

Thursday, March 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

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| 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 – February 24, 2022 | | |
| III. Announcements / Special Presentations | Dr. Arthur Bracey | 13 min |
| A. CEO Report Including Updates on COVID-19 and Special Announcements | | (10 min) |
| – Dr. Esmaeil Porsa | | |
| [Strategic Pillar 2: People] | | |
| • Fourth Quarter 2021 Top Providers | | |
| • Victoria Nikitin, Named as Executive Vice President and Chief Financial Officer, Effective March 1, 2022 | | |
| • Omar Reid, Named as Executive Vice President and Chief People Officer, Effective March 13, 2022 | | |
| • Dr. Ann Barnes, Senior Vice President and Chief Health Officer of Population Health, has been Selected as One of Five Houstonian Honorees by the U.S. Department of Health and Human Services for their Inaugural International Women’s Day | | |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements | | (3 min) |
| IV. Public Comment | Dr. Arthur Bracey | 3 min |

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| V. Executive Session | Dr. Arthur Bracey | 40 min |
| <p>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 and Dr. John Foringer
 [Strategic Pillar 1: Quality and Patient Safety]</p> | | <i>(10 min)</i> |
| <p>B. Report Regarding Correctional Health 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, 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 Correctional Health Medical Staff – Dr. Otis Egins
 [Strategic Pillar 1: Quality and Patient Safety]</p> | | <i>(10 min)</i> |
| <p>C. 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</p> | | <i>(20 min)</i> |
| VI. Reconvene to Open Meeting | Dr. Arthur Bracey | 2 min |
| VII. General Action Item(s) | Dr. Arthur Bracey | 6 min |
| <p>A. General Action Item(s) Related to Quality: Medical Staff
 [Strategic Pillar 1: Quality and Patient Safety]</p> | | |
| <p>1. Consideration of Acceptance of the Medical Executive Board Report to Include Notice of Appointments and Selection of New Service Chiefs
 – Dr. John Foringer</p> | | <i>(2 min)</i> |
| <p>2. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Medical Staff – Dr. John Foringer</p> | | <i>(2 min)</i> |
| <p>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff
 [Strategic Pillar 1: Quality and Patient Safety]</p> | | |
| <p>1. Consideration of Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff – Dr. Otis Egins</p> | | <i>(2 min)</i> |
| VIII. Strategic Discussion | Dr. Arthur Bracey | 50 min |
| <p>A. Harris Health System Strategic Plan Initiatives</p> | | |
| <p>1. Presentation Regarding Harris Health's Employee Engagement Results
 – Mr. Omar Reid
 [Strategic Pillar 1: Quality and Patient Safety]</p> | | <i>(10 min)</i> |

2. Presentation Regarding Harris Health’s Medical Staff Engagement Results (10 min)
– **Dr. Steven Brass**
[Strategic Pillar 1: Quality and Patient Safety]
3. Update and Discussion Regarding Nursing Recruitment and Retention (10 min)
– **Dr. Jackie Brock**
[Strategic Pillar 2: People]
4. Presentation Regarding Harris Health’s Training Programs Overview (10 min)
– **Mr. Omar Reid and Dr. Cleveland Black**
[Strategic Pillars 1: Quality and Patient Safety & 3: One Harris Health System]
5. Presentation and Introduction of HKS, Inc., Regarding Harris Health’s Recommendation for Architecture and Engineering Design Services for the LBJ Replacement Hospital Project – **Mr. David Attard and HKS Representatives** (10 min)
[Strategic Pillar 5: Infrastructure Optimization]

IX. Consent Agenda Items**Dr. Arthur Bracey 5 min****A. Consent Purchasing Recommendations**

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A51) – **Mr. DeWight Dopslauf and Mr. Jack Adger, Harris County Purchasing Office**
(See Attached Expenditure Summary: March 24, 2022)

B. Consent Items for Board Approval

1. Consideration of Approval of Council-At-Large Bylaws – **Mr. Louis Smith**
2. Consideration of Approval of Harris Health Nursing Services Bylaws
– **Dr. Jackie Brock**
3. Consideration of Approval of the Harris Health System Investment Policy
– **Ms. Victoria Nikitin**
4. Consideration of Approval of an Amendment to the 2017 Harris Health Board Approved Naming Opportunities for the First Floor Renovation of the Ben Taub Hospital Level I Trauma Center, Pursuant to Harris County Hospital District’s Policy 2.01 Naming of Hospital District Building, other Facilities, and Entities Policy Statement, for Philanthropic Donors to the HCHD Foundation’s Second Capital Campaign – **Mr. Theo Franklin and Mr. Jeff Baker**

C. Consent Reports and Updates to Board

1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System – **Mr. R. King Hillier**

D. Consent Item for Notice

1. Harris Health System Council-At-Large Meeting Minutes – **Mr. Louis Smith**
 - February 14, 2022

{End of Consent Agenda}

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| X. Executive Session | Dr. Arthur Bracey | 45 min |
| <p>D. 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</p> <p>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]</p> <p>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</p> <p>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]</p> | | <p>(10 min)</p> <p>(10 min)</p> <p>(20 min)</p> <p>(5 min)</p> |
| XI. Reconvene | Dr. Arthur Bracey | 2 min |
| XII. Item(s) Related to the Health Care For the Homeless Program
[Strategic Pillar 1: Quality and Patient Safety] | Dr. Arthur Bracey | 10 min |
| <p>A. Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act
– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</p> <ul style="list-style-type: none"> • HCHP March 2022 Operational Update <p>B. Consideration of Approval of the HCHP Fourth Quarter Budget Report
– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</p> <p>C. Consideration of Approval of the HCHP Fourth Quarter Patient Satisfaction Report
– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</p> <p>D. Consideration of Approval of the 2022 HCHP Sliding Fee Scale
– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</p> <p>E. Consideration of Approval of the 2022 HCHP Quality Management Plan
– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</p> <p>F. Consideration of Approval of the 2021 Service Area Competition Application
– Dr. Jennifer Small, Ms. Tracey Burdine and Dr. LaResa Ridge</p> | | |

XIII. Item(s) Related to Ambulatory Surgical Center at LBJ Governing

10 min

A. Consideration of Approval of the Ambulatory Surgical Center at LBJ Governing Body Bylaws – ***Board of Trustees***

(5 min)

B. Consideration of Approval to Appoint Board of Trustee Member to the Ambulatory Surgical Center at LBJ Governing Body – ***Board of Trustees***

(5 min)

- One (1) Board Member Appointments:
 1. Ms. Jennifer Tijerina

XIV. Adjournment

Dr. Arthur Bracey 1 min

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES
Board Meeting
Thursday, February 24, 2022
8:00 am

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order & Record of Attendance	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 .	A copy of the attendance is appended to the archived minutes.
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> • Board Meeting – January 27, 2022 	<u>Motion No. 22.02-13</u> Moved by Mr. Lawrence Finder, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the minutes of the previous meeting. Motion carried.
III. Announcements/ Special Presentations	<p>A. CEO Report Including Updates on COVID-19 and Special Announcements</p> <p>Dr. Esmaeil Porsa, President and Chief Executive Officer (CEO), delivered an update regarding COVID-19, stating that the positivity rate across the region has fell below 10% and that the number of daily COVID-19 cases has dropped dramatically. He stated that Harris Health System (HHS) has shown a downward trend in the number of daily hospitalizations and a decline in the number of COVID patients at our hospitals.</p> <p>Dr. Porsa provided a few highlights occurring with the System:</p> <ul style="list-style-type: none"> • Ben Taub Hospital (BTH) opened its 13th Operating Room • BTH began using a second Magnetic Resonance Imaging (MRI) machine • Last month, Lyndon B. Johnson Hospital (LBJ) hit the 96th percentile mark for overall patient experience • LBJ is currently 26 days free of all Hospital Acquired Conditions (HACs) for the entire hospital • All Ambulatory Care Services (ACS) clinics are now able to perform rapid COVID test • All ACS clinics now have access to oral COVID medications 	As presented.

	Dr. Porsa shared that the BT Emergency Center is no longer on divergent status. He noted that the hospital administration and staff have done an amazing job ensuring that we bring the diversion hours down to zero. A copy of the CEO report is available in the permanent record.	
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements.	There were no Board member announcements.
IV. Public Comment	Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding employee relations matters related to radiology and pharmacy technicians. She stated that employees expressed the need for dialogue regarding their wages and HHS stay incentive programs. Additionally, Ms. Cole spoke regarding the transition of employees from Harris County Jail Health to Harris Health System, the message conveyed from Dr. Porsa and the on-boarding process. She stated that the transitioning employees were offended because they felt that Dr. Porsa indicated that Harris Health could do a better job than the jail health employees and as a result the employees are requesting a formal apology.	
V. Executive Session	At 8:11 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. 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.	No Action Taken. Dr. Arthur Bracey recused from discussions related to Baylor College of Medicine.
VI. Reconvene to Open Meeting	At 8:39 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>VII. General Action Item(s)</p>	<p>A. General Action Item(s) Related to Quality: Medical Staff</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 presented the Medical Executive Board Report. He stated that the Algorithm for the Management of Pericardial Effusion at LBJ was developed over the past two years with good collaboration between BT and LBJ (Cardiology and Cardiovascular Surgery). He noted that the efforts of Dr. Markan and Dr. Roy were instrumental in getting this completed. Additionally, Dr. Foringer announced that Dr. Joslyn Fisher gave a presentation to the Ethics Committee on the Harris Health Plan to Address Ethical Challenges of a Severe Pandemic. A copy of the MEB report is available in the permanent record.</p>	<p><u>Motion No. 22.02-14</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.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 eleven (11) temporary privileges, twenty-five (25) initial appointments, thirty-four (34) reappointments, three (3) change/add privileges and eighteen (18) resignations. A copy of the report is available in the permanent record.</p>	<p><u>Motion No. 22.02-15</u> Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried. Dr. Arthur Bracey recused on this matter related to Baylor College of Medicine.</p>
	<p>B. General Action Item(s) Related to Quality: Medical Staff</p> <p>1. Approval of Harris Health System Correctional Health Medical Staff Bylaws</p>	<p><u>Motion No. 22.02-16</u> Moved by Ms. Alicia Reyes, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</p>
	<p>2. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. He reported that there were twenty-five (25) initial appointments. A copy of the report is available in the permanent record.</p>	<p><u>Motion No. 22.02-17</u> Moved by Dr. Andrea Caracostis, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</p>

	<p>C. General Action Item(s) Related to Harris Health Diversity, Equity and Inclusion</p> <p>1. Approval of the Harris Health System Board of Trustees Diversity Equity and Inclusion (DE&I) Philosophy Statement</p> <p>Professor Marcia Johnson presented the Harris Health System Board of Trustees Diversity Equity and Inclusion (D&I) Philosophy Statement which reads as follows:</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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. A copy of the HHS Board of Trustees Diversity Equity and Inclusion (DE&I) Philosophy Statement.</p>	<p><u>Motion No. 22.02-18</u></p> <p>Moved by Professor Marcia Johnson, seconded by Ms. Elena Marks, and unanimously passed that the Board approve agenda item VII.C.1. Motion carried.</p>
	<p>2. Discussion Regarding Diversity, Equity and Inclusion Initiatives at Harris Health System</p> <p>Mr. Omar Reid, Senior Vice President, Human Resources, led the discussion regarding Diversity, Equity and Inclusion Initiatives at Harris Health System. He provided a brief overview of the employee engagement survey that concluded in November 2021. He presented Harris Health system-wide demographic breakdown, and shared the D&I career page and executive search policy, which was adopted in October 2021. He stated that the policy would help find qualified candidates and ensure the pool of candidates are a representative of the community to help continue our efforts to diversify leadership</p>	<p>As presented.</p>

	<p>and management teams. He touched upon the Executive Advisory Council, Employee Resource Groups (ERGs) and D&I glossary and toolkit. Additionally, Mr. Reid spoke on the safety net collaborative agencies and clinical affiliation agreements. Board discussion ensued regarding clinical affiliation agreements and educational programs at Harris Health. Mr. Reid stated that he intends to bring forth a report on HHS clinical education programs to the March Board meeting. A copy of the presentation is available in the permanent record.</p>	
<p>VIII. Consent Agenda Items</p>	<p>Dr. Bracey stated that the following consent agenda items were discussed at length during the February Board Committee meetings.</p>	
	<p>A. Recommend Committee Approval</p> <ol style="list-style-type: none"> 1. Approval of the Internal Audit Charter 2. Approval of the Internal Audit Plan 3. 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 4. Acceptance of the Harris Health System Third Quarter Fiscal 2022 Investment Report 5. Acceptance of the Harris Health System Fourth Quarter Calendar Year 2021 Pension Plan Report 6. Acceptance of the Harris Health System November 2021 Quarterly Financial Report Subject to Audit 	<p><u>Motion No. 22.02-19</u> Moved by Ms. Elena Marks, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda items VIII.A.1. through VIII.A.6. Motion carried.</p>
	<p>B. Consent Purchasing Recommendations</p> <ol style="list-style-type: none"> 1. Approval of Purchasing Recommendations (Items A1 through A78) <p>Dr. Bracey stated that Purchasing’s Transmittals (B1 through B21) are not for approval. A copy of the purchasing recommendations is available in the permanent record.</p>	<p><u>Motion No. 22.02-20</u> Moved by Ms. Elena Marks, seconded by Ms. Alicia Reyes, and majority passed that the Board approve purchasing recommendations (Items A1 through A78). Motion carried. Professor Marcia Johnson opposed this motion. Dr. Arthur Bracey recused on this matter related to BCM (Items A56 and A57).</p>

	<p>C. Consent Grant Agreements</p> <p>1. Approval of Grant Agreement (Item C1 through C4)</p>	<p><u>Motion No. 22.02-21</u> Moved by Ms. Elena Marks, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda item VIII.C.1. Motion carried. Dr. Arthur Bracey recused on this matter related to BCM (Items C1 through C3).</p>
	<p>D. Consent Items for Board Approval</p> <p>1. 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</p> <p>2. 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</p>	<p><u>Motion No. 22.02-22</u> Moved by Ms. Elena Marks, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve agenda items VIII.D.1. and VIII.D.2. Motion carried.</p>
	<p>E. Consent Reports and Updates to Board</p> <p>1. Harris Health System December 2021 and January 2022 Financial Reports Subject to Audit</p> <p>2. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</p> <p>3. Update Regarding Population Health</p> <p>4. Update Regarding Pharmacy</p>	<p>For informational purposes only - No action required.</p>
	<p>F. Consent Item for Notice</p> <p>1. Harris Health System Council-At-Large Meeting Minutes</p> <ul style="list-style-type: none"> • January 10, 2022 <p><i>{End of Consent Agenda}</i></p>	<p>For informational purposes only - No action required.</p>

<p>IX. New Item for Board Consideration</p>	<p>A. Approval of Standing 2022 Committees, Appointment of Committee Members, and Approval of the 2022 Committee Charters</p> <p>Dr. Bracey requested a motion to approve the revisions to the Quality Committee, Budget and Finance Committee and Compliance and Audit Committee Charters and the Appointment of the Board members as voting members of these committees for the term March 1, 2022 through September 2023:</p> <p><u>Quality Committee</u></p> <ul style="list-style-type: none"> • Dr. Andrea Caracostis, Chair • Ms. Elena Marks • Ms. Alicia Reyes <p><u>Budget and Finance Committee</u></p> <ul style="list-style-type: none"> • Mr. Lawrence Finder, Chair • Dr. Ewan Johnson • Professor Marcia Johnson • Ms. Mia Mends <p><u>Compliance and Audit Committee</u></p> <ul style="list-style-type: none"> • Professor Marcia Johnson, Chair • Mr. Lawrence Finder • Ms. Jennifer Tijerina <p>Ms. Alicia Reyes inquired about the reason why Joint Conference Committee is exempt from the Texas Open Meetings Act (TOMA). Ms. Sara Thomas, Vice President Legal Affairs/Managing Attorney, Harris County Attorney’s Office, stated that the determination was made based upon applicable Attorney General opinions and how they apply to the committees’ in which Joint Conference does not need to comply with the TOMA unless we have a quorum of the Board participating in the meeting. A copy of the standing committees and committee charters are available in the permanent record.</p>	<p><u>Motion No. 22.02-23</u></p> <p>Moved by Ms. Jennifer Tijerina, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve the Standing 2022 Committee and 2022 Committee Charters (Quality, Budget and Finance, and Compliance and Audit). Motion carried.</p>
	<p>Dr. Bracey stated that the Joint Conference committee charter were revised to read that the committee would have up to thirteen (13) voting members, instead of up to eleven (11) voting members to reflect the addition of the Assistant Chiefs of Staffs to the Committee. Additionally, the third paragraph of the charter was corrected to read as follows:</p> <p>The meetings of the Joint Conference Committee are not required to follow the Texas Open Meetings Act, unless the number of Harris Health Board members participating in the</p>	<p><u>Motion No. 22.02-24</u></p> <p>Moved by Mr. Lawrence Finder, seconded by Ms. Alicia Reyes, and unanimously passed that the Board approve the Standing 2022 Joint Conference Committee and 2022 Joint</p>

	<p>meeting requires compliance with the Open Meetings Act. A copy of the standing committees and committee charters are available in the permanent record.</p> <p>Dr. Bracey requested a motion to approve the revisions to the Joint Conference Committee Charter subject to the aforementioned corrections along with appointment of the following members of the Committee:</p> <p><u>Joint Conference Committee - Board Member Appointees</u></p> <ul style="list-style-type: none"> • Ms. Elena Marks, Chair • Arthur Bracey – (<i>ex-officio</i>) • Alicia Reyes <p><u>Joint Conference Committee - Non-Board Member Appointees</u></p> <ul style="list-style-type: none"> • Chief of Staff Ben Taub • Chief of Staff LBJ • Assistant Chief of Staff UT • Assistant Chief of Staff BCM • Chair of the Medical Executive Board • Vice Chair of the Medical Executive Board • Harris Health System Chief Executive Officer • Harris Health Chief Operating Officer • Harris Health System Chief Medical Executive • Harris Health System Chief Medical Officer Ambulatory Care Services 	<p>Conference Committee Charter. Motion carried.</p>
	<p>B. Approval of Revised 2022 Board of Trustees Calendar</p> <p>A copy of the calendar is available in the permanent record.</p>	<p><u>Motion No. 22.02-25</u> Moved by Dr. Andrea Caracostis, seconded by Ms. Jennifer Tijerina, and majority passed that the Board approve agenda item IX.B. Motion carried. Professor Marcia Johnson opposed this motion.</p>

<p>X. Strategic Discussion</p>	<p>A. Harris Health System Strategic Plan Initiatives</p> <p>1. Discussion Regarding Strategic Financial Plan</p> <p>Ms. Victoria Nikitin, Senior Vice President, Finance, led the discussion regarding the Strategic Financial Plan. She stated that the FY2023-2027 draft operating and capital projections represent the first attempt to reflect the strategic plan priorities in terms of financial expenditures over the next five years. While the operational and tactical details continue to be refined, Administration would like to share the ongoing through – process as it evolves from its origin to completion. Ms. Nikitin stated that Harris Health expects frequent changes to the underlying assumptions in future months and even years. Consistent with the strategic pillars, the financial projections link strategic initiatives to objectives and goals under each pillar. She explained that the initiatives are 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 know impact. Additionally, Ms. Nikitin shared that the unknown or unidentified impact of strategic projects continues to be regularly evaluated for potential inclusion in the multi-year financial plan. Discussion ensued regarding the FY2023-27 preliminary projections, the established baseline, and impact of the tax rates. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
<p>XI. Executive Session</p>	<p>At 9:45 a.m., Dr. Arthur Bracey stated that the Board would enter into Executive Session as permitted by law under Tex. Gov’t Code Ann. §551.071, Tex. Gov’t Code Ann. §551.074, Tex. Gov’t §418.183, Tex. Gov’t Code Ann. §551.085, Tex. Gov’t Code Ann. §551.089, Tex. Health and Safety Code Ann §161.032, Tex. Occ. Code Ann. §151.002, and Tex. Occ. Code Ann. §160.007.</p>	
<p>XII. Reconvene</p>	<p>At 11:48 a.m., Dr. Arthur Bracey reconvened the meeting in open session and stated that the Board will take action on item(s) ‘C & H’ of the Executive Session agenda.</p>	
	<p>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.</p>	<p>No Action Taken.</p>
	<p>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.</p> <p>Mr. Finder led the discussion regarding the slate of officers for the Harris Health Board of Trustees effective March 2022 through September 2023. He presented a nomination for Dr. Andrea Caracostis as Secretary of the Board of Trustees. Mr. Finder opened the floor for any additional nominations and motioned to close nominations.</p>	<p><u>Motion No. 22.02-26</u> Moved by Dr. Arthur Bracey, seconded by Ms. Alicia Reyes, and unanimously passed that the Board close nominations. Motion carried.</p>

	<p>Mr. Finder issued a roll call vote regarding Dr. Caracostis nomination as follows:</p> <ul style="list-style-type: none"> • Dr. Arthur Bracey -Aye • Dr. Andrea Caracostis -Aye • Mr. Lawrence Finder -Aye • Dr. Ewan Johnson -Aye • Professor Marcia Johnson – Nay • Elena Marks – Aye • Mia Mendis – Aye • Alicia Reyes – Aye • Jennifer Tijerina – Aye 	<p><u>Motion No. 22.02-27</u> Moved by Dr. Arthur Bracey, seconded by Ms. Alicia Reyes, and majority passed by a roll call vote to appoint Dr. Andrea Caracostis as Secretary of the Board of Trustees. Motion carried.</p>
	<p>Mr. Finder stated that there were two (2) nominations for Vice Chair of the Board of Trustees, Ms. Elena Marks and Dr. Ewan Johnson. He opened the floor for any additional nominations and motioned to close nominations.</p>	<p><u>Motion No. 22.02-28</u> Moved by Dr. Arthur Bracey, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board close nominations. Motion carried.</p>
	<p>Mr. Finder issued a roll call vote regarding Dr. Johnson’s nomination as follows:</p> <ul style="list-style-type: none"> • Dr. Arthur Bracey -Nay • Dr. Andrea Caracostis -Nay • Mr. Lawrence Finder -Nay • Dr. Ewan Johnson -Aye • Professor Marcia Johnson – Aye • Elena Marks – Nay • Mia Mendis – Aye • Alicia Reyes – Aye • Jennifer Tijerina – Aye 	<p><u>Motion No. 22.02-29</u> Moved by Dr. Arthur Bracey, seconded by Dr. Andrea Caracostis, and majority passed by a roll call vote to appoint Dr. Ewan Johnson as Vice Chair of the Board of Trustees. Motion carried.</p>
	<p>Mr. Finder presented a nomination for Dr. Arthur Bracey as Chair of the Board of Trustees. Mr. Finder opened the floor for any additional nominations. Ms. Jennifer Tijerina requested to nominate Ms. Elena Marks; however, Ms. Marks respectfully declined the nomination. Mr. Finder motioned to close nominations.</p>	<p><u>Motion No. 22.02-30</u> Moved by Dr. Jennifer Tijerina, seconded by Mr. Lawrence Finder, and unanimously passed that the Board close nominations. Motion carried.</p>
	<p>Mr. Finder issued a roll call vote regarding Dr. Bracey’s nomination as follows:</p> <ul style="list-style-type: none"> • Dr. Arthur Bracey - Aye • Dr. Andrea Caracostis - Aye • Mr. Lawrence Finder - Aye • Dr. Ewan Johnson -Aye • Professor Marcia Johnson – Nay • Elena Marks – Aye • Mia Mendis – Aye • Alicia Reyes – Aye • Jennifer Tijerina – Aye 	<p><u>Motion No. 22.02-31</u> Moved by Ms. Alicia Reyes, seconded by Mr. Lawrence Finder, and majority passed by a roll call vote to appoint Dr. Arthur Bracey as Chair of the Board of Trustees. Motion carried.</p>
	<p>D. Discussion Regarding Board of Trustees Roles and Responsibilities, Pursuant to Tex.Gov’t Code Ann. §551.074</p>	<p>No Action Taken.</p>

	<p>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</p>	<p>No Action Taken.</p>
	<p>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</p>	<p>No Action Taken.</p>
	<p>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.</p>	<p>No Action Taken.</p>
	<p>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.</p> <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 McKesson Corp., Cardinal Health, Inc., Amerisource-Bergen Drug Corp., and Teva Pharmaceutical Co. in connection with Harris County v. Purdue Pharma, LP, et al., and In Re National Prescription Opiate Litigation.</i></p>	<p><u>Motion No. 22.02-32</u> Moved by Dr. Ewan Johnson, seconded by Dr. Andrea Caracostis, and unanimously passed that the Board approve agenda item XI.H. Motion carried.</p>
	<p>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</p>	<p>Deferred.</p>
<p>XIII. 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 February 2022 Operational Update ● HCHP Fourth Quarter Quality Management Report <p>Dr. Jennifer Small, Interim Executive Vice President, Ambulatory Care Services, presented Health Care for the Homeless Program (HCHP) operational update. She stated that there were</p>	<p><u>Motion No. 22.02-33</u> Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XIII.A. Motion carried.</p>

	<p>230 new adult patients and 11 new pediatric patients associated with the program. She 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 January, HCHP served 1,172 unduplicated patients and completed 1,724 total visits. Dr. Small stated that the amount of unduplicated patients seen overall has remained consistent compared to the prior year.</p> <p>Dr. Small presented the new HCHP Waiving Client Fees Policy. The policy is a requirement of HRSA to assure that any fees or payments required by the center services will be reduced or waived to assure that no patient will be denied services due to their inability to pay.</p> <p>Ms. Tracey Burdine, Director, Health Care for the Homeless Program, stated that Houston City Council recently approved the construction of the Housing Navigation Center. She mentioned that the 186-bed facility will be an essential component of the homeless response system and that the unsheltered individuals will reside at the center until their permanent housing arrangements are finalized. Dr. Small presented changes in scope for the Navigation Center, Jackson Hinds Gardens and the Salvation Army Family.</p> <p>Dr. LaResa Ridge, Medical Director, Health Care for the Homeless Program, presented the Q4 Quality Management Report. She stated that HCHP has elected to focus on three (3) main areas of improvement, which includes Adult BMI Benchmark, Depression Follow-up & Screening, and Statin Therapy. Dr. Ridge addressed the three (3) standards, HCHP intentional goals, and action plans put in place to ensure that the program meets and exceeds quality benchmarks. A copy of the operational update is available in the permanent record.</p>	
	<p>B. Approval of Changes of Scope</p> <ul style="list-style-type: none"> • 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 	<p><u>Motion No. 22.02-34</u> Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously passed that the Board approve agenda item XIII.B. Motion carried.</p>
	<p>C. Approval of NEW HCHP Waiving Client Fees Policy</p>	<p><u>Motion No. 22.02-35</u> Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously passed that the Board approve agenda item XIII.C. Motion carried.</p>
<p>XIV. Adjournment</p>	<p>Moved by Ms. Alicia Reyes, seconded by Dr. Ewan Johnson, and unanimously approved to adjourn</p>	

	the meeting. There being no further business to come before the Board, the meeting adjourned at 12:49 p.m.	
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I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on February 24, 2022.

Respectfully Submitted,

Arthur Bracey, M.D., Chair

Elena Marks, Secretary

Minutes transcribed by Cherry Pierson

Thursday, February 24, 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. 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
Mr. Jeffrey Vinson, Senior Vice President, Chief Information Security Officer
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. Matasha Russell, Chief Medical Officer, Ambulatory Care Services
Dr. Maureen Padilla, Senior Vice President, Nursing Affairs & Support 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
Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health
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
Ms. Sharon Brantley Smith, Assistant County Auditor, Harris County Auditor'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	
Angela Russell	Karen Hughes (Burson Cohn & Wolfe)
Anthony Williams	Kimberly Sterling (Sterling)
Antoinette Cotton	LaDale George (Perkins Coie LLP)
Barron Bogatto (Jackson Walker)	LaResa Ridge, MD
Bradford Scott, MD	Mary Gatmaitan
Cherry Pierson	Matthew Schlueter
Christine Victorian	Michael Kaufman (Jackson Walker)
Cynthia Cole (AFSCME)	Nathan Bac
Daniel Smith	Nicholas Bell
David Attard	Paul Lopez
Ebon Swofford	Randy Manarang
Elisabeth Hurst (The Governance Institute)	Tai Nguyen
Elizabeth Winn	Tracey Burdine
Jamie Orlikoff	Wade Gates (Burson Cohn & Wolfe)
Jennifer Zarate	Xylia Rosenzweig
Jerald Summers	Zubin Khambatta (Perkins Coie LLP)

Thursday, March 24, 2022

CEO Report Including Updates on COVID-19 and Special Announcements

- Fourth Quarter 2021 Top Providers
- Victoria Nikitin, Named as Executive Vice President and Chief Financial Officer, Effective March 1, 2022
- Omar Reid, Named as Executive Vice President and Chief People Officer, Effective March 13, 2022
- Dr. Ann Barnes, Senior Vice President and Chief Health Officer of Population Health, has been Selected as One of Five Houstonian Honorees by the U.S. Department of Health and Human Services for their Inaugural International Women's Day

Fourth Quarter 2021 Top Providers - Patient Satisfaction Performance
How likely would you be to recommend this provider to your friends and family (0 - 10)

Provider Name	Health Center(s) where they practice	Top Box Score (9 & 10)	Percentile	n size
Julia Reyser, MD	Vallbona Health Center	100	100th	29
Yvonne Chu, MD	Ben Taub Ophthalmology Clinic	100	100th	27
John Saunders, MD	Gulfgate Health Center	100	100th	27

Top provider(s) will receive a quarterly crystal award, providers at 95th %tile rank or above will receive an achievement certificate

Jasmine K Kalsi, MD	Casa De Amigos and Vallbona Health Centers	97.9	99th	47
Ching-Lan Shih, DDS	Acres, MLK, Strawberry and Aldine Dental Clinics	97.7	99th	44
Susette Arrozolo, NP	Cypress Health Center	97.1	99th	70
Michelle Wheeler, MD	Northwest Health Center	97.0	99th	33
Carol Manning, NP	Martin Luther King Jr. Health Center	96.8	99th	63
Rossie Gomez, DPM Podiatry	Gulfgate and Settegast Health Centers	96.7	99th	30
Steven Vo, DO	Acres and Aldine Health Centers	96.7	99th	30
Kathleen Schmeler, MD	OC Gynecology Clinic	96.6	99th	29
Lydia Sharp, MD	Smith Neurology Clinic	96.6	99th	29
Tariq Mansoor, MD	Baytown Health Center	96.5	99th	86
Jasmine Mitchell, MD	Aldine Health Center	96.3	99th	27
Craig B Pearl, DDS	Ben Taub Oral Surgery Clinic	96.3	99th	27
Omegie L Anabor, MD	Baytown Health Center	96.2	99th	53
Nicole Brooks, CNM Midwife	Casa De Amigos, Gulfgate Health Centers and BT OB Clinic	96.2	99th	26
Caitlin Wilson, RPH PharmD	Squatty Lyons Health Center	96.0	99th	25
Eric Lee, MD	Vallbona, Cypress and Northwest Health Centers	95.8	99th	48
Carolina Moody, DDS	Strawberry Dental Clinic	95.7	99th	47
Jason Holliday, MD	Aldine Health Center and OC Gynecology Clinic	95.7	99th	46
Mohammad Khoaja, MD	Gulfgate Health Center	95.7	99th	46
Jessy Jacob, OD	Martin Luther King Jr. Health Center	95.1	98th	102
Nathan Bender, MD	El Franco Lee Health Center	94.9	98th	79
Emma Omoruyi, MD	Cleveland E Odom Health Center	94.9	98th	39
Yussef Aguirre, MD	Aldine Health Center	94.7	98th	57
Monica Prado, MD	Casa De Amigos Health Center	94.5	97th	91
Hammad Mahmood, MD	Casa De Amigos Health Center	94.4	96th	36
John Higgins, MD	OC Cardiology Clinic	94.1	95th	34
Demi Martinez, RPH PharmD	Settegast Health Center	94.1	95th	34
Victoria Nnadi, MD	Strawberry Health Center	94.1	95th	34

Top Provider Comments

Dr. Reyser *I want to congratulate you, because you really made a good choice with Dr. Julia who attended me. I thank you and the doctor who was excellent in her treatment and I am very grateful to the doctor and you. God bless you in your path and your family and the doctor too.

Dr. Chu * Dr's personality was wonderful *Very good, everything is excellent, I liked the whole consultation and I am all well. Thank you. *Provider was professional and courteous.

Dr. Saunders *Doctor was very professional, helped me through everything that I needed to know. Listened to me very well and very good response time and I am more than grateful for his help.

Eligibility Criteria:
25 or more return in a quarter



Dear Harris Health System Family,

It is with great pleasure that I announce Harris Health System has promoted Victoria Nikitin to executive vice president and chief financial officer (CFO) to be effective March 1, 2022.

Victoria has worked closely with outgoing CFO Michael Norby during the past 18 months as a transition plan for this moment. I, our Board of Trustees, and our entire leadership team are deeply indebted to Michael Norby for his years of service to Harris Health System, and his leadership and guidance to help prepare Victoria for this transition.

Victoria has more than 20 years of progressive financial leadership experience in complex healthcare environments including primary, secondary and tertiary care. She joined Harris Health System in 2004 and was directly involved with the development of Harris Health's financial change strategy that resulted in the system's growth from a \$775 million enterprise in 2005 to a \$2.2 billion enterprise in 2022. Most recently, Victoria served as the senior vice president, Finance, overseeing the portfolio of accounting, financial planning, decision support and data analytics, and government reimbursement. She is focused on directing financial strategy for the system and supporting transformational initiatives aimed at expense control and improved reimbursement. In addition to financial strategy, Victoria is a major contributor in the development of regional and statewide health policy and the priorities for the Texas Medicaid 1115 Waiver.

Prior to becoming senior vice president, Victoria held the position of vice president, Financial Services, when she was a co-architect of the multi-year strategic capital program of \$370 million (2008-2014) that included construction of two outpatient towers, two new health centers with adjacent eligibility centers, and the expansion of Ben Taub and LBJ hospital platforms.

Victoria holds a Master of Business Administration degree from California State University and a Texas Certified Public Accountant license. She is a Fellow of the Healthcare Financial Management Association, having served on the Board of the Texas Gulf Coast Chapter of HFMA for many years.

Please join me in welcoming Victoria to this key leadership role.

Esmail Porsa, MD
President and CEO
Harris Health System



CEO UPDATE with Esmaeil Porsa, MD

HARRIS HEALTH
SYSTEM

Omar Reid Promoted to EVP and Chief People Officer

March 14, 2022

Dear Harris Health System Family,

Harris Health System is pleased to announce the promotion of Omar C. Reid to executive vice president and chief people officer, effective immediately.

In this role, Omar will plan, direct and have overall responsibility for all aspects of Harris Health's Human Resources activities, fully aligning the department's functions to support the organization's strategic direction and culture and leveraging capabilities to make a measurable impact on all people-related programs. He will continue to develop and manage a full range of HR programs, including but not limited to: talent acquisition and management, employee engagement, staff and leader development, employee and labor relations, compensation, benefits, wellness, HR Information Systems.

Omar joined Harris Health System in 2016, incorporating his "people come first" philosophy in all areas of the Human Resources team. In his six year tenure, he oversaw the integration of Occupational Health and Spiritual Care into the Human Resources Department and led the creation of Employee Communications, Internal Mobility and Diversity, Equity and Inclusion programs, as well as a nationally recognized Employee Wellness program.

This award winning wellness program has resulted in tremendous positive health outcomes for Harris Health staff. During three of the last five years, Harris Health has not seen premium increases, far outperforming national healthcare trends.

Omar's extensive background in Human Resources administration includes six years as the HR Director at the City of Houston, where he was responsible for citywide Human Resources responsibilities, and more than 25 years with UPS in various operational and administrative capacities.

He earned his bachelor's degree in Business Administration from the University of Houston-Downtown (UHD) and his MBA from Texas Southern University (TSU). He also serves as a Corporate Fellow at UHD and as an adjunct professor at TSU's School of Public Policy. Omar believes in giving back to the community, serving as President of the Board for Communities in School Houston, a YMCA Diversity, Equity and Inclusion Advisory Board Member, and a Trustee Board Chair at Wheeler Avenue Baptist Church.

Please join me in congratulating Omar on his accomplishment.

God bless,

Esmaeil Porsa, MD
President and CEO
Harris Health System



**U.S. Department of Health and Human Services
Center for Faith-based and Neighborhood Partnerships and Region VI Office of the
Regional Director
International Women's Day Celebration**

Honoring



Dr. Huda Koghbi

Rogene Gee Calvert

Dr. Ann Barnes

Oni Blair

Lakshmy Parameswaran

You are invited to join us for our inaugural International Women's Day Celebration hosted by the U.S. Department of Health and Human Services Partnership Center and Region VI Office of the Regional Director Intergovernmental & External Affairs Division. We will honor, celebrate, and acknowledge women that have influenced our communities with hope, equity, and justice. This year we will honor five Houstonians whose contributions have helped build healthier and equitable communities. We look forward to honoring women across our region in the coming years.

The event will take place virtually on Zoom on **March 8th, 2022 at 5:00 pm CST**. Please RSVP with the registration link below. After registering, you will receive a confirmation email.

<https://www.zoomgov.com/meeting/register/vJltceyrrz4uHQWmhhtd7UYZo-4apoRAXiE>

Please feel free to share this invite. We look forward to having you join us and hope to see you there!

The event is not open to the press. Please note, this event will be recorded.

Warm wishes,

Que English, Director
Center for Faith and Neighborhood Partnerships
U.S. Department of Health and Human Services
Washington D.C., 20201

Sima Ladjevardian, J.D.
Regional Director, Region VI: AR, LA, NM, OK, TX and 68 Federally Recognized Tribes
Office of the Secretary
US Department of Health and Human Services

Thursday, March 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.

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Thursday, March 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

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Thursday, March 24, 2022

Consideration of Acceptance of the Medical Executive Board Report

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

**MINUTES OF THE MEDICAL EXECUTIVE BOARD
Harris Health System
March 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 February 8, 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>Policy 7.35 – Admission, Discharge and Transfer Criteria for Patient Care Needs Policy 7.35 - Admission, Discharge and Transfer Criteria for Patient Care Needs was presented for approval. It was moved and seconded to approve Policy 7.35 - Admission, Discharge and Transfer Criteria for Patient Care Needs as presented. Motion carried.</p> <p>Policy 7.20 – Universal Protocol Policy 7.20 - Universal Protocol was presented for approval. It was moved and seconded to approve Policy 7.20 - Universal Protocol as presented. Motion carried.</p> <p>Policy 4.29 – Transportation of Hospitalized Patient Within a Harris Health System Facility Policy 429 - Transportation of Hospitalized Patient within a Harris Health System Facility was presented for approval. It was moved and seconded to approve Policy 429 - Transportation of Hospitalized Patient within a Harris Health System Facility as presented. Motion carried.</p> <p>Rescind Policy 4101 – Pediatric and Neonatal Admission, Discharge and Transfer Policy Policy 4101 - Pediatric and Neonatal Admission, Discharge and Transfer Policy was presented for rescission and was for information only.</p>	<p>It was moved and seconded to approve Policy 7.35 - Admission, Discharge and Transfer Criteria for Patient Care Needs as presented. Motion carried.</p> <p>It was moved and seconded to approve Policy 7.20 - Universal Protocol as presented. Motion carried.</p> <p>It was moved and seconded to approve Policy 429 - Transportation of Hospitalized Patient within a Harris Health System Facility as presented. Motion carried.</p>
NEW BUSINESS	<p>Critical Call Lab Values Dr. Eldin presented the proposed changes to the critical call lab values. The</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS																																	
	<p>recommendations were approved by the three MECs. She reviewed the proposed changes with the MEB.</p> <p style="text-align: center;">Proposed Revisions</p> <table border="1" data-bbox="611 347 1436 659"> <thead> <tr> <th colspan="3" style="background-color: #cccccc;">CHEMISTRY</th> </tr> </thead> <tbody> <tr> <td>delete per LBJ MEC</td> <td></td> <td>delete</td> </tr> <tr> <td>BUN</td> <td></td> <td>100 mg/dl REMOVE</td> </tr> <tr> <td>Magnesium</td> <td>1.0 mg/dl</td> <td>8.0 mg/dl</td> </tr> <tr> <td>Calcium</td> <td>7 mg/dl 6 mg/dl</td> <td>13 mg/dl</td> </tr> <tr> <td>CO2 (serum bicarbonate)</td> <td>≤ 15 mmol/L</td> <td></td> </tr> <tr> <td>Creatinine</td> <td></td> <td>8.0 mg/dl REMOVE</td> </tr> <tr> <td>CSF Glucose</td> <td>40 mg/dL</td> <td></td> </tr> <tr> <td>Glucose</td> <td>50 mg/dl</td> <td>≥ 400 mg/dl</td> </tr> <tr> <td>Potassium</td> <td>2.5 mmol/L</td> <td>6.0 mmol/L</td> </tr> <tr> <td>Lactate</td> <td></td> <td>3.5 mmol/L</td> </tr> </tbody> </table> <p>It was moved and seconded to approve the proposed changes to the critical lab call values. Motion carried. Dr. Eldin stated that communication will be sent to providers before go live.</p>	CHEMISTRY			delete per LBJ MEC		delete	BUN		100 mg/dl REMOVE	Magnesium	1.0 mg/dl	8.0 mg/dl	Calcium	7 mg/dl 6 mg/dl	13 mg/dl	CO2 (serum bicarbonate)	≤ 15 mmol/L		Creatinine		8.0 mg/dl REMOVE	CSF Glucose	40 mg/dL		Glucose	50 mg/dl	≥ 400 mg/dl	Potassium	2.5 mmol/L	6.0 mmol/L	Lactate		3.5 mmol/L	<p>It was moved and seconded to approve the proposed changes to the critical lab call values. Motion carried.</p>
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<p>STANDING BUSINESS</p>	<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 we had a robust MEC meeting. We heard updates from Dr. Roy related to the Medicine Services. The committee recognized the good work done around the pericardial effusion algorithm that was approved in February. There has been progress in the GI Lab backlogs and the opening of a 3rd room was addressed. There was discussion related to the STEMI collaboration. Dr. Silberfein gave an update from Surgery. We have been working collaboratively on the development of the DVT Prophylaxis Order Set. The Red Rules have gone through the Legal reviews and will be coming to the MECs soon. The combined (BT and LBJ) OR Committee met last month and discussed various issues.</p> <p><i>Ambulatory Care Services (ACS)</i></p> <p>Dr. Russell presented the ACS Chief of Staff Report. She stated that Dr. Irene Stafford and Dr. John Riggs gave a report to the ACS MEC on prenatal syphilis screening. They shared concerning statistics with the group including a 40% increase in perinatal syphilis rates over the last 10 years. The number of cases for syphilis in women has risen 178% from 2015 to 2019. They proposed a change to the Epic workflow to help</p>																																		

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS																						
	<p>clinicians better recognize opportunities to screen pregnant women for syphilis. There was a celebration for Resident's Day - the committee gave kudos to Dr. Brass and Dr. Chung for sponsoring that event. She provided updates on our new COVID testing platform and the availability of oral medications for COVID in the ambulatory setting. She stated that Louis Smith recognized ACS for gaining medical home status gain from the NCQA.</p> <p>It was moved and seconded to accept the BT and ACS Chief of Staff Reports. Motion carried.</p> <p>Chief Medical Executive Report</p> <p>Dr. Brass presented the Chief Medical Executive Report. He reviewed the safety message which was related to the use of phonetic clarification and numeric clarification. Many organizations use this phonetic system when relaying information over the phone. It has been shown to help avoid errors especially for complex names, patient names and medications. One area very prone to mistakes is information involving numbers such as "15" and "50". Best practice and a HRO tool is to say "one-five" for 15 and "five-zero" for 50.</p> <p>Dr. Brass addressed Patient Safety Indicators (PSIs). PSIs are recognized by the Agency for Healthcare Research and Quality (AHRQ). They are measured across the country and help identify serious medical errors. Data suggests that most are preventable. They are factored into quality of care ratings and they impact payment. The Value Based Purchasing Program and Hospital Acquired Conditions Program are impacted by PSIs. He reviewed other groups that use this data as well as the list of PSIs.</p> <p>Table 1: Version 6.0 PSI-90</p> <table border="1" data-bbox="604 1089 1367 1446"> <thead> <tr> <th>PSI-#</th> <th>PSI Name</th> </tr> </thead> <tbody> <tr> <td>PSI-3</td> <td>Pressure ulcer</td> </tr> <tr> <td>PSI-6</td> <td>Iatrogenic pneumothorax</td> </tr> <tr> <td>PSI-8</td> <td>In-hospital fall with hip fracture</td> </tr> <tr> <td>PSI-9</td> <td>Perioperative hemorrhage and hematoma</td> </tr> <tr> <td>PSI-10</td> <td>Postoperative Acute Kidney Injury</td> </tr> <tr> <td>PSI-11</td> <td>Postoperative respiratory failure</td> </tr> <tr> <td>PSI-12</td> <td>Postoperative pulmonary embolism or deep vein thrombosis</td> </tr> <tr> <td>PSI-13</td> <td>Postoperative sepsis</td> </tr> <tr> <td>PSI-14</td> <td>Postoperative wound dehiscence</td> </tr> <tr> <td>PSI-15</td> <td>Unrecognized abdominopelvic accidental/puncture laceration</td> </tr> </tbody> </table>	PSI-#	PSI Name	PSI-3	Pressure ulcer	PSI-6	Iatrogenic pneumothorax	PSI-8	In-hospital fall with hip fracture	PSI-9	Perioperative hemorrhage and hematoma	PSI-10	Postoperative Acute Kidney Injury	PSI-11	Postoperative respiratory failure	PSI-12	Postoperative pulmonary embolism or deep vein thrombosis	PSI-13	Postoperative sepsis	PSI-14	Postoperative wound dehiscence	PSI-15	Unrecognized abdominopelvic accidental/puncture laceration	<p>It was moved and seconded to accept the BT and ACS Chief of Staff Reports. Motion carried.</p>
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AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
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He stated that there are opportunities with PSI-3, pressure ulcer and PSI-12, post-operative pulmonary embolism and DVT. We are starting to look at the LBJ and BT data along with the system data. He presented an overview of PSI-12 and 2021 data.

HARRIS HEALTH SYSTEM

PSI -12 Post Op DVT-PE

Perioperative pulmonary embolism or proximal deep vein thrombosis (secondary diagnosis) per 1,000 surgical discharges for patients ages 18 years and older.

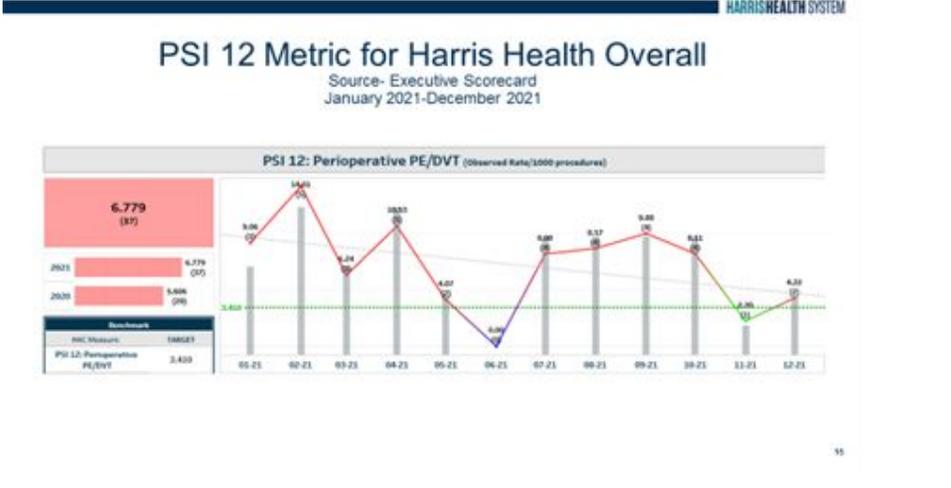
NUMERATOR

- Discharges, among cases meeting the inclusion and exclusion rules for the denominator, with a secondary ICD-10-CM diagnosis code for proximal deep vein thrombosis (**DEEPVIB***) or a secondary ICD-10-CM diagnosis code for pulmonary embolism (**PULMOID***).

DENOMINATOR

- Surgical discharges, (**Appendix C: SURG12R**) for patients ages 18 years and older, with any-listed ICD-10-PCS procedure codes for an operating room procedure (**Appendix A: ORPROC**). Surgical discharges are defined by specific MS-DRG codes.

13



Dr. Brass stated that Correctional Health Care transitioned to Harris Health effective March 1. Harris Health is currently onboarding more than 250 new team members. We have a new medical school affiliation with University of Houston to provide the

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>medical faculty for correctional health.</p> <p>Dr. Brass stated that the physician engagement survey results are available and he is working with the chiefs of staff to present those results to medical staff leadership.</p> <p>Dr. Brass gave kudos to Dr. Yingao Zhang and Dr. Phillip Connell (BT 3B Newborn and Obstetrics Unit), Dr. Rachel Bower (LBJ Emergency Center) and Dr. Hai Le (Gulfgate Health Center) - sharing patient feedback from the patient satisfaction surveys. National Doctors Day is on March 30 and Harris Health will be hosting celebration activities for providers.</p> <p>Reports from the Chiefs of Staff - Continued</p> <p><i>Lyndon B. Johnson General Hospital (LBJ)</i></p> <p>Dr. Ko presented the LBJ Chief of Staff Report. He that Dr. Sharma gave an EC update to the MEC and brought attention to the success of our recent acute coronary syndrome transfer process. There were 5 transfers over a 2 day period from LBJ to BT - all went exceedingly well with 4 of those transfers being completed in under 40 minutes. This is possible due to a lot of work that was done by the physicians at both pavilions. He thanked all involved for the collaborative effort to work as one health system. He stated that Adrienne Mendoza gave a presentation on the new process for scheduling post discharge (EC or inpatient) specialty appointments.</p> <p>It was moved and seconded to approve the LBJ Chief of Staff Report as presented. Motion carried.</p>	<p>It was moved and seconded to approve the LBJ Chief of Staff Report as presented. Motion carried.</p>
<p>COMMITTEE REPORTS</p>	<p>Bylaws Committee</p> <p>Dr. Mims stated that the Bylaws Committee has been reviewing the language for all system medical staff committees. The committee has now reviewed functions, membership, quorum definition and attendance requirements for all system meetings.</p> <p>Cancer Committee</p> <p>Dr. Mims stated that the Cancer Program received full accreditation from the American College of Surgeons Commission on Cancer. We submitted a letter of intent to the American Cancer Society yesterday to fund a navigator. BT, LBJ and ACS worked collaboratively to submit the proposal for a navigator for thoracic oncology. Twelve sites in the United States will be awarded this grant.</p>	<p>A copy of the Bylaws Committee Report is appended to the archived minutes.</p> <p>A copy of the Cancer Committee Report is appended to the archived minutes.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Critical Care Committee</p> <p>Dr. Estrada-y-Martin stated that the committee heard an update on the neuromuscular drip titration orders. She reminded the group that we were cited by DNV for inappropriate documentation for paralytic titration based on vent synchrony. It was decided that vent synchrony is out of scope for nursing practice. There was agreement between providers at both pavilions that vent synchrony should be removed as a part of titration for paralytic. It just adds confusion and the documentation is not justified based on what the nurse titrated the paralytic. It was agreed to only use "Train or Four" as the clinical endpoint for titratable neuromuscular drip orders. Also, to remove "ventilator synchrony" and "other" from Epic orders. The group voted to expedite the request so IT can be sent the approved changes.</p> <p>Ethics Committee</p> <p>The Ethics Committee Report was included in the packet for review and information. It was moved and seconded to receive the Ethics Committee Report. Motion carried.</p> <p>Emergency Center Committee</p> <p>Dr. Sharma stated that the EC Committee Report was included in the packet for review and information. There were no urgent or actionable items from the meeting.</p> <p>Infection Prevention Committee</p> <p>Dr. Ericsson stated that the Infection Prevention Committee Report was included in the packet for review and information.</p> <p>Pharmacy & Therapeutics Committee</p> <p>Dr. Ericsson stated that the committee heard a report on current drug shortages. Dietician order writing privileges are being rolled out. A DNV update was given. The ACS Subcommittee had a number of agents for the CAM list. The Antibiotic Stewardship Subcommittee approved rabies prophylaxis guidelines and UTI guidelines. The committee reviewed and approved updates to Policy 594 - Handling of Hazardous Drugs.</p>	<p>A copy of the Critical Care Committee Report is appended to the archived minutes.</p> <p>A copy of the Ethics 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> <p>A copy of the Infection Prevention Committee Report is appended to the archived minutes.</p> <p>A copy of the Pharmacy & Therapeutics Committee Report is appended to the archived minutes.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Utilization Review Committee</p> <p>Dr. Foringer stated that the committee is preparing for the upcoming DNV visit. The report was included in the packet for review and information.</p> <p>It was moved and seconded to approve the reports from Bylaws Committee, Cancer Committee, Critical Care Committee, EC Committee, Infection Prevention Committee, P&T Committee, and Utilization Review Committee.</p> <p>Medical Records Committee</p> <p>Dr. Wesley stated that the Medical Records Committee report was included in the packet. There are 4 Epic orders being brought forward for rescission. The orders have been replaced - the new orders are in place effective December 2021. He presented the Outpatient Therapy Attendance Agreement for approval. This is a new form that was developed to try to standardize rehab plans and care of documentation.</p> <p>It was moved and seconded to approve the Medical Records</p> <p>It was moved and seconded to approve the Medical Records Committee Report. Motion carried. It was moved and seconded to approve rescission of 4 Epic orders (IP Transthoracic Echo Follow Up (TTE) w/ Ultrasound Contrast if Needed, AMB Transthoracic Echo Follow Up (TTE) w/ Ultrasound Contrast if Needed, IP Transthoracic Echo (TTE) w/ Ultrasound Contrast if Needed, and AMB Transthoracic Echo (TTE) w/ Ultrasound Contrast if Needed). Motion carried.</p> <p>It was moved and seconded to approve the Outpatient Therapy Attendance Agreement. Motion carried.</p> <p>Credentials Committee</p> <p>Dr. Scott presented the Credentials Committee Report. There were 7 temporary privileges, 12 initial applications, 33 reappointments, 2 change/add privileges, and zero (0) resignations.</p> <p>The Credentials Committee Report was approved as presented.</p> <p><i>Cardiology Clinical Privileges</i></p> <p>Dr. Scott stated that the cardiology service line requested updated privileges for Impella - a ventricular assist device that's implanted by wire. It has been in use for about 15 years but it has never been used at Harris Health. A lot of work went into researching what privileges should be granted for use of this device. It was found</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, Cancer, Critical Care, EC, Infection Prevention, P&T, and UR Committee Reports as presented. Motion carried.</p> <p>A copy of the Medical Records Committee Report is appended to the archived minutes.</p> <p>Approved:</p> <ul style="list-style-type: none"> • Report • Rescind - IP Transthoracic Echo Follow Up (TTE) w/ Ultrasound Contrast if Needed • Rescind - AMB Transthoracic Echo Follow Up (TTE) w/ Ultrasound Contrast if Needed • Rescind - IP Transthoracic Echo (TTE) w/ Ultrasound Contrast if Needed • Rescind - AMB Transthoracic Echo (TTE) w/ Ultrasound Contrast if Needed • Outpatient Therapy Attendance Agreement <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>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>that there is not a national standard for it but there are some set standards locally. Baylor St. Luke's TMC has it as a special privilege - not a core privilege. It was then agreed that this should be a special privilege at Harris Health. He presented proposed language for the clinical privileges. Dr. Scott stated that the version being presented is not the same version that was approved at Credentials Committee. The language for "Required Previous Experience" has been updated since the committee meeting. Dr. Foringer stated that the name of the company (Abiomed) is on the clinical privileges under "Criteria". We don't list brand names on other policies or documents in Harris Health. It is unusual to see it on a clinical privileging form. Dr. Brass stated that Abiomed is the only company that makes this device. Looking at the community standard across different health systems, all of them refer to it because Abiomed provides training to physicians. We want Abiomed training to be part of the credentialing criteria. Dr. Ko stated that there was a similar issue when we were developing privileges for robotic surgery. There was only one company offering it at the time but they did not use the company name because there could be additional devices coming. Revising the criteria and privileges of providers is a lot of extra work. Dr. Brass stated that in the event another device comes out from another company, it doesn't remove the privileging from the physicians that already have it. Discussion ensued. Carolynn Jones stated that she does not have any concerns about the vendor being listed in the privileges but it will be something that we have to watch since it is possible there will be more vendors in the future.</p> <p>It was stated that there are two options with the proposed wording. The MEB can decide to send the language back to Credentials Committee for another vote and then to MEB again (both could be done via e-vote) or the MEB can override the Credentials Committee. Dr. Foringer stated that he would prefer a finalized version from the credentials committee before the MEB votes on it. It was recommended that we follow what we've done with past OB device and keep it general. It is the discretion of the Credential Committee to ask for specific proof of training, but we don't need to name the specific training because it can change over time. The goal is to just make sure physicians get the appropriate training.</p> <p>It was moved and seconded to send the drafted language for IMPELLA in the Cardiology Clinical Privileges back to Credentials Committee for finalization and approval. Once the Credentials Committee approves it, it can be sent to MEB for e-vote.</p> <p>The current Required Previous Experience section was discussed. The MEB expressed concern over the timeframe (past 12 months). The MEB recommended to Credentials Committee to</p> <p>1) Change Required Previous Experience section to read:</p>	<p>Approved:</p> <ul style="list-style-type: none"> • 7 temporary privileges • 12 initial applications • 33 reappointments • 2 change/add privileges • 0 resignations <p>It was moved and seconded to send the drafted language for IMPELLA in the Cardiology Clinical Privileges back to Credentials Committee for finalization and approval. The MEB made two recommendations to Credentials Committee. The document will be sent to the MEB for an e-vote once approved by Credentials Committee. Motion carried.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
	<p>Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 Impella procedures in the past 12 months, either or during fellowship or proctored by an Impella-privileged physician at another institution. Proctor must provide a letter. Beginning January 1, 2023, proctors serving in this capacity must have Impella privileges at Harris Health System.</p> <p>And</p> <p>2) Remove the company/vendor name “Abiomed” and change the Criteria section to read:</p> <p>Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in interventional cardiology. In addition, applicants must provide evidence of successful completion of a training course(s) from Abiomed for which privileges are requested.</p> <p>Motion carried.</p> <p>The Medical Executive Board went into Executive Session at 5:00pm. The Medical Executive Board reconvened at 5:15pm.</p>	
<p>ADJOURNMENT</p>	<p>There being no further business to come before the Medical Executive Board, the meeting adjourned at 5:16 p.m.</p>	

John Foringer, MD, Chair

Minutes recorded by Medical Staff Services (CR)

Thursday, March 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 March 24 2022.

