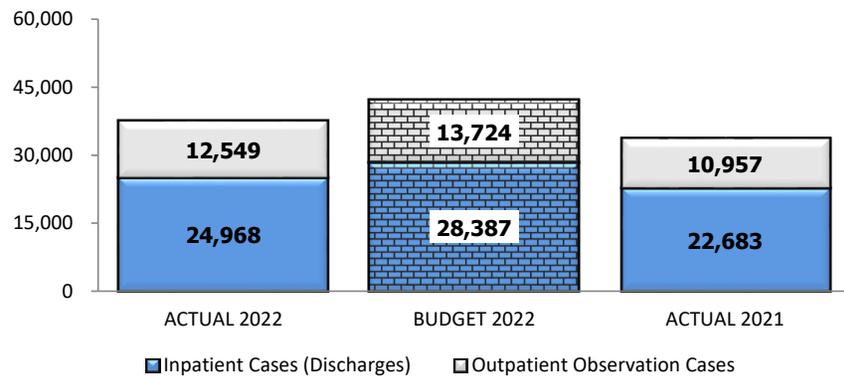
Cases Occupying Beds - Current Month



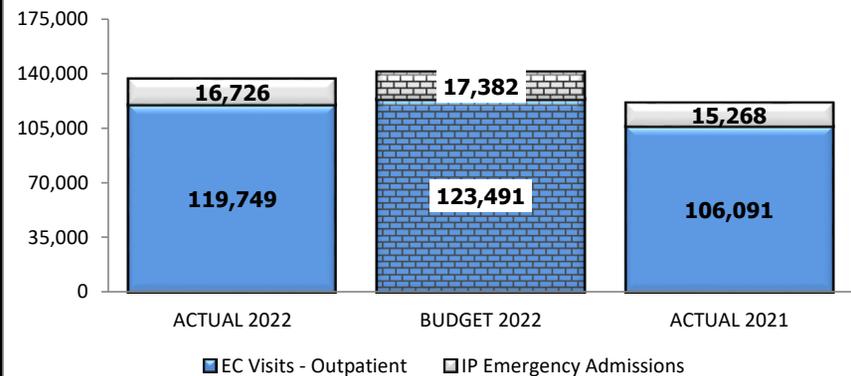
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



Harris Health System

Statistical Highlights

January FY 2022

Surgery Cases - CM

Actual	Budget	Prior Year
1,415	1,915	909

Surgery Cases - YTD

Actual	Budget	Prior Year
16,767	23,127	14,883

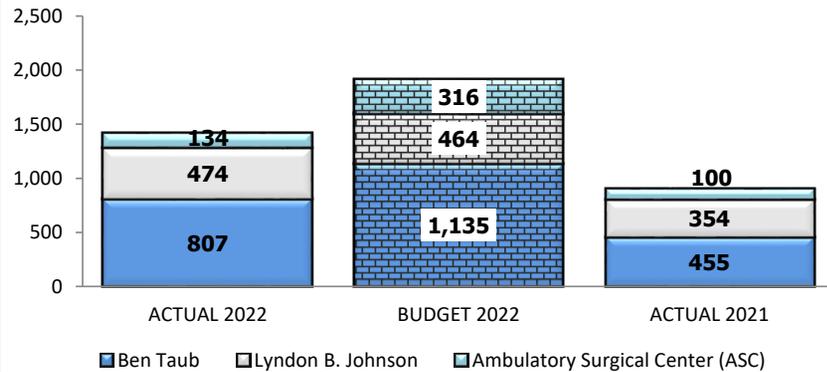
Clinic Visits - CM

Actual	Budget	Prior Year
64,449	86,039	65,291

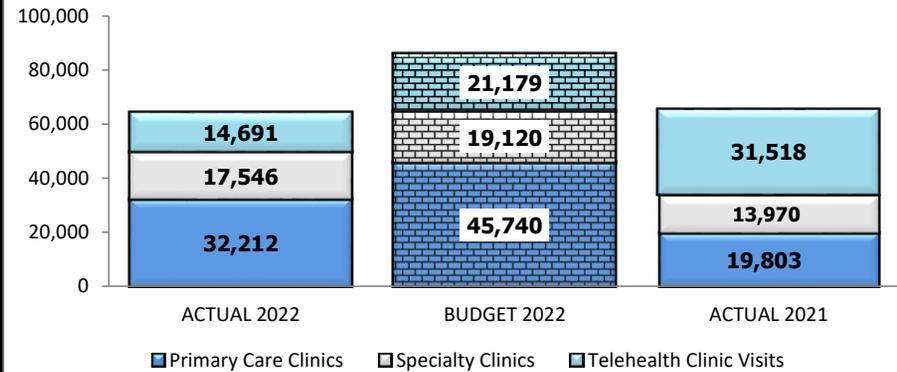
Clinic Visits - YTD

Actual	Budget	Prior Year
827,186	1,009,797	740,344

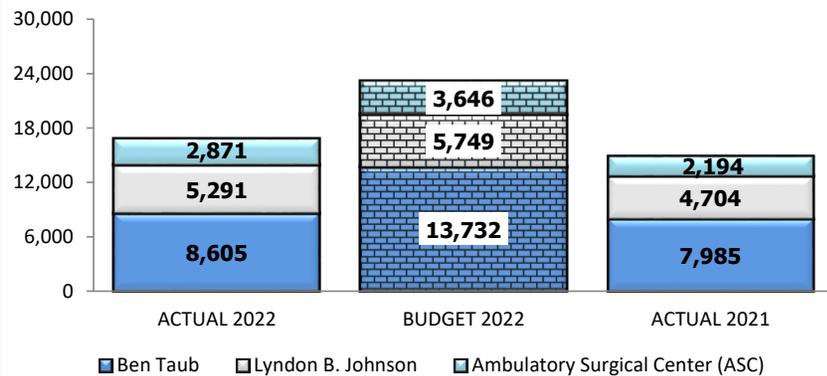
Surgery Cases - Current Month



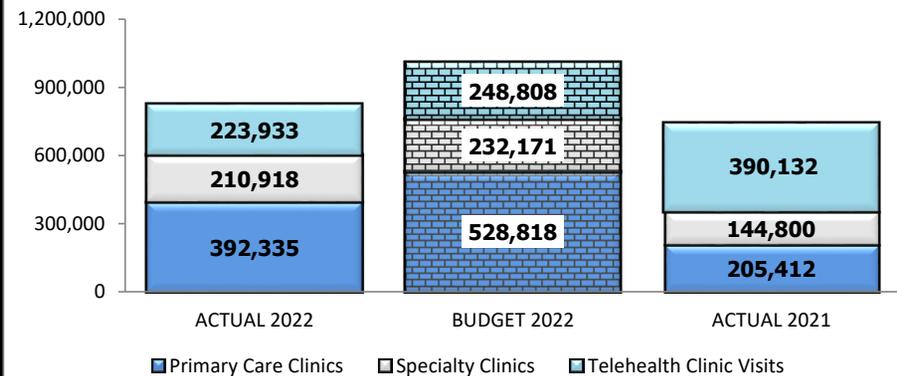
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



Harris Health System

Statistical Highlights

January FY 2022

Adjusted Patient Days - CM

35,433

Adjusted Patient Days - YTD

411,657

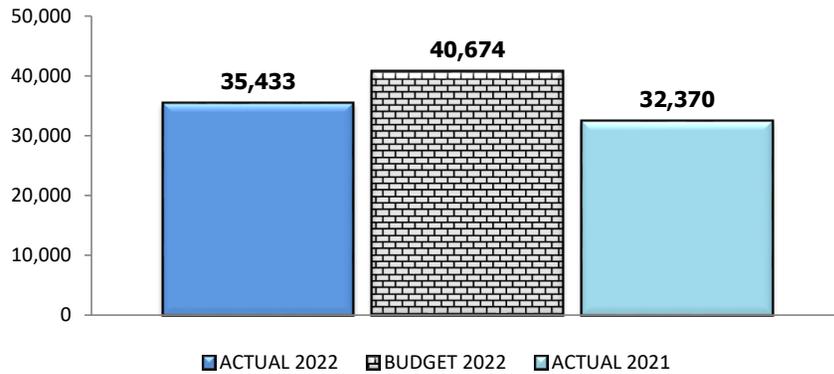
Average Daily Census - CM

584.4

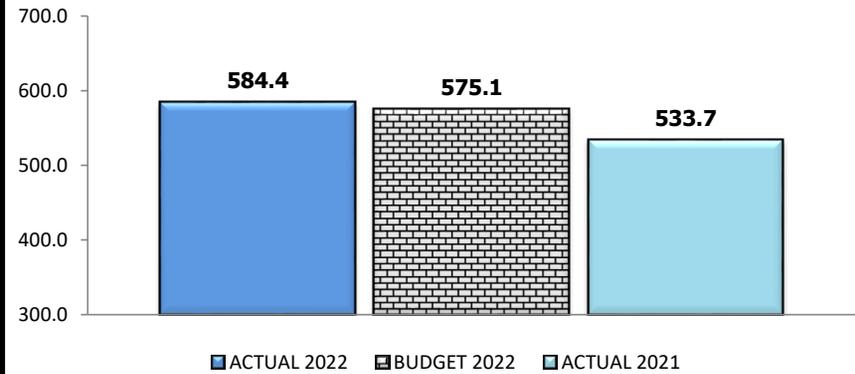
Average Daily Census - YTD

572.1

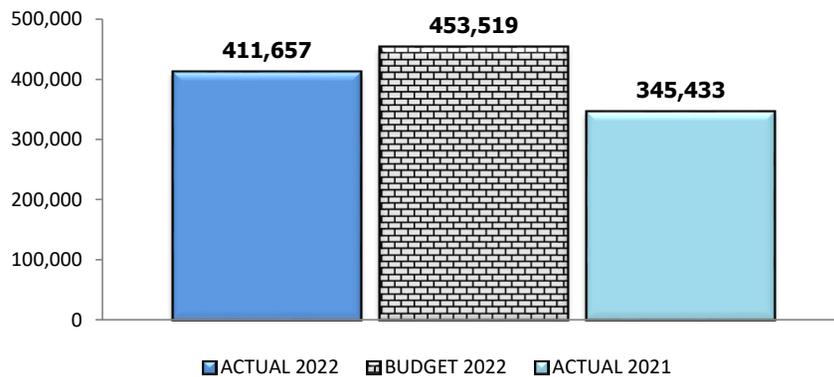
Adjusted Patient Days - Current Month



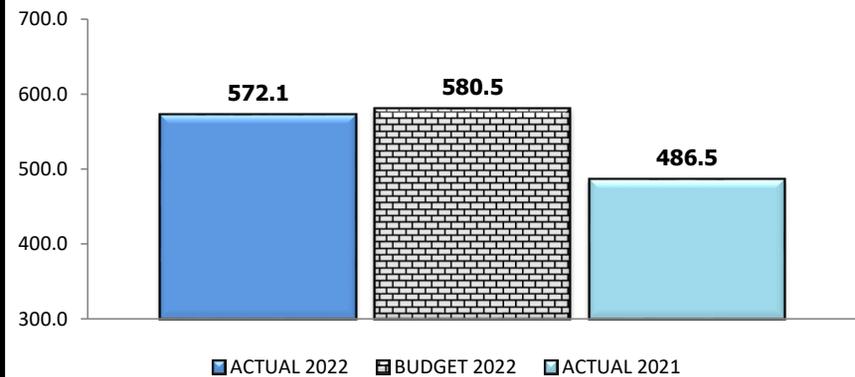
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



Harris Health System

Statistical Highlights

January FY 2022

Inpatient ALOS - CM

6.75

Inpatient ALOS - YTD

6.19

Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.870

2.077

Case Mix Index (CMI) - YTD

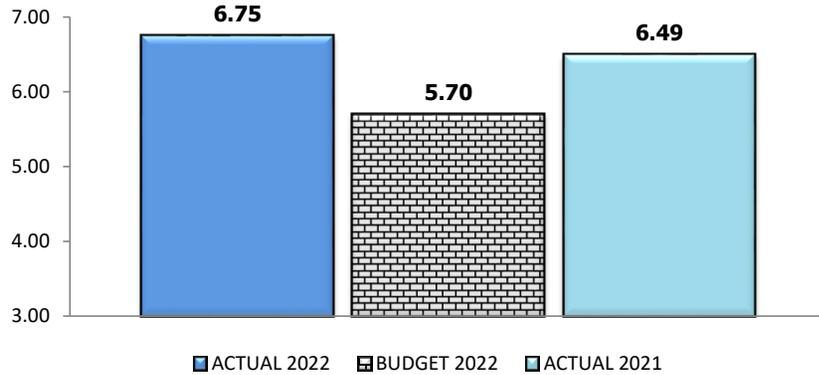
Overall

Excl. Obstetrics

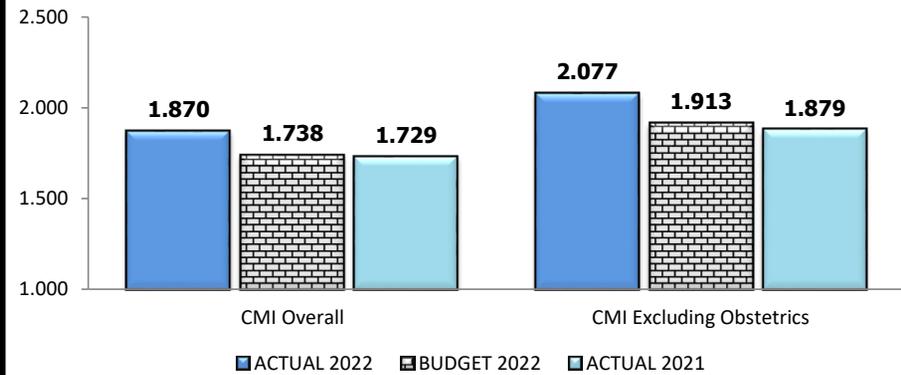
1.787

1.984

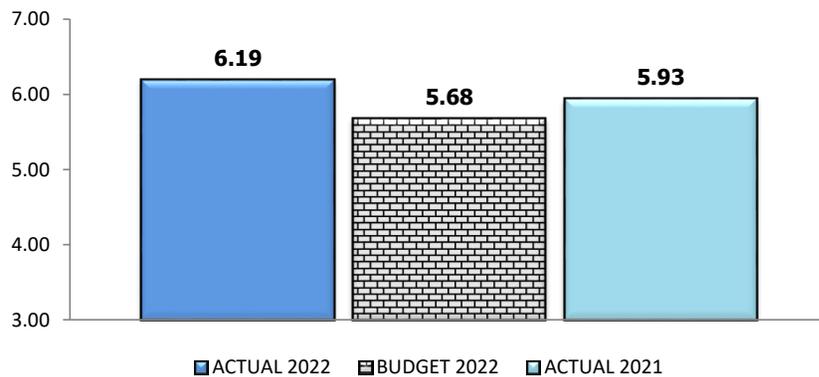
Inpatient ALOS - Current Month



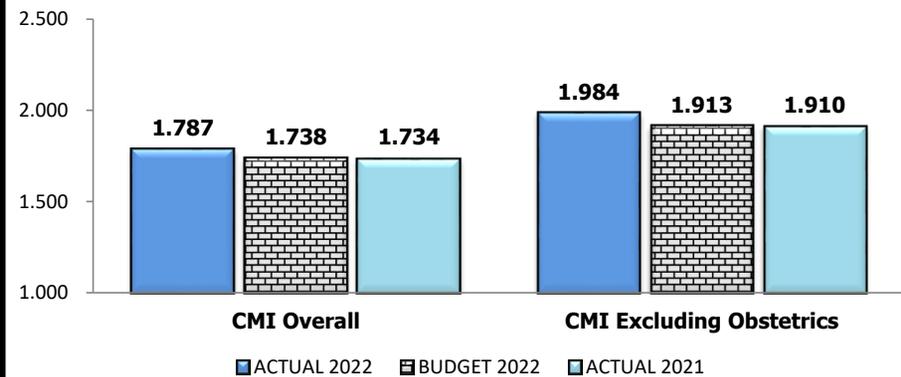
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



Harris Health System

Statistical Highlights - Cases Occupying Beds

January FY 2022

BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,859	2,719	1,946

BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
22,808	28,903	21,315

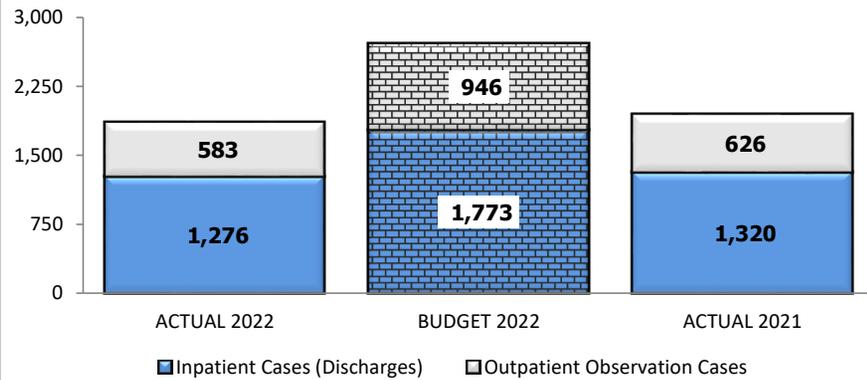
LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,364	1,130	1,133

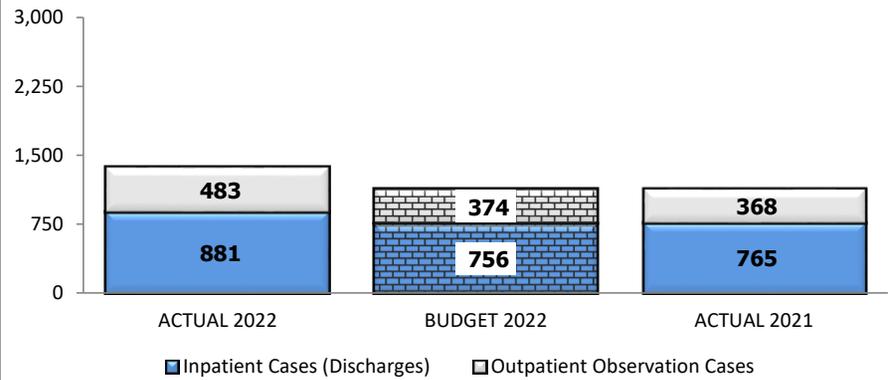
LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
14,709	13,208	12,325

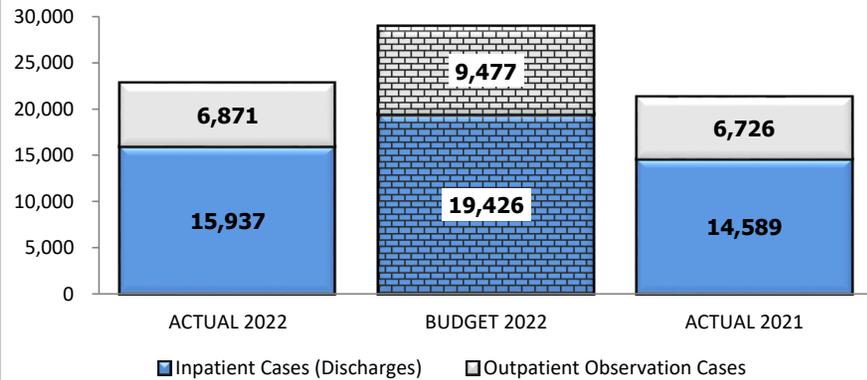
Ben Taub Cases - Current Month



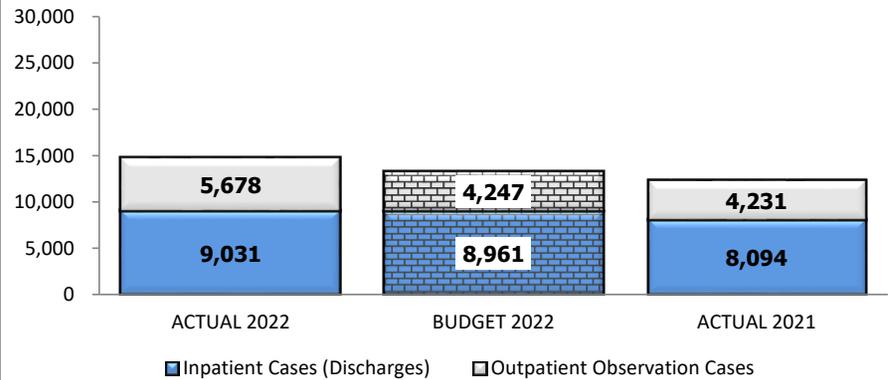
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



Harris Health System

Statistical Highlights - Surgery Cases

January FY 2022

BT Surgery Cases - CM

Actual	Budget	Prior Year
807	1,135	455

BT Surgery Cases - YTD

Actual	Budget	Prior Year
8,605	13,732	7,985

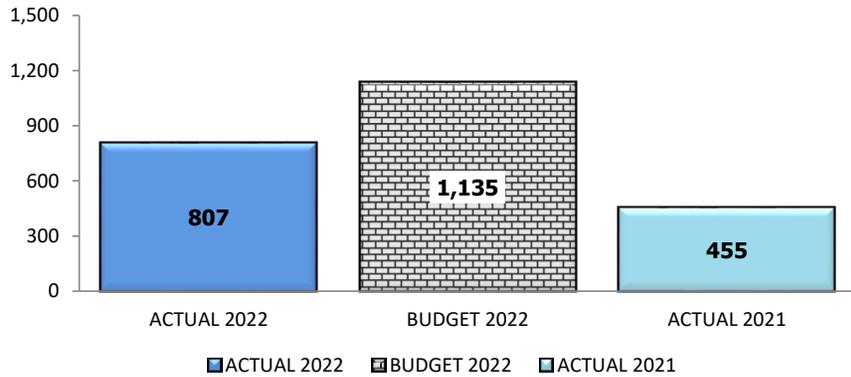
LBJ Surgery Cases - CM

Actual	Budget	Prior Year
608	780	454

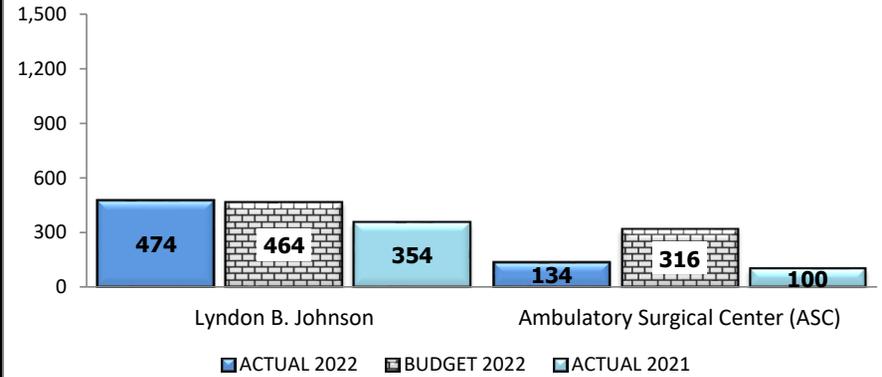
LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
8,162	9,395	6,898

