

BOARD OF TRUSTEES Governance Committee

Tuesday, November 12, 2024
11:00 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

I.	Call to Order and Record of Attendance	Dr. Cody Pyke	2 min
II.	Approval of the Minutes of Previous Meeting	Dr. Cody Pyke	1 min
	• Governance Committee – May 14, 2024		
III.	Presentation Regarding Parliamentary Training: Rules of Debate – Ms. Elizabeth Hanshaw Winn		15 min
IV.	Discussion Regarding Nomination of Board Officers Process	Dr. Cody Pyke	10 min
V.	Discussion Regarding Videoconferencing Rules for Board Member Remote Participation in Board Meetings – Ms. Sara Thomas		5 min
VI.	Discussion Regarding Governance Structure of the Patient and Family Advisory Council (PFAC) – Mr. David Riddle		10 min
VII.	Executive Session	Dr. Cody Pyke	15 min
	A. Consultation with Attorney Regarding Governance Structure of the Patient and Family Advisory Council (PFAC) and Council-at-Large, Pursuant to Tex. Gov't Code §551.071 – Ms. Sara Thomas		
VIII.	Reconvene	Dr. Cody Pyke	1 min
IX.	Adjournment	Dr. Cody Pyke	1 min

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
GOVERNANCE COMMITTEE MEETING
Tuesday, May 14, 2024 | 1:30 PM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	Dr. Cody Pyke, Committee Chair, called the meeting to order at 1:32 p.m. It was noted there was a quorum present and the attendance was recorded. The meeting may be viewed online through the Harris Health website: http://harrishealthtx.swagit.com/live .	
II. Approval of the Minutes of the Previous Meeting Governance Committee Meeting – March 19, 2024	Dr. Pyke noted a correction the minutes for item III. – Board Education: Texas Pension Review Board Training. The recommendation should read as follows: Moved by Dr. Cody Pyke, seconded by Ms. Marcia Johnson, and majority accepted that the Committee recommends that the Board approve item III. Ms. Marcia Johnson opposed the motion. Motion carried.	Moved by Ms. Afsheen Davis, seconded by Dr. Cody Pyke, and unanimously approved the minutes of the March 19, 2024 meeting, with noted corrections.
III. Discussion Regarding the Harris Health Standard Operating Procedures		Discussion Deferred.
IV. Update Regarding the Texas Pension Review Board Training	Dr. Pyke delivered an update regarding the Texas Pension Board Training. She presented a recommendation of the Governance Committee and Board approved internal deadline for completion of June 1, 2024. Dr. Pyke noted that this training is a statutory requirement and, as of that May 14, 2024, three (3) out of nine (9) Board members have not completed the training, and three (3) out of nine (9) are in progress.	As Presented.
V. Discussion Regarding the Harris Health Board Retreat	Dr. Pyke led discussion regarding Harris Health Board Retreat. She noted that the Board retreat was cancelled due to a lack of critical mass and will be rescheduled for the Fall.	As Presented.
VI. Adjournment	There being no further business, the meeting adjourned at 1:39 p.m.	

I certify that the foregoing are the Minutes of the Meeting of the Governance Committee of the Board of Trustees of the Harris Health System held on May 14, 2024.

Respectfully submitted,

Cody Pyke, MD, JD, LLM, FCLM, Committee Chair

Recorded by Cherry A. Pierson, MBA

Tuesday, May 14, 2024
Harris Health Board of Trustees Governance Committee Attendance

GOVERNANCE COMMITTEE MEMBERS PRESENT	GOVERNANCE COMMITTEE MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Cody Pyke (<i>Committee Chair</i>)	Dr. Andrea Caracostis (<i>ex-officio</i>)	
Afsheen Davis	Marcia Johnson	

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Cherry Pierson	Maria Cowles
Daniel Smith	Michael Hill
Ebon Swofford (<i>Harris County Attorney's Office</i>)	Nicholas J Bell
Elizabeth Hanshaw Winn (<i>Harris County Attorney's Office</i>)	Olga Rodriguez
Dr. Esmaeil Porsa (<i>Harris Health System President & CEO</i>)	Omar Reid
Jennifer Zarate	Randy Manarang
Jerry Summers	Sara Thomas (<i>Harris County Attorney's Office</i>)
John Matcek	Shawn DeCosta

Virtual Attendee Notice: If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

Tuesday, November 12, 2024

Presentation Regarding Parliamentary Training: Rules of Debate



Sara Thomas
Chief Legal Officer/Division Director
Harris Health System
Harris County Attorney's Office

Parliamentarian Training: Rules of Debate

Elizabeth Hanshaw Winn
Assistant Harris County Attorney
Harris Health Legal Team

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Rules of Debate

Always wait to be recognized by Chair-eliminates speaking over each other.