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

Thank you.

Credentials Committee Report

March 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>MARCH 2022 TEMPORARY PRIVILEGES REQUESTED ROSTER</p> <ul style="list-style-type: none"> • 7 TEMPS • 12 INITIALS 	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>MARCH 2022 REAPPOINTMENT ROSTER</p> <ul style="list-style-type: none"> • 33 REAPPOINTMENTS 	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>MARCH 2022 CHANGES/ADDS/DELETES ROSTER</p> <ul style="list-style-type: none"> • 2 Changes in Clinical Privileges 	
<p style="text-align: center;">BAYLOR COLLEGE OF MEDICINE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER HARRIS HEALTH SYSTEM</p> <p>MARCH 2022 RESIGNATIONS</p> <ul style="list-style-type: none"> • 0 Resignations 	
<p style="text-align: center;">OTHER BUSINESS</p> <ul style="list-style-type: none"> • REVISED CARDIOLOGY PRIVILEGES <ul style="list-style-type: none"> • Addition of Placement of Catheter Based Miniature Assist Pump (IMPELLA) • FILE FOR DISCUSSION <ul style="list-style-type: none"> • 1 INITIAL • 1 REAPPOINTMENT 	

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM TEMPORARY PRIVILEGES 3/2/2022**

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments
442235	UTX	Almand	Jonathan Almand, PA	Physician Assistant	Emergency Medicine
35372	BCM	Desai	Snehal Subodh Desai, MD	Associate Professor	Radiation Oncology
442471	UTX	Harper	Justin Harper, PA	Pathologist Assistant	Pathology
442167	UTX	Medina	Ramon Medina, NP	Nurse Practitioner	Emergency Medicine
439876	BCM	Park	Christy Meehae Park, CRNA	Certified Nurse Anesthetist	Anesthesiology
441942	UTX	Torres	Wendy Torres, PA	Physician Assistant	Emergency Medicine
439881	BCM	Weldon	Audrey Grace Weldon, CRNA	Certified Nurse Anesthetist	Anesthesiology

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM INITIALS ROSTER 3/2/2022**

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments	Lic Type	Lic Exp Date
442235	UTX	Almand	Jonathan Almand, PA	Physician Assistant	Emergency Medicine	State License	2/28/2023
						DEA	6/30/2022
442501	UTX	Bhalla	Manav Bhalla, MD	Assistant Professor	Radiology	State License	3/1/2023
						DEA	Not Required
442406	HCHD	Bocanegra	Ingrid Bocanegra, MD	Harris Health System Physician	Healthcare for the Homeless	State License	11/30/2022
						DEA	7/31/2022
442383	UTX	Darwin	Latrell Darwin, NP	Nurse Practitioner	Int Med-Geriatric Medicine	State License	5/31/2023
						DEA	6/30/2024
035372	BCM	Desai	Snehal Subodh Desai, MD	Associate Professor	Radiation Oncology	State License	11/30/2023
						DEA	6/30/2022
442441	BCM	Gonzalez	Justo Gonzalez, MD	Assistant Professor	Anesthesiology	State License	2/28/2024
						DEA	9/30/2024
442471	UTX	Harper	Justin Harper, PA	Pathologist Assistant	Pathology	State License	Not Required
						DEA	Not Required
442167	UTX	Medina	Ramon Medina, NP	Nurse Practitioner	Emergency Medicine	State License	3/31/2024
						DEA	1/31/2025
25381	UTX	Naik	Aanand Dinkar Naik, MD	Assistant Professor	Int Med-Geriatric Medicine	State License	5/31/2023
						DEA	10/31/2022
439876	BCM	Park	Christy Meehae Park, CRNA	Certified Nurse Anesthetist	Anesthesiology	State License	12/31/2022
						DEA	Not Required
441942	UTX	Torres	Wendy Torres, PA	Physician Assistant	Emergency Medicine	State License	2/28/2023
						DEA	11/30/2024
439881	BCM	Weldon	Audrey Grace Weldon, CRNA	Certified Nurse Anesthetist	Anesthesiology	State License	8/21/2023
						DEA	Not Required

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

ID	Affil	L Name	Full Name	Faculty Appt	Assignments	Lic Type	Lic Exp Date
438306	BCM	Detlefs	Sarah Ellen Detlefs, MD	Clinical Instructor	Obstetrics and Gynecology	DEA	6/30/2024
						State License	5/31/2023
439157	BCM	Gollamudi	Jayakrishna Gollamudi, MD	Assistant Professor	Radiology	State License	2/28/2024
						DEA	9/30/2023
43024	BCM	Johnson	Kimberly Rucker Johnson	Nurse Practitioner	Internal Medicine Geriatrics	State License	2/28/2024
						DEA	12/31/2022
005046	BCM	Mani	Ravi S. Mani, MD	Clinical Instructor	Int Med-Gastroenterology	State License	2/28/2022
						DEA	1/31/2023
020287	UTX	McGarvey	William C McGarvey, MD	Associate Professor	Orthopedic Surgery	State License	11/30/2023
						DEA	1/31/2024
030016	UTX	Shih	Ching-Lan Shih, DDS	Harris Health System Contracted Dentist	Community Dentistry	State License	10/31/2023
						DEA	2/28/2023

HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CCM REAPPOINTMENTS ROSTER 3/1/2022
EXP. 4/30/2022

ID	Affil	L Name	Full Name	Faculty Appointment	Assignments	Lic Type	Lic Exp
006307	UTX	Arduino	Roberto Claudio Arduino, MD	Professor	Int Med-Infectious Disease	State License	11/30/2023
						DEA	6/30/2024
043009	BCM	Arrazolo	Susette Arrazolo, FNP	Harris Health System Nurse Practitioner	Family & Community Medicine	State License	9/30/2022
						DEA	6/30/2024
432729	BCM	Azhar	Aafia Azhar, MD	Assistant Professor	Family & Community Medicine	DEA	6/30/2023
						State License	11/30/2023
435904	UTX	Cash	Brooks Dickson Cash, MD	Visiting Professor	Int Med-Gastroenterology	State License	2/28/2024
						DEA	8/31/2022
051813	UTX	Chauhan	Suneet Chauhan, MD	Clinical Professor	Obstetrics and Gynecology	State License	5/31/2022
						DEA	8/31/2023
027274	BCM	Chohan	Lubna Chohan, MD	Assistant Professor	Obstetrics and Gynecology	State License	5/31/2023
						DEA	8/31/2022
025052	UTX	Demian	Nagi Mtanos Demian, MD, DDS	Professor	Oral and Maxillofacial Surgery	State License	11/30/2023
						DEA	6/30/2024
023354	UTX	Doyle	Peter Dillon Doyle, MD	Associate Professor	Anesthesiology	State License	11/30/2023
						DEA	6/30/2022
435275	BCM	Dugo	Paolo John Dugo, PA	Instructor	Family & Community Medicine	State License	2/28/2024
						DEA	6/30/2022
020162	BCM	Epner	Linda Chiou Epner, MD	Assistant Professor	Ophthalmology	State License	2/28/2023
						DEA	8/31/2023
022669	BCM	Hutton	George Joseph Hutton, MD	Professor	Neurology	State License	2/28/2024
						DEA	10/31/2024
051799	UTX	James	Geenu Tressty James, CRNA	Certified Nurse Anesthetist	Anesthesiology	State License	4/30/2023
						DEA	Not Required
439406	UTX	Jonna	Srikar Jonna, MD	Assistant Professor	Anesthesiology	State License	8/31/2022
						DEA	12/31/2022
042246	UTX	Kumar	Rishi Kumar, MD	Assistant Professor	Anesthesiology	State License	5/31/2022
						DEA	12/31/2024
040047	UTX	Lawrence	Sharlene Joy Lawrence, MD	Assistant Professor	Family & Community Medicine	State License	11/30/2023
						DEA	3/31/2024
025404	BCM	Metry	Denise Walker Metry, MD	Clinical Associate Professor	Dermatology	State License	2/28/2024
						DEA	1/31/2024
002542	BCM	Mizrahi	Eli M. Mizrahi, MD	Chairman/Professor	Neurology	State License	2/28/2024
						DEA	1/31/2025
435819	BCM	Navaneethan	Sankar Dass Navaneethan, MD	Associate Professor	Int Med-Nephrology	State License	8/31/2022
						DEA	10/31/2023
439487	BCM	Nnadi	Victoria O Nnadi, MD	Assistant Professor	Family & Community Medicine	State License	8/31/2022
						DEA	10/31/2022
47656	UTX	Patel	Nelum Jayanti Patel, PA	Physician Assistant	Physician Assistant	State License	2/28/2023
						DEA	3/31/2023
009904	UTX	Perkison	William Brett Perkison, MD	Assistant Professor	Family & Community Medicine	State License	8/31/2023
						DEA	3/31/2023
432266	BCM	Raschilla	Stephanie Nicole Raschilla, CRNA	Instructor	Anesthesiology	State License	10/31/2023
						DEA	Not Required
043381	UTX	Sibai	Baha M. Sibai, MD	Clinical Professor	Obstetrics and Gynecology	State License	11/30/2022
						DEA	2/29/2024
439483	UTX	Smith, Jr.	John Duncan Smith, Jr., MD	Assistant Professor	Oral and Maxillofacial Surgery	DEA	2/28/2025
						State License	7/31/2023
040016	UTX	Tammisetti	Varaha Satya Sairam Tammisetti, MD	Assistant Professor	Radiology	State License	2/28/2023
						DEA	11/30/2023
030853	UTX	Wang	Run Wang, MD	Professor	Urology	DEA	5/31/2023
						State License	11/30/2022
026266	UTX	Yousefi	Pouran Yousefi, MD	Assistant Professor	Family & Community Medicine	State License	2/28/2023
						DEA	5/31/2024

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
CHANGES IN CLINICAL PRIVILEGES
3/2/2022**

Affil	L Name	F Name	Degree	Faculty Appointment	Specialty Description	Credentialing Committee Notes
BCM	Mani	Ravi	MD	Clinical Instructor	Internal Medicine- Gastroenterology	Add non-core special privilege Esophageal Dilation for Achalasia (pneumatic). **Case logs on file, Board Certified Gastroenterology.
BCM	Murrey-Ittmann	Morgan	NP	Nurse Practitioner	Nurse Practitioner- IM Critical Care	Add Non-Core Arterial Line Placement **Case logs on file.

Applicant Name: _____

Initial Application

Reappointment Application

All new applicants must meet the following requirements as approved by the governing body effective: ____/____/____.

If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive contracts are indicated by [EC].

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Department Chair/Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:

- Note that privileges granted may be exercised only at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR CARDIOVASCULAR DISEASE (CARDIOLOGY)

To be eligible to apply for core privileges in cardiovascular disease (cardiology), the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)– or American Osteopathic Association (AOA)–accredited fellowship in cardiovascular disease.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

OR

Required previous experience: Applicants for initial appointment must be able to demonstrate active cardiology practice, reflective of the scope of privileges requested, for at least 50 patients in the past 12 months in an accredited hospital or healthcare facility or demonstrate successful completion of an ACGME or AOA-accredited residency, or clinical fellowship within the past 12 months.

Applicant Name: _____

Reappointment requirements: To be eligible to renew core privileges in cardiovascular disease, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (50 patients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CARDIOVASCULAR DISEASE (CARDIOLOGY) CORE PRIVILEGES

Admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with diseases of the heart, lungs, and blood vessels, and manage complex cardiac conditions. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Cardiovascular Disease (Cardiology) Core Procedures

These lists are samples of procedures included in the cores. They are not intended to be all-encompassing lists, but rather are reflective of the categories/types of procedures included in the cores.

Cardiovascular Disease (Cardiology) Core Procedures List

1. Adult transthoracic echocardiography
2. Ambulatory electrocardiology monitor interpretation
3. Cardioversion, electrical, elective
4. ECG interpretation, including signal average ECG
5. Infusion and management of Gp IIb/IIIa agents and thrombolytic agents and anti-thrombotic agents
6. Insertion and management of central venous catheters, pulmonary artery catheters, and arterial lines
7. Non-invasive hemodynamic monitoring
8. Perform history and physical exam
9. Pericardiocentesis
10. Stress echocardiography (exercise and pharmacologic stress)
11. Tilt table testing
12. Transcutaneous external pacemaker placement
13. Transthoracic 2D echocardiography, Doppler, and color flow

Cardiovascular Disease (Cardiology) Core Procedures Requested

Applicant Name: _____

QUALIFICATIONS FOR INVASIVE CARDIOLOGY

To be eligible to apply for core privileges in invasive cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:

Required previous experience: Applicants for initial appointment must have demonstrated successful performance, reflective of the scope of privilege requested, of at least 75 diagnostic right or left cardiac or coronary catheterizations in the past 12 months or demonstrate successful completion of an ACGME- or AOA accredited training program that included Level II training in invasive cardiology within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in invasive cardiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (150 diagnostic cardiac catheterizations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

INVASIVE CARDIOLOGY CORE PRIVILEGES

Admit, evaluate, consult, and treat patients of all ages who present with acute or chronic heart disease and who may require invasive diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Invasive Cardiology Core Procedures

1. Central line placement and venous angiography
2. Coronary arteriography
3. Diagnostic right and left heart cardiac catheterization
4. Hemodynamic monitoring with balloon flotation devices
5. Insertion of intraortic balloon counter pulsation device
6. Placement of temporary transvenous pacemaker

Invasive Cardiology Core Procedures Requested

Applicant Name: _____

QUALIFICATIONS FOR INTERVENTIONAL CARDIOLOGY

To be eligible to apply for core privileges in interventional cardiology, the initial applicant must be granted core privileges in cardiovascular medicine and meet the following criteria:

Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology or equivalent practice experience if training occurred prior to 2003.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada.

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance, reflective of the scope of privileges requested, of at least 75 percutaneous coronary intervention procedures in the past 12 months, or demonstrate successful completion of an ACGME- or AOA-accredited clinical fellowship or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in interventional cardiology, the applicant must meet the following maintenance of privilege criteria: Current demonstrated competence and an adequate volume of experience (150 percutaneous coronary intervention procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

INTERVENTIONAL CARDIOLOGY CORE PRIVILEGES

Admit, evaluate, treat, and provide consultation to patients of all ages with acute and chronic coronary artery disease, acute coronary syndromes, and valvular heart disease, including but not limited to chronic ischemic heart disease, acute ischemic syndromes, and valvular heart disease; and technical procedures and medications to treat abnormalities that impair the function of the heart. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Interventional Cardiology Core Procedures

1. Endomyocardial biopsy
2. Femoral, brachial or radial, axillary cannulation for diagnostic angiography or percutaneous coronary intervention
3. Interpretation of coronary arteriograms, ventriculography, and hemodynamics
4. Intracoronary foreign body retrieval
5. Intracoronary infusion of pharmacological agents including thrombolytics
6. Intracoronary mechanical thrombectomy
7. Intracoronary stents
8. Intravascular Ultrasound (IVUS) of coronaries

Board approved 2/27/2020

Applicant Name: _____

Interventional Cardiology Core Procedures (cont.)

- 9. Management of mechanical complications of percutaneous intervention
- 10. Performance of balloon angioplasty, stents, and other commonly used interventional devices
- 11. Use of intracoronary Doppler and flow wire
- 12. Use of vasoactive agents for epicardial and microvascular spasm

Interventional Cardiology Core Procedures Requested

QUALIFICATIONS FOR CLINICAL CARDIAC ELECTROPHYSIOLOGY (CCEP)

To be eligible to apply for core privileges in clinical cardiac electrophysiology, the initial applicant must qualify for and be granted core privileges in cardiovascular medicine and meet the following criteria:

Successful completion of an ACGME- or AOA-accredited fellowship in clinical cardiac electrophysiology or equivalent practice experience/training if training occurred prior to 1998.

OR

Specialty Board Certified by the AOA, an ABMS affiliated Specialty Board or one of the affiliated Boards of the Royal College of Physicians and Surgeons of Canada

OR

Required previous experience: Applicants for initial appointment must be able to demonstrate the performance of at least 100 intracardiac procedures, reflective of the scope of privileges requested, in the past 12 months or demonstrate successful completion of a hospital-affiliated accredited clinical fellowship within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in clinical cardiac electrophysiology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (200 intracardiac procedures) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CLINICAL CARDIAC ELECTROPHYSIOLOGY CORE PRIVILEGES

Admit, evaluate, treat, and provide consultation to acute and chronically ill patients of all ages with heart rhythm disorders including the performance of invasive diagnostic and therapeutic cardiac electrophysiology procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Applicant Name: _____

Clinical Cardiac Electrophysiology Core Procedures List

1. Insertion and management of automatic implantable cardiac defibrillators
2. Insertion of permanent pacemaker, including single/dual chamber and biventricular
3. Interpretation of activation sequence mapping recordings, invasive intracardiac electrophysiologic studies, including endocardial electrogram recording and imaging studies
4. Interpretation of results of noninvasive testing relevant to arrhythmia diagnoses and treatment
5. Pacemaker programming/reprogramming and interrogation
6. Performance of therapeutic catheter ablation procedures

Clinical Cardiac Electrophysiology Core Procedures Requested

QUALIFICATIONS FOR ENDOVASCULAR REPAIR OF THORACIC (TAA) AND ABDOMINAL AORTIC ANEURYSMS (AAA)

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program in cardiovascular disease. Applicants also must have successfully completed an approved training program in endovascular repair of thoracic (TAA) and abdominal (AAA) aortic aneurysms. Applicant agrees to limit procedure to use of endovascular graft device for which he/she has demonstrated training and experience.

Required previous experience: Demonstrated current competence and documentation of experience in at least 5 endovascular repairs of TAA or AAA procedures in the past 12 months.

In addition, supervision by a physician experienced in performing endovascular repair of TAAs is recommended for an applicant's initial 3 cases.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 5 endovascular repair of TAA or AAA procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

ENDOASCULAR REPAIR OF THORACIC (TAA) AND ABDOMINAL AORTIC ANEURYSMS (AAA) PRIVILEGES REQUESTED

QUALIFICATIONS FOR ADULT TRANSTHORACIC ECHOCARDIOGRAPHY

Criteria: Successful completion of an ACGME- or AOA-accredited training program in cardiovascular disease that included performing and interpreting adult TTE examinations or National Board of Echocardiography certification.

Required previous experience: Demonstrated current competence and evidence of the performance and/or interpretation of at least 300 adult TTE studies in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance or interpretation of at least 600 adult TTE studies in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. In addition, five hours of continuing education related to echocardiography is required.

ADULT TRANSTHORACIC ECHOCARDIOGRAPHY PRIVILEGES REQUESTED

Board approved 2/27/2020

Applicant Name: _____

QUALIFICATIONS FOR TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in interventional cardiology. In addition, applicants must have successfully completed a training course (s) in TAVR for which privileges are requested.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 100 or more career structural heart disease procedures or 30 or more left sided structural procedures per year based on the results of ongoing professional practice evaluation and outcomes.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 12 cases in the past 12 months.

QUALIFICATIONS FOR TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) REQUESTED

QUALIFICATIONS FOR CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA)

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program in cardiovascular disease. If the applicant's postgraduate program did not include cardiac CT training, applicants must demonstrate that they have successfully completed a formal course in cardiac CT and were proctored in their initial cases or the equivalent in practice experience.

Required previous experience: Demonstrated current competence and interpretation of 50 contrast and 50 noncontrast cardiac CT studies in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 100 contrast and 100 noncontrast cardiac CT studies based on the results of ongoing professional practice evaluation and outcomes in the past 24 months. In addition, 20 hours of continuing education related to the performance and interpretation of cardiac CT studies is required every 36 months.

CARDIAC COMPUTED TOMOGRAPHY (CT) AND CARDIAC COMPUTED TOMOGRAPHY ANGIOGRAM (CTA) PRIVILEGES REQUESTED (CT without contrast only)

QUALIFICATIONS FOR MECHANICAL RETRIEVER

Criteria: Applicants must be able to document training in the applicable retrieval system and agree to limit practice to only the mechanical retriever system for which they have provided documentation of training and experience.

Board approved 2/27/2020

Applicant Name: _____

Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 mechanical retriever procedures in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 5 mechanical retriever procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. In addition, continuing education in the mechanical retriever system and stroke treatment should be required.

MECHANICAL RETRIEVER PRIVILEGES REQUESTED

QUALIFICATIONS FOR CARDIOVASCULAR MAGNETIC RESONANCE (CMR)

Criteria: Successful completion of an ACGME- or AOA-accredited postgraduate training program in cardiovascular medicine. If CMR was not included in training, applicants must demonstrate that they have completed formal training in CMR that included supervised cases and training in CMR physics or have practice experience equivalent to formal training.

Required previous experience: Demonstrated current competence and evidence of analysis and interpretation of at least 50 CMR cases in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 100 CMR cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to the performance and interpretation of CMR is required every 36 months.

CARDIOVASCULAR MAGNETIC RESONANCE (CMR) PRIVILEGES REQUESTED

QUALIFICATIONS FOR PERCUTANEOUS TRANSLUMINAL SEPTAL MYOCARDIAL ABLATION

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology. If alcohol septal ablation training was not included in the fellowship program, the applicant must have completed training with an experienced alcohol septal ablation team that included proctoring for initial procedures.

Required previous experience: Demonstrated current competence and evidence of the performance of at least six alcohol septal ablation cases in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 12 alcohol septal ablation cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

PERCUTANEOUS TRANSLUMINAL SEPTAL MYOCARDIAL ABLATION PRIVILEGES REQUESTED

Applicant Name: _____

QUALIFICATIONS FOR VALVULOPLASTY

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology. If valvuloplasty training was not included in the fellowship program, the applicant must have completed training with a physician who has these privileges and training must have included five proctored procedures.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 4 cases in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 4 cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

VALVULOPLASTY PRIVILEGES REQUESTED

QUALIFICATIONS FOR CARDIAC NUCLEAR SCAN INTERPRETATION

Criteria: Successful completion of four to six months training in an ACGME- or AOA-accredited postgraduate training program in cardiology, nuclear medicine, or radiology that included training in nuclear cardiology, or training or experience equivalent to the training in a formal program such as the Level 2 training in the American College of Cardiology/American Society of Nuclear Cardiology (ACC/ASNC) training guidelines.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 30 cardiac nuclear scan interpretations during the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 60 cardiac nuclear scan interpretations during the past 24 months based on the results of ongoing professional practice evaluation and outcomes. In addition, successful completion of continuing education requirements that relate to nuclear cardiology and cardiac nuclear scan interpretation should be required.

CARDIAC NUCLEAR SCAN INTERPRETATION PRIVILEGES REQUESTED

QUALIFICATIONS FOR IMPLANTATION OF PERMANENT PACEMAKERS

Criteria: Successful completion of an ACGME- or AOA-accredited residency in cardiology followed by completion of an accredited training program in clinical cardiac electrophysiology, which included implantation of at least 24 procedures.

Required previous experience: Demonstrated current competence and evidence of the performance of 24 procedures in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 20 procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

IMPLANTATION OF PERMANENT PACEMAKERS PRIVILEGES REQUESTED

Board approved 2/27/2020

Applicant Name: _____

QUALIFICATIONS FOR PERIPHERAL VASCULAR INTERVENTIONS TO INCLUDE DIAGNOSTIC AND THERAPEUTIC ANGIOGRAPHY, ANGIOPLASTY, AND STENTING—ARTERIAL, VENOUS, GRAFTS, AND FISTULAS (EXCLUDING CAROTID STENTING AND INTRACRANIAL INTERVENTIONS)

Criteria: Successful completion of an ACGME- or AOA-accredited training program in cardiovascular disease, eight months of cardiac catheterization, plus an additional 12 months of interventional training that included at least one month on an inpatient vascular medicine consultation service, one month in a noninvasive vascular diagnostic laboratory, and one-half to one full day per week in the longitudinal care of outpatients with vascular disease OR equivalent training as follows:

1. Diagnostic peripheral angiograms—100 cases (50 as primary operator) reflective of all vascular areas, or 30 cases (eight as primary operator) in the subset vascular area requested
2. Peripheral interventions—50 cases (25 as primary operator) reflective of all vascular areas, or 15 peripheral interventions per vascular area requested

AND

No fewer than 20 diagnostic/10 interventional cases in each area. Must include aortoiliac arteries as initial area of competency.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 25 peripheral vascular intervention cases, reflective of the scope of the privileges requested, in the past 12 months or completion of training in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 10 peripheral vascular intervention cases in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

PERIPHERAL VASCULAR INTERVENTIONS TO INCLUDE DIAGNOSTIC AND THERAPEUTIC ANGIOGRAPHY, ANGIOPLASTY AND STENTING—ARTERIAL, VENOUS, GRAFTS, AND FISTULAS (EXCLUDING CAROTID STENTING AND INTRACRANIAL INTERVENTIONS) PRIVILEGES REQUESTED:

- Aortoiliac and brachiocephalic arteries
- Abdominal visceral and renal arteries
- Infrainguinal arteries

QUALIFICATIONS FOR PERCUTANEOUS THROMBOLYSIS/THROMBECTOMY

Criteria: Successful completion of an ACGME-accredited fellowship in cardiovascular disease that included training in percutaneous thrombolysis/thrombectomy or completion of a hands-on CME AND evidence of the performance of a minimum of five cases.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 percutaneous thrombolysis/thrombectomy procedures in the past 12 months.

Board approved 2/27/2020

Applicant Name: _____

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 5 percutaneous thrombolysis/thrombectomy procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

PERCUTANEOUS THROMBOLYSIS/THROMBECTOMY PRIVILEGES REQUESTED

QUALIFICATIONS FOR CAROTID STENTING

Criteria: Successful completion of an ACGME- or AOA-accredited fellowship in interventional cardiology that included training in diagnostic angiography, carotid angioplasty, and stent placement procedures. If not taught in an accredited residency/fellowship program, applicants must have completed an approved hands-on training program in diagnostic angiography and carotid angioplasty under the supervision of a qualified physician instructor. Applicants also must have completed a training course in the embolic protection system or device that is used in the carotid artery stenting procedure. In addition, applicants must be able to demonstrate the successful performance of at least 200 diagnostic cerebral angiograms if they have no prior catheter experience, or 100 diagnostic cerebral angiograms if they have experience sufficient to meet the American Heart Association requirements for peripheral vascular interventions.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 25 carotid artery stenting procedures in the past 12 months with at least half as the primary operator.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 20 carotid artery stenting procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes.

CAROTID STENTING PRIVILEGES REQUESTED

QUALIFICATIONS FOR PERCUTANEOUS ATRIAL SEPTAL DEFECT (ASD)/PATENT FORAMEN OVALE (PFO) CLOSURE

Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in interventional cardiology or pediatric cardiology that included the performance of at least 10 ASD/PFO procedures, three to five of which were proctored, or demonstrate equivalent practice experience. In addition, applicants must have successfully completed a training course in the ASD or PFO device for which privileges are requested and will agree to restrict their practice to the device(s) type(s).

Required previous experience: Demonstrated current competence and evidence of the successful performance of at least 10 percutaneous ASD or PFO closure procedures in the past 12 months.

Reappointment requirements: Demonstrated current competence and evidence of the successful performance of at least 10 percutaneous ASD or PFO closure procedures in the past 24 months based on the results of ongoing professional practice evaluation and outcomes. In addition, continuing education related to percutaneous ASD/PFO closure should be required.

PERCUTANEOUS ATRIAL SEPTAL DEFECT (ASD)/PATENT FORAMEN OVALE (PFO) CLOSURE PRIVILEGES REQUESTED

Board approved 2/27/2020

Applicant Name: _____

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence as determined acceptable by the department chairman/chief.

1. _____
2. _____
3. _____

Special Procedures Listed Above Requested

QUALIFICATIONS FOR ADMINISTRATION OF SEDATION AND ANALGESIA

ADMINISTRATION OF SEDATION AND ANALGESIA

See hospital policy for sedation and analgesia by non-anesthesiologists.

Sedation and Analgesia Privileges Requested

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Harris County District, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies, Rules & Regulations applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature _____ **Date** _____

Applicant Name: _____

QUALIFICATIONS FOR PLACEMENT OF CATHETER-BASED MINIATURE ASSIST PUMP (IMPELLA® HEART PUMP OR EQUIVALENT)

Criteria: Successful completion of an ACGME- or AOA-accredited post-graduate training program in interventional cardiology. In addition, applicants must provide evidence of successful completion of a training course(s) from the manufacturer of the device used in the procedure for which privileges are requested.

Required previous experience: Demonstrated current competence and evidence of the performance of at least 5 Impella® Heart Pump procedures in the past 12 months, proctored by an Impella® Heart Pump-privileged physician at another institution. Proctor must provide a letter. Beginning January 1, 2023, proctors serving in this capacity must have Impella® Heart Pump privileges at Harris Health System. Alternatively, applicant may demonstrate current competence and evidence of the performance of at least 5 Impella® Heart Pump procedures in the past 24 months occurring within an interventional cardiology fellowship.

Reappointment requirements: Demonstrated current competence and evidence of the performance of at least 2 cases in the past 12 months.

PLACEMENT OF CATHETER-BASED MINIATURE ASSIST PUMP (IMPELLA)

Department Chairman/Chief Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

Recommend requested privileges as indicated below:

- Cardiovascular Disease (Cardiology) Core Procedures
- Invasive Cardiology Core Procedures
- Interventional Cardiology Core Procedures
- Clinical Cardiac Electrophysiology Core Procedures (CCEP)
- Endovascular Repair of Thoracic (TAA) & Abdominal Aortic Aneurysms (AAA)
- Adult Transthoracic Echocardiography (TTE)
- Transesophageal Echocardiography (TEE)
- Cardiac Computed Tomography Angiogram (CT/CTA)
 - With Contrast* *Without contrast*
- Mechanical Retriever
- Cardiovascular Magnetic Resonance (CMR)
- Percutaneous Transluminal Septal Myocardial Ablation (PTSMA)
- Valvuloplasty
- Cardiac Nuclear Scan Interpretation
- Implantation of Permanent Pacemakers
- Peripheral Vascular Interventions to include Diagnostic and Therapeutic Angiography, Angioplasty and Stenting-Arterial, Venous, Grafts & Fistulas (excl. Carotid Stenting and Intracranial Interventions)
 - Aortoiliac and brachiocephalic arteries*
 - Abdominal visceral and renal arteries*
 - Infringuinal arteries*

Board approved 2/27/2020

Applicant Name: _____

- Percutaneous Thrombolysis/Thrombectomy
- Carotid Stenting
- Patent Foramen Ovale (PFO)/Atrial Septal Defect (ASD) Closure
- Special Procedures Listed
- Sedation and Analgesia Privileges Requested

- Recommend privileges with the following conditions/modifications:**
- Do not recommend the following requested privileges:**

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I recommend that the above-named applicant be considered for the following category of the medical staff: (circle one)

- Active Staff** (may provide clinical care and has admitting privileges AND meets activity requirements*).
- Affiliate Staff** (may provide clinical care and has admitting privileges; DOES NOT meet activity requirements*).
- Consulting Staff** (may provide clinical care but may NOT admit patients).
- Honorary Staff** (may NOT provide clinical care and may NOT admit patients).

*Activity Requirements:
 (serves on an inpatient, consulting or procedural service at least one month per year
 OR participates in clinical or administrative activities for at least 100 hours per year).

Notes

Department Chairman/Chief Signature

Date

Thursday, March 24, 2022

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

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

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

Thank you.

Credentials MEC Report

March 2022

ITEM	PAGES
TABLE OF CONTENTS	
HARRIS HEALTH SYSTEM – CORRECTIONAL HEALTH	
<p>MARCH 2022 INITIALS ROSTER</p> <ul style="list-style-type: none"> • 7 INITIALS 	
HARRIS HEALTH SYSTEM – CORRECTIONAL HEALTH	
<p>MARCH 2022 REAPPOINTMENT ROSTER</p> <ul style="list-style-type: none"> • N/A REAPPOINTMENTS 	
HARRIS HEALTH SYSTEM – CORRECTIONAL HEALTH	
<p>MARCH 2022 CHANGES/ADDS/DELETES ROSTER</p> <ul style="list-style-type: none"> • N/A Changes in Clinical Privileges 	
HARRIS HEALTH SYSTEM – CORRECTIONAL HEALTH	
<p>MARCH 2022 RESIGNATIONS</p> <ul style="list-style-type: none"> • N/A Resignations 	
OTHER BUSINESS	
<ul style="list-style-type: none"> • FILE FOR DISCUSSION <ul style="list-style-type: none"> • 1 INITIAL FILE 	

**HARRIS HEALTH SYSTEM - MEDICAL STAFF SERVICES
MEC CORRECTIONAL HEALTH
INITIALS ROSTER 2/25/2022**

ID	Affiliation	L Name	Full Name	Employment Status	Assignments	License Type	Expiration Date	Board Status
433961	Correctional Health	Goral-Gumm	Melissa Goral-Gumm, NP	Nurse Practitioner	AHP/ PA - NP General	State License	12/31/2022	Certified
						DEA	9/30/2023	
35205	Correctional Health	Shepherd	Kelvin Shepherd, DO	Physician	Family & Community Medicine	State License	5/23/2023	Not Boarded - Exp. 2012
						DEA	2/28/2023	
442466	Correctional Health	Walker	Daniel Walker, MD	Physician	Internal Medicine - Infectious Disease	State License	8/23/2023	Board Certified
						DEA	5/31/2022	
442406	Correctional Health	Bocanegra	Ingrid Bocanegra, MD	Physician	Family & Community Medicine	State License	11/30/2022	Board Certified
						DEA	7/31/2022	
442409	Correctional Health	Culpepper	Chatal Culpepper, MD	Physician	Family & Community Medicine	State License	8/31/2022	Not Boarded - Exp. 2012
						DEA	8/31/2023	
442410	Correctional Health	George	Beena George, NP	Nurse Practitioner	AHP/ PA - NP General	State License	11/30/2022	Certified
						DEA	9/30/2023	
442408	Correctional Health	Cortez	Mario Cortez, NP	Nurse Practitioner	AHP/ PA - NP General	State License	8/31/2023	Certified
						DEA	8/31/2024	
30064	Correctional Health	Kaminsky	Stephen Kaminsky, MD	Physician	Radiology	State License	2/28/2023	Board Certified
						DEA	Not Required	

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH
SYSTEM

Thursday, March 24, 2022

Presentation Regarding Harris Health's Employee Engagement Results

Harris Health System

2021 Employee Engagement Results

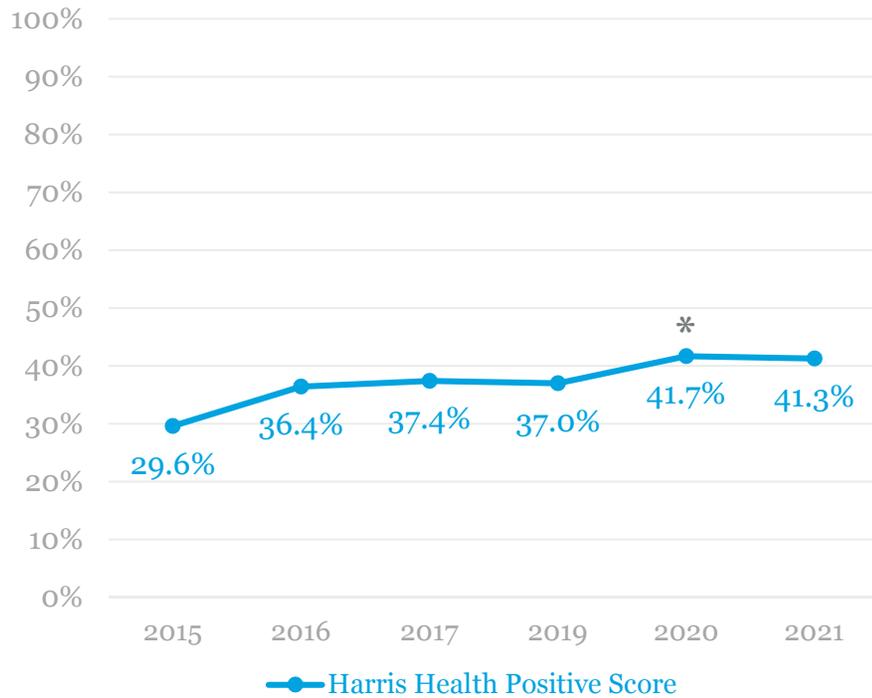
Background: Employee Engagement Survey

Workplace Experience Dimensions
Commitment
Manager Investment
Peer Relationships
Job Satisfaction
Custom Culture Questions

Patient-Centered Care Dimensions
Access to Care
Continuity and Transition
Coordination of Care
Emotional Support
Information and Education
Involvement of Family and Friends
Patient Safety
Physical Comfort
Respect for Patient Preferences

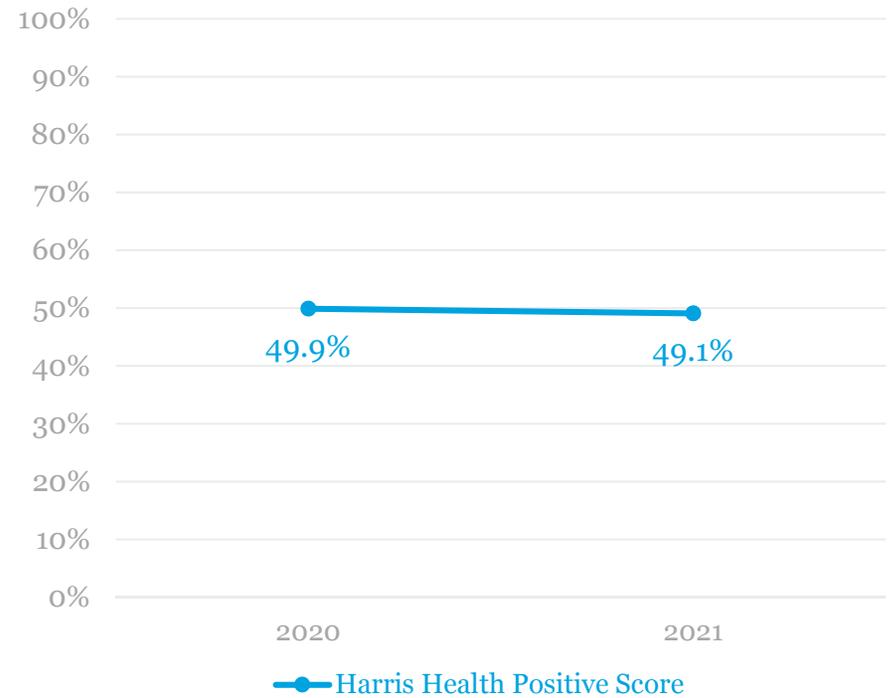
Harris Health System – Workplace Experience Loyalty Measures

Overall Rating as a Place to Work – 69th Percentile



NRC Avg = 34.2% / NRC 75th = 43.6% / NRC 90th = 53.9%

Likelihood to Recommend as a Place to Work – 58th Percentile



NRC Avg = 43.8% / NRC 75th = 56.9% / NRC 90th = 69.2%

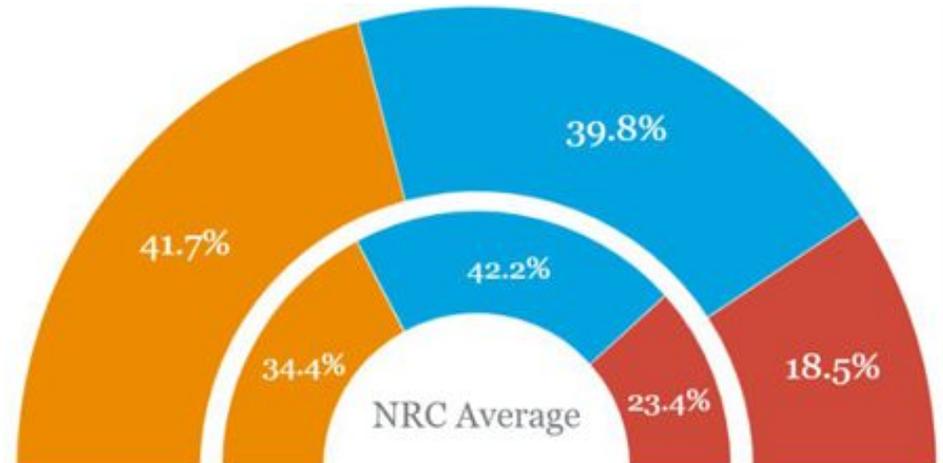
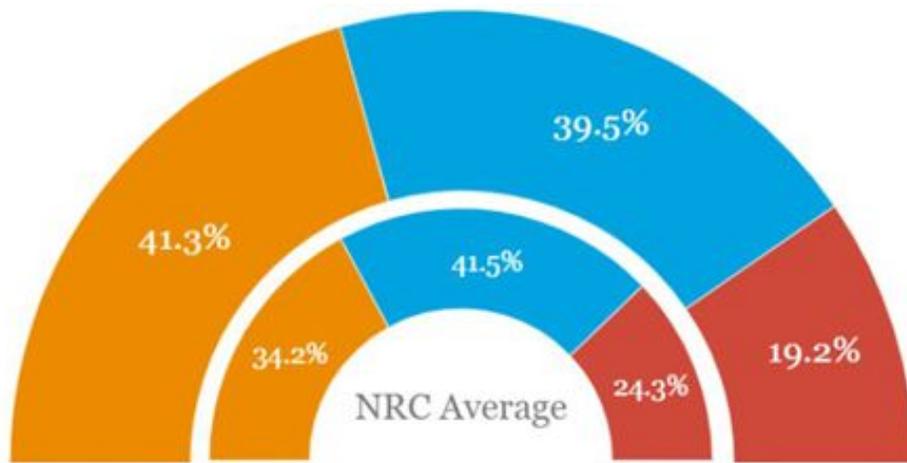


* Significant YOY Change

Where 0 is the worst organization possible and 10 is the best organization possible, how would you rate Harris Health System as a place to work?

Harris Health 2021

Harris Health 2020



● Engaged (9 or 10) ● Passives (7 or 8) ● Disengaged (0-6) ● Engaged (9 or 10) ● Passives (7 or 8) ● Disengaged (0-6)

Top Ten Key Drivers

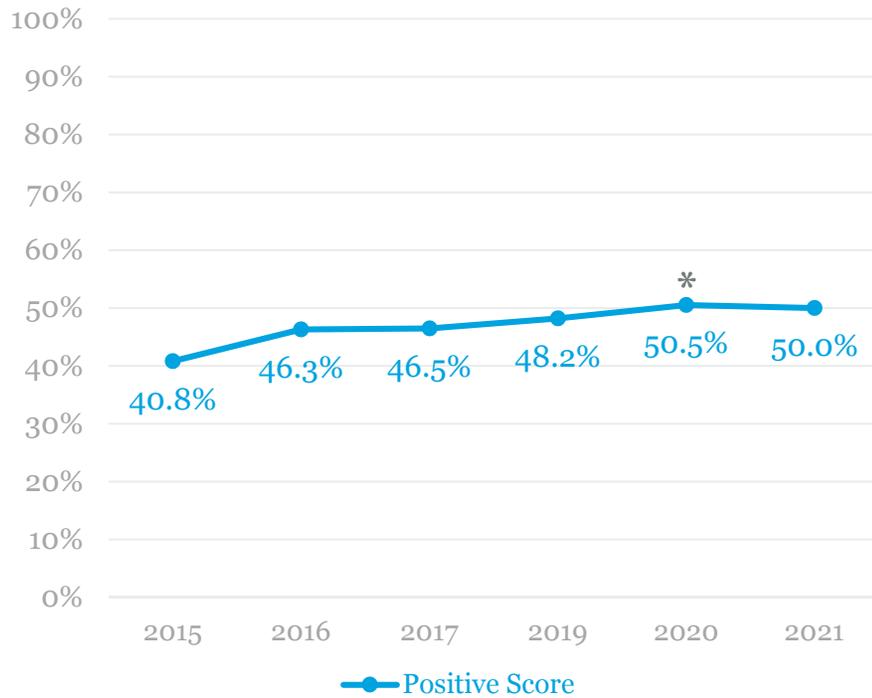
	Key Drivers	Correlation Coefficient	Dimension	NRC Avg	2021 Harris Health Score	2020 Harris Health Score
1	Thinking back, I'm glad I joined this organization.	r = .59	Job Satisfaction	85.8%	86.4% ↓	87.9%
2	My work environment inspires me to perform at my very best.	r = .54	Commitment	73.0%	↑ 74.0% ↑	73.2%
3	I love coming to work everyday.	r = .54	Commitment	71.9%	↑ 75.6% ↓	76.3%
4	Communication among the people that I work with at this organization is never a problem.	r = .51	Job Satisfaction	48.2%	↑ 56.9% ↑	54.6%
5	I have all the tools I need to do my job effectively.	r = .49	Manager Investment	70.0%	↑ 72.0% ↑	71.5%
6	I have fun at work.	r = .49	Commitment	68.1%	↓ 63.6% ↓	65.0%
7	At work, I am able to do what I do best everyday.	r = .48	Commitment	77.4%	↑ 82.2% ↑	81.4%
8	I am very happy with my pay.	r = .45	Job Satisfaction	43.6%	↑ 54.4% ↑	54.3%
9	This organization's benefits package is better than what most other organizations offer.	r = .42	Job Satisfaction	47.2%	↑ 59.5% ↓	65.9%
10	The people I work with treat each other with respect.	r = .41	Peer Relationships	75.0%	74.3% ↑	74.2%

↑ ↓ YOY Score Increase/Decrease ↑ ↓ Indicates Significant Increase/Decrease

↑ ↓ Significantly above/below NRC Avg

Harris Health System – Patient-Centered Care Loyalty Measures

Overall Rating as a Place for Care – 72nd Percentile



NRC Avg = 42.4% / NRC 75th = 51.3% / NRC 90th = 61.2%

Likelihood to Recommend as a Place for Care – 55th Percentile



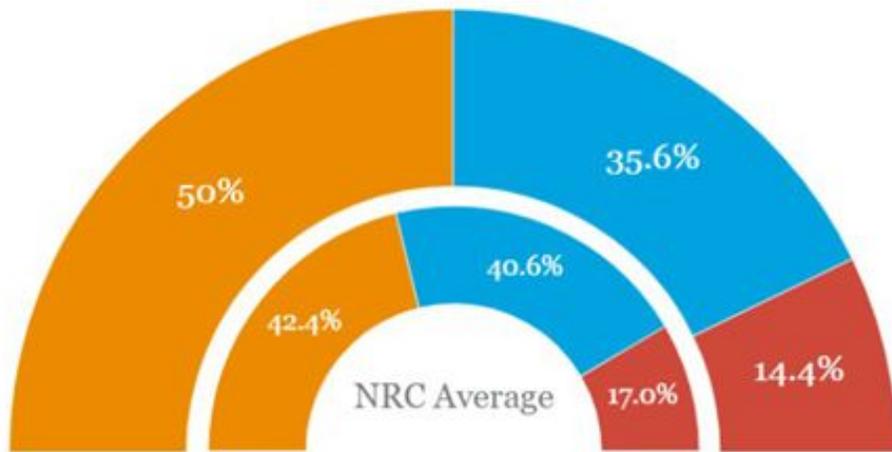
NRC Avg = 46.6% / NRC 75th = 56.0% / NRC 90th = 66.7%



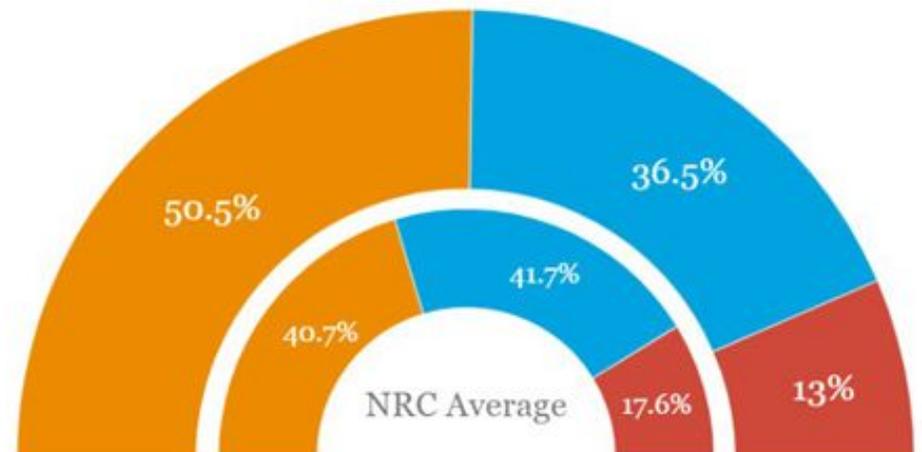
* Significant YOY Change

Where 0 is the worst possible care and 10 is the best possible care, how would you rate Harris Health System in terms of patient care?