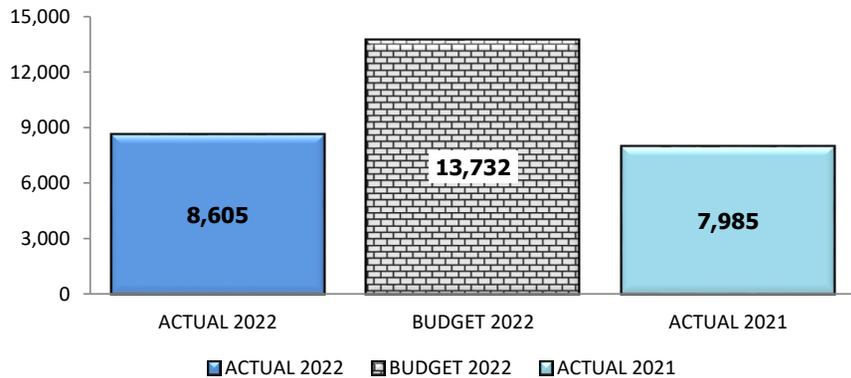
Ben Taub OR Cases - Current Month



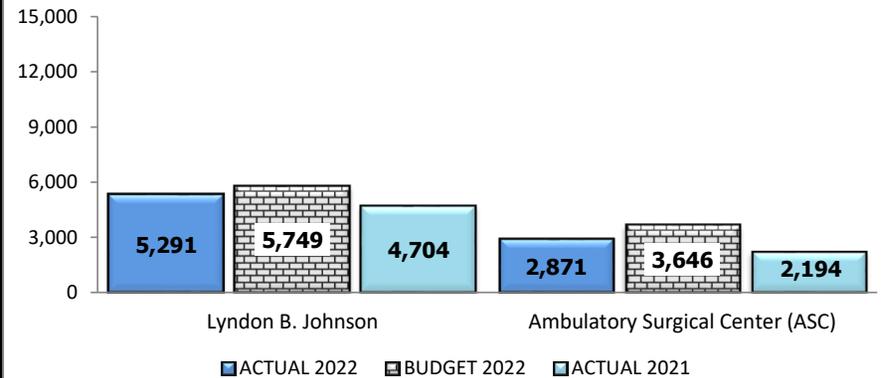
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

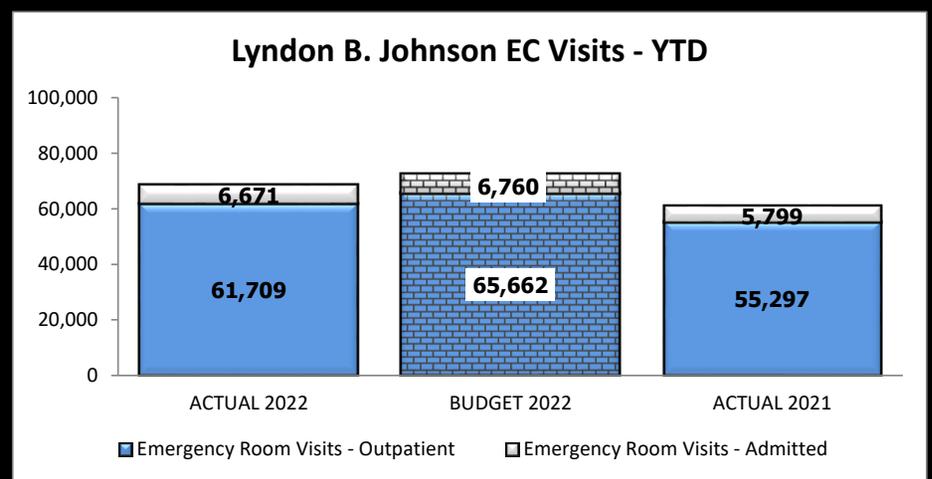
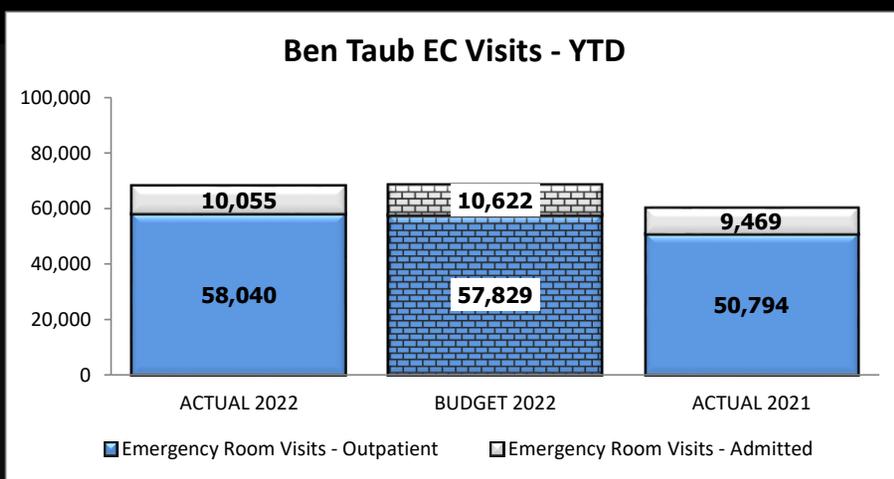
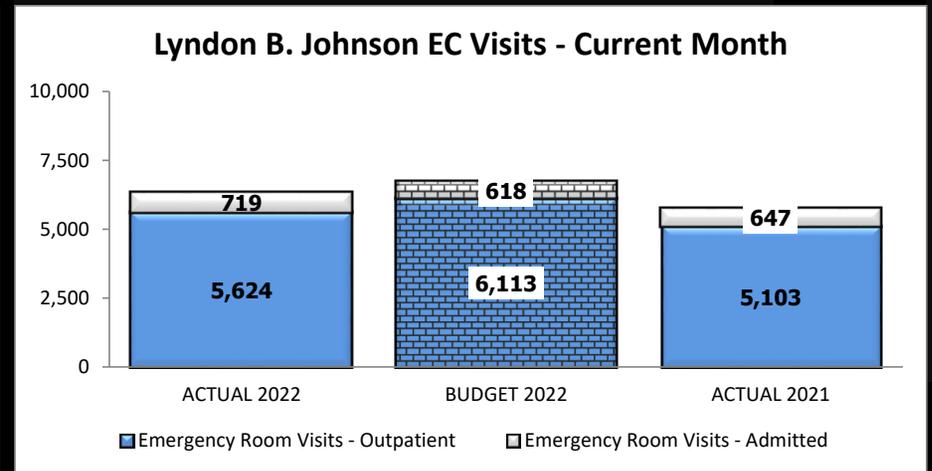
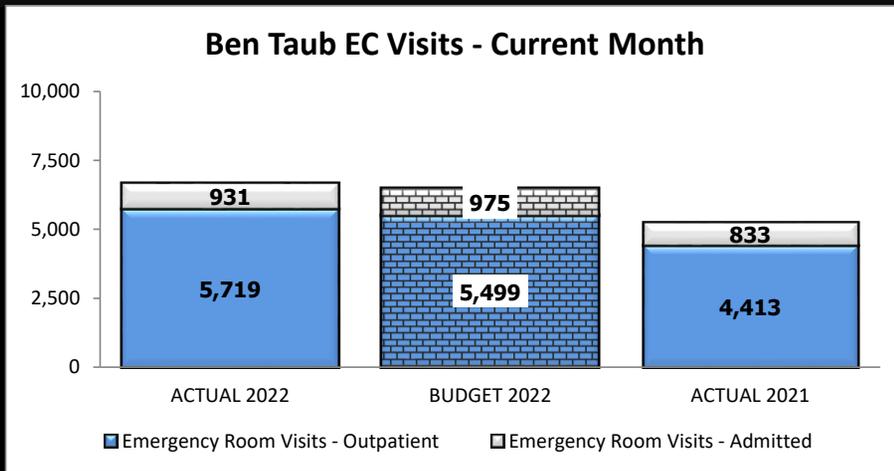


Harris Health System

Statistical Highlights - Emergency Room Visits

January FY 2022

<u>BT Emergency Visits - CM</u>			<u>BT Emergency Visits - YTD</u>			<u>LBJ Emergency Visits - CM</u>			<u>LBJ Emergency Visits - YTD</u>		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
6,650	6,474	5,246	68,095	68,451	60,263	6,343	6,731	5,750	68,380	72,422	61,096



Harris Health System

Statistical Highlights - Births

January FY 2022

BT Births - CM

Actual	Budget	Prior Year
217	326	181

BT Births - YTD

Actual	Budget	Prior Year
2,649	3,506	2,274

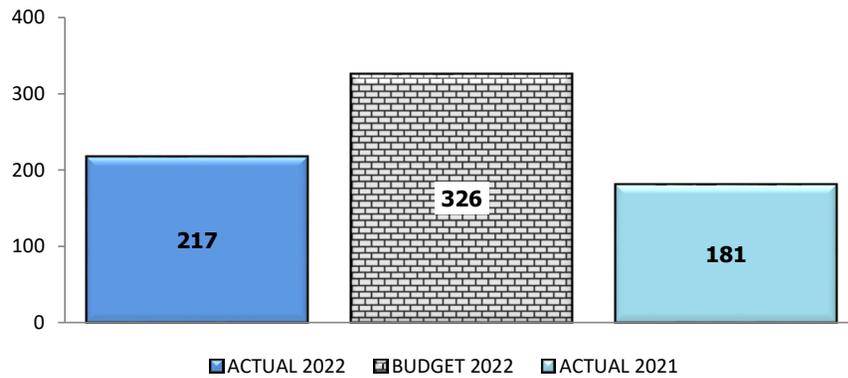
LBJ Births - CM

Actual	Budget	Prior Year
182	117	135

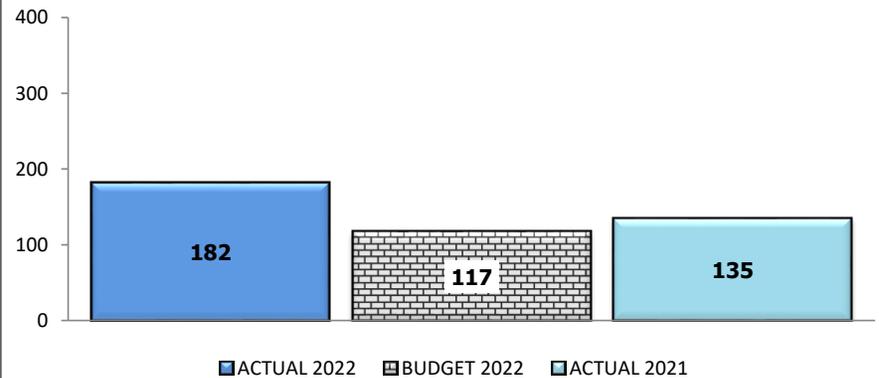
LBJ Births - YTD

Actual	Budget	Prior Year
1,845	1,489	1,647

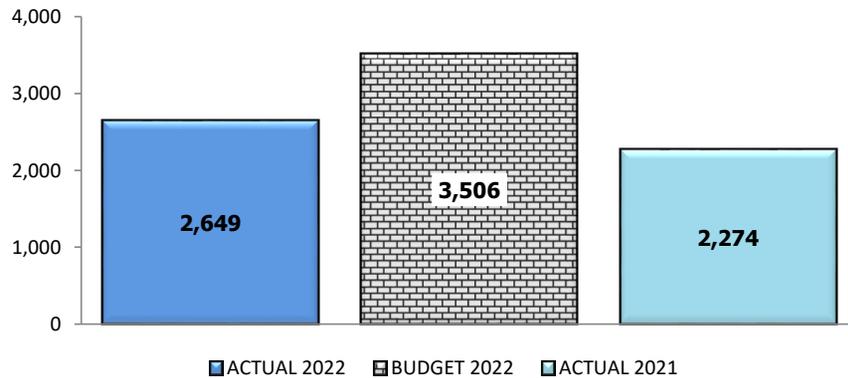
Ben Taub Births - Current Month



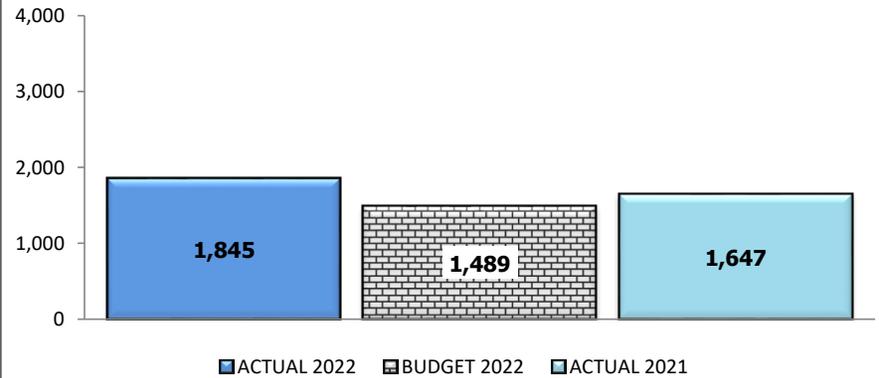
Lyndon B. Johnson Births - Current Month



Ben Taub Births - YTD



Lyndon B. Johnson Births - YTD



Harris Health System

Statistical Highlights - Adjusted Patient Days

January FY 2022

BT Adjusted Patient Days - CM

17,470

BT Adjusted Patient Days - YTD

209,259

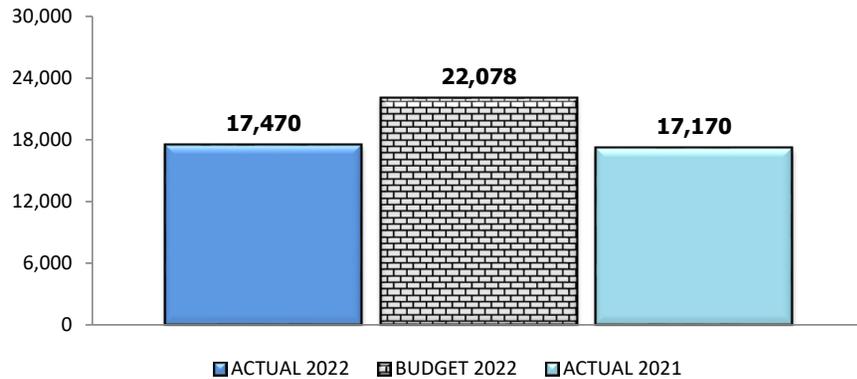
LBJ Adjusted Patient Days - CM

11,939

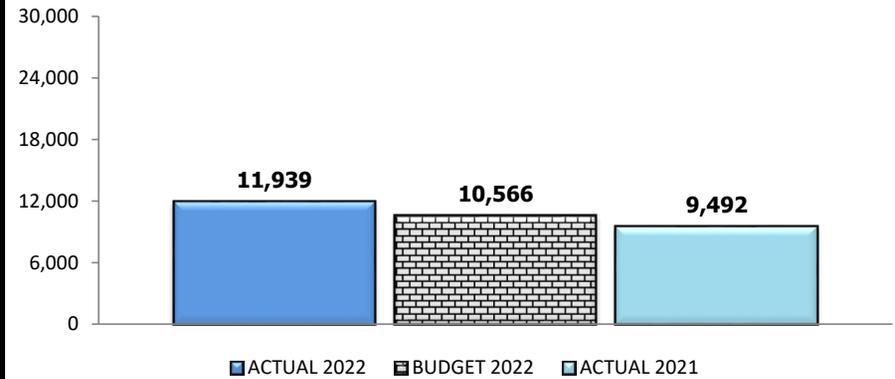
LBJ Adjusted Patient Days - YTD

126,939

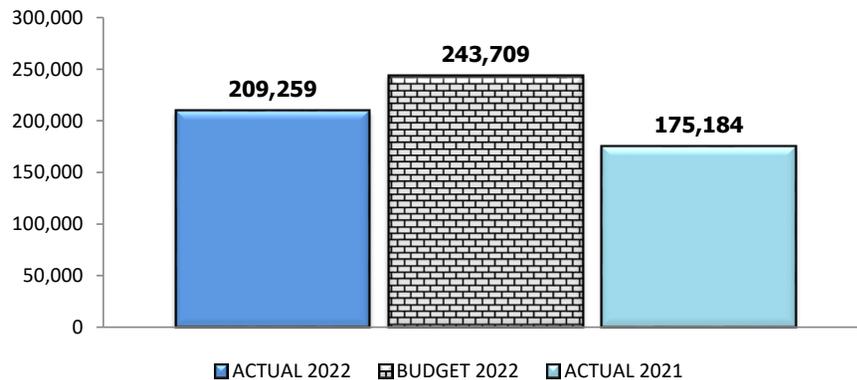
Ben Taub APD - Current Month



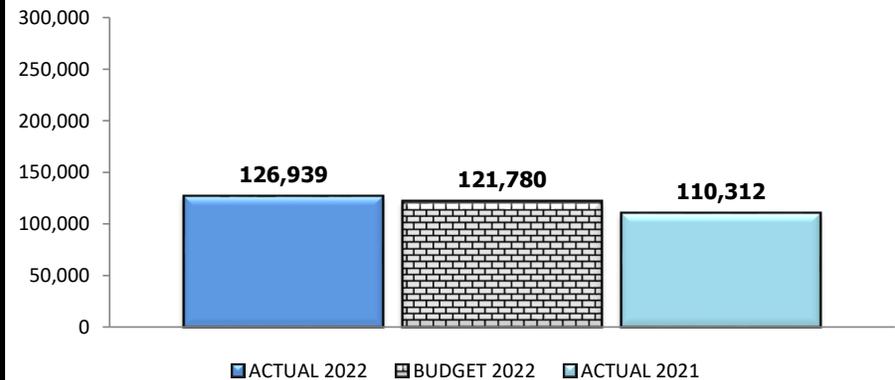
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



Harris Health System

Statistical Highlights - Average Daily Census (ADC)

January FY 2022

BT Average Daily Census - CM

372.3

BT Average Daily Census - YTD

377.1

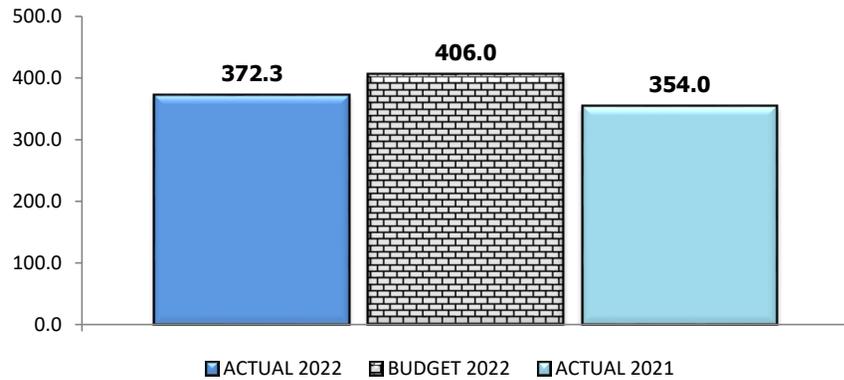
LBJ Average Daily Census - CM

212.1

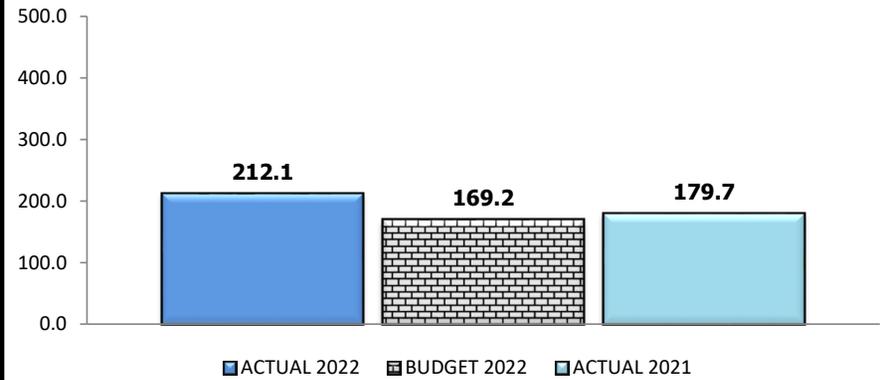
LBJ Average Daily Census - YTD

195.0

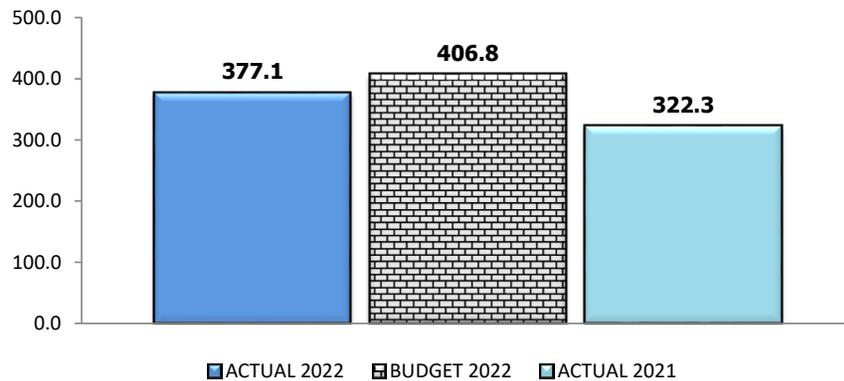
Ben Taub ADC - Current Month



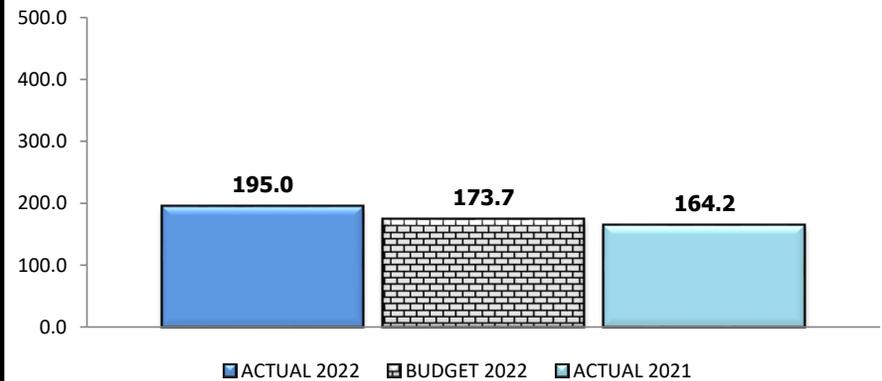
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