Every board member has an equal right to participate in the discussion.

Debate must be germane to agenda item/motion on the floor.

Motion maker has the right to speak first.

Direct comments to the chair to avoid appearance of personal attacks.

Do not interrupt or disturb a board member who has the floor.

Do not speak on a previous item no longer pending. Please ask chair to bring forth the item again before speaking on it.

RULES OF DEBATE
Typical motions in Debate
(2/3rds vote):
Motion to limit discussion
Motion to extend discussion
Motion for previous question

Quick View for Making Motions

Action	Model Language	Tips & Comments
Make a Motion	"I move that we all wear the same color clothing to our board meetings."	➤ Use Clear Language
Second the Motion	Any option below works: "Second!" "I second the motion!" "I second the motion that we build a new hospital!"	<ul style="list-style-type: none">➤ If a motion does not receive a second, the motion fails, unless the motion recommendation comes from a committee.➤ It is acceptable for the Chair to ask for a second to the motion.➤ Make sure you direct your communication to the Chair so that the Chair can hear AND acknowledge you.

Quick View for Making Motions

Action	Model Language	Tips & Comments
Place the motion on the floor.	"The motion has been moved by X and seconded by Y, is there any discussion?"	➤ Once the motion is on the floor, it no longer belongs to the motion maker.
Discussion/Debate	"Chair, I have a comment." "Chair, I would like to speak."	➤ Chair should always open the floor for debate/discussion. ➤ Give all members an opportunity to speak. ➤ The Motion maker has the right to speak first.

Quick View for Making Motions

Action	Model Language	Tips & Comments
Vote	<p>"All those in favor, say aye"</p> <p>"All opposed, say nay"</p>	<ul style="list-style-type: none">➤ Give members time to respond to both questions.➤ After a robust debate or debate on a complex topic, Chair should repeat the motion before the vote is taken to limit any confusion on the subject of the vote.➤ Make sure members online are also given time to vote.➤ Majority vote required unless bylaws or statutes dictate otherwise.

Quick View for Making Motions

Action	Model Language	Tips & Comments
Announce Results	"motion passes/fails"	➤ Always announce the results.
Amend a Motion	"I move to amend the motion to add that we all wear the color blue to our board meetings."	➤ Must be seconded, open to debate, and requires a majority vote unless bylaws or statutes dictate otherwise.

Tuesday, November 12, 2024

Discussion Regarding Governance Structure of the Patient and Family Advisory Council
(PFAC)



Sara Thomas
Chief Legal Officer/Division Director
Harris Health System
Harris County Attorney's Office

Council at Large to PFAC Transition

David Riddle, CPXP

Administrative Director, Patient Experience

HARRISHEALTH

PFAC model – Patient and Family Advisory Council

- The mission of the PFAC is to empower our patients and families to become our partners in care to ensure a patient experience that exceeds expectations, provides the ultimate value to our patients and delivers the best possible outcomes
- A formal, established platform for patients and families to offer input and perspectives impacting all aspects of healthcare
- An industry best practice for “hearing the voice of the patient” to promote productive, bilateral communication in support of healthcare initiatives like Leapfrog, Magnet, Medical Home, CMS, etc.

ACS PFAC Strategy

- Create Ambulatory Care Services (ACS) PFAC model that resembles the Hospital PFACs thus creating consistency throughout our system – One Harris Health
 - Expanding engagement throughout the entire system to include the ambulatory setting
 - Creating partnerships between patients, families, staff and administration to channel information, needs and concerns in support of strategic plan
 - Building structured opportunities for staff to learn from patients, families and community members

PFAC Governance

- ACS Administration drives agenda with focus on areas where ACS patient and family member engagement is necessary and valuable
- Membership
 - Consists of executive leadership from ACS
 - Patient Experience leaders
 - Patient and Nursing co-chairs
 - Current ACS patients and family members
- Meeting cadence
 - Hold 10 out of 12 months
 - Duration up to 90 minutes
 - Hybrid: Virtual and in person
 - Ad Hoc participation on additional committees as requested by leadership