Harris Health 2021



Harris Health 2020



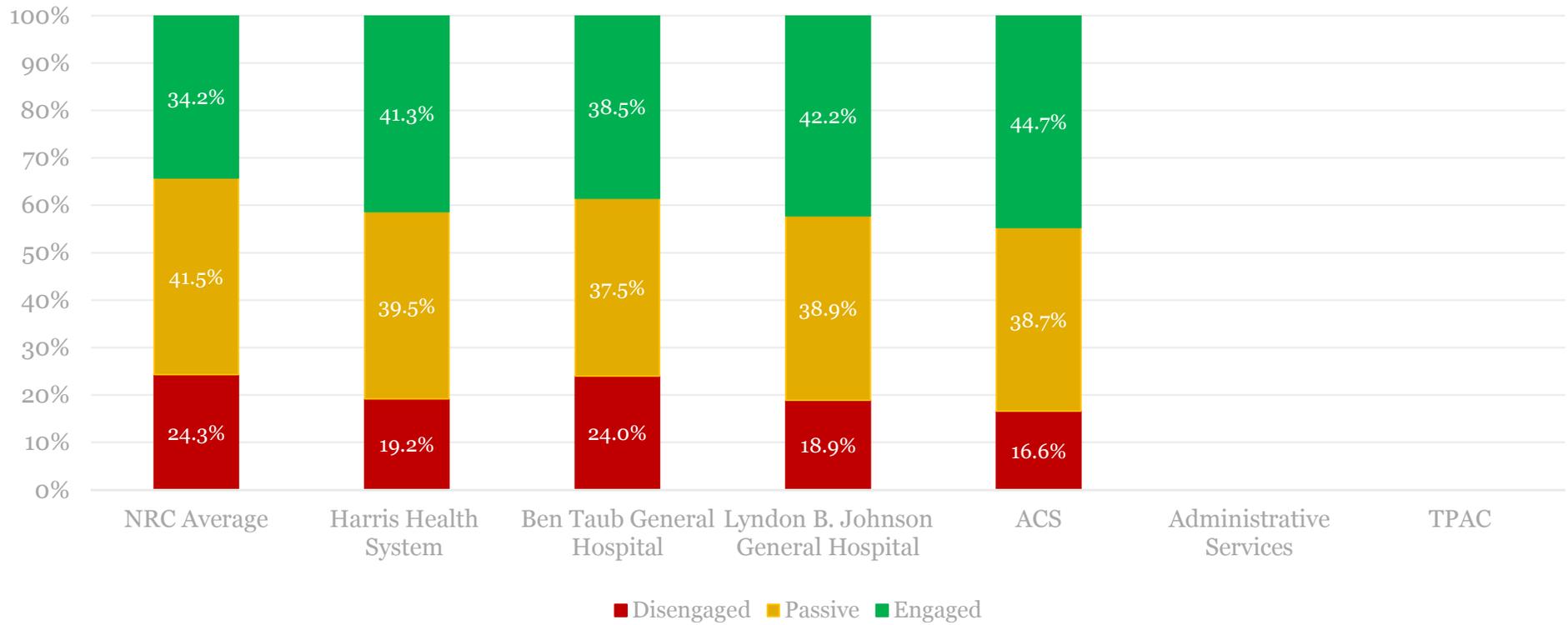
● Engaged (9 or 10) ● Passives (7 or 8) ● Disengaged (0-6) ● Engaged (9 or 10) ● Passives (7 or 8) ● Disengaged (0-6)

Top Ten Key Drivers

	Key Drivers	Correlation Coefficient	Dimension	NRC Avg	2021 Harris Health Score	2020 Harris Health Score
1	When a patient/resident needs help, he or she gets prompt attention.	r = .53	Physical Comfort	50.5%	↑ 59.2% ↑	58.6%
2	According to our policies, there is consistency among clinical/nursing staff when providing patient/resident care.	r = .53	Coordination of Care	33.9%	↑ 47.6% ↑	45.8%
3	We are consistent in our methods of caring for patient/residents.	r = .52	Coordination of Care	45.8%	↑ 52.7% ↑	52.6%
4	We explain all aspects of care to patient/residents.	r = .51	Information and Education	51.7%	↑ 61.2% ↑	59.4%
5	It is obvious to each patient/resident that we are personally concerned for their well-being.	r = .51	Emotional Support	44.7%	↑ 53.8% ↑	51.8%
6	We are provided the resources needed to emotionally support our patient/residents.	r = .51	Emotional Support	31.9%	↑ 41.2% ↑	38.9%
7	We try to fulfill patient/residents' requests, no matter how small.	r = .50	Physical Comfort	51.4%	↑ 57.9% ↑	55.3%
8	We are truly engaged in what patient/residents have to say.	r = .50	Respect for Patient Preferences	58.7%	↑ 64.7% ↑	63.8%
9	We explain things so that patient/residents fully understand.	r = .50	Information and Education	51.0%	↑ 62.1% ↑	61.1%
10	We recognize patient/residents' opinions, desires, and beliefs.	r = .49	Respect for Patient Preferences	64.0%	↑ 68.1%	68.1%

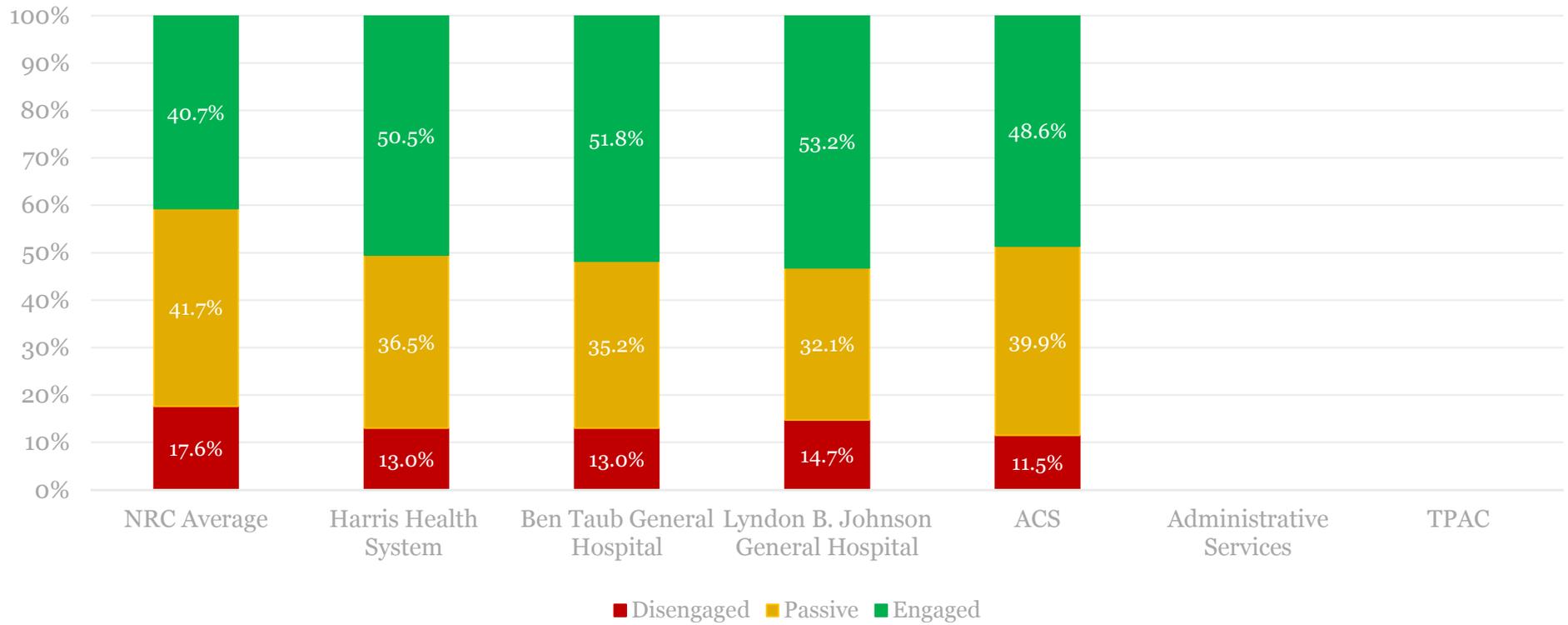
Harris Health – 2021 Site Comparison Report

Overall Rating as a Place to Work



Harris Health – 2021 Site Comparison Report

Overall Rating as a Place for Care

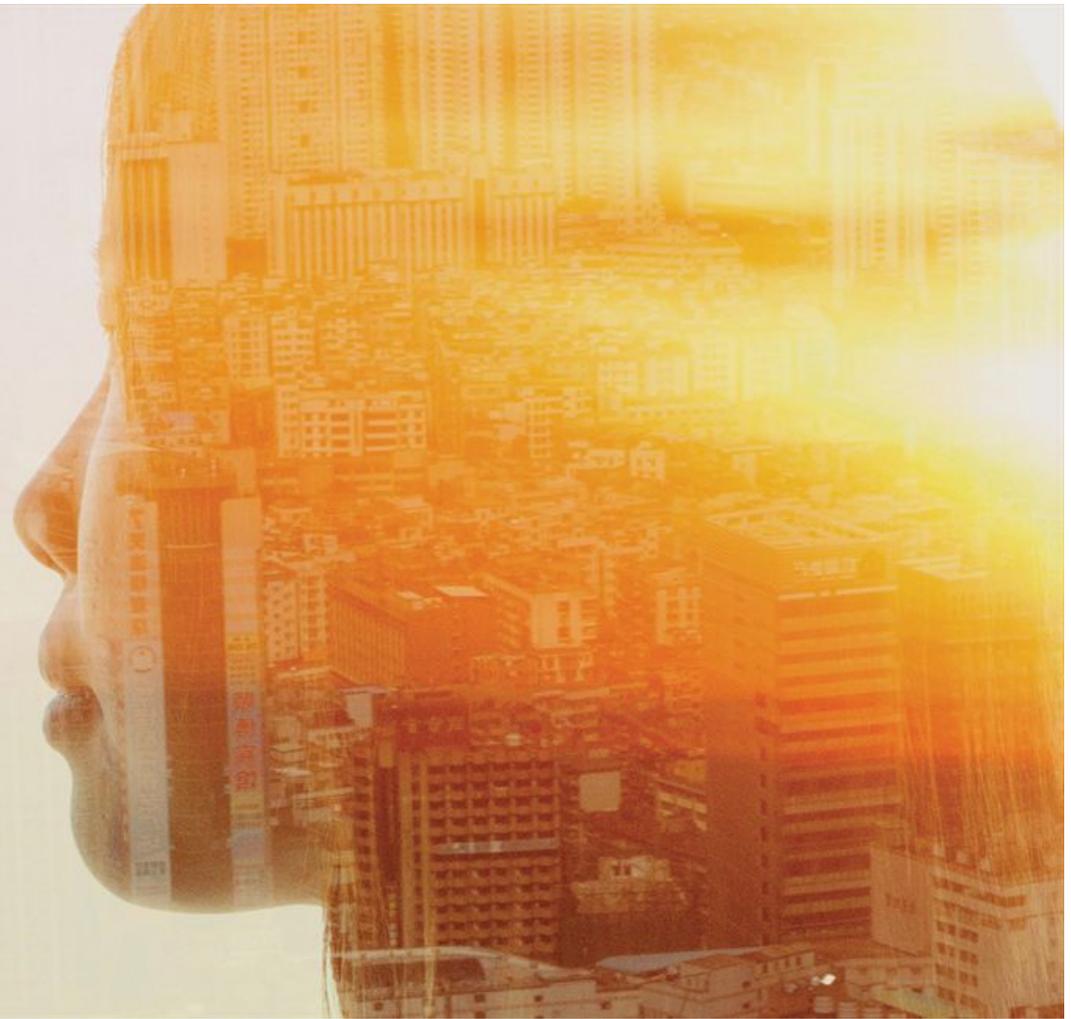


Thursday, March 24, 2022

Presentation Regarding Harris Health's Medical Staff Engagement Results

Harris Health

2021 Physician Engagement Results



Background: Physician Engagement Survey

Provider Workplace Experience Dimensions

Commitment

Communication and Coordination

Compensation and Retention

Support and Access to Resources

Trust and Autonomy

Provider Patient-Centered Care Dimensions

Access to Care

Continuity and Transition

Coordination of Care

Emotional Support

Information and Education

Involvement of Family and Friends

Physical Comfort

Respect for Patient Preferences

Patient Safety

Capturing the Voice of the Physicians

- Survey administered 11/01/2021 – 11/19/2021

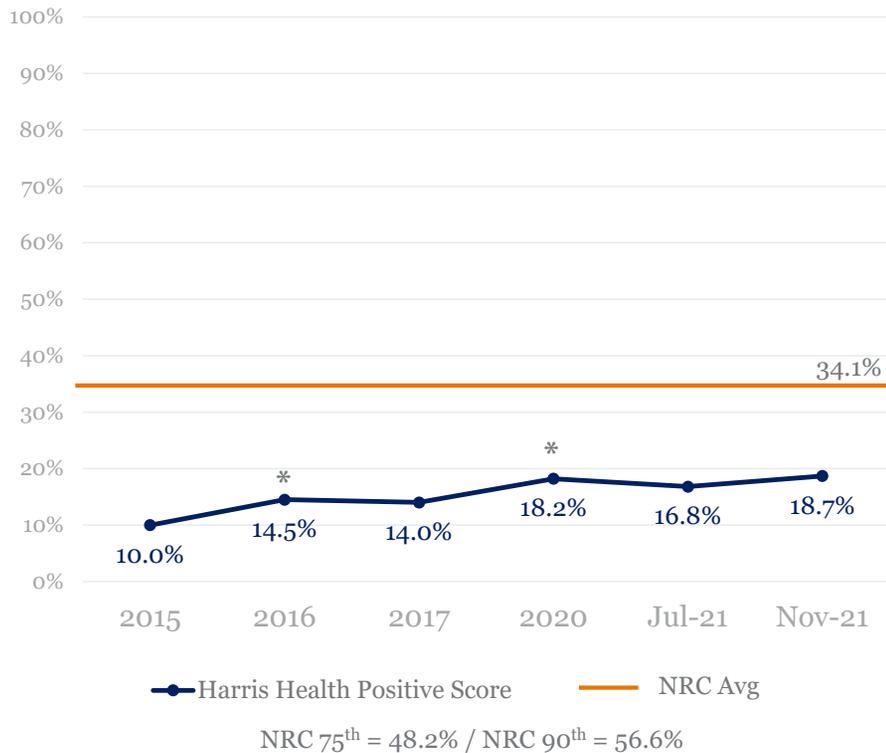
Survey	Year	# Sampled	# Returned	Response %
Harris Health System	November 2021	1,286	503	39.1%
	July 2021	1,357	463	34.1%
	2020	1,361	611	44.9%
	2017	4,557	721	15.8%
	2016	2,726	537	19.7%
	2015	2,681	790	29.5%

*NRC Health Physician Engagement Survey response rate benchmark = 44%

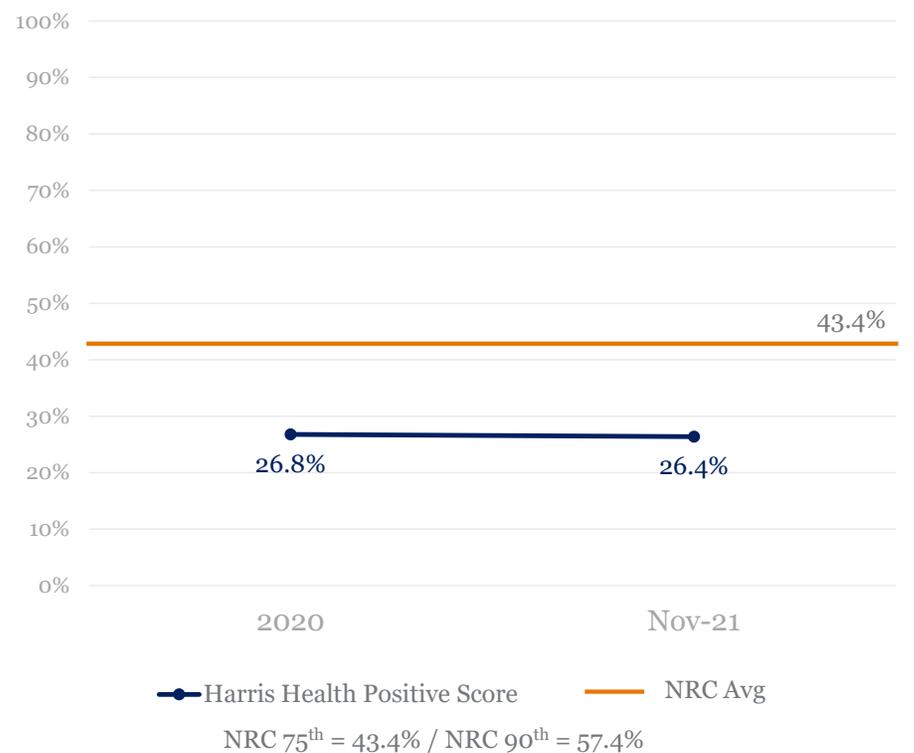
Harris Health– Physician Engagement Workplace Experience Loyalty Measures

Harris Health System – Workplace Experience Loyalty Measures

Overall Rating as a Place to Practice – 17th Percentile

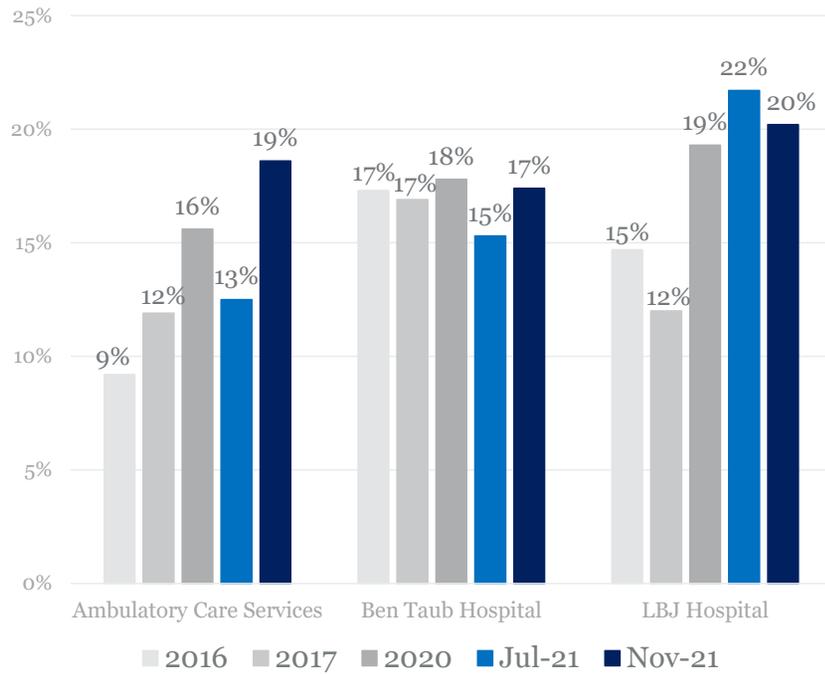


Likelihood to Recommend as a Place to Practice – 10th Percentile



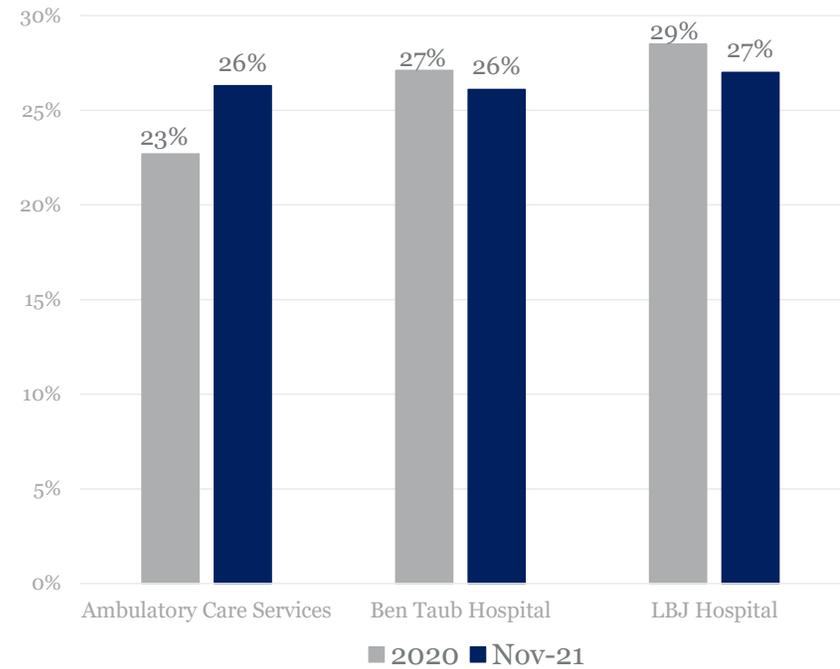
Workplace Loyalty Measures – Pavillion Comparison Charts

Overall Rating as a Place to Practice



Harris Health Avg = 17.6% / NRC Health Avg = 34.1%

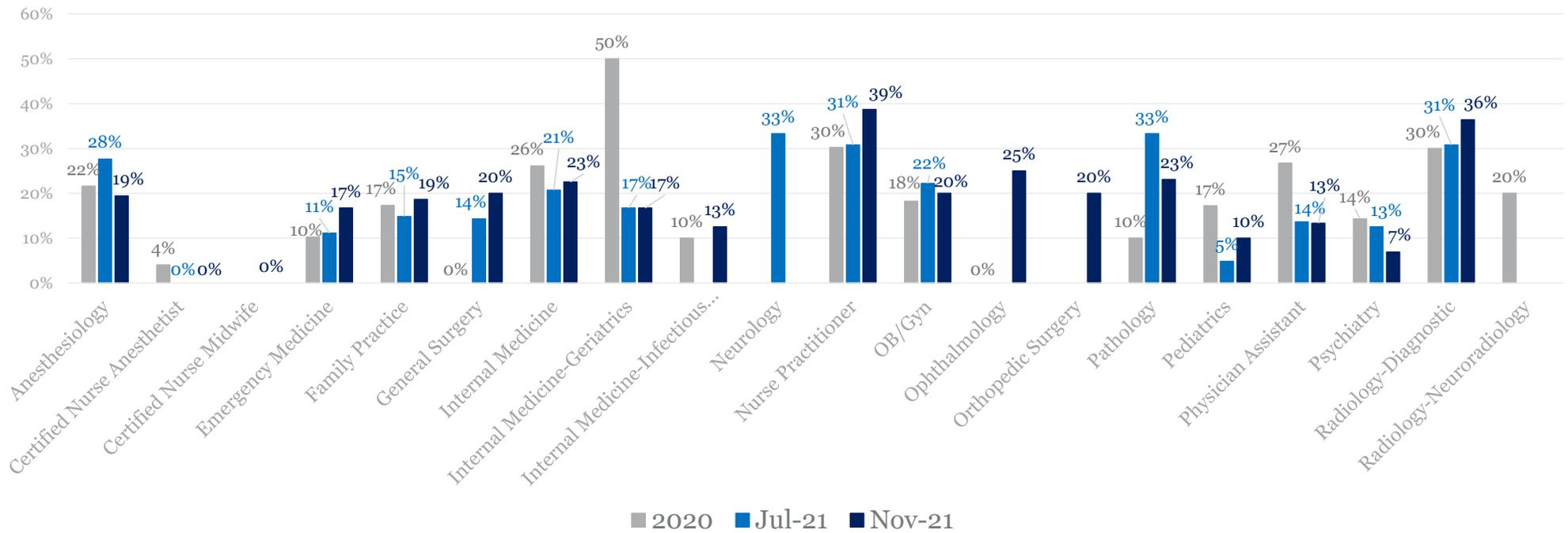
Likelihood to Recommend as a Place to Practice



Harris Health Avg = 26.8% / NRC Health Avg = 43.4%

Workplace Loyalty Measures – Specialty Comparison Trend

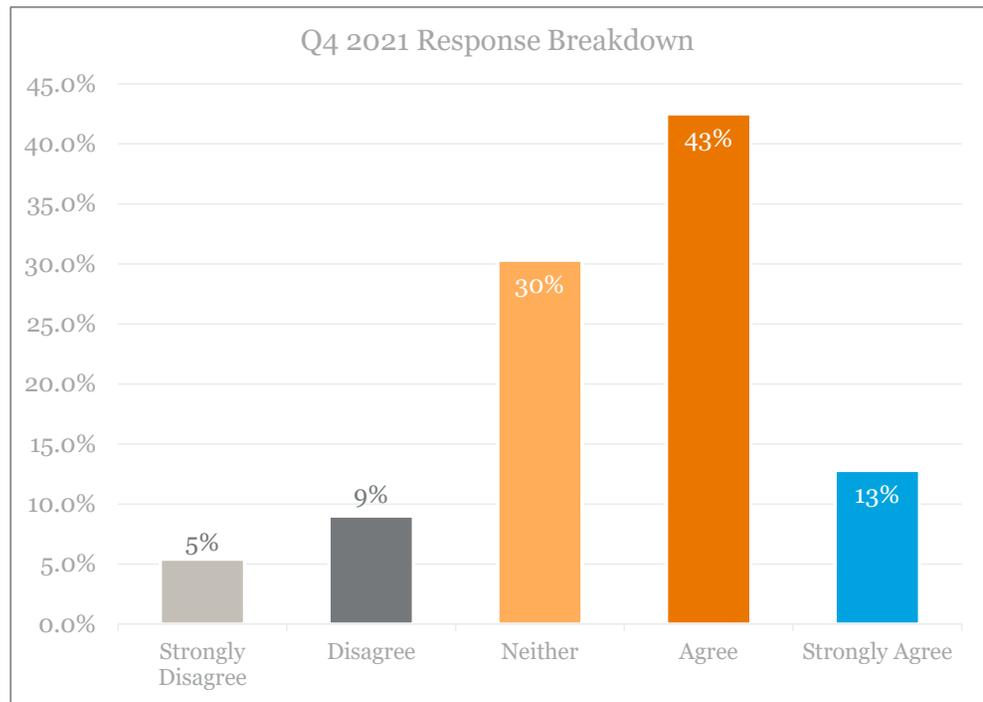
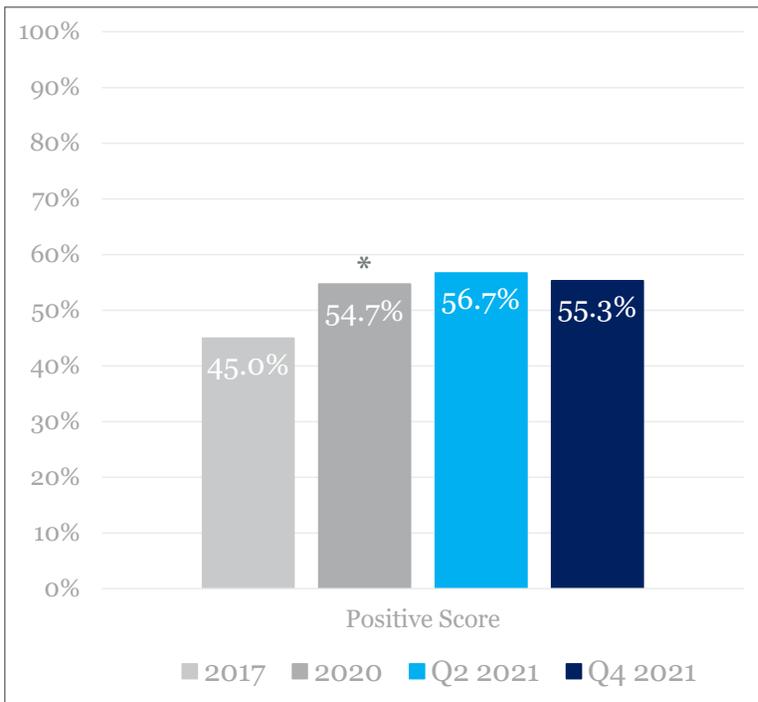
Overall Rating as a Place to Practice



Harris Health Avg = 17.6% / NRC Health Avg = 34.1%

Harris Health – Trending Question

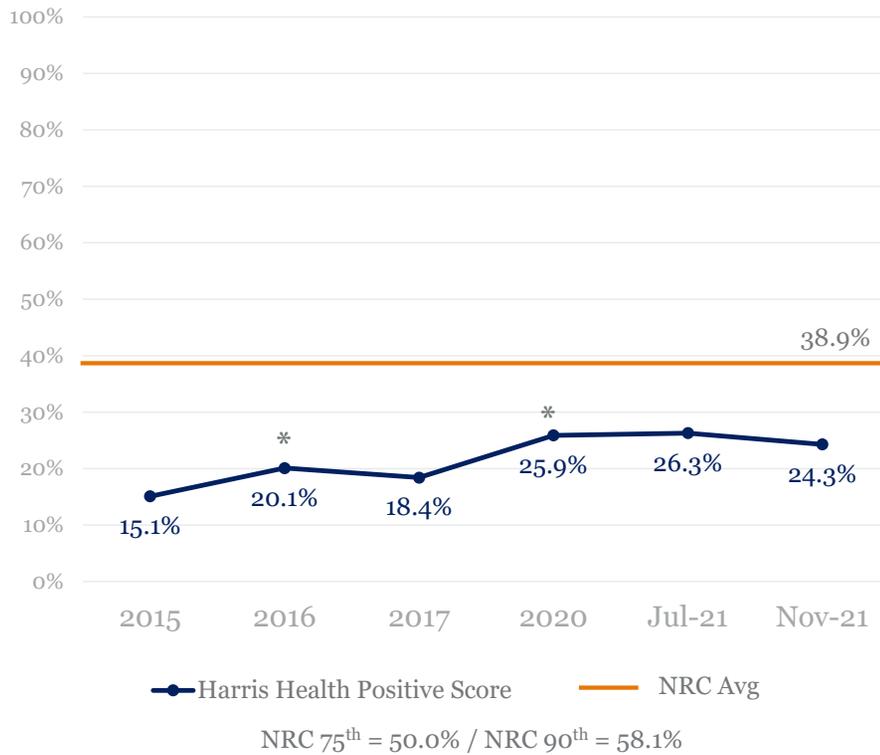
This organization's executive management is open and honest in their communication with the medical staff.



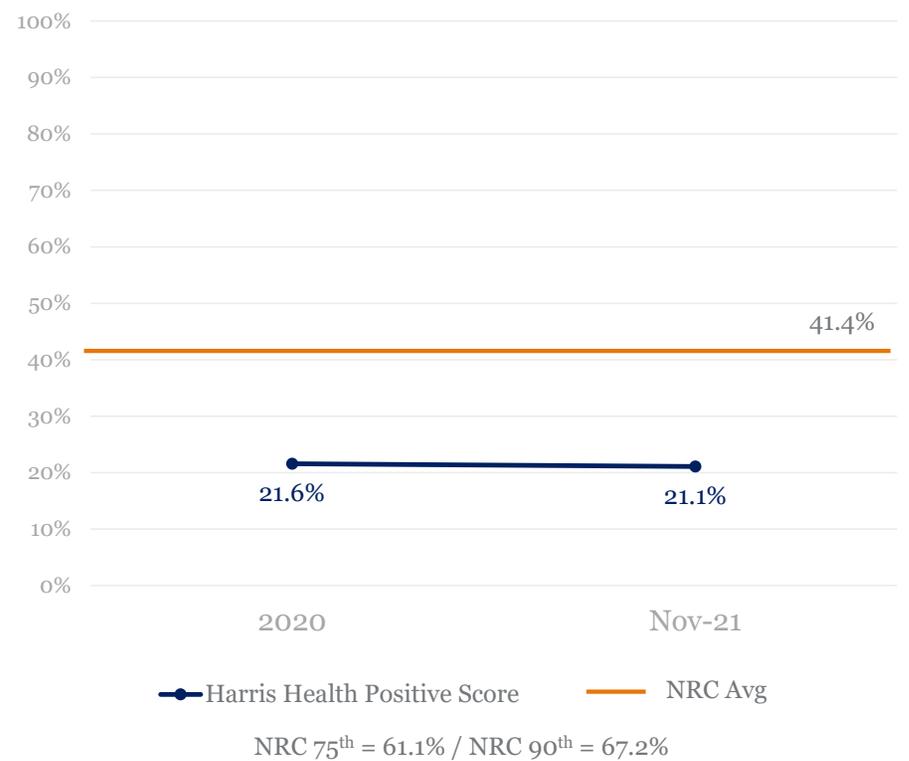
Harris Health– Physician Engagement Patient-Centered Care Experience Loyalty Measures

Harris Health System – Patient Centered Care Loyalty Measures

Overall Rating as a Place for Care – 14th Percentile



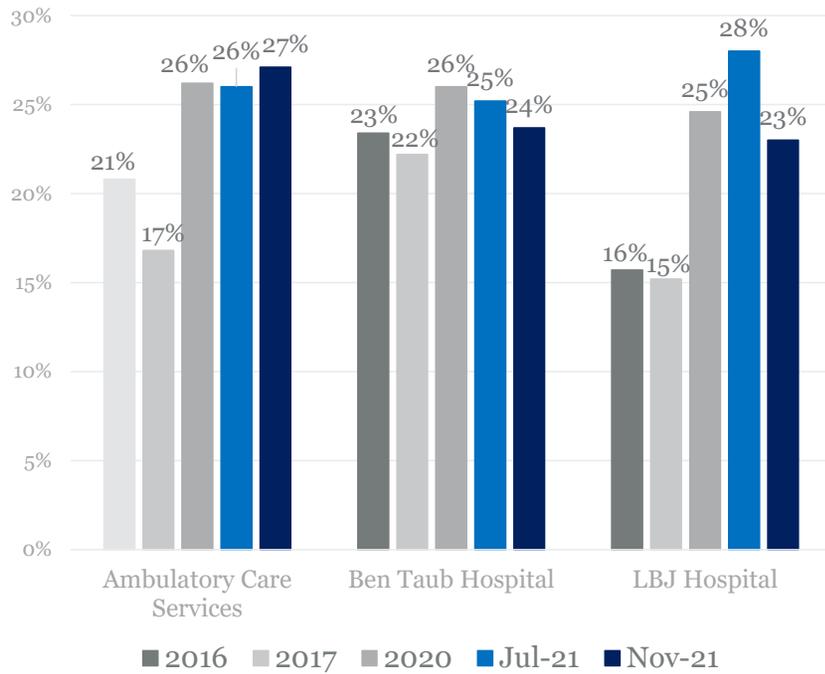
Likelihood to Recommend as a Place for Care – 12th Percentile



* Significant YOY Change

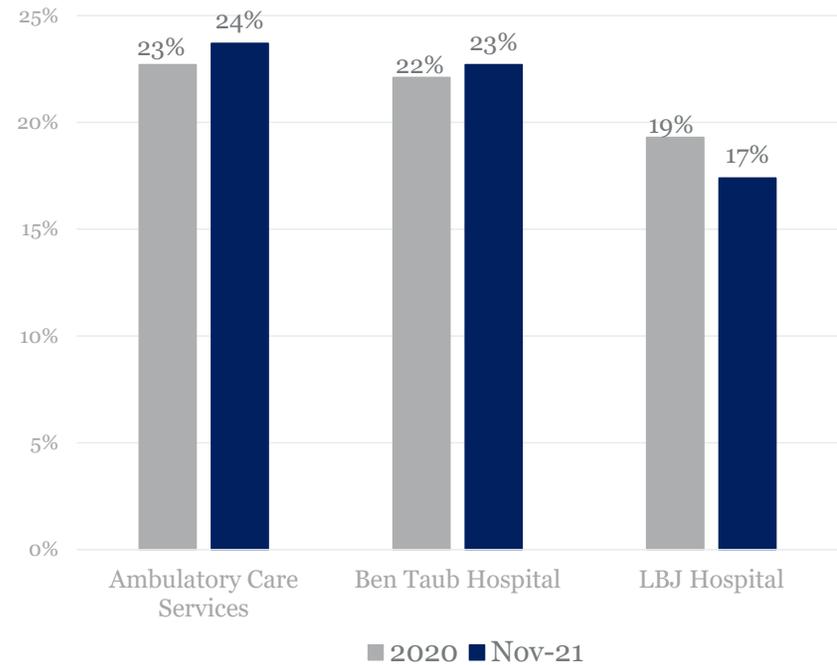
Patient-Centered Care Loyalty Measures – Pavillion Comparison Charts

Overall Rating as a Place for Care



Harris Health Avg = 26.1% / NRC Health Avg = 38.9%

Likelihood to Recommend as a Place for Care



Harris Health Avg = 21.6% / NRC Health Avg = 41.4%

Improving the Culture: Key Takeaways



Identify most essential equipment needs



Review provider attraction and retention strategies



Assess provider patient loads and most critical staffing needs



Regular senior leadership rounding

Questions?

Thursday, March 24, 2022

Update and Discussion Regarding Nursing Recruitment and Retention

Updates for Harris Health System nursing services to include the following.

- Bedside RN Turnover Rate MOM
- Student Repayment Program
- Float, Preceptor Pay, and Other Incentives
- Retention Award
- Nursing Strategic Plan FY22-24

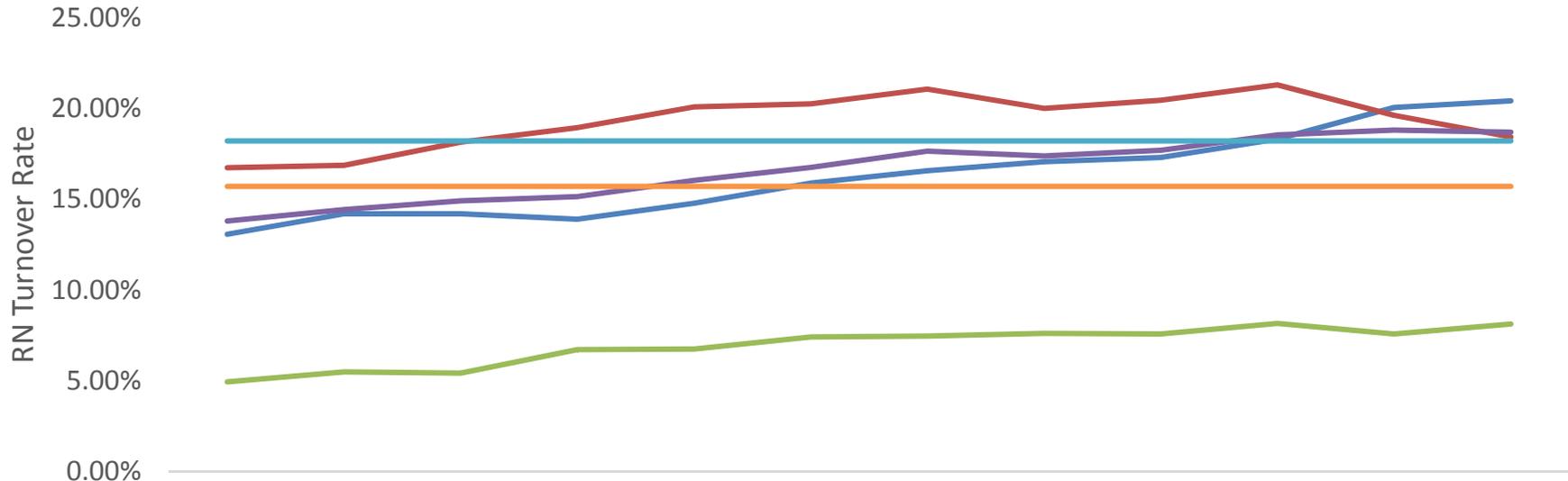


HARRISHEALTH
SYSTEM

Nursing Service Update

December 2, 2021

Harris Health Bedside RN Turnover Rate MOM Dec 2021- Dec 2021



	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
BT	13.07%	14.19%	14.19%	13.89%	14.78%	15.89%	16.56%	17.06%	17.30%	18.30%	20.05%	20.42%
LBJ	16.73%	16.86%	18.13%	18.93%	20.08%	20.24%	21.06%	20.00%	20.44%	21.30%	19.61%	18.42%
ACS	4.94%	5.49%	5.42%	6.71%	6.75%	7.41%	7.45%	7.61%	7.58%	8.16%	7.58%	8.12%
HHS	13.79%	14.42%	14.90%	15.13%	16.03%	16.74%	17.64%	17.38%	17.69%	18.53%	18.80%	18.69%
GCR	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%	18.20%
National	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%	15.70%

Texas Center for Nursing Workforce Studies 2019 (GCR):
Median Facility Turnover Rate: 18.2%

National RN Turnover Rate CY 2020:
15.70%

RN Pay Incentives

Ongoing Incentives

- Continue Float, Preceptor & Charge differentials of \$4/hour
- \$5/hour for working with COVID patients
- Expanded high needs pay, \$30-\$40/hour, to include any high needs shift, not just an extra overtime shift
- Retention bonus: \$10k over 2 or 3 years
- Recruitment bonus: \$10k for high needs specialties
- Student Loan Repayment: \$10k eligible day one
- Specialty pay \$2/hour for ICU, EC, and OR
- Added crisis pay of \$10/\$5 for licensed/unlicensed direct care staff for January (1/2 – 1/29-22) COVID surge
- Attendance bonus \$1,200/\$600 for licensed/unlicensed critical roles for 6 week pay period beginning 1/2/22

Clinical Pipeline

Partnerships with Nursing Schools

- Onboarding 150+ graduate nurses in February

Unlicensed Assistive Personnel

- Houston Community College & Capital IDEA
 - Planning second PCA program to start in the Summer 2022

Future Strategic Partnerships

- Identify partners that can help us meet our workforce diversity goals and elevate communities through creating jobs and education

Improving Resiliency



Other Initiatives

- CNE Monthly Townhalls
- Continue to work contracts with international staffing agencies – Avant and Passport USA
- Contract with Healthstream
 - Free continuing education activities and contact hours required for licensure renewal
 - Electronic checklist capability
- Kick off of the Lois J Moore Center of Nursing Excellence to include a state of the art Simulation Lab

Thursday, March 24, 2022

Presentation Regarding Harris Health's Training Programs Overview



Human Resources

Harris Health's Educational Programs



- Address: 1225 Elder Street
- Built – 1935
- Dormitory for Jefferson Davis Hospital Nurses

SCHOOL OF DIAGNOSTIC MEDICAL IMAGING

HARRISHEALTH SYSTEM



Join the next generation of imaging professionals.

jobs.harrishealth.org/school-of-medical-imaging



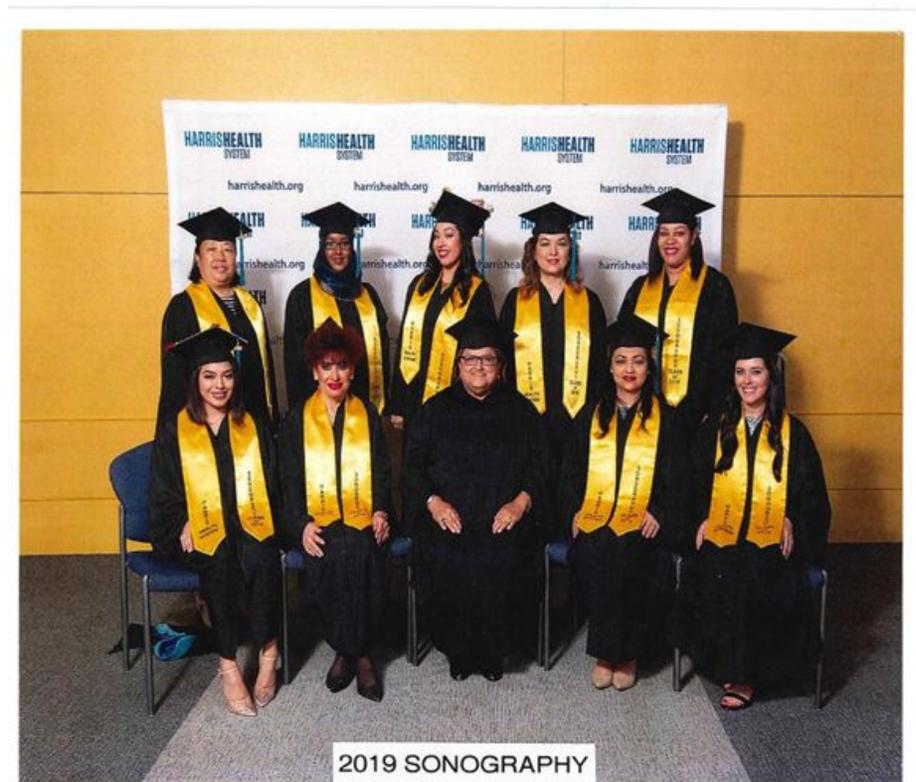
Background Statistics

- In operation since 1993, the *Harris Health School of Diagnostic Medical Imaging* Program in Radiography is one of 182 hospital based programs in the Country.
- Since opening, Harris Health filled 95% of vacant positions in our Medical Imaging Departments.



School of Diagnostic Imaging Accomplishments

- Provides Harris Health Medical Imaging Departments with consistent source of qualified Radiographers.
- Provides a source of bilingual (Spanish and Vietnamese) staff for Medical Imaging.
- Received approval as an educational program for GI/Veterans Benefits.



Patient Care Assistant (PCA) Program



PCA Externship Program

- Partnership with Capital Idea Houston.
- Provided externs with the practical work experience, skills, and knowledge to transition to a patient care role at Harris Health.
- The 2021 PCA Externship Program's class was comprised of 17 external community candidates and 10 Harris Health employees.



"My experience was the best. I was surrounded by people who believed in us and wanted us to succeed. I learned to always follow your dreams." – Joel Cortez, PCA Program Graduate

Clinical Pastoral Education Program

- Accreditation 4/1/1976
- Accreditation 12/31/2026
- Association for Clinical Pastoral Education, Inc. (ACPE)



Pharmacy Residency Program



- PGY1/PGY2
- Administration
- Critical Care
- Internal Medicine
- Infectious Disease
- Primary Care
- Oncology
- Informatics

Physical Therapy Residency Program



- 2009 Orthopedic Physical Residency Program
- 2011 Neuro Physical Therapy Residency Program
- American Physical Therapy Association Accreditation
- American Board of Physical Therapy and Fellowship Education

Clinical Affiliation Agreements

Train with the best.

Experience the Harris Health System
Nurse Residency Program.

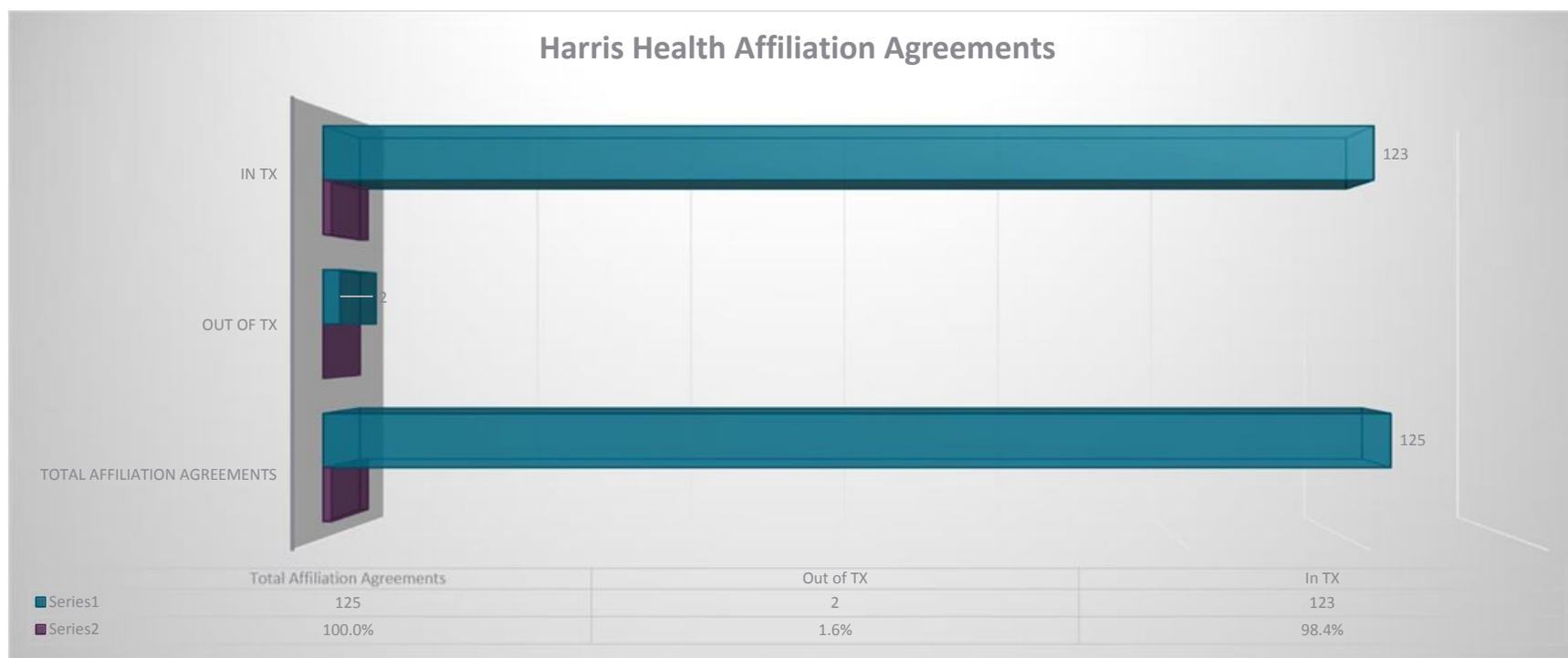
Summer Session begins July 18, 2022.

Applications open February 1, 2022.

HARRISHEALTH SYSTEM



Approved and Executed



Executive MBA

Harris Health System Flagship Leadership Development



EMBA Program Features

- Courses Designed for Professional Leaders
- Taught by Experienced Professors
- Centered on Harris Health/Baylor/UT
- Convenient and Efficient
- Individual Coaching
- Cost-Effective



LeadingasONE

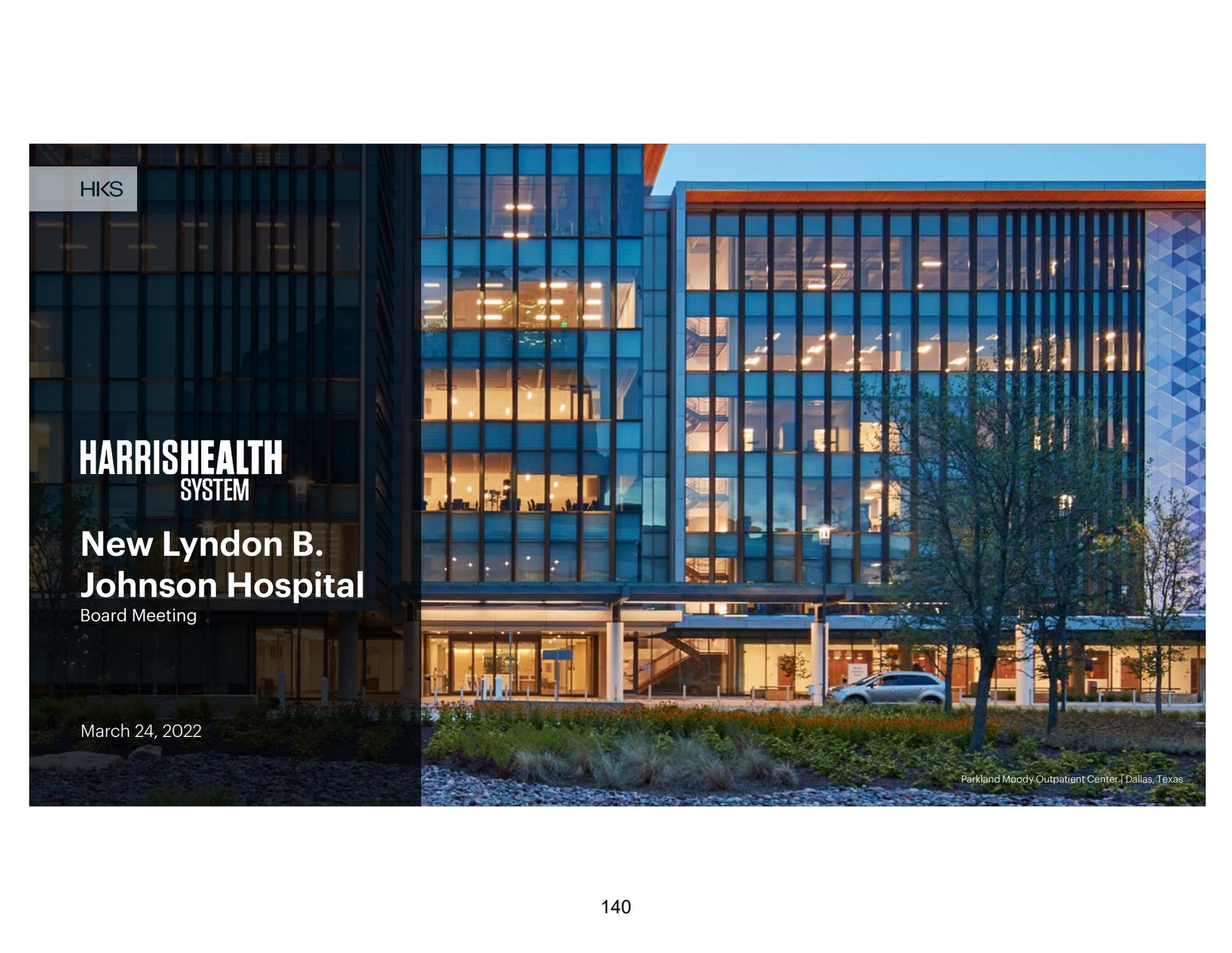
Questions

Advancing Medicine
Together



Thursday, March 24, 2022

Presentation and introduction of HKS, Inc., regarding Harris Health System's recommendation for architecture and engineering design services for the LBJ Replacement Hospital Project.



HKS

HARRISHEALTH
SYSTEM

**New Lyndon B.
Johnson Hospital**

Board Meeting

March 24, 2022

Parkland Moody Outpatient Center | Dallas, Texas

Firm's Overview

HKS and our partner consultants will bring global knowledge network that's locally focused.

DID YOU KNOW?

Fast Company also ranked Arup a top workplace for innovators.

HKS

HKS' local team is supported by **1,500+** global employees

HKS is a full-service architectural firm has **12 Practices** and **12 Service Lines**

\$30.5+ Billion Dollars in Construction Work Currently Underway

Fast Company ranks HKS a **top workplace** for innovators

Ranked **#2** in Healthcare Architect by Building Design + Construction 2021 Giants Top Architects List

HKS won the **Vista Award** for major hospital expansion in Houston

24 Global Office Locations

Atlanta
Chicago
Dallas
Denver
Detroit
Dubai
Fort Worth
Houston
London
Los Angeles
Mexico City
Miami
New Delhi
New York
Orlando
Phoenix
Richmond
Salt Lake City
San Diego
San Francisco
Shanghai
Singapore
Tokyo
Washington D.C.



Our Partners

**Our HUB
partners
know your
community
& have a
significant
presence.**

DID YOU KNOW?

Smith & Co. has completed several notable projects near the LBJ campus & 3 generations of Terry's family have lived in Kashmere/5th Ward.



SMITH&COMPANY ARCHITECTS Associate Architect
Founded in **Houston** 1999

COLLABORATE Associate Architect
Founded in **Houston** 2011

PPG GLOBAL INC. Community Engagement
Founded in **Houston** 2003



Engagement

Our team and our process are formed around your Five Pillars.

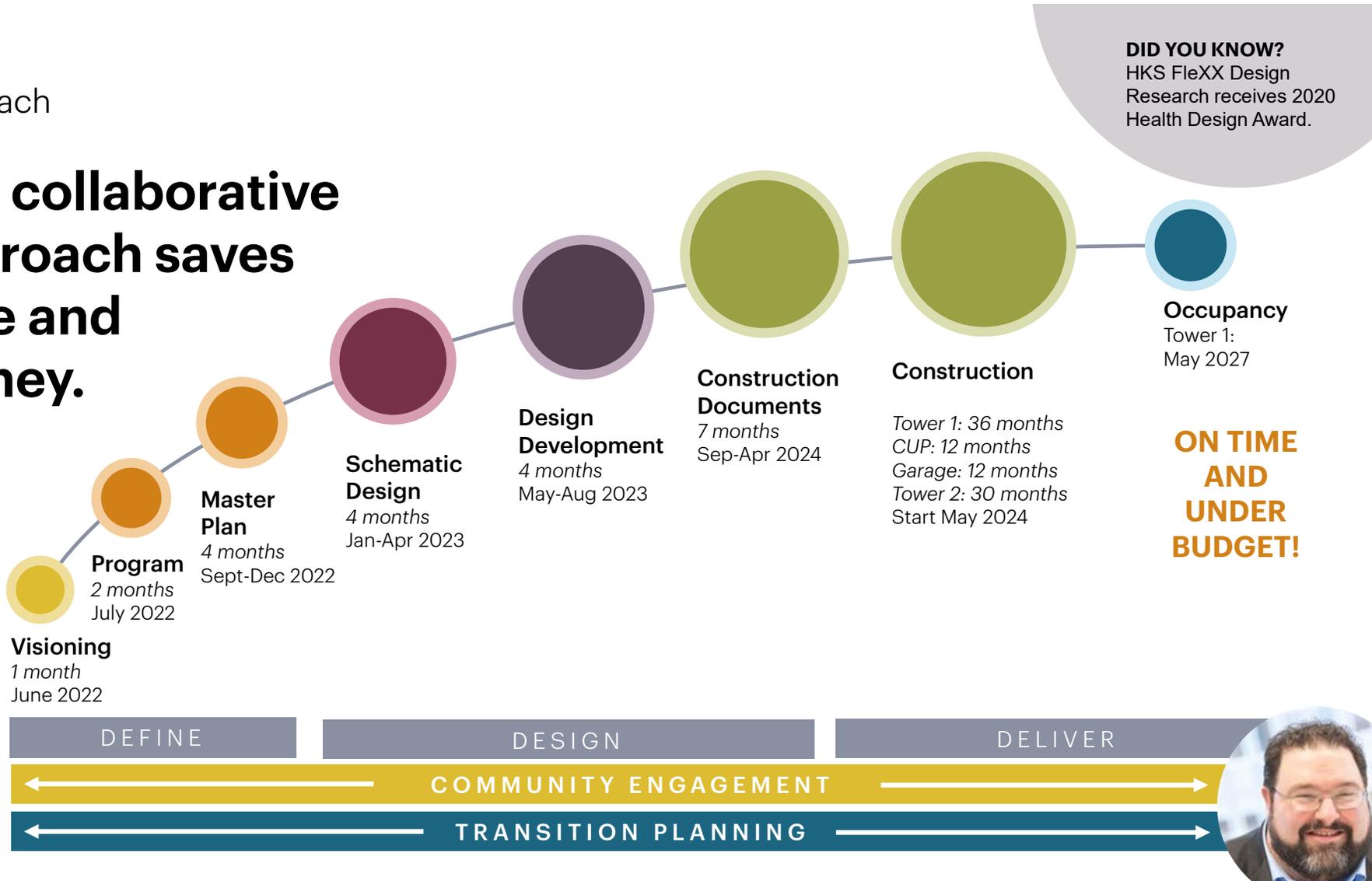


DID YOU KNOW?
PPG worked on the Houston Metro and Southwest terminal projects & Sahira Abdool was the Project Director of the City of Houston's COVID response team.