Harris Health System

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

January FY 2022

BT Inpatient ALOS - CM

7.39

BT Inpatient ALOS - YTD

6.61

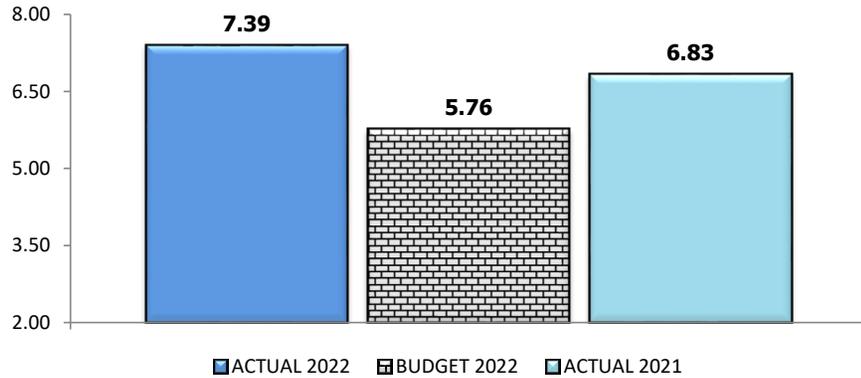
LBJ Inpatient ALOS - CM

5.81

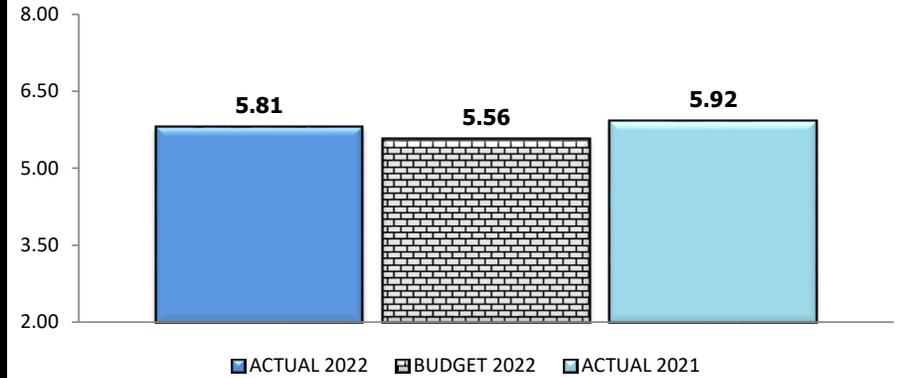
LBJ Inpatient ALOS - YTD

5.46

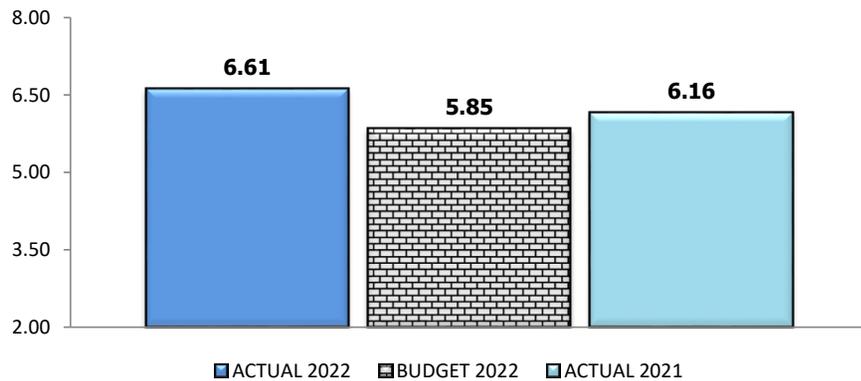
Ben Taub ALOS - Current Month



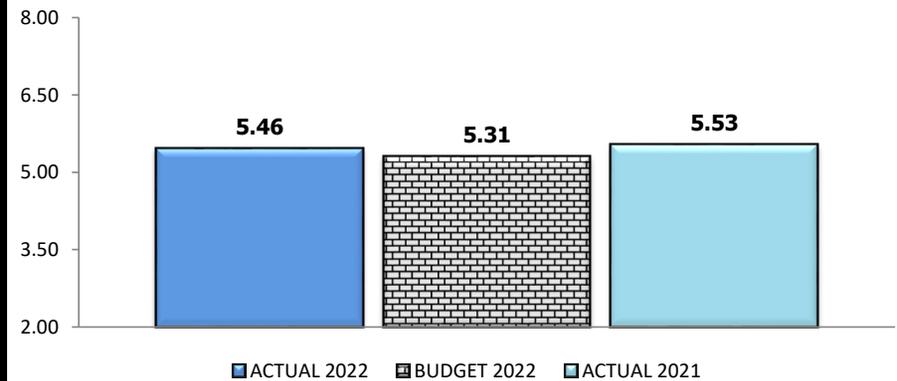
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



Harris Health System

Statistical Highlights - Case Mix Index (CMI)

January FY 2022

BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.971	2.177

BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.842	2.026

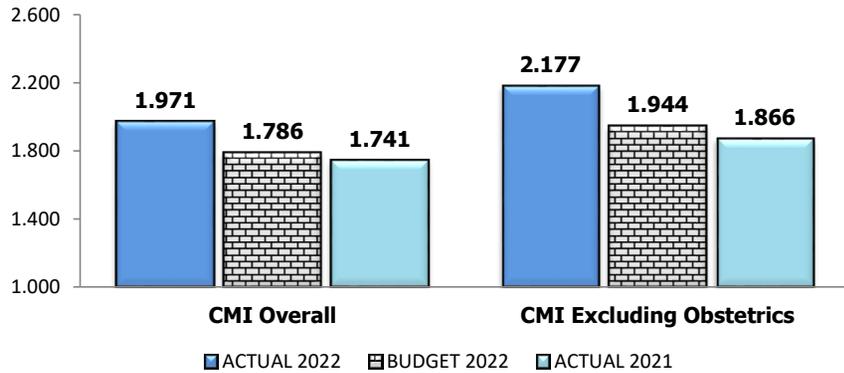
LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.724	1.926

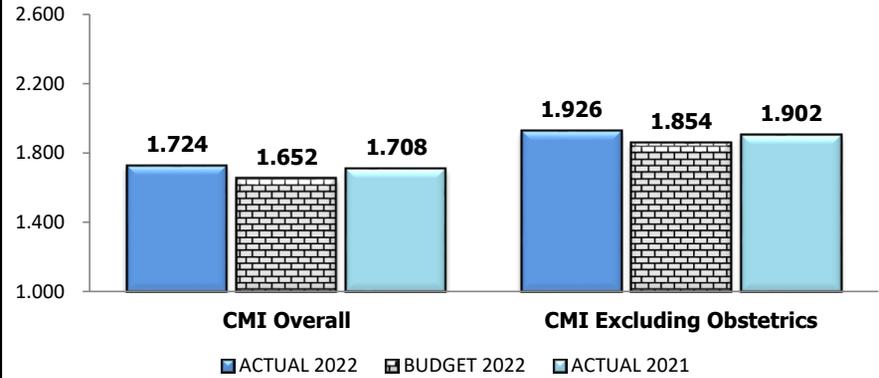
LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.691	1.905

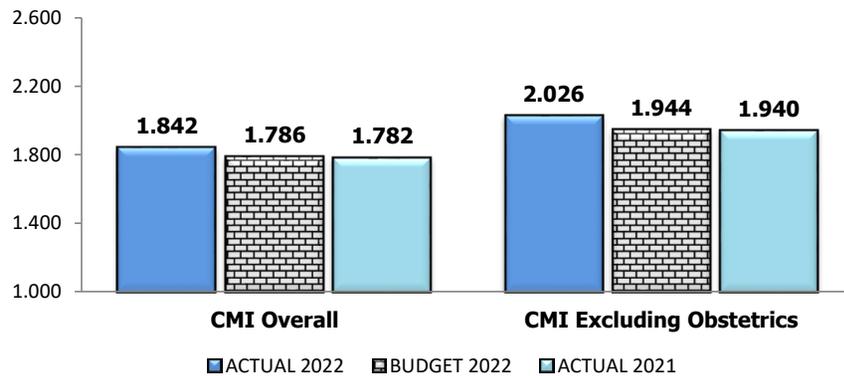
Ben Taub CMI - Current Month



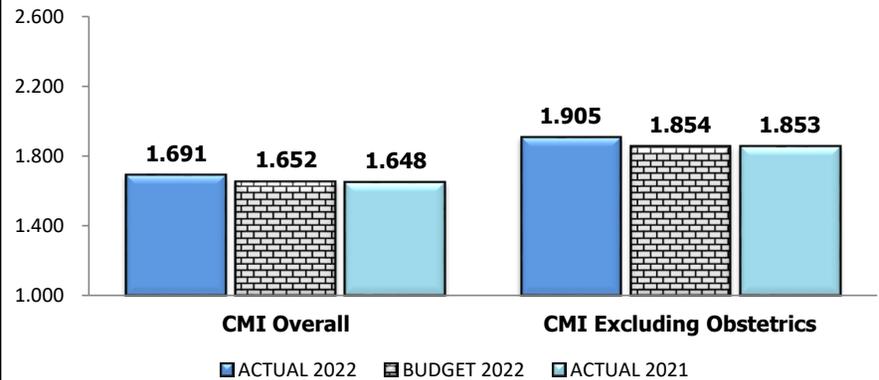
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Thursday, February 24, 2022

Harris Health System Legislative Initiatives

Update, Discussion, and Possible Action Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System.

Board of Trustees Legislative Update February 24, 2022

FEDERAL UPDATE:

Continuing Resolution Update: On February 7 House Appropriations Chair DeLauro introduced a short-term funding bill that would keep the government funded through March 11 ahead of the previous February 18 deadline to avoid a government shutdown. The proposal is bipartisan and bicameral negotiated and will allow for continued negotiations on a final budget resolution for the current federal fiscal year, which are nearing an agreement.

Build Back Better (BBB) Act: Senators Joe Manchin and Kyrsten Sinema continue to oppose moving the measure forward in the upper chamber. Manchin on February 1 announced the BBB as it current stood was “dead.” All parties continue to negotiate a scaled down version with the White House to include investments in child and elder care, universal pre-K and health care, which includes allowing Medicare to negotiate the prices of prescription drugs. The unofficial deadline to pass something substantial is the November mid-term elections which will determine the majority in both the lower and upper chamber. Historically the President’s party loses seats in midterm elections.

Vaccination Mandates: The United States Supreme Court (SCOTUS) heard oral arguments on the Administration’s OSHA and CMS vaccine requirement regulations on January 7. SCOTUS ruled to uphold the health care worker vaccine mandate and struck down all other mandates.

Pandemic Preparedness Bill: The Senate Health, Education, Labor, and Pensions (HELP) Committee released draft legislation to improve the nation’s public health and medical capacity to respond to future pandemics and public health crises. The proposal includes:

- Improve coordination within the federal government for preparedness and readiness activities;
- Investments in public health workforce;
- Bolster the supply chain;
- Enhance data collection ;
- improve drug and medical countermeasures research and development;
- Reauthorizes some trauma grant programs; and
- Authorizes programs to mitigate social determinates of health and reductions in health disparities.

ACA Market Place Enrollment: The number of Texans enrolled in Market Place has grown by 40% since 2021 to more than 1.8 million Texans and 14.5 million nationally. Harris Health has enrolled over 24,000 formally uninsured patients in Market Place under the Harris Health subsidy program.

State Update:

1115 Waiver Update: The Texas Health and Human Services Commission (HHSC) and CMS continue to meet weekly. CMS is examining the use of Local Provider Participation Funds (LPPFs) by non-public hospitals to fund the non-federal portion of the Directed Provider Payments (DPPs) and is insisting that HHSC obtain an attestation regarding no agreements for hold harmless; which HHSC believes is a violation of federal law and refuses to provide.

The delayed approval of these Waiver programs prevents HHSC from providing billions of dollars of payments to hospitals serving low-income populations. If approved by CMS these payments will be made retroactively. The Texas Congressional Delegation is fully engaged and is pressuring the Administration and CMS to expedite approval. The state has filed for judicial relief regarding CMS's lack of good faith negotiations on these programs and to honor the offer it made to Texas over a year ago. That ruling is still pending.

Attached is THA Medicaid Explainer that we are sharing in Austin and Washington, D.C. to educate our delegations on the impact of this impasse. Harris Health has over \$400 million in Medicaid supplemental payments at risk.

Medicaid Re-enrollment: Under the COVID-19 Public Health Emergency Declaration all persons deemed eligible for Medicaid have maintained continuous Medicaid coverage. The impact in Texas is a 27% growth Medicaid enrollment to more than 5 million Texans today. With COVID-19 numbers trending downward and political pressure to end the Public Health Emergency Declarations, HHSC has begun planning for the reenrollment of this population. Programs are being assessed to allow Managed Care Organizations and others to assist HHSC as "Community Assistors" in the re-enrollment process.

88th Legislative Session: The Legislature will convene on January 10, 2023. Interim charges have yet to be released and charges are unlikely to be released until after the March primary date. Interim charges give an indication of the policy priorities that each chamber will consider during session.

Amid an ongoing pandemic and historic workforce challenges, Texas hospitals are facing a crisis as critical funding is being withheld, impacting services, patients and the financial stability of hospitals across the state.

Medicaid pays hospitals far below their cost of care. Since fall 2021, supplemental payment programs that raise Medicaid reimbursement closer to cost either expired or are still awaiting federal approval. **These desperately needed funds have stopped flowing to Texas health care providers as the state and federal authorities remain deadlocked over approval.**

Hospitals are continuing to provide services to Medicaid patients at a deep discount, risking the assumption that programs will receive federal approval. But they cannot do so indefinitely.

Texas' Medicaid 1115 waiver financially enables supplemental payment programs and provides stability to Texas hospitals and the health care safety net. A 10-year extension of the waiver was rescinded in April 2021, and final approval is uncertain.



The continued absence of funding coupled with the lack of clarity regarding the future of these payment programs are creating tremendous financial stress on hospitals at a time when demand for medical care is at its most acute.

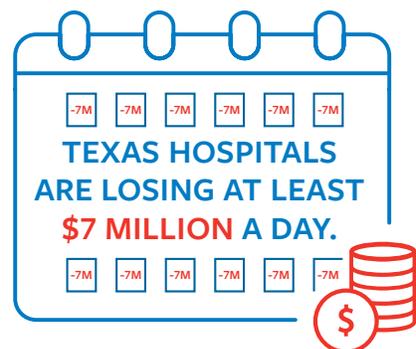
Texas Health Care in Crisis



Medicaid enrollment grew 27% during the pandemic while provider labor costs have roughly doubled, creating unprecedented challenges for hospitals. Without supplemental Medicaid payments, Texans may be left with a broken health care safety net in the middle of a devastating public health emergency.

Loss of supplemental funding would have catastrophic results for health care access in Texas. Consequences could include:

- Widespread hospital closures, particularly in rural areas,
- Decreased essential service lines, including already reduced labor and delivery services and behavioral health,
- Reduced ability for hospitals to weather pandemic-related financial challenges, like labor costs,
- Increased costs passed to insured patients to offset loss,
- Payment deficits offset as higher local taxes and insurance rates.



The 1115 waiver and supplemental Medicaid payments have long enjoyed bipartisan support.



Essential Programs in Limbo

Payments from two longstanding Medicaid programs totaling over **\$5 billion a year** ceased in fall 2021. Texas proposed three directed payment programs to replace them, but those are still awaiting federal approval.

Programs currently on hold:

Comprehensive Hospital Increase Reimbursement Program (CHIRP) = **\$4.72 billion annually**

Texas Incentives for Physicians and Professional Services (TIPPS) = **\$600 million annually**

Rural Access to Primary and Preventative Services (RAPPS) = **\$11.2 million annually**

Crucial funding to the state's safety net has now lapsed, risking access to care for the 5 million Medicaid enrollees in Texas and reducing hospitals' ability to address health disparities among vulnerable populations. With each lost day of implementation, operational complications mount for hospitals, managed care plans and the state. Additionally, if the entire Medicaid 1115 waiver were invalidated, between **\$9 billion-\$9.7 billion in annual payments to hospitals would cease.**

What Hospitals Need

Texas hospitals are seeking immediate approval of these programs, including retroactive payments.

Other funding means must be enacted to ensure the state's hospitals are able to weather the extreme financial challenges they're facing. These additional needs include:

- Reinstatement of the 10-year Medicaid 1115 waiver extension,
- Medicaid expansion to more eligible Texans,
- Hospital reimbursement payments closer to the actual cost of services,
- Federal dollars for extraordinary pandemic staffing costs exacerbated by staffing agencies,
- Funding to address behavioral health needs heightened by the pandemic,
- Programs to address the historic and pervasive nursing shortage.



A Primer on How Hospitals Are Paid

Texas hospitals receive reimbursement for care from patients' private insurance, self-payments, and public sources of coverage such as Medicare for older adults and Medicaid for low-income individuals. However, the actual cost of providing care to publicly insured patients often exceeds the payments hospitals receive. Hospitals are required to provide emergency care for anyone seeking treatment, regardless of their ability to pay.

Hospitals' Medicaid reimbursements vary greatly by facility but are typically well below the cost of care, covering only 65%-70% on average. This underpayment leaves Texas hospitals with a multibillion-dollar Medicaid shortfall. It would currently cost an estimated **\$10 billion** of additional state and federal funds to fully finance hospitals' Medicaid rates.

Texas leads the nation in uninsured residents. Over 5 million Texans have neither private nor public coverage, or roughly 18% of the population. **Texas hospitals regularly absorb the cost of care if uninsured patients cannot self-pay.**

Texas hospitals are forced to rely heavily on supplemental dollars to offset care for the uninsured and underpayment from lower-than-cost Medicaid reimbursements.

Visit www.tha.org/state for additional information |  | 1108 Lavaca, Austin TX, 78701-2180

According to Texas Government Code 305.027, this material may be considered "legislative advertising." Authorization for its publication is made by John Hawkins, Texas Hospital Association. © 2022 Texas Hospital Association. All Rights Reserved.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, February 24, 2022

Update Regarding Population Health



HARRISHEALTH
SYSTEM

Health Equity and Social Determinants of Health

Board of Trustees
February 8, 2022

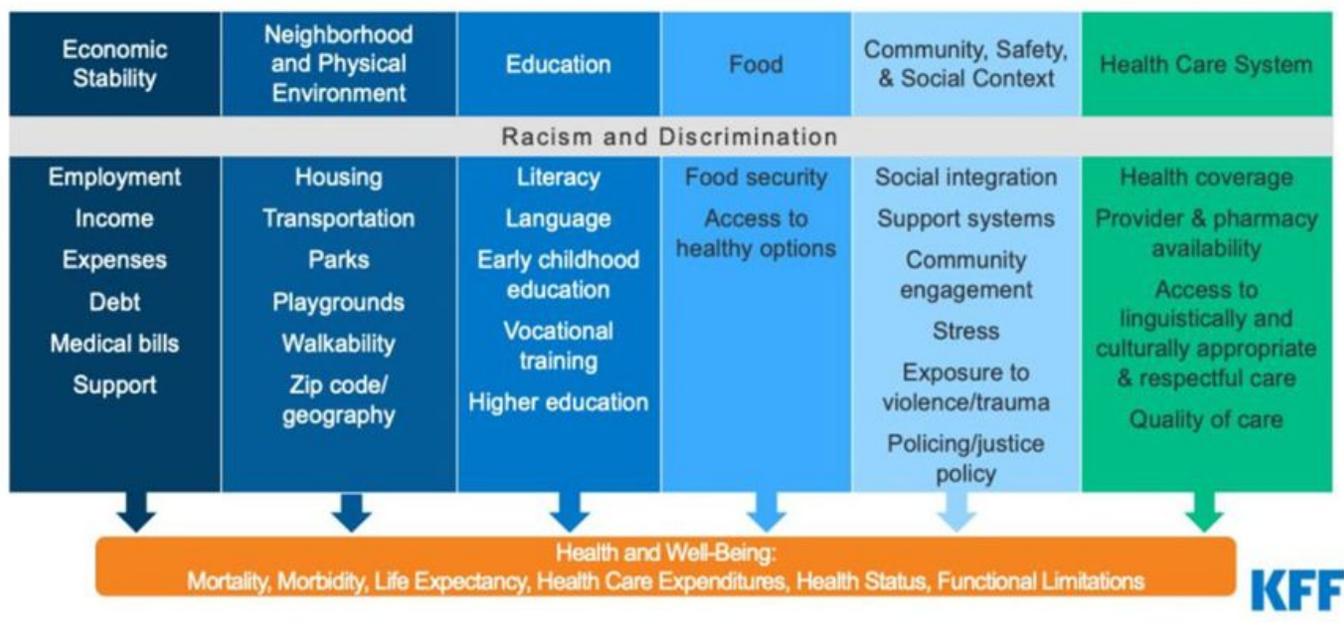
Objectives

- Understanding Health Equity and Social Determinants of Health
- Health Equity as a Strategic Priority
- Measuring and Addressing Health Equity
- Harris Health Food Rx Outcomes and Expansion Plans

