

Thursday, January 23, 2025

9:00 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. Andrea Caracostis | 2 min    |
| II. Approval of the Minutes of Previous Meeting  | Dr. Andrea Caracostis | 1 min    |
| <ul style="list-style-type: none"><li>• <a href="#">Board Meeting – December 12, 2024</a></li></ul>  |                       |          |
| III. Announcements / Special Presentations   | Dr. Andrea Caracostis | 15 min   |
| A. CEO Report Including Special Announcements – <i>Dr. Esmaeil Porsa</i>   |                       | (10 min) |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements  |                       | (5 min)  |
| IV. <a href="#">Public Comment</a>   | Dr. Andrea Caracostis | 6 min    |
| V. Executive Session   | Dr. Andrea Caracostis | 30 min   |
| A. <a href="#">Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health &amp; Safety Code Ann. §161.032, Tex. Occ. Code Ann. §§160.007 and 151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session</a><br>– <i>Dr. Andrea Caracostis, Dr. Steven Brass and Dr. Yashwant Chathampally</i> |                       | (10 min) |
| B. <a href="#">Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health &amp; Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session</a><br>– <i>Dr. Kunal Sharma and Dr. Asim Shah</i>  |                       | (10 min) |

- C. [Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session – Dr. Otis Ekins](#)

(10 min)

**VI. Reconvene to Open Meeting****Dr. Andrea Caracostis 2 min****VII. General Action Item(s)****Dr. Andrea Caracostis 10 min****A. General Action Item(s) Related to Quality: Medical Staff**

1. [Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff – Dr. Kunal Sharma](#)

(2 min)

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

1. [Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff – Dr. Otis Ekins](#)

(2 min)

**C. General Action Item(s) Related to Community Health Choice**

1. [Consideration of Approval of the Reappointment of Members to the Community Health Choice, Inc. \(CHC\) and Community Health Choice Texas, Inc. \(CHCT\), Collectively “Community”, Board of Directors – Ms. Lisa Wright, CEO, Community Health Choice](#)

(2 min)

2. [Consideration of Approval of the Appointment of Members to the Community Health Choice, Inc. \(CHC\) and Community Health Choice Texas, Inc. \(CHCT\), Collectively “Community”, Board of Directors – Ms. Lisa Wright, CEO, Community Health Choice](#)

(2 min)

3. [Community Health Choice Retirement Notification of Board Member, Raymond Khoury – Ms. Lisa Wright, CEO, Community Health Choice](#)

(2 min)

**VIII. Executive Session****Dr. Andrea Caracostis 30 min**

- D. Consultation with Attorney Regarding Expansion of Oncology Service Line on the LBJ Campus, to Include Radiation Therapy and Infusion Services, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.085, and Possible Action Upon Return to Open Session – **Ms. Sara Thomas and Dr. Esmail Porsa**

**IX. Reconvene to Open Meeting****Dr. Andrea Caracostis 5 min****X. Strategic Discussion****Dr. Andrea Caracostis 50 min****A. Harris Health Strategic Plan Initiatives**

1. [Presentation Regarding the Harris Health 2021-2025 Strategic Plan Update – Ms. Maria Cowles and BRG](#)

(10 min)

2. [Presentation Regarding Governance Structure of the Patient and Family Advisory Council \(PFAC\) – Dr. Jennifer Small and Mr. David Riddle](#)

(10 min)

3. [Presentation Regarding Harris Health's 2024 Employee Experience and Culture Survey Results – Ms. Ashley Smith](#) (10 min)

4. [Presentation Regarding Harris Health's 2024 Medical Staff Engagement Summary Survey Results – Dr. Steven Brass](#) (10 min)

B. [January Committee Reports:](#) (10 min)

- DEI Committee – **Ms. Libby Viera-Bland**
- Quality Committee – **Dr. Andrea Caracostis**
- Joint Conference Committee – **Dr. Andrea Caracostis**

## XI. Consent Agenda Items

Dr. Andrea Caracostis 5 min

### A. Consent Purchasing Recommendations

1. [Consideration of Approval of Purchasing Recommendations \(Items A1 through A7 of the Purchasing Matrix\) – Ms. Paige McInnis and Mr. Jack Adger, Harris County Purchasing Office](#)  
[\(See Attached Expenditure Summary: January 23, 2025\)](#)

### B. Consent Grant Recommendations

1. [Consideration of Approval of Grant Recommendations \(Items B1 through B2 of the Grant Matrix\) – Dr. Jennifer Small](#)  
[\(See Attached Expenditure Summary: January 23, 2025\)](#)

### C. Consent Contract Recommendations

1. [Consideration of Approval of Contract Recommendations \(Items C1 through C2 of the Contract Matrix\)](#)  
[– Mr. Louis Smith and Mr. Patrick Casey](#)  
[\(See Attached Expenditure Summary: January 23, 2025\)](#)

### D. New Consent Items for Board Approval

1. [Consideration of Acceptance of the Harris Health November 2024 Financial Report Subject to Audit – Ms. Victoria Nikitin](#)
2. [Consideration of Approval to Convey a Perpetual Blanket Easement and Right of Way to CenterPoint Energy Houston Electric, LLC, at Lyndon B. Johnson Hospital, 5656 Kelley St., Houston, Harris County, Texas](#)  
[– Mr. Louis Smith and Mr. Patrick Casey](#)

### E. Consent Reports and Updates to the Board

1. [Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health – Mr. R. King Hillier](#)

*{End of Consent Agenda}*

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| <p><b>XII. Item(s) Related to the Health Care for the Homeless Program</b></p> <p>A. <a href="#"><u>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 to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act – Dr. Jennifer Small and Ms. Tracey Burdine</u></a></p> <p>    • <a href="#"><u>HCHP January 2025 Operational Update</u></a></p> <p>B. <a href="#"><u>Consideration of Approval of the HCHP Consumer Advisory Council Report – Dr. Jennifer Small and Ms. Tracey Burdine</u></a></p> <p>C. Consideration of Approval of the HCHP Patient Satisfaction Report – <b>Dr. Jennifer Small and Ms. Tracey Burdine</b></p> <p>D. Consideration of Approval of the HCHP Quality Management Report – <b>Dr. Jennifer Small and Ms. Tracey Burdine</b></p> | <p><b>Dr. Andrea Caracostis    15 min</b></p> <p>(12 min)</p> <p>(1 min)</p> <p>(1 min)</p> <p>(1 min)</p> |
| <p><b>XIII. Executive Session</b></p> <p>E. Consultation with Attorney Regarding Interlocal Agreement with Harris County for Correctional Healthcare Services Between Harris County and Harris County Hospital District D/B/A Harris Health for Correctional Healthcare, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session – <b>Ms. Sara Thomas</b></p> <p>F. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, Pursuant to Pursuant to Tex. Gov't Code Ann. §551.071 and Tex. Health &amp; Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session – <b>Ms. Carolynn Jones</b></p>  | <p><b>Dr. Andrea Caracostis    20 min</b></p> <p>(10 min)</p> <p>(10 min)</p>                              |
| <p><b>XIV. Reconvene</b></p>  | <p><b>Dr. Andrea Caracostis    2 min</b></p>   |
| <p><b>XV. Adjournment</b></p>   | <p><b>Dr. Andrea Caracostis    1 min</b></p>   |

MINUTES OF THE HARRIS HEALTH SYSTEM BOARD OF TRUSTEES

Board Meeting

Thursday, December 12, 2024

9:00 a.m.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
<b>I. Call to Order and Record of Attendance</b>	The meeting was called to order at 9:00 a.m. by Dr. Caracostis, Chair. It was noted that a quorum was present and the attendance was recorded. Dr. Caracostis 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. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> .	<b>A copy of the attendance is appended to the archived minutes.</b>
<b>II. Approval of the Minutes of Previous Meeting</b>	<ul style="list-style-type: none"> <li>Board Meeting – October 24, 2024</li> </ul>	<b><u>Motion No. 24.12-163</u></b> Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve the minutes of the October 24, 2024 Board meeting. Motion carried.
	<ul style="list-style-type: none"> <li>HRSA Special Call Board Meeting – November 14, 2024</li> </ul>	<b><u>Motion No. 24.12-164</u></b> Moved by Ms. Libby Viera Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve the minutes of the November 14, 2024 HRSA Special Call Board meeting. Motion carried.
<b>III. Announcements/ Special Presentations</b>	<b>A. CEO Report Including Special Announcements</b>  Dr. Esmaeil Porsa, President and CEO, delivered the CEO Report and shared the following updates: <ul style="list-style-type: none"> <li>The opening of a Cath Lab at Ben Taub Hospital</li> <li>Expansion of the Food Farmacy at Gulfgate, El Franco Lee, and Settegast Health Centers</li> <li>Harris Health will maintain its First Friday Tours, offering opportunities to visit various hospitals and clinics for learning and interaction</li> </ul>	<b>As Presented.</b>

	<p><b>B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</b></p> <p>There were no announcements made by the Board members.</p>	As Presented.
<b>IV. Public Comment</b>	Ms. Cynthia Cole, Executive Director, Local #1550 – AFSCME, American Federation of State, County, and Municipal Employees, addressed the Board regarding the Open Records Act and advocated for fair treatment and safe working conditions for employees.	<i><b>*Note: this item was taken out of order after the vote on agenda item VII.B.2.</b></i>
<b>V. Executive Session</b>	At 9:05 a.m., Dr. Caracostis stated that the Board would enter into Executive Session for Items V. ‘A through D’ as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§ 151.002, 160.007 and Tex. Gov’t Code Ann. §551.071.	
	<b>A.</b> Consultation with Attorney Regarding Collaborative Opportunities from The University of Texas M.D. Anderson Cancer Center, Pursuant to Tex. Gov’t Code Ann. §§551.071, 551.085 and Possible Action Upon Return to Open Session	<b>No Action Taken.</b>
	<b>B.</b> Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §§160.007 and 151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session	<b>No Action Taken.</b>
	<b>C.</b> Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff	<b>No Action Taken.</b>
	<b>D.</b> Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov’t Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session	<b>No Action Taken.</b>
<b>VI. Reconvene to Open Meeting</b>	At 10:40 a.m., Dr. Caracostis reconvened the meeting in open session; she noted that a quorum was present, and that no action was taken in Executive Session.	

VII. General Action Item(s)		
	<b>A. General Action Item(s) Related to Quality: Medical Staff</b>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Medical Staff</p> <p>Dr. Martha Mims, Chair, Medical Executive Board, presented the credentialing changes for members of the Harris Health System Medical Staff. For December 2024, there were thirty – eight (38) initial appointments, no reappointments, sixty – five (65) resignations, twenty - two (22) temporary privileges and four (4) urgent patient care need privileges. A copy of the credentialing report is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-165</u></b>  <b>Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</b></p>
	<p>2. Approval of Changes to the Internal Medicine Gastroenterology Clinical Privileges</p> <p>Dr. Mims highlighted the recommendation to approve changes to the Internal Medicine Gastroenterology Clinical Privileges for Endoscopic Submucosal Dissection (ESD) and Peroral Endoscopic Myotomy (POEM). A copy of the clinical privileges is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-166</u></b>  <b>Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.</b></p>
	<p>3. Approval of the 2025-2026 Harris Health Utilization Review Plan</p> <p>Dr. Mims presented the 2025-2026 Harris Health Utilization Review Plan, highlighting that the review is conducted every two years and has been thoroughly examined by both the Medical Executive Committee (MEC) and Medical Executive Board (MEB). As her final meeting as Chair of the MEB, Dr. Mims shared that Dr. Kunal Sharma will assume the role of Chair of the MEB, and Dr. Asim Shah will serve as Vice Chair of the MEB for the next two years. Dr. Caracostis expressed her gratitude to Dr. Mims for her dedicated service as the current Chair of the MEB. A copy of the utilization review plan is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-167</u></b>  <b>Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.3. Motion carried.</b></p>
	<p>4. Review and Discussion Regarding the Harris Health Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance</p> <p>Dr. Jackie Brock, Executive Vice President &amp; Chief Nursing Executive, led the discussion on the Harris Health System Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance, noting that Texas law mandates hospitals to have staffing advisory committees. Ms. Lenora Watson, Stroke Coordinator at Ben Taub Hospital reported that the committee at Ben Taub Hospital achieved a 100% response rate, with 95% of respondents strongly agreeing with the staffing plan. Dr. Tashiana Jackson, Director of Nursing Strategic Initiatives, LBJ, reported that the hospital’s staffing committee, which consisted of thirteen (13) nurse clinicians, resulted in 93% of respondents agreeing with the staffing plan. Both Committees reviewed patient falls and staffing data with no major concerns identified. An executive summary is available in the permanent record.</p>	<p><b>As Presented.</b></p>

	<b>B. General Action Item(s) Related to Quality: Correctional Health Medical Staff</b>	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health System Correctional Health Medical Staff</p> <p>Dr. Otis Egins, Chief Medical Officer, Harris Health Correctional Health, presented the credentialing changes for members of the Harris Health System Correctional Health Medical Staff. For December 2024, there were three (3) initial appointments. A copy of the credentialing report is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-168</u></b>  <b>Moved by Ms. Sima Ladjevardian, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</b></p>
	<p>2. Approval of the Harris Health Correctional Health Medical Staff Bylaws</p> <p>A copy of the Harris Health Correctional Health Medical Staff Bylaws is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-169</u></b>  <b>Moved by Dr. Cody Pyke, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.B.2. Motion carried.</b></p>
<b>VIII. New Items for Board Consideration</b>		
	<p><b>A. Board Officer Elections for the Positions of Chair, Vice Chair and Secretary for the 2025 Calendar Year</b></p> <p>Dr. Caracostis stated per Article V, Section 1, of the Harris Health Board of Trustees Bylaws, the Board must conduct annual elections of officers of the Chair, Vice Chair, and Secretary. Therefore, the Board will need to conduct elections for the Board officers for calendar year 2025. Dr. Caracostis noted that prior to this meeting, a communication was sent to solicit interest for 2025 Board officer positions, and the following nominations were received:</p> <ul style="list-style-type: none"> <li>I. Dr. Andrea Caracostis: Board Chair</li> <li>II. Dr. Cody M. Pyke: Vice Chair</li> <li>III. Ms. Carol Paret: Secretary</li> </ul> <p>Dr. Caracostis relinquished the floor to Ms. Paret to conduct the election for Board Chair since Dr. Caracostis was a candidate. Ms. Paret then called for nominations from the floor for the position of Board Chair. No nominations were made from the floor after three requests. The nominations for Board Chair were closed. Ms. Paret then motioned for a vote on the Board Chair position, and the results were announced, with unanimous support in favor of Dr. Andrea Caracostis as Chair. Dr. Caracostis conducted the elections for the remaining two officers. Dr. Caracostis called for nominations from the floor for the position of Vice Chair. No nominations were made from the floor after three requests. The nominations for Board Vice Chair were closed. Dr. Caracostis motioned for a vote on the position for Vice Chair, and the results were announced, with unanimous support in favor of Dr. Cody Pyke as Vice Chair.</p>	<p><b><u>Motion No. 24.12-170</u></b>  <b>Ms. Paret motioned for a vote for the Office of Chair with no nominations made from the floor, and Dr. Caracostis was re-elected Board Chair by unanimous vote.</b></p> <p><b><u>Motion No. 24.12-171</u></b>  <b>Dr. Caracostis motioned for a vote for the Office of Vice Chair with no nominations made from the floor, and Dr. Pyke was re-elected Board Vice Chair by unanimous vote.</b></p> <p><b><u>Motion No. 24.12-172</u></b>  <b>Dr. Caracostis motioned for a vote for the Office of Secretary with no nominations made from the floor, and Ms. Paret was re-elected Board Secretary by unanimous vote.</b></p>



	<p>Lastly, Dr. Caracostis called for nominations from the floor for the position of Secretary. No nominations were made from the floor after three requests. The nominations for Board Secretary were closed. Dr. Caracostis motioned for a vote on the position of Secretary, the results were announced, with unanimous support in favor of Ms. Carol Paret as Secretary. Dr. Porsa expressed his gratitude to the Board officers and members for their contributions. He also suggested that the Board consider amending the Bylaws to hold elections every other year instead of every year, allowing for two-year terms instead of the current one-year terms, to support the continued growth and success of Harris Health.</p>	
	<p><b>B. Approval of the Appointment of 2025 Committees and Membership</b></p> <p>Ms. Sara Thomas, Chief Legal Officer / Division Director, presented the list of appointees for the 2025 Committees and Membership. She also noted that the packet included the regular standing and special committees, along with their members. In accordance with the bylaws, the board must approve the committees for the upcoming year before the start of the next calendar year. A copy of the 2025 Committees and Membership appointments is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-173</u></b>  <b>Moved by Ms. Sima Ladjevardian, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item VIII.B. Motion carried.</b></p>
	<p><b>C. Approval of the Tentative Harris Health 2025 Board of Trustees Calendar</b></p> <p>Dr. Pyke presented the Harris Health 2025 Board of Trustees Calendar for action, and noted that the governance committee schedule may need to be adjusted at a future meeting. A copy of the Harris Health 2025 Board of Trustees calendar is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-174</u></b>  <b>Moved by Ms. Carol Paret, seconded by Ms. Paul Puente, and unanimously passed that the Board approve agenda item VIII.C. Motion carried.</b></p>
<b>IX. Strategic Discussion</b>		
	<b>A. Harris Health Strategic Plan Initiatives</b>	
	1. Presentation Regarding the Harris Health 2021-2025 Strategic Plan Update	<b>The discussion was tabled.</b>
	2. Presentation Regarding Governance Structure of the Patient and Family Advisory Council (PFAC)	<b>The discussion was tabled.</b>