ACS PFAC Governance

- ACS patients and family members are selected after:
 - Thorough selection process after nomination by clinic staff or patient/family member self nomination
 - Application, background check, interview with existing leaders and members
- ACS PFAC members will serve for a term of two years with option to renew for up to three additional terms
- Member Expectations:
 - Regular attendance (>50%)
 - Actively engaged: Ask questions, provide open and honest feedback and contribute ideas during discussions
- Recruitment and appointment of members is ongoing
- Orientation and training of ACS PFAC members includes review of
 - Roles and responsibilities, HIPAA and confidentiality agreement
 - Annual mandatory refresher conducted

Hospital PFAC Contribution Highlights

- Patient Committee for Safe and Quality Care
 - Colo-rectal cancer screening
 - Inpatient falls related to toileting
 - Addressing elopement
- Patient Experience Collaborative
 - Discharge Folder
 - Commit to Sit
- Remote Patient Monitoring
 - Provided input on patient materials and equipment used to learn if tracking chemotherapy symptoms at home may improve outcomes
- LBJ Expansion
 - Ongoing meetings, feedback and dialogue with architects and leaders
- Ben Taub EC Construction
 - ADA compliance opportunities for restrooms
 - Bilingual wayfinding signage and placement

BOARD OF TRUSTEES

Quality Committee

Tuesday, November 12, 2024

12:15 P.M.

(or immediately following the Governance Committee meeting)

BOARD ROOM

4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

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|------|---|------------------------------|-----------------|
| I. | Call to Order and Record of Attendance | Dr. Andrea Caracostis | 1 min |
| II. | <u>Approval of the Minutes of Previous Meeting</u> | Dr. Andrea Caracostis | 2 min |
| | • <u>Quality Committee Meeting – October 08, 2024</u> | | |
| III. | High-Reliability Organization (HRO) Recognition – <i>Dr. Steven Brass</i> | | 5 min |
| IV. | <u>Harris Health Safety Message: Minute for Medicine Video</u> | | 5 min |
| | <u>– Dr. Steven Brass</u> | | |
| | • <u>Catheter Associated Urinary Tract Infection (CAUTI)</u> | | |
| V. | <u>Presentation Regarding Harris Health’s Annual Research and Quality Improvement Projects Report – Dr. Julia Thompson</u> | | 10 min |
| VI. | Executive Session | Dr. Andrea Caracostis | 65 min |
| A. | <u>Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032, to Receive Peer Review and/or Medical Committee Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health Quality Review Councils</u> | | <i>(50 min)</i> |
| | <u>– Dr. Steven Brass and Dr. Yashwant Chathampally</u> | | |

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

(15 min)

– *Ms. Carolynn Jones and Ms. Vivian Ho-Nguyen*

VII. Reconvene

Dr. Andrea Caracostis

1 min

VIII. Adjournment

Dr. Andrea Caracostis

1 min

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
Tuesday, October 8, 2024
12:00 PM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	Dr. Andrea Caracostis, Committee Chair, called the meeting to order at 12:01 p.m. It was noted that a quorum was present and the attendance was recorded. The meeting may be viewed online through the Harris Health website: http://harrishealthtx.swagit.com/live .	
II. Approval of the Minutes of Previous Meeting Quality Committee Meeting – September 10, 2024		Moved by Dr. Cody Pyke, seconded by Dr. Andrea Caracostis, and unanimously approved the minutes of the September 10, 2024 meeting.
III. Harris Health Safety Message: Minute for Medicine Video <ul style="list-style-type: none"> Clostridioides difficile (C. diff) 	Dr. Steven Brass, Executive Vice President & Chief Medical Executive, presented a Minute for Medicine video series related to Clostridioides difficile (C. diff). A copy of the video series is available in the permanent record.	As Presented.
IV. Presentation Regarding Harris Health's Workplace Safety and Violence Prevention: Keeping Our Workforce Safe and Informed	Mr. Omar Reid, Executive Vice President & Chief People Officer, presented a video regarding Health's Workplace Safety and Violence Prevention initiatives emphasizing the importance of reaching people through videos, website updates, email communication, flyers and monthly committee meetings. A copy of the presentation is available in the permanent record.	As Presented.
V. Executive Session	At 12:15 p.m., Dr. Caracostis stated that the Quality Committee of the Board of Trustees would go into Executive Session for items V. 'A and B' as permitted by law under to Tex. Health & Safety Code Ann. §161.032 and Tex. Occ. Code Ann. §§151.002, 160.007.	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
A. Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Occ. Code Ann. §160.007 and Tex. Health & Safety Code Ann. §161.032, to Receive Peer Review and/or Medical Committee Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health Quality Review Councils		No Action Taken.
B. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session		No Action Taken.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
VI. Reconvene	At 1:23 p.m., Dr. Andrea Caracostis reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session.	
VII. Adjournment	There being no further business, the meeting adjourned at 1:23 p.m.	