HKS

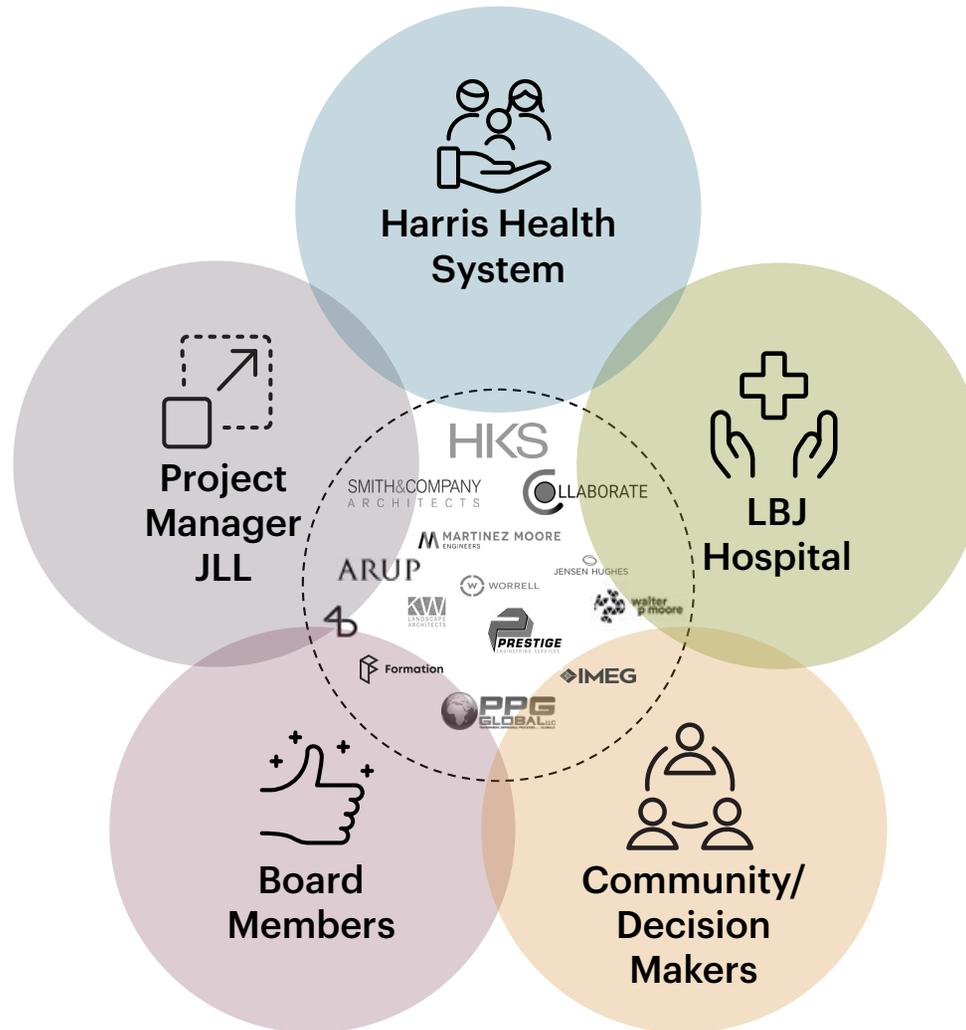
Approach

Our collaborative approach saves time and money.



One Harris Health System

We help our clients create places that attract people and enliven communities.



DID YOU KNOW?

Collaborate worked on the City of Houston Kashmere Library Saul was awarded the Comcast Hispanic Hero in 2021.

HKS



HKS

Thank
you!



Piedmont Atlanta Hospital Marcus Tower | Atlanta, Georgia



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

March 4, 2022

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

**RE: Board of Trustees Meeting – March 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
JA/ea
Attachments

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

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A1	Morris & Dickson Co., L.L.C.	Primary Pharmaceutical Wholesaler for the Harris County Hospital District dba Harris Health System - term is being extended to continue providing prime distribution services for pharmaceutical products until the competitive proposal process is complete and a new Agreement has been executed. Additional funds are required to cover the extended term and Correctional Health spend. <i>Job No. 14/0249</i>	Additional Funds Extension July 1, 2022 through December 31, 2022 Correctional Health Term March 1, 2022 through December 31, 2022	Nnadi, Michael	\$ 569,934,625	\$ 63,217,580	
A2	Angel Staffing, Inc. Arch Staffing & Consulting Gifted Nurses, LLC dba Gifted Healthcare Ironside Human Resources	Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System - temporary staffing of nursing personnel to meet the increase in demand of patient healthcare due to Covid-19 at various locations throughout the Harris Health System.	Ratify Renewal Public Health or Safety Exemption	Padilla, Maureen	\$ 34,000,000	\$ 34,000,000	
A3	GLOBO Language Solutions, LLC	Language Interpretation Services for the Harris County Hospital District dba Harris Health System - provide for continued language interpretation for non-English speaking patients and family members through telephonic and video remote interpretation services from health care certified interpreters until a competitive proposal process is complete. <i>Job No. 16/0256</i>	Renewal June 1, 2022 through May 31, 2023	Small, Jennifer	\$ 8,500,000	\$ 8,500,000	
A4	Epic Systems Corporation	Maintenance for Epic Clinical and Business Software for the Harris County Hospital District dba Harris Health System - provide maintenance, including technical support and software updates, for the full suite of Epic products for Harris Health System.	Renewal Sole Source Exemption April 1, 2022 through March 31, 2023	Chou, David	\$ 4,723,606	\$ 6,445,212	
A5	TransUnion	Certification of Pending Medicaid Cases and Other Related Third Party Sources for Harris County Hospital District dba Harris Health System - assist Harris Health System in reducing uncompensated care costs until the competitive proposal process is complete and a new Agreement has been executed. <i>Job No. 07/0214</i>	Ratify Additional Funds Extension November 16, 2014 through November 15, 2021 November 16, 2021 through November 15, 2022	Norby, Mike	\$ 600,000	\$ 3,193,196	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A6	General Datatech, L.P.	Cisco Network Equipment Maintenance for the Harris County Hospital District dba Harris Health System - provide technical support services, hardware, and software for the organization's data communications network. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 2,950,783	
A7	Laboratory Corporation of America	Clinical Reference Laboratory Testing Services for the Harris County Hospital District dba Harris Health System - In June 2021, the Board of Trustees approved an award to Laboratory Corporation of America to provide clinical reference laboratory testing services. The award was based on 2020 volume. Since that time, it has been determined that additional funds are needed to accommodate the increase in volume from 2021 as well as incorporation of Correctional Health spend. <i>Premier Healthcare Alliance, L.P.</i>	Additional Funds January 1, 2022 through December 31, 2022	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 2,102,320	\$ 2,460,000	
A8	CDW Government, LLC.	Mobile Computing Carts for the Harris County Hospital District dba Harris Health System - replace 300 outdated mobile computing carts used in the clinical environments throughout Harris Health System. Replacement parts are no longer available. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Low Quote	Chou, David		\$ 2,392,223	
A9	Guidehouse LLP	Project Administration, Project Management and Financial Services for the Development and Implementation of Hurricane Restoration Projects for the Harris County Hospital District dba Harris Health System - continue efforts necessary to repair various facilities damaged by Hurricane Harvey for Harris Health System. <i>Job No. 17/0260</i>	Renewal April 26, 2022 through April 25, 2023	Nikitin, Victoria	\$ 1,875,000	\$ 1,875,000	
A10	Sanofi Pasteur Inc.	Flu Vaccine for the 2022 – 2023 Season for the Harris County Hospital District dba Harris Health System - provide influenza vaccine for Harris Health System patients. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Nnadi, Michael		\$ 1,749,729	
A11	GLOBO Language Solutions, LLC	Language Interpretation Services for the Harris County Hospital District dba Harris Health System - provide for continued language interpretation for non-English speaking patients and family members through telephonic and video remote interpretation services from health care certified interpreters until a competitive proposal process is complete. <i>Job No. 16/0256</i>	Additional Funds June 1, 2021 through May 23, 2022	Small, Jennifer	\$ 6,900,000	\$ 1,600,000	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A12	Merit Medical Diversatek Olympus Cook Medical Steris Boston Scientific	Gastrointestinal Endoscopy Products - provide Harris Health System with biliary and esophageal stents, balloon dilators, extractors, baskets, snares, forceps and gastroesophageal reflux disease (GERD) treatments. Premier Healthcare Alliance, L.P.	Funding Yr. 1 Best Contract February 1, 2022 through January 31, 2023	Creamer, Doug	\$ 1,441,440	\$ 1,441,440	
A13	Acadian Ambulance Service of Texas, LLC Best Care EMS, Ltd	Ambulance Services for the Harris County Hospital District dba Harris Health System - provide ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations.	Public Health or Safety Exemption April 1, 2022 through March 31, 2023	Smith, Amy		\$ 1,200,000	
A14	Jones Lang LaSalle Americans, Inc.	Construction Manager-Agent for the Harris County Hospital District dba Harris Health System - provide construction manager-agent services for Harris Health System. <i>Job No. 20/0322</i>	Renewal April 25, 2022 through April 24, 2023	Attard, David	\$ 1,000,000	\$ 1,000,000	
A15	Davis Vision, Inc.	Vision Insurance for Harris County Hospital District dba Harris Health System - for continued vision insurance coverage of employees and retirees of Harris Health System. <i>Job No. 15/0101</i>	Ratify Renewal March 1, 2022 through February 28, 2023	Reid, Omar	\$ 948,462	\$ 986,401	
A16	Set Solutions, Inc.	Cloud Access Security Broker (CASB) Solution for the Harris County Hospital District dba Harris Health System - provide protection for the organization's cloud initiatives in alignment with Information Security's business goals for Pillar 5: Infrastructure Optimization of the Harris Health's Strategic Plan for 2021-2025. <i>Department of Information Resources</i>	Purchase Low Quote	Vinson, Jeffrey		\$ 829,545	
A17	Aztec Events & Tents ASD Healthcare	Various Medical Products and Equipment for the Harris County Hospital District dba Harris Health System - critical products and equipment required for the readiness and treatment of COVID-19 pandemic.	Ratify Purchase Public Health and Safety Texas Local Government Code	Attard, David Nnadi, Michael		\$ 819,600	
A18	General Datatech, L.P.	Technology Refresh of Cisco Network Equipment for the Harris County Hospital District dba Harris Health System - provide for Cisco network infrastructure located at the Lyndon B. Johnson Hospital Outpatient Center, which has reached its end of life and needs to be replaced. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 674,339	
A19	Siddons Martin Emergency Group, LLC	Ambulances for the Harris County Hospital District dba Harris Health System - To add additional ambulances due to the increased demand.	Purchase Low Quote Texas Association of School Boards	Brown, Tim		\$ 556,062	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A20	HKS, Inc.	Professional Architectural and/or Engineering Services for the New Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System - provide Lyndon B. Johnson (LBJ) Hospital campus planning and the programming, cost estimating, architecture & engineering design, and construction administration activities necessary to build the new LBJ replacement hospital for Harris Health System. <i>Job No. 21/0413</i>	Award Highest Ranking Vendor	Attard, David		\$ 500,000	
A21	Diagnostica Stago, Inc.	Coagulation Analyzers, Reagents, Consumables and Service - acquire new coagulation and hemostasis analyzers at Ben Taub and Lyndon B. Johnson Hospitals, Smith Clinic and El Franco Lee Health Center. This purchase will also provide the reagents, consumables, supplies and services required. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Nnadi, Michael Darnauer, Patricia Gaston, George		\$ 487,458	
A22	Becton, Dickinson and Company	Integrated Platform for Microbiology Automation, Blood Culture, Identification and Susceptibility including Analyzer(s), Reagents, Consumables and Services for the Harris County Hospital District dba Harris Health System - provide for continued microbiology automation for blood culture, identification and susceptibility testing for Harris Health System. <i>Job No. 13/0120</i>	Ratify Renewal March 5, 2022 through March 4, 2023	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 808,854	\$ 457,453	
A23	Ecolab USA, Inc.	Soaps, Lotions and Waterless Hand Rinses - provide Harris Health System with cleansing products, such as alcohol rubs, hand rinses, foams, sprays and lotions. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 2 May 1, 2022 through April 30, 2023	Creamer, Douglas	\$ 352,334	\$ 362,904	
A24	Beckman Coulter, Inc.	Integrated Platform for Chemistry and Immunochemistry Analyzer(s), Automation, Reagents, Consumables, and Service for the Harris County Hospital District dba Harris Health System - Additional funds are required to pay outstanding invoices as well as continue automated chemistry & immunochemistry testing services through the third renewal option. A purchase order has been issued. <i>Premier Healthcare Alliance, L.P.</i>	Ratify Additional Funds May 8, 2021 through May 7, 2022	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 2,111,161	\$ 358,525	
A25	Windsor EMS, Inc.	Ambulance Services for the Harris County Hospital District dba Harris Health System - provide ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations. <i>Job No. 18/0277</i>	Renewal April 1, 2022 through March 31, 2023	Smith, Amy	\$ 275,000	\$ 350,000	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A26	Intrado Interactive Services Inc.	Patient Communication System for the Harris County Hospital District dba Harris Health System - In August 2021, the Board of Trustees approved funding and a one-year extension. Since that time it has been determined that a two-year extension is necessary. <i>Job No. 14/0340</i>	Additional Funds Extension September 14, 2022 through September 13, 2023	Smith, Louis	\$ 349,440	\$ 349,440	
A27	SHI Government Solutions, Inc.	Symantec Veritas Cloud Enterprise Vault Software for the Harris County Hospital District dba Harris Health System - for Symantec Veritas Cloud Enterprise Vault email management software used for archiving and legal discovery process. Department of Information Resources	Purchase Low Quote	Chou, David		\$ 340,230	
A28	Applied Medical Resources Corporation Medtronic	Trocar Products - providing Harris Health System with trocar products used during laparoscopic surgery. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 5 GPO April 1, 2022 through March 31, 2023	Creamer, Douglas	\$ 380,534	\$ 320,392	
A29	Laboratory Corporation of America	Reference Laboratory Testing Services for the Harris County Hospital District dba Harris Health System - Funds for the extended term were underestimated. Additional funds are required to pay outstanding invoices. A purchase order has been issued. <i>Job No. 12/0067</i>	Ratify Additional Funds January 22, 2020 through December 31, 2021	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 7,035,279	\$ 303,427	
A30	S2S Global Breg, Inc. DJO Global	Orthopedic Soft Goods - provide Harris Health System with orthopedic soft goods such as postoperative shoes, braces, splints and supports. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO December 1, 2021 through November 30, 2022	Creamer, Douglas	\$ 272,409	\$ 272,409	
A31	Beckman Coulter, Inc.	Urinalysis Analyzer(s), Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System - providing urinalysis analyzers, reagents, consumables and service for testing of Harris Health System patients. <i>Premier Healthcare Alliance, L. P.</i>	Renewal March 27, 2022 through March 26, 2023	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 239,185	\$ 239,185	
A32	CapsuleTech, Inc.	Critical Care Connectivity Software and Hardware for the Harris County Hospital District dba Harris Health System - for the Epic Dialysis Integration Project at the Riverside Clinic, LBJ Hospital and Ben Taub Hospital. This will eliminate the manual entry of data from the Dialysis machines into Epic preventing missed or delayed vital signs documentation.	Purchase Public Health or Safety Exemption Competitive Bid Requirements	Chou, David		\$ 238,406	
A33	Boston Scientific Corp Penumbra	Thrombectomy Products - provide Harris Health System with mechanical thrombectomy catheters and devices used to remove blood clots from veins and arteries. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO November 1, 2021 through October 31, 2022	Creamer, Douglas	\$ 237,800	\$ 237,800	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A34	NTT America Solutions, Inc.	Virtual Patient Observation (VPO) Monitoring Software for the Harris County Hospital District dba Harris Health System - a virtual patient monitoring system that allows clinicians to remotely monitor patients who are at risk of falling from their bed. <i>Job No. 16/0103,</i>	Renewal March 31, 2022 through March 30, 2023	Chou, David	\$ 217,598	\$ 217,598	
A35	Philips Healthcare	Cardiovascular Imaging - one (1) intravascular ultrasound unit for the Cath Lab at Ben Taub Hospital. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 201,571	
A36	Dräger Incorporated	Preventative Maintenance and Repair Services for Dräger Anesthesia Equipment for the Harris County Hospital District dba Harris Health System - continued preventative maintenance and repair services for Dräger anesthesia equipment at Ben Taub and Lyndon B. Johnson Hospitals.	Renewal Sole Source Exemption April 1, 2022 through March 31, 2023	Attard, David	\$ 194,728	\$ 194,728	
A37	OptumRx Inc.	Pharmacy Benefit Manager Services for the Harris County Hospital District dba Harris Health System - continue to provide employee and retiree medical and pharmacy benefits. <i>Job No. 16/0065</i>	Ratify Renewal March 1, 2022 through February 28, 2023	Reid, Omar	\$ 180,825	\$ 180,825	
A38	Abbvie US LLC	Vaporizers for the Harris County Hospital District dba Harris Health System - To continue providing Abbvie-owned vaporizers for use with Ultane® (Sevoflurane) for Ben Taub and Lyndon B. Johnson Hospitals. <i>Premier Healthcare Alliance, L.P.</i>	Renewal GPO April 1, 2022 through March 31, 2023	Nnadi, Michael	\$ 176,951	\$ 176,951	
A39	Ambulance Depot	Rental of Ambulance Vehicles for the Harris County Hospital District dba Harris Health System - Additional funds are required to cover a continuation of ambulance rental expenses while replacement units are on backlog due to a disruption with global supply chain regarding the availability of vehicles post COVID-19.	Additional Funds Extension Public Health or Safety Exemption March 1, 2022 through October 31, 2022	Okezie, Chris Brown, Tim	\$ 350,000	\$ 138,000	
A40	Epic Systems Corporation	Epic Clinical Training for the Harris County Hospital District dba Harris Health System - to provide training on Epic software applications to Harris Health System employees, primarily IT personnel, in order to perform their job duties.	Renewal Sole Source Exemption April 1, 2022 through March 31, 2023	Chou, David	\$ 133,000	\$ 133,000	
A41	National Decision Support Company, LLC	Maintenance for the Clinical Decision Support (CDS) System for the Harris County Hospital District dba Harris Health System - provide software maintenance for the Clinical Decision Support System allowing physicians to order the appropriate imaging exam based on the patient's condition at the point of care.	Renewal Sole Source Exemption April 1, 2022 through March 31, 2023	Chou, David	\$ 132,600	\$ 132,600	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A42	Intelligent Medical Objects, Inc.	License and Updates for the Problem and Procedure Software Applications for the Harris County Hospital District (dba Harris Health System) - annual maintenance for the IMO Problem and Procedure software application for Harris Health, The Harris Center and Harris County Jail.. IMO Problem is a clinical diagnosis and problem list vocabulary containing specialized terms for clinicians, coders and patients. IMO Procedure is a clinician and workflow medical terminology solution that selects the best billing or reference code for procedure terminology.	Purchase Sole Source Exemption April 10, 2022 through April 9, 2023	Chou, David	\$ 103,545	\$ 121,038	
A43	Marriott Marquis Houston	Venue for Annual Nurses Recognition Event for the Harris County Hospital District dba Harris Health System - continue providing venue space and services for Harris Health System's annual nurses recognition event in celebration of National Nurses Week. <i>Job No. 18/0307</i>	Renewal February 21, 2022 through February 20, 2023	Padilla, Maureen	\$ -	\$ 120,000	
A44	ARKRAY USA Inc	Glucose Management - glucometers and consumables for the Harris Health System outpatient care areas until a new Premier contract is launched. <i>Premier Healthcare Alliance, L.P.</i>	Additional Funds Extension April 1, 2022 through September 30, 2022	Nnadi, Michael	\$ 488,000	\$ 116,331	
	Institute for Safe Medication Practices	Proactive Medication Safety Risk Assessment for Harris County Hospital District dba Harris Health System - Services include the review of medication dispensing, administration, monitoring, and documentation practices, to determine methods to strengthen current processes and improve medication safety for the Harris Health System.	Purchase Public Health or Safety Exemption	Nnadi, Michael		\$ 116,000	
A46	Olympus America Inc.	Surgical Endoscopy - Rigid - Harris Health System with new endoscopes for use with the existing endoscopy towers, and replace current no longer functioning cystoscopes. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 99,907	
A47	Trinity Biotech, Inc.	Hemoglobin A1c Testing System including Analyzer(s) Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System - term is being extended to continue providing Hemoglobin A1c testing of Harris Health System patients until an award is made and an Agreement is executed. Additional funds are required to cover the extended term. <i>Job No. 13/0232</i>	Additional Funds Extension April 18, 2022 through December 31, 2022	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 95,000	\$ 94,053	

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
A48	Alicor Scientific Inc.	Automated Sedimentation (SED) Rate Analyzer(s) including Reagents, Consumables, Supplies and Service for the Harris County Hospital District dba Harris Health System - term is being extended to continue providing sedimentation rate testing to Harris Health System patients until an award is made and an Agreement is executed. Additional funds are required to cover the extended term. Offer No. CDH030714	Additional Funds Extension May 1, 2022 through April 30, 2022	Nnadi, Michael Darnauer, Patricia Gaston, George	\$ 52,820	\$ 52,820	
A49	Focuspoint International Inc. UltraStaff	Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System - temporary staffing of nursing personnel to meet the increase in demand of patient healthcare due to Covid-19 at various locations throughout the Harris Health System.	Purchase Public Health or Safety Exemption Competitive Bid Requirements	Padilla, Maureen	\$ -	\$ -	
A50	American Well Corporation dba Amwell	Virtual Care Carts for the Harris County Hospital District dba Harris Health System - provide Virtual Care Carts and Telehealth Delivery System for both clinical and non-clinical use cases in both inpatient, outpatient and correctional health settings. Job No. 21/0370	Award Best Proposal Meeting Requirements	Smith, Louis			See Confidential Attachment
A51	State Street Bank and Trust Company	Custody and Benefit Payment Agent Services for the Harris County Hospital District dba Harris Health System - provide core custodian services such as safekeeping, trade settlement, asset administration, valuation, accounting, and financial statement reporting for Harris Health System. Job No. 21/0253	Award Best Proposal Meeting Requirements	Nikitin, Victoria			See Confidential Attachment
					Total	\$ 142,804,161	

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

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
B1	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 until a new competitive proposal process is complete. <i>Job No. 16/0068</i>	Renewal March 1, 2022 through February 28, 2023	Reid, Omar	\$ 101,225	\$ 98,359	
B2	AVI-SPL, LLC.	Teleconference System Maintenance and Support for the Harris County Hospital District dba Harris Health System - provide maintenance and support for the Vidyo Teleconference System used throughout the Harris Health System. <i>Department of Information Resources</i>	Purchase Low Quote	Chou, David		\$ 93,197	
B3	Axion Health, Inc.	ReadySet™ for Healthcare Web-based Software for the Harris County Hospital District dba Harris Health System - for continued access to a HIPAA and CMS compliant web-based software system for clinically based, employee well-being solutions including a Covid-19 module that provides Travel Screening Survey, Staff Exposure questionnaire, and Patient under Investigation (PUI) form for case report information.	Renewal Public Health or Safety Exemption March 12, 2022 through March 11, 2023	Barnes, Amy Smith		\$ 93,143	
B4	Letourneau Keller	Breakroom, Casgood, and Guest Seating 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 OMNIA Partners, Public Sector Cooperative Purchasing Program	Attard, David		\$ 88,033	
B5	Medela Inc.	Neonatal Specialty Products - continue providing Harris Health System with catheterization trays, urinary drainage kits, lumbar puncture kits, peripherally-inserted central catheter (PICCs), umbilical artery catheters, needles, blood filters, spikes and other specialty items/equipment designed for use in the neonatal population. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 2 GPO May 1, 2022 through April 30, 2023	Creamer, Doug	\$ 85,520	\$ 85,520	
B6	ELMC Rx Solutions LLC fka Benefit Data Services	Pharmacy Benefits Claims Management Consulting Services for the Harris County Hospital District dba Harris Health System - provide for continued assessments of employees' benefits claims under Harris Health System employee group health plans.	Renewal Personal Service Exemption April 1, 2022 through March 30, 2023	Nnadi, Michael	\$ 82,800	\$ 82,800	

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
B7	Lumenis	Medical Lasers and Accessories - special lasers with precision cutting required to reduce blood loss, length of procedure, swelling and pain for Harris Health patients. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 2 GPO May 1, 2022 through April 30, 2023	Creamer, Doug	\$ 80,705	\$ 80,705	
B8	OraSure Technologies, Inc. Cardinal Health 200, LLC	Rapid Diagnostic Test Kits - provide Harris Health System with products used for the detection and diagnosis of disease. <i>Premier Healthcare Alliance, L.P.</i>	Funding Yr. 1 GPO November 1, 2021 through October 31, 2022	Creamer, Doug	\$ 78,247	\$ 76,195	
B9	Integra LifeSciences Sales, LLC	Surgical Headlights - replace surgical headlights that are past their expected useful life for Ben Taub Hospital. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 74,919	
B10	GE Healthcare	Magnetic Resonance Imaging (MRI) - provide Smith Clinic with a 16-channel MRI coil for extremities to be used with the existing 1.5T MRI machine. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 70,000	
B11	Welch Allyn, Inc.	Electrocardiograph Machine - additional electrocardiograph machines required to meet current demand for Ben Taub and Lyndon B. Johnson Hospital's. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 69,512	
B12	Sunoptic Technologies, LLC	Surgical Headlights - replace surgical headlights that are past their expected useful life for Ben Taub Hospital. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 65,011	
B13	Stryker	External Defibrillators - provide Harris Health System with new automated external defibrillators (AED) replacing the current units that are past their expected useful life. <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 63,750	
B14	IDN ACME	Locksmith Supplies and Related Items for the Harris County Hospital District dba Harris Health System - provide locksmith supplies and related items for Harris Health System. <i>Job No. 19/0383</i>	Renewal February 1, 2022 through January 31, 2023	Hallaway, Jon	\$ 58,714	\$ 60,000	
B15	Philips Healthcare	Physiological Monitoring Equipment - Lyndon B. Johnson Hospital with portable physiological monitoring equipment used to monitor stroke patients in intermediate care unit (IMU). <i>Premier Healthcare Alliance, L.P.</i>	Purchase Best Contract	Attard, David		\$ 58,736	

No.	Vendor	Description Justification Contract Number	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost	Amount Confidential
B16	Whitmire & Munoz LLC	Consulting Services and Community Engagement Efforts for the Harris County Hospital District dba Harris Health System - develop a comprehensive strategy and engage in efforts to raise the public's awareness of Harris Health and its value to all residents of Harris County.	Purchase Personal Service Exemption Competitive Bid Requirements	Cowles, Maria		\$ 57,000	
B17	Medisolv, Inc	Electronic Clinical Quality Measures Software for the Harris County Hospital District dba Harris Health System - for ENCOR software that allows real time visibility of quality metrics needed to increase the quality of patient care and their health outcomes by addressing any deficiencies in a proactive manner.	Purchase Public Health or Safety Exemption Competitive Bid Requirements	Kunisch, Joseph		\$ 56,580	
B18	MGC Diagnostics Corporation	Preventative Maintenance and Repair Service for Diagnostic Equipment for the Harris County Hospital District dba Harris Health System - continued maintenance and repair services for MGC Diagnostics equipment for Ben Taub and Lyndon B. Johnson Hospitals.	Renewal Sole Source Exemption April 16, 2022 through April 15, 2023	Attard, David	\$ 53,220	\$ 53,220	
B19	Sentact LLC	Tracer Template Program (Rounding Application) for the Harris County Hospital District dba Harris Health System - continue to provide best practice tracer templates used to capture Det Norske Veritas (DNV) measures of success and provide a centralized method of validating levels of compliance. <i>Job No. 16/0188</i>	Renewal February 23, 2022 through February 22, 2022	Jones,Carolynn	\$ 52,164	\$ 52,164	
B20	ECS Group	Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System - provide architectural and engineering services at various Harris Health System facilities. <i>Job No. 16/0320</i>	Renewal April 13, 2022 through April 12, 2023	Attard, David	\$ 50,000	\$ 50,000	
					Total	\$ 1,428,844	



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

March 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 14/0249, Board Motion 21.06-65

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Primary Pharmaceutical Wholesaler for the Harris County Hospital District dba Harris Health System

Vendor: Morris & Dickson Co., L.L.C. (GA-06132)

Amount \$ 8,627,434 additional funds for Correctional Health term 3/1/22 – 12/31/22
54,590,146 additional funds for the extended term 7/1/22 – 12/31/22
569,934,625 previously approved funds for the term 7/1/15 – 6/30/22
\$632,152,205

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: The term is being extended to continue providing prime distribution services for pharmaceutical products until the competitive proposal process is complete and a new Agreement has been executed. Additional funds are required to cover the extended term and Correctional Health spend.

The vendor has agreed to extend under the same terms and conditions as set forth in the Agreement. The County Attorney’s Office is preparing an Amendment to the Agreement to extend the term, add Correctional Health and incorporate additional funds. The extension and additional funds are subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

*JA
BPJ*
BPJ

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

A1

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 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**

February 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption, Board Motion 21.05-55

Members of the Board:

Please ratify the renewals and an exemption from the competitive bid requirements for the following:

Description: Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System

Vendors: See attached

Term: See attached

Amount: \$34,000,000 estimated
\$34,000,000 previous year

Reviewed by: X Nursing Operations Admin X Harris County Purchasing

Justification: To provide for temporary staffing of nursing personnel to meet the increase in demand of patient healthcare due to Covid-19 at various locations throughout the Harris Health System.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA

TCT/jld
Attachment

cc: Esmail Porsa, M.D., President & CEO
Maureen Padilla, SVP – Nursing Affairs & Support Services
Vendors

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

A2

Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System

Vendor	Term	
Angel Staffing, Inc. [HCHD-446]	4/27/22 – 4/26/23	First of three (3) renewal options
Arch Staffing & Consulting [HCHD-425]	3/10/22 – 3/9/22	First and final
Gifted Nurses, LLC dba Gifted Healthcare [HCHD-408]	3/21/22 – 3/20/23	First and final
Ironside Human Resources [HCHD-415]	3/11/22 – 3/10/23	



**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. 16/0256, Board Motion 21.05-55

Members of the Board:

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

- Description:** Language Interpretation Services for the Harris County Hospital District dba Harris Health System.
- Vendor:** GLOBO Language Solutions, LLC [GA-06865]
- Term:** June 1, 2022 through May 31, 2023
- Amount:** \$8,500,000 estimated
\$8,500,000 previous year
- Reviewed by:** X Language Access Services X Harris County Purchasing
- Justification:** To provide for continued language interpretation for non-English speaking patients and family members through telephonic and video remote interpretation services from health care certified interpreters until a competitive proposal process is complete.

The County Attorney’s Office is preparing an Amendment to add the fifth renewal option. Renewal is subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA JLD

cc: Esmail Porsa, M.D., President & CEO
Jennifer Small, EVP – ACS
Vendor

A3

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 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 27, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.03-31

Members of the Board:

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

Description: Maintenance for Epic Clinical and Business Software for the Harris County Hospital District dba Harris Health System

Vendor: Epic Systems Corporation

Amount: \$6,445,212 estimated
\$4,723,606 previous year

Term: April 1, 2022 through March 31, 2023

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To continue to provide maintenance, including technical support and software updates, for the full suite of Epic products for Harris Health System.

The increased amount is due to the additional support costs associated with the Harris Center and the Harris County Jail. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Epic as the sole provider and supporter of the Epic environment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA

KJB

Attachment

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

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

A4



EPIC Project Maintenance History

Harris Health Maintenance	Annual Cost
EpicCare Inpatient EDR	241,128
KB Systems SQL	4,116
InterSystems Cache - Multi Server Platform Independent	979,176
Requested Enhancements	15,552
Interface Customizations	5,688
InterSystems Cache - Non-Production License	8,760
Health Information Management - Release of Information	11,772
EpicCare Inpatient - OrderEntry/CPOE	225,216
EpicCare Inpatient Documentation	280,440
Cadence Enterprise Scheduling	165,276
Prelude Inpatient Registration	135,720
Cadence Advanced Rules-Based Scheduling	47,124
Enterprise Electronic Remittance	20,196
Health Information Management - Chart Tracking	15,972
Resolute Hospital Billing and Patient Accounting	296,388
Radar Executive Information Desktop	26,592
EpicCareInpatient - Willow Inpatient Pharmacy	179,820
EpicCare Link	66,852
Business Objects 9	2,184
Grand Central ADT	140,232
Health Information Management - Deficiency Tracking	22,656
EpicCare Inpatient - ASAP Emergency Department	52,956
EpicCare Inpatient - Interdisciplinary Care Plan	86,400
EpicCare Inpatient - ICU	57,216
EpicWeb Enterprise Charting and Ordering	75,936
Nurse Triage	70,140
Schmitt Pediatric Protocols - After Hours Version	8,496
Schmitt Pediatric Protocols - Office Hours Version	1,536
Thompson Adult Protocols - After Hours Version	8,496
Thompson Adult Protocols - Office Hours Version	1,536
Radiant Radiology	74,808
EpicCare Inpatient - Rover	22,152
Identity Foreign Enterprise Master Person Index Manager/Identifier	4,224
Willow Ambulatory Pharmacy - Inventory Supply Tracking	43,956
Willow Ambulatory Pharmacy	214,560
OpTime Operating Room Management System	120,240
Stork Obstetrics	33,240
Cogito Enterprise Intelligence	92,412
Beacon Oncology	18,132
Blood Product Administration Module	2,556
Clinical Device Decision Support	5,880
EpicCare Inpatient Infection Control	36,132
AJCC	996
Beaker Clinical Laboratory	144,516
Standard Interfaces and Data Connectors	133,308
Transfer Center	19,032
EpicCare Rehab	19,008
EpicCareAmbulatory Electronic Health Record	528,048
Sub Total	4,766,772

Epic Affiliates

The Harris Center	1,318,644
Harris County Jail	359,796
Sub Total	1,678,440

Grand Total **6,445,212**

A4

3/9/2022



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

March 1, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 07/0214, Board Motion 15.01-10

Members of the Board:

Please ratify additional funds and an extension for the following:

Description: Certification of Pending Medicaid Cases and Other Related Third Party Sources for Harris County Hospital District dba Harris Health System

Vendor: TransUnion (fka eScan Data Systems, Inc.) [HCHD-634]

Amount: \$ 557,693 estimated additional funds for the extended term 11/16/21 – 11/15/22
\$2,635,503 additional funds for the term 11/16/14 – 11/15/21
\$ 600,000 previously approved amount for the term 11/16/14 – 11/15/15
\$3,793,196

Reviewed by: X Patient Financial Services X Harris County Purchasing

Justification: To assist Harris Health System in reducing uncompensated care costs until the competitive proposal process is complete and a new Agreement has been executed.

The increased amount covers services during the extended term. Payment to the vendor is based on a percentage of funds recovered using the vendor’s software. The County Attorney’s Office will review an Agreement for the extended term.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA

FDA

cc: Esmail Porsa, M.D., President & CEO
Mike Norby, EVP – CFO
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

A5





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

March 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

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

Description: Cisco Network Equipment Maintenance for the Harris County Hospital District dba Harris Health System

Quotes Received:	General Datatech, L.P. (DIR-TSO-4167)	\$2,950,783
	Netsync Network Solutions, Inc. (DIR-TSO-4167)	\$3,843,827
	Connection (PP-IT-238)	\$4,269,668

Vendor: General Datatech, L.P.

Amount: \$2,950,783 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide technical support services, hardware, and software for the organization's data communications network.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KC

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

A6

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

March 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract; Offer No. WKB081420, Board Motion 21.06-65

Members of the Board:

Please approve additional funds for the following:

Description: Clinical Reference Laboratory Testing Services for the Harris County Hospital District dba Harris Health System

Vendor: Laboratory Corporation of America (HCHD-498)

Amount: \$2,460,000 additional funds for the term 01/01/22 – 12/31/22
2,102,320 previously approved funds for the term 01/01/22 – 12/31/22
\$4,562,320

Reviewed by: X Laboratory X Harris County Purchasing

Justification: In June 2021, the Board of Trustees approved an award to Laboratory Corporation of America to provide clinical reference laboratory testing services. The award was based on 2020 volume. Since that time, it has been determined that additional funds are needed to accommodate the increase in volume from 2021 as well as incorporation of Correctional Health spend.

The County Attorney’s office is preparing an Amendment to the Agreement to incorporate the additional funds. Additional funds are subject to execution of the Amendment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
*KB*WKB

cc: Esmail 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 MARCH 24, 2022

A7



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

February 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract

Members of the Board:

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

Description: Mobile Computing Carts for the Harris County Hospital District dba Harris Health System

Quotes Received:	CDW Government, LLC. (PP-IT-242)	\$2,392,223
	Insight Direct USA, Inc. (PP-IT-241)	\$2,597,937
	Connection (PP-IT-238)	\$2,692,254

Vendor: CDW Government, LLC.

Amount: \$2,392,223 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To replace 300 outdated mobile computing carts used in the clinical environments throughout Harris Health System. Replacement parts are no longer available.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

J A SPS
KGB SPS

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

A8

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





**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. 17/0260, Board Motion 21.08-77

Members of the Board:

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

Description: Project Administration, Project Management and Financial Services for the Development and Implementation of Hurricane Restoration Projects for the Harris County Hospital District dba Harris Health System

Vendor: Guidehouse LLP [GA-07215]

Term: April 26, 2022 through April 25, 2023

Amount: \$1,875,000 estimated
\$1,875,000 previous year

Reviewed by: X Financial Services X Harris County Purchasing

Justification: To continue efforts necessary to repair various facilities damaged by Hurricane Harvey for Harris Health System.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
FDA

cc: Esmail Porsa, M.D., President & CEO
Victoria Nikitin, SVP – Finance
Vendor

A9

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

March 7, 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: Flu Vaccine for the 2022 – 2023 Season for the Harris County Hospital District dba Harris Health System

Contracts Reviewed:	Sanofi Pasteur Inc. (PPH18CNT02)	\$1,749,729
	Seqirus (PPPH18CSL01)	\$1,965,528
	GlaxoSmithKline (PPH18GLX03)	\$1,576,729

Vendor: Sanofi Pasteur Inc. (PPPH18CNT02)

Amount: \$1,749,729 estimated

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: To provide influenza vaccine for Harris Health System patients.

Amount reflects the total number of vaccine doses pre-booked to include the Federal Excise Tax. GlaxoSmithKline was not able to meet the requirement to include a presentation for patients 65 years and older and therefore was not considered. The County Attorney’s Office is preparing an Agreement for this purchase. The purchase is subject to execution of the Agreement.

Sincerely,
DeWight Dopslauf
DeWight Dopslauf
Purchasing Agent

J.A. BPJ

BPJ
cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendors

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



**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. 16/0256, Board Motion 21.05-55

Members of the Board:

Please approve the additional funds for the following:

Description: Language Interpretation Services for the Harris County Hospital District dba Harris Health System.

Vendor: GLOBO Language Solutions, LLC [GA-06865]

Amount: \$1,600,000 estimated additional funds for the term 6/1/21 – 5/23/22
\$6,900,000 previously approved funds for the term 6/1/21 – 5/23/22
\$8,500,000

Reviewed by: X Language Access Services X Harris County Purchasing

Justification: To provide for continued language interpretation for non-English speaking patients and family members through telephonic and video remote interpretation services from health care certified interpreters until a competitive proposal process is complete.

Additional funds cover an expected increase in utilization with the expansion of mobile cart units for in-language on-demand patient support across the Harris Health System.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
JLD

cc: Esmail Porsa, M.D., President & CEO
Jennifer Small, EVP – ACS
Vendor

A11

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 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 17, 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 contracts:

Description: Gastrointestinal Endoscopy Products

Contracts Reviewed: See attached

Vendors: See attached

Premier Term: February 1, 2022 through January 31, 2023

Amount: \$1,441,440 estimated
\$1,441,440 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with biliary and esophageal stents, balloon dilators, extractors, baskets, snares, forceps and gastroesophageal reflux disease (GERD) treatments.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
Sp
BKP
Attachment

cc: Esmail Porsa, M.D., President & CEO
Doug Creamer, Supply Chain Management
Vendors w/o attachment

A12

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Gastrointestinal Endoscopy Products

Contracts Reviewed:

<u>Vendors</u>	<u>Amount*</u>
Merit Medical (PP-OR-1997) - Option 2	\$ 300
Diversatek (PP-OR-1994)-Option 2	\$ 7,342
Olympus (PP-OR-1999) - Option 2	\$ 51,906
Cook Medical (PP-OR-1993) - Option 2	\$ 72,441
Steris (PP-OR-2000) - Option 2	\$ 73,769
Olympus (PP-OR-1999) - Option 1	\$1,049,536
Boston Scientific Corporation (PP-OR-1992) - Option 2	\$1,235,382
Cook Medical (PP-OR-1993) - Option 1	\$1,292,958
Boston Scientific Corporation (PP-OR-1992) - Option 1	\$1,392,418

*All partial quotes

Vendors Recommended for Award

Merit Medical (PP-OR-1997)	\$ 300
Diversatek (PP-OR-1994)	7,342
Olympus (PP-OR-1999)	51,906
Cook Medical (PP-OR-1993)	72,441
Steris (PP-OR-2000)	73,769
Boston Scientific Corporation (PP-OR-1992)	<u>1,235,382</u>
	\$1,441,440

The recommended vendors' products were deemed clinically acceptable and the best value for Harris Health System. Quote tabulation on file in the Purchasing Agent's office.



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

March 3, 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 exemption from the competitive bid requirements for the following:

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

Vendors: Acadian Ambulance Service of Texas, LLC (HCHD-678)
Best Care EMS, Ltd (HCHD-715)

Term: April 1, 2022 through March 31, 2023

Amount: \$1,200,000 estimated

Reviewed by: X Transition & Post-Acute Care X Harris County Purchasing

Justification: To provide ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations.

The County Attorney’s Office is preparing Agreements for these services. Utilization of services are subject to execution of the Agreements.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm

PT
cc: Esmail Porsa, M.D., President & CEO
Amy Smith – SVP Transitions & Post-Acute Care
Vendors

A13

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 20/0322, Board Motion 21.03-31

Members of the Board:

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

Description: Construction Manager-Agent for the Harris County Hospital District dba Harris Health System

Vendor: Jones Lang LaSalle Americans, Inc.

Term: April 25, 2022 through April 24, 2023

Amount: \$1,000,000 estimated
\$1,000,000 previous year

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To provide construction manager-agent services for 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.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

AH

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

A14

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

March 2, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 15/0101, Board Motion 21.01-06

Members of the Board:

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

Description: Vision Insurance for Harris County Hospital District dba Harris Health System
Vendor: Davis Vision, Inc. [GA-06387]
Term: March 1, 2022 through February 28, 2023
Amount: \$986,401 estimated
\$948,462 previous amount
Reviewed by: X Benefits Administration X Harris County Purchasing
Justification: To provide for continued vision insurance coverage of employees and retirees of Harris Health System.

The vendor has agreed to renew under the same terms and conditions with a 4% increase in rates as set forth in the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

J.A.
FD
FDA

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

A15

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 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: Cloud Access Security Broker (CASB) Solution for the Harris County Hospital District dba Harris Health System

Quotes Received: Set Solutions, Inc. (DIR-TSO-4361) \$829,545
Insight Direct USA, Inc. (PP-IT-241) \$856,390

Vendor: Set Solutions, Inc.

Amount: \$829,545 estimated

Reviewed by: X Information Security X Harris County Purchasing

Justification: To provide protection for the organization’s cloud initiatives in alignment with Information Security’s business goals for Pillar 5: Infrastructure Optimization of the Harris Health’s Strategic Plan for 2021-2025.

The County Attorney’s Office is preparing an Agreement for this purchase. The purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

SPS
KJB SPS

cc: Esmail Porsa, M.D., President & CEO
Jeffrey Vinson, SVP & CISO
Vendors

A16

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

March 7, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Texas Local Government Code 262.024 (a)(2)- Public Health and Safety, Board Motion 22.01-06

Members of the Board:

Please ratify the following purchases:

Description: Various Medical Products and Equipment for the Harris County Hospital District dba Harris Health System

Vendors: Aztec Events & Tents \$ 70,800
ASD Healthcare \$748,800

Amount: \$819,600 estimated

Reviewed by: X Harris County Purchasing

Justification: To provide critical products and equipment required for the readiness and treatment of COVID-19 pandemic.

Sincerely,

p.p. John G. Adger

DeWight Dopslauf
Purchasing Agent

SEP

cc: Esmaeil Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Michael Nadi, CPO
Vendors

A17

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

March 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Department of Information Resources (DIR)

Members of the Board:

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

Description: Technology Refresh of Cisco Network Equipment for the Harris County Hospital District dba Harris Health System

Quotes Received:	General Datatech, L.P. (DIR-TSO-4167)	\$674,339
	Netsync Network Solutions, Inc. (DIR-TSO-4167)	\$707,869
	Connection (PP-IT-238)	\$795,064

Vendor: General Datatech, L.P.

Amount: \$674,339 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for Cisco network infrastructure located at the Lyndon B. Johnson Hospital Outpatient Center, which has reached its end of life and needs to be replaced.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KC

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

A18

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



as

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

March 7, 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 purchase of the following on the basis of low quote:

Description: Ambulances for the Harris County Hospital District dba Harris Health System

Quotes Received: Two (2) on February 22, 2022 and March 7, 2022

Siddons Martin Emergency Group, LLC (Buyboard 650-21)	\$556,062
Servs, LLC (BuyBoard No. 570-18)	\$656,551

Vendor: Siddons Martin Emergency Group, LLC

Amount: \$556,062

Reviewed by: X Logistics X Harris County Purchasing

Justification: To add additional ambulances due to the increased demand.

Sincerely,
Damon Harris for

DeWight Dopslauf
Purchasing Agent

JD

JOW
cc: Esmail Porsa, M.D., President & CEO
Tim Brown, Logistics
Vendor (s)

A19

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





as

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

February 28, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0413

Members of the Board:

Please approve the following award on the basis of highest ranking vendor:

Description: Professional Architectural and/or Engineering Services for the New Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Responses Received: Eight (8) on January 10, 2022 (see attached)

Vendor: HKS, Inc.

Amount: \$500,000 estimated

Reviewed by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Lyndon B. Johnson (LBJ) Hospital campus planning and the programming, cost estimating, architecture & engineering design, and construction administration activities necessary to build the new LBJ replacement hospital for Harris Health System.

The County Attorney's Office is preparing the Agreement for these services. This purchase is subject to execution of the Agreement. If the vendor and Harris Health System and unable to agree to executable contract, Harris Health System reserves the right to select another qualified vendor from the responses received list.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

mam

MAM
Attachment

DA

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

A20

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



Job No. 21/0413; Professional Architectural and/or Engineering Services for the New Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System

Overall Ranking		
Proposal Ranking	Firm Name	Final Score
1	HKS, Inc.	86.8
2	HDR Architecture, Inc.	85
3	Page Southerland Page, Inc.	85
4	Hellmuth, Obata & Kassabaum, Inc.	81.4
5	EYP Architecture & Engineering	81.1
6	Perkins Eastman Architects DPC	64.3
7	PBK Architects, Inc.	62.2
8	Huitt-Zollars, Inc.	58.4



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

February 7, 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: Coagulation Analyzers, Reagents, Consumables and Service

Vendor: Diagnostica Stago, Inc. (PP-LA-532)

Term: One-year initial term with six (6) one-year renewal options

Amount: \$487,458 estimated

Evaluated by: X Laboratory X Harris County Purchasing

Justification: To acquire new coagulation and hemostasis analyzers at Ben Taub and Lyndon B. Johnson Hospitals, Smith Clinic and El Franco Lee Health Center. This purchase will also provide the reagents, consumables, supplies and services required.

Diagnostica Stago, Inc. offers the best selection of tests to meet the needs of Harris Health System; therefore, other Premier vendors were not chosen. The County Attorney's Office is preparing an Agreement for these services. This purchase is 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

A21

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 13/0120, Board Motion 21.02-22

Members of the Board:

Please ratify the second of five (5) renewal options for the following:

Description: Integrated Platform for Microbiology Automation, Blood Culture, Identification and Susceptibility including Analyzer(s), Reagents, Consumables and Services for the Harris County Hospital District dba Harris Health System

Vendor: Becton, Dickinson and Company, through its BD Life Sciences – Integrated Diagnostic Solutions Business Unit (GA-06041)

Term: March 5, 2022 through March 4, 2023

Amount: \$457,453 estimated
\$808,854 previous year

Reviewed by: X Laboratory X Harris County Purchasing

Justification: To provide for continued microbiology automation for blood culture, identification and susceptibility testing for Harris Health System.

The vendor has agreed to renew under the same terms and conditions, with an increase in pricing, as set forth in the Agreement. The amount for the previous year included pay off and service fees, as well as consumables, for the Kiestra equipment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KB WKB

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ

George Gaston, Business Operations & Strategic Initiatives
Vendor

A22

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 11, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Previous Board Motion 21.08-77

Members of the Board:

Please approve second year funding for the following GPO contract:

Description: Soaps, Lotions and Waterless Hand Rinses

Vendor: Ecolab USA, Inc. (AS-NS-1459)

Term: May 1, 2022 through April 30, 2023

Amount: \$362,904 estimated
\$352,334 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To provide Harris Health System with cleansing products, such as alcohol rubs, hand rinses, foams, sprays and lotions.

The increased amount is to account for an anticipated increase in product usage.

Sincerely,
DeWight Dopslauf
DeWight Dopslauf
Purchasing Agent

JA
5/2
AM

cc: Esmael Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendor

A23

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

March 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P., Board Motion 21.04-47

Members of the Board:

Please ratify additional funds for the following:

Description: Integrated Platform for Chemistry and Immunochemistry Analyzer(s), Automation, Reagents, Consumables, and Service for the Harris County Hospital District dba Harris Health System

Vendor: Beckman Coulter, Inc. (GA-06647)

Amount: \$ 358,525 additional funds for the term 05/08/21 – 05/07/22
2,111,161 previously approved funds for the term 05/08/21 – 05/07/22
\$2,469,686

Reviewed by: X Laboratory X Harris County Purchasing

Justification: Additional funds are required to pay outstanding invoices as well as continue automated chemistry & immunochemistry testing services through the third renewal option. A purchase order has been issued.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

*JA
KB*WKB

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

A24

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

March 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0277, Board Motion 21.03-31

Members of the Board:

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

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

Vendor: Windsor EMS, Inc. (GA-07649)

Term: April 1, 2022 through March 31, 2023

Amount: \$350,000 estimated
\$275,000 previous year

Reviewed by: X Transition & Post-Acute Care X Harris County Purchasing

Justification: To continue to provide ambulance services for patients to and from various Harris Health System facilities and clinics as well as other locations.

The increased amount is due to the expected higher demand for services. Vendor has agreed to renew under the same terms and conditions as set forth in the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm

PT
cc: Esmail Porsa, M.D., President & CEO
Amy Smith – SVP Transitions & Post-Acute Care
Vendor

A25

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

March 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 14/0340, Board Motion 21.08-77

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Patient Communication System for the Harris County Hospital District dba Harris Health System

Vendor: Intrado Interactive Services Inc. (f/k/a West Interactive Services Corporation) (GA-06540)

Amount: \$349,440 additional funds for the extended term 09/14/22 – 09/13/23
349,440 previously approved funds for the term 09/14/21 – 09/13/22
\$678,880

Reviewed by: X Patient Services X Harris County Purchasing

Justification: In August 2021, the Board of Trustees approved funding and a one-year extension. Since that time, it has been determined that a two-year extension is necessary.

The County Attorney's Office has prepared a Second Amendment to the Agreement to incorporate the two-year extension. The additional funds and extension are subject to execution of the Amendment. The vendor has agreed to extend under the same terms and conditions as set forth in the Agreement, with no increase in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

KJB

cc: Esmail Porsa, M.D., President & CEO
Louis Smith, SEVP, COO
Vendor

A26

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 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: Symantec Veritas Cloud Enterprise Vault Software for the Harris County Hospital District dba Harris Health System

Quotes Received:	SHI Government Solutions, Inc. (DIR-TSO-3926)	\$340,230
	Insight Direct USA, Inc. (PP-IT-241)	\$368,628
	Connection (PP-IT-238)	\$381,336

Vendor: SHI Government Solutions, Inc.

Amount: \$340,230 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for Symantec Veritas Cloud Enterprise Vault email management software used for archiving and legal discovery process.

The County Attorney’s Office is preparing an Agreement for this purchase. The purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SPS
AGB SPS

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

A27

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.02-22

Members of the Board:

Please approve fifth year funding for the following GPO contracts:

Description: Trocar Products

Vendors: Applied Medical Resources Corporation (PP-OR-1483) \$202,741
 Medtronic (PP-OR-1482) 117,651
 \$320,392

Term: April 1, 2022 through March 31, 2023

Amount: \$320,392 estimated
 \$380,534 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To continue providing Harris Health System with trocar products used during laparoscopic surgery.

The decreased amount is a result of decline in laparoscopic surgeries during the COVID-19 pandemic.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
5/2
BKP

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

A28

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 28, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 12/0067, Board Motion 22.01-06

Members of the Board:

Please ratify additional funds for the following:

Description: Reference Laboratory Testing Services for the Harris County Hospital District dba Harris Health System

Vendor: Laboratory Corporation of America (GA-05260)

Amount: \$ 303,427 additional funds for the term 01/22/20 – 12/31/21
7,035,279 previously approved funds for the term 01/22/20 – 12/31/21
\$7,338,706

Reviewed by: X Laboratory X Harris County Purchasing

Justification: Funds for the extended term were underestimated. Additional funds are required to pay outstanding invoices. A purchase order has been issued.

Sincerely,

DeWight Dopslauf

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

A29

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 11, 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 contracts:

Description:	Orthopedic Soft Goods	
Vendors:	S2S Global (AS-NS-1539)	\$ 77,359
	Breg, Inc. (PP-NS-1534)	97,525
	DJO Global (AS-NS-1535)	<u>97,525</u>
		\$272,409

Term: December 1, 2021 through November 30, 2022

Amount: \$272,409 estimated
\$272,409 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with orthopedic soft goods such as postoperative shoes, braces, splints and supports.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
5/2
AM

cc: Esmail Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendors

A30

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L. P. Contract, Board Motion 21.03-31

Members of the Board:

Please approve renewal for the following:

Description: Urinalysis Analyzer(s), Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System

Vendor: Beckman Coulter, Inc. (GA-05451)

Term: March 27, 2022 through March 26, 2023

Amount: \$239,185 estimated
\$239,185 previous year

Reviewed by: X Laboratory X Harris County Purchasing

Justification: To continue providing urinalysis analyzers, reagents, consumables and service for testing of Harris Health System patients.