	<p><b>B. November Committee Reports</b></p> <p><b><u>Quality Committee</u></b>  Dr. Caracostis stated that the Quality Committee convened on November 12, 2024, and discussed the following topics:</p> <ul style="list-style-type: none"> <li>• Pavilion leaders were presented with HRO Leadership Awards.</li> <li>• The monthly High Reliability Organization (HRO) Video, “Catheter Associated Urinary Infections (CAUTI)” was displayed.</li> <li>• The annual Research Report on Human Subjects Research and Quality Improvement Projects at Harris Health was presented. The purpose, methods, major findings, conclusions and recommendations were shared from two research studies and one quality improvement project that were conducted at Harris Health facilities.</li> </ul> <p><b><u>Joint Conference Committee</u></b>  Dr. Caracostis shared that the Joint Conference Committee met on November 14, 2024 and the following topics were covered:</p> <ul style="list-style-type: none"> <li>• Dr. Martha Mims, Chair of the Medical Executive Board, provided an update to the Committee regarding the MEB.</li> <li>• Dr. Tien Ko, Chief of Staff at LBJ, and Dr. Sandeep Markan, Chief of Staff at BT, shared updates related to the system pavilions.</li> <li>• Dr. Mohammad Zare, Assistant Chief of Staff at UT, delivered an update on ambulatory care services, while Dr. Markan presented on behalf of Dr. Fareed Khan, Assistant Chief of Staff at BCM, regarding activities at the ACS.</li> <li>• Dr. Steven Brass, Executive Vice President and Chief Medical Executive, presented on the Medical Staff Engagement Advisory Council and related physician engagement activities.</li> </ul> <p><b><u>Budget &amp; Finance Committee</u></b>  Mr. Jim Robinson share that the Budget &amp; Finance Committee met on November 14, 2024, to discuss the following topics:</p> <ul style="list-style-type: none"> <li>• Ms. Victoria Nikitin, Executive Vice President and Chief Financial Officer, presented the Harris Health’s Fourth Quarter Fiscal Year 2024 Investment Report, the Third Quarter Calendar Year 2024 Pension Plan Report, and the September 2024 Financial Report.</li> <li>• The Committee voted to recommend board approval of Harris Health’s Fourth Quarter Fiscal Year 2024 Investment Report, the Third Quarter Calendar Year 2024 Pension Plan Report, and the September 2024 Financial Report.</li> <li>• The Committee voted to recommend board approval of the Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments for Eligible Harris Health patients for Calendar Year 2025.</li> <li>• The Committee voted to recommend board approval of the 2025 Operating and Capital Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc.</li> </ul>	<p><b><i>*Note: The reports for Budget &amp; Finance, Governance, and Compliance &amp; Audit Committees were presented out of order, at the conclusion of agenda item XII., Executive Session.</i></b></p>
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	<p><b><u>Governance Committee</u></b></p> <p>Dr. Pyke stated that the Governance Committee convened on November 12, 2024, and discussed the following topics:</p> <ul style="list-style-type: none"> <li>• Ms. Elizabeth Hanshaw Winn, Assistant Harris County Attorney, Harris County Attorney’s Office, conducted a training on parliamentary procedures, covering rules of debate and the process for making motions.</li> <li>• The Committee discussed the process for nominating Board Officers.</li> <li>• Ms. Sara Thomas, Chief Legal Officer, Harris County Attorney’s Office, provided an overview on videoconferencing rules for Board members' remote participation in Board meetings.</li> <li>• Mr. David Riddle, Administrative Director, Patient Experience, presented the transition model from Council at Large to the Patient and Family Advisory Council (PFAC), including highlights of PFAC governance and hospital contributions.</li> </ul> <p><b><u>Compliance &amp; Audit Committee</u></b></p> <p>Ms. Paret mentioned that the Compliance &amp; Audit Committee convened on November 14, 2024, and discussed the following topics:</p> <ul style="list-style-type: none"> <li>• <b>External Independent Financial Auditor:</b> Forvis presented their Pre-Audit Communication for the fiscal year ending September 30, 2024.</li> <li>• <b>Internal Audit Annual Update:</b> <ul style="list-style-type: none"> <li>○ Overview of the Internal Audit’s purpose, mission, goals, team structure, credentials, and key performance indicators.</li> <li>○ Review of completed engagements, including: <ul style="list-style-type: none"> <li>▪ Cybersecurity Training Compliance</li> <li>▪ IT Asset Management</li> <li>▪ UKG Post-Implementation Audit (privileged, to be discussed in Executive Session)</li> <li>▪ Evaluation of Patient Care in EC Boarding (co-sourced and led by Accreditation and Regulatory Affairs, final report pending management’s action plans)</li> </ul> </li> <li>○ Review of ongoing engagements, including: <ul style="list-style-type: none"> <li>▪ Outpatient Appointment Utilization</li> <li>▪ Inpatient Non-Formulary Drug Process</li> <li>▪ Drug Oversight Assessment</li> <li>▪ Outsourced Medical Services Contract Payments</li> <li>▪ Correctional Health Provider Invoicing</li> </ul> </li> <li>○ Summary of outstanding Management Action Plans (MAPs): There are 31 MAPs pending from 11 previous engagements, including five overdue, high-priority MAPs, which will be discussed in Executive Session.</li> </ul> </li> </ul>	
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	<ul style="list-style-type: none"> <li>• The Committee voted to recommend board approval of the Harris Health Fiscal Year 2025 updated Internal Audit Charter.</li> <li>• The Committee voted to recommend board approval of the Harris Health Fiscal Year 2025 Internal Risk Assessment and Audit Plan.</li> <li>• The Committee voted to recommend board approval of the Fiscal Year 2025 Harris Health Compliance and Internal Quality Audit Plans.</li> </ul>	
<b>X. Consent Agenda Items</b>		
	<b>A. Consent Purchasing Recommendations</b>	
	<p>1. Approval of Purchasing Recommendations (Items A1 through A8 of the Purchasing Matrix)</p> <p>A copy of the purchasing agenda is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-175</u></b>  <b>Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item X.A.1. Motion carried.</b></p>
	<b>B. Consent Committee Recommendations</b>	
	<p>1. Acceptance of the Harris Health Fourth Quarter Fiscal Year 2024 Investment Report</p>	<p><b><u>Motion No. 24.12-176</u></b>  <b>Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.</b></p>
	<p>2. Acceptance of the Harris Health Third Quarter Calendar Year 2024 Pension Plan Report</p>	<p><b><u>Motion No. 24.12-176</u></b>  <b>Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.</b></p>
	<p>3. Acceptance of the Harris Health September 2024 Financial Report Subject to Audit</p>	<p><b><u>Motion No. 24.12-176</u></b>  <b>Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.</b></p>

	4. Approval of the Harris Health Fiscal Year 2025 Internal Audit Charter	<b><u>Motion No. 24.12-176</u></b> Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.
	<b>C. Consent Grant Recommendations</b>	
	1. Approval of Grant Recommendations (Item C1 of the Grant Matrix)	<b><u>Motion No. 24.12-176</u></b> Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.
	<b>D. Consent Contract Recommendations</b>	
	1. Approval of Contract Recommendations (Item D1 of the Contract Matrix)	<b><u>Motion No. 24.12-176</u></b> Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.
	<b>E. New Consent Items for Board Approval</b>	
	1. Approval of the Harris Health Investment Policy	<b><u>Motion No. 24.12-176</u></b> Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.
	2. Acceptance of the Harris Health October 2024 Financial Report Subject to Audit	<b><u>Motion No. 24.12-176</u></b> Moved by Ms. Libby Viera – Bland, seconded by Dr. Pyke, and unanimously passed that the Board approve agenda items X.B. through X.E. Motion carried.

	<b>F. Consent Reports and Updates to the Board</b>	
	<p>1. Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting Harris Health System</p> <p><i>{End of Consent Agenda}</i></p>	<b>For Information Only.</b>
<b>XI. Item(s) Related to the Health Care for the Homeless Program</b>		
	<p><b>A.</b> 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</p> <ul style="list-style-type: none"> <li>HCHP December 2024 Operational Update</li> </ul> <p>Ms. Tracy Burdine, Director of the Health Care for the Homeless Program, presented the December 2024 Operational Update, which covered the Productivity Report, Budget Summary Report and H80 Notice of Grant Award. She reported that HCHP has provided care to 5,775 unduplicated patients and conducted a total of 23,149 in October. Year – to – date, HCHP has served 6,098 unduplicated and conducted over 25,000 visits. In October of 2024, HCHP served 1,236 unduplicated patients, with 832 receiving family practice services. Additionally, Ms. Burdine reported that a total of 2,414 visits were completed in the month of October. Ms. Burdine provided an overview of the Q3 budget summary report, which reflects a multi-year award cycle and shows that 44% of the grant funding has been used for various expenses, including personnel, travel, supplies, and equipment. She stated that HCHP received a grant in the amount of \$21,768,609, focused on an existing grant that has been extended for an additional three-year period to provide patient-centered services, as outlined in the service area competition application. Additionally, Ms. Burdine presented the H80 Budget for January 1, 2025 through December 31, 2027. A copy of the presentation is available in the permanent record.</p>	<p><b><u>Motion No. 24.12-177</u></b>  <b>Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item XI.A. Motion carried.</b></p>
	<b>B.</b> Approval of the HCHP Budget Summary Report	<p><b><u>Motion No. 24.12-178</u></b>  <b>Moved by Ms. Libby Viera - Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.B. Motion carried.</b></p>

	C. Approval of the HCHP H80 Notice of Grant Award	<b>Motion No. 24.12-179</b> Moved by Ms. Sima Ladjevardian, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item XI.C. Motion carried.
<b>XII. Executive Session</b>	At 11:23 a.m., Dr. Andrea Caracostis stated that the Board would enter into Executive Session for Items XII. 'E through K' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code Ann. §§551.071 and 551.085.	
	E. Consultation with Attorney Regarding Opioid Litigation, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action for Approval to Participate in the Settlement with Kroger in the Texas Opioid Multi-District Litigation Upon Return to Open Session	<b>Motion No. 24.12-180</b> Moved by Ms. Sima Ladjevardian, seconded by Ms. Paul Puente, and unanimously passed that the Board approve agenda item XII.E. Motion carried.
	F. Consultation with Attorney Regarding Settlement of Claims Brought by or on Behalf of David Clark, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session	<b>Motion No. 24.12-181</b> Moved by Ms. Sima Ladjevardian, seconded by Ms. Paul Puente, and unanimously passed that the Board approve agenda item XII.F. Motion carried.
	G. Approval of the Committee Reviewed Reports, Pursuant to Tex. Occ. Code Ann. §151.002, Tex. Health & Safety Code Ann. §161.032, Tex. Gov't Code Ann. §§418.183, 551.089, and 551.085 Upon Return to Open Session:  <b>[Budget &amp; Finance Committee]</b> <ul style="list-style-type: none"><li>• Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments to Eligible Harris Health Patients for Calendar Year 2025</li><li>• 2025 Operating and Capital Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc.</li></ul> <b>[Compliance &amp; Audit Committee]</b> <ul style="list-style-type: none"><li>• Harris Health Fiscal Year 2025 Internal Audit Plan</li><li>• Fiscal Year 2025 Harris Health Compliance and Internal Quality Audit Plans</li></ul>	<b>Motion No. 24.12-182</b> Moved by Mr. Paul Puente, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item XII.G. <i>(related to the CHC subsidy payments)</i> . Motion carried.  <b>Motion No. 24.12-183</b> Moved by Ms. Carol Paret, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda

		<p>item XII.G. <i>(related to CHC operating and capital budget)</i>. Motion carried.</p> <p><b><u>Motion No. 24.12-184</u></b>  Moved by Ms. Carol Paret, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item XII.G. <i>(related to Harris County Auditors)</i>. Motion carried.</p> <p><b><u>Motion No. 24.12-188</u></b>  Moved by Mr. Paul Puente, seconded by Ms. Libby Viera – Bland, and majority passed that the Board approve agenda item XII.G. <i>(related to Harris Health Compliance and Internal Quality Audit)</i>. Motion carried.</p> <p><i>*Note: this item was taken out of order after the vote on agenda item XII.J.</i></p>
	<p><b>H.</b> Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. 2025 Insurance Renewals, Pursuant to Tex. Gov’t Code Ann. §551.085, Including Consideration of Approval of the Community Health Choice 2025 Insurance Renewals Upon Return to Open Session</p>	<p><b><u>Motion No. 24.12-185</u></b>  Moved by Ms. Sima Ladjevardian, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item XII.H. Motion carried.</p>
	<p><b>I.</b> Consultation with Attorney Regarding Civil Action No. 4:23-CV-03198; Sarah Borchgrevink, Representative of the Estate of Matthew Ryan Shelton, Deceased, and Marianna Ruth Thomson, Statutory Wrongful Death Beneficiary of Matthew Ryan Shelton, Deceased v. Harris County, Texas; Harris County Hospital District, et al., In the U.S. District Court, Southern District of Texas, Houston Division, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p>	<p><b>No Action Taken.</b></p>



	<p><b>J.</b> Consultation with Attorney on Interlocal Agreement with Harris County for Correctional Healthcare Services and Consideration of Approval of Second Amendment to Interlocal Agreement between Harris County and Harris County Hospital District D/B/A Harris Health for Correctional Healthcare Upon Return to Open Session</p>	<p><b><u>Motion No. 24.12-187</u></b>  <b>Moved by Mr. Paul Puente, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda item XII.J. Motion carried.</b></p> <p><i>*Note: this item was taken out of order after the vote on agenda item XII.K.</i></p>
	<p><b>K.</b> Consultation with Attorney Regarding Governance Structure of the Patient and Family Advisory Council (PFAC) and Council-at-Large, Pursuant to Tex. Gov’t Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session</p> <p>Mr. Robinson motioned to table the vote for 30 days to allow Administration time to negotiate with the PFAC Council members. Mr. Paul Puente seconded the motion. Dr. Caracostis conducted a roll call vote with the following results:</p> <ul style="list-style-type: none"> <li>• Ms. Carol Paret – Nay</li> <li>• Dr. Cody Pyke – Nay</li> <li>• Mr. Jim Robinson – Aye</li> <li>• Ms. Libby Viera – Bland – Nay</li> <li>• Ms. Sima Ladjevardian – Nay</li> <li>• Mr. Paul Puente – Aye</li> <li>• Dr. Andrea Caracostis – Nay</li> </ul> <p>Dr. Caracostis then motioned for the dissolution of the Harris Health System Council at Large Bylaws, which were approved by the Harris Health Board of Trustees on March 24, 2022, and issued a roll call vote as follows:</p> <ul style="list-style-type: none"> <li>• Ms. Carol Paret – Aye</li> <li>• Dr. Cody Pyke – Aye</li> <li>• Mr. Jim Robinson – Nay</li> <li>• Ms. Libby Viera – Bland – Aye</li> <li>• Ms. Sima Ladjevardian – Aye</li> <li>• Mr. Paul Puente – Nay</li> <li>• Dr. Andrea Caracostis – Aye</li> </ul>	<p><b><u>Motion No. 24.12-186</u></b>  <b>Moved by Dr. Cody Pyke, seconded by Ms. Libby Viera – Bland, and majority passed that the Board approve agenda item XII.H. Motion carried.</b></p>

<b>XIII. Reconvene</b>	At 12:32 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. Dr. Caracostis stated that the Board will now take action on items XII. 'E, F, G-H, J and K' of the Executive Session agenda.	
<b>XIV. Adjournment</b>	There being no further business to come before the Board, the meeting adjourned at 12:45 p.m.	

I certify that the foregoing are the Minutes of the Harris Health System Board of Trustees Meeting held on December 12, 2024.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Carol Paret, BS, Secretary

Minutes transcribed by Cherry A. Pierson, MBA

**Thursday, December 12, 2024**  
**Harris Health Board of Trustees Board Meeting Attendance**

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Afsheen Davis	
Dr. Andrea Caracostis ( <i>Chair</i> )	
Carol Paret ( <i>Secretary</i> )	
Dr. Cody Pyke ( <i>Vice Chair</i> )	
Ingrid Robinson	
Jim Robinson	
Libby Viera-Bland	
Paul Puente	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Jack Adger ( <i>Harris County Purchasing Office</i> )
Dr. Amy Smith	Dr. Jackie Brock
Anna Mateja ( <i>Community Health Choice, CFO</i> )	Jay Aiyer
Anthony Williams	Dr. Jennifer Small
Aown Syed	Jennifer Zarate
Carolynn Jones	Jessey Thomas
Cherry Pierson	John Strawn, Jr. ( <i>Strawn Pickens, LLP</i> )
Christopher Okezie	Jonathan Fombonne ( <i>Harris County Attorney's Office</i> )
Cynthia Cole ( <i>Public Speaker: AFSME 1550</i> )	Dr. Joseph Kunisch
Daniel Smith	Kiki Teal
David Riddle	Dr. Kunal Sharma
Derek Curtis	Lindsey "Katie" Rutherford ( <i>Harris County Attorney's Office</i> )
Ebon Swofford ( <i>Harris County Attorney's Office</i> )	Lisa Wright ( <i>Community Health Choice, CEO</i> )
Elizabeth Hanshaw Winn ( <i>Harris County Attorney's Office</i> )	Louis Smith
Dr. Esmaeil Porsa ( <i>Harris Health System, President &amp; CEO</i> )	Maria Cowles
Dr. Glorimar Medina	Dr. Martha Mims
Holly Gummert ( <i>Harris County Attorney's Office</i> )	Matthew Schlueter

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](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Micah Rodriguez	Sam Karim
Michael Fritz <i>(Harris County Attorney's Office)</i>	Sara Thomas <i>(Harris County's Attorney's Office)</i>
Dr. Michael Nnadi	Shawn DeCosta
Nicholas J. Bell	Dr. Steven Brass
Dr. O. Reggie Ekins	Tai Nguyen
Olga Rodriguez	Tashiana Roberts-Jackson
Omar Reid	Taylor McMillan
Pamela Russell	Tekhesia Phillips
Patricia Darnauer	Dr. Tien Ko
Patrick Casey	Timothy Brown
R. King Hillier	Tracey Burdine
Randy Manarang	Victoria Nikitin
Ray Gutierrez <i>(Houston Construction Services)</i>	

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](mailto:BoardofTrustees@harrishealth.org) before close of business the day of the meeting.*

### **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 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. 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 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](mailto: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 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, January 23, 2025

Executive Session

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Report Regarding Quality of Medical and Healthcare, Pursuant to Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code Ann. §§160.007 and 151.002 to Receive Peer Review and/or Medical Committee Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, and also the Harris Health Quality, Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting with Possible Action Regarding this Matter Upon Return to Open Session.