Drivers of Health Disparities

Figure 1

Health Disparities are Driven by Social and Economic Inequities

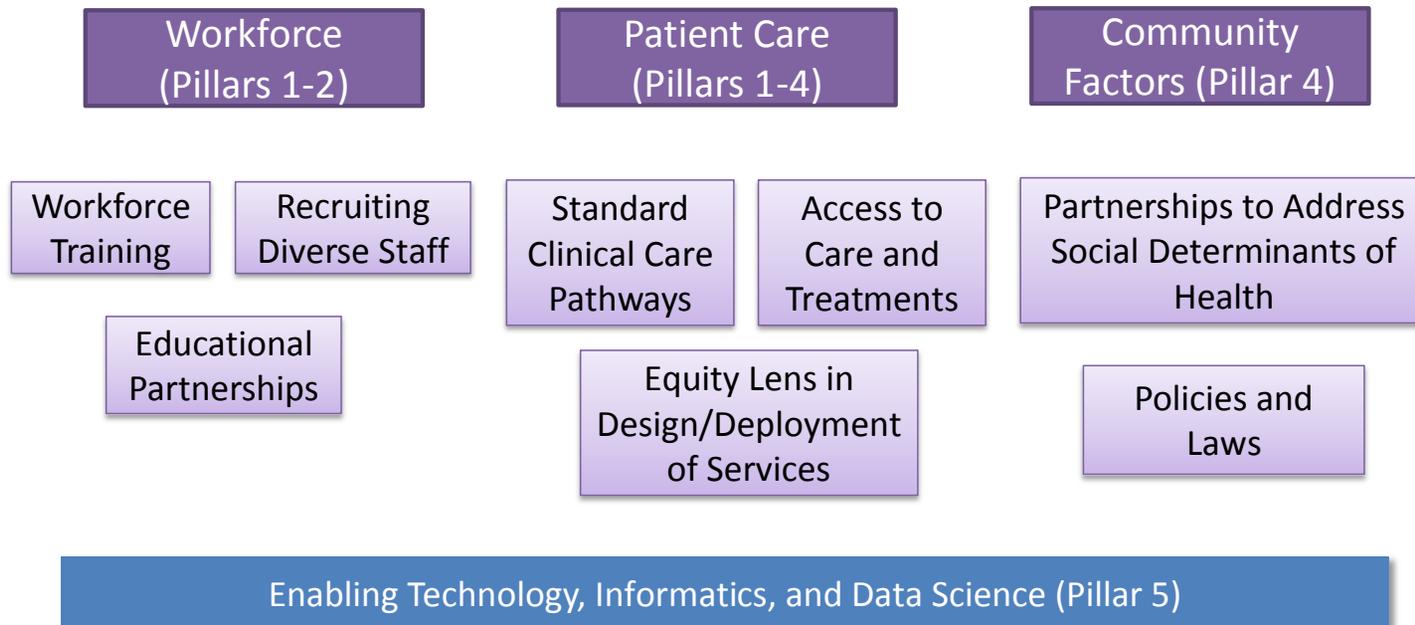


Health Equity Framework for Health Care Organizations

1. Make health equity a strategic priority
2. Develop structure and processes to support health equity work
3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
4. Decrease institutional racism within the organization
5. Develop partnerships with community organizations to improve health and equity

Health Equity in Our Strategic Plan

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



Priority Actions & Initial Focus Areas

Improve REGAL/SDOH Data Collection

R-Race, E-Ethnicity, G-Gender, A-Age, L-Language
SDOH – Social Determinants of Health

Assess Current Disparities

Stratify key process & outcome metrics by REGAL domains at a minimum

	Diabetes	Maternal Health
Process Measures	Eye Exam Foot Exam	Prenatal Visits Hypertension Monitoring Post-Partum Depression Screening
Outcome Measures	A1c Control Avoidable Hospitalizations (e.g., soft tissue infections, lower extremity amputations)	Maternal Mortality Severe Maternal Morbidity (e.g., hysterectomy, massive transfusion, unplanned ICU admit)
Access Measures	Primary Care Utilization Specialty Care Utilization	

Priority Actions

Analyze Impacts & Identify Root Causes

Detect major patterns of disparities in care and investigate high-impact disparities to identify underlying root causes & drivers

Design & Implement Responsive Interventions

Leverage evidence-based learnings to develop and deploy action plans to address the specific drivers & root causes of major disparities

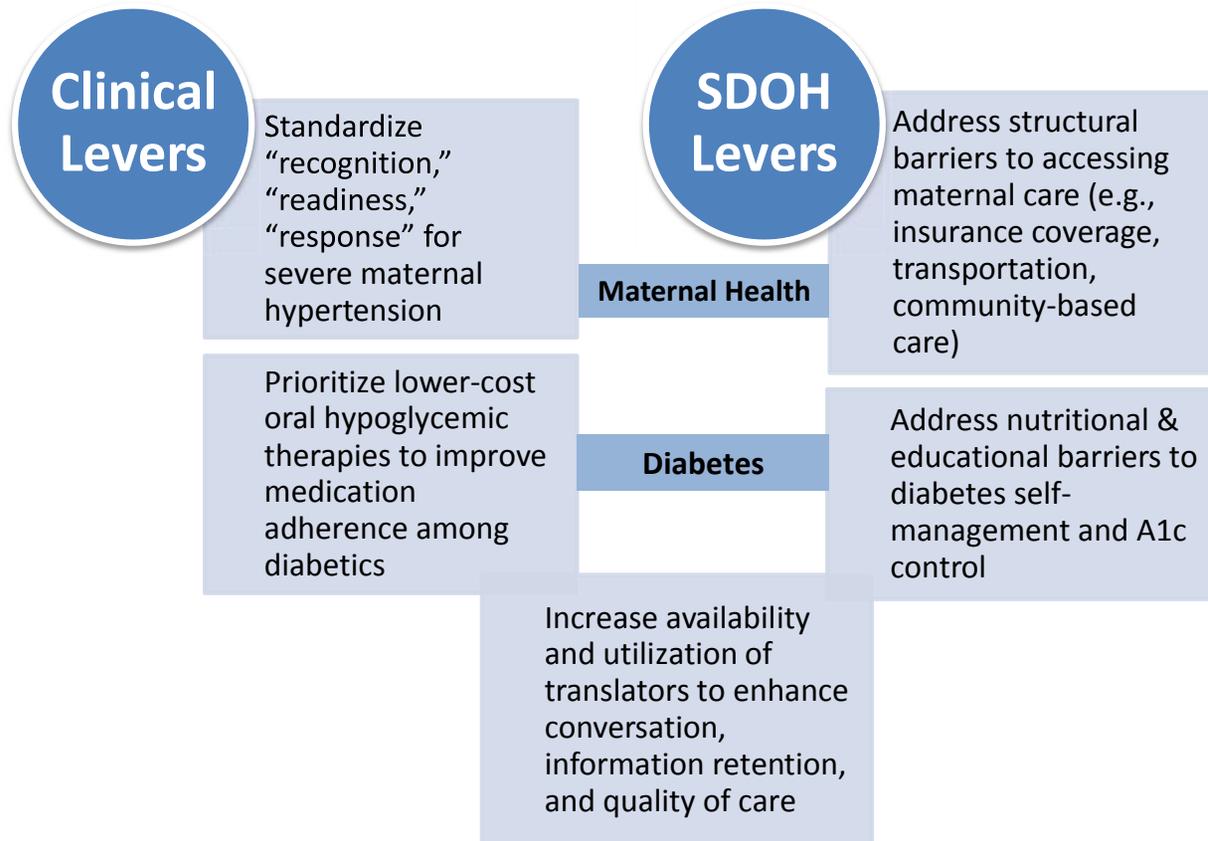
Measure and Monitor Performance

Evaluate the impact of interventions on reducing disparities over time; identify “leading indicator” measures to incorporate into an organizational Health Equity Dashboard that is aligned with our Balanced Scorecard

Train Workforce

Ensure workforce is trained in health equity principles, tools, and effective approaches to address unconscious bias, provide culturally-sensitive care, and detect and address disparities in care delivery and outcomes

Exemplar Responsive Interventions



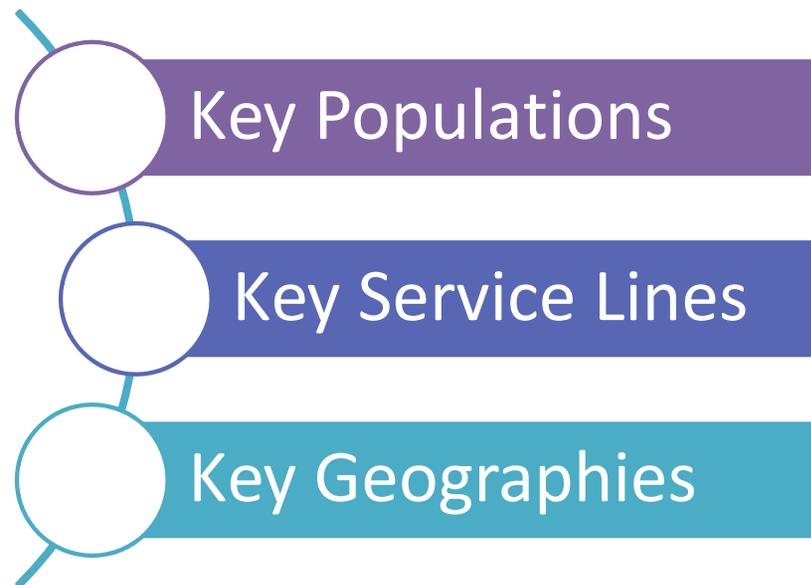
Harris Health Food Rx



Advancing an Integrated Approach to

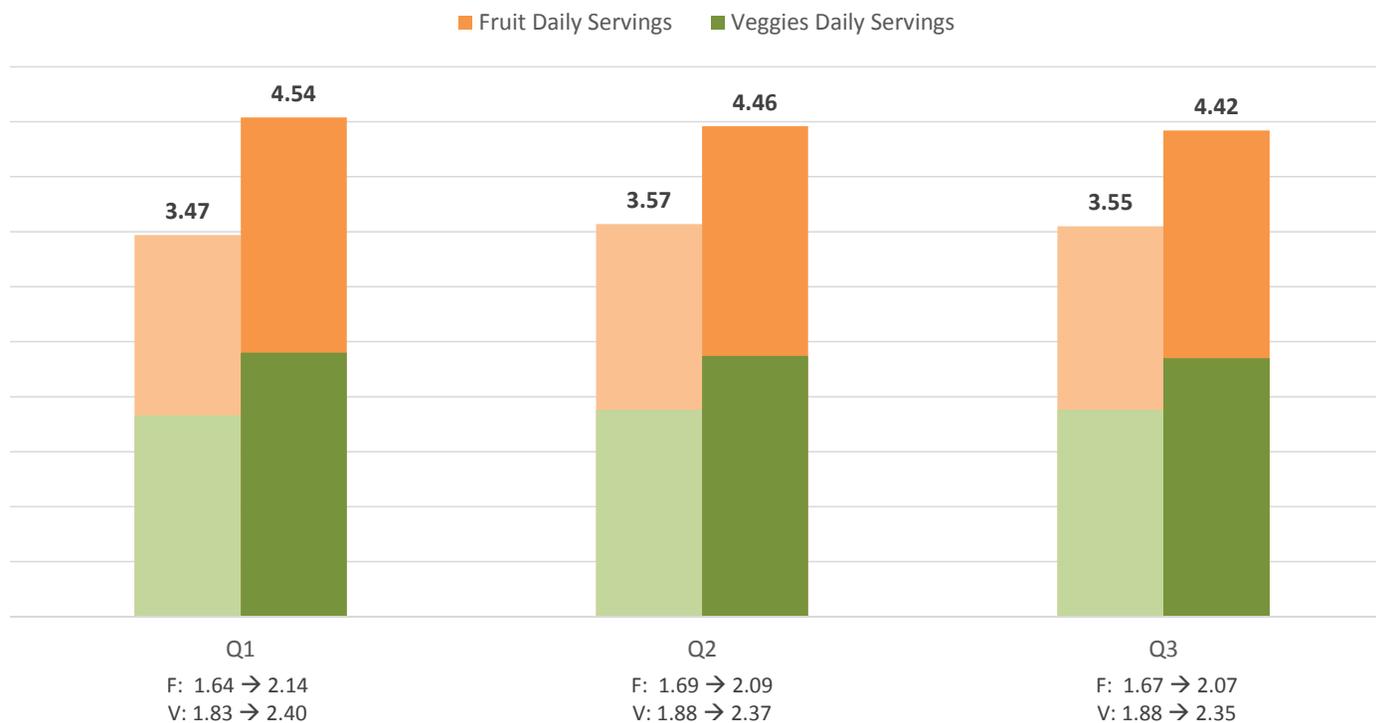
Total Health Coordinated Across Care Settings & Over Time

Embed practices
across:



Food Rx Nutritional Outcomes (ST)

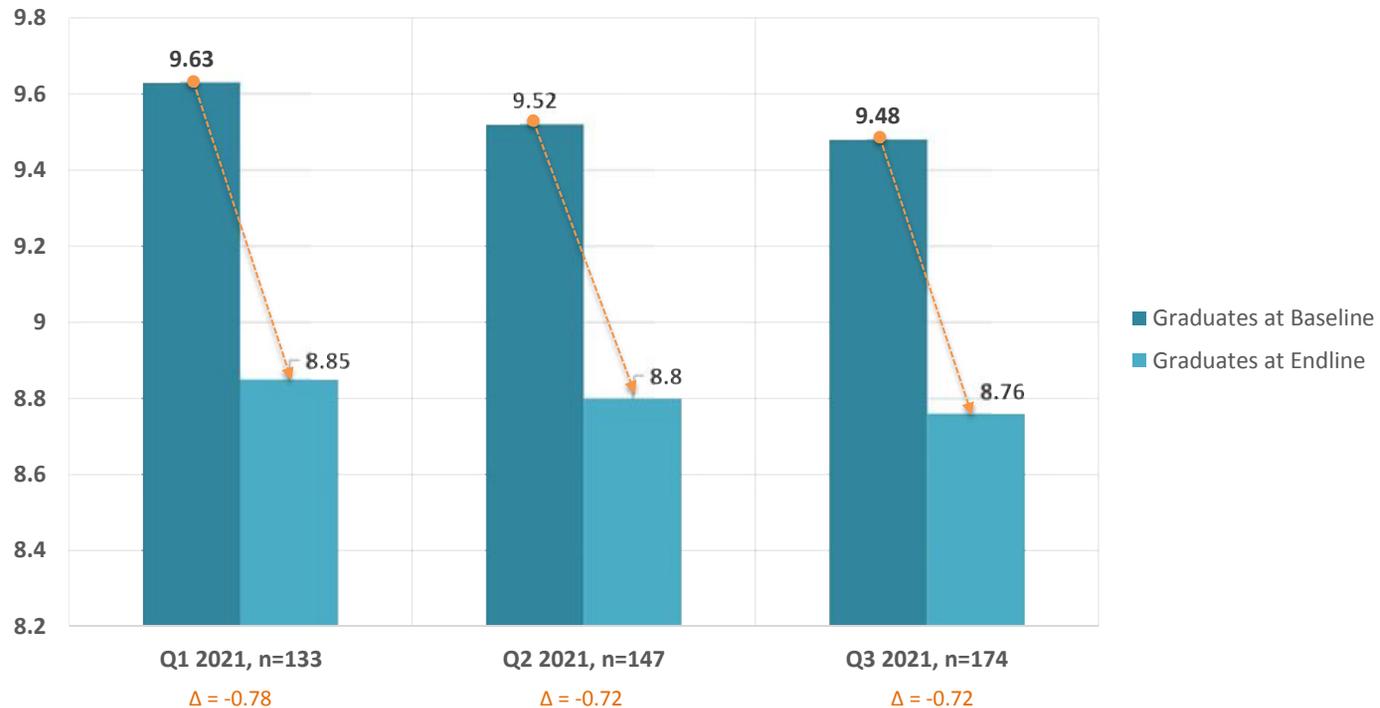
**Change in Fruit and Vegetable Consumption
Baseline to Latest Survey**



Consumption and Nutritional Knowledge data collected between May 28, 2019 – September 30, 2021.

Food Rx Biometric Outcomes (ST)

HbA1c Change for Food Rx Graduates



Biometric Outcomes data collected between May 28, 2019 and September 30, 2021.

Graduates have been in the program for at least 7.5 months, with an average of more than 1 visit per month.

Harris Health Hub Expansion Plans



Food Rx

- In 2022-23, expanding to all Harris Health diabetes patients in need
- Introducing new distribution models to optimize access
- Adapting intervention at 3 pilot sites to expand to patients with chronic kidney disease

Utilities/Housing Rx

- Now providing direct e-linkages to HCCSD from 11 Harris Health clinics for patients with basic housing needs



Be Well Acres Homes Collaborative

- Strengthening culinary medicine, exercise Rx through community-based supports that sustain healthy behaviors

Medical-Legal Partnership

- Providing access to legal services for patients screening positive for health-harming legal needs (Fall 2022)

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, February 24, 2022

Update Regarding Pharmacy



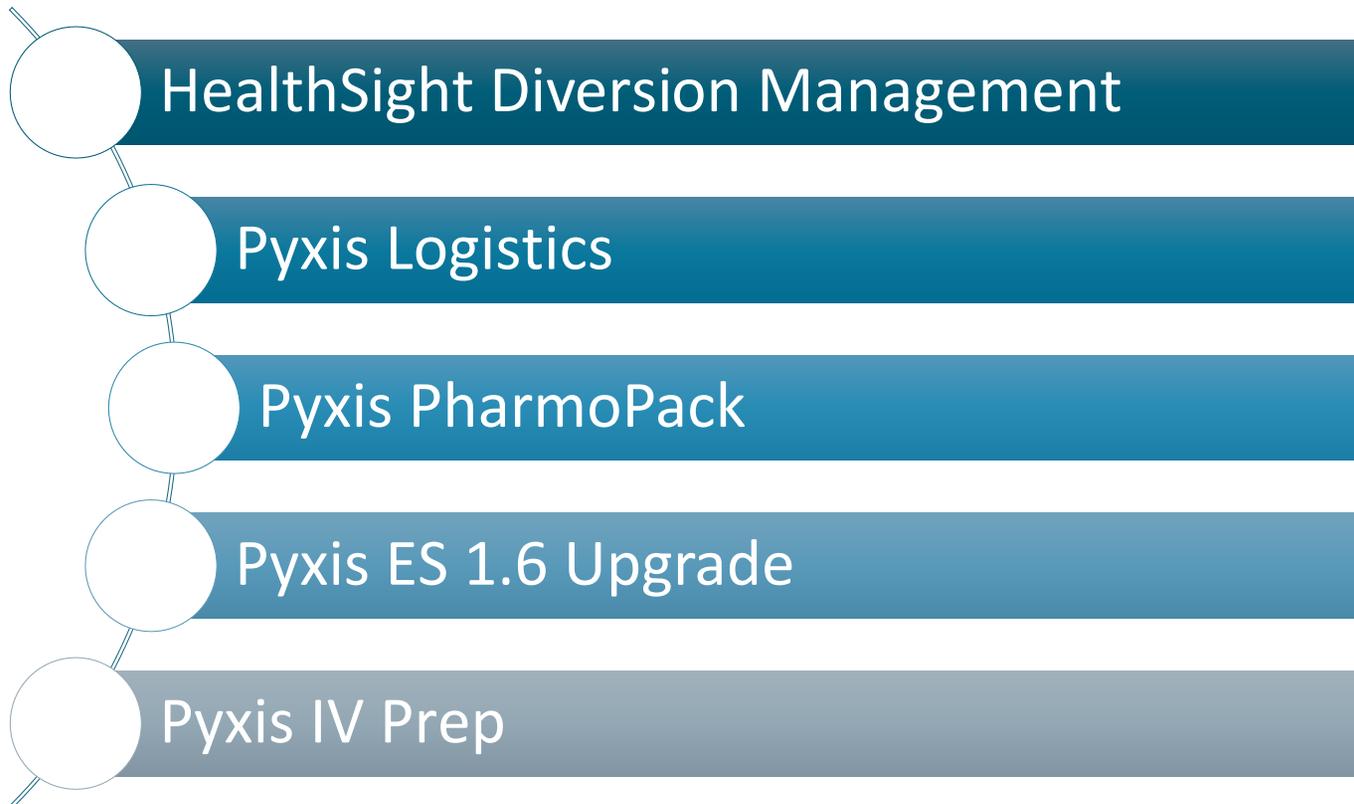
Pharmacy

Michael Nnadi, PharmD, MHS
SVP, Chief Pharmacy & Laboratory Officer

Successes

- Pyxis Upgrade
- Meds-to-Beds – Expanded Hospital-Wide (Ben Taub)
- Expansion of clinical pharmacists in the EC

Pyxis Products



Meds to Beds Digital Communications

MEDS TO BEDS ~On the Way to Better Health

The screenshot shows the Harris Health System website page for 'Meds to Beds'. The page features a navigation bar with 'Home', 'Harris Health System', 'My Worksites', and 'My Page'. A search bar is located in the top right. The main content area includes a 'Quick Launch' sidebar with a list of services, a central banner for 'Meds-to-Beds and Medication Home Delivery Services', and a detailed description of the service. The description states that the service is a new concierge bedside service that delivers discharge prescriptions to patients prior to leaving their hospital room at no additional cost. It lists the following benefits: increased patient compliance and adherence to the new drug regimen, reduction in patient readmissions, and patient convenience. The page also includes contact information for Michael Nnadi, SVP/Chief Pharmacy Officer, and Oge Amaka, Operations Manager-Transitions of Care. There are two video thumbnails for 'Meds-to-Beds Services' in Spanish and English.

Welcome to **INSIDEHARRISHEALTH**

Search this site

Home Harris Health System My Worksites My Page

Quick Launch

- Chief Pharmacy Officer
- Pharmacy CMS Readlines
- Ambulatory Pharmacy Services
- Pharmacy Inpatient - Ben Taub
- Pharmacy Inpatient - Lyndon B. Johnson Hospital
- Pharmacy System Operations
- Pharmacy Clinical Services
- Pharmacy Business Office
- Meds to Beds**
- Pharmacy Practice Advancement Office (PPAO)
- Awards & Recognition
- Pharmacy Events
- Return to Department of Pharmacy
- Site Contents

HARRISHEALTH SYSTEM

Meds-to-Beds and Medication Home Delivery Services

MEDS TO BEDS: ON THE WAY TO BETTER HEALTH

Meds-to-Beds

A new concierge bedside service that delivers discharge prescriptions to patients prior to leaving their hospital room at no additional cost to the patient.

All patients being discharged from Ben Taub and LBJ Hospitals are eligible for this service.