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

DeWight Dopslauf
Purchasing Agent

JA
KB WKB

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

A31

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 21, 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: Critical Care Connectivity Software and Hardware for the Harris County Hospital District dba Harris Health System

Vendor: CapsuleTech, Inc.

Term: One-year initial term with four (4) one-year renewal options

Amount: \$238,406 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide for the Epic Dialysis Integration Project at the Riverside Clinic, LBJ Hospital and Ben Taub Hospital. This will eliminate the manual entry of data from the Dialysis machines into Epic preventing missed or delayed vital signs documentation.

The County Attorney’s Office is preparing an Agreement for this purchase. The purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
SPS

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

A32

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 11, 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: Thrombectomy Products

Vendors:	Boston Scientific Corp (PP-CA-500)	\$ 18,775
	Penumbra (PP-CA-501)	<u>219,025</u>
		\$237,800

Term: November 1, 2021 through October 31, 2022

Amount: \$237,800 estimated
\$237,800 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with mechanical thrombectomy catheters and devices used to remove blood clots from veins and arteries.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
5^{PM}

cc: Esmael Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendors

A33

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 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 22, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0103, Board Motion 21.02-22

Members of the Board:

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

Description: Virtual Patient Observation (VPO) Monitoring Software for the Harris County Hospital District dba Harris Health System

Vendor: NTT America Solutions, Inc. (fka Dimension Data North America, Inc.) (GA-07271)

Term: March 31, 2022 through March 30, 2023

Amount: \$217,598 estimated
\$217,598 previous year

Reviewed by: Information Technology Harris County Purchasing

Justification: To provide a virtual patient monitoring system that allows clinicians to remotely monitor patients who are at risk of falling from their bed.

The vendor has agreed to renew under the terms and conditions with no increase in pricing as set forth in the Agreement.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

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

A34

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 25, 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: Cardiovascular Imaging

Contract Reviewed: Philips Healthcare (PP-IM-280)

Vendor: Philips Healthcare

Amount: \$201,571

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide one (1) intravascular ultrasound unit for the Cath Lab at Ben Taub Hospital.

Philips is the only Premier vendor able to meet all user requirements. Therefore, other Premier vendors were not evaluated.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA
5/2
AM

Attachment

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

A35

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / Cath Lab

Item Description: Intravascular Ultrasound Machine

Estimated Cost: \$201,571.20 (Routine Capital Budget)

Project Elaboration: This procurement is adding an intravascular ultrasound unit for Cath Lab at Ben Taub Hospital. At present the department is borrowing a unit from the operating room and facing limited availability.

Vendor: Philips (on Premier GPO contract # PP-IM-280)

- Only Premier vendor meeting all user requirements for an intravascular ultrasound machine.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Intrasight Mobile 5, Spinvision PIMr option kit, Training	1	\$201,571.20	\$201,571.20
Total Cost				\$201,571.20



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

February 23, 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 the third of four (4) renewal options for the following on the basis of sole source:

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

Vendor: Dräger Incorporated (GA-07532)

Term: April 1, 2022 through March 31, 2023

Amount: \$194,728 estimated
\$194,728 previous year

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide continued preventative maintenance and repair services for Dräger anesthesia equipment at Ben Taub and Lyndon B. Johnson Hospitals.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement. The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Dräger Incorporated as the sole authorized service provider of Dräger anesthesia equipment.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

J A sm

SCF

Attachment

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

A36

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



Board Summary

Board Date: March 24, 2022

Vendor: Draeger Incorporated

Description of Service: Preventative maintenance and repair services for Draeger Anesthesia Equipment

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

Contract Elaboration: This is a preventative maintenance and repair services for Draeger Anesthesia Equipment for the Harris County Hospital District dba Harris Health System.

Service Cost Breakout

- Previous year contract amount: \$194,728
- Abbott renewal pricing: \$194,728

Recommend Renewal

A36



**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 ratify the fifth of six (6) renewal options for the following:

Description: Pharmacy Benefit Manager Services for the Harris County Hospital District dba Harris Health System

Vendor: OptumRx Inc. [GA-06851]

Term: March 1, 2022 through February 28, 2023

Amount: \$180,825 estimated
\$180,825 previous year

Reviewed by: X Benefits Administration X Harris County Purchasing

Justification: To continue to provide employee and retiree medical and pharmacy benefits.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA FDA

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

A37

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 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 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.04-47

Members of the Board:

Please approve second year renewal for the following GPO contract:

Description: Vaporizers for the Harris County Hospital District dba Harris Health System

Vendor: Abbvie US LLC (GA-07172)

Term: April 1, 2022 through March 31, 2023

Amount: \$176,951 estimated
\$176,951 previous year

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: To continue providing Abbvie-owned vaporizers for use with Ultane® (Sevoflurane) for Ben Taub and Lyndon B. Johnson Hospitals.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
BAQ BA

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, SVP & CPO
Vendor

A38

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption – Local Government Code § 262.024 (a)(2), Board Motion 21.10-101

Members of the Board:

Please approve additional funds and extension for the following:

Description: Rental of Ambulance Vehicles for the Harris County Hospital District dba Harris Health System

Vendors: Ambulance Depot (HCHD-545)

Amount: \$138,000 additional funds for the extended term 3/1/22 – 10/31/22
350,000 previous approved funds for the term 9/3/21 – 2/28/22
\$488,000

Reviewed by: X Logistics X Harris County Purchasing

Justification: Additional funds are required to cover a continuation of ambulance rental expenses while replacement units are on backlog due to a disruption with global supply chain regarding the availability of vehicles post COVID-19.

The vendor has agreed to extend the same terms and conditions as set forth in the agreement, with no increase pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

J.A. STM

cc: Esmail Porsa, M.D., President & CEO
Chris Okezie, VP Operations
Tim Brown, Logistics
Vendor

A39

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
February 22, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.03-31

Members of the Board:

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

Description: Epic Clinical Training for the Harris County Hospital District dba Harris Health System

Vendor: Epic Systems Corporation

Amount: \$133,000 estimated
\$133,000 previous year

Term: April 1, 2022 through March 31, 2023

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To continue to provide training on Epic software applications to Harris Health System employees, primarily IT personnel, in order to perform their job duties.

The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on Epic Systems Corporation as the sole provider of training for their software applications.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA
KJB

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

A40

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 17, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.03-31

Members of the Board:

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

Description: Maintenance for the Clinical Decision Support (CDS) System for the Harris County Hospital District dba Harris Health System

Vendor: National Decision Support Company, LLC (NDSC) (GA-07110)

Term: April 1, 2022 through March 31, 2023

Amount: \$132,600 estimated
\$132,600 previous year

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To continue to provide software maintenance for the Clinical Decision Support System allowing physicians to order the appropriate imaging exam based on the patient's condition at the point of care.

The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on National Decision Support Company, LLC (NDSC) as the sole provider of maintenance services for the Clinical Decision Support System.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KJB

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

A41

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

March 1, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption; Board Motion 21.08-77

Members of the Board:

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

Description: License and Updates for the Problem and Procedure Software Applications for the Harris County Hospital District (dba Harris Health System)

Vendor: Intelligent Medical Objects, Inc.

Term: April 10, 2022 through April 9, 2023

Amount: \$121,038 estimated
\$103,545 previously year

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide annual maintenance for the IMO Problem and Procedure software application for Harris Health, The Harris Center and Harris County Jail. IMO Problem is a clinical diagnosis and problem list vocabulary containing specialized terms for clinicians, coders and patients. IMO Procedure is a clinician and workflow medical terminology solution that selects the best billing or reference code for procedure terminology.

The increased amount is due to an increase in the number of clinician accessing IMO since service was extended to The Harris Center and Harris County Jail .The Office of the Harris County Purchasing Agent has confirmed the sole source exemption based on IMO as the sole provider of maintenance and support for their products.

Sincerely,
DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA
KJB

cc: Esmail Porsa, M.D., President & CD
David Chou, EVP & CIO
Vendor

A42

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 22, 2022





DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
February 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 18/0307, Board Motion 20.1-02

Members of the Board:

Please ratify the third of four (4) renewal options for the following:

Description: Venue for Annual Nurses Recognition Event for the Harris County Hospital District dba Harris Health System

Vendor: Marriott Marquis Houston [GA-07501]

Term: February 21, 2022 through February 20, 2023

Amount: \$120,000 estimated
\$ 0 previous year

Reviewed by: X Nursing Operations X Harris County Purchasing

Justification: To continue providing venue space and services for Harris Health System's annual nurses recognition event in celebration of National Nurses Week.

The increased amount is due to not holding celebrations in the previous year due to COVID-19.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA FDA/jld

cc: Esmaeil Porsa, M.D., President & CEO
Maureen Padilla, SVP – Nursing Affairs & Support Services
Vendor

A43

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 18, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Premier Healthcare Alliance, L.P. Contract, Board Motion 21.03-31

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Glucose Management

Vendor: ARKRAY USA Inc. (PP-LA-516)

Amount: \$116,331 additional funds for the extended term 04/01/22 – 09/30/22
488,000 previously approved funds for the term 04/01/21 – 03/31/22
\$604,331

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: To provide glucometers and consumables for the Harris Health System outpatient care areas until a new Premier contract is launched.

Sincerely,

DeWight Dopslauf
Purchasing Agent

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

A44

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 11, 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: Proactive Medication Safety Risk Assessment for Harris County Hospital District dba Harris Health System

Vendor: Institute for Safe Medication Practices

Term: One-year term

Amount: \$116,000 estimated

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: Services include the review of medication dispensing, administration, monitoring, and documentation practices, to determine methods to strengthen current processes and improve medication safety for the Harris Health System.

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

BPJ

cc: Esmail Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

A45

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 25, 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: Surgical Endoscopy - Rigid
Contract Reviewed: Olympus America Inc. (PP-OR-1782)
Vendor: Olympus America Inc.
Amount: \$99,907
Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing
Justification: To provide Harris Health System with new endoscopes for use with the existing endoscopy towers, and replace current no longer functioning cystoscopes.

Amount includes trade-in credit of \$1,640 for one (1) each of existing Karl Storz video processor, light source and camera head. Olympus was evaluated as best meeting all user requirements. Therefore, the other Premier vendors were not selected.

Sincerely,
DeWight Dopslauf
DeWight Dopslauf
Purchasing Agent

^{SP}
AM
Attachment
cc: Esmail Porsa, M.D., President & CEO
David Attard, Healthcare Systems Engineering
Vendor

A46

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / Obstetrics and Gynecology Clinic

Item Description: Video Endoscopy Equipment

Estimated Cost: \$99,907.95 (FY22 Routine Capital Budget)

Project Elaboration: This project is replacing existing cystoscopes that are no longer functional with new endoscopes to use with existing endoscopy towers.

Vendor: Olympus (on Premier GPO contract # PP-OR-1782)

- Only Premier vendor meeting all user requirements including need for compatibility with existing endoscopy towers used by OB-Gyn clinic.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Tower - OTV-S200, CH-S190-08-LB HD ultra-light Uro Camera, LED monitor, accessories	1	\$53,870.53	\$53,870.53
2	Cysto set – M3-30A M3 gold Tel 30Deg (2), M3-70A M3 gold Tel 70Deg (2), accessories	1	\$31,993.90	\$31,993.90
3	Digital Hysteroscope – HYF-V Flexible Video Hysteroscope, accessories	1	\$15,683.52	\$15,683.52
4	Trade-in Discount for 1 each of Karl Storz Video Processor, Light Source, and Camera Head	1	(\$1,640.00)	(\$1,640.00)
Total Cost				\$99,907.95

A46



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

February 22, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 13/0232

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Hemoglobin A1c Testing System including Analyzer(s) Reagents, Consumables and Service for the Harris County Hospital District dba Harris Health System

Vendor: Trinity Biotech, Inc. (GA-05562)

Amount: \$ 94,053 additional funds for the extended term 04/18/22 – 12/31/22
95,000 previously approved funds for the term 04/18/21 – 04/17/22
\$189,053

Reviewed by: X Laboratory X Harris County Purchasing

Justification: The term is being extended to continue providing Hemoglobin A1c testing of Harris Health System patients until an award is made and an Agreement is executed. Additional funds are required to cover the extended term.

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

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

*J A
KB* WKB

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

A47

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

March 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Offer No. CDH030714

Members of the Board:

Please approve additional funds and an extension for the following:

Description: Automated Sedimentation (SED) Rate Analyzer(s) including Reagents, Consumables, Supplies and Service for the Harris County Hospital District dba Harris Health System

Vendor: Alcor Scientific Inc. (GA-06467)

Amount: \$ 52,820 additional funds for the extended term 05/1/22 – 04/30/23
52,820 previously approved funds for the term 05/01/21 – 04/30/22
\$105,640

Reviewed by: X Laboratory X Harris County Purchasing

Justification: The term is being extended to continue providing sedimentation rate testing to Harris Health System patients until an award is made and an Agreement is executed. Additional funds are required to cover the extended term.

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

Sincerely,

DeWight Dopslauf
Purchasing Agent

*KB*WKB

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Patricia Darnauer, EVP Administration LBJ
George Gaston, Business Operations & Strategic Initiatives
Vendor

A48

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 3, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Public Health or Safety Exemption, Board Motion 21.09-86

Members of the Board:

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

Description: Temporary Nursing Personnel for Harris County Hospital District dba Harris Health System

Vendors: Focuspoint International Inc. [HCHD-528]
UltraStaff [HCHD-231]

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

Reviewed by: X Nursing Operations Admin X Harris County Purchasing

Justification: To provide for temporary staffing of nursing personnel to meet the increase in demand of patient healthcare due to Covid-19 at various locations throughout the Harris Health System.

In September 2021, the Board of Trustees approved \$10,000,000 estimated to be used for Temporary Nursing Personnel. Vendors for Temporary Nursing Personnel are contracted to be paid from those funds. No additional funds need to be approved.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA
JLD

cc: Esmail Porsa, M.D., President & CEO
Maureen Padilla, SVP – Nursing Affairs & Support Services
Vendors

A49

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



DeWight Dopslauf, C.P.M., CPPO
Harris County Purchasing Agent
March 8, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 21/0370

Members of the Board:

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

Description: Virtual Care Carts for the Harris County Hospital District dba Harris Health System

Proposals Received: Seven (7) on December 6, 2021 (see attached)

Vendor: American Well Corporation dba Amwell

Term/Renewals: One-year initial term with five (5) one-year renewal options

Amount: See confidential attachment

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Virtual Care Carts and Telehealth Delivery System for both clinical and non-clinical use cases in both inpatient, outpatient and correctional health settings.

The County Attorney’s Office is preparing an Agreement for this purchase. The award is subject to execution of the Agreement. If vendor and Harris Health System are unable to agree to an executable contract, Harris Health System reserves the right to negotiate with other proposers.

Sincerely,

DeWight Dopslauf
Purchasing Agent

JA

KJB
Attachment

cc: Esmail Porsa, M.D., President & CEO
Louis Smith, SEVP, COO
Vendors w/o attachment

A50

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 9, 2022

Board of Trustees
Harris Health System.
Harris County, Texas

RE: Job No. 21/0253

Members of the Board:

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

Description: Custody and Benefit Payment Agent Services for the Harris County Hospital District dba Harris Health System

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

Vendor: State Street Bank and Trust Company [HCHD-682]

Term: Four-year initial term with two (2) one-year renewal options

Amount: See confidential attachment

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide core custodian services such as safekeeping, trade settlement, asset administration, valuation, accounting, and financial statement reporting for Harris Health System.

The County Attorney’s Office is preparing an Agreement for this purchase. The award is subject to execution of the Agreement. If vendor and Harris Health System are unable to agree to an executable contract, Harris Health System reserves the right to negotiate with other proposers.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JA FDA

Attachment

cc: Esmail Porsa, M.D., President & CEO
Victoria Nikitin, SVP – Finance
Vendors w/o attachment

A51

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

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**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. 16/0068

Members of the Board:

This is a transmittal of the fifth of six (6) 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, 2022 through February 28, 2023

Amount: \$ 98,359 estimated
\$101,225 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 until a new competitive proposal process is complete.

The decreased amount is due to the anticipated decrease in employee participation. The County Attorney's Office prepared an Amendment to add the fifth and six renewal options to the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

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

B1

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 17, 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: Teleconference System Maintenance and Support for the Harris County Hospital District dba Harris Health System

Quotes Received:	AVI-SPL, LLC. (DIR-TSO-3926)	\$ 93,197
	Connection (PP-IT-238)	\$ 103,145
	SHI Government Solutions, Inc. (OMNIA# 2018011-02)	\$ 103,631
	Insight Direct USA, Inc. (PP-IT-241)	\$ 104,632

Vendor: AVI-SPL, LLC.

Amount: \$93,197 estimated

Reviewed by: X Information Technology X Harris County Purchasing

Justification: To provide maintenance and support for the Vidyo Teleconference System used throughout the Harris Health System.

Sincerely,

DeWight Dopslauf
Purchasing Agent

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

B2

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 22, 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:

This is a transmittal of the renewal for the following on the basis of public health or safety exemption:

Description: ReadySet™ for Healthcare Web-based Software for the Harris County Hospital District dba Harris Health System

Vendor: Axion Health, Inc. (CID: GA-05162)

Term: March 12, 2022 through March 11, 2023

Amount: \$93,143 estimated
\$93,143 previous year

Reviewed by: X Occupational Health Services X Harris County Purchasing

Justification: To provide for continued access to a HIPAA and CMS compliant web-based software system for clinically based, employee well-being solutions including a Covid-19 module that provides Travel Screening Survey, Staff Exposure questionnaire, and Patient under Investigation (PUI) form for case report information.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in the participant unit rate.

Sincerely,

DeWight Dopslauf
Purchasing Agent

cc: Esmaeil Porsa, M.D., President & CEO
Ann Smith Barnes, SVP Chief Health Officer
Vendor

B3

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



as



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

February 28, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: OMNIA Partners, Public Sector Cooperative Purchasing Program

Members of the Board:

This is a transmittal of the purchase of the following on the basis of lowest complete quote:

Description: Breakroom, Casework, and Guest Seating for the Lois J. Moore Center for Nursing Excellence for the Harris County Hospital District dba Harris Health System

Quotes Received: Five (5) on January 10, 12, and 14, 2022 (see attached)

Vendor: Letourneau Keller

Amount: \$88,033

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

MJS
Attachments

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

SP
AH

B4

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): Lois J. Moore Center for Nursing Excellence

Item Description: Furniture for Lois J. Moore

Estimated Total Cost: \$88,032.54 (FY2022 Capital Budget)

Project Elaboration: This project consist of acquisition of breakroom, casegood, and guest seating furniture for the Lois J. Moore Center for Nursing Excellence project.

Vendor: Letourneau Keller (on OMNIA Contract# R180402, R191811, R191803)

- Low compete quote meeting all requirements.

Quotes are based on OMNIA partners cooperatives. All vendors submitted based on specified manufactures, contracts and product lines.

Project Cost Summary: See attached quote tabulation.

B4



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

February 17, 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: Neonatal Specialty Products

Vendor: Medela Inc. (PP-NS-1455)

Term: May 1, 2022 through April 30, 2023

Amount: \$85,520 estimated
\$85,520 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To continue providing Harris Health System with catheterization trays, urinary drainage kits, lumbar puncture kits, peripherally-inserted central catheter (PICCs), umbilical artery catheters, needles, blood filters, spikes and other specialty items/equipment designed for use in the neonatal population.

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 MARCH 24, 2022

B5



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

February 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Service Exemption

Members of the Board:

This is a transmittal of exemption from the competitive bid requirement and the fourth and final renewal option of the following:

Description: Pharmacy Benefits Claims Management Consulting Services for the Harris County Hospital District dba Harris Health System

Vendor: ELMC Rx Solutions LLC fka Benefit Data Services (GA-07208)

Term: April 1, 2022 through March 30, 2023

Amount: \$82,800 estimated
\$82,800 previous year

Reviewed by: X Pharmacy X Harris County Purchasing

Justification: To provide for continued assessments of employees' benefits claims under Harris Health System employee group health plans.

The vendor has agreed to renew under the same terms and conditions as set forth in the Agreement, with no increase in pricing. Ginger Campbell will provide the personal service required under the Agreement.

Sincerely,

p.p. John J. Adger

DeWight Dopslauf
Purchasing Agent

BPJ BA

cc: Esmaeil Porsa, M.D., President & CEO
Michael Nnadi, CPO
Vendor

B6

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 11, 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: Medical Lasers and Accessories

Vendor: Lumenis (PP-OR-1837)

Term: May 1, 2022 through April 30, 2023

Amount: \$80,705 estimated
\$80,705 previous year

Reviewed by: X Supply Chain Management X Harris County Purchasing

Justification: To provide special lasers with precision cutting required to reduce blood loss, length of procedure, swelling and pain for Harris Health patients.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM

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

B7

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 22, 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: Rapid Diagnostic Test Kits

Vendors:	OraSure Technologies, Inc. (PP-LA-591)	\$ 225
	Cardinal Health 200, LLC (PP-LA-590)	\$75,970

Premier Term: November 1, 2021 through October 31, 2022

Amount: \$76,195 estimated
\$78,247 previous year

Evaluated by: X Evaluation Committee X Harris County Purchasing

Justification: To provide Harris Health System with products used for the detection and diagnosis of disease.

Sincerely,

DeWight Dopslauf
Purchasing Agent

*KB*WKB

cc: Esmail Porsa, M.D., President & CEO
Douglas Creamer, Supply Chain Management
Vendors

B8

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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

February 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: Surgical Headlights

Contracts Reviewed:	Sunoptic Technologies, LLC (AS-OR-1910)	\$65,411
	Integra LifeSciences Sales, LLC (PP-OR-1909)	\$74,919

Vendor: Integra LifeSciences Sales, LLC

Amount: \$74,919

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace surgical headlights that are past their expected useful life for Ben Taub Hospital.

Integra headlights were evaluated as best meeting requirements. Therefore, the other Premier vendor was not selected.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM
Attachment

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

B9

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): Ben Taub Hospital / OR

Item Description: Surgical Headlights

Estimated Cost: \$74,919.34 (FY22 Routine Capital Budget)

Project Elaboration: For the fourth floor OR at Ben Taub Hospital, this project is replacing surgical headlights that are past their expected useful life and experiencing maintenance issues.

Vendor: Integra (on Premier GPO contract # PP-OR-1909)

- Integra surgical headlights already in use at Ben Taub Hospital second floor OR. The evaluation team is recommending utilizing the same manufacturer for new lights for fourth floor OR.
- At this time Integra is no longer the Premier Ascend contract vendor, however at the start of equipment evaluation process by Ben Taub OR team, Integra was the Premier Ascend contract vendor.

Other Premier Vendors Considered:

- Sunoptic – Not recommended by Ben Taub Hospital OR evaluation team. Scored Lower compared to Integra.

Project Cost Summary:

Vendor	Integra	Sunoptic
Description	Duo (LED), MLX (Xenon)	LED Metal (LED), Titan (Xenon)
LED Headlight Unit Price (Ea)	\$7,465.61	\$6,455.04
LED Headlight Quantity	8	8
Xenon Headlight Unit Price (Ea)	\$7,597.23	\$6,885.44
Xenon Headlight Quantity	2	2
Total Equipment Cost	\$74,919.34	\$65,411.20



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

February 14, 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: Magnetic Resonance Imaging (MRI)

Contract Reviewed: GE Healthcare (PP-IM-270)

Vendor: GE Healthcare

Amount: \$70,000

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide Smith Clinic with a 16-channel MRI coil for extremities to be used with the existing 1.5T MRI machine.

The GE Healthcare coils are proprietary to the existing GE MRI machine. Therefore, other Premier vendors were not reviewed.

Sincerely,

DeWight Dopslauf
Purchasing Agent

AM
Attachment

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

B10

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): ACS – Smith Clinic / MRI

Item Description: MRI Coil, Extremities

Estimated Cost: \$70,000.00 (FY22 Routine Capital Budget)

Project Elaboration: This procurement is adding a 16-channel MRI coil for extremities for use with the existing 1.5T MRI machine at Smith Clinic.

Vendor: GE (on Premier GPO contract # PP-IM-270)

- Coil is to be used with existing GE 1.5T MRI machine at Smith Clinic. Proprietary equipment item from the MRI machine manufacturer.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	1.5T Flex Suite, Standard – P Connector (MD, LG), 1.5T Unified Coil Phantom Kit, Flex Array Positioner, Training	1	\$70,000.00	\$70,000.00
Total Cost				\$70,000.00

B10



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

February 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: Electrocardiograph Machine

Contract Reviewed: Welch Allyn, Inc. (PP-CA-481)

Vendor: Welch Allyn, Inc.

Amount: \$69,512

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide additional electrocardiograph machines required to meet current demand for Ben Taub and Lyndon B. Johnson Hospital's.

Welch Allyn equipment was evaluated as best meeting all user requirements including wireless lead capability. Therefore, other Premier vendors were not considered.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM

Attachment

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

B11

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): Ben Taub, LBJ Hospitals / Nursing

Item Description: Electrocardiograph Machine

Estimated Cost: \$69,512.25 (FY22 Routine Capital Budget)

Project Elaboration: This project is adding electrocardiograph machines to identified departments at Ben Taub and LBJ Hospitals that are currently borrowing EKG machines from other areas, with limited availability.

Vendor: Welch Allyn (on Premier GPO Contract: PP-CA-481)

- Vendor equipment evaluated by the clinical team as the best fit for workflow and the only vendor equipment meeting the requirement for wireless lead unit. The capability is advantageous in critical situations or when isolation precautions are required, it offers patients freedom of movement to help ease of ECG acquisition, improve clinician workflow, and eliminates maintenance issues seen with wired leads.

Other Premier Vendors Considered:

- Philips – Do not offer wireless lead unit / capability.
- GE – Do not offer wireless lead unit / capability.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Mortara Eli380 12 lead Multichannel EKG, Cart, Eli Scanner Kit, Delivery Assistance, Installation and Configuration Services for BT Hospital	2	\$13,902.45	\$27,804.90
2	Mortara Eli380 12 lead Multichannel EKG, Cart, Eli Scanner Kit, Delivery Assistance, Installation and Configuration Services for LBJ Hospital	3	\$13,902.45	\$41,707.35
Total Cost				\$69,512.25



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

February 14, 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: Surgical Headlights

Contract Reviewed: Sunoptic Technologies, LLC (AS-OR-1910)

Vendor: Sunoptic Technologies, LLC

Amount: \$65,011

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To replace surgical headlights that are past their expected useful life and experiencing maintenance issues.

Amount includes trade-in credit of \$400 for two (2) each of existing Sunoptic Technologies Model TX450D units. Sunoptic was evaluated as best meeting all user requirements. Therefore, the other Premier vendors 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 MARCH 24, 2022 **B12**

Board Summary

Board Date: March 24, 2022

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

Item Description: Surgical Headlights

Estimated Cost: \$65,011.20 (FY22 Routine Capital Budget)

Project Elaboration: This project is replacing surgical headlights that are past their expected useful life and experiencing maintenance issues.

Vendor: Sunoptic (on Premier GPO Ascend contract # AS-OR-1910)

- Sunoptic headlights available on Premier GPO Ascend contract and evaluated by the LBJ Hospital OR team as meeting all user requirements.

Project Cost Summary:

Item #	Item Description	Qty	Unit Cost	Total Item Cost
1	Sunoptic LED metal HL, accessories	8	\$6,455.04	\$51,640.32
2	Titan 400 light source analog, accessories	2	\$6,885.44	\$13,770.88
3	Trade-in Discount for 2 headlights	2	(\$200.00)	(\$400.00)
Total Cost				\$65,011.20

B12



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

February 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 the following purchase on the basis of best contract:

Description: External Defibrillators

Contract Reviewed: Stryker (PP-CA-387)

Vendor: Stryker

Amount: \$63,750

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide Harris Health System with new automated external defibrillators (AED) replacing the current units that are past their expected useful life.

Amount includes trade-in credit of \$8,500 for thirty-four each of existing Stryker Lifepak CR Plus units. Stryker was evaluated as best meeting all user requirements including 360 joule biphasic technology. Therefore, other Premier vendors were not selected.

Sincerely,

DeWight Dopslauf
Purchasing Agent

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AM
Attachment

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

B13

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): ACS Clinics / Nursing

Item Description: Automated External Defibrillators

Estimated Cost: \$63,750.00 (FY22 Stub Operational Budget)

Project Elaboration: This project is replacing the automated external defibrillators (AED) that are past their expected useful life with new units.

Vendor: Stryker (on Premier GPO contract # PP-CA-387)

- Only Premier vendor equipment generating 360 Joules of shock, which Harris Health evaluation team has confirmed as the mandatory requirement.
- 360 Joules biphasic technology gives the ability for energy dose up to 360 Joules for difficult to defibrillate patients, providing them with the best chance at survival.

Project Cost Summary:

Item #	Item Description	Unit Cost	Qty	Total Item Cost
1	Lifepak CR2 Defibrillator, Semi-Automatic	\$2,125.00	34	\$72,250.00
2	Trade-in Discount – for Lifepak CR plus from ACS Clinics	(\$250.00)	34	(\$8,500.00)
Total Cost				\$63,750.00



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

February 21, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 19/0383

Members of the Board:

This is a transmittal of the second of four (4) renewal options for the following:

Description: Locksmith Supplies and Related Items for the Harris County Hospital District dba Harris Health System

Vendor: IDN ACME

Term: February 1, 2022 through January 31, 2023

Amount: \$60,000 estimated
\$58,714 previous year

Reviewed by: X Public Safety X Harris County Purchasing

Justification: To provide locksmith supplies and related items for Harris Health System.

The vendor has agreed to renew under the same terms and conditions as set forth in the contract, with no increase in pricing.

Sincerely,

DeWight Dopslauf

DeWight Dopslauf
Purchasing Agent

JD
JH

DLC
cc: Esmail Porsa, M.D., President & CEO
Jon Hallaway, Department of Public Safety
Vendor

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

B14



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

February 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: Physiological Monitoring Equipment

Contract Reviewed: Philips Healthcare (PP-MM-622)

Vendor: Philips Healthcare

Amount: \$58,736

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide Lyndon B. Johnson Hospital with portable physiological monitoring equipment used to monitor stroke patients in intermediate care unit (IMU).

All physiological monitoring equipment currently in place at Harris Health System is Philips Healthcare. Philips Healthcare is the only supplier that can provide equipment compatible with Harris Health's existing equipment and IT infrastructure. Therefore, other Premier vendors were not considered.

Sincerely,

DeWight Dopslauf
Purchasing Agent

^{SP}
AM
Attachment

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

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

B15

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): LBJ Hospitals / Intermediate Care Unit

Item Description: Physiological Monitoring Equipment

Estimated Cost: \$58,736.68 (FY22 Routine Capital Budget)

Project Elaboration: Adding portable physiological monitoring equipment to monitor stroke patients in intermediate care unit (IMU) at LBJ Hospital.

Vendor: Philips Healthcare (on Premier GPO Contract: PP-MM-622)

- 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	Unit Cost	Total Item Cost
1	IntelliVue Multi-Measurement Module X3, Accessories, Install for LBJ IMU	6	\$9,522.78	\$57,136.68
2	WMTS registration services	1	\$1,600.00	\$1,600.00
Total Equipment Cost				\$58, 736.68

B15



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

February 22, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Personal Service Exemption

Members of the Board:

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

Description: Consulting Services and Community Engagement Efforts for the Harris County Hospital District dba Harris Health System

Vendor: Whitmire & Munoz LLC

Term: March 15, 2022 through December 31, 2022

Amount: \$57,000 estimated

Reviewed by: Mission Advancement Harris County Purchasing

Justification: To develop a comprehensive strategy and engage in efforts to raise the public's awareness of Harris Health and its value to all residents of Harris County.

Lindsay Munoz and Whitney Whitmire will provide personal services required under the Agreement. The County Attorney's Office is preparing an Agreement for these services. The purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

FDA

cc: Esmail Porsa, M.D., President & CEO
Maria Cowles, SVP – Chief of Staff and Chief Transformation Officer
Vendor

B16

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 21, 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:

This is a transmittal of an exemption from the competitive bid requirements for the following:

- Description:** Electronic Clinical Quality Measures Software for the Harris County Hospital District dba Harris Health System
- Vendor:** Medisolv, Inc.
- Term:** One-year initial term with four (4) one-year renewal options
- Amount:** \$56,580 estimated
- Reviewed by:** X Quality & Safety Office X Harris County Purchasing
- Justification:** To provide for ENCOR software that allows real time visibility of quality metrics needed to increase the quality of patient care and their health outcomes by addressing any deficiencies in a proactive manner.

The County Attorney’s Office is preparing an Agreement for this purchase. The purchase is subject to execution of the Agreement.

Sincerely,

DeWight Dopslauf
Purchasing Agent

KJB
SPS
SPS

cc: Esmail Porsa, M.D., President & CEO
Joseph Kunisch, VP Quality Programs
Vendor

B17

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022





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

February 23, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Sole Source Exemption, Board Motion 21.02-22

Members of the Board:

This is a transmittal of the following on the basis of sole source:

Description: Preventative Maintenance and Repair Service for Diagnostic Equipment for the Harris County Hospital District dba Harris Health System

Vendor: MGC Diagnostics Corporation (GA-07539)

Term: April 16, 2022 through April 15, 2023

Amount: \$53,220 estimated
\$53,220 previous year

Reviewed by: X Healthcare Systems Engineering X Harris County Purchasing

Justification: To provide continued maintenance and repair services for MGC Diagnostics equipment for Ben Taub and Lyndon B. Johnson Hospitals.

The vendor has agreed to 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 MGC Diagnostics Corporation as the sole manufacturer and service provider of MGC Diagnostics Cardiorespiratory Diagnostics line of medical equipment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

sm

SCF
Attachment

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

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022 **B18**



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

February 4, 2022

Board of Trustees
Harris Health System
Harris County, Texas

RE: Job No. 16/0188

Members of the Board:

This is a transmittal of the fifth and final renewal option for the following:

Description: Tracer Template Program (Rounding Application) for the Harris County Hospital District dba Harris Health System

Vendor: Sentact LLC [GA-06698]

Term: February 23, 2022 through February 22, 2022

Amount: \$52,164 estimated
\$52,164 previous year

Reviewed by: X Accreditation/Regulatory Affairs X Harris County Purchasing

Justification: To continue to provide best practice tracer templates used to capture Det Norske Veritas (DNV) measures of success and provide a centralized method of validating levels of compliance.

The County Attorney's Office prepared an Amendment to add the fifth renewal option. The renewal is subject to execution of Amendment.

Sincerely,

DeWight Dopslauf
Purchasing Agent

FDA

cc: Esmail Porsa, M.D., President & CEO
Carolynn Jones, EVP – Chief Compliance & Risk Officer
Vendor

B19

FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022



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**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. 16/0320

Members of the Board:

This is a transmittal of the second of three (3) renewal options for the following:

Description: Professional Architectural and Engineering Services for Various Projects for the Harris County Hospital District dba Harris Health System

Vendor: ECS Group

Term: April 13, 2022 through April 12, 2023

Amount: \$50,000 estimated
\$50,000 previous year

Reviewed by: X Facilities Engineering X Harris County Purchasing

Justification: To provide architectural and engineering services at various Harris Health System facilities.

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

DeWight Dopslauf
Purchasing Agent

mm

OH

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

B20
FOR INCLUSION ON BOARD OF TRUSTEES AGENDA MARCH 24, 2022

Board Summary

Board Date: March 24, 2022

Pavilion(s)/Department(s): All Harris Health System Facilities

Vendor: ECS Group

Type of Contract: Indefinite Demand/Indefinite Quantity (ID/IQ) agreement for professional architectural and engineering design services for various Harris Health System projects.

Justification: On March 26, 2020, the Board of Trustees approved an exemption from the competitive bid to enter into a one (1) year initial term plus three (3) one-year renewal options agreement with ECS Group to provide professional architectural and engineering design services for various projects in a total not-to exceed amount of \$75,000 (*Board Motion #20.03-37, A(2) d.*).

On March 25, 2021, the Board of Trustees approved the 1st Renewal Option term (4/13/2021 – 4/12/2022) of the current ID/IQ agreement with ECS Group to provide professional CAD services for various budgeted projects and anticipated new FY 2021/2022 initiatives for a total not-to-exceed amount of \$50,000.

Harris Health System is now requesting approval to enter into the 2nd renewal option term (4/13/2022 – 4/12/2023) of the current ID/IQ agreement with ECS Group to provide professional CAD services for various budgeted projects and anticipated new FY 2022/2023 initiatives for a total not-to-exceed amount of \$50,000.

Current Term/Amount: Initial Term (4/13/2021 – 4/12/2022) / \$50,000

Action Required: Approval to enter into the 2nd renewal option term (4/13/2022 – 4/12/2023) of the current ID/IQ agreement with ECS Group to provide professional CAD services for various Harris Health System approved/funded projects for a total not-to-exceed amount of \$50,000.

Contract Usage Summary for the period of 4/13/2021 – 2/17/2022 (See table below)

PO ID	PO Date	Descr	Dept	Department Name	Line	Item Description	P.O. Amount
ECS Group, Inc. (ID #0000051540) <i>Provide Professional CAD Services (as requested by the Administrator) for Harris Health System's facilities as needed.</i> Master Agreement (CA #20HSP0140) Contract Term: 04/13/2020 - 04/12/2024 Contract Amount: \$75,000.00 as of 02/17/2022							
1st Renewal Option Term: 04/13/2021 - 04/12/2022; Board Motion 21.03-31 A2(8) - Current Term Amount: \$50,000.00							
1st Renewal Option							
Term Amount:	\$50,000.00	Balance:	\$50,000.00			Total Amount Committed:	\$0.00

Quote Tabulation for Breakroom, Casework, and Guest Seating for the Lois J. Moore Center for Nursing Excellence for the Harris County Hospital District dba Harris Health System

Group No.	Manufacturer, Contract & Furniture Type	Facility Interiors (Omnia #R191811)	Core Office Interiors (Omnia #R191803)	Vanguard Environment (OMNIA # 180402, #R191811)	J. Tyler Services, Inc. (OMNIA # 180402, #R191803)	Letourneau Keller ¹ (OMNIA # 180402, #R191811, #R191803)
1	Krueger International OMNIA #R180402 <i>Break Room</i>	Not on Contract	Not on Contract	\$33,620.19	\$30,073.06	\$28,993.37
2	National Office Furniture OMNIA #R191811 <i>Casework</i>	\$22,866.78	Not on Contract	\$26,826.20	Not on Contract	\$22,524.37
3	Sit On It Seating OMNIA Contract #R191803 <i>Guest Seating</i>	Not on Contract	\$43,350.52	Not on Contract	\$38,973.96	\$36,514.80
GRAND TOTAL		\$ 22,866.78	\$ 43,350.52	\$ 60,446.39	\$ 69,047.02	\$ 88,032.54
¹ Award Recommendation Lowest Complete Quote						

Thursday, March 24, 2022

Consideration of Approval of Council-At-Large Bylaws

Executive Summary – Council-at-Large Bylaws

Jennifer Small, AuD, MBA, CCC-A
Interim Executive Vice President & Administrator

The purpose of this Executive Summary is to share the revisions made to the Harris Health System Council-at-Large Bylaws. The minor revisions made, include:

- Replaced Harris County Hospital District (HCHD) with Harris Health System (HHS).
- Replaced “Chairman” with “Chairperson.”
- Minor formatting edits.

Administration recommends Board approval of the revised Council-at-Large Bylaws.

Harris Health System Council-at-Large
Bylaws

By-laws
Harris Health System
Council-at-Large

Article I. Name

The name of this organization shall be the Harris Health System (HHS) Council-at-Large (CAL).

Article II. Purposes

The HHS/CAL acknowledges these purposes:

Deleted: HCHD

- 2.1 To act as an advocate between the Health Advisory Councils (HAC) and the HHS Board of Managers (the Board).
 - 2.2 To increase council member participation and responsibilities in the area health centers through education in order to:
 - 2.2.1 Create, inspire, and demonstrate leadership and enthusiasm in and for matters relating to HHS.
 - 2.2.2 Increase visible participation through volunteering, and attendance at local HAC meetings, Board meetings, and similar events.
 - 2.3 To develop opportunities for increased communication among CAL, the HAC's, HHS Administration and the Board (e.g., prominent HAC bulletin board, E-Beat articles, etc.).
 - 2.4 To review and consider all research/surveys proposed for the health centers and hospital based clinics.
 - 2.4.1 To receive and review research results through presentations and/or posters, prior to publication or presentation.
 - 2.5 To serve as the deliberative body and place where all HAC's share thoughts, ideas and experiences, for their mutual benefit and receive, review and comment on all new board policies and procedures.
- All the stated purposes must be in agreement with Chapter 281 of the Texas Health and Safety Code annotated and the policies of the Board of Managers of the Harris Health System.

Article III. Membership.

- 3.1 Members. Membership on the CAL shall be composed of two (2) voting representatives and two (2) alternate members (numbered 1 and 2) from each HAC. One alternate member may vote in place of an absent voting representative. Members shall conduct themselves with respect and decorum toward all others attending a CAL meeting.
- 3.2 Term. A term to the CAL shall be for two (2) years as appointed/elected at the discretion of each HAC. Terms may run consecutively. A member's term shall begin the first day of March and end the last day of February.
- 3.3 Council Attendance. Membership to the CAL requires regular and consistent attendance by CAL members.
- 3.4 Recall of Membership. Upon a vote of at least two-thirds (2/3) of those members present at any regular meeting of the CAL a member may be recalled.

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Prepared by James S. Huggins, Secretary, Council-at-Large for Mr. Dick Maxwell, ~~Chairperson~~ of the Committee to Revise the Bylaws, reflecting bylaws approved by a vote of CAL on 11 May 2015, pursuant to the process for modification, and following a mailed notice as required by the existing bylaws. Document prepared 19:09, Sat, 23 May 2015; minor format change Friday, 11 Mar 2015 to adjust pagination.

Page 1 of 3

Harris Health System Council-at-Large
Bylaws

3.4.1 The Secretary shall notify the member of the recall by certified mail.

3.4.2 The member has the right to contest the recall and to request both a hearing and subsequent confirmation vote by the CAL prior to replacement.

3.4.3 If the recall is either not contested or is confirmed, the Secretary shall notify the specific HAC and request that specific HAC appoint a new member to the CAL. Until time of such replacement Alternate #1 shall serve.

3.5 Ex-officio Members. May be appointed by CAL or the Board.

Article IV. Organization of the Council

4.1 HAC representatives to the CAL shall be appointed/elected by their individual councils.

4.2 The following elected officers shall serve the CAL with the following duties for the term of two (2) years beginning in March and ending in February. Elections will be held in January of each even year.

4.2.1 Chairperson. Presides over all meetings, appoints all committees, calls all special meetings, represents the CAL at the meetings of the HHS Board of Managers, and performs all duties assigned by the CAL.

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4.2.2 Vice-Chairperson. Serves in the absence of the Chairperson and performs all duties assigned by the CAL.

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4.2.3 Secretary. Monitors attendance at the CAL meetings and informs the Chairperson if members do not attend three (3) meetings consecutively. Secretary will notify CAL Chairperson for further action. Takes (or arranges the taking of) minutes of the meetings. Distributes by email to all interested parties. Performs all duties assigned by the CAL.

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4.2.4 Parliamentarian. This position will be appointed by the Chairperson. The Parliamentarian shall ensure that the meetings are conducted in accordance with *Robert's Rules of Order* and if these rules agree according to the wishes of the CAL. He/she shall answer any questions on procedures which may be asked. His/her decision in these matters shall be final.

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4.3 Resignation of an Officer. Any officer may resign at a by giving written notice at a regular meeting of the CAL, or to the Chairperson, or to the Secretary of the CAL. Any resignation so delivered shall take effect at the time specified therein and the acceptance of such resignation shall not be necessary to make it effective.

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4.4 Vacancies. A vacancy in any office, for any reason shall be filled for the remaining term by nomination from a current member, followed by a second and a majority vote of CAL membership present at a meeting called for the purpose of filling that office.

4.4.1 In the event that the office of Chairperson shall become vacant before a regular annual election, the Vice-Chairperson shall automatically assume the chair until a meeting to elect a Chairperson can be duly called.

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4.4.2 If both the Chairperson and Vice-Chairperson positions become vacant, the Secretary or any other member may call an emergency meeting for the purpose of election of officers.

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Prepared by James S. Huggins, Secretary, Council-at-Large for Mr. Dick Maxwell, Chairperson of the Committee to Revise the Bylaws, reflecting bylaws approved by a vote of CAL on 11 May 2015, pursuant to the process for modification, and following a mailed notice as required by the existing bylaws
Document prepared 19:09, Sat, 23 May 2015; minor format change Friday, 11 Mar 2015 to adjust pagination.

Harris Health System Council-at-Large
Bylaws

Article V. Council Committees and Duties

5.1 The Chairperson or Vice-Chairperson may appoint whatever committees are deemed necessary or proper, and for whatever length of time that may be required.

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5.2 The Chairperson, Vice-Chairperson and Secretary shall serve as the Executive Committee.

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5.3 The Nominating Committee shall consist of at least three (3) members. The Nominating Committee shall submit its nominations for CAL officers at the October meeting of each odd year.

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5.4 CAL members will conduct a self-evaluation at each October meeting.

Article VI. Meetings of the Council

6.1 Meetings. Council meetings shall be held monthly, on the second Monday of each month, beginning at 5:00 p.m. in the building housing the Administration of the HHS. The meeting time and/or date can be changed by two-thirds (2/3) vote of the CAL.

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6.2 Annual Meeting. The annual meeting of the CAL shall be held each March, at which time reports from HHS Administration may be requested for review.

6.3 Invited Visitors at Meetings. As deemed necessary, the CAL shall invite the Administrative or other staff of the HHS to its regular meetings. These representatives shall be requested to make reports concerning issues that CAL members may have.

6.4 Committee Meetings. Committee meetings are held at the request of either the CAL Chairperson or the Committee Chairperson.

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6.5 Called Meetings. Meetings may be called by the CAL Chairperson as needed.

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Article VII. Parliamentary Procedure

7.1 The Chairperson shall prepare an agenda for all meetings of the CAL in cooperation with the staff of the Harris Health System.

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7.2 A quorum shall consist of one-fifth (1/5) of the CAL membership. A quorum is necessary in order to conduct and transact business. All items voted on shall be decided by a majority vote as provided in these by-laws or *Robert's Rules of Order*.

Article VIII. Funding

8.1 The Harris County Hospital District Foundation controls and oversees all functions of CAL funding.

IX. Amendments and Adoptions

9.1 Amendments of By-laws. Amendments can be proposed at any regular meeting of the CAL, provided that notice of any proposed amendment shall have been mailed or emailed to each CAL member at least two (2) weeks prior to the date of the CAL meeting at which the amendment is to be considered and voted upon.

9.2 Annual Review of By-laws. CAL shall review these by-laws annually and report any recommended changes at the annual meeting of the CAL in March.

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Prepared by James S. Huggins, Secretary, Council-at-Large for Mr. Dick Maxwell, Chairperson of the Committee to Revise the Bylaws, reflecting bylaws approved by a vote of CAL on 11 May 2015, pursuant to the process for modification, and following a mailed notice as required by the existing bylaws. Document prepared 19:09, Sat, 23 May 2015; minor format change Friday, 11 Mar 2015 to adjust pagination.

Page 3 of 3

Thursday, March 24, 2022

Consideration of Approval of Harris Health Nursing Services Bylaws

Review of Harris Health System Nursing Services Bylaws.

Executive Summary

HARRIS HEALTH SYSTEM
Board of Trustees
Executive Summary – Nursing Bylaws
March 25, 2022

Jacqueline Brock, DNP, RN, NEA-BC, TCRN
Executive Vice President & Chief Nurse Executive

The purpose of the attached presentation is to share the revisions made to the Harris Health System Nursing Bylaws. The general revisions made include:

- Updated definitions for APRN, BON, LVN scope of practice, Nursing Practice Act, RN scope of practice, ANA definition of nursing
- Modified list of guiding documents
- Clarified membership of Nursing Services to include ASC staff
- Changed name of Education Collaborative to Nursing Professional Development Collaborative
- Updated SNAC and SNEC Operational Guidelines membership
- Updated Shared Governance Model
- Minor verbiage and grammar revisions for improved clarity.

I respectfully request for review and approval of the Nursing Bylaws with the revisions noted.

Harris Health System

Nursing Services Bylaws



Table of Contents

Definitions _____	4
Overview _____	9
The Harris Health Nursing Professional Practice Model _____	9
Responsibilities _____	10
ARTICLE 1 - THE PRACTICE OF PROFESSIONAL NURSING _____	11
<i>Section 1.1 - Purpose of the Bylaws _____</i>	<i>11</i>
<i>Section 1.2 - Professional Nursing Defined _____</i>	<i>11</i>
<i>Section 1.3 - Guiding Documents _____</i>	<i>12</i>
ARTICLE 2 - PROFESSIONAL NURSING STAFF _____	13
<i>Section 2.1 - Definition of Nursing Staff _____</i>	<i>13</i>
<i>Section 2.2 - Conditions of Professional Nursing Staff _____</i>	<i>13</i>
<i>Section 2.3 - Credentials _____</i>	<i>14</i>
<i>Section 2.4 - Advanced Practice Registered Nurses (APRNs) _____</i>	<i>14</i>
<i>Section 2.5 - Registry/Contract Nursing Staff _____</i>	<i>15</i>
<i>Section 2.6 - Licensed Vocational Nurses _____</i>	<i>15</i>
<i>Section 2.7 - Unlicensed Nursing Personnel _____</i>	<i>15</i>
<i>Section 2.8 - Nursing Staff Orientation _____</i>	<i>16</i>
<i>Section 2.9 - Professional Nursing Expectations _____</i>	<i>16</i>
ARTICLE 3 - SHARED GOVERNANCE STRUCTURE OF THE PROFESSIONAL NURSING STAFF _____	18
<i>Section 3.1 - Purpose _____</i>	<i>18</i>
<i>Section 3.2 - Decision-Making Framework _____</i>	<i>18</i>
<i>Section 3.3 - Structure _____</i>	<i>19</i>
<i>Section 3.4 - Operational Guidelines _____</i>	<i>22</i>
ARTICLE 4 - SYSTEM COUNCILS AND COMMITTEES _____	24
<i>Section 4.1 - Advanced Practice Registered Nurse (APRN) Council _____</i>	<i>24</i>
<i>Section 4.2 - Clinical Resource Nurse Council (CRNC) _____</i>	<i>24</i>
<i>Section 4.3 - Nursing Professional Development Collaborative _____</i>	<i>25</i>
<i>Section 4.4 - Innovations in Nursing Scholarship, Performance Improvement, Research and Evidence-based Practice (INSPIRE) Team _____</i>	<i>25</i>
<i>Section 4.5 - Nursing and Quality Epic (NQE) User Group _____</i>	<i>26</i>

Section 4.6 - Nursing Peer Review Council (NPRC)	27
Section 4.7 - Nursing Policy and Procedure Council (NPPC)	28
Section 4.8 - Nursing Professional Practice Model (NPPM) Steering Committee	28
Section 4.10 - System Nurse Clinician Congress (SNCC)	30
Section 4.11 - System Nursing Administrative Council (SNAC)	30
Section 4.12 - System Nursing Executive Council (SNEC)	31
ARTICLE 5 - ADOPTION and REVISION OF BYLAWS	32
Section 5.1 - Annual Review	32
Section 5.2 - Ratification	32
Section 5.3 - Approval	32
Attachment A - Nursing Professional Practice Model	34
Attachment B - Description of the Nursing Professional Practice Model	36
Attachment C - Nursing Professional Practice Model Information Brochure	41
Attachment D - Shared Decision-Making Model	44
Attachment E - Harris Health Nursing Shared Governance Structure	46
References	48

Definitions

Advanced Practice Professional – in terms of Medical Staff Bylaws, Advanced Practice Registered Nurses (APRN) are considered Advanced Practice Professionals (APP). The APP is an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide clinical services in one or more of the following role categories: Certified Registered Nurse Anesthetist, (CRNA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), and Certified Nurse Midwife (CNM). These roles are the only advanced practice nurses recognized in the state of Texas.

Advanced Practice Registered Nurse (APRN) – are licensed ~~independent~~ practitioners under a delegating physician who are educationally prepared to provide a scope of services across the health wellness-illness continuum to at least one population focus as defined by nationally recognized role and population-focused competencies; are expected to practice within standards established or recognized by a licensing body and are accountable to patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act and the quality of advanced nursing care rendered.

Board of Nursing (BON) – refers to the Board of Nurse Examiners appointed pursuant to Texas Occupations Code Annotated §301.051 whose purpose is to regulate nursing practice, licensed qualified applicants, approve nursing education programs, investigate complaints and provide corrective actions and discipline.

Bylaws - rules adopted by an organization chiefly for the governance of its members and the regulation of its affairs.

Certified Clinical Personnel – personnel who support nursing services but have completed a formal technical program requiring state licensure or registration; includes medical assistants and ophthalmic technicians.

Chief Nursing Executive (CNE) – the highest-level registered nurse leader providing overall leadership and oversight for nursing services and practice at the system level at Harris Health System.

Chief Nursing Officer (CNO) - the highest-level registered nurse leader who is administratively responsible for the nursing services at the pavilion level at Harris Health System.

Clinician Work Group – includes nurse clinicians who work closely together in following a particular scheduling pattern or matrix.

Committee – a group of nurses appointed to carry out a specific function, objective or charge; committee members are selected based on their expertise and ability to contribute to achieving a charge or function.

Community of Practice (CoP) – a group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly; identified as the basic element of the Harris Health Nursing Shared Governance structure located at the unit or clinic levels.

Contract Nurse – a registered nurse who is not an employee of Harris Health System hired from an external agency to provide clinical nursing care to an assigned unit.

Council – a group of nurses selected to represent a broad base of nurses practicing within Harris Health System and make recommendations or decisions relative to mission-specific issues (e.g., INSPIRE Team); council members are selected based on their ability to represent their respective referent groups.

Credentials – includes identification of education (degree), professional certification, licensure, and specialty training required to perform one’s job/role competently.

Ex-Officio – refers to 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.

Harris Health System – refers to the Harris County Hospital District d/b/a Harris Health System, a group of general, tertiary care, clinics, and teaching hospital campuses located in Harris County, Texas, including the Ben Taub Hospital campus, the Lyndon B. Johnson Hospital campus, and the clinics of the Ambulatory Care Services (collectively called “Harris Health System”).

License - Includes the whole or part of any Texas Board of Nursing permit, certificate, approval, registration, or similar form of permission required by law to practice professional or vocational nursing in the State of Texas, including multistate licensure privilege.

Licensed Nurses – includes registered nurses and licensed vocational nurses.

Licensed Vocational Nursing (LVN) – refers to a directed scope of nursing practice, including the performance of an act that requires specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of vocational nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.