I certify that the foregoing are the Minutes of the Meeting of the Quality Committee of the Board of Trustees of the Harris Health System held on October 8, 2024.

Respectfully submitted,

Andrea Caracostis, MD, MPH, Committee Chair

Recorded by Cherry A. Pierson, MBA

Tuesday, October 8, 2024
Harris Health Board of Trustees Quality Committee Attendance

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Andrea Caracostis (<i>Committee Chair</i>)	Afsheen Davis	
Dr. Cody Pyke		
Sima Ladjevardian		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Amineh Kostov	Matthew Schlueter
Dr. Amy Smith	Maureen Padilla
Anthony Williams	Michael Hill
Berrlyn Nelson	Dr. Michael Nnadi
Cherry Pierson	Naomi Lockett
Daniel Smith	Nicholas J Bell
Derek Curtis	Dr. O. Reggie Ekins
Ebon Swofford (<i>Harris County Attorney's Office</i>)	Olga Rodriguez
Elizabeth Hanshaw Winn (<i>Harris County Attorney's Office</i>)	Patricia Darnauer
Dr. Esmaeil Porsa (<i>Harris Health System President & CEO</i>)	Patrick Casey
Dr. Glorimar Medina	Randy Manarang
Dr. Hemant Roy	Samuel De Leon
Dr. Jennifer Small	Dr. Sandeep Markan
Jennifer Zarate	Shawn DeCosta
Jerry Summers	Stephanie Garrett
Jessey Thomas	Dr. Steven Brass
John Matcek	Tekhesia Phillips
Dr. Joseph Kunisch	Dr. Tien Ko
Louis Smith	Tiffani Dusang
Maria Cowles	Vivian Ho-Nguyen
Dr. Martha Mims	Dr. Yashwant Chathampally
Dr. Matasha Russell	

Virtual Attendee Notice: If you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

Tuesday, November 12, 2024

Harris Health Safety Message: Minute for Medicine Video

Safety Message Video: Catheter Associated Urinary Tract Infection (CAUTI)



Dr. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

High Reliability Organization (HRO) Safety Message Catheter Associated Urinary Tract Infection (CAUTI)