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Dr. Yashwant Chathampally

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

- Pages 25-27 Were Intentionally Left Blank -



Thursday, January 23, 2025

Executive Session

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Medical Executive Board Report and Credentialing Discussion, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff Upon Return to Open Session.



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Dr. Yashwant Chathampally

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

- Pages 29-60 Were Intentionally Left Blank -

Thursday, January 23, 2025

Executive Session

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Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, Including Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071 to Receive Peer Review and/or Medical Committee Report with Possible Action Upon Return to Open Session.

*O. Reggie Ekins*

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O. Reggie Ekins, MD, CCHP-P  
Chief Medical Officer of Correctional Health

- Pages 62-73 Were Intentionally Left Blank -

Thursday, January 23, 2025

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

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The Harris Health Medical Executive Board approved the attached credentialing changes for the members of the Harris Health Medical Staff on **December 10, 2024** and **January 14, 2025**.

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

Thank you.



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Dr. Yashwant Chathampally

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

# Board of Trustees



## December 2024 Medical Staff Credentials Report

Medical Staff Initial Appointments: 18  
BCM Medical Staff Initial Appointments - 9  
UT Medical Staff Initial Appointments - 9  
HCHD Medical Staff Initial Appointments - 0

Medical Staff Reappointments: 13  
BCM Medical Staff Reappointments - 5  
UT Medical Staff Reappointments - 8  
HCHD Medical Staff Reappointments - 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 5

BCM/UT/HCHD Medical Staff Resignations: 36

Other Business:

For Information:  
Temporary Privileges Awaiting Board Approval - 16  
Urgent Patient Care Need Privileges Awaiting Board Approval - 0  
Leave of Absence - 0

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 2  
Medical Staff Initial Appointment Files for Discussion - 2  
Medical Staff Reappointment Files for Discussion - 0

# Board of Trustees



## January 2025 Medical Staff Credentials Report

### Medical Staff Initial Appointments: 23

BCM Medical Staff Initial Appointments - 6

UT Medical Staff Initial Appointments - 13

HCHD Medical Staff Initial Appointments - 4

### Medical Staff Reappointments: 117

BCM Medical Staff Reappointments - 57

UT Medical Staff Reappointments - 53

HCHD Medical Staff Reappointments - 7

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 13

### BCM/UT/HCHD Medical Staff Resignations: 25

### Other Business:

### For Information:

Temporary Privileges Awaiting Board Approval - 14

Urgent Patient Care Need Privileges Awaiting Board Approval - 4

Leave of Absence - 0

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 3

Medical Staff Initial Appointment Files for Discussion - 2

Medical Staff Reappointment Files for Discussion - 1

Thursday, January 23, 2025

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

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The Harris Health Correctional Health Medical Executive Committee approved the attached credentialing changes for the members of the Harris Health Correctional Health Medical Staff on **November 25, 2024, December 17, 2024** and **January 13, 2025**.

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

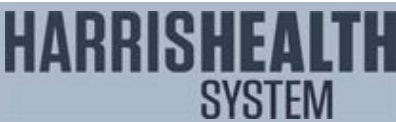
*O. Reggie Ekins*

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O. Reggie Ekins, MD, CCHP-P  
Chief Medical Officer of Correctional Health



# Board of Trustees



## November 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 2

Medical Staff Reappointments: 0

Medical Staff Resignations: 9

Medical Staff Files for Discussion: 1

# Board of Trustees



## December 2024 Correctional Health Credentials Report

Medical Staff Initial Appointments: 1

Medical Staff Reappointments: 0

Medical Staff Resignations: 42

Medical Staff Files for Discussion: 0

# Board of Trustees



## January 2025 Correctional Health Credentials Report

Medical Staff Initial Appointments: 1

Medical Staff Reappointments: 17

Medical Staff Resignations: 3

Medical Staff Files for Discussion: 0

## Meeting of the Board of Trustees

Thursday, January 23, 2025

Consideration of Approval of the Reappointment of Members to the Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), collectively "Community", Board of Directors

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Article III, Section II of the Amended and Restated Bylaws reads, in part:

*"The members of the Board of Directors shall serve a two (2) year term and the terms of such Directors shall be staggered as on the date of adoption of these Amended and Restated Bylaws. The President/CEO shall allocate the terms among any future additional Directors in his or her good faith discretion."*

Also, according to the Bylaws, Community's Board of Directors "shall nominate or recommend" potential Board members for consideration and approval by the Board of Trustees.

NAME	INITIAL APPOINTMENT DATE	REAPPOINTMENT TERM
Dr. Arthur Bracey	09/27/2018	1/1/2025 – 12/31/2026
Rodney Lenfant	05/27/2021	1/1/2025 – 12/31/2026
Elena Marks	09/27/2007	1/1/2025 – 12/31/2025

Recommendation: Approval of Harris Health System's Board of Trustees for reappointment of members to Community's Board of Directors.

Thank you.

Thursday, January 23, 2025

Consideration of Approval of the Appointment of Members to the Community Health Choice, Inc. (CHC) and Community Health Choice Texas, Inc. (CHCT), collectively "Community", Board of Directors

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Article I of Community's Bylaws states, in part:

*The Corporation is a component unit of the District and, notwithstanding any provision of the Bylaws or any other document governing the Corporation, the Corporation is prohibited from taking any action on the following matters without the prior approval by resolution (or other appropriate written form of approval) of the District's Board of Trustees acting as the District's governing body under Chapter 281 of the Texas Health and Safety Code (the "District Trustees"):*

*(c) Appointment or removal of Directors of the Corporation.*

Community's Bylaws require that Community's Board of Directors identify potential Board members for consideration and recommend consideration of approval to the Board of Trustees of such individuals for appointment to Community's Board.

The Governance Committee of Community's Board considered three candidates and ultimately chose:

- Andrea Caracostis, M.D. for her depth of experience with Community, healthcare, and financial matters. She will also serve on the Community Health Choice Board Audit and Compliance Committee.
- Jacquelyn Smith, M.D. for her depth of experience with Community, healthcare, and financial matters. She also serves on the Community Health Choice Budget and Finance Committee.

Resumes are attached for reference. Community's Board considered and agreed with the recommendation of its Governance Committee.

Recommendation: Community Health Choice, Inc. and Community Health Choice Texas, Inc. Boards of Directors recommend to the Harris Health Board of Trustees the approval of the appointment of Andrea Caracostis, M.D. and Jacqueline Smith, M.D. to the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Boards of Directors.

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Thursday, January 23, 2025

Community Health Choice Retirement Notification of Board Member,  
Raymond Khoury

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Pursuant to Community's Bylaws, Community provides notice of the retirement of Raymond Khoury from the Board of Directors of Community Health Choice, Inc. and Community Health Choice Texas, Inc.

Thank you.

Thursday, January 23, 2025

Presentation Regarding the Harris Health 2021-2025 Strategic Plan Update

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Maria M. Cowles

EVP, Chief Strategy Officer and Chief of Staff



INTELLIGENCE THAT WORKS

**HARRISHEALTH**

# **Update to the Board of Trustees on Harris Health's 2026 – 2030 Strategic Plan**

January 23, 2025

THINKBRG.COM



# Agenda

- Strategic Planning Process, Timing and Board as a Key Stakeholder
- Stakeholder Engagement
- Strategic Planning Structure
- BRG's Rocket Strategy Model
- Update on Retreat Takeaways

# Strategic Planning Process is Nearing the Close of Phase 2; BRG's Next Board Update Will Be on Phase 3's Efforts



Board Updates

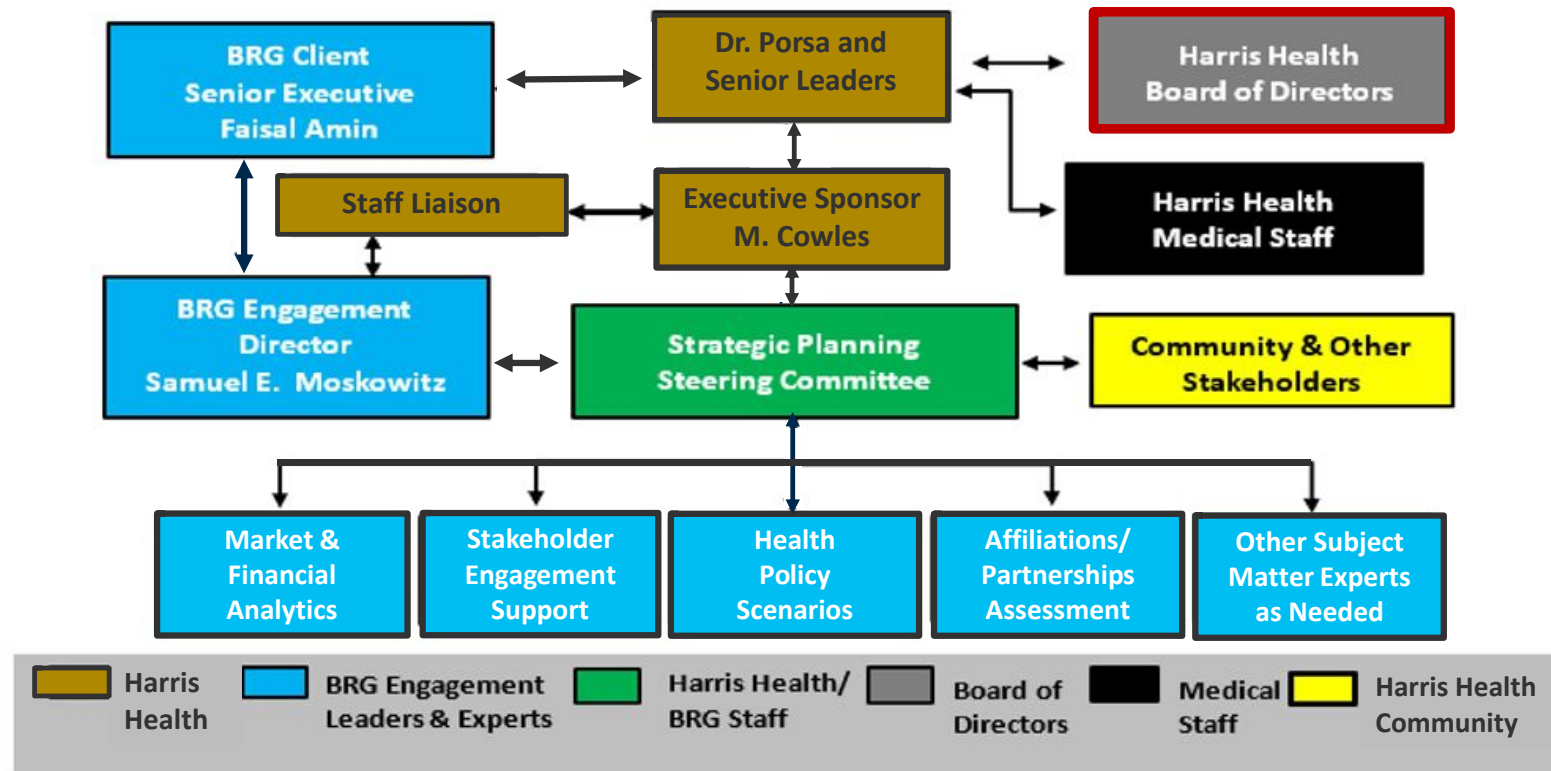


# Extensive Stakeholder Engagement Continues

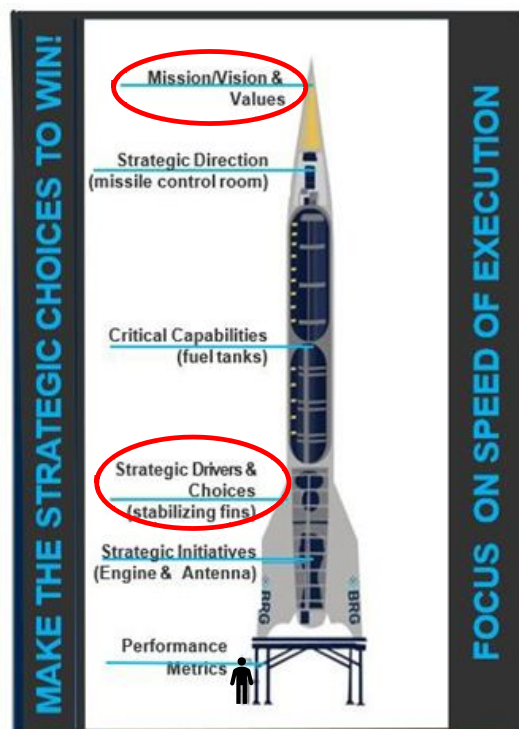
(Representative Sample)

Harris Health Board of Trustees	Harris Health Community Groups (including PFACs)
Harris Health C-Suite Leadership	Harris Health Donors/Prospects
Harris Health Pavillion Leadership (Ambulatory Care Services, Ben Taub & LBJ)	Key Community Leaders
Harris Health Chiefs of Service	Leadership from Schools of Medicine (Baylor, UT, UH)
Harris Health Inpatient Groups (LBJ & Ben Taub)	Leadership from Nursing Schools
Harris Health Ambulatory Division (including Population Health)	Harris County Commissioners
Harris Health Correctional Health Division and Harris County Sheriff's Office	Elected Officials
Harris Health Affiliated Organizations (including FQHCs)	

# Strategic Planning Engagement Structure



# Applying Harris Health's 2021-2025 Strategic Plan to BRG's Rocket Strategy Model Framework



## 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.

## Vision

Harris Health will become the premier public academic healthcare system in the nation.

## Harris Health Values (QUALITY)

**Q**uality & Patient Safety  
**U**nited as One Harris Health System  
**A**ccountable and Just Culture  
**L**eadership & Integrity  
**I**nnovation, Education, Research  
**T**rust, Recognition, Respect  
**Y**ou: Patients, Employees, Medical Staff

## Update and Takeaway's from the Board of Trustees' Retreat

- ☑ To gain clarity on the role of the Board of Trustees as a key stakeholder in the development of the 2026-2030 Strategic Plan
- ☑ To gain input and clarity from the Board of Trustees on Harris Health's Mission, Vision & Values Looking Forward as Part of the 2026-2030 Strategic Plan
- ☑ To engage in a broad discussion on Harris Health's Pillars/Strategic Choices intended to guide the 2026-2030 Strategic Plan and drive our resource allocation decisions for 2026-2030
- ☑ Based on the current and likely future direction of health care in the US, to gain an understanding of how valuable Harris Health is to serving Harris County's uninsured and underserved and the community overall



# BOARD OF TRUSTEES

## Meeting of the Board of Trustees

**HARRISHEALTH**  
SYSTEM

Thursday, January 23, 2025

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

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Jennifer Small, AuD, MBA, CCC-A

Executive Vice President / Administrator, Ambulatory Care Services



# Patient and Family Advisory Councils

## Board Of Trustees Meeting January 23, 2025

Jennifer Small, AuD, MBA, CCC-A EVP Ambulatory Care Services  
David Riddle, CPXP Administrative Director, Patient Experience  
Ellen Aspinall, BT PFAC Member  
Courtney Darton, LBJ PFAC Member

**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 consistent and established platform for patients and families to offer input and perspectives impacting all aspects of healthcare which is endorsed by Center for Medicare & Medicaid Services (CMS) and in alignment with Harris Health Strategic Pillars 2 (People) and 3 (One Harris Health)
- 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, etc.

# PFAC Strategy - Current

- The PFAC approach currently exists in the acute Hospital services for consistency in those areas – One Harris Health
- PFAC – Acute care operations is comprised of councils at LBJ and BT Hospitals
- PFAC Scope
  - Includes a forum for “hearing the voice of the patient” promoting productive bilateral communication
- PFAC Membership
  - Includes patients and family members that have been served by our hospitals



# 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

## PFAC System-wide 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 will partner with ACS PFAC to focus on areas where ACS patient and family member engagement is necessary and valuable
- Membership
  - Current ACS patients and family members
  - Consists of executive leadership from ACS
  - Patient Experience leaders
  - Patient and Nursing co-chairs
- 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 review 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
- 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

## **Harris Health**

### **Patient and Family Advisory Council Charter**

#### **Name**

Patient and Family Advisory Council (PFAC)

#### **Purpose**

The Harris Health Patient and Family Advisory Council (PFAC) serves in an advisory capacity to support Harris Health's mission by fostering a collaborative patient centered approach to the delivery of healthcare. PFAC provides recommendations and insights to Harris Health with the goal of strengthening relationships within the community and improving healthcare quality and outcomes, ensuring a focus on patient centered care.

#### **Vision**

To improve the patient experience by including the voices of patients and families into Harris Health's healthcare delivery system for exceptional patient-centered care.

#### **Mission**

To empower patients and families as active partners in care thereby ensuring a patient care experience that exceeds expectations, delivers ultimate value, and delivers the best possible outcomes.

#### **Goals/Objectives**

- Serves as a formal mechanism for patients and families to offer their input and perspective on processes and programs that impact the patient experience at Harris Health;
- Facilitates structured opportunities for staff to learn from the patients and families that Harris Health serves;
- Builds partnerships between patients, staff and administration to channel information, needs and concerns in support of Harris Health's strategic plan;
- Enhances patient and family satisfaction within Harris Health's system of care; and
- Strengthens Harris Health's connection with the community.



## **Values**

- Respect for diverse opinions and effective listening;
- Compassion and non-judgmental attitudes;
- Accountability in protecting patient privacy;
- Collaboration to achieve positive healthcare outcomes; and
- Commitment to continuous learning and mutual growth.

## **Membership Composition, Selection, Responsibilities and Term**

PFAC consists of Patient and Family Council Members and Employee Council Members.

### **Patient and Family Council Members**

1. Composition:
  - a. Patient and Family Council Members at Ben Taub Hospital, Lyndon B. Johnson Hospital and Ambulatory Care Services will consist of 10-40 patients and family members for each pavilion who have used a variety of services throughout Harris Health including but not limited to the following:
    - i. Acute Care
    - ii. Medical/Surgical Services
    - iii. Operative Services
    - iv. Mental Health Services
    - v. Trauma/Emergency Services
    - vi. Women and Children Services
    - vii. Outpatient Services
    - viii. Ambulatory Care Services (Primary Care and Specialty Care)
  - b. The number of Patient and Family Council Members per pavilion shall be determined by Harris Health Administration.
2. Selection:
  - a. Prospective Harris Health patients and family members who are interested in joining Harris Health's PFAC may apply. Recommendations will be accepted from internal and external referral sources.
    - i. Interested applicants will complete an application and background check.
    - ii. Meet medical clearance requirements
    - iii. Ben Taub and LBJ Hospital pavilion Patient and Family Council Members must be prior patients or family members and ACS Patient and Family Council Members must be existing patients or family members.
    - iv. Prospective members will be screened, interviewed and selected by PFAC Co-Chairs or their designees.