Licensed Vocational nursing involves:

- Directed scope to provide focused nursing care that requires specialized judgment and skill (does not perform medical diagnosis or prescription of therapeutic or corrective measures).
- Provides care to assigned patients with predictable healthcare needs.
- Utilize a systematic approach to provide individualized, goal-directed nursing care by:
 - Helping to implement teaching plans for patients with common health problems and their families with well-defined health learning needs.
 - Cannot practice completely independently; however, direct and on-site supervision may not be required in all settings or patient care situations.
- Assigning tasks to other LVNs and UAPs but cannot delegate tasks to UAPs according to 22 TAC §217.11(2).
- May perform other acts that require education and training as prescribed by Board rules and policies commensurate with the licensed vocational nurse's experience, continuing education, and demonstrated LVN competencies

Nurse - a person required to be licensed under the Texas Board of Nursing Practice Act and Texas Occupations Code and Rules to engage in the practice of professional or vocational nursing.

Nursing Administration – refers to registered nurse leaders with strategic and operational oversight at Harris Health System; includes the operational/line roles of assistant nurse manager, nurse manager, director of nursing, administrative director of nursing, and chief nursing officer and support/staff roles with various titles (e.g., nursing professional development specialist, program managers, directors, associate administrator, etc.).

Nursing Practice Act – regulatory guidance for nursing education, licensure and practice based on the Texas Occupations Code 301.

Nursing Professional Practice Model (NPPM) – “the overarching conceptual framework for nurses, nursing care, and interprofessional patient care. It is a schematic description of a system, theory, or phenomenon that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest-quality care for those served by the organization (e.g., patients, families, communities).” (The American Nurses Credentialing Center Magnet Application Manual).

Nursing Services – refers to the workforce members in the chain of command who report up to the CNOs and CNE; sometimes referred to as the Nursing Department.

Nursing Staff – refers to both licensed and unlicensed employees.

Professional Nursing Staff – refers to registered nurses.

Professional Nursing - means the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge

and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of professional nursing. The term does not include acts of medical diagnosis or the prescription of therapeutic or corrective measures.

Professional nursing involves:

- the observation, assessment, intervention, evaluation, rehabilitation, care and counsel, or health teachings of a person who is ill, injured, infirm, or experiencing a change in normal health processes;
- the maintenance of health or prevention of illness;
- the administration of a medication or treatment as ordered by a physician, podiatrist, or dentist;
- the supervision or teaching of nursing;
- the administration, supervision, and evaluation of nursing practices, policies, and procedures;
- the requesting, receiving, signing for, and distribution of prescription drug samples to patients at practices at which an advanced practice registered nurse is authorized to sign prescription drug orders as provided by Subchapter B, Chapter 157;
- the performance of an act delegated by a physician under the Nursing Practice Act Sections 157.0512, 157.054, 157.058, or 157.059; and
- the development of the nursing care plan.

Registered Nurse Scope of Practice - the RN takes responsibility and accepts accountability for practicing within the legal scope of practice and *is prepared to work in all healthcare settings*, and may engage in independent nursing practice without supervision by another healthcare provider.

The RN, with a focus on patient safety, is required to function within the parameters of the legal scope of practice and in accordance with the federal, state, and local laws; rules and regulations; and policies, procedures and guidelines of the employing healthcare institution or practice setting.

The RN is responsible for providing safe, compassionate, and comprehensive nursing care to patients and their families with complex healthcare needs.

Registry Nurse – a registered nurse who is a supplemental employee of Harris Health System hired to provide clinical nursing care to an assigned unit as needed to fill temporarily vacant positions.

Shared Governance – is a professional model founded on the cornerstone principles of partnership, equity, accountability, and ownership that form a culturally sensitive and empowering framework, enabling sustainable and accountability-based decisions to support an interprofessional design for excellent patient care.

Therapeutic Capacity - a theoretical framework under the premise that nurses develop a nurse-patient connection through synergy, mutual processes, and healing connections through three practice dimensions; when individual nurses and nursing as an organizational entity are able to practice therapeutic capacity effectively, patient outcomes are improved. The three practice dimensions of therapeutic capacity include:

- Clinical Care Provision – using a critical thinking approach to making clinical judgements, the professional nurse provides a problem or goal-focused health management plan of care for specific patient populations or individuals that are evidence based and patient centered.
- Relational Dynamics - the nurse creates effective collaborative partnerships with patients, families, and other health professionals to achieve optimal therapeutic outcomes.
- Healing Connections - the nurse facilitates a healing environment and creates a consciousness connection that is meaningful to the patient by discovering the patient's sense of what is important to him/her and using it in the healing process to make the patient whole again.

Unlicensed Assistive Personnel (UAP) – includes clinical assistive staff responsible for performing delegated tasks of direct and indirect patient care under the supervision of an RN. UAPs include patient care assistants, psychiatric technicians, dialysis technicians, and medical assistants.

Overview

The Harris Health Nursing Professional Practice Model

Nurses working in organizations that have established a professional practice environment (PPE) typically work within the framework of a professional practice model (PPM). The American Nurses Credentialing Center (ANCC) defines a PPM as “The driving force of nursing care; a schematic, description of a theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization (e.g., patients, families, community). Professional practice models illustrate the alignment and integration of nursing practice with the mission, vision, and values that nursing has adopted.” (2014 Magnet Application Manual, p. 74). The PPM is a system that describes nursing’s structures, processes, and values relative to care delivery and the practice environment (Basol, Hilleren-Listerud, & Chmielewski, 2015; Hoffart & Woods, 1996). They inherently promote nursing excellence as nurses’ advocate and focus on patients while striving for high-quality patient outcomes (Tinkham, 2013).

As defined by ANCC, Harris Health Nursing’s Professional Practice Model (NPPM) truly provides the driving force, impetus, and foundation for much of the structures and processes for nursing care and practice in a supportive work environment. Harris Health’s NPPM guides and empowers registered nurses (RNs) to perform with autonomy and accountability in order to achieve exemplary clinical outcomes. Refer to [Attachment A](#) for a graphical representation of the Harris Health NPPM. Information on the model is also available on the [Nursing Home SharePoint site](#).

Nursing’s Mission, Vision, and Values

Harris Health Nursing’s Mission, Vision, and Values comprise the first component of the first domain of the NPPM. As such, these guiding statements are used as the touchstone for strategy development, implementation plans, and evaluation criteria.

We believe Harris Health System professional nurses must be structurally empowered to fulfill its Mission, Vision, and Values. Toward this end, professional nursing is structured as a shared governance organization, whereby all professional nursing members have the opportunity to participate in making or influencing decisions affecting professional nursing practice and the clinical work environment. We believe in the enhancement of a healthy work environment that fosters effective communication at all levels, provides recognition of professional nursing staff for excellence in clinical practice, and promotes the recruitment and retention of clinically competent staff. We support the roles of nurses in advanced practice as well as clinical experts and resources for the enhancement of patient care throughout the care continuum.

The following is the Mission, Vision, and Values for Harris Health System Nursing Services:

Mission: Harris Health Nursing optimizes health and provides healing services to our patients and community through safe quality care delivery, coordination of care, and education.

Vision: Harris Health Nursing will be recognized globally for excellence in professional practice, patient-centered care, innovation, and scholarship.

Values: Nursing Values:

- Safety
- Holistic, Compassionate Care
- Dignity and Respect
- Diversity and Inclusion
- Integrity and Accountability
- Advocacy
- Innovation
- Partnerships
- Scholarship

Responsibilities

Harris Health System Nursing Services staff, which consists of licensed and unlicensed personnel, is responsible for the delivery of patient care in both the acute and ambulatory settings. In order to fulfill this obligation effectively, the staff conforms to these bylaws and practices in a manner reflecting nursing's key values. Additionally, Harris Health employees follow the Service FIRST guidelines, Language of Care principles and respectful of diversity and inclusion.

Professional nurses who provide direct care to patients are differentiated on the basis of their credentials, experience, and validated expertise. Responsibilities of professional nurses are congruent with their role descriptions.

Professional nurses who serve in leadership and expert support roles must meet the credentialing requirements specified in their respective role descriptions and fulfill explicit and implicit role accountability.

ARTICLE 1

THE PRACTICE OF PROFESSIONAL NURSING

Section 1.1 - Purpose of the Bylaws

These bylaws provide for the governance of the Harris Health System professional nursing staff, a framework for its operation, and are reflective of a collaborative process. These bylaws describe the professional nursing staff and their roles and responsibilities within a shared governance model. The professional nursing staff is a component of the Harris Health System and not a separate legal entity or organization.

Section 1.2 - Professional Nursing Defined

American Nurses Association (ANA) Definition of Professional Nursing

Nursing integrates the art and science of caring and focuses on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human response and advocacy in the care of individuals, families, groups, and populations in recognition of the connections of all humanity. (ANA, 2021)

Harris Health System Definition of Professional Nursing

Nursing Services accept the ANA definition of nursing which is congruent with the definition of nursing within the Harris Health System Nursing Professional Practice Model's (NPPM) theoretical framework. Based on Florence Nightingale's teachings, the goal of nursing is *to place the patient in the best position to heal*. At Harris Health System, nurses place patients in the best position to heal by developing and applying their three dimensions of practice within the concept of Therapeutic Capacity.

The Harris Health NPPM's theoretical framework is eclectic and incorporates concepts from multiple theorists into principles used in developing organizational and practice applications to facilitate the therapeutic capacity of professional nurses. Concepts were adapted from the following theorists and model/research sources: Florence Nightingale, Madeline Leininger, Patricia Benner, Jean Watson, Martha Rogers, Margaret Newman, Phyllis Waters, American Association of Critical Care Nurses (AACN) Synergy Model, Patient-Centered Care Model, and the Relationship-Based Care Model. Refer to [Appendix B](#) for the NPPM graphic, [Appendix C](#) for the brochure describing the model's structure, and the [NPPM SharePoint Site](#) for additional information.

Section 1.3 - Guiding Documents

The professional nurse assumes responsibility for the delivery of nursing care within Harris Health consistent with the following essential guiding documents and resources:

- ANA Nurses' Bill of Rights
- ANA Code of Ethics for Nurses
- ANA Principles for Delegation
- ANA Principles of Nurse Staffing
- ANA Nursing Administration: Scope and Standards of Practice
- ANA Nursing: Scope and Standards of Practice
- ANA Recognition of a Nursing Specialty, Approval of a Specialty Nursing Scope of Practice Statement, Acknowledgment of Specialty Nursing Standard of Practice and Affirmation of Focused Practice Competencies.
- ANCC Pathway to Excellence and Magnet Recognition Application Manuals
- National Standards and Guidelines for Specialty Organizations
- [Nursing Peer Review Statutes of the Texas Board of Nursing \(Incident-based\)](#)
- [Nursing Practice Act of the Texas Board of Nursing](#)
- [Nursing Safe Harbor Peer Review Rules](#) of the Texas Board of Nursing
- [Harris Health System Policy 101, Standards of Nursing Practice](#)
- [Harris Health System Policy 330, Peer Review, Nursing Incident](#)
- [Harris Health System Policy 3466, Just and Accountable Culture](#)
- [Harris Health Nursing Guidelines 617, Professional Nursing Development](#)
- [Harris Health System Nursing Professional Practice Model](#)
- [Harris Health Nursing Services Position Statements](#)
- [Harris Health Nursing Practice Alerts](#)
- [Harris Health Nursing Strategic Plan](#)

The documents below provide guidance for nursing leaders:

- [ANA Nursing Administration: Scope and Standards of Practice](#)
- [ANA Nursing Leadership Institute Competency Framework](#)
- [American Association for Nursing Leadership Nurse Manager Competencies](#)
- [American Association for Nursing Leadership Nurse Executive Competencies](#)

ARTICLE 2

PROFESSIONAL NURSING STAFF

Section 2.1 - Definition of Nursing Staff

- A. Members of the professional nursing staff are graduates from an accredited school of nursing, licensed to practice nursing in the state of Texas and validated as meeting Harris Health System's credentialing requirements for their assigned roles.
- B. Nurses' acceptance of a role involving the delivery of nursing care within Harris Health System and whose practice falls under the regulatory authority of the Texas Board of Nursing, shall constitute an agreement by the nurse to abide by the standards of the professional nursing staff.
- C. Member of the Harris Health System Nursing Staff are those members within Nursing Services who have a reporting relationship to the Chief Nursing Executive (CNE) either through the system level or pavilion level via the Chief Nursing Officer (CNO). An exception includes staff in the Ambulatory Surgical Center who report to the Ambulatory Care Service Administrator.

Section 2.2 - Conditions of Professional Nursing Staff

- A. Initial and continued employment as part of the Harris Health professional nursing staff shall be made through the nursing personnel employment process consistent with Harris Health System policies.
- B. Upon satisfactory completion of the introductory period and transition to practice, the nurse is eligible for committee or council membership.
- C. Members of the professional nursing staff are expected to meet the professional responsibilities congruent with their designated level of practice and required licensure.
- D. The professional nurse agrees to abide by the BON Nursing Practice Act for the state of Texas, Harris Health System Nursing Services Bylaws, and all federal, state, and local laws; rules, and regulations, policies; and procedures and guidelines applicable to Harris Health System.

Section 2.3 - Credentials

- A. The System Nursing Executive Council (SNEC) will approve the credentials required for each nursing position through review of all job descriptions within the nursing and allied health job families and other positions requiring a nursing license. The credential review process, as defined by the nursing leadership, shall be initiated and maintained by Harris Health System Human Resources starting at the time of hire and events such as transfers and promotions.
- B. The Executive Nursing Practice Group in collaboration with the pavilion Clinical Resource Nurses (CRNs) and consultation with nursing practice will determine processes to validate the knowledge, competencies, and skills of nurses assigned to each patient care unit/clinic and/or patient population.
- C. Each nurse shall update their credentials through self-entry or submit a request to Human Resources via email to update his/her profile in the PeopleSoft database whenever a change in credentials occurs. Applicable specialty nursing certifications are submitted through the Nursing Certification Portal, which updates the nurse's profile in PeopleSoft.
- D. Nurse leaders shall validate that required credentials and education for their staff are maintained during the annual employee performance evaluation cycle.

Section 2.4 – Advanced Practice Registered Nurses (APRNs)

- A. APRNs employed by or under contract with Harris Health System must meet credential requirements specified in their role descriptions and have their APRN credentials validated through the Advance Practice Professionals Credentials Sub-Committee-
- B. APRNs are granted privileges congruent with their role descriptions, [Texas Board of Nursing Rules and Regulations](#) governing advanced nursing practice, and Harris Health System [Medical Staff Bylaws](#) applicable to APRNs.
- C. All newly hired APRNs employed by Harris Health will undergo comprehensive orientation facilitated by the Director of Nursing Practice, coordinator of the Harris Health APRN program, in collaboration with the sponsoring physician.
- D. In addition to specified lines of accountability, APRNs employed by Harris Health System are sponsored by the physician in which they work and ultimately report to the CNE for compliance with the Texas BON Rules and Regulations governing advanced practice, including peer review of practice incidents. The APRN employed by Harris

Health will share direct reporting relationship with the pavilion CNO and sponsoring physician. The Director of Nursing Practice will work in collaboration with the pavilion CNO along with the sponsoring/privileging Medical physician in developing programmatic goals for the APRNs as well developing the APRN Shared Governance Councils.

Section 2.5 - Registry/Contract Nursing Staff

- A. Registry/contract nurses must meet the standards for competency validation as established by the Associate Administrator for Nursing Operations in collaboration with the Executive Nursing Practice Group.
- B. Registry/contract nurses are part of Nursing Services during the period of time they practice at Harris Health.
- C. Annual performance evaluations are completed on all temporary nursing staff members.

Section 2.6 - Licensed Vocational Nurses

- A. LVNs are considered part of the licensed nursing staff.
- B. LVNs function within their scope of practice as specified by the Texas Board of Nursing and under the direct supervision of an RN, APRN, physician, dentist, or podiatrist.
- C. LVNs employed by Nursing Services may participate in decisions that affect their role through representation to the Communities of Practice (CoP) in their service area.

Section 2.7 – Unlicensed Nursing Personnel

- A. Nursing Services personnel include a variety of unlicensed staff to assist with clinical care of patients and administrative support for nursing leaders:
 - 1. Certified Clinical Personnel - includes medical assistants and ophthalmic assistants.
 - 2. Unlicensed Assistive Personnel (UAP) – includes Patient Care Assistants (PCAs), Surgical Technologists, Psychiatric Technicians, and Nursing Attendants.
 - 3. Administrative Support Staff – includes Health Unit Coordinators (HUCs), Nursing Operations Coordinators, and Administrative Assistants.

4. Unlicensed clinical and administrative staff are expected to function within their defined role descriptions and lines of authority.
5. Nursing leaders accountable for supervising unlicensed personnel are expected to provide opportunities and mechanisms for these employees to voice concerns and contribute ideas to improve services. These personnel highly encourage to participate in quality improvement and change initiatives implemented within their service's CoPs.

Section 2.8 - Nursing Staff Orientation

- A. All nurses shall complete the Harris Health System general orientation, pavilion orientation, centralized Nursing Services orientation, and Unit-based Learning (i.e., point-of-service) orientation. Orientation includes applicable electronic health record training.
- B. Nurses who have breaks in service from Harris Health System greater than six months will attend centralized nursing orientation upon rehire.
- C. The length of unit-based orientation vary according to service line/specialty and the nurse's experience level, and will include evaluations by a preceptor, manager, and CRN.

Section 2.9 – Professional Nursing Expectations

- A. Continued membership within the professional nursing organization is contingent on the nurse meeting role expectations satisfactorily on his/her annual performance evaluation.
 1. Evaluations are conducted based on self-assessment, practice evidence peer feedback, goal achievement, and supervisory observations. Nurses who fail to meet role expectations may be managed through referral to the ENPG for competency assessment or to the Nursing Peer Review Committee according to BON policy and Harris Health Policies 330, Peer Review.
 2. Nurses who consistently exceed role expectations will be encouraged and supported in seeking clinical advancement through the Harris Health Nursing Clinical Advancement Program. ([Nursing Clinical Advancement Program Web Site](#)).
 3. Nurses are highly encouraged to advance their knowledge base and enhance their professional career. Career enhancements include obtaining specialty certification(s) and a higher-level degree. Refer to

[Harris Health Guidelines 617, Professional Development Guidelines](#) and [Harris Health Policy 311, Nursing Specialty Certification Award Program](#).

B. Nursing peers who observe practice or professional conduct inconsistent with standards are obligated to report this behavior. Nurses may fulfill this obligation by reporting concerns through one of the following channels:

- Nursing Chain of Command ([Harris Health Policy 227](#))
- Chairperson of Nursing Peer Review Committee ([Nursing Peer Review](#))
- [Harris Health System Corporate Compliance](#)
- [Texas Board of Nursing](#)

Nurses who, in good faith, report practice violations and professional conduct concerns will be protected from retaliation by anyone employed at Harris Health System.

C. All Nursing Services personnel are subject to following the principles of a just and accountable culture ([Harris Health System Policy 3466, Just and Accountable Culture](#)) and education on mitigating incivility and bullying.

D. When performance indicators, evaluation processes, developmental coaching, and/or disciplinary counseling reveals that a member of the Nursing Services staff fails to consistently act appropriately within their role description or the standards of nursing practice, the appropriate nursing leader will consult with Human Resources to review options on how to manage personnel issues.

E. Nursing leaders are expected to make every effort to provide a structured remediation action plan that is documented and time framed when staff commits a minor incident pursuant to [Harris Health Policy 330, Harris Health Nursing Peer Review Incident Based, Minor Incidents, and Safe Harbor](#) and [BON Board Rule 217.19, Incident-based Nursing Peer Review](#).

F. All rights of appeal are available according to the policies and practices of the Human Resources Department. (Refer to [Harris Health System Policy 6.20, Corrective Action](#) and [Harris Health System Policy 3466, Just and Accountable Culture](#).)

ARTICLE 3

SHARED GOVERNANCE STRUCTURE OF THE PROFESSIONAL NURSING STAFF

Section 3.1 - Purpose

The purpose of shared governance at Harris Health System is to provide a structure that empowers nurses at all levels to make or substantially influence decisions that affect their professional work environment, nursing practice, scholarly activities, and patient care delivery. Shared governance provides decision-making and an accountability structure based on a dynamic inter-professional partnership between clinicians who provide direct care, their leaders/resource persons who support and facilitate direct care, and other members of the healthcare team involved in patient care delivery and service. At the center of this collaborative partnership is a mutual commitment to achieving nursing excellence and optimal patient care.

Section 3.2 – Decision-Making Framework

3.2.1. Structural Characteristics

Concepts and principles from research on CoPs significantly influenced formation and functioning of Harris Health professional nursing's shared decision-making structure. According to the research by Wenger and Wenger-Traynor (2015), CoPs are formed by groups of people who share a common interest or practice. These naturally occurring practice communities have historically been key to professional formation and development among nurses. The decision was made to identify existing CoPs within Harris Health Nursing Services and build a shared governance decision-making structure on that foundation. Each CoP collaborates with the nursing administrative team and inter-professional patient care teams regarding knowledge structure requirements, professional environment, and care delivery decisions that affect patients, families, and nurses at the point-of-service level.

The Harris Health Nursing shared governance structure provides representative mechanisms so that CoP concerns that have service, pavilion, or system level impact can be addressed through collaborative links between nursing administration and CoP representatives. This multi-level collaborative decision structure between nursing administration, operational/other departmental leaders, and CoP clinician representation is the core of structural empowerment for professional nurses at Harris Health System. Nursing committees and councils have accountability lines to the SNEC and System Nurse Clinician Congress (SNCC).

3.2.2. Decision-Making Parameters

Decision-making authority is expected to be commensurate with accountability for a specific role and/or outcomes. Though decision-making authority and accountability frequently rests with a person(s) in a specific role, most decisions have multiple stakeholders who should have the opportunity to influence the decision based on their expertise and the extent to which the decision affects their realm of responsibilities. Therefore, it is important to clarify who has accountability for making the final decision, specify the stakeholders and how they should be engaged in making the decision, and delineate the decision-making process.

To the extent possible (i.e., situation based), leaders and clinicians should use the Harris Health Nursing Shared Governance Decision Structure to optimize collaborative clinician-leader partnership in making decisions about nursing practice, professional role, and Nursing Services' policies/guidelines.

Leaders in managerial roles, CoP leaders, and team leaders are asked to employ the Decision-making Continuum within a Clinician-Leadership Partnership tool ([Attachment C](#)) to select the most appropriate process for the decision under consideration. This decision-making continuum describes seven options that reflect varying degrees of clinician-leadership influence in processing a decision. The extent to which leaders or clinicians influence a decision is affected by the nature of the decision to be made, timeframe/resource factors, and the role maturity or expertise of those involved in the decision-making process.

Section 3.3 - Structure

Overview and Definitions

The Harris Health System Professional Nursing Shared Governance Structure has three tiers: System, Pavilion, and Point-of-Service (unit/clinic). The structure reflects a blend of administrative, councilor, and CoP shared governance characteristics. The composition of the various shared governance groups is determined by the group's purpose, decision-making authority, and accountability. There are three types of shared governance groupings:

- Clinician Dominant Group with leadership representation,
- Leadership Dominant Group with clinician representation, and
- Blended Group with representation from clinicians and leadership/resource personnel.

Harris Health System Shared Governance Structure consists of committees, councils, teams, task forces, user groups, and CoPs.

3.3.1. Point-of-Service Level Structure: Communities of Practice (CoP)

There are CoPs within Harris Health System for each service area/unit. Each CoP has a board with a board chair and co-chair as applicable to facilitate engagement and participative decision making of all nurses. Through the leadership of the CoP boards, nurses make or influence key decisions about knowledge structure, professional environment, and care delivery for their respective CoPs.

The role of the CoP board is to create multiple ways of engaging CoP members in making decisions, solving clinical problems, and achieving mutually agreed upon goals and objectives to advance nursing excellence within the CoP, service line, and pavilion. The board is comprised of one clinician representative from each CoP Clinician Work Group (e.g., matrix/shift). Typically, the board has 4-6 clinician representatives. At least one frontline manager serves as a non-voting member of the board. Second line managers (e.g., director of nursing) serve as ex-officio members. The CoP boards provide structure and support to engage all nurses in setting goals and monthly agendas, providing input and feedback on decisions being made, and participate in individual and aggregate development activities. For example, the CoP boards play a key role in the clinical advancement process for members of their practice community. CoP boards are expected to use operational processes and tools provided on the [Shared Governance/CoP website](#).

In addition to CoP activities at the point-of-service, the Harris Health Nursing shared governance structure provides mechanisms so that CoP representatives can address concerns and make recommendations that impact service, pavilion, and system levels of the organization. The CoP chairpersons meet with the service level administrative team when necessary to address issues that impact nurses or patient care across the service area. Each board selects one of its clinician members to represent the CoP at the Pavilion Nurse Clinician Council (PNCC).

3.3.2. Pavilion Level Structure

At the pavilion level, there are three key councils: the Pavilion Nurse Executive Council, the Pavilion Nurse Administrative Council, and the Pavilion Nurse Clinician Council. The highest-level nursing leader in the pavilion is the CNO. All pavilion CNOs report directly to the CNE.

A. The **Pavilion Nurse Clinician Council (PNCC)** is composed of one CoP board representative from each CoP within the pavilion. The pavilion CNO is the executive sponsor for the PNCC. The director of nursing strategic initiative (DNSI) functions as the council facilitator and guides the PNCC chair and co-chair.

The PNCC addresses CoP goals and concerns that are common across all service areas within the pavilion. The PNCC serves as the clinicians' voice in planning, implementing, and evaluating system changes that affect patient care delivery and the

professional work environment for nurses. The PNCC's goals and agenda are derived from the three domains of the Nursing Professional Practice Model (NPPM): 1) Knowledge Structure, 2) Professional Environment, and 3) Care Delivery System. At the pavilion level, appointments are made to pavilion and system-level interprofessional and nursing committees and councils. An appointee representing nursing on a pavilion committee is accountable to the pavilion nursing entity that he/she represents.

Members from each PNCC assemble once a year to convene the SNCC and to collaborate with nurse executives on system strategic plans and development. A multi-level collaborative decision structure between nursing administration and CoP clinician representation is the core of structural empowerment for professional nurses at Harris Health System. To maximize collaborative interaction, the decision structure includes clinician leadership teams at the pavilion and system levels to facilitate engagement between nursing administration and nurse clinicians with a desired future state of engaging other leaders in Medicine, Human Resources, Quality, Fiscal Operations, and Environmental Services and the goal of appreciative inquiry in the profession of Nursing.

B. The **Pavilion Nurse Administrative Council (PNAC)** is composed of point-of-service, service, and pavilion level administrators, clinical expert resource personnel, and the chairperson of the PNCC. The PNAC functions as a cross-sectional leadership council to facilitate organizational development activities and pavilion level problem solving.

The PNAC reviews data/evidence reflecting pavilion level nursing service performance in patient care services, human resources, and fiscal management. This group forms corrective action plans and action teams to improve variances in standards. The PNAC responds to problems, concerns, and requests for change activities proposed by the PNCC, as well as the Pavilion Nurse Executive Council. The PNAC is the leadership group responsible for identifying, planning, and implementing change congruent with professional trends, national standards, and nursing excellence.

C. The **Pavilion Nurse Executive Council (PNEC)** is composed of the CNO and other administrative nursing leaders with direct reporting relationship to the CNO (i.e., the Administrative Directors of Nursing [ADONs]).

The PNEC interprets system strategy and implements at the pavilion level; collaborates with other disciplines and departments to develop and improve systems that affect patient care services; and collaborates with the CNO in developing and managing pavilion human and material resources. The PNEC provides executive leadership and decision making in achieving pavilion level goals in the areas of patient care, performance management, fiscal accountability, and nursing excellence.

3.3.3. System Level Structure

At the system level, there are two groups that form the core decision-making structure for Harris Health Nursing Services: the System Nurse Administrative Council and (SNAC) System Nurse Executive Council (SNEC) in collaboration with the System Nurse Clinician Congress (SNCC). Refer to Section 4 for more details.

- A. The **System Nursing Administrative Council (SNAC)** is chaired by the CNE or designee. Refer to Section 4.11 for more details.

The SNAC serves as a forum for information sharing, discussion, deliberation, and system-based decision making about nursing strategic initiatives, clinical and operational issues, human resource management, financial support, and quality improvement for Nursing.

- B. The **System Nursing Executive Council (SNEC)** is chaired by the CNE.

The SNEC is accountable for providing the strategic direction for Harris Health System Nursing; developing, implementing, and evaluating nursing strategic plans; and facilitating accomplishment of the Harris Health System's organizational strategic goals. The SNEC is responsible for developing and supporting the mission and values of Harris Health System Nursing and for facilitating the realization of Nursing's vision.

- B. The **System Nurse Clinician Congress (SNCC)** is the combined assembly of the CNE, CNOs, and PNCC representatives.

At the system level, the following standing councils and/or committees are accountable to the SNEC strategically. These shared governance entities ([Attachment D](#)) are also accountable to the SNCC for carrying out their functions in a manner responsive to clinicians' needs.

- Advanced Practice Registered Nurse Council
- Clinical Resource Council – per pavilion
- Nursing Professional Development Collaborative
- INSPIRE Teams
- Nursing and Quality Epic User Group
- Nursing Peer Review Committee
- Nursing Policy and Procedure Committee
- Nursing Professional Practice Model Steering Committee
- Differentiated Practice Committee

Section 3.4 - Operational Guidelines

General operational guidelines are established to facilitate shared governance councils, committees, and CoP boards in fulfilling their organizational purpose and accountability obligations in a consistent manner. Councils and committees have developed more specificity in their guidelines to address meeting times, officers, terms, memberships, etc. Operational guidelines are reviewed either annually or biannually according to the respective committee/council. Guidelines are accessible on the [Shared Governance/CoP website](#).

A. Meetings

Shall be conducted on a regular basis and scheduled in a manner and timeframe congruent with the council or committee's purpose. CoP boards meet monthly but no less than 6 times per year.

B. Decision Making

- For ANY item, which needs a decision and action to be forwarded – a quorum or 50% + one of the members must be present.
- If a quorum is not present, discussion and information can occur, but there will be no voting on decisions.
- If a quorum is present, the ideal situation is to discuss items needing approval to reach consensus for approval or non-approval.
- If two or more members are dissenting, their rationale for dissension may be documented and sent forward with the approved/recommended action.

C. Documentation

Minutes or documentation of council, committee, or CoP outcomes must be maintained on appropriate standardized report forms and posted in the respective pavilion/CoP folder on the [Nursing Shared Governance/CoP website](#).

D. Accountability

System-level councils and committees are encouraged to provide a verbal report at least annually, and more frequently if so requested, to SNEC and SNCC for administrative and clinician feedback on extent to which each is fulfilling its purpose.

ARTICLE 4

SYSTEM COUNCILS AND COMMITTEES

Section 4.1 - Advanced Practice Registered Nurse (APRN) Council

A. Purpose

The Pavilion APRN Council is charged with addressing both programmatic and individually delegated patient care initiatives that is aligned with the strategic and operational priorities of Harris Health System. The council is an avenue for APRNs who are employed by Harris Health System to foster inter-professional collaboration on improving their professional role and work environment with the ultimate goal of providing patient-centered, culturally-competent, and outcome-focused therapeutic care consistent with Harris Health System's mission, vision, and values.

B. Membership

The APRN Council consists of APRNs employed by Harris Health System. APRNs employed by Harris Health as contract will be extended an invitation to join the council as affiliate members with limited voting privileges. Council members select the council chair, co-chair, secretary and pavilion APRN lead. The APRN Pavilion Council will meet monthly. The APRN Council will have a quarterly forum with the CNE and the pavilion CNOs for information sharing and to consider future strategic plans, operational issues, and professional environment concerns that affect APRNs and patient care. The CNE serves as the executive sponsor for the APRN Council.

C. Reporting Structure

The Director of Nursing Practice facilitates the Pavilion APRN Council. The Director of Nursing Practice reports APRN Council activities to the SNEC.

Section 4.2 - Clinical Resource Nurse Council (CRNC)

A. Purpose

The purpose of the CRNC is to provide a uniform educational process throughout the pavilion to ensure consistency and appropriate timelines for all educational roll outs.

B. Membership

There are three councils, one for each pavilion. Members are all Clinical Resource Nurses (CRN) assigned to their respective pavilion.

C. Reporting Structure

The councils do not have a formal reporting structure as each CRN has a direct reporting relationship to either a Director of Nursing or Administrative Director of Nursing. All members have an indirect relationship with the Administrative Director, Nursing Professional Development and meet monthly as part of the Nursing Professional Development Collaborative to align and standardize nursing education activities at the system level when appropriate.

Section 4.3 - Nursing Professional Development Collaborative

The Nursing Professional Development (NPD) Collaborative

A. Purpose

The purpose of the Education Collaborative is to provide oversight for nursing professional development initiatives across the system. System-wide nursing professional development programs are practice or data driven and developed to meet any current or newly identified regulatory requirement.

B. Membership

The Administrative Director of Nursing Professional Development serves as the chair. Membership includes all the Nursing Professional Development Specialists (NPDS), all CRNs, Director of Nursing Quality and the Director of Nursing Practice. Other system-level nurses invited to participate include the chief nursing informatics officer and health informaticists.

C. Reporting Structure

The Nursing Professional Development Collaborative has a matrix reporting relationship to the SNCC to facilitate functions in a manner responsive to clinician needs. The SNEC provides strategic direction for the Nursing Professional Development Collaborative.

Section 4.4 - Innovations in Nursing Scholarship, Performance Improvement, Research and Evidence-based Practice (INSPIRE) Team

A. Purpose

The purpose of the INSPIRE Team is to:

1. Identify priority clinical inquiry issues requiring scholarship-driven solutions.
2. Provide the structure, resources, and support for Harris Health System nurses to conduct clinical inquiry.
3. Promote the use of science to improve healthcare and patient outcomes.
4. Generate and sustain influence, excitement, and support for nurse-led scholarship.

5. Support cost-effective patient care delivery and improved patient outcomes that are guided by the integration of relevant evidence and clinical care decisions based upon critical thinking.
6. Encourage the use of current literature and scientific evidence to support practice, professional development and/or policy revisions.
7. Provide an organized and systematic approach for dissemination of newly created or validated evidence for nurses to use for integration into clinical practice.
8. Increase intra-disciplinary, interprofessional and multi-institutional scholarly collaboration throughout the organization and facilitate visibility of Harris Health System nursing clinical inquiry activities, both internally and externally.

B. Membership

INSPIRE members are healthcare professionals interested in using, creating or validating, teaching, and disseminating scientific evidence. There are two levels of membership; full or affiliate members. Full members are registered nurses employed by Harris Health and affiliate members are non-nurse healthcare providers employed by Harris Health. Affiliate members are not eligible to vote. A chair-elect and record keeper (communication specialist) are elected by a majority of the membership every two years.

Each pavilion has its own INSPIRE Team with leadership from the Director of Nursing Research.

C. Reporting Structure

The INSPIRE Team has a matrix reporting relationship to the SNCC to facilitate functions in a manner responsive to clinician needs. The SNEC provides strategic direction for the INSPIRE Team.

Section 4.5 - Nursing and Quality Epic (NQE) User Group

A. Purpose

The purpose of the Nursing and Quality Epic User Group (NQE) is to facilitate appropriate use and integration of information systems (Electronic Health Record [EHR] and patient care related systems) into nursing practice. (This committee was formerly named the Nursing Information Systems Integration Committee and has changed to the NQE User Group.)

The User Group's objectives include:

1. Serve as a resource for nurse clinicians and leaders in determining information system's appropriate use in and impact on nursing practice.
2. Analyze system issues, delineating the nature and extent of the issue referred for review. Prioritize and make recommendations for resolution and/or system development.

3. Collaborate with Harris Health System IT to interpret nursing information needs and requests and develop/evaluate new systems and/or changes to systems related to the impact on nursing practice.
4. Collaborate with interdisciplinary groups with mutual concern as it relates to information systems to maintain the integrity of the patient's medical record.

B. Membership

The committee is co-chaired by the Director, Nursing Informatics and the Administrative Director for Risk Management/Patient Safety. The membership is representative of all pavilions, clinical service areas and nursing roles including: Nursing leadership, practice, quality, risk, regulatory, IT, and nurse clinicians as outlined in Table 1.1 of the operational guidelines.

C. Reporting Structure

The committee makes recommendations/updates and reports directly to the SNEC.

Section 4.6 - Nursing Peer Review Council (NPRC)

A. Purpose

The NPRC is an advisory council that conducts nursing peer review when concerns regarding nursing practice are referred to the Administrative Directive of Policies and Standards and/or the Director of Nursing Practice. Peer review is conducted in accordance with the [Nursing Peer Review Law – Occupations Code](#); [Texas Nursing Practice Act](#); [Texas Board of Nursing Rules and Regulations](#). The NPRC conducts nursing peer review for the purposes of:

- Evaluating circumstances and events to determine whether or not an APRN, RN, or LVN has engaged in unacceptable or reportable nursing practice or conduct; and
- Evaluating circumstances and events to determine whether or not an APRN, RN, or LVN has been asked to accept an unsafe assignment, engage in conduct beyond his or her scope of practice, or engage in unprofessional or illegal conduct.

In addition, through the nursing peer review process, the NPRC is accountable for identifying and reporting systems issues that could be negatively impacting patient safety or nursing practice. Special policy and committee provisions have been made for the conduct of APRN peer review.

B. Membership of the Nursing Peer Review Committee

A CRN is selected as the chairperson. The primary members are nurses who spend a majority of their time in direct patient care. The RNs represent the various clinical areas.

C. Reporting Structure

The NPRC reports directly to the CNE and to the appropriate CNO, as needed. When indicated, the NPRC will report nurses to the Texas BON.

Section 4.7 - Nursing Policy and Procedure Council (NPPC)

A. Purpose

The purpose of the NPPC is to review and approve Harris Health System interdisciplinary clinical policies and procedures (guidelines) with broad scope, clinical implications, and/or impact on nursing practice. The committee safeguards Harris Health System, its patients, customers, staff, etc. by assuring development of policies reflective of legislative, professional and accreditation standards/requirements, and evidence-based research or best practice recommendations.

B. Membership

The Program Manager, Nursing Standards serves as the chair. NPPC membership shall include, but is not limited to the following job titles: Directors of Nursing, Nurse Managers, CRNs, and Nurse Clinicians representing his/her clinical department. Ad hoc members may be added as needed. NPPC membership shall be appointed relative to clinical practice area. NPPC members shall serve a two-year term or as determined by the SNEC.

C. Reporting Structure

The NPPC reports to the SNEC. The NPPC has a matrix reporting relationship to the SNCC to facilitate functions in a manner responsive to clinicians' needs.

Section 4.8 - Nursing Professional Practice Model (NPPM) Steering Committee

A. Purpose

The NPPM Steering Committee is accountable for development, implementation, evaluation, and ongoing leadership in embedding the NPPM into all aspects of Harris Health System Nursing Services. The NPPM Steering Committee is charged with developing NPPM structures and processes and identifying expected outcomes congruent with professional standards and trends, including the ANCC Pathway to Excellence and Magnet^R Recognition Program, as well as other professional nursing specialty organization standards of practice. The NPPM Steering Committee has one affiliate committee charged with addressing goal achievement relative to differentiated nursing practice.

As a function of shared governance, the NPPM Steering Committee will provide oversight by evaluating and monitoring the establishment of shared decision-making structures within Harris Health System Nursing Services through promotion of partnership between nurse clinicians and administration. The partnership will structurally empower nurses at all level to make or substantially influence decisions that affect their professional environment, practice, clinical inquiry, and patient care. (Refer to Section 3.2 on decision making.)

B. Membership:

Membership consists of broad-based representation including executive, mid-level administration, frontline leaders, and clinicians.

The committee is chaired by the Director of Nursing Practice. The committee's executive sponsor is the CNE.

C. Reporting Structure

The NPPM Steering Committee receives strategic direction from the SNEC regarding implementation plans and operational evaluation. The NPPM Steering Committee has matrix reporting relationship to the SNCC to facilitate functions in a manner responsive to clinicians' needs.

Section 4.9 - Differentiated Practice Committee (DPC)

A. Purpose

Design, implement, evaluate, and facilitate integration of structures and processes integral to differentiated practice within the Professional Environment and Care Delivery Domains of the Harris Health System NPPM. Enable integration of the mission, vision, and values of the organization by fostering a professional environment through differentiated practice levels and providing a foundation for performance standards, professional recognition, and compensation policies.

The committee is accountable for the following:

1. Create a nursing clinical advancement process for four levels of nurse clinicians based upon synthesis of Benner's Novice to Expert Model and American Association of Critical Care Nurses Synergy Model.
2. Maintain a differentiated practice framework for nurse clinicians, including job descriptions, evaluation criteria, and processes.
3. Serve as a resource for clinical advancement structures and processes.

B. Membership

Membership consists of representation from all pavilions and clinical services. Selection is based upon clinical specialty and role development expertise. The Program Manager for the Nursing Clinical Advancement Program (NCAP) chairs the committee. The executive sponsor is the Associate Administrator, Nursing Excellence, Quality, and Patient Safety.

C. Reporting Structure

The committee makes recommendations and reports directly to the NPPM Steering Committee.

Section 4.10 - System Nurse Clinician Congress (SNCC)

A. Purpose

The purpose of the SNCC is to collaborate on system-wide nursing strategic initiatives, share best practices, and advance nursing practice excellence through a strong professional work environment. Together with the SNEC, the SNCC is responsible for supporting the mission, vision, and values of Harris Health Nursing and for facilitating the realization of nursing's vision.

B. Membership

Members represent their respective CoPs from each Pavilion. Attendance at the annual meeting includes the PNCC Chair, each CoP Chair or designee, the DNSIs, CNOs, and other senior nursing leaders (e.g., NPPM Steering Committee Chair).

C. Reporting Structure

The SNCC is accountable to the SNEC. The pavilion DNSIs and the NPPM Steering Committee Chair collaborate with each PNCC chair and co-chairs to plan the SNCC agenda. The SNCC meets annually in November.

Section 4.11 - System Nursing Administrative Council (SNAC)

A. Purpose

The purpose of the SNAC is to serve as a forum for information sharing, discussion, deliberation, and system-based decision making about nursing strategic initiatives, clinical and operational issues, human resource management, financial control, and protect patients, including monitoring and reporting quality and safety data, and maintaining regulatory and accreditation standards. The SNAC promotes an environment of professional nursing practice and excellence that empowers nurses to provide safe, effective, and efficient care.

B. Membership

- System
 - Chief Nursing Executive
 - Senior Vice President, Nursing Affairs and Clinical Support Services
 - Chief Nursing Officers
 - Administrator, Ambulatory Surgical Center
 - Associate Administrator, Nursing Operations
 - Associate Administrator, Nursing Excellence, Quality, and Patient Safety
 - Chief Nursing Informatics Officer
 - Administrative Director, Nursing Professional Development
 - Administrative Director, Nursing Standard and Policies
 - Administrative Director, Nursing Strategic Initiatives
 - Director, Nursing Practice

- Director, Nursing Research/EBP
- Director, Nursing Quality, Patient Safety, and Outcomes
- Director, Nursing Informatics
- Administrative Assistant (scribe)

- Pavilion
 - Administrative Directors of Nursing-departments
 - Director, Nursing Strategic Initiatives
 - Director, Nursing-Riverside Dialysis

C. Reporting Structure

The SNAC refers issues that require pavilion and/or system-wide nursing input and decision-making to the System Nurse Executive Committee (SNEC). If appropriate, further discussion may be deferred to the PNAC before continuing in SNAC. The SNAC seeks input regarding clinical and operational issues utilizing the Harris Health System shared governance decision structure including feedback from the PNCCs as appropriate.

Section 4.12 - System Nursing Executive Council (SNEC)

A. Purpose

The purpose of the SNEC is to set the strategic direction for Harris Health Nursing; develop, implement, and evaluate nursing strategic plans; and facilitate accomplishment of Harris Health System's organizational strategic goals. The SNEC is responsible for developing and supporting the mission, vision, and values of Harris Health Nursing and for facilitating the realization of Nursing's vision.

B. Membership

Membership includes the CNE; SVP, Nursing Affairs and Clinical Support Services; each CNO; the Administrator, Ambulatory Surgical Center; the Associate Administrator, Nursing Operations; the Associate Administrator, Nursing Excellence, Quality, and Patient Safety; the Chief Nursing Informatics Officer; and the system Administrative Director of Nursing Strategic Initiatives.

C. Reporting Structure

The CNE is accountable for assuring SNEC aligns nursing strategic initiatives and operational oversight with Harris Health System plans and operations.

ARTICLE 5

ADOPTION and REVISION OF BYLAWS

Section 5.1 - Annual Review

5.1.1. The NPPM Steering Committee completes the initial annual review and revisions of the bylaws and then forwards it to the SNEC.

5.1.2. After the SNEC reviews and approves the draft bylaws, the Chair of the NPPM Steering Committee forwards it to each PNCC for review prior to the SNCC.

5.1.2.1. The DNSI and PNCC Chair will facilitate the review and discussion of the draft bylaws within their respective pavilion.

5.1.2.2. When possible, proposed revisions will be available to the Harris Health Nursing Staff for review at least thirty (30) days in advance of the annual SNCC meeting.

5.1.2.3. Any Harris Health System professional nurse may recommend revision to the bylaws by submitting such recommendations in writing to his or her PNCC chairperson or PNEC chairperson. In turn, recommendations for revisions should be forwarded to the Chair of the NPPM Steering Committee for consideration.

Section 5.2 - Ratification

5.2.1. After PNCC review of the draft bylaws, the Chair of the NPPM Steering Committee will finalize the document for presentation at the SNCC.

5.2.2. During the SNCC, the PNCC Chairs, representing his/her respective pavilion, will provide their affirmation to ratify the bylaws.

5.2.2. A majority of affirmative votes of the nursing staff present at SNCC meeting as represented by the PNCC Chair shall be required for ratification of the bylaws.

5.2.3. If the SNCC fails to ratify the bylaws, concerns and recommendations for revisions will be forwarded to the NPPM Steering Committee for review. Consequential revisions will be reviewed by the individual PNCCs and ratified during the next NPPM Steering Committee meeting.

Section 5.3 - Approval

5.3.1. Once the Nursing Bylaws have been ratified, the Chair of the NPPM Steering Committee will forward the final document to the CNE.

5.3.2. The CNE will forward the Nursing Bylaws to the Board of Trustees (BOT) for final approval.

5.3.3. After BOT approval, the Chair of the NPPM Steering Committee will forward the final bylaws to the Document Control Center for online publication.

Revised: January 7, 2014; September 8, 2015, September 19, 2016, November 22, 2019, May 20, 2021

Approved/Ratified: November 13, 2013; November 12, 2014; November 1, 2016, November 10, 2017; November 16, 2018; **January 2022.**

Approved by the Board of Trustees: December 5, 2019.

Attachment A

Nursing Professional Practice Model



Attachment B

Description of the Nursing Professional Practice Model

Nursing Professional Practice Model

The Harris Health Nursing Professional Practice Model (NPPM) serves as the framework to structure all the key components needed for nursing to operate in a coherent and optimal manner. Consisting of three domains with three components within each domain, the model comprehensively describes the structures and processes established in Harris Health Nursing. The NPPM demonstrates the alignment and integration of nursing practice with the Mission, Vision, and Values that Harris Health Nursing has adopted. The following section provides a brief description of the NPPM.

Domain I: Knowledge Structure

Applying a systematic knowledge structure facilitates a professional level of practice characterized by evidence-based decisions. There are a number of knowledge sources that have been and can be used to structure knowledge about nursing (e.g., theories, concepts, classifications, etc.). All of these sources have potential to facilitate critical thinking.

Component I: Nursing's Mission, Vision, and Values statements serve as the foundation for the NPPM. The beliefs and assertions expressed in these statements were used as the basis for selecting concepts for the theoretical framework and for development of all model components. As the cornerstone of the model, the mission, vision, and values guide knowledge for the entire NPPM.

Component II: Theoretical Framework:

The framework adapted concepts from multiple sources that were congruent with the prevailing Harris Health views on nursing than attempting to adapt to a single theory or model based on a specific, rooted point of view. A number of theories and selected concepts resonated with the views of nursing inherent in mission, vision, and values and the emerging nursing culture at Harris health, such as Nightingale, Benner, Leininger, and the Synergy Model.

At the core of the theoretical framework is Therapeutic Capacity[©]. Therapeutic Capacity's three dimensions congruent with Nursing's point of view and practice orientation. The premise of this framework is that Nursing has three practice dimensions: clinical care provision, relational dynamics, and healing connections. The underlying assumption is that the Therapeutic Capacity of individual nurses and nursing as an organizational entity depend on the efficacy of practice within each of these dimensions. To achieve optimal patient/family outcomes, nurses must exhibit therapeutic capacity in each dimension. Below is a description of the three dimensions.

- **Clinical Care Provision** incorporates problem based and/or health goal management for specific patient populations or individuals characterized by applying the nursing process and developing a care plan that is theory informed and evidence-based. Nurses use a critical thinking approach to making clinical judgments in determining a patient's status, intervention requirements, outcome/progress evaluation, and revised care management based on evaluation indicators.
- **Relational Dynamics** reflects the nurse's ability to collaborate with professional colleagues and relate as partners and advocates with patients/ families to influence therapeutic outcomes.

- **Healing Connection** refers to the nurse's ability to facilitate a healing environment and create a consciousness connection with his/her patient that is meaningful and healing.

Component III: Scholarly Inquiry

Health care is widely accepted as one of the most knowledge intense environments within which one can work and nurses make up the largest component of healthcare knowledge workers (Snyder-Halpern, et al, 2001, p.2). Sorrells-Jones and Weaver (1991) characterize knowledge work as: "thinking, accessing and processing information, applying knowledge in problem solving; creating and innovating; and producing new information. Since the nurse's central role is making clinical decisions, having access to evidence-based sources and information management processes are essential.

Nurses are knowledge workers and require a knowledge environment to carry out their roles effectively. These environments are characterized by evidence-based information sources, decision support systems, and integrated information management. Scholarly inquiry is a foundation in clinical decision-making.

Domain II: Professional Environment

The American Association of Colleges of Nursing (AACN) identified and widely disseminated what they consider the eight hallmarks of a professional nursing practice environment:

1. Manifest a philosophy of clinical care emphasizing quality, safety, interdisciplinary collaboration, continuity of care, and professional accountability;
2. Recognize the value of nurses' expertise in clinical quality and patient outcomes;
3. Promote executive level nursing leadership;
4. Empower nurses' participation in clinical decision making and organization of clinical care systems;
5. Demonstrate professional development support for nurses;
6. Maintain clinical advancement programs based on education, certification, and advanced preparation;
7. Create collaborative relationships among members of the health care team; and Utilize technological advances in clinical care and information systems. HCHD NPPM incorporates structures and systems designed to address all 8 characteristics cited above.

Component II: Shared Governance

The nursing organization's goal is to become a highly collaborative framework that operates using principle-based decision making and incorporates the voice of the nurse. Within this context, shared governance is expected to be integrated within the decision making structure of the organization from the unit level through the executive level.

Component II: Differentiated Practice

Clinical advancement programs are regarded as an indicator of a highly developed professional environment. The AACN noted clinical advancement programs as one of the eight hallmarks of a professional environment. In addition, the ANCC Magnet Recognition Program identified competency-based clinical advancement programs as a force of magnetism.

Nurses perform at different levels of practice based on their knowledge and experience in a specific clinical setting. The Nursing Clinical Advancement Program is designed to acknowledge and reward RNs for their achieved level of practice. Practice levels are differentiated in accord with Benner's theoretical framework which specifies the incremental development of competencies in 5 stages of development, from novice to expert. The eight competency foci delineated by the Synergy model are used as the basis for differentiating levels of practice. These practice level designations are the foundation for performance standards, professional recognition, and compensation policies.

Component II: Professional Development

Professional development is key to effective implementation of the NPPM. In addition, the NPPM is the driver for many strategic changes in Nursing. In particular, implementation of the NPPM requires a competent nursing staff that is challenged to advance in knowledge and application ability. The NPPM Steering Committee adopted the Institute of Medicine's definition of professional competence: *the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and community being served* (IOM, 2003, p. 24).

Model Domain III: Care Delivery System

The ANCC defines a Care Delivery System as: "A system for the provision of care that delineates the nurse's authority and accountability for clinical decision-making and outcomes. The care delivery system is integrated with the practice model and promotes continuous, consistent, efficient, and accountable nursing care. The care delivery system is adapted to regulatory considerations and describes the context of care, the manner in which care is delivered, skill set required, and expected outcomes of care." (Magnet Recognition Program Manual). The Harris Health Nursing care delivery incorporates the clinical practice integrating technology through information systems and validates outcomes through quality management.

Component I: Nursing Practice

Nursing Practice encompasses the nurse-patient assignment process, care delivery modes, and practice according to professional, legal, and regulatory standards. These components are designed to:

- Provide evidence-based, standard congruent care focused on patient's health problem(s) balanced with patient centered care supportive of the patient's individual healing process.
- Provide culturally sensitive care that is responsive to the patient's preferences and values;
- Provide continuity of care that assures safe and therapeutic patient/family transitions;
- Maintain collegial, collaborative intra and interdisciplinary relationships to achieve optimal patient outcomes;
- Create care partnerships between the nurse, patient, family, or significant others;

- Use a systematic assessment process to match the patient with the nurse who is best prepared to meet his/her identified needs;

Component II: Information Systems

The electronic health record and other technological applications have great impact on nursing practice. Applications such as Best Practice Alerts and links to evidence-based sources of information (e.g., online point-of-care clinical information, such as care plans and patient education materials).

Component III: Quality Management

Nursing quality and outcome structures lay the foundation for an effective care delivery system. The Nursing quality, patient safety, and outcomes program creates and facilitates systems to provide:

- Evidence-based practice standards congruent with professional and regulatory requirements;
- Planning and operations oversight of quality management functions;
- Evaluation of outcomes associated with nursing practice; and
- Validation of effectiveness of care delivery systems and nurse practice patterns; or
- Recommendations for quality improvement.

Attachment C

Nursing Professional Practice Model Information Brochure

NPPM Brochure - Page 1



This is the newly designed Nursing Professional Practice Model (NPPM) which replaces the original diamond graphic. As you can see from the colors, it has remnants of the old NPPM map, which has been retired. This comprehensive "pillar" model reflects our nursing profession and represents the strength and resilience of Harris Health Nurses.

The core parts of the model are the pillars. Pillars represent stability and a thing regarded as integral, reliable, and providing essential support. The pillars represent the three domains of nursing practice at Harris Health and within each domain are three components.

What is a Professional Practice Model?

The American Nurses Credentialing Center (2019) defines a professional practice model as:

"The driving force of nursing care; a schematic, description of a theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care for those served by the organization (e.g., patients, families, community)."

Harris Health's NPPM serves as the framework to structure all the key components needed for nursing to operate in a coherent and optimal manner. The NPPM demonstrates the alignment and integration of nursing practice with the Mission, Vision, and Values that Harris Health Nursing has adopted.

<https://www.harrishealth.org/about-us/nursing-services>

Our Nursing Professional Practice Model



NPPM Brochure - Page 2



The uppermost part of the model displays a heart symbol of intertwined people figures. This symbol represents Nursing's overarching mission—caring for the patient. Above all else, we strive to provide patient-centered, synergistic, and collaborative care in which the nurse, patient, and others, be it a family member or another healthcare professional, partner to facilitate healing. Each domain within the practice model supports and upholds this overarching mission.