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

**Board of Trustees Quality Committee
November 12, 2024**

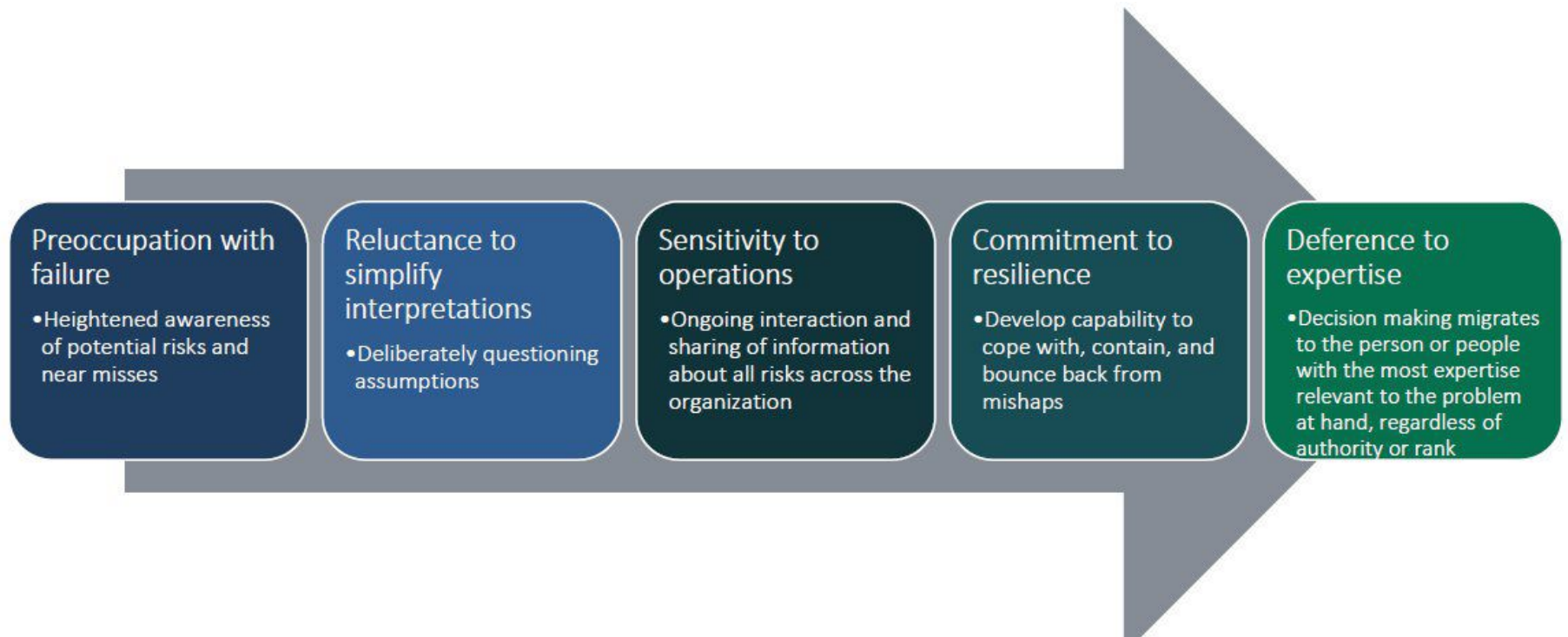
HARRISHEALTH

SAFETY MESSAGE

**HARRIS
HEALTH
SYSTEM** | **ZERO
HARM**

Safety 1st. Always.

Five Principles of a High Reliability Organization



HRO Mindset:

Harris Health Minute For Medicine:

Catheter Associated Urinary Tract Infection (CAUTI)

<https://youtu.be/9Wfcor7ZsCA>

Tuesday, November 12, 2024

Presentation Regarding Harris Health's Annual Research and Quality Improvement
Projects Report

Presentation regarding approved research projects at Harris Health.



Dr. Yashwant Chathampally
Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

Annual Research & Quality Improvement Projects Report

Julia A. Thompson, PhD, APRN, CNOR, CIP
Administrative Director, Research & Sponsored Programs

Board of Trustees Quality Committee
November 12, 2024

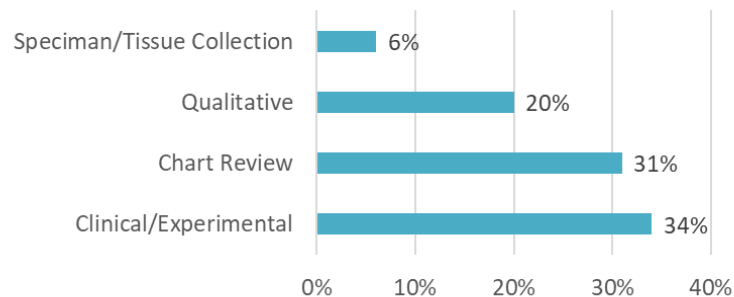
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Volume of Currently Approved Research Studies

Total Number of Approved Studies



Study Type



Individual studies may be conducted at more than one pavilion.

ACS

• Total: 361

BT

• Total: 456

LBJ

• Total: 281

*Data from 9-1-2024 monthly pavilion reports

Emergency-Only Dialysis & the Impact of Transition to Scheduled Dialysis on Survival of Patients with End-State Kidney Disease

- Patients who transitioned to scheduled dialysis, hemodialysis or peritoneal, had a statistically significant increase in overall survival compared to those patients who continued emergency-only hemodialysis
- Transitioning patients to scheduled dialysis, hemodialysis or peritoneal, resulted in fewer ED visits
- Patients who received emergency-only hemodialysis, the hazard ratio for overall survival decreased as the length of time in the study increased, likely due to a survivor effect
- Further verification of these findings should inform policy regarding the management of end-stage kidney disease patient who are currently unable to qualify for regular dialysis

Acculturation and Subjective Norms Impact Non-Prescription Antibiotic Use among Hispanic Patients in the U.S.

- Individuals with lower acculturation (Spanish-speaking preferences) expressed greater intentions to use antibiotics from abroad and from any source
- Individuals with more friends/relatives who obtain antibiotics abroad were over 2.5 more times likely to intend to use non-prescription antibiotics from friends/relatives
- Other predictors of intention to use non-prescription antibiotics included high cost of doctor visits and perceived language barriers in the clinic
- Antibiotic stewardship interventions in Hispanic communities in the U.S. should consider the sociocultural and healthcare barrier influencing non-prescription use and promote language-concordant healthcare.