3. Responsibilities:

- a. Each Patient and Family Council Member is expected to:
  - i. Actively participate in meeting discussions and provide constructive input;
  - ii. Prepare for meetings by reviewing materials before meetings;
  - iii. Collaborate with other members to improve patient experiences;
  - iv. Act as change agents to support the achievement and maintenance of quality goals until they become the clinical standards; and
  - v. Maintain confidentiality at all times.

4. Term:

- a. Patient and Family Council Members shall serve a term of two (2) years with the option of renewal.

5. Removal:

- a. Patient and Family Council Members may be removed:
  - i. At the discretion of the PFAC Co-chairs, if the member fails to adhere to the mission, vision, and values of the PFAC;
  - ii. If the member is unable to meet the attendance responsibilities;
  - iii. If patient confidentiality is not strictly adhered to;
  - iv. If the member fails to comply with requirements for membership in this Charter and volunteer requirements; or
  - v. If the member resigns.

6. Orientation and Training:

- a. All selected Patient and Family Council Members will complete an orientation process that will include, but is not limited to:
  - Overview of the PFAC's vision, mission, purpose and organizational structure;
  - Review of member roles, attendance expectations, and responsibilities;
  - HIPAA and confidentiality training; and
- b. Approved members receive identification badges that should be worn at all times when at Harris Health facilities, participating in PFAC activities or representing the PFAC.

## **Employee Council Members**

1. Composition:

- a. Employee Council Members at Ben Taub Hospital, Lyndon B. Johnson Hospital and Ambulatory Care Services include representation from Nursing and or Support Services, Patient Experience and Executive Leadership.

2. PFAC Co-Chairs:

- a. The PFAC will appoint at least two (2) Co-Chairs from Employee Council Members and may include representation from the Patient Experience team and/or a nursing leader at the manager level or higher.
- b. Responsibilities of Co-Chairs include
  - i. Convening and facilitating meetings; and
  - ii. Setting and prioritizing meeting agendas and determine priorities in partnership with Patient and Family Council Members.
- c. PFAC Co-Chairs will serve for a term of at least two years with the option of renewal.

### **Meetings**

- Meetings will be held once a month and occur at least 10 months of the year as determined by the PFAC Co-Chairs.
- Meetings may be held in person and/or virtually as determined by PFAC needs.
- Patient and Family Council members may be requested to participate in Ad hoc Committees by the PFAC Co-Chairs and or Harris Health Administration.
- The PFAC Co-Chairs or their designee shall lead meeting discussion. All members are expected to conduct themselves in a professional and respectful manner.
- Guests invited by Employee Council Members may participate as needed, based on monthly agenda items

### **Attendance**

- It is expected that PFAC members will honor their obligation to regularly attend meetings in-person and/or virtually.
- Regular and consistent attendance by members allows for a meaningful exchange.
- Each member is expected to attend at least 50% of all meetings each year.
- If a member is unable to attend a meeting, notification should be made immediately to one of the PFAC Co-Chairs or designee.
- Failure to comply with attendance requirements is grounds for removal from PFAC membership.

### **Confidentiality**

PFAC members will have access to protected health information and other confidential information. All PFAC members are required to maintain the confidentiality of this information at all times and must sign a Confidentiality Statement.

### **Review, Amendment and Dissolution of the Charter**

This charter will be reviewed annually and may be amended or dissolved at any time at the discretion of Harris Health Administration.

Thursday, January 23, 2025

Presentation Regarding Harris Health's 2024 Employee Experience and Culture  
Survey Results

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Omar C. Reid, MBA, IPMA, CP  
Executive Vice President & Chief People Officer

## 2024 Voices of Harris Health



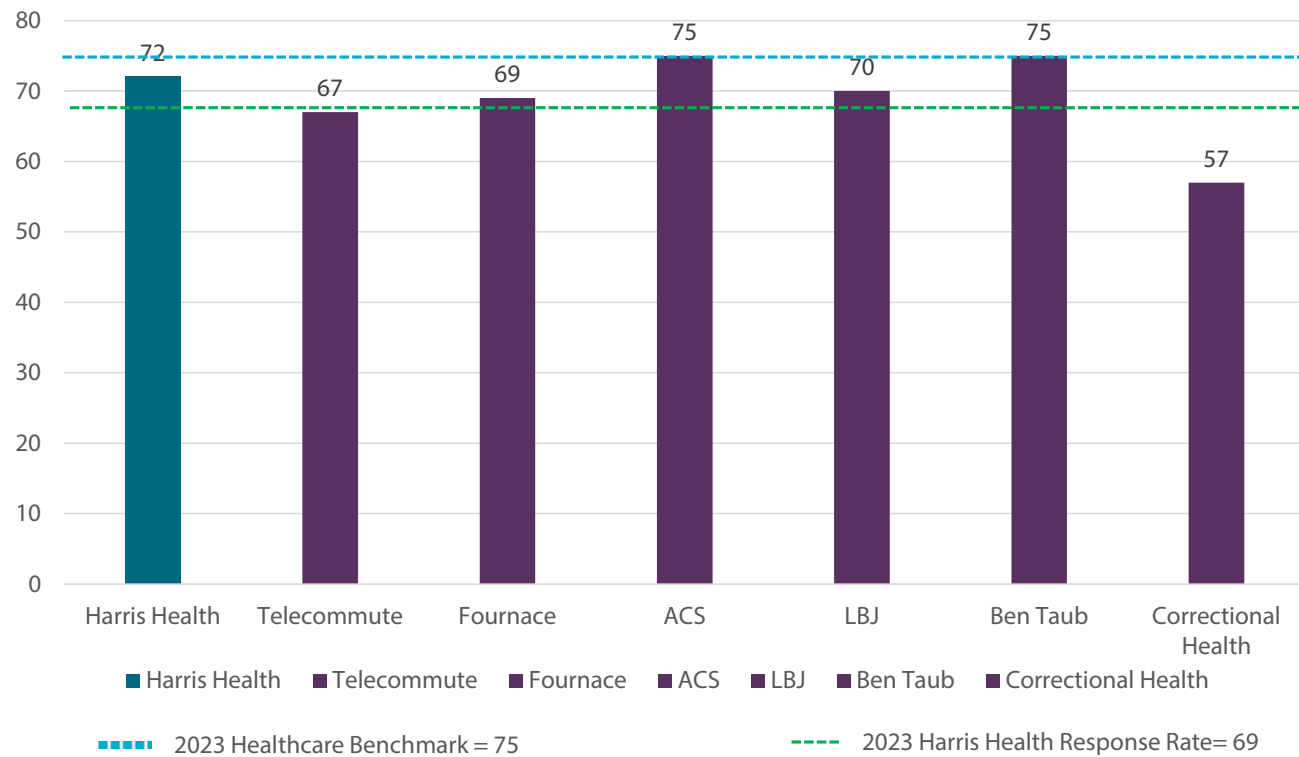
### Engagement Survey Results Overview | Prepared for the Board

Response Rate = 72%

7,772  
participants

9,803  
comments

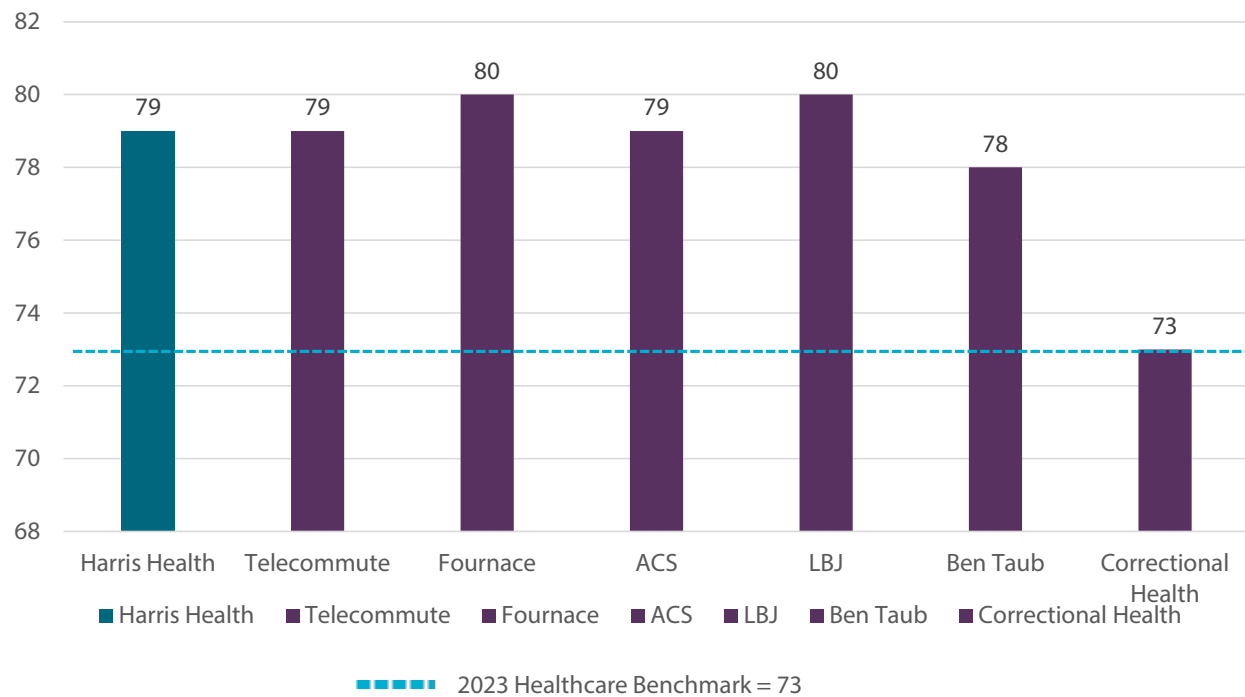
Response Rate by Pavilion



# Engagement Score = 79

All pavilions scored at or above the benchmark for Engagement

Engagement Scores by Pavilion





# Top Strengths for Harris Health

Top Strengths: Safety Culture	Top Strengths: Engagement
<ul style="list-style-type: none"><li>Resources - GPS ⓘ We have the resources we need to keep patients safe.</li></ul>	<ul style="list-style-type: none"><li>Decision Making ⓘ Overall, I am satisfied with how decisions are made at Harris Health.</li></ul>
<ul style="list-style-type: none"><li>Exchange - GPS ⓘ The exchange of information between departments occurs smoothly.</li></ul>	<ul style="list-style-type: none"><li>Benefits ⓘ I am satisfied with the benefits offered at Harris Health.</li></ul>
<ul style="list-style-type: none"><li>Modeling - GPS ⓘ Leadership's actions show that patient safety is a top priority.</li></ul>	<ul style="list-style-type: none"><li>Well-Being ⓘ Harris Health takes a genuine interest in the employees' well-being.</li></ul>

# 2024 Major Themes



## Psychological Safety

“I can speak up without fear of retaliation.”

-6	High	71	↓ 10
vs Healthcare 2023	Impact	Score	Change



## Appreciate Differences

“My workgroup has a culture in which employees appreciate the differences that people bring to the workplace.”

-3	High	75	↓ 2
vs Healthcare 2023	Impact	Score	Change



## Authenticity

“I feel comfortable being myself at work.”

-2	Very High	78	↓ 2
vs Healthcare 2023	Impact	Score	Change

Thursday, January 23, 2025

Presentation Regarding Harris Health's 2024 Medical Staff Engagement  
Summary Survey Results

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*Dr. Steven Brass*

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Steven Brass, MD, MPH, MBA, FACHE

Executive Vice President - Chief Medical Executive

# Harris Health

## 2024 Medical Staff Engagement Results

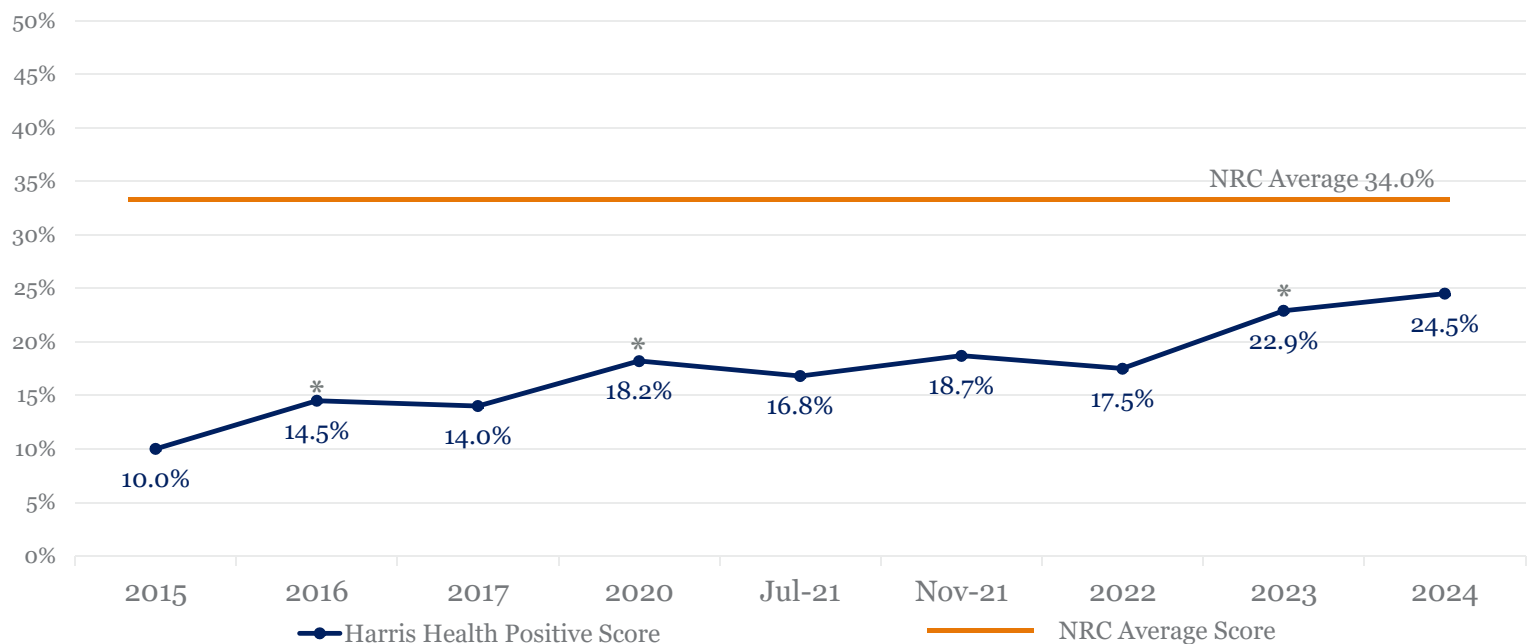
# Capturing the Voice of the Medical Staff

Survey	Year	# Sampled	# Returned	Response %
Harris Health	2024	1,381	694	50.3%
	2023	1,301	600	46.1%
	2022	1,224	451	36.8%
	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%

Survey administered 9/16/2024 – 10/07/2024 | NRC Health average response rate = 51.8%

# Workplace Experience Loyalty Measure

## Overall Rating as a Place to Practice

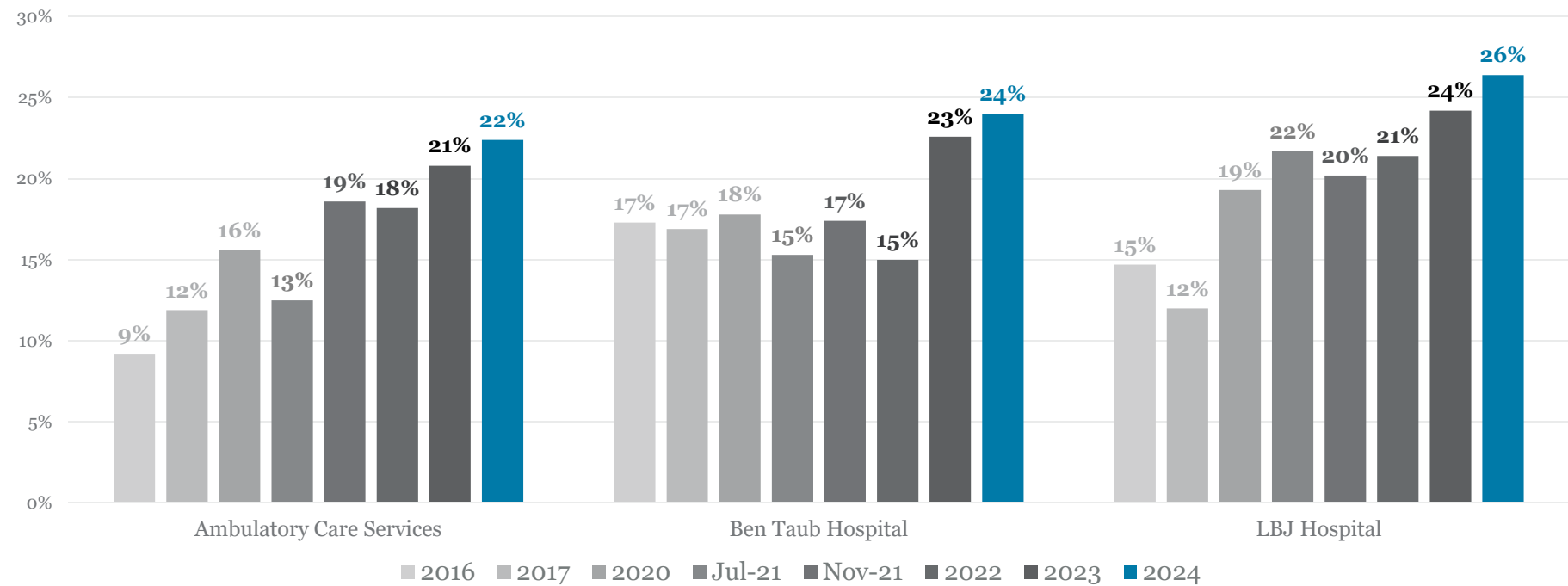


Harris Health 2024 (24.5%) 27<sup>th</sup> Percentile | NRC 75<sup>th</sup> Percentile = 55.5% | \*significant YOY change