Here is how it works:

- Patient will be visited by Pharmacy Transition Specialists within 24 hours of admission
- Patient will choose to accept or decline participation in Meds-to-Beds
- If patient chooses to participate, the patient can receive bedside delivery for prescribed medications or home medication delivery
- If affordability becomes a barrier, we will work with the patient to provide their medications
- Upon discharge, patients will receive discharge education by a clinical pharmacist transition specialist and 72-hour post-discharge phone call by a clinical pharmacist

Benefits of program:

- Increased patient compliance and adherence to the new drug regimen
- Reduction in patient readmissions
- Patient convenience

Meds to Beds Services (Spanish)

Meds-to-Beds Services (English)

CONTACTS

Michael Nnadi, PharmD, MHS, Sc.D. (hon)
SVP/Chief Pharmacy Officer
713-566-6046

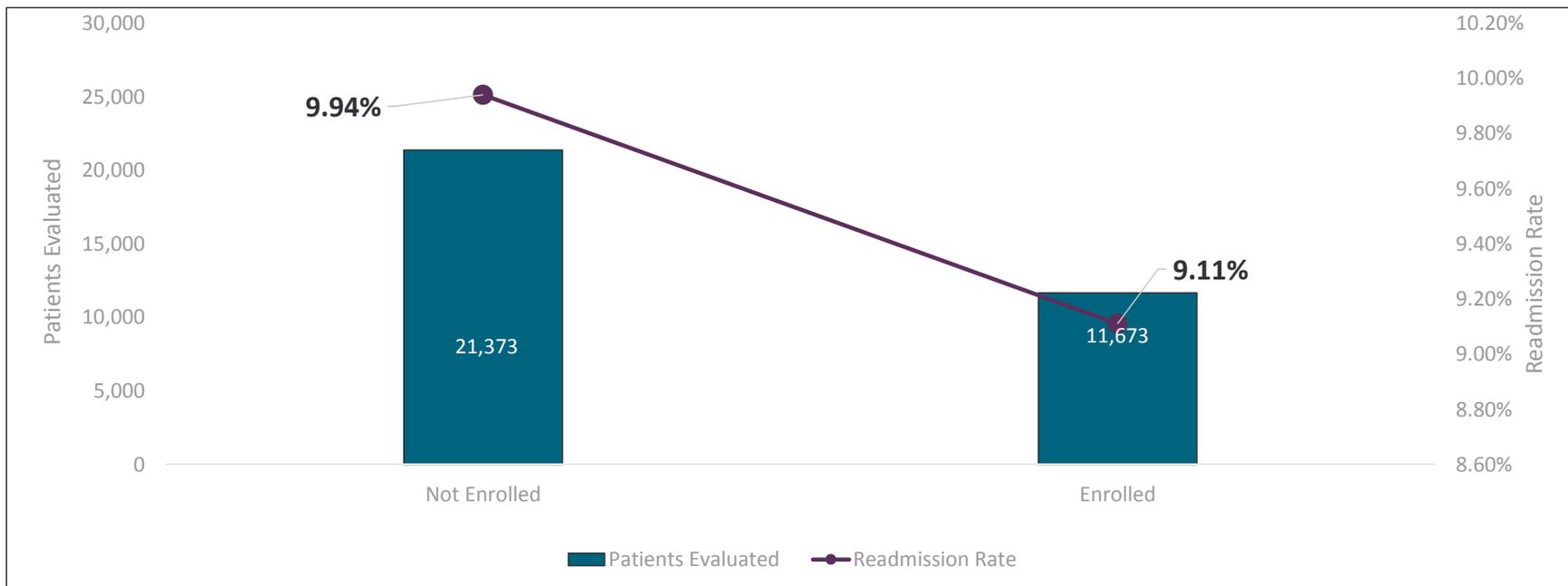
Meds-to-Beds
Oge Amaka, PharmD, MS, BCPS
Operations Manager-Transitions of Care
713-566-3274

LBJ Outpatient Pharmacy
713-566-5136

Integrated Pharmacy Services
Kim-Thoa Le, RPh

30-Day Readmission Rates

System (9/2020 – 12/2021)



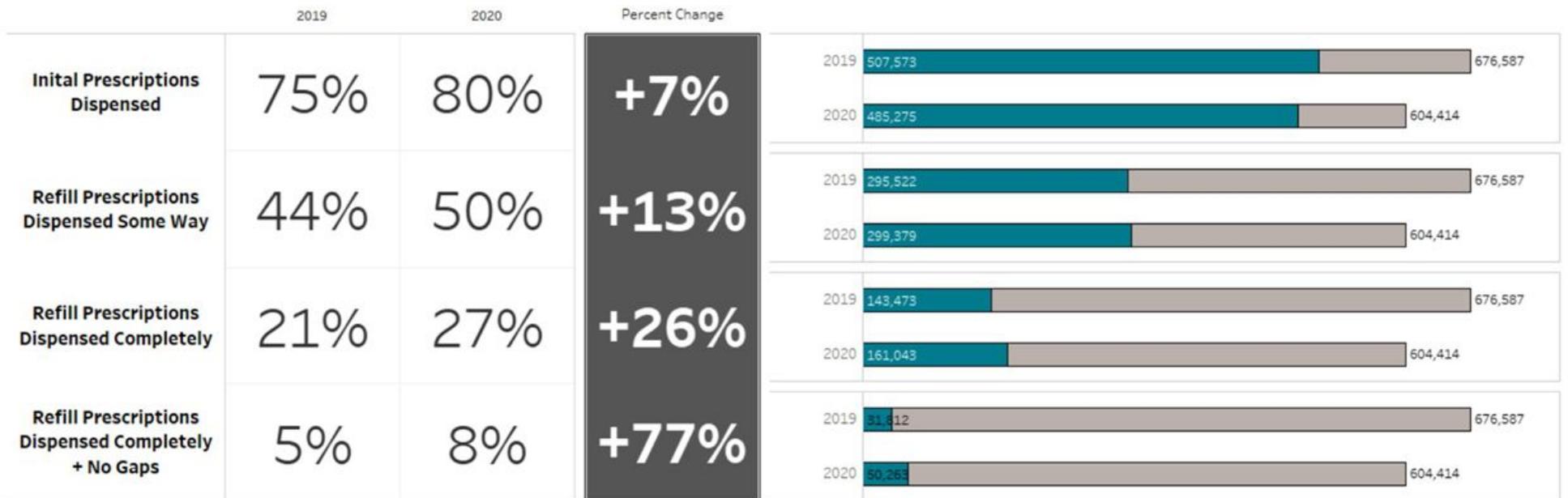
- Patients Enrolled in Meds-to-Beds Program = **8.5% Reduction in Readmission**
- Statistical analysis that controls for patient age and preexisting conditions reveals that the true impact of the Meds-to-Beds program = **9.7% Reduction in Readmission** (see appendix for details)

Medication Adherence Dashboard

Adherence Comparison (Non-PRN Meds w/ Refills)

Data Last Updated: 9/15/2021 4:23:28 PM

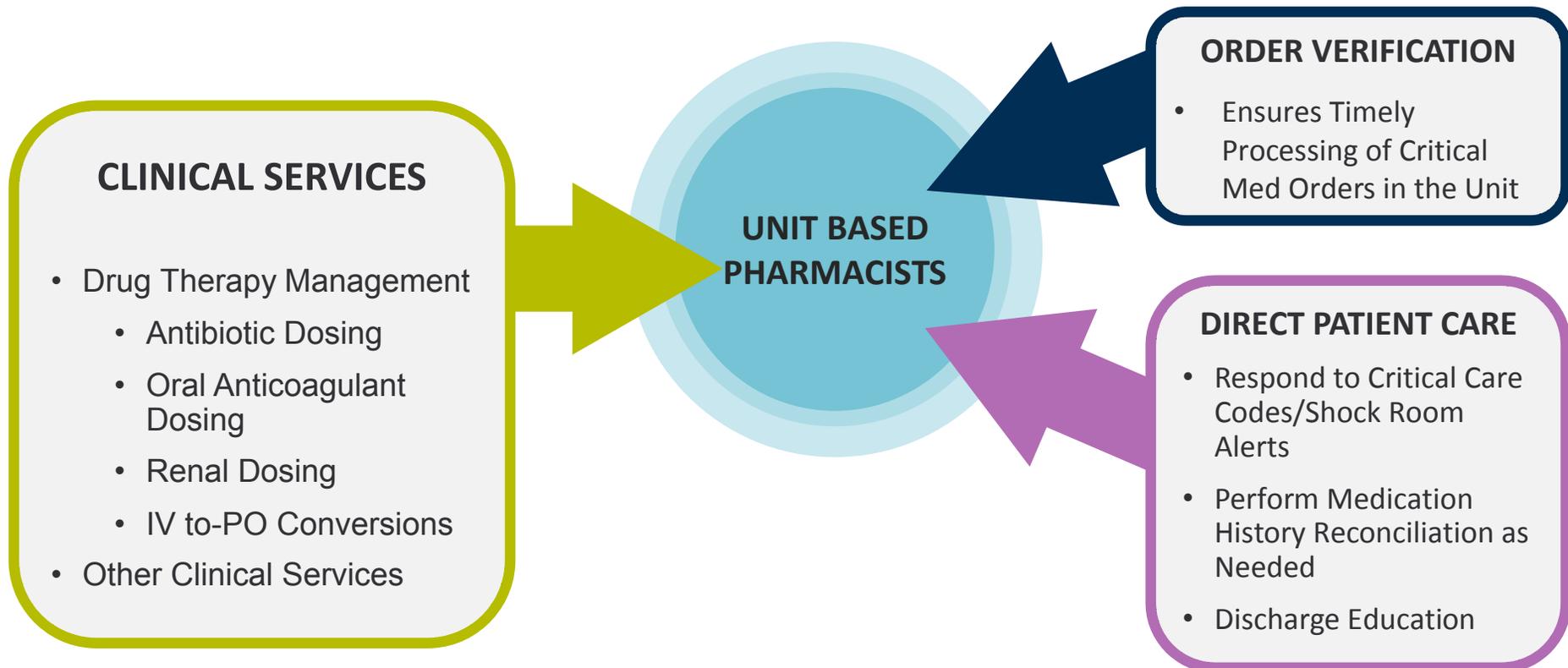
Date Filter: (Multiple values) |
 Drug Class Filter: (All) |
 Drug Name Filter: (Multiple values) |
 Legend: Numerator (teal), Denominator (grey)



Medication Adherence has increased for all 4 metrics from 2019 to 2020

For Internal Use Only—Not For... of Harris Health System. It conta

Emergency Center Clinical Pharmacist Expansion



Challenges

- Controlled Substance Waste Documented Within 30 min Removal
- Alaris Pump Guardrails Compliance
- Alaris Smart Pump- EPIC Integration

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, February 24, 2022

Harris Health System Council-At-Large Meeting Minutes

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>I. Call to Order</p>	<p>Lydia Rogers called the meeting to order at 5:00pm. The meeting was held via WebEx.</p> <p>Nina Jones called the roll of Council At Large members.</p> <p>Council Members in Attendance:</p> <ul style="list-style-type: none"> • Acres Home: Bennie Baker, Rankie Johnson, Sheila Taylor • Baytown: Pamela Breeze, Winston Lewis • Casa: Daniel Bustamante • Gulfgate: Vivian Gonzales, Obdulia Ramirez, Teresa Recio • LBJH: Velma Denby • MLK: Fadine Roquemore • Thomas Street: Josh Mica • Vallbona: Cynthia Goodie <p>Harris Health System: Dr. Esmaeil Porsa, David Attard, Sunny Ogbonnaya, Xylia Rosenzweig, Dr. Matthew Schlueter, Dr. Matasha Russell, Candice Jones, Heena Patel, Lindsey Laytner, Jon Hallaway, Tracey Burdine, Dawn Jenkins, Leslie Gibson, SanJuanita Franco, Dwanika Walker, Kissie Joubert, Louis Smith</p> <p>Board Members in Attendance: Dr. Arthur Bracey, Ms. Alicia Reyes, Professor Marcia Johnson</p>	
<p>II. Approval of Minutes</p>	<p>The minutes for October and November were reviewed and discussed at length.</p>	<p>Motion to approve the minutes with corrections were made.</p>
<p>III. Old Business</p>	<p>Nominating Committee for Election of New Officers for 2022-2023</p> <ul style="list-style-type: none"> • Ms. Roquemore asked, are there any volunteers to serve on the Nominating committee for the election of new officers for 2022-23. Currently, Mr. Bustamante and Ms. Recio are on the committee. It has to be an odd number. Therefore, we will need one more person to volunteer. • Ms. Taylor expressed concerns that maybe no one is volunteering because of the holidays or not speaking up because they do not understand what the responsibilities are of a Nominating Committee. She stated, Mr. Oxley was nominated by someone but he hasn't been spoken to, right? 	<p>Sheila Taylor agreed to serve as the third member. She requested information on committee expectations. She will contact Ms. Roquemore for further instructions.</p>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p><i>Nominating Committee for Election of New Officers for 2022-2023 (continued)</i></p> <p>-Ms. Roquemore responded it is my understanding his schedule will not permit him to be a participant at this time.</p> <p>-Mr. Bustamente explained, the purpose of the nominating committee is to come up with the names of people that were nominated to hold a position and present those names to the Council At Large for approval. The Nominating Committee must first meet and agree to those names that were nominated before the next meeting to elect officers can occur.</p>	
<p>IV. Updates</p>	<ul style="list-style-type: none"> For information purposes only. Ms. Roquemore reiterated on the following from the November minutes; <ul style="list-style-type: none"> -Pharmacy filled a total of 159,161 prescriptions. 128,550 prescriptions were delivered to patients home. -Medication refills can be requested 7 to 10 days before it runs out. It is important that our patients are aware of this process. 	
<p>V. Research/Guest Speaker</p>	<ul style="list-style-type: none"> No Speaker at this time. 	
<p>VI. Community Medicine Report</p>	<p>Dr. Matasha Russell <i>HEDIS Scorecard Data Reporting Period December 2021 (see attached)</i></p> <ul style="list-style-type: none"> HEDIS Measures are broken down into several components. For the month of November out of 15 measures we are only falling out in 4. <i>Note: This is an improvement from October (5 fallouts reported in October).</i> Preventive Care Measures the only fallout is under Colorectal Cancer Screening. <i>Note: We do see a downward trend. However, we believe there may be an IT issue which may be erroneously causing that downward trend.</i> Pediatric and Adolescent-Prevention and Screening Measures we are doing well in all areas of Immunizations. 	<p align="center">  HEDIS Scorecard Data Trend 12-21.pc </p> <p>We are working with IT to solve the problem and make sure the data is accurate.</p>

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>HEDIS Scorecard Data (continued)</p> <ul style="list-style-type: none"> • Comprehensive Adult Diabetes Care for the first time in all measures, we’ve never been at 26.1. This is our best score since we’ve been measuring our HbA1c Poor Control. <i>Note: Kudos to the team and what they are doing to assure our Diabetic patients are taken care of.</i> We are falling out under High Blood Pressure Control. However, you do see that we are trending up. • Controlling High Blood Pressure we are trending up, but still in the red. <p>Primary Care Operations Scorecard (see attached)</p> <ul style="list-style-type: none"> • ■ We are doing well in: MH No Show Rate, Overall No Show Rate, Average Cycle Time, 3rd New Appointment Availability and 3rd Return Appointment Availability • ■ We’re not doing well in: Telemedicine Visits, are not less than 30 days out. They are greater than 30 days out. We will be working to bring that number down. <i>Note: Overall as a system, ACS is doing well.</i> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Casa De Amigos: Mr. Bustamante expressed concerns in Medical Home No Show and Overall No Show Rate at Casa. He asked is there anything that is causing it to stay in the red. Dr. Russell responded at some of our health centers we have vacancies and may have providers out on FMLA. Unfortunately, that can affect our availability rate. With No Show’s most likely a patient is scheduled to see another PCP but only wants to see his or her PCP. Each Triad will look at all measures and come up with their own corrective action plan. Mr. Bustamante as you all have your own reports, I know the Triad does sit down with the Council and go through what their corrective actions plans are for those areas in red. 	<div style="text-align: center;">  Primary Care Operation Scorecard </div>

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Questions/Comments (continued)</p> <ul style="list-style-type: none"> • Thomas Street: Mr. Mica commented I know this has been addressed before. Since Thomas Street is not listed and it is a primary care facility which is where I receive care. Is it possible to add them to the Scorecard? Thomas Street is doing well with our patients and HIV compliance. I feel everyone should see how we are doing. <p>-Ms. Jenkins responded thank you so much Josh. Thomas Street is considered a Specialty. You are right, we are doing some amazing things. I have spoken with our Medical Director Dr. Serpa. He is going to get with the Council so that we can be put on the agenda to report the amazing things that are happening in HIV care.</p> <p>-Dr. Russell thanked Mr. Mica and Ms. Jenkins for mentioning the excellent work that is happening at Thomas Street. She stated, we look forward to Dr. Serpa’s presentation.</p>	
<p>VII. Council Reports:</p>	<p>Acres Home – Bennie Baker</p> <ul style="list-style-type: none"> • Acres Home is doing fine. <p>Aldine – No representative.</p> <p>Baytown – No report.</p> <p>Casa de Amigos – Daniel Bustamante</p> <ul style="list-style-type: none"> • We have not had a meeting since October. We look forward to meeting this month if COVID allows. <p><i>Mr. Roquemore expressed, do be careful with in-person meetings.</i></p> <ul style="list-style-type: none"> • Mr. Bustamante stated any direction we can from Administration about COVID and meetings would be the only reason we would not meet in person. <p>E.A. Squatty Lyons – No representative.</p> <p>El Franco Lee – No representative.</p> <p>Gulfgate – No report.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Report’s (continued)</p> <p>Homeless – No representative.</p> <p>Martin Luther King – Ms. Roquemore</p> <ul style="list-style-type: none"> • My concern has always been patients remembering the time of their appointment and that is what I have been working on lately. • We also wrapped and gave toys (2 each) to the kids in the community for Christmas. <p>Northwest – No representative.</p> <p>Strawberry – No representative.</p> <p>Settegast – No representative.</p> <p>Thomas Street – Josh Mica</p> <ul style="list-style-type: none"> • We did not meet in November or December. Our Thanksgiving meal which served over 200 people was fantastic. We ran out of food so we will plan better for the next event. It was a huge success. Shout out to The Pride Resource Group who came out and volunteered. • 2021 Toy Drive was cancelled due to COVID. • We are planning to do our free Brown Bag lunch event this year. <p>Vallbona – No report.</p> <p>Ben Taub Hospital – No representative.</p> <p>Lyndon B. Johnson Hospital – No report.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Administration</p>	<p>Dr. Esmaeil Porsa, President & CEO</p> <ul style="list-style-type: none"> • COVID numbers have gone up dramatically. About three days ago we hit the highest number of COVID patients across the Harris Health System ever throughout the pandemic. Since then, there has been a small downward trend for the first time in the last four weeks. • ICU’s are not being inundated with COVID patients. We will continue to monitor. • Many of our Nurses are out sick with COVID and on quarantine. Which is why we decided to temporarily close El Franco Lee Health Center and move the staff to assist in the hospitals. There is still a small presence of Family Practice staff in that clinic. • Happy to report with regards to vaccinations. Harris Health System employees are close to 97% vaccinated. <p>Questions/Comments – None.</p> <p>Dr. Matthew Schlueter, CNO of Ambulatory Care Services on behalf of Dr. Jennifer Small, Interim Executive Vice President/Administrator</p> <ul style="list-style-type: none"> • El Franco Lee closed earlier in the month and about 50 of our Nursing staff and support staff were sent to the hospitals. The staff are doing well at the hospitals. The system has been very generous with the staff in terms of pay and scheduling. We do feel it may be awhile before El Franco Lee opens back up because the hospital system needs the support. We will continue to evaluate. • The rest of Ambulatory Care is continuing to support the community with the Flu vaccination program as well as the COVID vaccines for our patients. We encourage everyone to stay vaccinated for the season. • We continue to work on retention of staff in the system to fulfill our vacancies. As you may have seen in the news, this is a big problem in the healthcare system worldwide. <p>Questions/Comments – None.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Sunny Ogbonnaya, Pharmacy Administrator Director</p> <ul style="list-style-type: none"> The month of December pharmacy filled 176,102 prescriptions. Of that, 77% (4,030 prescriptions) were home deliveries. <i>We encourage our patients to please take advantage of our prescription home delivery service for the value of convenience and continuity of care.</i> We received and processed 39,591 prescription refill request from MyHealth. This number represents 58% of all refill request for the month of December. <p>Questions/Comments – None.</p> <p>David Attard, Associate Administrator, Engineering Administration</p> <ul style="list-style-type: none"> Quentin Mease is still on schedule for major construction completion around this time next year with full occupancy expected in midsummer of 2023. Casa De Amigos construction time was reduced from 28 to 21 months. Through work with Rogers O’Brien Construction Company, we were able to go through the design planning and reduce the phases. So great news for the Casa cohort. Expansion of Mammography is still moving forward. At Acres and Baytown clinics we are waiting on permits from the various municipal entities for those locations, so we can go ahead and get the bidding completed for those projects. Redesign of the HVAC system include the modem to correct humidity and temperature imbalances within the clinic is moving forward and should be complete prior to the summer. <p>Questions/Comments – None.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
January 10, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Jon Hallaway, Administrator Director, DPS</p> <ul style="list-style-type: none"> • Security continues the effort to assist with the screening programs at all clinics. • Incidents are down because the system volumes are down. We continue to have concerns with the Catalytic Converter thefts as mentioned in the past. • Acres Home burglary; the person went through the side door snuck and skirted around some alarm points. We did do upgrades of that unit to try and safeguard anything from happening again in that matter. • We continue to work with the planning department and the various projects to enhance security across the system. <p>Questions/Comments – None.</p> <p>Omar Reid, Senior Vice President, Human Resources</p> <ul style="list-style-type: none"> • Not available to give report. 	
IX. New Business	No new information presented at this time.	
X. Adjournment	Mrs. Roquemore thanked everyone for attending and adjourned the meeting at 6:10pm	Next Meeting: February 14, 2022

Thursday, February 24, 2022

Consideration of Approval of Standing 2022 Committees, Appointment of
Committee Members, and Approval of the 2022 Committee Charters

Harris Health System Board of Trustees Budget and Finance Committee Charter

The Budget and Finance Committee (“Committee”) shall comprise at least three (3) voting members appointed by the Chair of the Board of Trustees (“Board”), one of whom shall be designated by the Board Chair as Chair of the Committee. The Chair of the Board shall be an ex-officio, non-voting member of the Committee. The Committee shall meet no less than ~~four~~ ~~ten~~ times per calendar year to discuss financial matters relating to the strategic plan, mission, and financial health of Harris Health System (“Harris Health”). The meetings of the Committee are open to the public and shall be conducted in accordance with the Texas Open Meetings Act. The Committee may, when necessary, meet in closed executive session as allowed by the Texas Open Meetings Act. The agendas, minutes and materials submitted to the Committee are public information to the extent provided in the Texas Public Information Act.

The Committee shall:

- a. Develop a list of key fiscal performance indicators for Board review and possible approval;
- b. Review quarterly financial statements;
- c. Consider and recommend the Board’s acceptance of the Harris Health System Financial Report Subject to Audit;
- d. Recommend Budget and Finance related items for consideration as Consent Agenda items at meetings of the Harris Health Board of Trustees
- a.e. Review ~~financial statements~~, pension plan reports, ~~quarterly investment reports~~ ~~and~~ and other statements or reports related to the overall financial status ~~performance~~ of Harris Health;
- b.f. Assess financial and investment related policies requiring Board action and ~~r~~Review and recommend to the Board, ~~for~~ adoption of applicable financial and investment policies;
- g. Review and recommend ~~approval of~~ financial strategies and transactions, including purchases and debt issuances requiring Board approval, that supplement or fulfill the strategic plan of Harris Health;

- ~~d~~.h. Consider and recommend the adoption of (1) a mandatory payment rate for the health care provider participation program (“the Program”); (2) rules pertaining to the Program’s administration;
- e.i. Review and recommend the Board’s adoption of an annual Budget;
- ~~f~~.j. Review and recommend the Board’s approval of the selection of depositories;
- ~~(11)~~k. Review and recommend purchase of insurance coverage as necessary to protect the assets and reduce the liability of Harris Health;
- ~~a~~.l. Review and recommend bank signatories for Board approval;
- ~~b~~.m. Consider any other matters consistent with this Charter, the Bylaws of the Board of Trustees, Harris Health Policies and Procedures and applicable laws as the CFO, Committee Chair or Board Chair deems necessary or appropriate.