Quality Improvement

- Quality is defined by the National Academy of Medicine as

the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- Quality improvement is the framework used to systematically improve care.
- Quality improvement seeks to standardize processes and structure to reduce variation, achieve predictable results, and improve outcomes for patients, healthcare systems, and organizations.
- Structure includes things like technology, culture, leadership, and physical capital; process includes knowledge capital (e.g., standard operating procedures) or human capital (e.g., education and training).

Research vs Quality Improvement vs Operations

<u>Harris Health Operations</u>	<u>Quality Improvement</u>	<u>Research</u>
No submission to Institutional Review Board necessary	Submission to Institutional Review Board to receive a determination letter of non-human subjects research is required	Submission to Institutional Review Board for review and approval is required
Examples: <ul style="list-style-type: none"> Ordering a new gastroscope equipment through the standardization committee to replace the usual gastroscope Working on optimizing workflow of acute coronary patients being transferred from LBJ to Ben Taub as part of the Emergency Center Committee 	Example: <ul style="list-style-type: none"> An emergency department physician decided he would like to run a quality improvement project on end of life communication in the Ben Taub Emergency Center to collect the patient's perspective. Currently the process is not standard work. 	Example: <ul style="list-style-type: none"> Double blind prospective randomized drug trial of a new antibiotic to decrease post-operative infections where patient data will be collected.

****Case Reports:** A single case report does not constitute human subjects research requiring review and approval by an IRB but must comply with HIPAA. A case series (3 or more cases) is considered research and may require IRB approval.

Quality Improvement Project Review Policy

- Aims to differentiate between Quality Improvement and Research – *can be a slippery slope*
- Provides awareness of Research & Quality Improvement Projects conducted in Harris Health

Accreditation Council for Graduate Medical Education (ACGME) requests each school maintain a central repository of the site's clinical quality improvement projects, including identification of resident- and fellow-led projects and monitoring of project statuses and outcomes

- Promotes best practices and aligns with ethical, compliance and regulatory standards: Office for Human Research Protections (OHRP), Food and Drug Administration (FDA), Health Insurance Portability and Accountability Act (HIPAA)
- Safeguards patients, researchers, medical schools, & Harris Health

Volume of Currently Approved Quality Improvement Projects

Total Number of Approved Quality Improvement Projects



ACS

- Total: 21

BT

- Total: 18

LBJ

- Total: 23

*Data from 9-1-2024 monthly pavilion reports

The LBJ Food Farmacy (FF): A mixed methods evaluation of a food prescription program for safety net cancer patients



Patients:

- Overall positive impact on financial, nutritional, & emotional health
- Barriers included transportation issues & physical impairment



Providers:

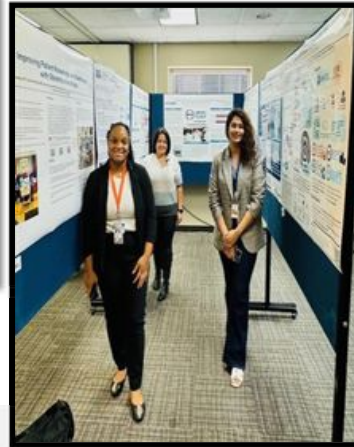
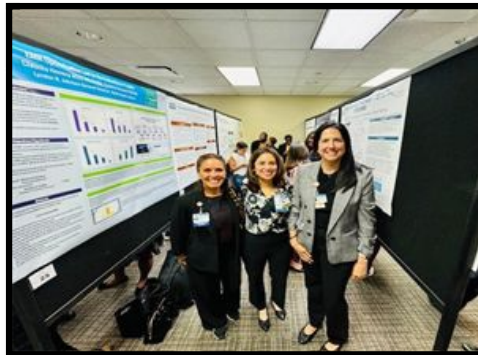
- FF supported nutrition counseling during clinic visits by reducing access barriers to healthy eating & described positive impacts on diet & quality of life (QoL)
- Highly satisfied with referral process-well integrated into clinical practice & equitable

FF Staff:

- Emphasized impact on patient socioemotional wellbeing-reduced stress, improved QoL, & increased financial wellness.

Findings may be leveraged to improve the FF program & develop additional resources for food insecure cancer patient at LBJ Hospital.

Research & Quality Improvement Poster Days at Ben Taub & LBJ 2024



HARRISHEALTH

Tuesday, November 12, 2024

Executive Session

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



Dr. Yashwant Chathampally

Associate Chief Medical Officer, Senior Vice President – Quality & Patient Safety

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