Harris Health 2023 (22.9%) 26<sup>th</sup> Percentile | Harris Health 2022 (17.5%) 12<sup>th</sup> Percentile

# Pavilion Comparison Charts

Overall Rating as a Place to Practice



Harris Health Average Score = 23.8% | NRC Health Average Score = 34.0%

## Key Drivers 2024 – Overall Rating as a Place to Practice

Key Drivers	Dimension	NRC Average - Physician 2 Year	Correlation Coefficient	2024	2023	2022
This organization is a great place to practice medicine.	Compensation and Retention	74.2%	0.75	78.6%	79.1%	72.6%
Leadership is committed to improving the working environment of this organization.	Trust and Autonomy	63.3%	0.69	67.5%	66.9%	61.2%
Administrative decisions at this organization are consistent with their stated values.	Commitment	57.3%	0.68	59.2%	58.2%	*56.3%
I am able to do what I do best at this organization.	Commitment	74.2%	0.66	74.9%	73.1%	*70.0%
I would like to continue my affiliation with this organization for the foreseeable future.	Compensation and Retention	84.2%	0.66	86.2%	85.5%	*83.8%
This organization's leadership seriously considers what I have to say.	Trust and Autonomy	50.7%	0.66	50.9%	49.8%	43.6%
This organization is optimally organized to meet both provider and patients' needs.	Communication and Coordination	45.8%	0.65	43.4%	40.8%	42.8%
This organization's administrative policy does more to resolve problems than it does to present barriers to resolving them.	Trust and Autonomy	51.2%	0.64	46.5%	49.0%	45.9%
At this organization, I am able to practice medicine and avoid operational/bureaucratic difficulties.	Trust and Autonomy	48.9%	0.64	48.2%	46.4%	40.8%
This organization allows me freedom to practice medicine in my own style.	Trust and Autonomy	70.2%	0.62	68.5%	*68.2%	62.7%

- Blue scores represent scores significantly higher than the NRC Average.
  - Light blue scores represent scores equal to or greater than the NRC Average.
  - Light gray scores represent scores less than the NRC Average.
  - Dark gray scores represent scores significantly less than the NRC Average.
- \* Indicates this question was not a key driver in previous years



## Top Strengths

Comfort  
Reporting Safety  
Concerns

Nursing Care

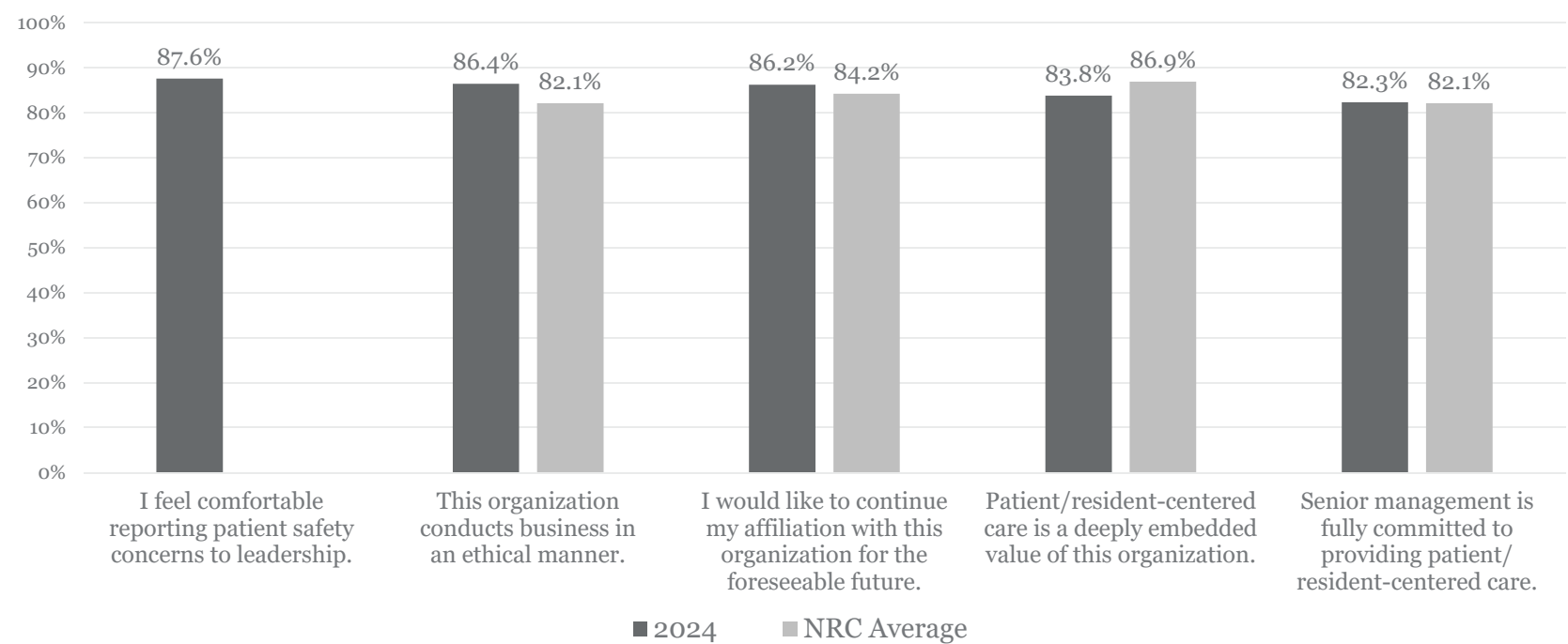
Conducting  
Business in an  
Ethical Manner

Mission -Patient  
Centered Care  
for Underserved  
Community

Emergency  
Preparedness

Communication  
from Leadership

# Workplace Experience Highest Scores 2024



## Top Strengths – Individual Comments

- Appreciates the Doctor's Day events and gifts; feels Harris Health does more to recognize doctors compared to other organizations
- Leadership has improved with communication to medical staff
- Improvements at the Ben Taub doctors' lounge
- Proud to work at Harris Health; believes in the mission, vision, and values
- Love the commercials and billboards; it give Harris Health legitimacy
- Praise towards entire nursing and ancillary staff – “amazing people who turn water into wine”
- Appreciation of disaster plans; consistently centered on keeping staff and patients safe
- Commitment to patient care, education, research, and service to a large, underserved community
- Administration is highly committed to improving patient-centered care
- Proud of the programs and support provided to patients
- Loves the sense of community and family amongst colleagues and staff

# Top Opportunities



# Questions?

Thursday, January 23, 2025

January Committee Reports

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**January Committee Meetings:**

- DEI Committee – January 7, 2025
  - Presentation regarding Harris Health’s 2024 Employee Experience and Culture Survey Results
  - Presentation regarding Harris Health’s Population Health Updates
- Quality Committee – January 7, 2025

*A summary was attached for your review.*

  - Harris Health Safety Message: Minute for Medicine Video
    - Post Operative Infection Prevention
- Joint Conference Committee – January 9, 2025
  - Physician Leadership Reports
  - Presentation Regarding Harris Health’s 2024 Medical Staff Engagement Summary

**Board of Trustees – Executive Summary**  
**Patient Safety & Quality Programs – Open Session Presentation**  
**January 23, 2025**

Please refer to the reports presented at the Quality Committee Meeting Open Session on January 7, 2025 for additional details.

**HRO Safety Message – Video: Post Operative Infection Prevention**

High-reliability Organizations (HROs) are those that successfully complete their missions despite massive complexity and high risk. Examples include the Federal Aviation Administration's Air Traffic Control system, aircraft carriers, and nuclear power plants. In each case, even a minor error could have catastrophic consequences. Yet, adverse outcomes in these organizations are rare. Five principles of a High Reliability Organization (HRO) are: (1) Preoccupation with failure; (2) Reluctance to simplify interpretations; (3) Sensitivity to operations; (4) Commitment to resilience; and (5) Deference to expertise.



**Paige McInnis**  
**Harris County Purchasing Agent**

January 06, 2025

Board of Trustees Office  
Harris Health

**RE: Board of Trustees Meeting – January 23, 2025**  
**Budget and Finance Agenda Items**

The Office of the Harris County Purchasing Agent recommends review of the attached procurement actions:  
Approvals

All recommendations are within the guidelines established by Harris County and Harris Health.

Sincerely,

*Paige McInnis*

Paige McInnis  
Purchasing Agent

JA/ea  
Attachments



Budget and Finance Agenda Items for the Harris County Hospital District dba Harris Health System - Board of Trustees Report

Expenditure Summary: January 23, 2025 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	Healthstream, Inc.  MWBE Goal: Exempt Sole Source	<b>Competency Development System for Harris Health</b> - In December 2024, the Board of Trustees approved Healthstream, Inc. to provide on-line competency assessment services. The term and amount have been corrected to reflect the three-year initial term required for continued services and stated in Amendment to the Agreement.  <b>Sole Source Exemption, Board Motion 24.12-175</b>	Ratify Corrected Term and Amount  January 01, 2025 through December 31, 2027	Lourdes Moore	\$ 316,961	\$ 978,496
A2	Forvis LLP (HCHD-1507)  MWBE Goal: Exempt Sole Source	<b>Strategic Revenue Consulting Services for Harris Health</b> - To provide strategic revenue consulting and implementation services for Harris Health.  <b>Sole Source Exemption</b>	Award Sole Source Exemption  One (1) year initial term with one (1) one-year renewal options	Victoria Nikitin		\$ 830,000
A3	Cigna Health & Life Insurance Company (GA-06734)  MWBE Goal: N/A Contract was procured prior to MWBE program	<b>Group Medical &amp; Stop Loss Coverage for Harris Health</b> - Additional funds are needed to cover stop loss rate increase.  <b>Job No. 160065, Board Motion 23.12-176</b>	Additional Funds  October 01, 2024 through September 30, 2025	Amy Salinas	\$ 5,600,000	\$ 752,941
A4	Best Care EMS, LTD (HCHD-715)  MWBE Goal: 100%	<b>Ambulance Services for Harris Health</b> - Additional funds are required to cover an unforeseen increased volume of ambulance services required for patients to and from various Harris Health facilities and clinics as well as other locations.  <b>Public Health or Safety Exemption, Board Motion 24.02-28</b>	Ratify Additional Funds Public Health or Safety Exemption  April 01, 2024 through March 31, 2025	Ruth Russell	\$ 600,000	\$ 700,000
A5	Biosense Webster Inc A Johnson & Johnson Co  MWBE Goal: Exempt Sole Source	<b>Invasive Cardiac Mapping System for Harris Health</b> - To add one (1) invasive cardiac mapping system to the Ben Taub Cath Lab expansion project.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption	Arun Mathew		\$ 598,551
A6	Global Healthcare Exchange, LLC  MWBE Goal: Exempt Sole Source	<b>eCommerce Procurement Cycle Solutions and Subscription Services for Harris Health</b> - In December 2024, a transmittal letter was written to continue to provide eCommerce solutions subscriptions. The term and amount have been corrected to reflect the three-year initial term required for continued services stated in the Agreement.  <b>Sole Source Exemption</b>	Ratify Corrected Term and Amount  November 07, 2024 through November 06, 2027	Joemon James	\$ 186,189	\$ 492,076
A7	Epic Systems Corporation [GA-04577]  MWBE Goal: Exempt Sole Source	<b>Epic Back to Foundation System Services for Harris Health</b> - To provide professional services for 10-month project to support approved "Big Rocks" project, Back to Foundation System Implementation. The project involves one (1) Implementation Director and nine (9) Application Managers across EpicCare Ambulatory, Cogito, IP Clinical Documentation, Grand Central, IP Orders, Patient Access, Patient Experience, Hospital Billing, and Professional Billing.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption	David Burnett		\$ 374,000
					Total Expenditures	\$ 4,726,064
					Total Revenue	\$ (0)

Thursday, January 23, 2025

Consideration of Approval of Grant Recommendations  
(Item B1 through B2 of the Grant Matrix)

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Grant Recommendation:

- B1. Grant Award Renewal to provide early intervention primary medical care to HIV positive patients of Harris Health
- Grantor: United States Department of Health Resources and Services Administration (HRSA), Funded by Part C of the Ryan White HIV/AIDS Treatment Extension Act of 2009
  - Term: January 1, 2025 – December 31, 2025
  - Award Amount: \$ 375,492.00
  - Project Owner: Dr. Jennifer Small
- B2. Ratification of a Second Amendment to an Interlocal Agreement to provide funding for mental health & women's health services to HIV positive patients of Harris Health
- Grantor: Harris County Public Health, Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A
  - Term: March 1, 2024 – February 28, 2025
  - Award Amount: \$127,418.00
  - Project Owner: Dr. Jennifer Small

**Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report**  
**Grant Matrix: January 23, 2025**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	United States Department of Health Resources and Services Administration (HRSA), <i>Funded by Part C of the Ryan White HIV/AIDS Treatment Extension Act of 2009</i>	Consideration of Approval of a Grant Award Renewal from the United States Department of Health Resources and Services Administration (HRSA) to the Harris County Hospital District d/b/a Harris Health Funded by Part C of the Ryan White HIV/AIDS Treatment Extension Act of 2009 to Provide <b>Early Intervention Primary Medical Care to HIV Positive Patients</b> of Harris Health.	<b>Renewal of a Grant Award</b>	January 1, 2025 through December 31, 2025	Dr. Jennifer Small	\$ 375,492.00
B2	Harris County Public Health, <i>Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A</i>	Consideration of Approval to Ratify a Second Amendment of an Interlocal Agreement Between the Harris County Hospital District d/b/a Harris Health and Harris County Public Health Funded by Ryan White HIV/AIDS Treatment Extension Act of 2009 Part A to Provide <b>Primary Medical Care, Psychiatric Services, Obstetric and Gynecological Care, and Local Pharmacy Assistance Program to HIV Positive Patients</b> of Harris Health. <b>Increased Award Amount: \$127,418.00</b> <b>Total Award Amount: \$10,085,082.00</b>	<b>Ratification of a Second Amendment Interlocal Agreement</b>	March 1, 2024 through February 28, 2025	Dr. Jennifer Small	\$ 127,418.00
<b>TOTAL AMOUNT:</b>						<b>\$ 502,910.00</b>

Thursday, January 23, 2025

Consideration of Approval of Contract Recommendations  
(Items C1 through C2 of the Contract Matrix)

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Contract Recommendations:

C1. Lease Amendment for the Patient Financial Services office space

- Promisor: WS/Griffin Loop Central Property, LLC
- Project Owner: Patrick Casey

C2. Lease Amendment for the Pharmacy Central Fill

- Promisor: IND HOUTX TTP LEGACY, LLC
- Project Owner: Patrick Casey

**Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report**  
**Contract Matrix: January 23, 2025**

<b>No.</b>	<b>Promisor</b>	<b>Description/Justification</b>	<b>Action, Basis of Recommendation</b>	<b>Project Owner</b>
C1	WS/Griffin Loop Central Property, LLC	Consideration of Approval to Amend the Lease with WS/Griffin Loop Central Property, LLC for the Patient Financial Services Office Space.	Lease Amendment	Patrick Casey
C2	IND HOUTX TTP LEGACY, LLC	Consideration of Approval to Amend the Lease with IND HOUTX TTP LEGACY, LLC for the Pharmacy Central Fill.	Lease Amendment	Patrick Casey

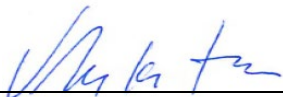
Thursday, January 23, 2025

Consideration of Acceptance of the Harris Health November 2024 Financial Report  
Subject to Audit

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Attached for your review and consideration is the November 2024 Financial Report.

Administration recommends that the Board accept the financial report for the period ended November 30, 2024, subject to final audit.



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Victoria Nikitin  
EVP – Chief Financial Officer



# Financial Statements

As of November 30, 2024  
Subject to Audit





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Statistical Highlights Graphs.....10 – 21



# Financial Highlights Review **HARRISHEALTH**

As of November 30, 2024

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Operating income for the month ended November 30, 2024 was \$6.9 million compared to budgeted income of \$5.7 million.

Total net revenue for the month ended November 30, 2024 of \$205.0 million was \$15.0 million or 6.82% less than budget. Net patient revenue and ad valorem taxes were \$5.8 million and \$2.0 million, respectively, less than budget. Medicaid Supplemental programs were \$4.2 million less than expected primarily due to timing.

For November 30, 2024, total expenses of \$198.2 million were \$16.2 million or 7.56% less than budget. Total services had a favorable variance of \$7.8 million driven mostly by lower maintenance and physician expense. Total staff costs were \$4.5 million lower and utilization of supplies, mostly non-clinical, was \$4.8 million favorable.

Through the month ended November 30, 2024, total patient days and average daily census increased 1.8% compared to budget. Inpatient case mix index, a measure of patient acuity, and length of stay were 0.7% and 3.0% lower, respectively, than budget. Emergency room visits were 8.0% lower than planned for the month. Total clinic visits, including telehealth, were 0.3% higher compared to budget. Births were up 14.7%.

Total cash receipts for the month were \$100.6 million. The System has \$1,155.0 million in unrestricted cash, cash equivalents and investments, representing 178.3 days cash on hand. Harris Health System has \$134.1 million in net accounts receivable, representing 72.7 days of outstanding patient accounts receivable at November 30, 2024. The November balance sheet reflects a combined net receivable position of \$125.9 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$1,019.0 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include \$852.2 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of November 30, 2024, no current ad valorem tax collections were received and \$85.2 million in current ad valorem tax revenue was recognized.