Harris Health System Board of Trustees Compliance and Audit Committee Charter

The Compliance and Audit Committee (“Committee”) of Harris Health System’s (“Harris Health”) Board of Trustees (“Board”) shall comprise at least three (3) voting members appointed by the Chair of the Board, one of whom shall be designated by the Board Chair as Chair of the Committee, and the County Auditor or his/her designee shall be an ex-officio, non-voting member as it pertains to the internal audit function. The Chair of the Board shall be an ex-officio, non-voting member of the Committee. The Committee shall meet no less than four (4) times per year. every other month. The meetings of the Committee are open to the public and shall be conducted in accordance with the Texas Open Meetings Act. The Committee may, when necessary, meet in closed executive session as allowed by the Texas Open Meetings Act. The agendas, minutes and materials submitted to the Committee are public information to the extent provided in the Texas Public Information Act.

The primary responsibility of the Committee is to oversee Harris Health’s Corporate Compliance, internal audit, and external audit functions on behalf of the Board. The Committee recognizes the Harris County Auditor Office’s authority and responsibilities to provide Harris Health with audit services, an audit plan, and to report to the Committee and Board in accordance with the previously executed memorandum of understanding.

The Committee shall perform the following:

Compliance Related Duties:

1. Annually review the overall effectiveness of the Harris Health Compliance Program based on the U.S. Federal Sentencing Guidelines, Office of Inspector General U.S Department of Health and Human Services guidance, and other applicable guidance;
2. Review and recommend for adoption to the Board, the annual Compliance Program Risk Assessment and Compliance Auditing and Monitoring Plan to ensure that Harris Health is focused on mitigating the greatest compliance risks;
3. Review certain Harris Health Policies and Procedures and recommend to the Board for approval.
4. Provide an open venue for communication among the Executive Vice President, Chief Compliance and Risk Officer (CCRO) Chief Compliance and Risk Officer (CCO), and the Board including receiving regular updates from the CCRO regarding compliance matters

and activities, including periodic reports from the CCRO regarding compliance with Medicare, Medicaid, HIPAA, and other Federal and State health care program requirements and a status of fraud and abuse investigations.

5. Perform any other activities consistent with this Charter, the Bylaws, Harris Health Policies and Procedures, and applicable laws as the CCRO, Committee Chair or Board Chair deems necessary or appropriate.

Audit Related Duties:

1. Oversight and direction of Harris Health’s internal audit function as performed by the Harris County Auditor’s Office to ensure alignment of activities with areas of high risk and/or areas with potential for adding organizational value including:
 - a. Annually review and recommend approval of internal audit charter;
 - b. Annually review the proposed internal audit plan for Harris Health for the coming year and the coordination of such plan with the independent external audit, compliance and risk management functions;
 - c. Periodically review status of the audit plan;
 - d. Meet with and receive reports of the internal auditors; review relevant findings and recommendations;
 - e. Provide sufficient opportunity for the internal auditors to meet with members of the Committee and the Board.
2. Oversight and direction of Harris Health’s external audit function including:
 - a. Oversee selection of external auditors and recommend appointment of such auditors;
 - b. Review reports of any external audit firms contracted to perform financial, reporting, accounting, or internal audit activities;

Review the effectiveness of financial internal controls.

Harris Health System Board of Trustees Joint Conference Committee Charter

The Joint Conference Committee shall comprise up to eleven (11) voting members including members of the Board of Trustees (“Board”), the Medical Staff, the Chair of the Medical Executive Board (“MEB”), the CEO and such other members of Harris Health Administration ~~administrators~~ as appointed by the Board Chair and approved by the Board. The Chair of the Board shall be an ex-officio, non-voting member of the Committee. The Board Chair shall designate the Committee Chair.

The purpose of the Committee is to serve as a liaison between the Medical Staff and ; Health System (“Harris Health”), to ensure the delivery of high-quality health services.

The Committee shall meet at least five (5) times per year. ~~every other month.~~ The meetings of the Joint Conference Committee are not required to follow the Texas Open Meetings Act, unless the number of Health Board members participating in the meeting with the Texas Open Meeting Act. ~~The meetings of the Committee are open to the public and shall be conducted in accordance with the Texas Open Meetings Act. The Committee may, when necessary, meet in closed executive session as allowed by the Texas Open Meetings Act. The agendas, minutes and materials submitted to the Committee are public information to the extent provided in the Texas Public Information Act.~~

The Committee shall:

- a. Serve as the venue for continuing discussion regarding the relationship between Harris Health and the Medical Staff;
- b. Discuss Medical Staff ~~engagement~~ ~~satisfaction~~ and make recommendations to the Board, as appropriate, regarding same;
- c. Review and make recommendations to the Board regarding changes to the Medical Staff Bylaws and Rules and Regulations.

The Committee Chair or the Board Chair may identify additional topics for discussion as issues arise and assign them to the Committee for discussion and consideration.

Harris Health Board of Trustees Quality Committee Charter

The Quality Committee (“Committee”) shall comprise at least ~~five~~ three (35) voting members appointed by the Chair of the Board of Trustees (“Board”), one of whom shall be designated by the Board Chair as Chair of the Committee. The Chair of the Board shall be an ex-officio non-voting ~~voting~~ member of the Committee. The Committee shall oversee the quality, safety and performance improvement programs of Harris Health System (“Harris Health”), with the goal of recognizing the critical importance of maintaining high quality service and patient and staff safety and satisfaction within Harris Health. The Committee shall meet a minimum of ten (10) times per year unless the Committee determines that a lesser number of meetings is sufficient. The meetings of the Committee are open to the public and shall be conducted in accordance with the Texas Open meetings Act. The Committee may, when necessary, meet in closed executive session as allowed by the Texas Open Meetings Act. The agendas, minutes and materials submitted to the Committee are public information to the extent provided by applicable laws. The Committee shall receive regular reporting to ensure it is appropriately informed and has access to and visibility to pertinent information and metrics to carry out its responsibilities.

The Committee shall:

- a. Prepare an annual work plan based on Committee goals and objectives for presentation and possible approval by the Board of Trustees.
- ~~a.b.~~ Review and discuss Quality Dashboard that includes operational and quality metrics;
- ~~b.c.~~ Receive system level QAPI, PI projects and metrics, quality monitoring of patient services provided by contract, and reports from the Patient Safety Committee on current trends of eIRS incidents;
- ~~e.d.~~ Review data to readily assess the status of key quality and safety indicators related to EMTALA requirements;
- ~~d.e.~~ Receive and review appropriate information and metrics to oversee the Medical Staff including peer review and, Credentialing, ~~and OPPE/FPPE~~;
- ~~e.f.~~ Review schedule of outsourced contracts and review scorecards of key quality metrics for significant outsourced and contracted clinical services;
- ~~f.g.~~ Provide a forum for the discussion of quality, and safety-related issues, including

challenges encountered in meeting quality goals or measures;

- ~~g.h.~~ Review safety or adverse events and report to Board of Trustees as applicable;
- ~~h.i.~~ Receive reports as prescribed by the Quality Governance Committee Charter and the Performance Improvement Committee Charter;
- ~~i.j.~~ Provide reports to the Board of Trustees on the following topics at the intervals below:

 - a. Significant quality or patient safety related risk areas, or improvement initiatives (quarterly)
 - b. Overall clinical performance across Harris Health System (quarterly)
 - c. Progress in achieving quality and patient safety goals (biannually)
 - d. Committee activities (biannually)
 - e. Staff culture survey/perceptions (quarterly);
- ~~j.k.~~ Review and discuss reports that reflect patient safety, satisfaction and clinical performance across the system including reports required by accrediting bodies;
- ~~l.~~ Review and report to the Board pertinent matters of staff safety and satisfaction;
- ~~k.m.~~ Review and report matters related to Quality of Care for health care services provided by Harris Health System to Harris County pursuant to the contractual arrangement for correctional health care services at Harris County Detention Facilities.
- ~~l.n.~~ Review and recommend to Board, the adoption of Harris Health’s Quality Manual and Patient Safety Plan;
- ~~m.o.~~ Review and recommend to Board for adoption, matters related to the long range strategic plan of Harris Health regarding the improvement of quality outcomes, patient experience and patient safety;
- ~~n.p.~~ Review ~~and recommend for acceptance~~ Harris Health’s Performance Improvement Plan and Mid-Year Report on Performance Improvement Activities;
- ~~o.q.~~ Perform any other activities consistent with this Charter, the Bylaws, the Quality Manual, Harris Health Policies and Procedures, -the Patient Safety Plan and applicable laws as the Chief Medical Executive, Quality Committee Chair or Board Chair deems necessary or appropriate.

Thursday, February 24, 2022

Consideration of Approval of Standing 2022 Committees, Appointment of
Committee Members, and Approval of the 2022 Committee Charters

Board of Trustees

2022 BOARD & COMMITTEE CALENDAR

BOARD (8:00 A.M.)	
January 27, 2022	June 23, 2022
February 24, 2022	August 25, 2022
March 24, 2022	September 22, 2022
April 28, 2022	October 27, 2022
May 26, 2022	December 1, 2022
QUALITY COMMITTEE (8:00 A.M.)	
January 11, 2022	June 7, 2022
February 8, 2022	August 9, 2022
March 8, 2022	September 6, 2022
April 12, 2022	October 11, 2022
May 10, 2022	November 8, 2022

BUDGET & FINANCE COMMITTEE (9:00 A.M.)	
February 10, 2022	August 11, 2022
May 12, 2022	November 10, 2022
COMPLIANCE & AUDIT COMMITTEE (8:00 A.M.)	
February 10, 2022	
May 12, 2022 (10 AM)	November 10, 2022 (10 AM)
August 11, 2022	
JOINT CONFERENCE COMMITTEE (8:00 A.M.)	
January 13, 2022	September 8, 2022
March 10, 2022	November 10, 2022
May 12, 2022	

SPECIAL CALLED BOARD	
July 28, 2022 (HRSA)	
August 4, 2022 (Budget/Tax Rate Discussion)	
November 10, 2022 (HRSA)	
BUDGET WORKSHOP	
December 8, 2022	
HARRIS HEALTH HOLIDAY CLOSURE	
January 17, 2022	September 5, 2022
May 30, 2022	November 24, 2022
June 20, 2022	November 25, 2022
July 4, 2022	December 26, 2022

JANUARY							FEBRUARY							MARCH							APRIL							MAY							JUNE								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
						1			1	2	3	4	5			1	2	3	4	5							1	2	1	2	3	4	5	6	7					1	2	3	4
2	3	4	5	6	7	8	6	7	8	9	10	11	12	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14	5	6	7	8	9	10	11		
9	10	11	12	13	14	15	13	14	15	16	17	18	19	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21	12	13	14	15	16	17	18		
16	17	18	19	20	21	22	20	21	22	23	24	25	26	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	19	20	21	22	23	24	25		
23	24	25	26	27	28	29	27	28						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					26	27	28	29	30				
30	31																																										
JULY							AUGUST							SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
					1	2	1	2	3	4	5	6					1	2	3							1			1	2	3	4	5							1	2	3	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10		
10	11	12	13	14	15	16	14	15	16	17	18	19	20	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24		
24	25	26	27	28	29	30	28	29	30	31				25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31		
31																					30	31																					

Thursday, February 24, 2022

Discussion Regarding Strategic Financial Plan

The attached report provides an overview of the Harris Health System's initial financial projections related to the Strategic Plan. The presentation is for information and discussion only.

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost

Executive Summary

The attached FY2023-2027 draft operating and capital cost projections for Harris Health System represent the first attempt to reflect the Strategic Plan priorities in terms of financial expenditures, for the next five years.

While the operational and tactical details of the Strategic Plan continue to be refined, the Administration would like to share the ongoing thought process as it evolves from its genesis to completion. We anticipate numerous changes to the underlying assumptions in future months and years, and welcome the Board of Trustees' feedback and partnership on this exciting journey.

Consistent with the strategic Pillars listed below, the financial projections link strategic initiatives to Objectives and Goals under each Pillar. The initiatives are further summarized and reflected in incremental operating expense below the baseline operating margin. The combined operating income, or loss, represents a final bottom line after inclusion of the known impact. The unknown or unidentified impact of strategic projects continues to be regularly evaluated for potential inclusion in the multi-year financial plan, and will be shared with the Board on a periodic basis.

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost



Appendix A

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost

Harris Health System's Strategic Pillars and Goals

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

Pillar 1: Quality and Patient Safety - *Harris Health will become a high-reliability organization (HRO) with quality and patient safety as a core value where zero patient harm is not only a possibility but an expectation.*

Goals and Objectives:

1. Eliminate never events and high-harm reportable events.
 - Increase transparency of information and learning to identify and resolve system issues while addressing human error, at risk or reckless behavior.
 - Increase staff willingness to report never events and high harm events that impact patient safety.
 - Develop and implement an enterprise risk management (ERM) framework to address safety/quality risks throughout the organization, including those identified by third-party consultants and accrediting and regulatory bodies.
2. Eliminate preventable hospital-acquired conditions.
 - Identify and fully utilize appropriate benchmarking for quality metrics and take actions to meet/exceed quality and patient safety benchmarks.
 - Develop and implement quality based tools and processes to improve CMS inpatient quality program initiatives.
3. Create and permeate throughout the organization a Just and Accountable Culture.
 - Utilize the principles of Just and Accountable culture (JAC) to increase staff willingness to report events that impact or could impact patient safety.
 - Modify and expand Just and Accountable culture training programs.

Major initiatives include:

- Implement 4-tier safety huddles to identify, review and resolve near misses and system issues while addressing human error, at risk or reckless behavior.
- Implement all agreed upon Relia and A&M recommendations related to Quality and Patient Safety to address any identified system issues.
- Develop a standardized approach that embeds Just and Accountable Culture principles among the leadership of all staffing groups with an increased focus on staff willingness to report patient safety events.

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost

Pillar 2: People - *Harris Health will enhance the patient, staff and provider experience by actively listening to feedback and developing strategies to address high impact areas of opportunity. Moreover, Harris Health will develop a culture of respect, recognition and trust with its patients, staff and providers.*

Goals and Objectives

1. Enhance employee and provider engagement.
 - Improve employee retention.
 - Decrease provider burnout.
2. Improve the patient experience.
 - Demonstrate a culture of patient-centered care that values dignity and respect for the patients we serve.

Major initiatives include:

- Implement Nursing's Mission Retention program (a comprehensive series of five practical courses and accompanying customizable tools that empower leaders to retain and engage their employees at all points during the employee lifecycle).
- Implement employee and physician engagement action plans.
- Implement policies to support development of a workforce that mirrors our population and increase leadership diversity.
- Establish a system-wide patient experience collaborative to develop and implement standard strategies to improve highly correlated key drivers of patient satisfaction.

Pillar 3: One Harris Health System - *Harris Health will act as one system in its approach to management and delivery of healthcare.*

Goals and Objectives:

1. Assess, build, and reinforce one consistent framework for supporting the healthcare system.
 - Ensure that consistent structure and resources are in place across the platform.
 - Fully integrate clinical and operational workflows and improve patient throughput.
 - Improve delivery of care in the emergency centers.
 - Implement a service line management framework and create consistent evidenced-based approaches to clinical care.
2. Eliminate waste and minimize variation.
 - Achieve a minimum 2 percent operating margin through expense management and revenue enhancement initiatives.

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost

Major initiatives include:

- Develop alternatives to emergency room care.
- Implement a service line management framework for providing clinical care.

Pillar 4: Population Health Management - *Harris Health will measurably improve patient health outcomes by optimizing a cross-continuum approach to health that is anchored in high-impact preventative, virtual and community-based services, deployed in coordination with clinical and social services partners, and underwritten by actionable population health analytics and technology.*

Goals and Objectives:

1. Optimize ambulatory care (primary, specialty, and virtual care) to improve outcomes, control costs, and enhance the patient experience.
2. Advance a cross continuum approach to improving health, coordinated across care settings and over time by providing equitable access to healthcare (focusing on key populations, service lines, and geographies).
 - Adopt a cross-continuum model of care management that manages the care of patients on a risk stratified basis across settings and over time.
 - Expand Community Health Hubs and community partnerships in key geographies.
3. Promote rigorous, evidence-based approach to care delivery innovation that methodically evaluates the impact of interventions on quality, equity, costs and access.
 - Integrate technology and analytics to support risk-stratified care coordination and standardized measurement of quality, equity, cost, and access in evaluating key interventions.
 - Develop and implement quality based tools and processes to achieve DSRIP goals.

Major initiatives include:

- Improve access to specialty care through expansion of services throughout our network of ambulatory sites.
- Improve the effectiveness and efficiency of virtual care delivery.
- Advance the remote monitoring program for general wellness and chronic disease management.

Pillar 5: Infrastructure Optimization - *Harris Health will invest in and optimize infrastructure related to facilities, information technology (IT) and telehealth, information security, and health informatics to increase value, ensure safety and meet the current and future needs of the patients we serve.*

Goals and objectives:

1. Ensure viable, safe and efficient physical infrastructure and its supporting elements for serving our patients.

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost

- Complete facility master plans for LBJ, Ben Taub, and Ambulatory Care.
 - Ensure effective replacement of end of life medical equipment, IT infrastructure, and facility infrastructure and create a process for sustainability of refreshed equipment.
 - Develop an interim strategy to address capacity constraints throughout the health system while moving towards the long-term facility master plan.
2. Ensure up-to-date, effective and safe IT and Information Security infrastructure.
 - Optimize digital IT infrastructure that emphasizes agility to allow for quick adoption of changing technology (Software Network, Hardware, Telecommunication) to increase value, ensure safety, and reduce vulnerabilities/risk of cyber-attacks to the organization.
 - Develop a model to promote/provide a single electronic medical record (Epic) to the community to include FQHC and non-FQHC community-based clinics/departments.
 3. Create a five-year strategic financial plan to include the long-term capital plan.

Major initiatives include:

- Complete phase 3 of Facility Master Plan for LBJ and Ben Taub.
- Complete Ambulatory Care Facility Plan.
- Implement advanced perimeter defense mechanisms for prevention and protection against cybersecurity related attacks.
- Implement/promote Epic in FQHC and non-FQHC community-based clinics/departments to support provision of a single electronic medical record (Epic) in the community.

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost



Appendix B

HARRIS HEALTH SYSTEM
 Estimated Operating Cost of Strategic Initiatives
 Fiscal 2023 - 2027 Preliminary Projections
 (\$ in Millions)

Strategic Pillar	Goal	#	Objective	Strategic Initiative	Projected FY 2023	Projected FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027
Pillar 1 - Quality & Patient Safety	Goal 2: Eliminate preventable hospital-acquired conditions.	1	Identify and fully utilize appropriate benchmarking for quality metrics and take actions to meet/exceed quality and patient safety benchmarks. Develop and implement quality based tools and processes to improve CMS inpatient quality program initiatives.	Improve quality and patient safety by promoting multidisciplinary collaboration to eliminate HACs through the implementation of 3M 360 Encompass as a system wide quality based tool	0.4	0.4	0.4	0.4	0.4
Pillar 3 - One Harris Health	Goal 1: Assess, build, and reinforce one consistent framework for supporting the healthcare system.	1	Ensure that consistent structure and resources are in place across the platform.	Optimize patient throughput at LBJ by hiring a Patient Throughput Director (in alignment with BT)	0.2	0.2	0.2	0.2	0.2
Pillar 3 - One Harris Health	Goal 1: Assess, build, and reinforce one consistent framework for supporting the healthcare system.	2	Fully integrate clinical and operational workflows and improve patient throughput.	Optimize patient throughput, improve patient quality of care and reduce costs through Robotic Assisted Surgery	0.3	1.0	1.0	1.0	1.1
Pillar 3 - One Harris Health	Goal 1: Assess, build, and reinforce one consistent framework for supporting the healthcare system.	2	Fully integrate clinical and operational workflows and improve patient throughput.	Optimize patient throughput by ensuring seamless patient transitions in care and post discharge processing for ambulatory care through the addition of Patient Access Specialty Care Reps	2.0	2.1	2.2	2.3	2.3
Pillar 3 - One Harris Health	Goal 1: Assess, build, and reinforce one consistent framework for supporting the healthcare system.	3	Improve delivery of care in the emergency centers.	Optimize patient throughput by developing alternatives to emergency room care through the modification of Same Day/Urgent Care hours of operation	2.0	2.1	2.1	2.2	2.3
Pillar 3 - One Harris Health	Goal 1: Assess, build, and reinforce one consistent framework for supporting the healthcare system.	4	Implement a service line management framework and create consistent evidenced-based approaches to clinical care.	Optimize patient throughput by developing additional clinical care pathways for Cardiology, Gastroenterology and Maternal Health	1.0	1.0	1.1	1.1	1.2
Pillar 4 - Population Health Management	Goal 1: Optimize ambulatory care (primary, specialty, and virtual care) to improve outcomes, control costs, and enhance the patient experience.	1	Optimize Primary Care Delivery	Optimize ambulatory care through expansion of access by leveraging community partnerships, ensuring patients receive care in the appropriate care environment, enhancing training and support for appropriate specialty conditions and development of a Model of Care for patients with high clinical and financial risk	2.7	3.5	3.6	3.7	3.9
Pillar 4 - Population Health Management	Goal 1: Optimize ambulatory care (primary, specialty, and virtual care) to improve outcomes, control costs, and enhance the patient experience.	2	Optimize Specialty Care Delivery	Optimize ambulatory care through improved access to specialty care by adding 2 Specialists to community (primary care) clinics each year and creation of a Specialty scheduling template plus support staff	1.4	7.2	8.8	9.1	9.4
Pillar 4 - Population Health Management	Goal 1: Optimize ambulatory care (primary, specialty, and virtual care) to improve outcomes, control costs, and enhance the patient experience.	3	Advance the remote monitoring program for general wellness and chronic disease management.	Optimize ambulatory care through an increase in remote monitoring	0.8	1.7	3.0	3.1	3.2

HARRIS HEALTH SYSTEM
 Estimated Operating Cost of Strategic Initiatives
 Fiscal 2023 - 2027 Preliminary Projections
 (\$ in Millions)