Significance of Colors

The colors have bold significance.

- Orange represents enthusiasm, energy, determination, strength, endurance, and success.
- Purple symbolizes power, wisdom, dignity, and independence.
- Green reflects safety, growth, hope, harmony, and healing.

These attributes describe Harris Health nurses and the exemplary care we provide to our patient and families.

Domain I: Knowledge Structure

- ◆ Mission, Vision, and Values
- ◆ Theoretical Framework
- ◆ Clinical Inquiry

In Domain 1, our knowledge outlines where we want to go as an organization. As nurses, we are knowledge workers and use mission, vision, values, theory, and clinical inquiry to inform and drive our practice.

We ensure nursing care is evidence-based and reflects true *therapeutic capacity* in order to place the patient in the best position to heal.



Clinical Care Provision—Nurses provide evidence-based, patient-centered care.

Relational Dynamics—Nurses partner with patient, families, and health professionals.

Healing Connections—Nurses connect with the patient to find what is meaningful to him/her.

Domain II: Professional Environment

- ◆ Shared Governance
- ◆ Differentiated Practice
- ◆ Professional Development

Within the Professional Environment, we have the autonomy and voice to control, develop, and practice at the highest level possible through shared governance, differentiated practice, and professional development.

Domain III: Care Delivery System

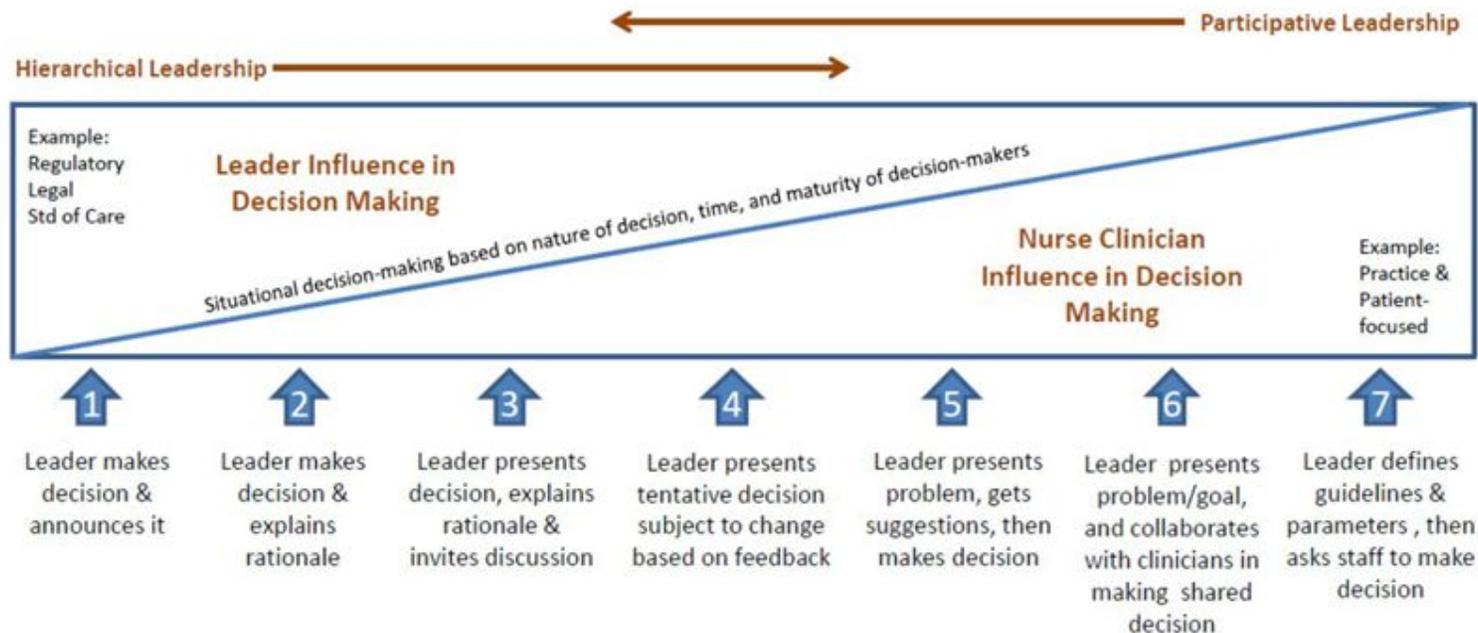
- ◆ Nursing Practice
- ◆ Information Systems
- ◆ Quality Management

In the Care Delivery System resides our clinical nursing practice, which is based on the nursing process and integrates professional standards and information systems to assure safe and high-quality patient outcomes.

Attachment D
Shared Decision-Making Model

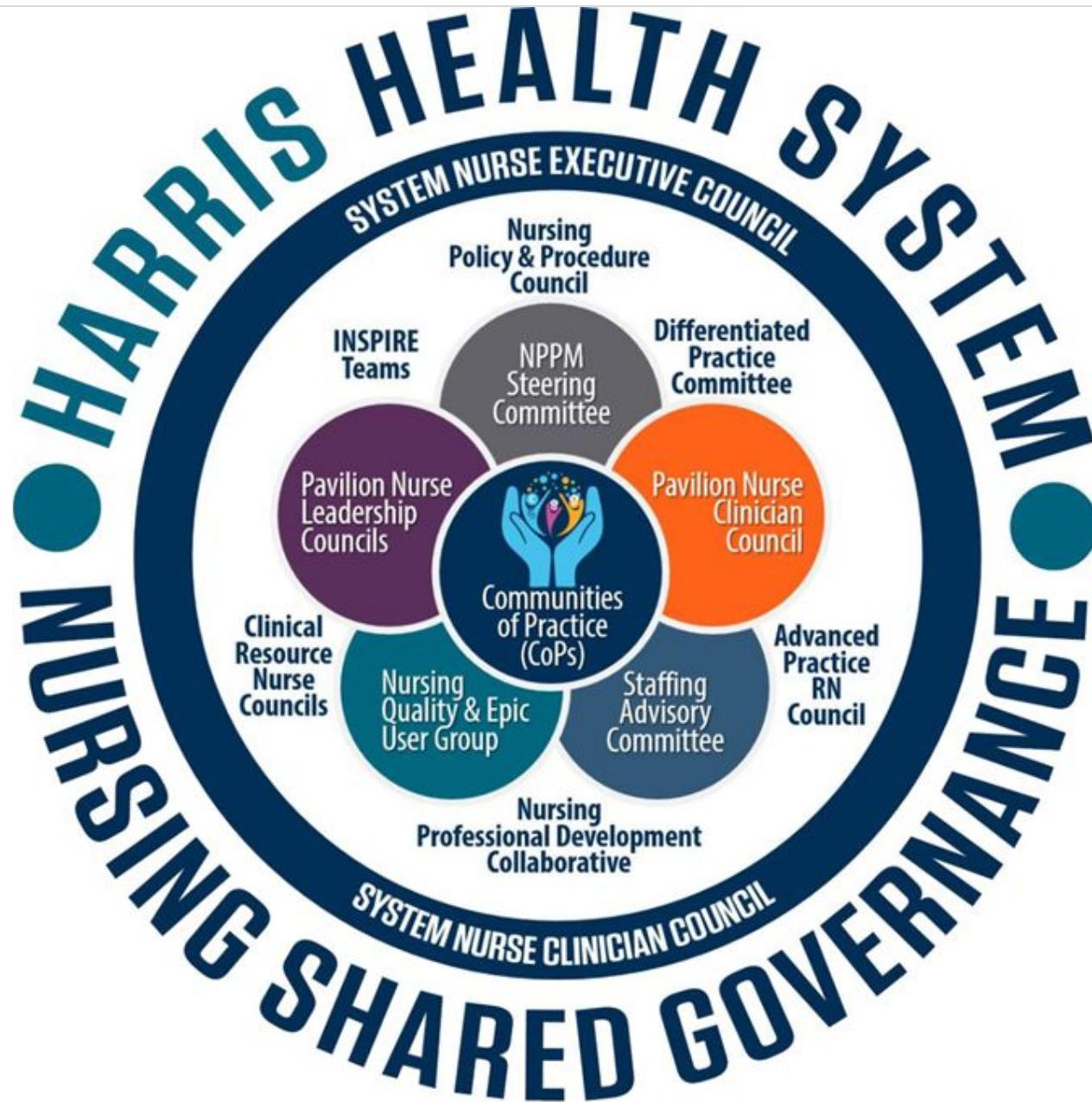
Decision-making Process¹ within a Clinician-Leadership Partnership²

- In Nursing Service, most decisions have both leadership and clinician stakeholders who are expected to partner in the decision-making process.
- To facilitate this decision-making partnership, the following principles have been adopted for use by nurse clinicians and leadership personnel at all levels.
- Nurses are accountable for making decisions that fall within their scope of practice and role responsibility and/or decisions that have been specifically delegated to them.
- Nurses are expected to identify and apply decision-making parameters and criteria appropriate to the decision.
- Leaders are expected to engage clinicians in decisions that impact practice and professional role responsibility; the manner of engagement and level of clinician influence on the decision is dependent upon the situation, nature of the decision, timeframe, and type of expertise required to make a high-quality decision.



Source: 1) Rogers, P. & Blenko, M. (2006). Who has the D? How clear decision roles enhance organizational performance. *Harvard Business Review*, pp 1-10. 2) The Tannenbaum & Schmidt Continuum of Leadership Behavior (1977).

Attachment E
Harris Health Nursing Shared Governance Structure



References

American Nurses Association. (2021). *Nursing Scope and Standard of Practice*. Spring, MD.

[Harris Health System Policy 6.20, Corrective Action](#)

[Harris Health System Policy 227, Chain of Command/Escalation](#)

[Harris Health System Policy 330, Peer Review, Nursing Incident](#)

[Harris Health System Policy 3466, Just and Accountable Culture](#)

Lave, J. (1991). Situating learning in communities of practice. *Perspectives on socially shared cognition*, 2, 63-82.

Lave, J., & Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*.

Wenger, E. & Wenger-Traynor, B. (2015). *Communities of practice: A brief introduction*. Retrieved June 21, 2018, from <http://wenger-trayner.com/introduction-to-communities-of-practice/>

Thursday, March 24, 2022

Consideration of Approval of the Harris Health System Investment Policy

The Harris Health System Investment Policy is adopted annually by the Harris Health System Board of Trustees as the governing body pursuant to Chapter 2256 of the Texas Government Code, "Public Funds Investment Act." Harris County recently modified their policy to include the updates summarized below. The attached policy includes changes applicable to Harris Health and related to the sections addressed below. Administration has reviewed the policy and recommends the updates.

Section 4.02 Training:

Removing the training requirements previously outlined and designating this section as a placeholder only. Training requirements previously outlined in this section are only applicable to County Designees and do not apply to the Harris Health Chief Investment Officer or Harris Health or CHC Designees while Harris County provides investment and advisory services to Harris Health. In the event Harris Health engages an independent investment advisor, the applicable training requirements can be documented as applicable.

Section 5.01 General Objectives:

Added language to allow for greater flexibility in investments: "Although Harris Health and CHC's intent upon purchase is to hold securities until maturity, Harris Health and CHC may, whenever appropriate, exchange securities with similar maturity and risk characteristics in order to enhance total returns, provided that safety of principal is given first consideration."

Section 7.05 Socially Responsible Investing:

Inserting the following paragraph: "Harris Health will strive to maintain a goal of at least 2% of portfolio holdings in Environmental, Social, and Governance (ESG) investments. Although the Government-Sponsored Enterprises of Fannie Mae and Freddie Mac meet the ESG criteria by "providing a stable source of liquidity to support low- and moderate-income mortgage borrowers and renters by enabling greater access to affordable home and rental housing finance in all markets and at all times," Harris Health shall seek to primarily meet its ESG goal, whenever possible, through investments in municipal bonds specifically geared toward low-income or affordable housing, and/or serving a county listed on the Federal Financial Institutions Examination Council's (FFIEC) underserved or distressed areas:

<https://www.ffiec.gov/cra/pdf/2021distressedorunderservedtracts.pdf>, or bonds of a school district issuer with 50% or more of students eligible for free or reduced lunch, or municipal bonds held in an ESG Fund.

It is understood that Harris Health may not have continual or regular access to these municipal bonds, and at times such bonds may not meet credit ratings as outlined in state statutes.

Administration recommends that the Board approve the updated Harris Health System Investment Policy to be effective March 1, 2022.

Thursday, March 24, 2022

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Thursday, March 24, 2022

Consideration of Approval of an Amendment to the 2017 Harris Health Board Approved Naming Opportunities for the First Floor Renovation of the Ben Taub Hospital Level I Trauma Center, Pursuant to Harris County Hospital District's Policy 2.01 Naming of Hospital District Building, other Facilities, and Entities Policy Statement, for Philanthropic Donors to the HCHD Foundation's Second Capital Campaign

Item 1) Adjust the Naming Gift Opportunity amount of \$2,500,000.00 for the Radiology Department to \$2,000,000.00 to allow the Radiology Department to be named for the Brown Foundation due to their donation of \$2,000,000.00 as an early and lead donor to the HCHD Foundation's 2nd Capital Campaign and their request for that specific naming gift location.

Item 2) Delegate authority to Dr. Porsa to approve the naming opportunity locations for EPIC's \$350,000.00 donation and Albert and Margaret Alkek Foundation's \$250,000.00 donation when locations are determined, plus any other location to be determined for any philanthropic donor to the 2nd Capital Campaign that has previously received a donation request and donates a sufficient amount for a naming opportunity.

1st Floor Renovation of Ben Taub Hospital Level I Trauma Center (Ginni and Richard Mithoff Trauma Center)
As approved by Harris Health Board of Trustees in 2017
NAMED GIFT OPPORTUNITIES

Naming Location	Gift Amount	Modified Gift Amount 2022	Quantity	Named/Available
Psychiatric Emergency Center	\$ 5,000,000.00			Available
Radiology Department	\$ 2,500,000.00	\$ 2,000,000.00		Brown Foundation
Trauma Shock Rooms (4)	\$ 500,000.00		ea	Available
Check Out/Discharge	\$ 500,000.00			Available
Patient Treatment Unit - Clinical Decision Unit (CDU)	\$ 100,000.00			Available
Treatment Unit - ESI Levels 1,2,3	\$ 100,000.00			Available
Treatment Unit - ESI Levels 4,5,6	\$ 100,000.00			Available
Hallway Seated Area (2)	\$ 100,000.00		ea	One Named, one available
Ambulance Arrival Bay	\$ 100,000.00			Available
Emergency Medical Services (EMS) Support	\$ 50,000.00			Available
Donor Recognition Wall	\$ 15,000.00		ea	Available
TBD		\$ 350,000.00		EPIC
TBD		\$ 250,000.00		Albert and Margaret Alkek Foundation
Emergency Center Entry/Waiting Room	\$ 2,000,000.00			Named
Triage Support Center	\$ 250,000.00			Named
Family Waiting Area	\$ 250,000.00			Named
Emergency Center Staff Support (Lounge/Breakroom)	\$ 100,000.00			Named
ESI Levels 1, 2, 3 Waiting Area	\$ 25,000.00			Named
ESI Levels 3, 4, 5 Waiting Area	\$ 25,000.00			Named

*** Gifts of \$15,000+ are acknowledged on a donor recognition wall which will be located in a prominent area of the emergency center. The dollar amount of each gift designation is not meant to reflect an exact dollar cost, but rather gives consideration to the significance of the items and the related privilege of designation.

Thursday, March 24, 2022

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

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

HARRIS HEALTH SYSTEM

Board of Trustees Legislative Update

March 24, 2022

Federal Update

Continuing Resolution Update: Lawmakers reached agreement on a \$1.5 trillion omnibus appropriations bill which will keep the government funded through the remainder of the current fiscal year. The 2,741-page bill includes \$730 billion for non-defense discretionary funding, which represents a 6.7% increase over last year's funding level. The bill also includes \$15.6 billion in additional COVID relief funding and \$13.6 billion in aid to Ukraine.

National Health Emergency/Public Health Emergency (PHE) Declaration Impact: Medicaid program waivers require both a National Health Emergency (declared by the President) and a Public Health Emergency (issued by the Secretary of HHS).

The President extended the NHE to March of 2022, and it is likely he will extend it through the remainder of the calendar year. [Letter to the Speaker of the House of Representatives and President of the Senate on the Continuation of the National Emergency Concerning the Coronavirus Disease 2019 \(COVID-19\) Pandemic | the White House](#)

U.S. Department of Health and Human Services Secretary Xavier Becerra has [extended](#) the COVID-19 Public Health Emergency (PHE) for an additional 90 days. This extensions means the telehealth and other waivers and flexibilities that have been implemented during the PHE will remain in effect until at least **April 16, 2022**.

This renewal marks the eighth time the federal government has done so since the public health emergency was first declared at the start of the pandemic last year. This latest renewal is effective Monday, January 16, 2022, and will continue for 90 days.

In a Jan 2021 [letter to Governors](#), the Administration assures states that when a determination is made to terminate the PHE or let it expire, HHS will provide states with 60 days' notice.

Example Timelines:

Current end of PHE unless extended April 16, 2022

60 days prior for Admin notice: Feb. 15th. This has passed.

Assume another PHE extension to: July 15th

60 days prior for Admin notice: May 16th

Also – the Secretary could renew the PHE on April 16, simultaneously provide a 60 day notice and have the PHE end June 15, 2022.

The other waivers impacting our System include enhanced federal matching funds and the reenrollment of an estimated 400,000 Texans currently on Medicaid who established eligibility during the PHE. 65,000 members of Community Health Choice are subject to the reenrollment requirements.

On March 2, the Centers for Medicare and Medicaid Services (CMS) issued guidance that extends from 12 months to 14 months the deadline to complete the process before penalties would be assessed on a state. HHSC is working with CMS to seek approval for unique partnerships with MCOs and other interested third parties to assist in the reenrollment process.

The temporary 6.2 percentage point increase in the Medicaid Federal Medical Assistance Percentage (FMAP) included in the Families First Coronavirus Response Act (Pub. L. 116-127) expires at the end of the quarter that the PHE ends.

State Update

1115 Waiver Update: District Judge J. Campbell Barker set a hearing for March 9 regarding enforcement of the preliminary injunction on the 1115 Waiver filed by HHSC against CMS. The expectation and hope is that he will issue a ruling by mid-summer.

Thursday, March 24, 2022

Harris Health System Council-At-Large Meeting Minutes

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>I. Call to Order</p>	<p>The WebEx meeting was called to order by Fadine Roquemore at 5:00pm.</p> <p>Council Members in Attendance:</p> <ul style="list-style-type: none"> • Acres Home: Bennie Baker, Rankie Johnson, Dave Jones, Sheila Taylor • Baytown: Pamela Breeze, Syphronia Garrett, Don Nichols, Winston Lewis • BTGH: Helen Walwyn • Casa: Daniel Bustamante • Gulfgate: Obdulia Ramirez, Teresa Recio, Pat Shephard • LBJH: Velma Denby • MLK: Fadine Roquemore • Northwest: Anna Carriere • Thomas Street: Josh Mica • Vallbona: Cynthia Goodie, Penny Williams <p>Harris Health System: Dr. Esmaeil Porsa, Louis Smith, David Attard, Sunny Ogbonnaya, Jon Hallaway, Omar Reed, Jose Serpa Alvarez, Jennifer Small, Dr. Fareed Khan, Lydia Rogers, Sarah Rizvi, Maria Cowles, Amineh Kostov, Lady Barrs, Dawn Jenkins, Dwanika Walker, Olevia Brown, Nina Jones, Robin Luckett, Angelique Martinez, SanJuanita Franco</p> <p>Board Members in Attendance: Alicia Reyes, Dr. Arthur Bracey</p>	
<p>II. Moment of Silence</p>	<p>Moment of silence observed.</p>	
<p>III. Voting of New Council Officers</p>	<p>Mrs. Recio gave a brief overview of the nominating committee’s role and the organization of appointing council officers. These officers will serve a term of two years March 2022 – February 2024. She stated the Nominating Committee members are; Daniel Bustamante of Casa De Amigos Clinic, Shelia Taylor of Acres Home Clinic and Teresa Recio of Gulfgate Clinic.</p> <p>Mr. Bustamante stated the committee met and recommended the following:</p> <ul style="list-style-type: none"> ▪ Chairperson – Fadine Roquemore ▪ Vice Chairperson – Pamela Breeze ▪ Secretary – Bennie Baker 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Voting of New Council officers (continued)</p> <p>Mrs. Taylor asked is everyone in agreement with the nominations?</p> <p>Mrs. Recio reminded everyone as they resume normal meetings in March and hold elections to inform the CAL about new officers selected at their site.</p>	<p>All were in favor by saying “I” of new officers recommended by the Nomination Committee. No opposed.</p> <p>Council At Large committee accepted the nominations by acclamation.</p>
<p>IV. Approval of Minutes</p>	<p>The minutes were approve with the following correction:</p> <ul style="list-style-type: none"> Center Report: Gulfgate Clinic: Should read – No report. 	<p>Minutes approved and second.</p>
<p>V. Council Reports</p>	<p>Acres Home – Sheila Taylor</p> <ul style="list-style-type: none"> Everything is going well at Acres Home. No issues. <p>Baytown – Pamela Breeze</p> <ul style="list-style-type: none"> Baytown is doing well. Reviewing the Scorecard, we are all in green. Considering there are issues all around Harris Health. Everything is starting to go back to good measurable signs that things are improving. <p>Casa de Amigos – Daniel Bustamante</p> <ul style="list-style-type: none"> The council met on last Wednesday. Everything is going well. The staff is excited about the new renovations and opening up completely. There is concerns about the cement truck traffic. The issue still exist. The front door of the new renovation is going to open on Harrington Street so I just want to keep emphasizing that we need to deal with the cement trucks traffic. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (continued)</p> <p><i>Louis Smith, Sr. EVP-Chief Operating Officer responded to Mr. Bustamante concern. Please note we are aware of the issue and currently pursuing to see what is available to address it. Mr. David Attard who is our Senior Vice President of Facilities stated he would see what further actions we can take or at least petition within the City of Houston to address this issue.</i></p> <p>Gulfgate – Teresa Recio</p> <ul style="list-style-type: none"> • We will resume in person advisory council meetings in March. Hopefully we will be able to complete our nominations for council officers for 2022-2024. • Our health center began Rapid COVID testing and giving oral medications starting today. • Gulfgate center has one vacant family practice provider position. <p>Homeless – No representative.</p> <p>Martin Luther King – Fadine Roquemore</p> <ul style="list-style-type: none"> • No new information to report. <p>Northwest – Anna Carriere</p> <ul style="list-style-type: none"> • Dr. Sandra Khin will be leaving. Administration will notify the patients in a couple of weeks that they will be reassigned to a new provider. <p><i>Dr. Khan responded, we have already hired a provider to replace Dr. Khin who should be starting in April. We are also in the process of recruiting another provider for that location.</i></p> <p>Thomas Street – Josh Mica</p> <ul style="list-style-type: none"> • The council met and will hold elections on tomorrow. We will also be editing the By-Laws at the meeting. • We will update the CAL at the next month’s meeting. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Council Reports (continued)</p> <p>Vallbona – Penelope Williams</p> <ul style="list-style-type: none"> In March we will resume the council meetings. Screening continues at patient entry areas. <p>Ben Taub Hospital – Helen Walwyn</p> <ul style="list-style-type: none"> No issues to report. <p>Lyndon B. Johnson Hospital – Velma Denby</p> <ul style="list-style-type: none"> Consistent and notable pattern of delay in scheduled appointments. In some cases 2 to 3 hour wait. 	
<p>VI. Old Business</p>	<p>No Old Business.</p>	
<p>VII. Community Medicine Report</p>	<p>Dr. Fareed Khan HEDIS Scorecard Data Reporting Period January 2022 (see attached)</p> <ul style="list-style-type: none"> Effectiveness of Preventive Care: <i>Breast Cancer Screening</i> we are doing very well. We are above our benchmark of 80 percentile. <i>Cervical Cancer Screening</i> the trend is lower. But we beat the benchmark of 67%. We are at 73%. <i>Colorectal Screening</i> has always been a challenge. Compared to last year we have gone up from 62% to about 67%. Harris Health is making efforts to clean the data and outsource screening colonoscopy and increase our own capacity. <i>Adult BMI Assessment</i> we are consistently doing above average, 99%. Pediatric and Adolescent – Prevention and Screening Measures <i>Childhood Immunization</i> benchmark is 45%. We are at 74%. <i>Immunization for Adolescents Combination</i> all of them exceed the benchmark. 	<p align="center">  20220303142249423 .pdf </p>

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Community Medicine Report (continued)</p> <ul style="list-style-type: none"> <p>Comprehensive Adult Diabetes Care we are doing well. <i>HBA1c Testing</i> is at 97%.</p> <p><i>HBA1c Poor Control</i> we wanted it to be less than 9%. In the past we were at a higher benchmark. Currently we are doing much better. Historically, we have never been below 30%. We are now at 25.7% for all of ACS.</p> <p><i>High Blood Pressure Control</i> has also improved from 66% to 70%. However, I think we can do better and reach our benchmark this year, by doing a project which encourages physicians to put patient on more than one blood pressure medicine. The standard of care is at least 2 to 3 blood pressure medicines. Especially in diabetics.</p> <p><i>Diabetes Eye Exam</i> have improved from 77% to 85.5%. This will help the community save their vision.</p> <p><i>Diabetes Foot Exam</i> jumped from 65% to 87.3%. I think there was a lot of individual efforts with Nursing and Administration.</p> <p><i>Controlling High Blood Pressure</i> our benchmark is 76%. We have increased dramatically from 54% to 69.6%. We’ve always struggled in this area. We probably need to put more resources because this causes a lot of mortality and morbidity.</p> <p>Primary Care Operations Scorecard (see attached)</p> <ul style="list-style-type: none"> <p><i>No Show Rate</i> we struggle with in some clinics more than others. Our internal metrics is that we want everything on Telemedicine/Video not Telemedicine/Telephone. However we will do telephone visits.</p> <p><i>3rd Available appointments</i> in OB and Pedi are under benchmark. Adult return we are doing well, below 45 days. Both new and establish patients are not waiting long to get an appointment.</p> <p>Questions/Comments: None</p>	<div style="text-align: center;">  <p>20220303142249423 .pdf</p> </div>

MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
<p>VIII. Guest Speaker</p>	<p>Dr. J. Serpa-Alvarez, Medical Director HIV Services Thomas Street</p> <p>Dr. Alvarez stated I was appointed Medical Director in October. It has been a privilege to serve the Harris Health Family and an honor to present in this forum. I will give an overview of what we do at Thomas Street and highlight HIV medicine. <i>Slides previewed and discussed. Please see attached.</i></p> <p>Questions/Comments:</p> <ul style="list-style-type: none"> • Josh Mica thanked Dr. Alvarez for attending the CAL meeting and commented his presentation was amazing. He stated, we are happy to have you as a part of our team. 	<p align="center">  Presentation patient council.pptx </p>
<p>IX. Administration</p>	<p>Esmail Porsa, President & CEO</p> <ul style="list-style-type: none"> • Overall COVID is improving rapidly. Things appear to be going back to normal. • Next to El Franco Lee clinic we are developing a training center. This is going to be a game changer for Harris Health System with respect to training of our current and future nurses, two simulation labs and top of the line ability for us to continue training our staff. • Commissioner Court approved our budget for next year. They also approved inter-local agreement between Harris Health and Harris County Sheriff's office. Harris Health System is going to assume the delivery of health care services inside the Harris County jail starting March 1st. We are very excited about this. It will create an opportunity for us to improve the care that is being delivered at the Harris County Jail and improve the health of this community. • Proposal for presentation at the Americas Professional Hospital dealing with Medication Assistance Program that we started at the beginning of the pandemic (by automating patient's medications in our EMR) was accepted as a presentation at the meeting. The meeting will be later this year. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <ul style="list-style-type: none"> We are now doing Rapid COVID testing in our clinics and we also have the ability to access oral COVID medications when someone test positive. Depending on how early we can diagnose them and how symptomatic they are. We are very excited to able to provide this opportunity to our patients. <p>Questions/Comments – None.</p> <p>Dr. Jennifer Small, Interim Executive Vice President/Administrator</p> <ul style="list-style-type: none"> ACS has COVID testing at a few locations; Settegast, Baytown and Acres Home. This is for Harris Health patients that may qualify for treatment with medication. We also have drive-through at those locations. On next week we will be able to provide COVID testing at all of our sites. This will be for those patients that are scheduled with an appointment. When they answer the screening questions (regarding certain symptoms) if needed, we can also test them for COVID. Just to ensure that if there are medications they need for treatment we can provide that. Sixteen of our health centers have continued with their designation as Patient Centered Medical Home. We’ve had this status since 2011 and we’re very excited to know that it continues. It’s important for you to know that since 2011 not only did we receive this designation, we were the first in the greater Houston area to do so. Kudos to our Population Health teams who worked tirelessly with our clinics and Triads to ensure we continue forth with this most prestigious designation. We’ve had several clinics that had to close in the past to support the hospitals because of the amount of COVID patients that were coming through. There were some hard wired best practices that we took from that in terms of our support for the patients coming through the EC’s. 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>We’ve seen as the amount of patients with COVID increased, the amount of patients coming through EC increased as well. So ACS partnered with EC leadership at Ben Taub and LBJ Hospital and developed a process. We worked to make sure that patients who presented to EC with minor conditions would be managed in our clinics. We made sure patients could be seen at our Same Day clinics either face to face or virtual. We were most fortunate to have a Same Day clinic on site at LBJ. So we were able to develop a process for patients to be escorted from LBJ EC directly to Margo Hilliard Same Day Center.</p> <p>In addition, patients that would call the Ask My Nurse line and they did need EC intervention but it wasn’t something that required them to be onsite. Ask My Nurse line was able to send patients to the EC virtually. They would call the EC and there would be a physician on call to speak with the patient and help them manage their condition. If patients were calling for a minor condition to our Ask My Nurse department rather than sending them to the EC we gave them access to speak with someone in our Same Day clinics as well.</p> <p>Again, a lot of good work has been done by the team to better support the hospitals in particular our EC’s to ensure that we at ACS can help to support them so that there not having to go to other locations.</p> <p>Questions/Comments – None.</p> <p>Sunny Ogbonnaya, Director, Pharmacy Administration</p> <ul style="list-style-type: none"> The month of January we filled 163,150 prescriptions. Of that, 76% (124,608 prescriptions) were home deliveries. <i>We thank all of our patients for the opportunity to provide this home delivery service. We encourage them to take advantage of our prescription home delivery service for the value of convenience.</i> 	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Sunny Ogbonnaya, Director, Ambulatory Pharmacy</p> <ul style="list-style-type: none"> We received and processed 39,125 prescription refill request from MyHealth. This number represents 60.9% of all refill request for the month of December. <i>We thank all of our patients for using MyHealth when requesting prescription refills.</i> <p>Questions/Comments – None.</p> <p>Jon Hallaway, Administrative Director, Department of Public Safety</p> <ul style="list-style-type: none"> Security staff continues to support the screeners and get ready for our return to services. <p>Questions/Comments – None.</p> <p>David Attard, Associate Administrator, Engineering Administration</p> <ul style="list-style-type: none"> Over the past month there were no major outages at any of our clinics. Construction guaranteed maximum price for Casa Clinic renovation goes to the Board at the end of this month. Upon approval, we will be able to give the contractor notice to proceed with construction. Mr. Bustamante just for assurance we have been working consistently with the City of Houston Traffic Enforcement Division. They have reviewed our plans but cannot give us an opinion or any additional assurance on the closure of the street while we are doing construction until after we’ve gotten to that point. So immediately upon approval by the board, we will be moving forward to the Traffic Enforcement Division to work with them on closure of the street during construction and opportunities or options that will have post construction. <p>Questions/Comments – None.</p>	

**MINUTES OF THE HARRIS HEALTH SYSTEM COUNCIL AT LARGE COMMITTEE
February 14, 2022**

AGENDA	DISCUSSION	ACTION/S – PLAN/S RESPONSIBLE PERSON/S ASSIGNMENT/S TARGET DATE/S
	<p>Administration (continued)</p> <p>Omar Reid, Senior Vice President, Human Resources</p> <ul style="list-style-type: none"> • Our employees are doing well. We are at the lowest amount of employees who are quarantine for COVID. Today was the lowest number we’ve seen in the last 8 weeks. That number continues to decrease and our staffing continues to remain steady. We are filling vacancies. <p>Questions/Comments – None.</p>	
<p>X. New Business</p>	<p>Center Council Members</p> <ul style="list-style-type: none"> • Mrs. Recio stated we need an updated roster of the centers council and their chair person. The current list has not been updated and it was hard to reach everyone. Mr. Bustamante and Mrs. Taylor were very supportive. <p>Election of officers revisited</p> <ul style="list-style-type: none"> • Re-elected Chairman: Fadine Roquemore • Vice Chairman: Pamela Breeze • Re-elected Secretary: Bennie Baker <p>Alicia Reyes, Board Member Thanked all of the council members on the call. Thank you for your time and service. Hope to here all of you next month. You’re appreciated and needed. Your voice is very important to us as a board.</p>	
<p>XI. Adjournment</p>	<p>The meeting adjourned at 6:09pm</p>	<p>Next Meeting: March 14, 2022</p>

Thursday, March 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 324 - 407 Were Intentionally Left Blank -

Thursday, March 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, March 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, March 24, 2022

Executive Session

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

This information is being presented for informational purposes only.

Thursday, March 24, 2022

Review and Acceptance of the Following Report(s) for the Health Care for the Homeless Program (HCHP) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

Operational Update for Review and Discussion

- **HCHP March 2022 Operational Update**

Attached for consideration of approval:

- **HCHP Q4 Budget Report**
- **HCHP Q4 Patient Satisfaction Report**
- **2022 HCHP Sliding Fee Scale**
- **2022 HCHP Quality Management Plan**
- **2021 Service Area Competition Application**

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 – March 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
 - HCHP Budget Report
 - Patient Satisfaction Report
 - 2022 Sliding Fee Scale
 - 2022 Quality Management Plan
 - 2021 Service Area Competition Application

Patients Served

Telehealth Visits

- Telehealth New Patients: 5
- Telehealth Return Patients: 57

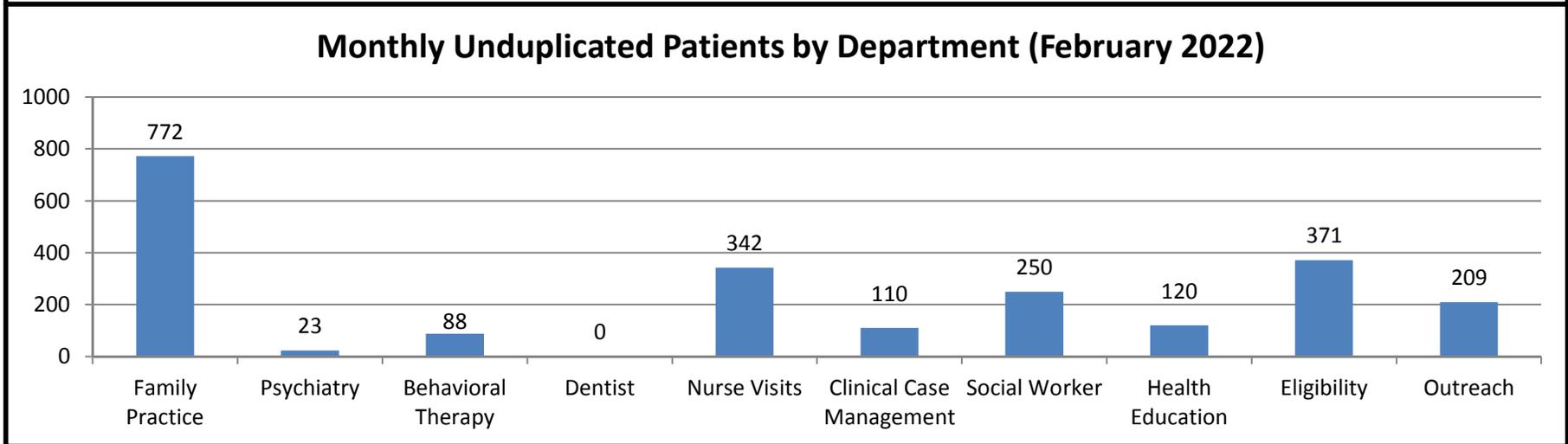
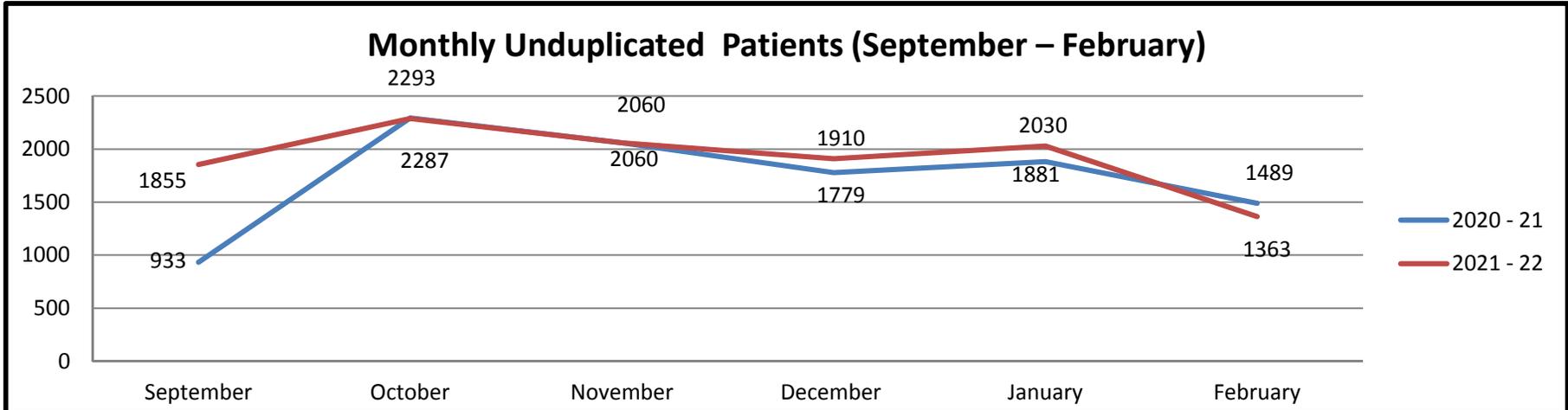
New Patient Visits

- Adult New Patients: 190
- Pediatric New Patients: 12

HRSA Target: 9,775

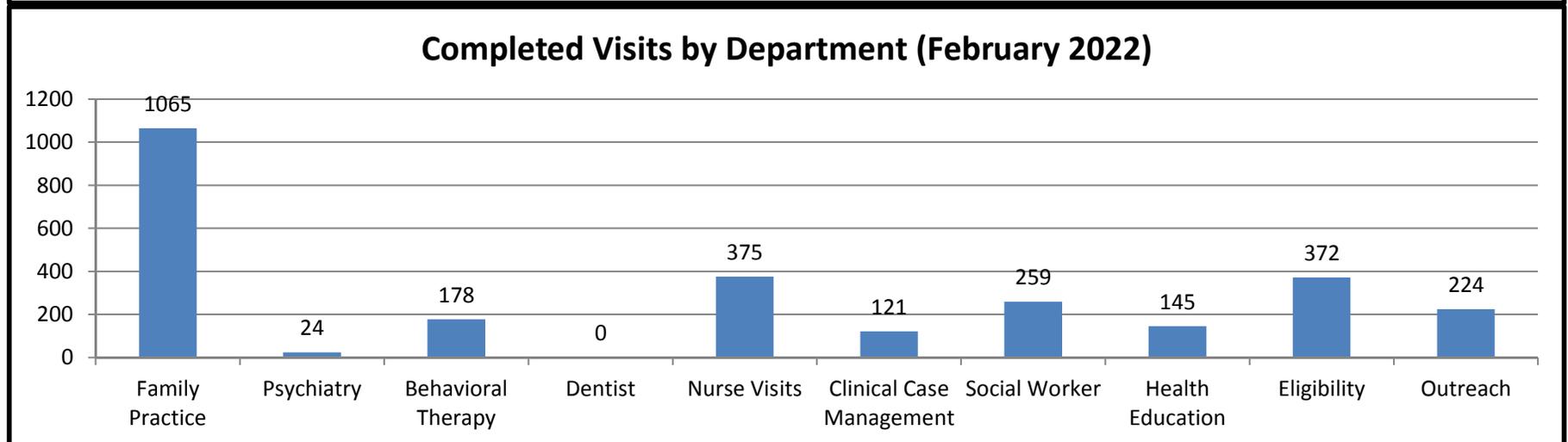
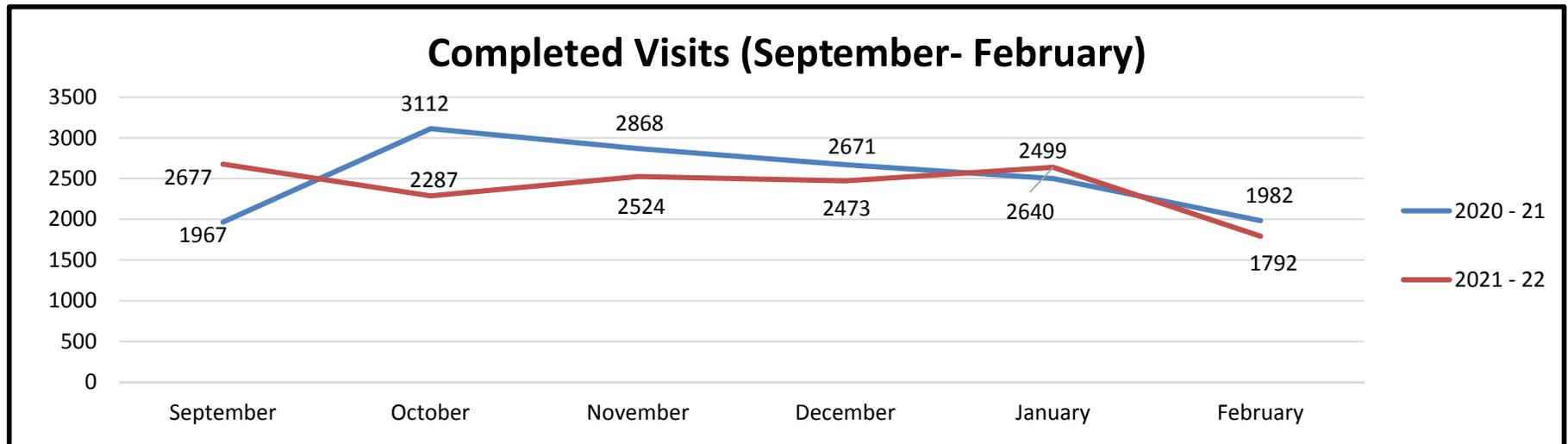
- Unduplicated Patients: 1,726
- Total Complete Visits: 3,569

Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance

Operational Update



Mobile Dental Unit services suspended due to vehicle maintenance.

Operational Update

HARRIS HEALTH SYSTEM

HEALTHCARE FOR THE HOMELESS PROGRAM

BUDGET VS. ACTUAL EXPENSES

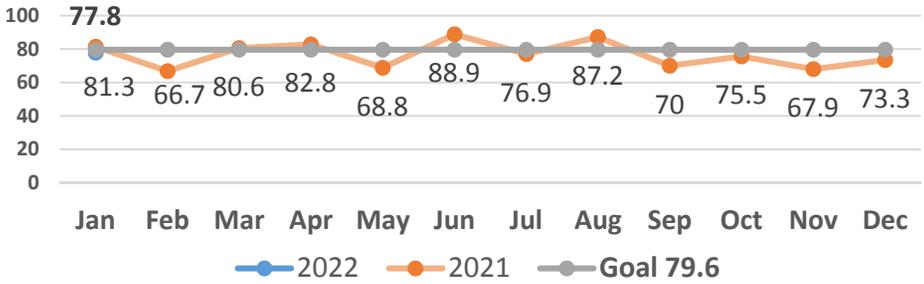
TERM: JANUARY 1, 2021 TO DECEMBER 31, 2021

EXPENSES AS OF: December 31, 2021

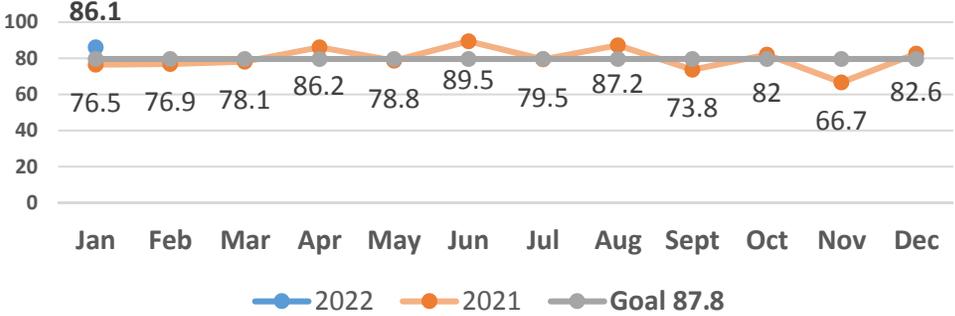
Line item	Budget Amount	Expensed Y-T-D	Balance	% Used
Personnel/Fringe	\$ 3,210,622	\$ 2,811,912	\$ 398,710	87%
Supplies	\$ 196,490	\$ 33,988	\$ 162,502	17%
Travel	\$ 40,473	\$ 4,812	\$ 35,661	12%
Other	\$ 72,319	\$ 52,612	\$ 19,707	73%
Contractual	\$ 920,422	\$ 660,768	\$ 259,654	72%
Equipment	\$ 41,076	\$ -	\$ 41,076	0%
TOTAL:	\$ 4,481,405	\$ 3,564,093	\$ 917,312	80%

HCHP Patient Satisfaction Trending Data Q4

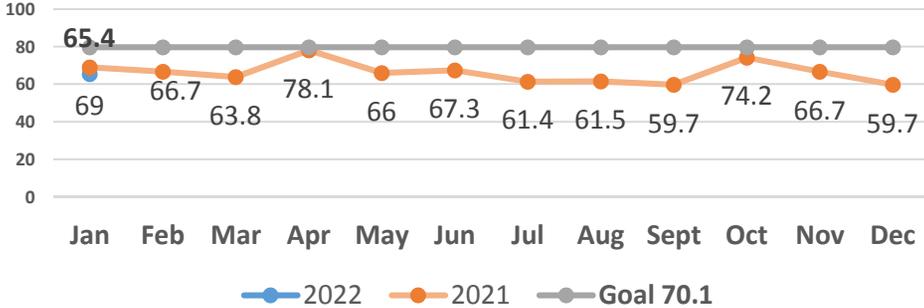
Recommend Facility



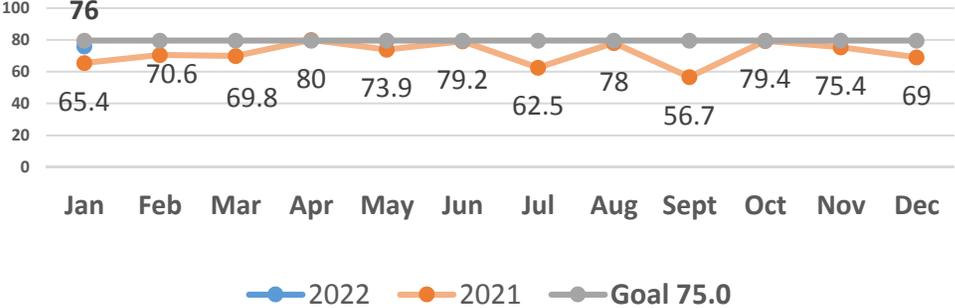
Recommend Provider



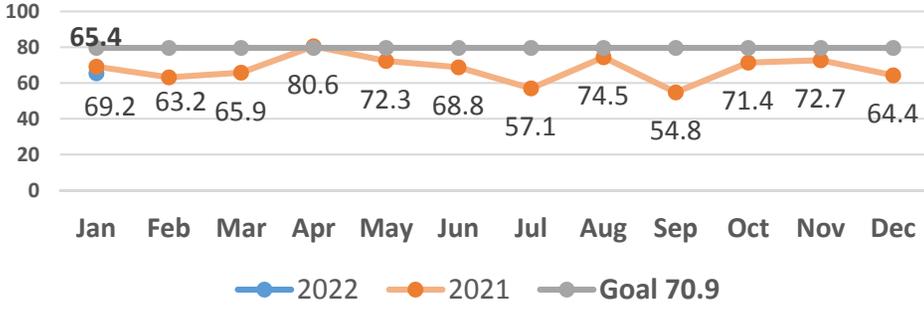
Providers Listened



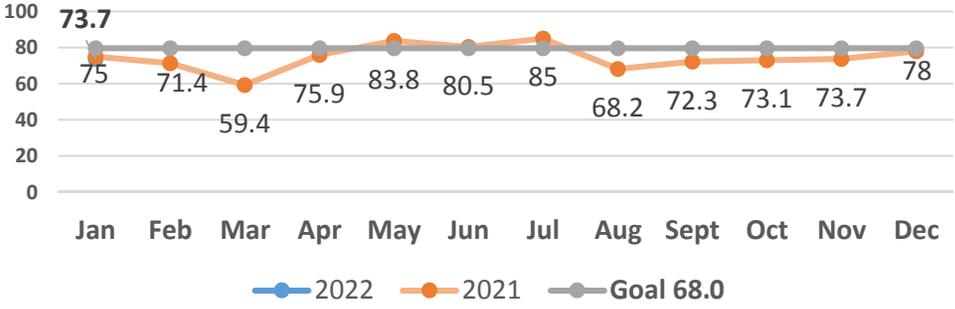
Nurses Listened



Good Communication Providers/Nurses



Wait Time



2022 HCHP Sliding Fee Scale

HRSA Requirements:

- HRSA requires that each health center have a sliding fee discount program.
- The health center must incorporate the most recent Federal Poverty Guidelines which are revised annually in January.
- This sliding scale only applies to the Health Care for the Homeless program
- The HCHP will be charging fees for services to patients above 100% of the FPL based on the sliding scale

Operational Update

HCHP 2022 Quality Management Plan

The role of the center-based committee is to provide a comprehensive multi-disciplinary approach to address improvement opportunities identified through monitoring activities. The center-based committee will meet monthly. The activities of the committee will be reported bi-directionally to the Administrative committee as well as in the monthly staff meetings.

Goals and Objectives

The overall goal of the Quality Management (QM) Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance to national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting related activities
- Internal system, structure and/or process
- Clinical, outreach, eligibility, and case management processes

The goals are influenced by Standard of Care (SOC) changes, Administrative Agency and/or Project Officer Recommendations.

Operational Update

HCHP 2022 Quality Management Plan

Performance Measurement

The indicators and goals of performance measurement activities are based on:

- US Department of Health and Human Services guidelines
- Joint Commission/DNV standards
- NCQA PCMH standards
- Needs assessment
- National goals and benchmarks
- Internally identified areas with opportunity for improvement

The indicator and goals for performance will change based on internally identified areas of improvement and/or per direction of administrative agency/project officer. The performance measurements will include review activities for services provided.

The content of this plan embraces the requirements of Harris Health System Performance Improvement program as well as HRSA requirements in a combined approach. The intent of the plan is to incorporate requirements while operating under a single plan.

2021 Service Area Competition Application

Harris County Hospital District (d.b.a. Harris Health System

Grant Program Funds Requested: HCHP Funding – \$3,905,084

Service Area: ID number 059, Houston, Texas

Unduplicated Patient Target: 9,775

HCHP will continue to provide patient-centered services including:

- Eligibility and Registration services
- Health Education
- Prevention services
- Primary care
- Dental care
- Case management
- Mental Health care
- Substance use disorder services
- Class D pharmacy.

**HCHP is requesting \$3,905,084 each year of the three-year project period*

Thursday, March 24, 2022

Consideration of Approval of the HCHP Fourth Quarter Budget Report

The Health Care for the Homeless Program (HCHP) Fourth Quarter Budget Report is for the primary grant as the 2021 budget close out.

Details are included in the March 2022 Operational Update PowerPoint.

Thursday, March 24, 2022

Consideration of Approval of the HCHP Fourth Quarter Patient Satisfaction Report

The Health Care for the Homeless Program (HCHP) Fourth Quarter Patient Satisfaction Report shows trending data for the six (6) questions asked to patients by HCHP staff.

Details are included in the March 2022 Operational Update PowerPoint.

Thursday, March 24, 2022

Consideration of Approval of the 2022 HCHP Sliding Fee Scale

The annual update of the Health Care for the Homeless Program (HCHP) Sliding Fee Scale is a HRSA requirement for Health Centers involving Sliding Fee Discount Program.

Details are included in the March 2022 Operational Update PowerPoint and the attached Sliding Scale Fee sheet.