# Income Statement

**HARRISHEALTH**

As of November 30, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
<b>REVENUE</b>								
Net Patient Revenue	\$ 56.4	\$ 62.2	-9.4%	\$ 112.6	\$ 125.5	-10.3%	\$ 117.5	-4.2%
Medicaid Supplemental Programs	49.7	53.9	-7.9%	105.6	107.9	-2.1%	137.8	-23.4%
Other Operating Revenue	11.3	11.7	-3.0%	22.4	24.2	-7.5%	18.9	18.3%
<b>Total Operating Revenue</b>	<b>\$ 117.3</b>	<b>\$ 127.8</b>	<b>-8.2%</b>	<b>\$ 240.6</b>	<b>\$ 257.6</b>	<b>-6.6%</b>	<b>\$ 274.2</b>	<b>-12.3%</b>
Net Ad Valorem Taxes	83.1	85.1	-2.3%	166.2	170.1	-2.3%	149.6	11.1%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	0.8	0.0%	-	1.7	-100.0%	-	0.0%
Interest Income & Other	4.7	6.5	-27.7%	11.4	12.9	-12.1%	13.6	-16.2%
<b>Total Nonoperating Revenue</b>	<b>\$ 87.8</b>	<b>\$ 92.4</b>	<b>-5.0%</b>	<b>\$ 177.6</b>	<b>\$ 184.7</b>	<b>-3.9%</b>	<b>\$ 163.2</b>	<b>8.8%</b>
<b>Total Net Revenue</b>	<b>\$ 205.1</b>	<b>\$ 220.1</b>	<b>-6.8%</b>	<b>\$ 418.1</b>	<b>\$ 442.3</b>	<b>-5.5%</b>	<b>\$ 437.4</b>	<b>-4.4%</b>
<b>EXPENSE</b>								
Salaries and Wages	\$ 78.2	\$ 81.9	4.5%	\$ 159.2	\$ 162.4	1.9%	\$ 152.9	-4.2%
Employee Benefits	26.8	27.7	2.9%	54.5	55.3	1.6%	55.7	2.1%
<b>Total Labor Cost</b>	<b>\$ 105.1</b>	<b>\$ 109.6</b>	<b>4.1%</b>	<b>\$ 213.7</b>	<b>\$ 217.7</b>	<b>1.8%</b>	<b>\$ 208.5</b>	<b>-2.5%</b>
Supply Expenses	24.0	28.8	16.6%	53.2	58.1	8.6%	51.1	-4.0%
Physician Services	37.2	38.7	4.1%	74.3	77.5	4.1%	73.9	-0.5%
Purchased Services	23.6	29.8	20.9%	50.5	59.7	15.4%	42.7	-18.3%
Depreciation & Interest	8.4	7.5	-12.0%	17.1	15.0	-14.3%	17.7	3.1%
<b>Total Operating Expense</b>	<b>\$ 198.2</b>	<b>\$ 214.5</b>	<b>7.6%</b>	<b>\$ 408.8</b>	<b>\$ 428.0</b>	<b>4.5%</b>	<b>\$ 394.0</b>	<b>-3.8%</b>
<b>Operating Income (Loss)</b>	<b>\$ 6.9</b>	<b>\$ 5.7</b>		<b>\$ 9.3</b>	<b>\$ 14.3</b>		<b>\$ 43.4</b>	
<b>Total Margin %</b>	<b>3.4%</b>	<b>2.6%</b>		<b>2.2%</b>	<b>3.2%</b>		<b>9.9%</b>	

# Balance Sheet

**HARRISHEALTH**

November 30, 2024 and 2023 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<b><u>CURRENT ASSETS</u></b>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,155.0	\$ 1,166.0
Net Patient Accounts Receivable	134.1	179.3
Net Ad Valorem Taxes, Current Portion	1,019.0	906.1
Other Current Assets	189.1	253.2
<b>Total Current Assets</b>	<b>\$ 2,497.2</b>	<b>\$ 2,504.5</b>
<b><u>CAPITAL ASSETS</u></b>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 567.9	\$ 525.9
Construction in Progress	253.5	146.7
Right of Use Assets	35.3	42.4
<b>Total Capital Assets</b>	<b>\$ 856.8</b>	<b>\$ 714.9</b>
<b><u>ASSETS LIMITED AS TO USE &amp; RESTRICTED ASSETS</u></b>		
Debt Service & Capital Asset Funds	\$ 35.3	\$ 41.3
LPPF Restricted Cash	12.8	1.6
Capital Gift Proceeds	54.1	55.5
Other - Restricted	1.0	1.0
<b>Total Assets Limited As to Use &amp; Restricted Assets</b>	<b>\$ 103.2</b>	<b>\$ 99.3</b>
Other Assets	34.5	32.8
Deferred Outflows of Resources	182.3	234.8
<b>Total Assets &amp; Deferred Outflows of Resources</b>	<b>\$ 3,674.1</b>	<b>\$ 3,586.4</b>
<b><u>CURRENT LIABILITIES</u></b>		
Accounts Payable and Accrued Liabilities	\$ 168.2	\$ 180.0
Employee Compensation & Related Liabilities	152.5	136.2
Deferred Revenue - Ad Valorem	852.2	757.5
Estimated Third-Party Payor Settlements	30.3	19.3
Current Portion Long-Term Debt and Capital Leases	36.5	36.6
<b>Total Current Liabilities</b>	<b>\$ 1,239.8</b>	<b>\$ 1,129.6</b>
Long-Term Debt	278.4	299.0
Net Pension & Post Employment Benefits Liability	685.5	778.5
Other Long-Term Liabilities	8.2	7.1
Deferred Inflows of Resources	110.4	115.3
<b>Total Liabilities</b>	<b>\$ 2,322.1</b>	<b>\$ 2,329.6</b>
<b>Total Net Assets</b>	<b>\$ 1,351.9</b>	<b>\$ 1,256.8</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 3,674.1</b>	<b>\$ 3,586.4</b>

# Cash Flow Summary

**HARRISHEALTH**

As of November 30, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
<b><u>CASH RECEIPTS</u></b>				
Collections on Patient Accounts	\$ 60.9	\$ 66.0	\$ 135.1	\$ 130.8
Medicaid Supplemental Programs	28.9	(7.7)	3.1	395.7
Net Ad Valorem Taxes	0.0	0.0	0.1	0.1
Tobacco Settlement	-	-	-	-
Other Revenue	10.8	10.4	20.0	25.8
<b>Total Cash Receipts</b>	<b>\$ 100.6</b>	<b>\$ 68.7</b>	<b>\$ 158.3</b>	<b>\$ 552.4</b>
<b><u>CASH DISBURSEMENTS</u></b>				
Salaries, Wages and Benefits	\$ 105.6	\$ 106.7	\$ 208.8	\$ 225.1
Supplies	36.1	22.5	72.0	46.9
Physician Services	35.9	31.4	71.1	67.2
Purchased Services	25.6	18.5	54.7	40.6
Capital Expenditures	32.4	10.9	61.8	27.3
Debt and Interest Payments	0.1	0.3	0.3	0.5
Other Uses	(3.4)	(13.9)	(2.1)	(8.5)
<b>Total Cash Disbursements</b>	<b>\$ 232.3</b>	<b>\$ 176.4</b>	<b>\$ 466.7</b>	<b>\$ 399.1</b>
<b>Net Change</b>	<b>\$ (131.7)</b>	<b>\$ (107.6)</b>	<b>\$ (308.4)</b>	<b>\$ 153.3</b>
Unrestricted cash, cash equivalents and investments - Beginning of year			\$ 1,463.4	
Net Change			\$ (308.4)	
<b>Unrestricted cash, cash equivalents and investments - End of period</b>			<b>\$ 1,155.0</b>	

# Performance Ratios

**HARRISHEALTH**

As of November 30, 2024 and 2023 (in \$ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
<b><u>OPERATING HEALTH INDICATORS</u></b>					
Operating Margin %	3.4%	2.6%	2.2%	3.2%	9.9%
Run Rate per Day (In\$ Millions)	\$ 6.4	\$ 6.9	\$ 6.4	\$ 6.8	\$ 6.2
Salary, Wages & Benefit per APD	\$ 2,376	\$ 2,527	\$ 2,362	\$ 2,462	\$ 2,373
Supply Cost per APD	\$ 543	\$ 664	\$ 588	\$ 658	\$ 582
Physician Services per APD	\$ 840	\$ 893	\$ 821	\$ 876	\$ 841
<b>Total Expense per APD</b>	<b>\$ 4,482</b>	<b>\$ 4,944</b>	<b>\$ 4,518</b>	<b>\$ 4,841</b>	<b>\$ 4,483</b>
Overtime as a % of Total Salaries	3.3%	3.1%	3.3%	3.1%	3.7%
Contract as a % of Total Salaries	3.5%	2.8%	3.4%	2.9%	5.0%
Full-time Equivalent Employees	10,513	10,891	10,470	10,612	10,359
<b><u>FINANCIAL HEALTH INDICATORS</u></b>					
Quick Ratio			2.0		2.2
Unrestricted Cash (In \$ Millions)			\$ 1,155.0	\$ 1,204.0	\$ 1,166.0
Days Cash on Hand			178.3	177.3	187.2
Days Revenue in Accounts Receivable			72.7	74.7	93.1
Days in Accounts Payable			46.4		51.3
Capital Expenditures/Depreciation & Amortization			402.3%		201.0%
Average Age of Plant(years)			10.0		10.7

# Harris Health System Key Indicators



# Statistical Highlights

**HARRISHEALTH**

As of November 30, 2024 and 2023

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT QUARTER	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	44,230	43,377	2.0%	90,476	88,416	2.3%	87,879	3.0%
Outpatient % of Adjusted Volume	62.6%	60.3%	3.7%	63.5%	61.4%	3.3%	61.5%	3.2%
Primary Care Clinic Visits	43,502	43,237	0.6%	94,156	91,217	3.2%	88,361	6.6%
Specialty Clinic Visits	20,036	19,602	2.2%	43,625	40,908	6.6%	40,541	7.6%
Telehealth Clinic Visits	9,226	9,714	-5.0%	20,088	19,958	0.7%	19,292	4.1%
<b>Total Clinic Visits</b>	<b>72,764</b>	<b>72,553</b>	<b>0.3%</b>	<b>157,869</b>	<b>152,083</b>	<b>3.8%</b>	<b>148,194</b>	<b>6.5%</b>
Emergency Room Visits - Outpatient	10,585	11,398	-7.1%	23,378	23,141	1.0%	22,418	4.3%
Emergency Room Visits - Admitted	1,520	1,753	-13.3%	3,370	3,595	-6.3%	3,682	-8.5%
<b>Total Emergency Room Visits</b>	<b>12,105</b>	<b>13,151</b>	<b>-8.0%</b>	<b>26,748</b>	<b>26,736</b>	<b>0.0%</b>	<b>26,100</b>	<b>2.5%</b>
Surgery Cases - Outpatient	968	931	4.0%	1,964	1,856	5.8%	1,936	1.4%
Surgery Cases - Inpatient	803	840	-4.4%	1,820	1,704	6.8%	1,677	8.5%
<b>Total Surgery Cases</b>	<b>1,771</b>	<b>1,771</b>	<b>0.0%</b>	<b>3,784</b>	<b>3,560</b>	<b>6.3%</b>	<b>3,613</b>	<b>4.7%</b>
<b>Total Outpatient Visits</b>	<b>121,573</b>	<b>119,920</b>	<b>1.4%</b>	<b>262,680</b>	<b>249,607</b>	<b>5.2%</b>	<b>240,159</b>	<b>9.4%</b>
Inpatient Cases (Discharges)	2,605	2,626	-0.8%	5,226	5,346	-2.2%	5,470	-4.5%
Outpatient Observation Cases	934	785	19.0%	1,995	1,667	19.7%	1,871	6.6%
<b>Total Cases Occupying Patient Beds</b>	<b>3,539</b>	<b>3,411</b>	<b>3.8%</b>	<b>7,221</b>	<b>7,013</b>	<b>3.0%</b>	<b>7,341</b>	<b>-1.6%</b>
Births	499	435	14.7%	1,002	899	11.5%	870	15.2%
Inpatient Days	16,552	17,201	-3.8%	33,057	34,119	-3.1%	33,856	-2.4%
Outpatient Observation Days	3,578	2,572	39.1%	7,220	5,329	35.5%	5,843	23.6%
<b>Total Patient Days</b>	<b>20,130</b>	<b>19,773</b>	<b>1.8%</b>	<b>40,277</b>	<b>39,448</b>	<b>2.1%</b>	<b>39,699</b>	<b>1.5%</b>
Average Daily Census	671.0	659.1	1.8%	660.3	646.7	2.1%	650.8	1.5%
Average Operating Beds	702	700	0.3%	702	700	0.3%	696	0.9%
Bed Occupancy %	95.6%	94.2%	1.5%	94.1%	92.4%	1.8%	93.5%	0.6%
Inpatient Average Length of Stay	6.35	6.55	-3.0%	6.33	6.38	-0.9%	6.19	2.2%
Inpatient Case Mix Index (CMI)	1.700	1.712	-0.7%	1.684	1.712	-1.7%	1.684	0.0%
<b><u>Payor Mix (% of Charges)</u></b>								
Charity & Self Pay	41.4%	43.4%	-4.4%	42.4%	43.4%	-2.1%	45.5%	-6.8%
Medicaid & Medicaid Managed	19.8%	19.4%	1.8%	19.2%	19.4%	-1.1%	20.3%	-5.2%
Medicare & Medicare Managed	10.6%	11.4%	-7.3%	10.7%	11.4%	-6.9%	11.5%	-7.0%
Commercial & Other	28.2%	25.8%	9.4%	27.7%	25.8%	7.5%	22.8%	21.7%
<b>Total Unduplicated Patients - Rolling 12</b>				<b>247,179</b>			<b>247,560</b>	<b>-0.2%</b>
<b>Total New Patient - Rolling 12</b>				<b>90,111</b>			<b>88,370</b>	<b>2.0%</b>

# Harris Health

## Statistical Highlights

November FY 2025

### Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,539	3,411	3,415

### Cases Occupying Beds - YTD

Actual	Budget	Prior Year
7,221	7,013	7,340

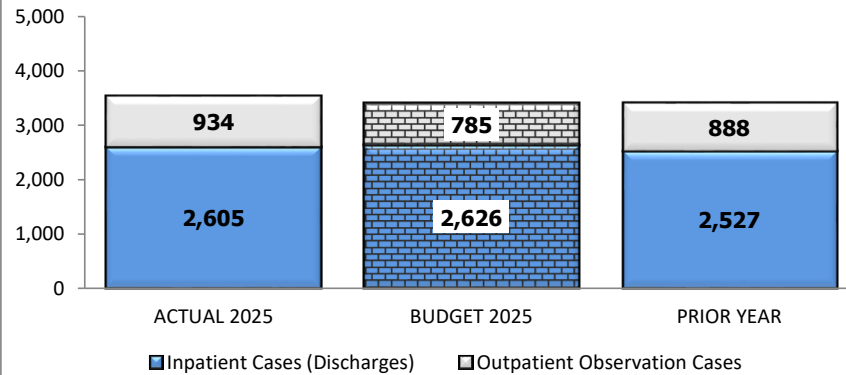
### Emergency Visits - CM

Actual	Budget	Prior Year
12,105	13,151	12,396

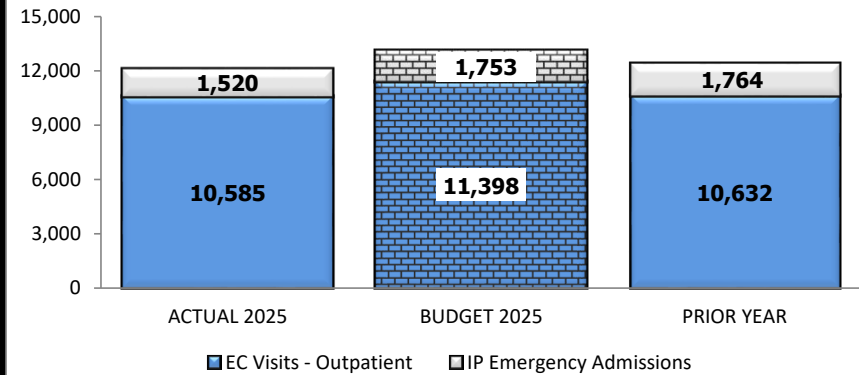
### Emergency Visits - YTD

Actual	Budget	Prior Year
26,748	26,736	26,100

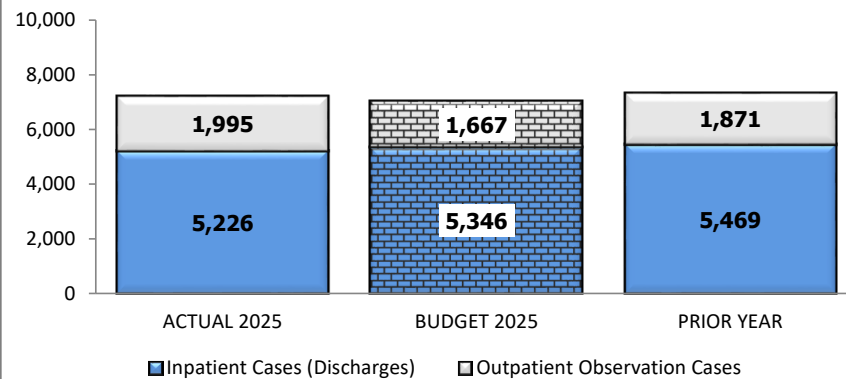
### Cases Occupying Beds - Current Month