Strategic Pillar	Goal	#	Objective	Strategic Initiative	Projected FY 2023	Projected FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027
Pillar 4 - Population Health Management	Goal 1: Optimize ambulatory care (primary, specialty, and virtual care) to improve outcomes, control costs, and enhance the patient experience.	3	Improve the effectiveness and efficiency of virtual care delivery.	Optimize ambulatory care by improving virtual care delivery and integrating technology in ACS to improve the referral process and MyHealth.	0.7	0.8	0.8	0.8	0.9
Pillar 4 - Population Health Management	Goal 2: Advance a cross continuum approach to improving health, coordinated across care settings and over time by providing equitable access to healthcare (focusing on key populations, service lines, and geographies).	1	Adopt a cross-continuum model of care management that manages the care of patients on a risk stratified basis across settings and over time.	Advance the cross continuum approach to improving health through an expansion of the Clinical Disease Management (CDM) model	3.3	3.4	3.5	3.6	3.8
Pillar 4 - Population Health Management	Goal 2: Advance a cross continuum approach to improving health, coordinated across care settings and over time by providing equitable access to healthcare (focusing on key populations, service lines, and geographies).	1	Adopt a cross-continuum model of care management that manages the care of patients on a risk stratified basis across settings and over time.	Advance the cross continuum approach to improving health through an increase in pre-visit chart reviews	1.4	2.2	2.3	2.4	2.5
Pillar 4 - Population Health Management	Goal 2: Advance a cross continuum approach to improving health, coordinated across care settings and over time by providing equitable access to healthcare (focusing on key populations, service lines, and geographies).	1	Adopt a cross-continuum model of care management that manages the care of patients on a risk stratified basis across settings and over time.	Advance the cross continuum approach to improving health through the development of a partnership with UT to develop a REGAL (Race, Ethnicity, Gender, Age and Language preference) and Geospatial framework for our patients and incorporate them into outcome measures analyses	0.4	0.4	0.4	0.4	0.4
Pillar 4 - Population Health Management	Goal 2: Advance a cross continuum approach to improving health, coordinated across care settings and over time by providing equitable access to healthcare (focusing on key populations, service lines, and geographies).	2	Expand Community Health Hubs and community partnerships in key geographies.	Advance a cross continuum approach to improving health through the expansion of community partnerships	0.1	0.1	0.1	0.1	0.1
Pillar 4 - Population Health Management	Goal 2: Advance a cross continuum approach to improving health, coordinated across care settings and over time by providing equitable access to healthcare (focusing on key populations, service lines, and geographies).	2	Expand Community Health Hubs and community partnerships in key geographies.	Advance a cross continuum approach to improving health through the expansion of community health hubs	1.8	2.0	2.0	2.1	2.2
Pillar 5 - Infrastructure Optimization	Goal 1: Ensure viable, safe and efficient physical infrastructure and its supporting elements for serving our patients.	2	Develop interim strategy to address capacity restraints throughout the health system while moving towards our long term facility master plan.	Optimize existing infrastructure to address capacity restraints by adding a mobile MRI at BT while moving towards long term facility master plan	0.5	0.5	0.6	0.6	0.6
Pillar 5 - Infrastructure Optimization	Goal 1: Ensure viable, safe and efficient physical infrastructure and its supporting elements for serving our patients.	3	Develop interim strategy to address capacity restraints throughout the health system while moving towards our long term facility master plan.	Optimize existing infrastructure to address capacity restraints by adding 8 endoscopy suites to QM	9.2	45.6	51.3	53.1	55.0
TOTAL STRATEGIC INITIATIVES					28.0	74.1	83.4	86.3	89.3

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost



Appendix C

HARRIS HEALTH SYSTEM
Statement of Revenues and Expenses
Fiscal 2023 - 2027 Preliminary Projections
 (\$ in millions)

	Projected FY 2022	Projected FY 2023	Projected FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027
Revenue:						
1 Net Patient Service Revenue	\$ 804.9	\$ 723.7	\$ 735.4	\$ 747.4	\$ 759.6	\$ 772.1
2 Medicaid Supplemental Programs	549.1	614.3	575.6	578.9	582.2	585.6
3 Other Operating Revenue	57.6	116.8	120.1	123.5	127.1	130.8
4 Total Operating Revenue	1,411.6	1,454.8	1,431.1	1,449.8	1,469.0	1,488.5
5 Net Ad Valorem Tax Revenue	808.3	825.9	842.4	859.2	876.4	893.9
6 Net Tobacco Settlement Revenue	13.3	13.3	13.3	13.3	13.3	13.3
7 Interest Income & Other	1.6	2.0	2.0	2.0	2.1	2.1
8 Total Nonoperating Revenue	820.8	841.1	857.7	874.6	891.8	909.3
9 Total Net Revenue	\$ 2,232.5	\$ 2,295.9	\$ 2,288.8	\$ 2,324.4	\$ 2,360.8	\$ 2,397.9
Expense:						
10 Salaries and Wages	\$ 798.5	\$ 863.2	\$ 893.4	\$ 924.6	\$ 957.0	\$ 990.5
11 Employee Benefits	270.9	288.8	300.3	312.4	324.8	337.8
12 Total Labor Cost	1,069.4	1,151.9	1,193.7	1,237.0	1,281.8	1,328.3
13 Supplies	273.4	298.7	310.6	323.1	336.0	349.4
14 Physician Services	369.7	425.5	446.8	469.1	492.6	517.2
15 Purchased Services	280.2	293.2	304.9	317.1	329.8	343.0
16 Depreciation, Amortization & Interest	71.8	95.5	101.2	107.3	113.7	120.6
17 Total Operating Expense	\$ 2,064.5	\$ 2,264.9	\$ 2,357.3	\$ 2,453.6	\$ 2,554.0	\$ 2,658.6
18 Operating Income (Loss)	\$ 167.9	\$ 31.1	\$ (68.6)	\$ (129.3)	\$ (193.2)	\$ (260.7)
19 Total Margin	7.5%	1.4%	-3.0%	-5.6%	-8.2%	-10.9%
Impact of Identified Strategic Initiatives:						
20 Pillar 1 - Quality & Patient Safety		0.4	0.4	0.4	0.4	0.4
21 Pillar 2 - People		in baseline				
22 Pillar 3 - One Harris Health		5.4	6.4	6.6	6.8	7.1
23 Pillar 4 - Population Health Management		12.5	21.1	24.5	25.4	26.3
24 Pillar 5 - Infrastructure Optimization		9.7	46.1	51.9	53.7	55.6
25 Incremental Operating Expense		28.0	74.1	83.4	86.3	89.3
26 Combined Operating Income (Loss) Including Strategic Initiatives	\$	\$ 3.1	\$ (142.6)	\$ (212.7)	\$ (279.5)	\$ (350.0)
27 Combined Total Margin		0.1%	-6.2%	-9.1%	-11.8%	-14.6%

Harris Health System

Fiscal 2023-27 Projected Operating & Capital Cost



Appendix D

HARRIS HEALTH SYSTEM
Capital Budget Summary
Fiscal 2023 - 2027 Preliminary Projections
(\$ in millions)

DRAFT

Capital Category	Projected FY 2023	Projected FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027
Facility Projects	\$ 107.8	\$ 35.3	\$ 17.4	\$ 10.6	\$ 1.8
Information Technology	21.9	12.3	12.9	11.6	TBD
Medical Capital	31.7	27.3	23.2	39.5	17.3
Other	2.7	1.1	1.2	TBD	TBD
Emergency Capital	2.0	2.0	2.0	2.0	2.0
Routine Capital Budget	\$ 166.1	\$ 78.0	\$ 56.7	\$ 63.7	\$ 21.1

Capital Category	Projected FY 2023	Projected FY 2024	Projected FY 2025	Projected FY 2026	Projected FY 2027
LBJ Replacement Facility	Part of budget above	\$ 177.0	\$ 200.0	\$ 375.0	\$ 225.0

Thursday, February 24, 2022

Executive Session Agenda Item

Discussion Regarding the Evaluation of Chief Executive Officer, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session

- Pages 482- 486 Were Intentionally Left Blank -

Thursday, February 24, 2022

Executive Session Agenda Item

Discussion Regarding the Slate of Officers for the Harris Health Board of Trustees, Pursuant to Tex. Gov't Code Ann. §551.074, Including Consideration of Approval of the Harris Health Board of Trustees Slate of Officers

Thursday, February 24, 2022

Executive Session Agenda Item

Discussion Regarding Board of Trustees Roles and Responsibilities, Pursuant to Tex.
Gov't Code Ann. §551.074

- Pages 489-504 Were Intentionally Left Blank -

Thursday, February 24, 2022

Executive Session Agenda Item

Consultation with Attorney Regarding Collaborative Opportunities with The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Gov't Code Ann. §551.085

Thursday, February 24, 2022

Executive Session Agenda Item

Consultation with Attorney Regarding the Harris County Hospital District Foundation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session

Thursday, February 24, 2022

Executive Session Agenda Item

Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Healthcare Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code §418.183, Tex. Gov't Code §551.089, Tex. Occ. Code Ann. §160.007, Tex. Occ. Code Ann. §151.002, and Tex. Gov't Code Ann. §551.071, Including Possible Action Regarding this Matter Upon Return to Open Session

This information is being presented for informational purposes only.

- Pages 508-511 Were Intentionally Left Blank -

Thursday, February 24, 2022

Executive Session Agenda Item

Consultation with Attorney Regarding Opioid Litigation, and Possible Action Upon Return to Executive Session, Including Approval for Harris Health to Participate in the Statewide Settlement Agreement Reached with McKesson Corp., Cardinal Health, Inc., Amerisource-Bergen Drug Corp., and Teva Pharmaceutical Co. in Connection with Harris County v. Purdue Pharma, LP, et al., Case No.4:18-cv-00490 (S.D. Tex.); In Re National Prescription Opiate Litigation, MDL No. 2804, Case No. 1:18-op-45677-DAP, Pursuant to Tex. Gov't Code Ann. §551.071

- Pages 513-516 Were Intentionally Left Blank -

Thursday, February 24, 2022

Executive Session Agenda Item

Discussion Regarding Harris Health System Executive Compensation, Pursuant to Tex. Gov't Code Ann. §551.074, and Possible Action Regarding this Matter Upon Return to Open Session

- Pages 518-601 Were Intentionally Left Blank -

Thursday, February 24, 2022

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

Operational Update for Review and Discussion

- **HCHP February 2022 PowerPoint**

Attached for consideration of approval:

- **Quality Management Report**
- **Waiving Client Fees Policy**
- **Change in Scope**
 - **Jackson Hinds Garden closure**
 - **Salvation Army Family extended hours**
 - **Navigation Center new clinic proposal**

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

HARRIS HEALTH SYSTEM

Health Care for the Homeless Monthly Update Report – February 2022

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

Agenda

- Operational Update
 - Patient Services
 - Waiving Client Fees Policy
 - Change in Scope
 - Quality Management Report

Patients Served

Telehealth Visits

- Telehealth New Patients: 16
- Telehealth Return Patients: 83

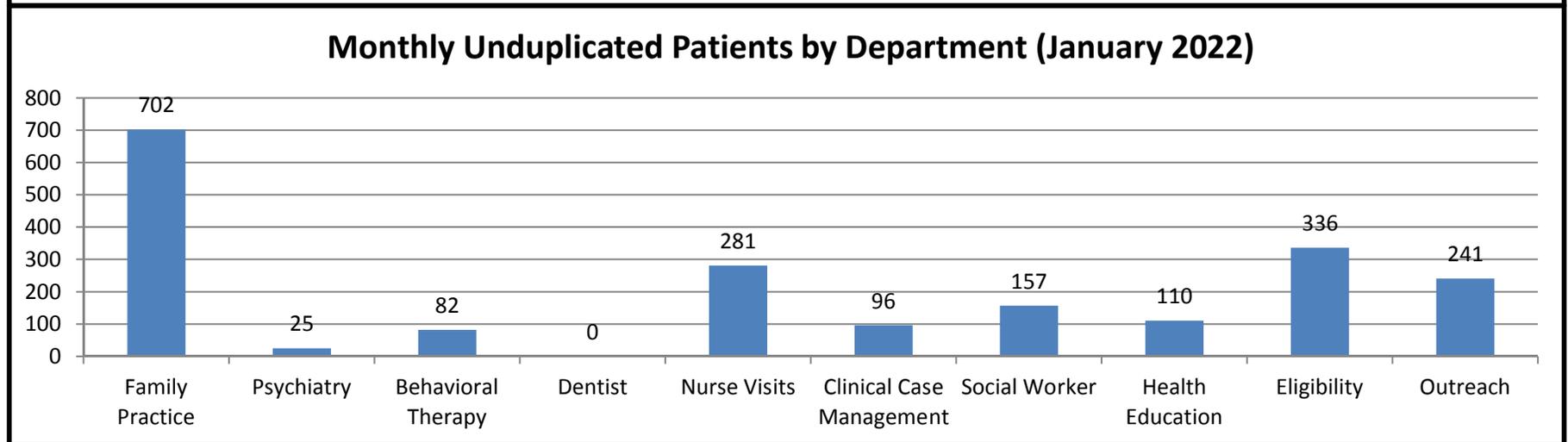
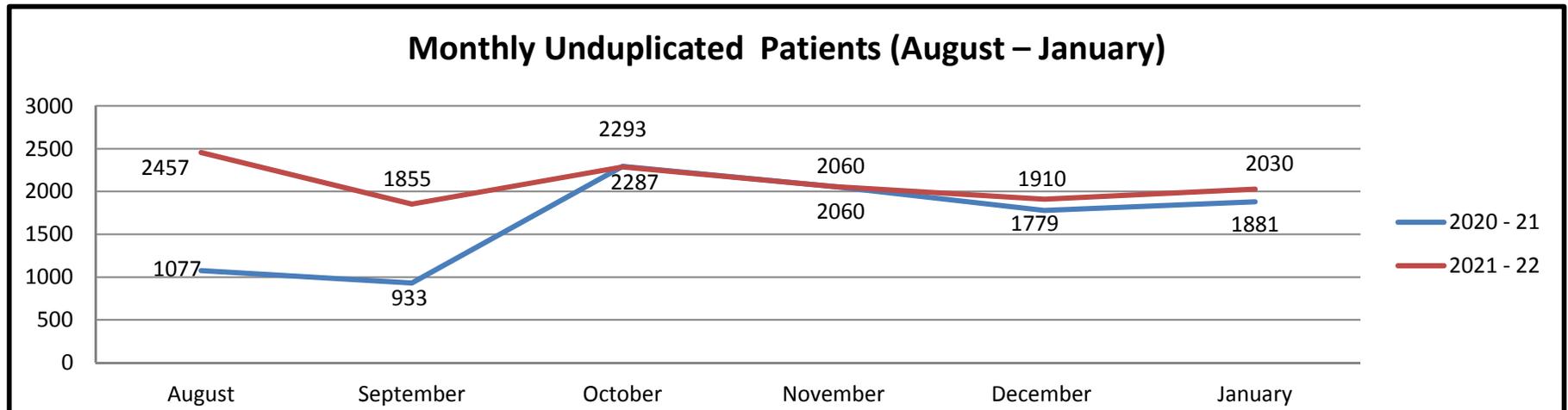
New Patient Visits

- Adult New Patients: 230
- Pediatric New Patients: 11

HRSA Target: 9775

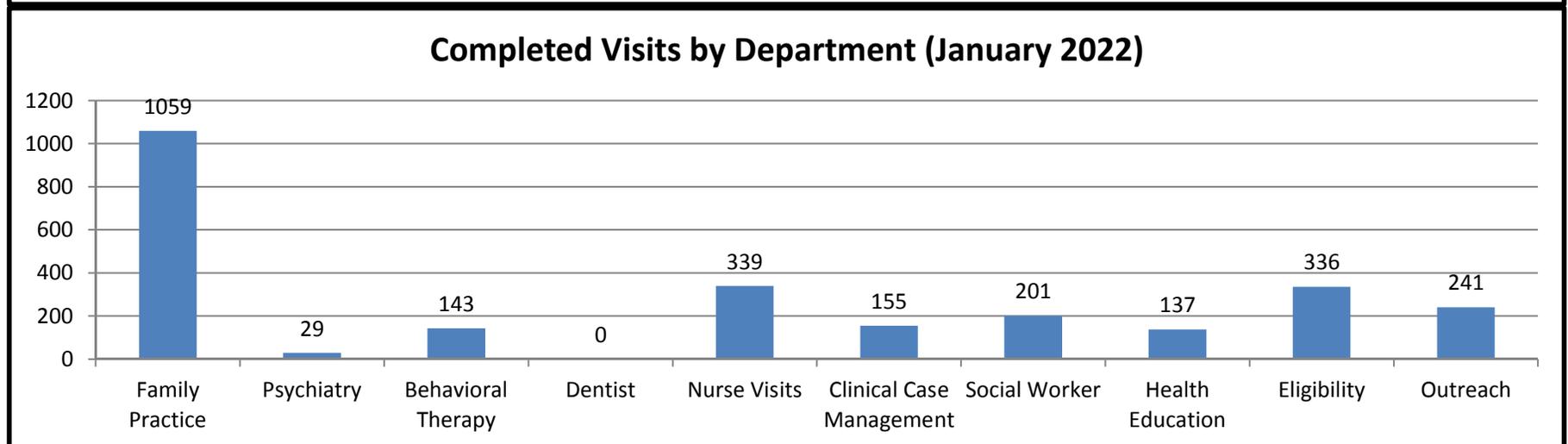
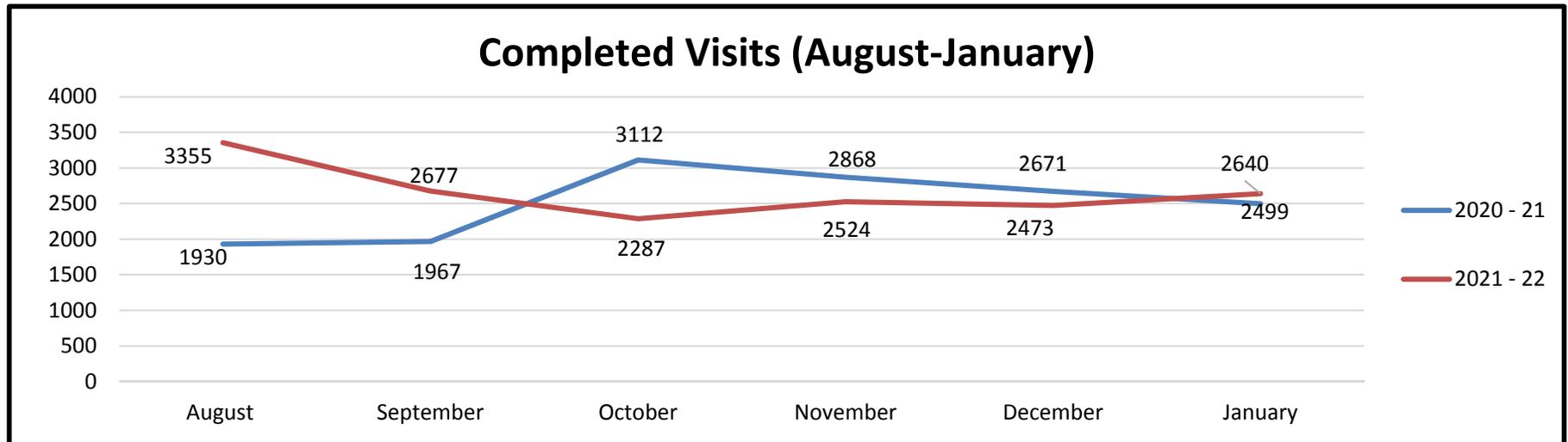
- Unduplicated Patients: 1172
- Total Complete Visits: 1724

Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance

Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance.

Operational Update

Waiving Client Fees Policy

HRSA Requirements:

The health center must assure that any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.

Demonstrating Compliance:

The health center has and utilizes board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay.

1. Any program participant may request that HCHP fees be waived by documenting the reason for the request on a Request to Waive Fees Form
2. The HCHP Community Services Manager will have the authority to waive fees, in accordance with the policy guidelines
3. All applications will be reviewed to ensure they are properly completed and signed by HCHP Eligibility Staff prior to:
 - Making a decision or
 - Submitting applications to the Manager or Director of Eligibility Services for approval, whichever is applicable.
 - Eligibility Auditors from the Eligibility Service Center will conduct audits on the waiver application process. Appropriate action(s), if necessary will vary based on the results of the audit, and may include disciplinary action

City of Houston Navigation Center

Houston City Council recently approved the construction of the Housing Navigation Center.

- The 186 bed facility will be an essential component of the homeless response system
- Unsheltered individuals will reside at the center until their permanent housing arrangements are finalized
- Plans include access to services from:
 - ***Harris Health System's Health Care for the Homeless Program*** for healthcare services
 - The ***Harris Center*** for mental healthcare
 - The ***Houston Recovery Center*** for addiction recovery support

Operational Update

Change in Scope:

Navigation Center

- Harris Health System's Health Care for the Homeless Program will open a new clinic at The Navigation Center, 2903 Jensen Drive, Houston ,TX 77026. The Navigation Center will be open 40 hours a week, to increase services to individuals experiencing homelessness who are unsheltered.
- The change in scope will be implemented beginning on May 1 , 2022.

Operational Update

Change in Scope:

Jackson Hinds Garden

- The Health Care for the Homeless Program will close the clinic at Jackson Hinds Garden, 607 Thornton Rd, Houston, Texas, 77018, due to low volume and a decrease in tenant residency. Staff assigned to this location will transition to the proposed Navigation Center located at 2903 Jensen Dr. in order to increase the services to people experiencing homelessness within Northern Harris County; therefore, per the Health and Resources Services Administration requirements, the site needs to be removed from the scope of project.
- The change in scope will be implemented beginning on March 1, 2022.

Operational Update

Change in Scope:

Salvation Army Family

- The Health Care for the Homeless Program Clinic at Salvation Army Family, 1603 McGowen St. ,Houston , TX 77004 will be open 16 hours a week, to increase services to individuals experiencing homelessness who are unsheltered and human trafficking victims.
- The change in scope will be implemented beginning on March 1 , 2022.