Health Care for the Homeless Program
Effective April 01, 2022

HARRIS HEALTH SYSTEM - HEALTH CARE FOR THE HOMELESS PROGRAM - FAP																		
Family Size	HCHP Assistance Category A (100%)				HCHP Assistance Category B (150%)				HCHP Assistance Category C (185%)				HCHP Assistance Category D (200%)				Self-pay	
	Flat Fee Amount -- \$0				Flat Fee Amount -- \$3				Flat Fee Amount -- \$5				Flat Fee Amount -- \$7					
	Min income	Max income	FPL		Min Income	Max Income	FPL		Min Income	Max Income	FPL		Min Income	Max Income	FPL		Min Income	FPL
1	0	\$ 1,133	0%	100.00%	\$ 1,133.01	\$ 1,699	100.01%	150.00%	\$ 1,699.01	\$ 2,096	150.01%	185.00%	\$ 2,096.01	\$ 2,265	185.01%	200.00%	\$ 2,265.01	200.01% and >
2	0	\$ 1,526	0%	100.00%	\$ 1,526.01	\$ 2,289	100.01%	150.00%	\$ 2,289.01	\$ 2,823	150.01%	185.00%	\$ 2,823.01	\$ 3,052	185.01%	200.00%	\$ 3,052.01	200.01% and >
3	0	\$ 1,920	0%	100.00%	\$ 1,920.01	\$ 2,879	100.01%	150.00%	\$ 2,879.01	\$ 3,551	150.01%	185.00%	\$ 3,551.01	\$ 3,839	185.01%	200.00%	\$ 3,839.01	200.01% and >
4	0	\$ 2,313	0%	100.00%	\$ 2,313.01	\$ 3,469	100.01%	150.00%	\$ 3,469.01	\$ 4,279	150.01%	185.00%	\$ 4,279.01	\$ 4,625	185.01%	200.00%	\$ 4,625.01	200.01% and >
5	0	\$ 2,706	0%	100.00%	\$ 2,706.01	\$ 4,059	100.01%	150.00%	\$ 4,059.01	\$ 5,006	150.01%	185.00%	\$ 5,006.01	\$ 5,412	185.01%	200.00%	\$ 5,412.01	200.01% and >
6	0	\$ 3,100	0%	100.00%	\$ 3,100.01	\$ 4,649	100.01%	150.00%	\$ 4,649.01	\$ 5,734	150.01%	185.00%	\$ 5,734.01	\$ 6,199	185.01%	200.00%	\$ 6,199.01	200.01% and >
7	0	\$ 3,493	0%	100.00%	\$ 3,493.01	\$ 5,239	100.01%	150.00%	\$ 5,239.01	\$ 6,462	150.01%	185.00%	\$ 6,462.01	\$ 6,985	185.01%	200.00%	\$ 6,985.01	200.01% and >
8	0	\$ 3,886	0%	100.00%	\$ 3,886.01	\$ 5,829	100.01%	150.00%	\$ 5,829.01	\$ 7,189	150.01%	185.00%	\$ 7,189.01	\$ 7,772	185.01%	200.00%	\$ 7,772.01	200.01% and >
9	0	\$ 4,280	0%	100.00%	\$ 4,280.01	\$ 6,419	100.01%	150.00%	\$ 6,419.01	\$ 7,917	150.01%	185.00%	\$ 7,917.01	\$ 8,559	185.01%	200.00%	\$ 8,559.01	200.01% and >
10	0	\$ 4,673	0%	100.00%	\$ 4,673.01	\$ 7,009	100.01%	150.00%	\$ 7,009.01	\$ 8,645	150.01%	185.00%	\$ 8,645.01	\$ 9,345	185.01%	200.00%	\$ 9,345.01	200.01% and >
11	0	\$ 5,066	0%	100.00%	\$ 5,066.01	\$ 7,599	100.01%	150.00%	\$ 7,599.01	\$ 9,372	150.01%	185.00%	\$ 9,372.01	\$ 10,132	185.01%	200.00%	\$ 10,132.01	200.01% and >
12	0	\$ 5,460	0%	100.00%	\$ 5,460.01	\$ 8,189	100.01%	150.00%	\$ 8,189.01	\$ 10,100	150.01%	185.00%	\$ 10,100.01	\$ 10,919	185.01%	200.00%	\$ 10,919.01	200.01% and >
13	0	\$ 5,853	0%	100.00%	\$ 5,853.01	\$ 8,779	100.01%	150.00%	\$ 8,779.01	\$ 10,828	150.01%	185.00%	\$ 10,828.01	\$ 11,705	185.01%	200.00%	\$ 11,705.01	200.01% and >
14	0	\$ 6,246	0%	100.00%	\$ 6,246.01	\$ 9,369	100.01%	150.00%	\$ 9,369.01	\$ 11,555	150.01%	185.00%	\$ 11,555.01	\$ 12,492	185.01%	200.00%	\$ 12,492.01	200.01% and >
15	0	\$ 6,640	0%	100.00%	\$ 6,640.01	\$ 9,959	100.01%	150.00%	\$ 9,959.01	\$ 12,283	150.01%	185.00%	\$ 12,283.01	\$ 13,279	185.01%	200.00%	\$ 13,279.01	200.01% and >

Patient responsibility for categories A = \$0, B = \$3, C = \$5, D = \$7

Poverty level based on 2022 Federal Poverty Guidelines issued 01/2022.
Income figures represent gross monthly income.

This sliding scale applies only to patients of the Health Care for the Homeless Program.

Thursday, March 24, 2022

Consideration of Approval of the 2022 HCHP Quality Management Plan

The annual update for the Health Care for the Homeless Program (HCHP) Quality Management Plan outlines quality management for the HCHP department in 2022.

Details are included in the March 2022 Operational Update PowerPoint and the attached redlined version of the Quality Management Plan.

Quality Management Plan - ~~2021~~ 2022

February 23 ~~March 19,~~
2022

Table of Contents

Quality Statement	3
Quality Infrastructure	3
Leadership	3
Goals and Objectives	6
Participation of Stakeholders	6
Performance Measurement	7
Data Collection	8
Capacity Building	8
Evaluation	8
QM Plan Update	9
Communication	10
Performance Improvement Work Plan	10
Approval Page	10
Appendix A: Performance Measures Goals	11

Quality Statement

The Harris Health System mission is to be “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.” Health care for homeless persons in Harris County are provided through the Health Care for the Homeless Program (HCHP). The HCHP Quality Management Plan reflects the program’s aim of establishing a comprehensive, coordinated process for continual evaluation and improvement of outpatient services. The goal of services is to improve the health status of HCHP clients through focused improvement activities. The Quality Management Plan provides direction for assessing quality and adherence to recommended standards of care for services provided.

The requirements of the Quality Management Plan and the Harris Health System Quality, Safety, and Performance Improvement Plan will work in tangent for activities related to monitoring, assessment, evaluation and implementation of improvement strategies. The information gathered from abovementioned activities will help to enhance the care and treatment provided to HCHP clients.

Quality Infrastructure

Leadership

The overall responsibility and leadership for the HCHP Quality Management Program resides with the Center Director and Medical Director of HCHP. The Quality Assurance Coordinator will provide oversight for monitoring, evaluation and assessment related activities. The Quality Assurance Coordinator will serve as the liaison for all tiers of membership. The infrastructure is comprised of three (3) tiers

- an administrative tier (manager level),
- a center-based committee and
- task-specific workgroup(s) as deemed necessary.

Quality Management (QM) related activities will be coordinated through a collaborative effort of the administrative staff of HCHP. The Quality Assurance Coordinator will work with all three (3) tiers of the QM Program. HCHP activities will be shared with the Harris Health System Performance Improvement program as directed.

The membership of the **administrative committee** may include but not limited to the following persons:

- Medical Director
- Center Director
- Nursing Manager
- Grants Project Manager

The administrative committee is charged with providing direction for the Quality Management Program. Findings and outcomes are shared with leadership staff for recommendation of strategies to improve patient care and services.

Quality Management related activities are reviewed at least monthly. The facilitator of the second tier has the flexibility as needed to request additional support and/or direction from Center Director and Medical Director as needed. Minutes of the administrative meetings are recorded and available for review.

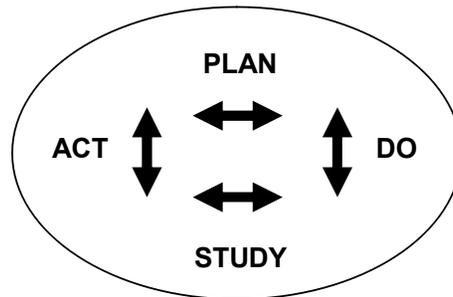
The **second tier** of the Quality Management Program is the center-based Compliance and Performance Improvement Committee (CPIC). A medical provider will serve on the committee and the Grants Project Manager will serve as facilitator. The membership of the ~~CPIC-center-based committee~~ may include but not limited to the following persons:

- Quality Assurance Coordinator
- Medical Provider
- Nursing Representative
- Case Management Representative
- Nurse Practitioner
- Eligibility Staff
- Health Educator

- Management

The role of the ~~CPI~~center-based committee is to provide a comprehensive multi-disciplinary approach to address improvement opportunities identified through monitoring activities. The ~~center-based committee~~CPI will meet monthly. Minutes will be recorded each meeting and distributed to the membership for review and approval. The activities of the committee will be reported bi-directionally to the Administrative committee as well as in the monthly staff meetings. Other venues will also be utilized to share information regarding the activities/decisions of the committee.

The committee will review the findings and employ tools to analyze any fallouts. The committee will utilize the **Plan-Do-Check/Study-Act** (PDCA/PDSA) model for addressing opportunities for improvement. The model allows for action anywhere along the continuum based on the analysis of the data.



The third (3rd) tier of the Quality Management Program is the **Task Specific Workgroup**.

A Task Specific Workgroup is formed as deemed necessary. The administrative and/or ~~CPI~~center-based committee has the ability to convene a task-specific workgroup. The role and responsibilities of this group is attached to very specific tasks. Information from the workgroup will be reported to the ~~CPI~~center-based workgroup who will report the findings/recommendations to the Administrative committee.

Membership will consist of persons who are owners of the identified area requiring improvement. The Quality Analyst will help to facilitate and serve as a resource to the selected group(s). A chair of the Task Specific Workgroup is designated by the ~~committee-based committee~~CPI and/or administrative committee. The membership will remain fluid allowing for the entry and exit of persons throughout the assignment and completion of tasks. The continuance of the workgroup is based on goal and assignment completion.

Goals and Objectives

The overall goal of the Quality Management Program is to assist in the identification and implementation of strategies to provide the best care possible to HCHP clients in accordance to national standards. An organized review of systems and processes will include assessment, design, evaluation, and implementation of improvement strategies to address identified opportunities for improvement. The goals and objectives of the annual QM activities are driven based on key focus areas of the organization as well as findings and/or recommendations in the following areas:

- Data collection/reporting related activities
- Internal system, structure and/or process
- Clinical, outreach, eligibility, and case management processes

The goals are influenced by Standard of Care (SOC) changes, Administrative Agency and/or Project Officer Recommendations.

Participation of Stakeholders

The goal of the Quality Management Program is to include internal and external stakeholders. Internal stakeholders representatives are nursing, physician and ancillary staff involved in the provision of client care, the Ambulatory Care Services (ACS) Quality Review Council (QRC), and the Harris Health Board of Trustees. External stakeholders include the HCHP Consumer Advisory Council. The council consists of clients and homeless service providers.

The Consumer Advisory Council group serves as the voice of the community. Membership of this committee serves on the Harris Health System At Large Advisory Council. Communication is bi-directional sharing with clients of HCHP, members of other Harris Health System Advisory Councils as well as leadership of Harris Health System. Representatives of HCHP participate in the monthly council meetings. Quality management data is reviewed at the council meetings.

Performance Measurement

The indicators and goals of performance measurement activities are based on:

- US Department of Health and Human Services guidelines
- Joint Commission/DNV standards
- NCQA PCMH standards
- Needs assessment
- National goals and benchmarks
- Internally identified areas with opportunity for improvement

The indicator and goals for performance will change based on internally identified areas of improvement and/or per direction of administrative agency/project officer. The performance measurements will include review activities for services provided.

The content of this plan embraces the requirements of Harris Health System Performance Improvement program as well as HRSA requirements in a combined approach. The intent of the plan is to incorporate requirements while operating under a single plan.

The information will be collected and analyzed by the Quality Assurance Coordinator. The findings will be disseminated to all tiers of the Quality committees as well as to staff. The ~~medical~~ Medical Director will aid in communication of information to the physician provider staff. The findings will be utilized to determine further focuses of quality activities.

The Harris Health System QM plan utilizes multiple sources of information to establish evaluation components related to the standards of care guidelines and indicators for medical care. Sources of information include but not limited to:

- Harris Health System Ambulatory Care Services (ACS) Quality Review Council (QRC)
- Disease specific treatment guidelines established by the United States Public Health Service (USPHS), the United States Preventive Services Task Force (USPSTF), the Infectious Disease Society of America (IDSA), and similar sources.

Data Collection

Data collection will be conducted minimally on a monthly basis. The sample size used for chart review will comply with the DNV/Joint Commission recommendations for review related activities, USPHS guidelines, and HRSA Uniform Data System (UDS) requirements. A portion of the random sample when available will be generated from an internal download activity. Other sample data when available for review purpose will be generated from other internal sources (EMR requested reports).

Reports will be generated in compliance to established reporting periods. Evaluation and findings of information reviewed will be reported at the local, ACS, system, and board levels as deemed appropriate. Reports will be submitted quarterly or at a period designated to administrative agency or HRSA related agency. The Quality Assurance Coordinator and/or designee will present findings quarterly as specified by the Harris Health System PI plan.

Data collection will also include any other mandated performance measures.

Capacity Building

The Medical Director will work with the Quality Assurance Coordinator to engage medical staff in activities related to quality improvement. Quality Management related trainings will be provided to medical provider as well as all level of staffing. Topics will include basic QM principles as well as others based on need.

Technical assistance will be sought through the National Center for Quality Assurance, HRSA, and other approved sources.

Findings will be reported via staff meetings for internal customers. Multiple modes for communicating findings to external customers will be utilized.

Evaluation

An annual evaluation of the HCHP Quality Management Program will be conducted. The components of the program that will be evaluated will include:

- Effectiveness of the infrastructure of the committee (meetings as planned, effectiveness of the membership, appropriate makeup of membership, necessary resources, etc)
- Achievement of performance measurement goals

The various tiers of the program will be involved in an assessment process of the activities conducted during the grant year. Information at each level will be reviewed and aggregated to determine an overall assessment of the Quality Management Program. The outcomes will be reported at the committee and staff level. Staff members will also be engaged in the QM process when as deemed necessary and appropriate.

QM Plan Update

The QM plan will be reviewed annually and revised as needed. The Quality Analyst will work in collaboration with the administrative committee to review all recommendations from internal and external stakeholders. Proposed changes/updates will be circulated to internal and external stakeholders. Input from stakeholders will be incorporated in the plan as appropriate. The revised/updated plan will receive final approval from the Center Director. The final QM plan will be shared with the Harris Health System Performance Improvement Committee, internal and external stakeholders.

Communication

Information related to Quality Management (QM) activities will be shared with internal stakeholders via the monthly staff meetings. QM information with external stakeholders will be shared during monthly Consumer Advisory Council meetings and quarterly during ACS-QRC and board of trustees meetings.

Minutes will be recorded for all QM related committee activities. A copy of the minutes will be available electronically and manually. This information will be available to all staff.

QM related activities will be shared during the monthly staff meetings. Findings to include graphs and charts will be posted for staff's review.

Performance Improvement Work Plan

A performance improvement work plan will be created based on several criteria, which include: HRSA Performance Measures, focuses/priorities identified by Harris Health System and other grants related quality management activities. The improvement efforts will include the collection of data with analysis and aggregation of data. Further evaluation of the data will be conducted as necessary. Processes and systems for the delivery of services will also be monitored. Performance Improvement efforts will be implemented to facilitate improvement in the key areas

Approval Page

This document has been revised by:

Nelson Gonzalez, DHA, MPH
Grants Project Manager
Harris Health System
Health Care for the Homeless Program

This document has been reviewed and approved by:

Tracey Burdine, MA, BSN
Center Director
Harris Health System
Health Care for the Homeless Program

Appendix A: Performance Measures Goals ~~2021~~2022

20212022 UDS, HEDIS, & MIPS Quality Measures
<p>Child Weight Assessment</p> <p>Percentage of patients 3–17 years of age who had an outpatient <i>medical</i> visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation <i>and</i> who had documentation of counseling for nutrition <i>and</i> who had documentation of counseling for physical activity during the measurement period.</p>
<p>Childhood Immunization Status</p> <p>Percentage of children 2 years of age who have received age appropriate vaccines by their 2nd birthday:</p> <p>Include children who turned 2 years of age during the measurement period, regardless of when they were seen for medical care during the year. Specifically, include them in the assessment whether the medical visit in the year occurred before or after they turned 2.</p>
<p>Ischemic Vascular Disease (IVD) and aspirin therapy</p> <p>Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, <i>or</i> who had an <i>active</i> diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.</p>
<p>Blood Pressure Control</p> <p>Numerator: Patients whose most recent blood pressure reading was <140/90 during the measurement year. Denominator: Patients 18-75 had two OP visits with diabetes diagnosis in the past 24 months. Exclusions: Polycystic ovaries; steroid-induced diabetes; gestational diabetes. Documentation: Most recent BP –can be from another encounter. Representative BP – if there are</p>

multiple readings on the same date of service, lowest systolic and lowest diastolic reading will be used.

Controlling High Blood Pressure

The percentage of patients 18–85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (less than 140/90 mmHg) during the measurement period.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Percentage of patients aged 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, *or* who had an *active* diagnosis of IVD during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.

Colorectal Cancer Screening

Percentage of patients 50-75 years of age who had appropriate screening for colorectal cancer:

Appropriate screenings are defined by any *one* of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
- Colonoscopy during the measurement period or the 9 years prior to the measurement period.

Tobacco Use Screening and Cessation Counseling

Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months and if identified to be a tobacco user (2) received cessation-counseling intervention.

Adult BMI Assessment and Follow-up

Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit *and*, when the BMI is outside of normal parameters, a follow-up plan is documented.

Cervical Cancer Screening

Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer:

- Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test.
- Cervical cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.

HbA1c Testing

Numerator: Patients whose most recent HbA1c was performed during the measurement year. Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes. Documentation requirements/source: Diabetes Diagnosis & POC or Lab test.

HbA1c Poor Control (>9.0%)

Numerator: Patients whose most recent HbA1c is >9% or who did not have an HbA1C test performed during the measurement year. Denominator: Patients 18-75 who had two OP visits Diabetes Diagnosis in the past 24 months. Exclusions: Polycystic Ovaries; Steroid Induced Diabetes; Gestational Diabetes. Documentation requirements/source: Diabetes Diagnosis & POC or Lab test.

HIV Screening

This measure evaluates the proportion of patients aged 15–65 at the start of the measurement period who have documentation of having received an HIV test at least once on or after their 15th birthday and before their 66th birthday.

Because of the high-risk nature of persons experiencing homelessness and because of the Primary Care HIV Prevention grant, all patients should be tested once a year.

HIV Linkage to Care

Percentage of patients newly diagnosed with HIV by the health center between December 1, of the prior year and November 30, of the measurement year and who were seen for follow-up treatment within 30 days of diagnosis.

Screening for Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the visit using an age-appropriate standardized depression-screening tool *and*, if positive, had a follow-up plan documented on the date of the visit.

Depression Remission at Twelve Months

Patients aged 12 and older, who received a diagnosis of major depression or dysthymia with a PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2019 through October 31, 2020 and at least one medical visit during the measurement period. Who at 12 months (+/-60 days) had a PHQ-9 or PHQ-9M of 4 or less.

Breast Cancer Screening

Women aged 51–73 on January 1 with a medical visit. Women with one or more mammograms during the 27 months prior to the end of the measurement period.

Dental Health

Percentage of homeless adult patients that complete phase I treatment within 12 months of initiating a treatment plan.

Dental Sealants for Children

Percentage of children aged 6 - 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar during the measurement period.

Early Entry to Prenatal Care

Percentage of pregnant women beginning prenatal care in first trimester, who received or were referred for prenatal care services at any time during the reporting period.

Low Birth Weight

Percentage of births less than 2,500 grams to health center patients:

Report on *all* prenatal care patients who are either provided direct care or referred for care. Report all health center patients who delivered during the reporting period and all babies born to them.

Diabetes: Eye Exam

Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Diabetes: Foot Exam

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year.

Diabetes: Medical Attention for Nephropathy

The percentage of patients 18-75 years of age with diabetes who had a nephropathy-screening test or evidence of nephropathy during the measurement period.

Documentation of Current Medications in the Medical Record

Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Pneumococcal Vaccination Status for Older Adults

Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Preventive Care and Screening: Influenza Immunization

Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Adolescents Immunization (Meningococcal and Tdap)

Percentage of patients aged 13 years of age who received meningococcal and Tdap by their 13th birthday. Documentation requirements: must be completed by their 13th birthday. Exclusions: contraindication to vaccine; anaphylactic reaction.

Thursday, March 24, 2022

Consideration of Approval of the 2021 Service Area Competition Application

The plan outlining the Service Area Competition (SAC) Project provides data for the funding of SAC Project and a summary of needs and project services.

Details are included in the March 2022 Operational Update PowerPoint and attached Abstract document.

ABSTRACT

Project Title: Service Area Competition
Applicant Organization Name: Harris County Hospital District (d.b.a. Harris Health System)
Address: P.O. Box 66769, Houston, TX 77266-6769
Project Director Name: Tracey Burdine
Contact Phone Numbers: Voice 346-426-0706; Fax 713-440-1374
E-mail Address: Tracey.Burdine@harrishealth.org
Web Site Address: www.harrishealth.org
Grant Program Funds Requested: HCH Funding – \$3,905,084
Service Area: ID number 059, Houston, Texas
Unduplicated Patient Target: 9,775
Funding Preference: Priority

History/Community Served/Target Population: Harris Health System is the major public healthcare provider in the city of Houston and Harris County, Texas. Harris Health is a fully integrated healthcare system that includes 18 community health centers, five same-day clinics, five school-based clinics, three multi-specialty clinics, a dental center, a dialysis center, mobile health units, two full-service hospitals, and a Health Care for the Homeless Program (HCHP). HCHP was the first community health center in Houston, funded by the Health Resources and Services Administration (HRSA) since 1988. HCHP provides comprehensive coordinated healthcare in shelters and other locations accessed by persons experiencing homelessness (PEH) in Houston and in Harris County. HCHP brings healthcare services to PEH to link consumers with healthcare and supportive services that will allow patients to be in better health to become more stably housed. HCHP has broad community support and partnerships. The target population is comprised of PEH living in Houston/Harris County; most are uninsured and underinsured, and in need of quality, comprehensive primary medical care, dental care, and enabling services. Three HCHP sites are recognized as patient-centered medical homes.

Summary of Needs and Project Services: One out of 1,629 (0.061%) persons in the area is experiencing homelessness. In 2019, HCHP served 10,289 PEH, and because of the obstacles of the COVID-19 pandemic – 8,335 patients in 2020. For the application period of 2022-2024, HCHP expects to serve at least 9,775 PEH each year. PEH face barriers and challenges to accessing healthcare including poverty, lack of healthcare insurance, lack of social support, lack of transportation, and various health conditions and co-morbidities, and face stigma and discrimination. The most common medical diagnoses for HCHP consumers seen in 2020 were overweight and obesity, hypertension, depression and other mood disorders, tobacco use disorder, and other substance-related disorders. Since 1988, HCHP provides a variety of preventive and primary healthcare services and dental care to PEH. HCHP reduces or eliminates barriers to healthcare experienced by PEH by providing primary care through seven shelter-based clinics and mobile vans for medical and dental care. HCHP provides patient-centered services including eligibility and registration services, health education, prevention services, primary care, dental care, case management, mental health care, substance use disorder services, and class D pharmacy services that decrease emergency center use for primary care needs by PEH. A team of outreach workers, eligibility assistance workers, physicians, nurse practitioners, nursing support staff, social workers, and a dental team provides care and coordination of services. HCHP is requesting \$3,905,084 each year of the three-year project period.

Thursday, March 24, 2022

Consideration of Approval of the Harris Health System Medical Staff Bylaws for the
Ambulatory Surgical Center at LBJ

Medical Staff Bylaws

February 2021

HARRISHEALTH
AMBULATORY SURGICAL CENTER AT LBJ

Table of Contents

HARRISHEALTH
AMBULATORY SURGICAL CENTER AT LBJ1

PREAMBLE1

DEFINITIONS1

ARTICLE I — NAME.....5

ARTICLE II — PURPOSE.....5

ARTICLE III — MEDICAL STAFF MEMBERSHIP.....5

 SECTION 1. NATURE OF MEDICAL STAFF MEMBERSHIP5

 SECTION 2. SCOPE.....5

 SECTION 3. QUALIFICATIONS FOR MEMBERSHIP6

 SECTION 3. BASIC RESPONSIBILITIES OF MEDICAL STAFF MEMBERSHIP7

 SECTION 4. CONDITIONS AND DURATION OF APPOINTMENT8

 SECTION 5. LEAVE OF ABSENCE8

ARTICLE IV — CATEGORIES OF THE MEDICAL STAFF9

 SECTION 1. THE ACTIVE STAFF9

 SECTION 2. THE AFFILIATE STAFF9

 SECTION 3. THE PROVISIONAL STAFF9

ARTICLE V — INTERNS, RESIDENTS, AND FELLOWS (HOUSESTAFF)10

ARTICLE VI — ADVANCED PRACTICE PROFESSIONALS.....12

 SECTION 1. MEMBERSHIP12

 SECTION 2. QUALIFICATIONS12

ARTICLE VII – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT13

 SECTION 1. BURDEN OF PRODUCING INFORMATION13

 SECTION 2. APPLICATION FOR APPOINTMENT14

 SECTION 3. APPOINTMENT PROCESS15

 SECTION 4. REAPPOINTMENT PROCESS16

 SECTION 5. APPLICATION FOR CLINICAL PRIVILEGES18

 SECTION 6. CLINICAL PRIVILEGES18

 SECTION 7. PRIVILEGES IN MORE THAN ONE SPECIALTY18

 SECTION 8. TEMPORARY PRIVILEGES18

 SECTION 9. EMERGENCY CLINICAL PRIVILEGES18

 SECTION 10. CONFIDENTIALITY OF THE CREDENTIALS FILE18

ARTICLE VIII - CORRECTIVE ACTION19

 SECTION 1. PROCEDURE.....19

 SECTION 2. SUMMARY SUSPENSION.....20

 SECTION 3. AUTOMATIC SUSPENSION.....20

 SECTION 4. MEDICAL ADMINISTRATIVE POSITIONS.....22

ARTICLE IX — PROCEDURAL RIGHTS OF REVIEW.....22

 SECTION 1. EVENTS GIVING RISE TO HEARING RIGHTS22

SECTION 2.	NOTICE OF ADVERSE ACTION	24
SECTION 3.	REQUEST FOR MEDIATION.....	24
SECTION 4.	REQUEST FOR HEARING	25
SECTION 5.	WAIVER BY FAILURE TO REQUEST A HEARING	25
SECTION 6.	ADDITIONAL INFORMATION OBTAINED FOLLOWING WAIVER	26
SECTION 7.	NOTICE OF TIME AND PLACE FOR HEARING	26
SECTION 8.	APPOINTMENT OF HEARING COMMITTEE OR HEARING OFFICER	27
SECTION 9.	FINAL LIST OF WITNESSES	28
SECTION 10.	DOCUMENTS.....	28
SECTION 11.	PERSONAL PRESENCE.....	28
SECTION 12.	PRESIDING OFFICER	28
SECTION 13.	REPRESENTATION.....	29
SECTION 14.	RIGHTS OF PARTIES	29
SECTION 15.	PROCEDURE AND EVIDENCE.....	29
SECTION 16.	OFFICIAL NOTICE	29
SECTION 17.	BURDEN OF PROOF	30
SECTION 18.	HEARING RECORD.....	30
SECTION 19.	POSTPONEMENT	30
SECTION 20.	PRESENCE OF HEARING COMMITTEE MEMBERS AND VOTE	30
SECTION 21.	RECESSES AND ADJOURNMENT	30
SECTION 22.	HEARING COMMITTEE REPORT	30
SECTION 23.	ACTION ON HEARING COMMITTEE REPORT.....	31
SECTION 24.	NOTICE AND EFFECT OF RESULT	31
SECTION 25.	REQUEST FOR APPELLATE REVIEW	31
SECTION 26.	WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW	31
SECTION 27.	NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW	31
SECTION 28.	APPELLATE REVIEW BODY	32
SECTION 29.	NATURE OF PROCEEDINGS	32
SECTION 30.	WRITTEN STATEMENTS	32
SECTION 31.	PRESIDING OFFICER	32
SECTION 32.	ORAL STATEMENT.....	32
SECTION 33.	CONSIDERATION OF NEW OR ADDITIONAL MATTERS.....	33
SECTION 34.	POWERS.....	33
SECTION 35.	PRESENCE OF MEMBERS AND VOTE	33
SECTION 36.	RECESSES AND ADJOURNMENTS	33
SECTION 37.	ACTION TAKEN	33
SECTION 38.	HEARING OFFICER APPOINTMENT AND DUTIES.....	34
SECTION 39.	NUMBER OF HEARINGS AND REVIEWS	34
SECTION 40.	RELEASE	34
ARTICLE XI	— COMMITTEES.....	35
SECTION 1.	THE MEDICAL EXECUTIVE COMMITTEE	36

ARTICLE XII— IMMUNITY FROM LIABILITY	37
ARTICLE X111 — CONFLICTS OF INTEREST	38
ARTICLE XIV — RULES AND REGULATIONS	39
ARTICLE XV— PHYSICIAN/PRACTITIONER HEALTH ISSUES POLICY	40
ARTICLE XVI — CREDENTIALING POLICIES AND PROCEDURES	40
ARTICLE XVII — AMENDMENTS	40
SECTION 1. AMENDMENT PROCESS.....	40
SECTION 2. EDITORIAL AMENDMENTS.....	41
SECTION 3. REVIEW PROCESS	41
ARTICLE XVIII — PARLIAMENTARY PROCEDURES	42
ARTICLE XIX — CONFLICT MANAGEMENT.....	42
ARTICLE XX - ADOPTION.....	42

BYLAWS
OF THE
AMBULATORY SURGICAL CENTER (ASC) AT LBJ HOSPITAL
MEDICAL STAFF

PREAMBLE

WHEREAS The Ambulatory Surgical Center at LBJ, (ASC) is an ambulatory surgical center, as defined in Title 25, Part 1, Chapter 135, of the Texas Administrative Code, as amended; and

WHEREAS, the ASC is wholly owned by the Harris County Hospital District d/b/a Harris Health System (Harris Health), which is organized under the laws of the State of Texas and pursuant to Chapter 281 of the Texas Health and Safety Code Ann. as amended; and

WHEREAS, the ASC is a distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services will not exceed twenty-four (24) hours following an admission; and

WHEREAS, subject to oversight by the Harris Health Board of Trustees, the ASC Governing Body assumes full legal responsibility for determining, implementing, and monitoring policies governing the ASC's operation, including the quality and safety of the medical care in the ASC, and holding the medical staff accountable to fulfill the ASC's obligations to its patients; and

WHEREAS, the ASC Governing Body has approved these ASC Medical Staff Bylaws.

THEREFORE, the Practitioners and Advanced Practice Professionals practicing in the ASC 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 "**ACTIVE STAFF**" shall consist of those Medical Staff members who assume all the functions and responsibilities of membership on the Active staff.
2. 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), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS).

3. The term “**AFFILIATE STAFF**” shall consist of Medical Staff members who may provide patient care and participate in staff activities in a non-voting capacity.
4. The term “**ATTENDING STAFF**” means all Medical Staff holding faculty appointments at The University of Texas Health Science Center at Houston, and/or Baylor College of Medicine and approved by the credentialing mechanisms of the ASC. Medical school faculty appointment status is not required for Practitioners or Advanced Practice Professionals employed by Harris Health, or Contract Practitioners.
5. The term “**BOARD CERTIFIED**” means a designation that the Practitioner is certified in his or her specialty by the American Board of Medical Specialties, American Osteopathic Association, American Board of Dental Specialties, or American Board of Podiatric Medicine.
6. The term “**BOARD ELIGIBLE**” means a designation that the Practitioner has satisfied all requirements to be eligible to take the certification examination(s) in accordance with appropriate certifying board.
6. 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.
7. The term “**CLINICAL PRIVILEGES**” or “**PRIVILEGES**” means the permission granted by the Governing Body to a Practitioner to provide those diagnostic, therapeutic, medical, or surgical services which the Practitioner has been approved to render.
8. The term “**COMPLETED APPLICATION**” shall mean a signed Texas State Standardized Application and ASC Addendum 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 ASC Medical Staff Bylaws and Credentialing Procedures Manual. Additionally, all information and documentation has been provided, and all verifications solicited by the ASC have been received and require no further investigation. A completed application may be determined to be incomplete, based upon the review of Medical Staff Services, the Medical Director, or the Medical Executive Committee.
10. The term “**CONTRACT PRACTITIONER**” means, unless otherwise expressly limited, all physicians, podiatrists, or dentists who are appointed to the Medical Staff and (i) whose patient care services are contracted for by Harris Health and are performed within the ASC; (ii) are not affiliated with Baylor College of Medicine and/or The University of Texas Health Science Center at Houston; and (iii) are not employed by Harris Health to provide healthcare services at designated Harris Health Facilities. All Contract Practitioners will be categorized as Affiliate Staff.
11. The term “**CREDENTIALING PROCEDURES MANUAL**” shall mean the policy containing additional details related to the credentialing process of the ASC, as further detailed in Article XVI of these Bylaws.

12. 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.
13. 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.
14. 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.
15. 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.
16. 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.
17. The term **“FELLOW”** means a physician who has completed his or her residency training and is engaged in further training in a specialized area under the direct supervision of a specialized member of the Medical Staff.
18. 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 ASC Medical Staff Bylaws, satisfactory medical records completion, satisfactory physical mental health completion, satisfactory relationships to peers and status.
19. The term **“GOVERNING BODY”** means the Governing Body of the ASC.
20. The term **“HARRIS HEALTH”** shall mean the Harris County Hospital District d/b/a Harris Health System, a group of general, tertiary care, clinics, and teaching hospital campuses located in Harris County, Texas, including the Ben Taub General Hospital campus, the Quentin Mease Community Hospital campus, the Lyndon B. Johnson General Hospital campus, the Ambulatory Surgery Center at LBJ Hospital, and other locations licensed or accredited as part of Harris Health, including the clinics of the Ambulatory Care Services (collectively, “Harris Health Facilities”).
20. 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.
21. The term **“MEDICAL EXECUTIVE COMMITTEE”** means the committee with authority to exercise ASC-wide functions on behalf of the Medical Staff.

22. The term “**MEDICAL STAFF**” means all physicians, dentists, podiatrists and oral-maxillofacial surgeons who are appointed to the Medical Staff to provide healthcare services at designated Harris Health facilities and who either (i) hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston, (ii) are employed by Harris Health, or (iii) are Contract Practitioners. Medical school faculty appointment status is not required for Practitioners or Advanced Practice Professionals employed by Harris Health or Contract Practitioners.
23. 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. For example, for quality issues related to general medical care, a physician may review the care of another physician. For specialty-specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that specific surgical specialty. The Medical Executive Committee shall determine the degree of subject matter expertise required on a case-by-case basis.
24. 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).
25. 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.
26. The term “**PODIATRIST**” means an individual with a D.P.M. or equivalent degree licensed to practice podiatry by the State of Texas.
27. The term “**PRACTITIONER**” means, unless otherwise expressly limited, any Physician, Podiatrist or Dentist holding a current license to practice in the State of Texas.
28. The term “**RESIDENT/INTERN/HOUSESTAFF/FELLOW**” means an individual who, licensed as appropriate, is a graduate of a medical, dental, osteopathic, or podiatric school and who is appointed to the ASC’s professional graduate training program and who participates in patient care under the direction of Medical Staff members who have Clinical Privileges for the services provided by the Housestaff.
29. 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.
30. The term “**STATE**” shall mean the State of Texas.
31. The term “**STATE BOARD**” shall mean, as applicable, the Texas Medical Board, the State Board of Dental Examiners, the State Board of Podiatric Examiners, or such other licensing board that may license individuals who have clinical privileges at the ASC.

ARTICLE I — NAME

The name of this organization governed by these Bylaws shall be The Ambulatory Surgical Center (ASC) at LBJ (hereinafter referred to as the “ASC”).

ARTICLE II — PURPOSE

The purposes of this organization are:

1. To operate a licensed, certified, and accredited ambulatory surgery center;
2. To provide the best possible care for all patients admitted to or treated in any of the facilities, departments, or services of the ASC;
3. To provide the community with a facility in which medical and surgical procedures can be safely carried out on a short-stay basis;
3. To ensure a high level of professional performance of all Medical Staff members authorized to practice in the ASC through appropriate delineation of the clinical privileges that each Medical Staff member may exercise (see Article VII) 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 ASC Medical Staff 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 and the ASC.

ARTICLE III — MEDICAL STAFF MEMBERSHIP

Section 1. Nature of Medical Staff Membership

Membership on the Medical Staff of the ASC 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. Scope

Only Practitioners qualified to practice in the following specialties are to be granted membership on the Medical Staff of the ASC:

- Anesthesiology;
- General Surgery;
- Obstetrics and Gynecology;
- Ophthalmology;
- Oral Maxillofacial Surgery;
- Orthopedic Surgery;
- Otorhinolaryngology;
- Plastic Surgery; and

- Urology.

Section 3. 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 ASC 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 admitting privileges, in Good Standing, at Harris Health.
- c. Only individuals who are Board Certified or Board Eligible in his or her specialty practice area.
- d. 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, podiatry, or dentistry;
 - United States and Texas Controlled Substances Registration Certificates (DEA/DPS), with exceptions approved by the Credentials Committee;
 - National Provider Identifier (NPI); and
 - Professional liability insurance covering the exercise of all requested privileges, except for Physicians employed by Harris Health, whose liability is governed by the Texas Tort Claims Act.
- e. 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.
- d. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular clinical privileges in the ASC merely by virtue of the fact that he or she is duly licensed to practice medicine, osteopathy, podiatry, 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 ambulatory surgical center.
- e. 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 ASC Medical Staff Bylaws.
- f. The Practitioner will remain in Good Standing so long as he or she is a member of the Medical Staff.
- g. 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.

- h. A Practitioner who does not meet one or more of the qualifications for membership described above may request the Medical Director to waive one or more of the qualifications for membership. The Medical Director's determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner'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 Article IX of 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 Administrator or Medical Director, 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 Administrator or Medical Director, 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.
- k. Medical Staff members must abide by the ASC Medical Staff Bylaws, Rules and Regulations, and Medical Staff and applicable ASC and Harris Health policies and procedures.
- l. 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.

- m. Medical Staff members must prepare and complete medical records in a timely fashion for all patients to whom the member provides care in the ASC.
- n. 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 years.
- e. Appointment or reappointment to the Medical Staff confers on the appointee only such clinical privileges as have been approved by the Governing Body.
- f. 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 the ASC Medical Staff Bylaws, Rules and Regulations, to accept committee assignments and to accept staff assignments in the ASC. All Medical Staff members shall carry an appropriate level of professional liability insurance as determined by the Governing Body of the ASC.
- g. 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 Medical Director, 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 the ASC, 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 Medical Director. The Medical Director 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 Medical Director. If the practitioner is scheduled for reappointment during the approved leave, the practitioner's application for reappointment must be finalized in accordance with Article VII, Section 4 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 Medical Director, 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 — CATEGORIES OF THE MEDICAL STAFF

Section 1. The Active Staff

- a. Qualifications. The Active staff shall consist of members who:
 - (1) Meet the general qualifications for membership set forth in Article III, Section 3;
 - (2) Meet the minimum case requirement by performing at least (50) cases during the prior (12) month period and performing at least one hundred (100) cases within the prior two (2) year appointment period; and
 - (3) Hold faculty appointments from Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health or are Contract Practitioners.
- b. Prerogatives. Except as otherwise provided, the prerogatives of an Active staff member shall be:
 - (1) Exercise of all clinical privileges that are granted to the member pursuant to Article VII;
 - (2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any specialty or committee of the ASC of which such person is a member;
 - (3) Participate in Medical Staff Satisfaction surveys;
 - (4) Hold any office for which the member is qualified; and
 - (5) Serve as a voting member on any committee to which such person is duly appointed or elected.
- c. Reclassification. Failure of an Active Staff member to meet the requirements of Article IV, Section 1(a) at the time of reappointment shall result in reclassification as Affiliate Staff.

Section 2. The Affiliate Staff

- a. Qualifications. The Affiliate Staff shall consist of members who:
 - (1) Meet the general qualifications for membership set forth in Article III, Section 3;
 - (2) Meet the minimum case requirement by performing at least ten (10) cases during the prior (12) month period and performing at least twenty (20) cases within the prior two (2) year appointment period; and

- (3) Hold faculty appointments from Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health or are Contract Practitioners.
- b. Prerogatives. Except as otherwise provided, the prerogatives of an Active staff member shall be:
 - (1) Exercise of all clinical privileges that are granted to the member pursuant to Article VII; and
 - (2) Attend, in a non-voting capacity, general and special meetings of the Medical Staff or any meeting of any specialty or committee of the ASC of which such person is a member.

Section 3. The Provisional Staff

- a. All Practitioners and APPs who have been granted an initial appointment to the Medical Staff will be assigned to the Provisional Staff for a three (3) month period during the first year of his or her initial appointment. During the provisional period, the Practitioner or APP must perform or assist with at least ten (10) cases. At the end of the provisional period, the Medical Executive Committee will determine if they will or will not recommend placing the individual in the Active or Affiliate category of Medical Staff.
- b. Membership on the Provisional Staff is probationary and does not create any right or expectation on the part of any such Practitioner or APP of continued membership on the Medical Staff or of advancement to any other category of Medical Staff.
- c. The probationary period may be extended by the Medical Executive Committee for a period not to exceed twelve (12) months after the initial appointment of privileges.
- d. The Medical Executive Board and Governing Body may required that a Practitioner be placed in this category of Medical Staff at any time, such as when privileges are granted between appointments or when privileges are granted for new procedures.

ARTICLE V — INTERNS, RESIDENTS, AND FELLOWS (HOUSESTAFF)

Housestaff are not members of the Medical Staff. Housestaff shall not be eligible for independent clinical privileges or Medical Staff membership, and shall not be entitled to any of the rights, privileges, or to the hearing or appeals rights under these Bylaws. Housestaff shall be credentialed by the sponsoring medical school or training program in accordance with provisions in a written affiliation agreement between the ASC and the school or program; credentialing information shall be made available to the ASC upon request and as needed by the Medical Staff in making any training assignments and in performance of their supervisory function. In compliance with federal laws, the ASC shall not submit a query to the National Practitioner Data Bank prior to permitting Housestaff to provide services at ASC. All interns, residents, and fellows will be required to obtain a Texas Medical Board training license, if not otherwise licensed in Texas, and a National Provider Identifier (NPI), prior to beginning training at the ASC. Verification of this licensure will be accomplished through the Graduate Medical Education Offices at the respective Accreditation Council for Graduate Medical Education sponsoring institutions. Housestaff may render patient care services at ASC only pursuant to and limited by the following:

- a. Applicable provisions of the professional licensure requirements of this State;

- b. A written affiliation agreement between the ASC and the sponsoring medical school or training program; such agreement shall identify the individual or entity responsible for providing professional liability insurance coverage for a Housestaff Practitioner.
- c. The protocols established by the Medical Executive Committee, in conjunction with the sponsoring medical school or training program regarding the scope of a Housestaff authority, mechanisms for the direction and supervision of Housestaff, and other conditions imposed upon Housestaff by the ASC.
- d. While functioning in the ASC, Housestaff shall abide by all provisions of state and Federal law, rules and regulations; requirements of Accrediting Bodies; the ASC Medical Staff Bylaws, Rules and Regulations; and ASC and Medical Staff policies and procedures.
- e. Housestaff may perform only those services set forth in the training protocols developed by the applicable training program to the extent that such services do not exceed or conflict with the Rules and Regulations of the Medical Staff or ASC policies, and to the extent approved by the Governing Body.
- f. Housestaff shall be responsible and accountable at all times to an assigned member of the Medical Staff and shall be under the supervision and direction of that member of the Medical Staff. Housestaff may be invited or required to attend meetings of the Medical Staff, Medical Staff Services, Sections, or Committees, but shall have no voting rights.
- g. The ASC will promptly notify Baylor College of Medicine or The University of Texas Health Science Center at Houston (sponsoring institutions) Graduate Medical Education (GME) Offices when or if the ASC becomes aware of potentially inappropriate action taken by Housestaff. Upon notification of such a request, the sponsoring institution will promptly investigate the inappropriate actions. The ASC will cooperate and consult with the sponsoring institution and will permit the sponsoring institution reasonable time to conduct its investigation prior to the ASC taking any adverse action against the Housestaff member, except as otherwise provided in this Section. Regardless, after consultation with the Medical Director and/or Program Director, Harris Health's CEO may in his or her sole discretion determine that the Housestaff member not continue his or her training at the ASC until the investigation is complete. At the conclusion of the sponsoring institution's investigation, the sponsoring institution will notify the ASC of the results of the investigation and proposed corrective or rehabilitative action, or reason(s) for inaction. If Harris Health's CEO is not satisfied with the sponsoring institution's investigation, proposed corrective or rehabilitative action, or reason(s) for inaction, and a mutually agreed resolution cannot be reached, Harris Health's CEO will notify the ASC's Governing Body and the ASC's Governing Body may, in its sole discretion, remove the Housestaff member's ability to continue his or her training at the ASC.
- h. If a sponsoring institution requests to reinstate a Housestaff member who was previously removed from the ASC, the sponsoring institution will notify the ASC of the circumstances that warrant reinstatement. Harris Health's CEO will consult with the sponsoring institution that made the request, as well as with the Medical Director and the ASC's Governing Body. If Harris Health's CEO does not agree with the sponsoring institution's request to reinstate, Harris Health's CEO will notify the ASC's Governing Body and the ASC's Governing Body may, in its sole discretion, deny the request to reinstate.
- i. Nothing in these Bylaws shall be interpreted to entitle Housestaff to the fair hearing rights as described in Article IX of these Bylaws.

ARTICLE VI — ADVANCED PRACTICE PROFESSIONALS

Section 1. Membership

Advanced Practice Professionals are not members of the Medical Staff, but provide clinical services to ASC patients.

Section 2. Qualifications

APPs include those non-Medical Staff members whose license or certificate permits, and the ASC authorizes, 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, Medical Staff Rules and Regulations, and Medical Staff and ASC policies and procedures;
- (2) Be assessed, credentialed, and monitored through existing ASC 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 admit patients or 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 by the ASC to function within the scope of their licensure and delineated clinical privileges but may not admit patients. All APPs shall be under the supervision of a sponsoring physician, who is member of the Medical Staff and has clinical privileges in the same surgical specialty as the APP, 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 Article VII of 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 Quality Review Council, 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 Article IX of 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 the ASC. 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 Medical Director shall appoint a hearing panel that will include at least three members. The panel members shall include the Medical Director, 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 VII – 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 Board Certification or current Board Eligible status;
- evidence of current United States and Texas Controlled Substances Registration Certificates (DEA/DPS);
- 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), except for those board certified or board eligible in Anesthesiology (ACLS is required);
- 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. Harris Health, on pursuant to the Letter of Agreement with the ASC, shall consult 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 (state and federal), specialty board certification or eligibility, and professional liability claims history, query 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 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 the ASC 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 Harris Health and the ASC's 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 the ASC, Harris Health and its Medical Staff 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 the ASC 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 the ASC 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 ASC 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 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 Medical Director shall notify the applicant by Special Notice within fifteen (15) days, as described in Article IX of 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 Article IX of 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 Article IX of 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 Medical Director shall promptly so notify the applicant by Special Notice. The Medical Director 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 Article IX of these Bylaws through the Medical Director 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 Article IX of 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 ASC-specific case record, including measures employed in the ASC's quality assurance/performance improvement program, including but not limited to emergency transfers to hospitals, post-surgical infection rates, other surgical complications, etc.
- professional competence and clinical judgment in the treatment of patients;
- ethics and conduct;
- relations with other Medical Staff members;
- general attitude toward patients, the ASC, 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 Article III, Section 3 of these Bylaws. Members of the Medical Staff must notify the ASC 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 Article VIII, Sections 3 and 4 of these Bylaws.

e. The appointment of any Practitioner who fails to submit an application for reappointment, or who loses faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston or ceases to be employed by or have a contractual relationship with the ASC shall automatically expire at the end of his or her faculty appointment or employment. 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 Medical Director shall give written notice of the reappointment decision to the Practitioner.

Section 5. 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 6. Clinical Privileges

- a. Every Medical Staff member practicing within the ASC 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 7. 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 8. 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 Medical Director.
- 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 9. 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 of the ASC, 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 10. 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 VIII - 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 the ASC, corrective action against such Medical Staff member may be requested by the Medical Director 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 Medical Director 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 Medical Director, 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 Article IX.

- 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 Article IX.
- 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 Medical Director, Harris Health's Chief Executive Officer, or the Governing Body shall have the authority, whenever action must be taken immediately in the best interest of patient care at the ASC, 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 Medical Director. A suspended member's patients in the ASC 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 IX entitles the Medical Staff member, upon timely and proper request, to the procedural rights contained in Article IX.

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 IX 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 IX 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 with Baylor College of Medicine, the University of Texas Health Science Center at Houston, Harris Health, or another entity contracted to provide clinical care at the ASC 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 IX, 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 VIII, 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 Medical Director.

Section 4. 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 IX.

ARTICLE IX — 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 IX, the following actions or recommended actions, if deemed adverse under Section 1.b below, entitle the member (for purposes of Article IX, 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) Special limitation of the right to admit patients not related to standard administrative or Medical Staff policies within the ASC;
- (6) Denial or restriction of requested clinical privileges;
- (7) Reduction in clinical privileges;
- (8) Suspension of clinical privileges, provided that summary suspension entitles the member to request a hearing only as specified in this section,
- (9) Revocation of clinical privileges;
- (10) Individual application of, or individual changes in, mandatory consultation or supervision requirement; or
- (11) 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 VIII, 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 ASC Medical Staff 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 ASC Medical Staff 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. The ASC 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 IX 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 Medical Director 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 the ASC to violate any legal requirement, accreditation requirement or any requirement of the ASC Medical Staff 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 Medical Director 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 Medical Director 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 IX.
- 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 IX 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 Medical Director. 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 Medical Director 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 IX of the ASC Medical Staff 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 Medical Director received the request but in any event no more than forty-five (45) days thereafter. The Medical Director 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 Medical Director has received the hearing request. The Medical Director 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 Article IX, 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 IX 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 Article IX of these ASC Medical Staff 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 IX, if applicable.

Section 12. Presiding Officer

The hearing officer, if appointed pursuant to Article IX Section 37 of these ASC Medical Staff 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 Medical Director.

Section 24. Notice and Effect of Result

a. Notice

As soon as is reasonably practicable, the Medical Director 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 Medical Director 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 Medical Director 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 IX 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 IX, if applicable.

Section 27. Notice of Time and Place for Appellate Review

The Medical Director 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

Medical Director 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 Medical Director has received the appellate review request. The Medical Director 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 Medical Director 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 IX.

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 Medical Director 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 Medical Director 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 Medical Director, 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 IX.

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 IX, the review body shall prepare its report and conclusion with the result as provided below. The Medical Director shall send notice of each action taken under Section 22 of this Article IX 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 Medical Director. 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 ASC Medical Staff 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 IX, a member agrees to be bound by the provisions of Article VIII of these ASC Medical Staff Bylaws.

ARTICLE X – MEDICAL DIRECTOR

Section 1. Appointment

The Medical Director shall be appointed and approved by the ASC Governing Body. The Medical Director appointment may be cancelled by either the Governing Body or the Medical Director by providing thirty (30) days written notice to either party. The Medical Director shall perform the duties assigned by the ASC's Governing Body and by the Governing Body Bylaws and the ASC Medical Staff Bylaws.

Section 2. Responsibilities

The Medical Director is invested with the following duties and prerogatives:

1. Call and preside over Quality Improvement (QI) meetings.
2. Facilitate adherence of the Medical Staff of the ASC to the ASC 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 the Administrator in arranging for an appropriately trained, professional staff capable of providing safe, efficient, quality patient care.
6. Assist the Administrator 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 of the ASC. The Medical Director shall be specifically authorized to approve (after consultation with the appropriate QI specialty representatives) and implement policies and procedures (subject to such subsequent QI review and ASC Governing Body ratification).
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. Advise the Administrator in arranging for ancillary services including laboratory, radiology, and pathology services.
10. Carry out all other duties specifically entrusted to him/her by the QI, ASC Governing Body or any other provision of these Bylaws.

ARTICLE XI — COMMITTEES

The Governing Body, or Medical Director with the approval of the Governing Body, may establish such committees as are necessary to fulfill the functions of the ASC. Membership of the Medical Executive Committee and other committees established under this Article of the Bylaws will be by appointment of the Governing Body, with the advice of the Medical Director, unless otherwise specified.

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 the ASC Medical Staff 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 ASC 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 the ASC 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 Active Medical Staff members are eligible for membership on the Medical Executive Committee. The Medical Director shall act as the Chair of the Medical Executive Committee.
- b. **Voting Members**
The Medical Executive Committee shall consist of five (5) members of the Active Medical Staff, including the Medical Director. There shall be no more than one (1) committee member per specialty and there must be a committee member from anesthesiology.
- 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) The Administrator of the ASC at LBJ.
- 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 at the ASC;
- (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 in the ASC;
- (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, surgery, infection control and antibiotic usage, tissue review, medical staff utilization, pharmacy and therapeutics, anesthesiology, and other such functions; and
- (11) Perform other duties as requested by the Governing Body.

ARTICLE XII— IMMUNITY FROM LIABILITY

The following shall be express conditions to any Medical Staff member's application for clinical privileges within the ASC at LBJ:

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 The ASC at LBJ's Medical Staff and of its Governing Body, its other Practitioners, its Medical Director and his or her representatives, the Administrator of the ASC at LBJ, 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 XVII, 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 ASC, department, service or committee activities related to quality patient care and inter-professional conduct.

Condition 5.

The acts, communications, reports, recommendations and disclosures referred to in this Article XII 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 of the ASC at LBJ, execute a release in favor of the entities identified in the Second paragraph of this Section and consistent with the provisions of this Article XII.

ARTICLE X111 — 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. Baylor College of Medicine, The University of Texas Health Science Center at Houston, or Harris Health for Contract Practitioners and Medical Staff members employed by 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 the ASC, the Medical Staff member shall be held to a strict rule of honest and fair dealing with the ASC. 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 the ASC 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 the ASC by a third party or the establishment of a business relationship between a third party and the ASC 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 XIV — RULES AND REGULATIONS

The Medical Staff shall adopt such Rules and Regulations 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 in the ASC. Such Rules and Regulations shall be a part of these Bylaws, except that they may be amended or repealed without previous notice at any general Medical Staff meeting, or by the Medical Executive Committee or at any special Medical Staff meeting on notice, provided a quorum is present. A two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

If the voting members of the Medical Staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they shall communicate the proposal to the Medical Executive Committee prior to submission of the proposal to the Governing Body. If the Medical Executive Committee proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the Medical Staff. When the Medical Executive Committee proposes a policy or an amendment thereto, it shall thereafter report the change to the Medical Staff.

If the Medical Executive Committee or Medical Director identifies an urgent need for amendment to Rules and Regulations to comply with laws or regulations, the Medical Executive Committee may provisionally adopt, and the Governing Body may provisionally approve, an urgent amendment without prior notification of the Medical Staff. In such cases, the Medical Staff shall be immediately notified by the Medical Executive Committee. The Medical Staff shall have the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the Medical Staff and the Medical Executive Committee, the provisional amendment shall remain in place. If there is conflict over the provisional amendment, the process for resolving conflict between the Medical Staff and the Medical Executive Committee shall be implemented. If necessary, a revised amendment may be submitted to the Governing Body for action.

If there is a conflict between these Bylaws and the Rules and Regulations, the Bylaws shall prevail.

ARTICLE XV— PHYSICIAN/PRACTITIONER HEALTH ISSUES POLICY

The Medical Staff shall adopt such Physician/Practitioner Health Issues Policy 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 in the ASC. Such Physician/Practitioner Health Issues Policy shall be a part of these Bylaws, except that the Policy 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 two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

ARTICLE XVI — 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 in the ASC. 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. Such changes shall become effective when approved by the Governing Body.

ARTICLE XVII — 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 XVIII, the 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 XVIII — PARLIAMENTARY PROCEDURES

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

ARTICLE XIX — 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 Medical Director 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 XX - ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Active Staff, shall replace any previous Bylaws, and shall become immediately effective when approved by the Governing Body of The Ambulatory Surgical Center (ASC) at LBJ.

Accepted and adopted by the Medical Director and Chair of the Medical Executive Committee of the Ambulatory Surgical Center (ASC) at LBJ and the ASC Governing Body on March 29, 2018.



Scott Perry, MD
Medical Director, Chair of Medical Executive Committee
ASC at LBJ



Ewan D. Johnson, MD
Chair, ASC Governing Body

Thursday, March 24, 2022

**Consideration of Approval to Appoint Board of Trustee Member to the
Ambulatory Surgical Center at LBJ Governing Body**

- One (1) Board Member Appointments:
 1. Ms. Jennifer Tijerina