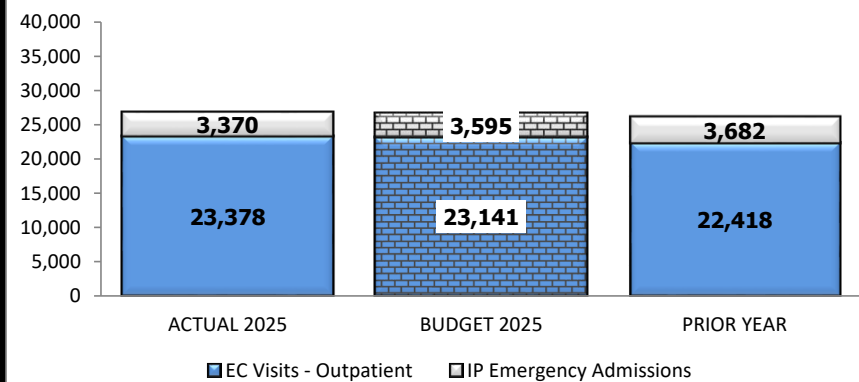
### Emergency Visits - Current Month



### Cases Occupying Beds - YTD



### Emergency Visits - YTD





# Harris Health

## Statistical Highlights

November FY 2025

### Surgery Cases - CM

Actual	Budget	Prior Year
1,771	1,771	1,715

### Surgery Cases - YTD

Actual	Budget	Prior Year
3,784	3,560	3,613

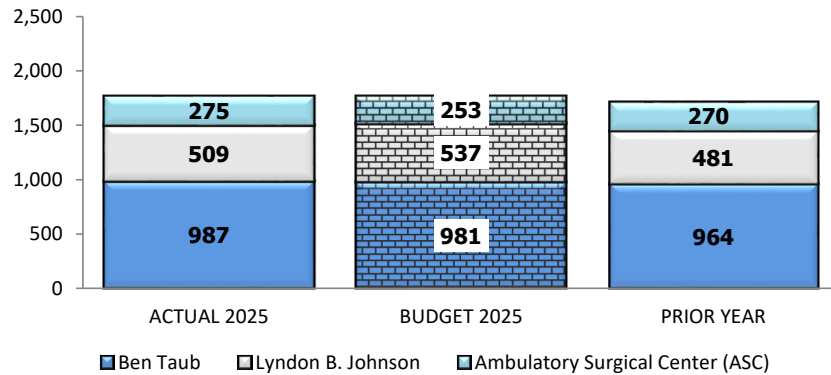
### Clinic Visits - CM

Actual	Budget	Prior Year
72,764	72,553	70,574

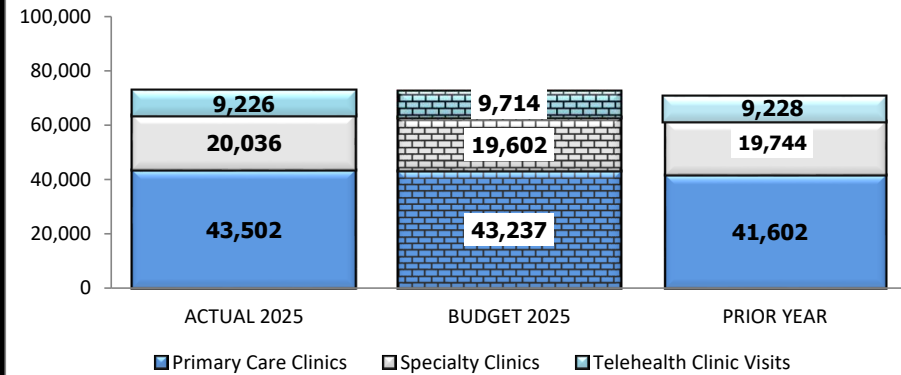
### Clinic Visits - YTD

Actual	Budget	Prior Year
157,869	152,083	148,194

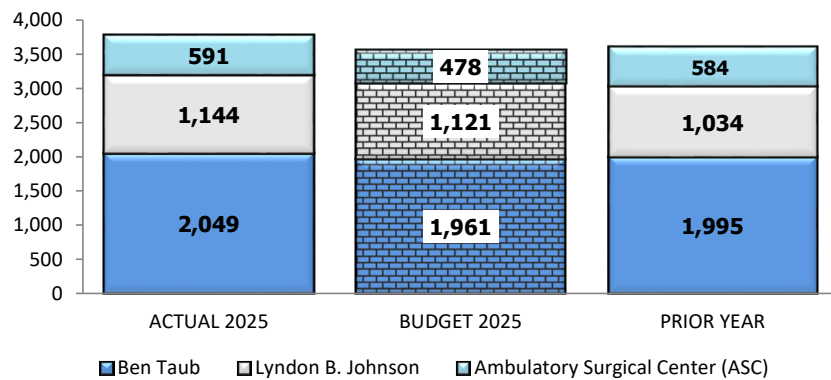
### Surgery Cases - Current Month



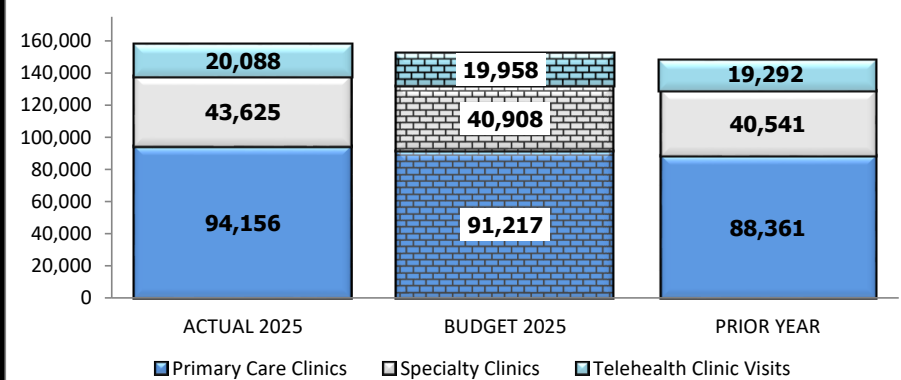
### Clinic Visits - Current Month



### Surgery Cases - YTD



### Clinic Visits - YTD



# Harris Health

## Statistical Highlights

November FY 2025

### Adjusted Patient Days - CM

44,230

### Adjusted Patient Days - YTD

90,476

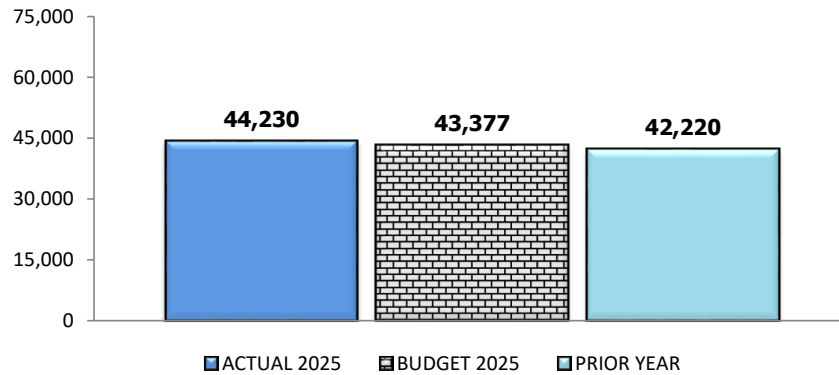
### Average Daily Census - CM

671.0

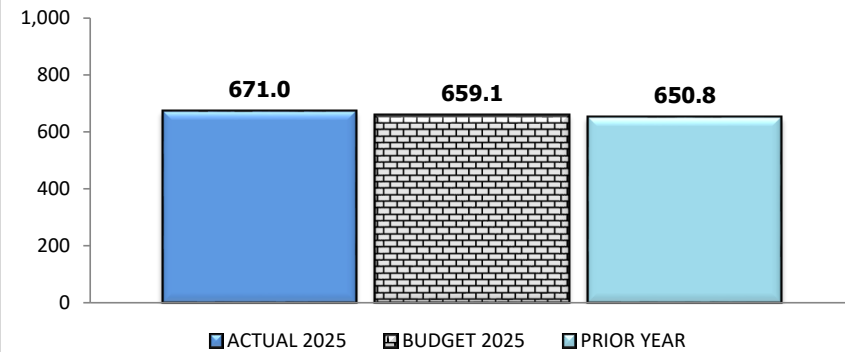
### Average Daily Census - YTD

660.3

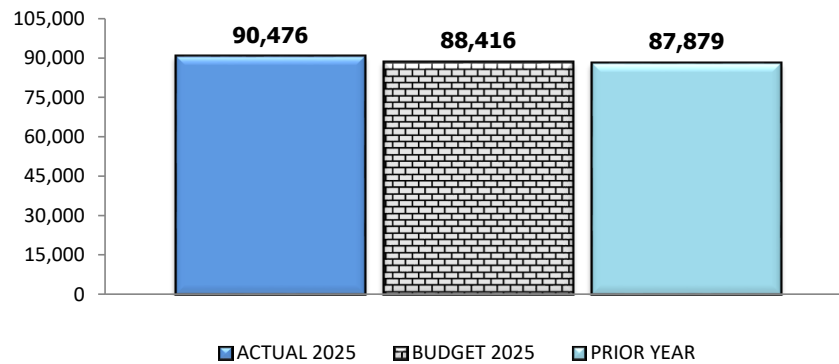
### Adjusted Patient Days - Current Month



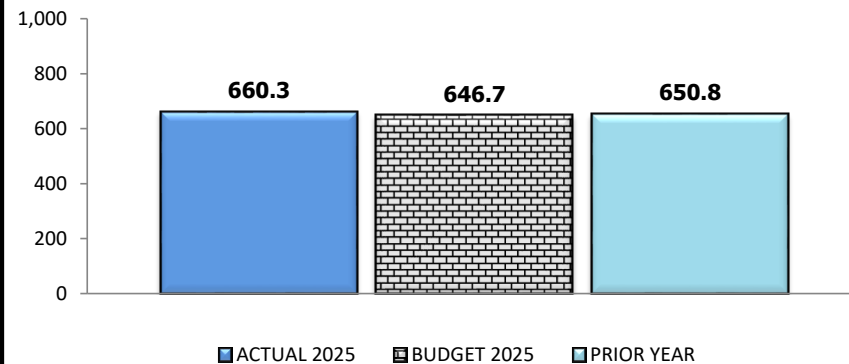
### Average Daily Census - Current Month



### Adjusted Patient Days - YTD



### Average Daily Census - YTD



# Harris Health

## Statistical Highlights

November FY 2025

### Inpatient ALOS - CM

6.35

### Inpatient ALOS - YTD

6.33

### Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.700

1.905

### Case Mix Index (CMI) - YTD

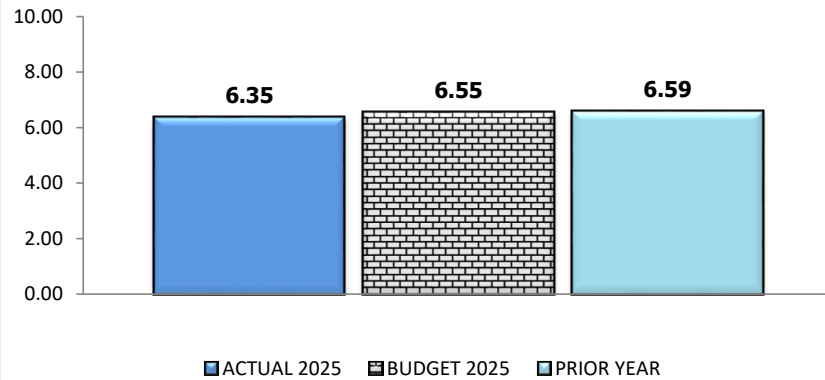
Overall

Excl. Obstetrics

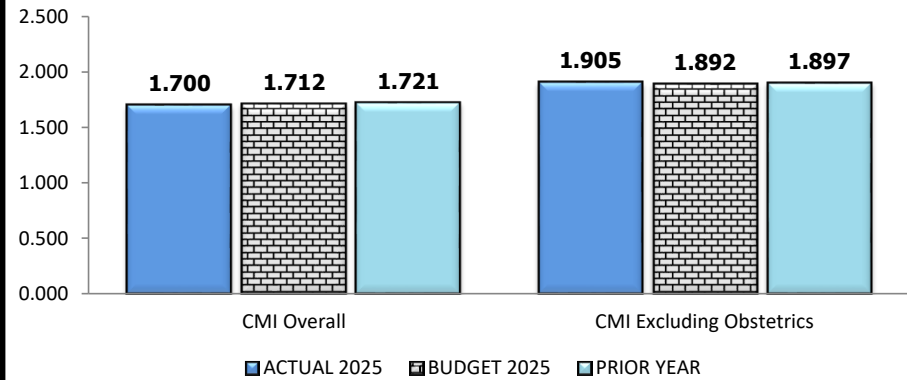
1.684

1.884

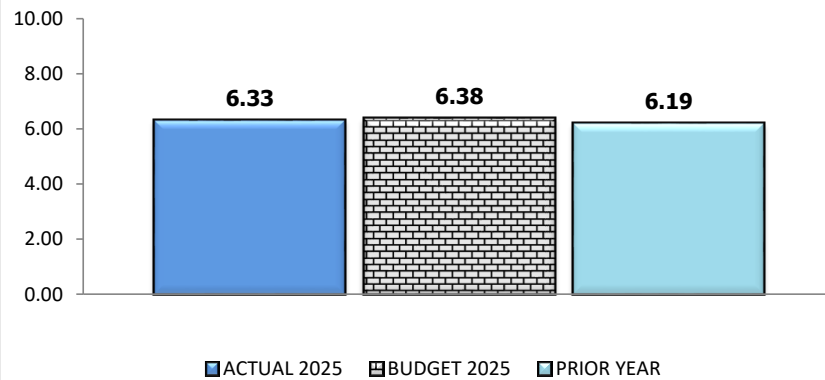
### Inpatient ALOS - Current Month



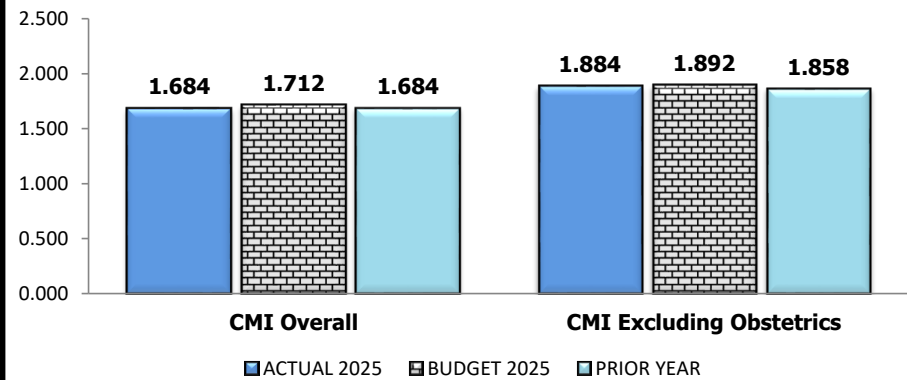
### Case Mix Index - Current Month



### Inpatient ALOS - YTD



### Case Mix Index - YTD



# Harris Health

## Statistical Highlights - Cases Occupying Beds

November FY 2025

### BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,024	1,995	2,084

### BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
4,176	4,128	4,372

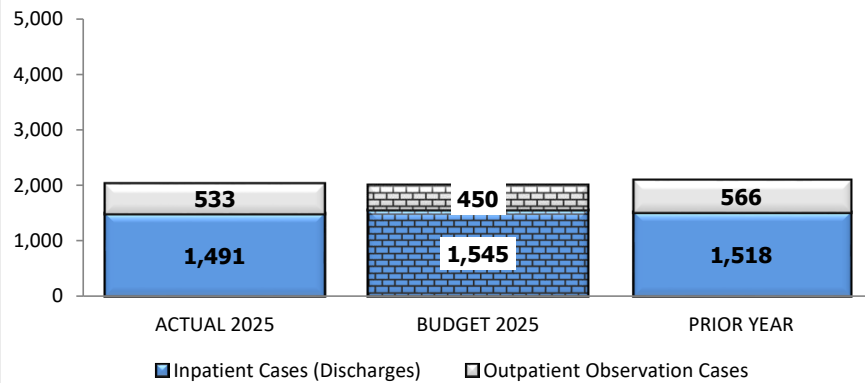
### LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,500	1,401	1,332

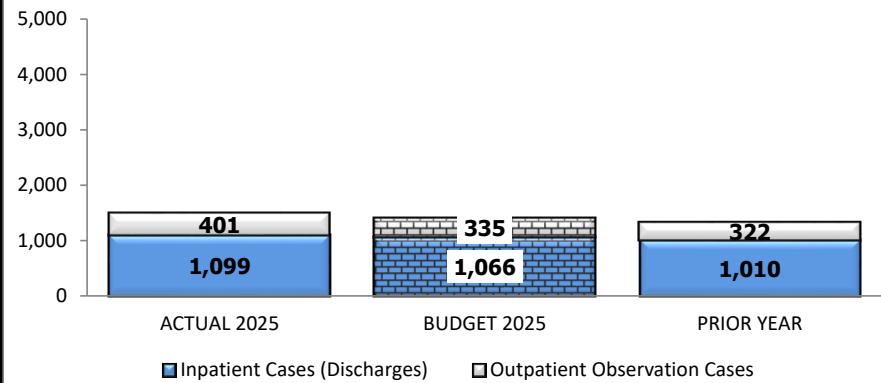
### LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
3,014	2,854	2,969

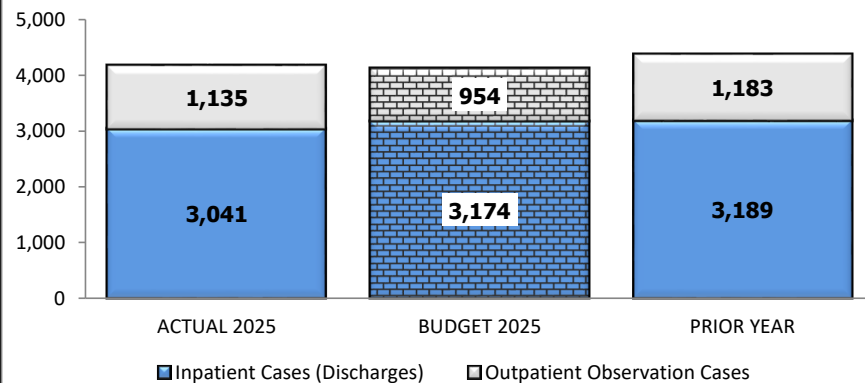
### Ben Taub Cases - Current Month



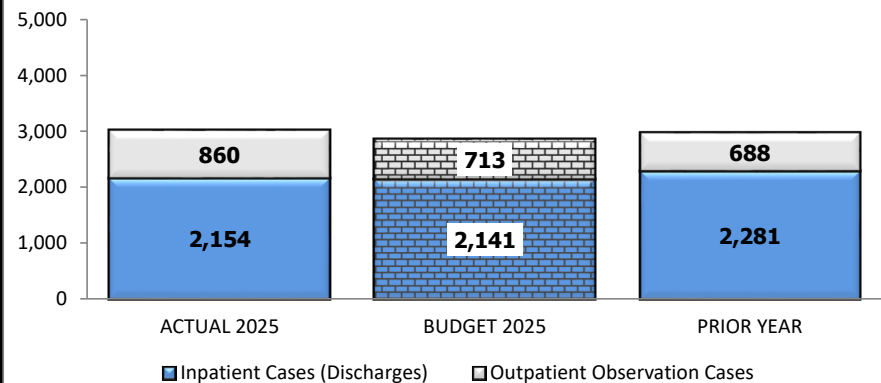
### Lyndon B. Johnson Cases - Current Month