HARRIS HEALTH SYSTEM

Health Care for the Homeless

Q4 Quality Management Report – February 2022

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

Operational Update

Health Care for the Homeless Program Quality Report Q4 2021

<u>UDS Metrics</u>	<u>UDS Benchmark</u>	<u>HCHP Goal</u>	<u>Oct-21</u>	<u>Nov-21</u>	<u>Dec-21</u>	<u>Q4</u>	<u>JULY - DECEMBER 2021</u>
Adult BMI Assessment (ABA)	<u>56%</u>	85%	44%	46%	50%	45%	
Child BMI Diet & Physical Activity	<u>60%</u>	82%	100%*	100%*	100%*	100%*	
Depression F/U & Screening	<u>55%</u>	80%	39%	33%	29%	28%	
Cervical Cancer Screening (CCS)	<u>41%</u>	70%	65%*	67%*	60%*	57%*	
Colorectal Cancer Screening (COL)	<u>31%</u>	50%	51%*	55%*	50%*	45%*	
Breast Cancer Screening (BCS)	<u>38%</u>	50%	44%*	49%*	42%*	41%*	
Tobacco Screening Counseling & Cessation	<u>78%</u>	90%	97%*	98%*	97%*	97%*	
HIV screening	<u>47%</u>	80%	95%*	94%*	91%*	91%*	
IVD & Aspirin	<u>79%</u>	85%	82%*	67%	90%*	81%*	
Statin Therapy	<u>72%</u>	80%	74%*	70%	75%*	71%	
Hemoglobin A1c Control (> 9%) (CDC)	<u>39%</u>	40%	35%	32%	34%	40%*	
High Blood Pressure Control (< 140/90)	<u>54%</u>	63%	65%*	62%*	60%*	59%*	
Childhood Immunization Status	<u>48%</u>	50%	-	-	-	-	-

- Indicates a score meeting or exceeding HRSA UDS benchmark
- Scores in Red indicates a metric not meeting internal HCHP goal

Action Plan

PLAN	DO			CHECK	ACT
<p>Cervical Cancer Screening</p> <p>Primary reasons for fallout: Patient refusal of Pap Dashboard reporting error Inability to perform exam depending on site location</p>	<ul style="list-style-type: none"> Standardized use of HM to monitor for completion Continued and plan to expand Pursues for Pap initiative to open access sites Implemented bi-monthly patient education during new patient (shelter resident) onboarding 	<p>LaResa Ridge, MD Medical Director</p> <p>Chamica Keys, RNC, MSN Nurse Manager</p> <p>Sarath Roy, MBA Quality Assurance Cord.</p>	September 2, 2021	Weekly report via the UDS Dashboard	<p>HCHP Goal is 70%.</p> <ul style="list-style-type: none"> Q4.2020 58% Q1.2021 63% Q2 2021 59% Q3 2021 60%
<p>Statin Therapy Fallout:</p> <p>Primary reasons for fallout: Inconsistent statin prescribing Dashboard reporting error in identifying eligible patients</p>	<ul style="list-style-type: none"> Monthly chart reviews by supervising physicians. Re-development of UDS dashboard to be more consistent with clinical practice of medicine 	<p>LaResa Ridge, MD Medical Director</p> <p>Chamica Keys, RNC, MSN Nurse Manager</p> <p>Sarath Roy, MBA Quality Assurance Cord.</p>	November 15, 2021	Weekly report via the UDS Dashboard	<p>HCHP Goal is 80%</p> <ul style="list-style-type: none"> Q4.2020 67% Q1.2021 63% Q2.2021 77% Q3 2021 74%
<p>Depression screening (PHQ 9)</p> <p>Primary reasons for fallout: Dashboard data entry error</p>	<ul style="list-style-type: none"> Standardized screening and documentation for PHQ9 by support staff Scheduled a training day on data mapping and provide tangible resources for providers to refer to during clinic day 	<p>LaResa Ridge, MD Medical Director</p> <p>Chamica Keys, RNC, MSN Nurse Manager</p> <p>Sarath Roy, MBA Quality Assurance Cord.</p>	February 10, 2021	Weekly report via the UDS Dashboard	<p>HCHP Goal is 80%.</p> <ul style="list-style-type: none"> Q4.2020 80% Q1.2021 82% Q2 2021 91% Q3 2021 68%
<p>Adult BMI</p> <p>Primary reason for fallout: Failure to include appropriate diagnostic codes in the A&P section</p>	<ul style="list-style-type: none"> Re-development of UDS dashboard to be more consistent with clinical practice of medicine Scheduled a training day on data mapping and provide tangible resources for providers to refer to during clinic day 	<p>LaResa Ridge, MD Medical Director</p> <p>Chamica Keys, RNC, MSN Nurse Manager</p> <p>Sarath Roy, MBA Quality Assurance Cord.</p>	November 15, 2021	Weekly report via the UDS Dashboard	<p>HCHP Goal is 85%</p> <ul style="list-style-type: none"> Q1 2021 46% Q2 2021 41% Q3 2021 40%

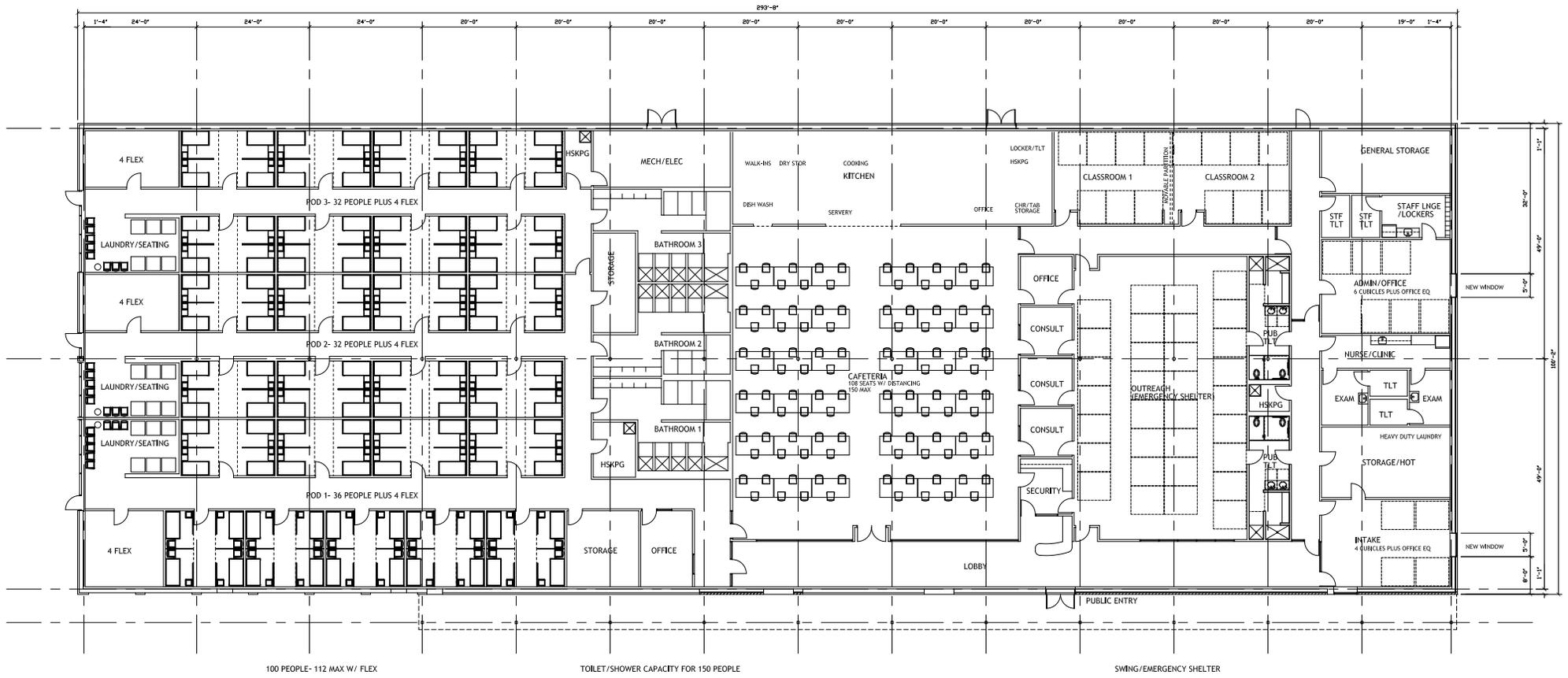
Action Plan

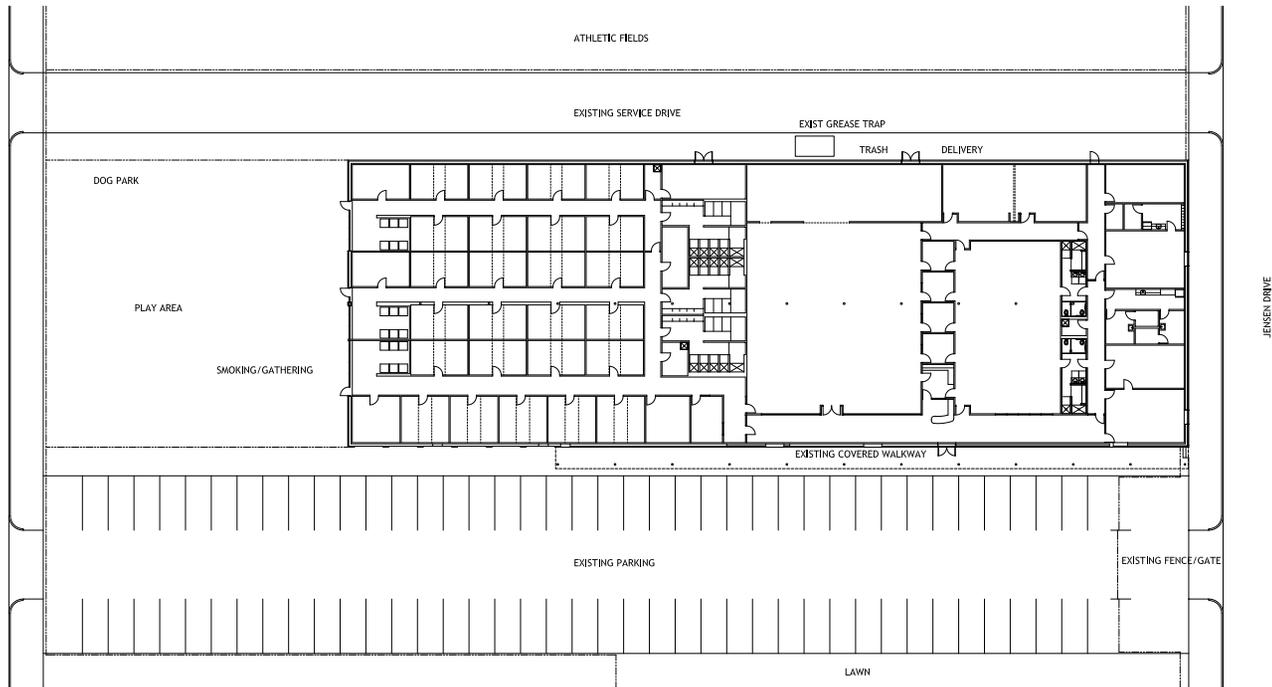
PLAN	DO	CHECK	ACT
IVD & Aspirin usage Primary reason for fallout: Inconsistent Prescribing practices	<ul style="list-style-type: none"> Close monitoring of prescribing practices from UDS dashboard. Aspirin Therapy will be included with the Target BP training for providers. 	LaResa Ridge, MD Medical Director Chamica Keys, RNC, MSN Nurse Manager Sarath Roy, MBA Quality Assurance Coord.	December 02,2021 Weekly report via the UDS Dashboard HCHP Goal is 85% <ul style="list-style-type: none"> Q1 2021 76% Q2 2021 82% Q3 2021 76%
Diabetes A1C > 9: Primary Reason for Fallout: Patient noncompliance with medications and follow-up.	<ul style="list-style-type: none"> Implemented Clinical Pharmacist to better manage the diabetic patient population Engage patients with poor disease management and frequent no-shows. 	LaResa Ridge, MD Medical Director Chamica Keys, RNC, MSN Nurse Manager Sarath Roy, MBA Quality Assurance Coord.	October 15, 2021 Weekly report via the UDS Dashboard HCHP Goal is 40 % (A lower score is better for this metric.) <ul style="list-style-type: none"> Q4.2020 41% Q1.2021 58% Q2.2021 51% Q3 2021 42%
Hypertension <140/90: Primary Reason for Fallout: lack of consistent blood pressure evaluations by staff and consistent prescribing practices by providers	<ul style="list-style-type: none"> Target: BP, an initiative by the American Heart Association will be introduced at the next clinical meeting 12/2/ and launched the following week. 	LaResa Ridge, MD Medical Director Chamica Keys, RNC, MSN Nurse Manager Sarath Roy, MBA Quality Assurance Coord	February 14, 2021 Weekly report via the UDS Dashboard HCHP Goal is 63%. <ul style="list-style-type: none"> Q4.2020 58% Q1.2021 55% Q2 2021 62% Q3 2021 60%
Breast Cancer Screening: Primary Reason for Fallout: Transportation barriers and Mammography Van temporarily unavailable	<ul style="list-style-type: none"> Increase referrals to internal Harris Health services for mammograms Coordinate monthly transportation services for patients to complete their mammogram. 	LaResa Ridge, MD Medical Director Chamica Keys, RNC, MSN Nurse Manager Sarath Roy, MBA Quality Assurance Coord	February 14, 2021 Weekly report via the UDS Dashboard HCHP goal is 50%. <ul style="list-style-type: none"> Q4.2020 43% Q1.2021 36% Q2.2021 31% Q3 2021 37%
Child BMI Primary Reason for Fallout: Dashboard data entry error (Failure to complete the appropriate codes in the A&P session)	<ul style="list-style-type: none"> Re-development of UDS dashboard to be more consistent with clinical practice of medicine Scheduled a training day on data mapping and provide tangible resources for providers to refer to during clinic day 	LaResa Ridge, MD Medical Director Chamica Keys, RNC, MSN Nurse Manager Sarath Roy, MBA Quality Assurance Coord	November 15, 2021 Weekly report via the UDS Dashboard HCHP Goal is 82% <ul style="list-style-type: none"> Q1 2021 73% Q2 2021 65% Q3 2021 79%

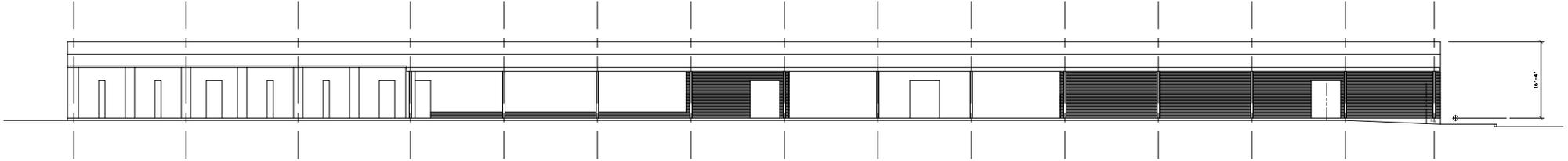
Thursday, February 24, 2022

Consideration of Approval of Changes of Scope for the Health Care for the Homeless Program

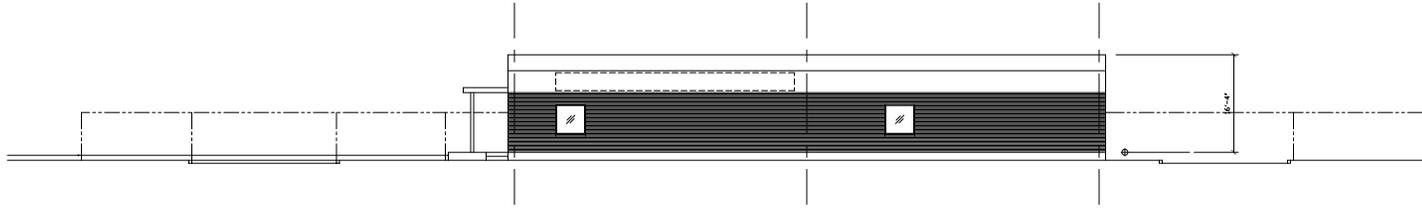
- Extend Days of Operation at Salvation Army Family Residence, Effective March 1, 2022
- Open New Clinic at Navigation Center, Effective May 1, 2022 (*see attached floor plan*)
- Close the Jackson Hinds Gardens Location, Effective March 1, 2022



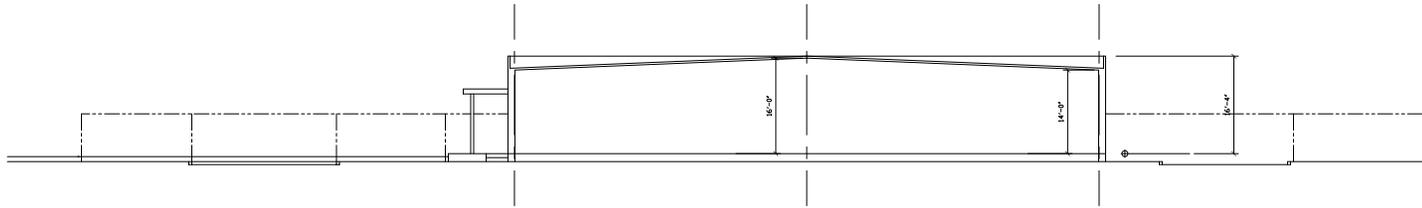




SOUTH ELEVATION



EAST ELEVATION



NORTH/SOUTH SECTION

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, February 24, 2022

Consideration of Approval of New HCHP Waiving Client Fees Policy

Thursday, February 24, 2022

NEW POLICY: Waiving Client Fees

HRSA Requirements:

The health center must assure that any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.

Demonstrating Compliance:

The health center has and utilizes board-approved policies, as well as operating procedures, that include the specific circumstances when the health center will waive or reduce fees or payments required by the center due to any patient's inability to pay.

1. Any program participant may request that HCHP fees be waived by documenting the reason for the request on a Request to Waive Fees Form
2. The HCHP Community Services Manager will have the authority to waive fees, in accordance with the policy guidelines
3. All applications will be reviewed to ensure they are properly completed and signed by HCHP Eligibility Staff prior to:
 - Making a decision or
 - Submitting applications to the Manager or Director of Eligibility Services for approval, whichever is applicable.
 - Eligibility Auditors from the Eligibility Service Center will conduct audits on the waiver application process. Appropriate action(s), if necessary will vary based on the results of the audit, and may include disciplinary action



POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 1 of 6
Effective Date:
Board Motion No:

TITLE: WAIVING OF CLIENT FEES – HEALTH CARE FOR THE HOMELESS PROGRAM

PURPOSE: To ensure that a program participant’s inability to pay for services does not create a barrier for program participants of the Health Care for the Homeless Program to access services.

POLICY STATEMENT:

The Health Care for Homeless Program (HCHP) will consistently apply the procedures outlined in this policy to determine whether a waiver of HCHP fees is appropriate. A waiver may be appropriate in any of the following circumstances: when a program participant has a health condition that consumes a large portion of their current income, bills that exceed their income, an income earner in the family has recently died, or the only income earner has a disability which limits their ability to generate income, a program participant has no source of verifiable income, sporadic income, or a program participant has a loss of income based on unemployment.

POLICY ELABORATIONS:

Harris Health receives federal grant funding for outpatient primary care services, case management, outreach and other services to Homeless Individuals. As a condition of accepting such grant funding, Harris Health must not deny services to a Homeless Individual on account of the individual’s inability to pay.

I. DEFINITIONS:

A. HARRIS HEALTH - HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP):

A program that provides outreach services to the 330(H) Homeless Population through Harris Health’s Ambulatory Care Services Community Health Program. Members of the 330(H) Homeless Population who are eligible to receive financial assistance and enroll in the Homeless Program (“Participants”) are provided comprehensive primary health services through shelter-based clinics and through mobile health and mobile dental units. The Program also provides on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health counseling, substance abuse counseling, and residential treatment through referrals.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Harris Health System Document Control Center prevails.

B. 330(H) HOMELESS POPULATION: A population comprised of individuals:

1. Who lack housing (without regard to whether the individual is a member of a family);
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations;
3. Who reside in transitional housing;
4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; **OR**
5. Who met any of the criteria above and was a Participant during the preceding 12 months but are no longer homeless as a result of becoming a resident in permanent housing; or
6. Who are children, youth, or veterans at risk of homelessness.

II. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PROGRAM REQUIREMENT:

1. The HCHP will abide by HRSA requirements and compliance manual.
2. The HCHP Community Services Manager will have the authority to waive fees, as appropriate.
3. The HCHP Community Services Manager will review applications to ensure they are properly completed and signed by HCHP Eligibility Staff prior to: (i) making a decision on them or (ii) submitting applications to the Manager or Director of Eligibility Services for approval, whichever is applicable. Additionally, Eligibility Auditors from the Eligibility Service Center will conduct audits on the waiver application process. Appropriate action(s), if necessary will vary based on the results of the audit, and may include disciplinary action
4. Any program participant may request that HCHP fees be waived by documenting the reason for the request on a Request to Waive Fees Form (See Appendix B).

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Harris Health System Document Control Center prevails.

HARRISHEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 3 of 6
Effective Date:
Board Motion No:

III. PROCEDURES:

See Appendix A

PENDING APPROVAL BY BOARD OF TRUSTEES

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Harris Health System Document Control Center prevails.



POLICY AND REGULATIONS MANUAL

Policy No:
Page Number: 4 of 6
Effective Date:
Board Motion No:

REFERENCES/BIBLIOGRAPHY:

Health Center Program Compliance Manual – Health Resources and Services Administration (HRSA), Bureau of Primary Healthcare

Texas Health and Safety Code, Chapter 281, Subchapter D

APPENDICES:

Appendix A: Waiving Fees Procedures

Appendix B: Request to Waive Fees Form

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Department of Eligibility Services

REVIEW/REVISION HISTORY:

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

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Harris Health System Document Control Center prevails.

APPENDIX A WAIVING FEES PROCEDURES

1. If reasonably possible, HCHP eligibility staff will meet with any program participant who has submitted a Request to Waive Fees Form for the purpose of discussing the program participant's circumstances.
2. A program participant's income will be verified through information collected by the Texas Workforce Commission.
3. If a request is deemed appropriate, the Community Services Manager can waive a client's fees in an amount of up to \$1,000.
4. If the amount being waived is in excess of \$1,000, then the Community Services Manager must also get the approval of either the Manager of Patient Eligibility Services or the Director of Patient Eligibility Services before posting any changes to the program participant's account.
5. Any time a fee is waived, the waiver will be documented in the program participant's account using an adjustment code of Administrative Charity.
6. Co-pays shall not be waived for services that will be billed to a third party.
7. Harris Health must collect co-pays and deductibles from Medicare Part D program participant according to individual plan guidelines.

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Harris Health System Document Control Center prevails.

**Appendix B
Request to Waive Fees Form**

PENDING APPROVAL BY BOARD OF TRUSTEES

NOTE: Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published on the Harris Health System Document Control Center prevails.