### Ben Taub Cases - YTD



### Lyndon B. Johnson Cases - YTD



# Harris Health

## Statistical Highlights - Surgery Cases

November FY 2025

### BT Surgery Cases - CM

Actual	Budget	Prior Year
987	981	964

### BT Surgery Cases - YTD

Actual	Budget	Prior Year
2,049	1,961	1,995

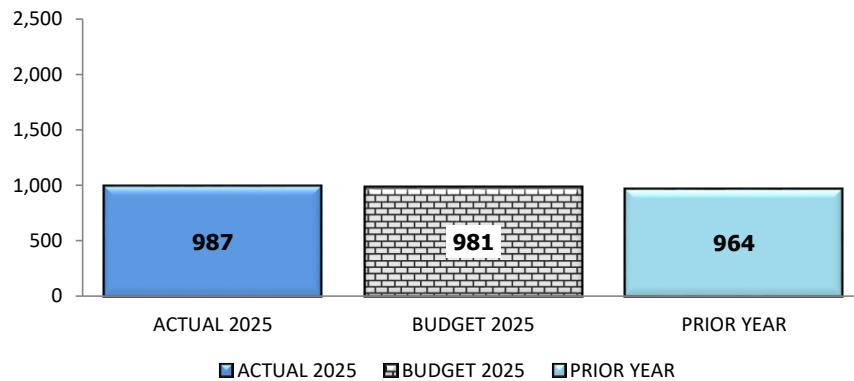
### LBJ Surgery Cases - CM

Actual	Budget	Prior Year
784	790	751

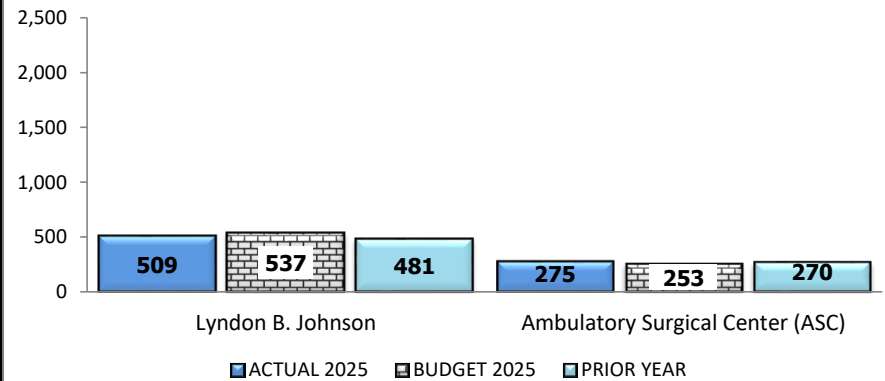
### LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
1,735	1,599	1,618

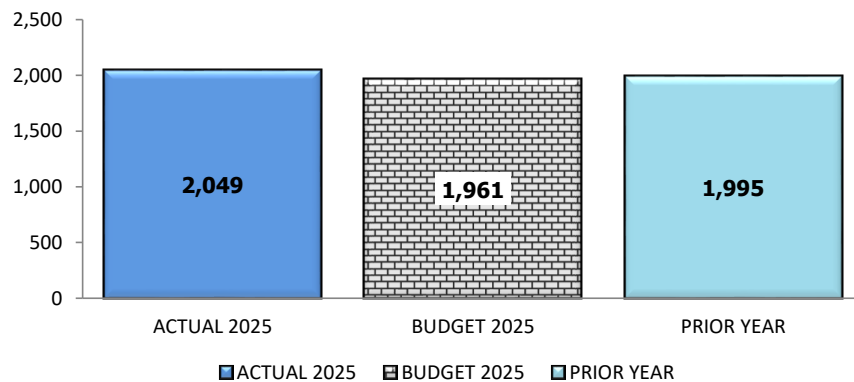
### Ben Taub OR Cases - Current Month



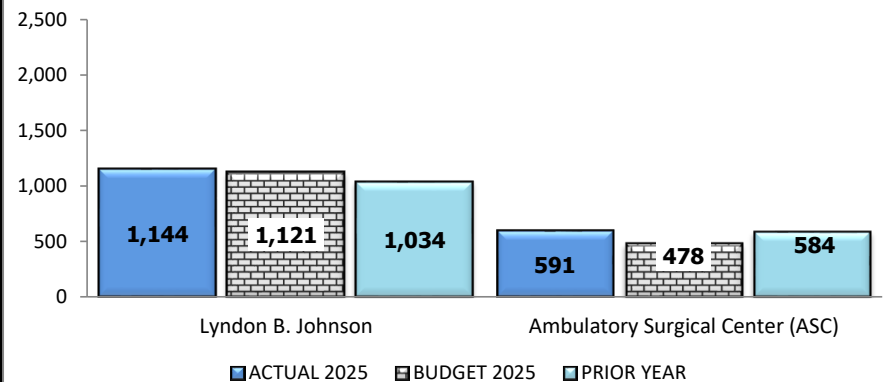
### Lyndon B. Johnson OR Cases - Current Month



### Ben Taub OR Cases - YTD



### Lyndon B. Johnson OR Cases - YTD



# Harris Health

## Statistical Highlights - Emergency Room Visits

November FY 2025

### BT Emergency Visits - CM

Actual	Budget	Prior Year
6,544	6,937	6,609

### BT Emergency Visits - YTD

Actual	Budget	Prior Year
13,763	14,042	13,736

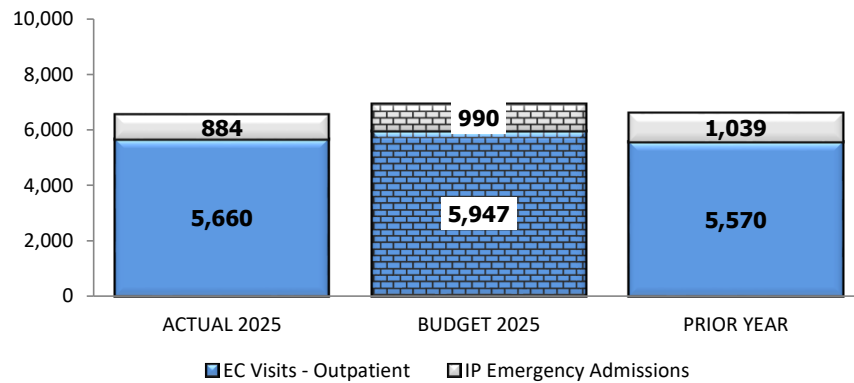
### LBJ Emergency Visits - CM

Actual	Budget	Prior Year
5,561	6,214	5,787

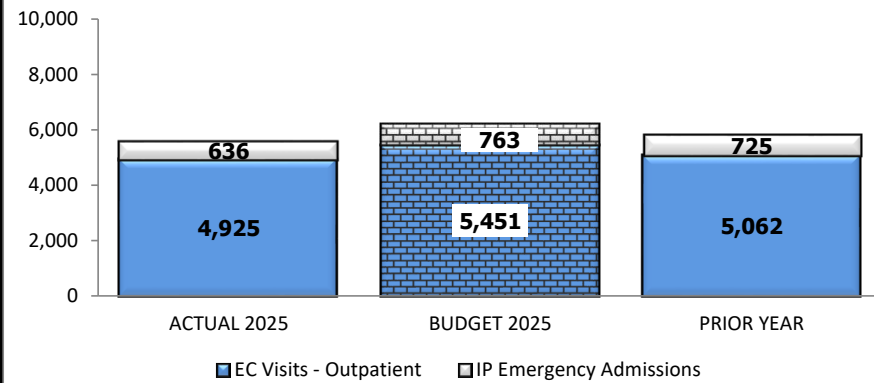
### LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
12,985	12,694	12,364

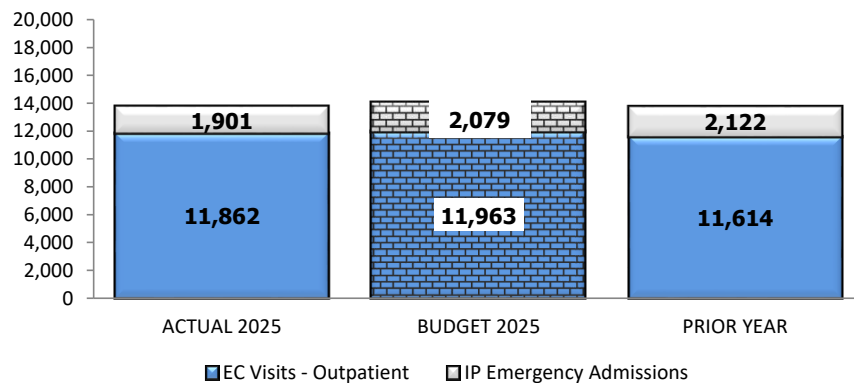
### Ben Taub EC Visits - Current Month



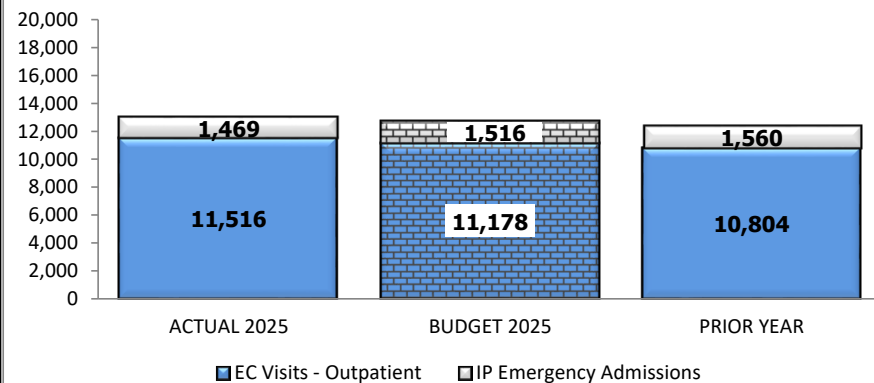
### Lyndon B. Johnson EC Visits - Current Month



### Ben Taub EC Visits - YTD



### Lyndon B. Johnson EC Visits - YTD



# Harris Health

## Statistical Highlights - Births

November FY 2025

### BT Births - CM

Actual	Budget	Prior Year
268	235	262

### BT Births - YTD

Actual	Budget	Prior Year
550	480	458

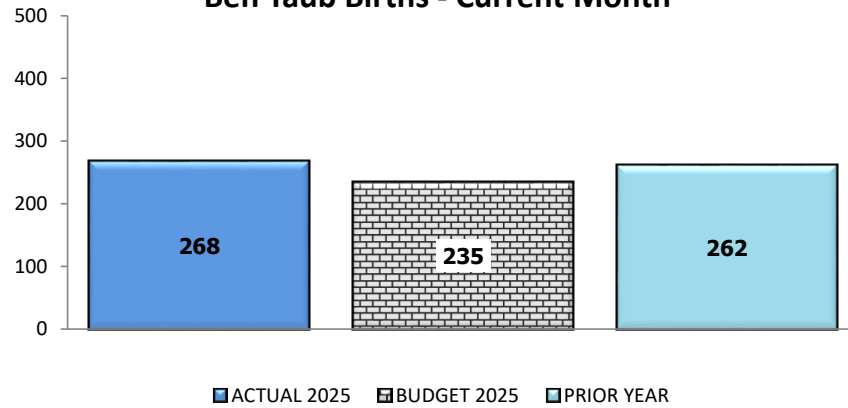
### LBJ Births - CM

Actual	Budget	Prior Year
231	200	180

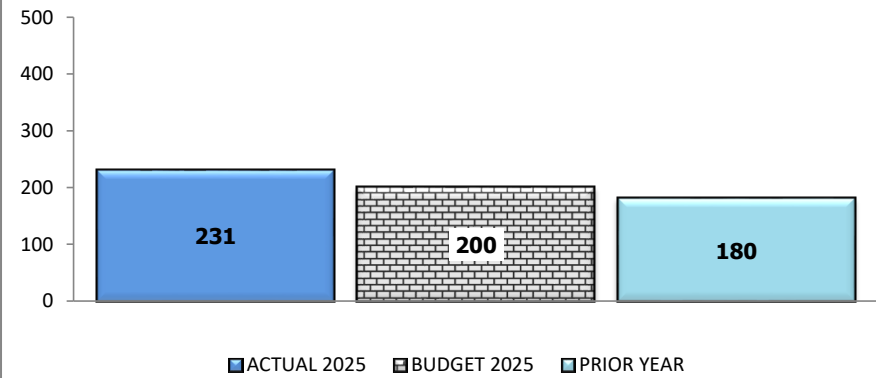
### LBJ Births - YTD

Actual	Budget	Prior Year
452	419	412

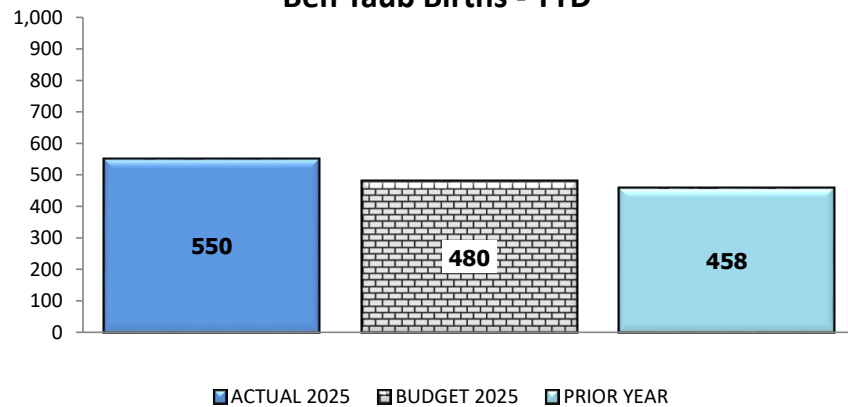
### Ben Taub Births - Current Month



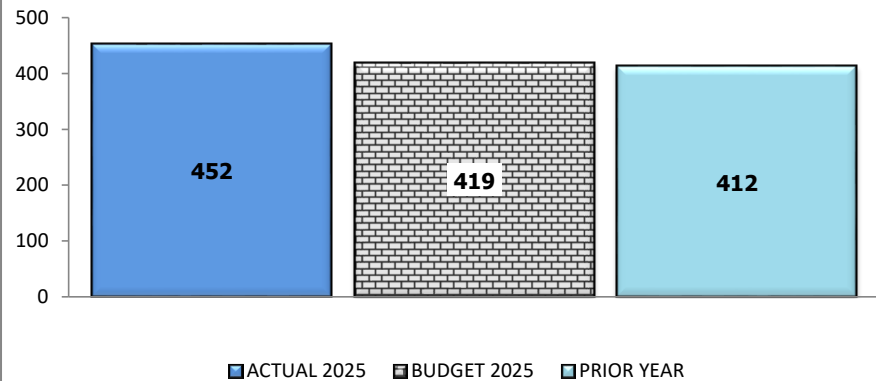
### Lyndon B. Johnson Births - Current Month



### Ben Taub Births - YTD



### Lyndon B. Johnson Births - YTD



# Harris Health

## Statistical Highlights - Adjusted Patient Days

November FY 2025

### BT Adjusted Patient Days - CM

21,558

### BT Adjusted Patient Days - YTD

43,274

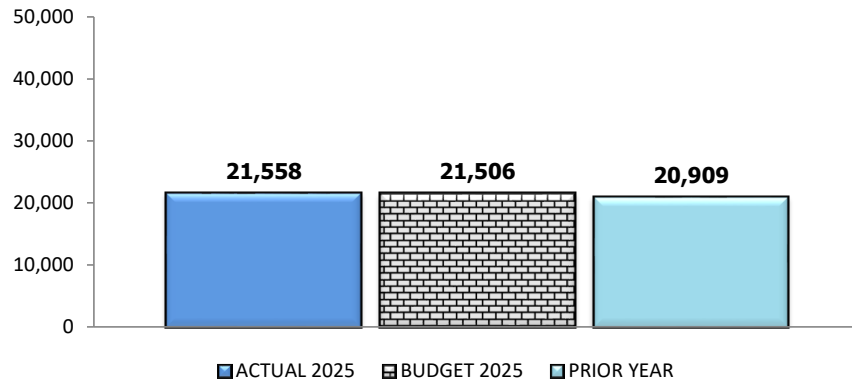
### LBJ Adjusted Patient Days - CM

13,456

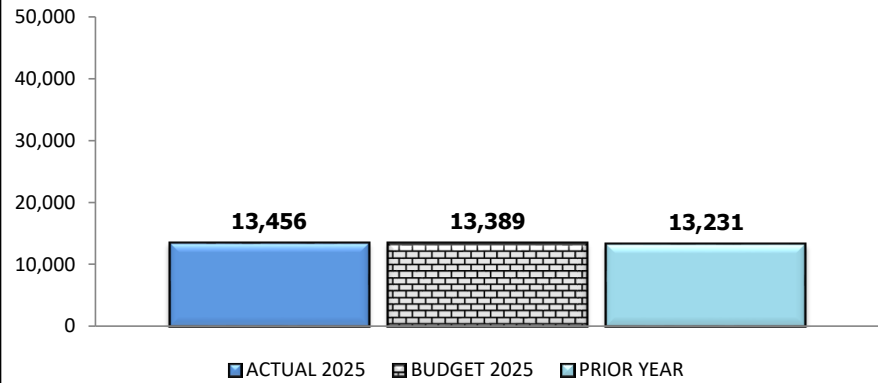
### LBJ Adjusted Patient Days - YTD

28,009

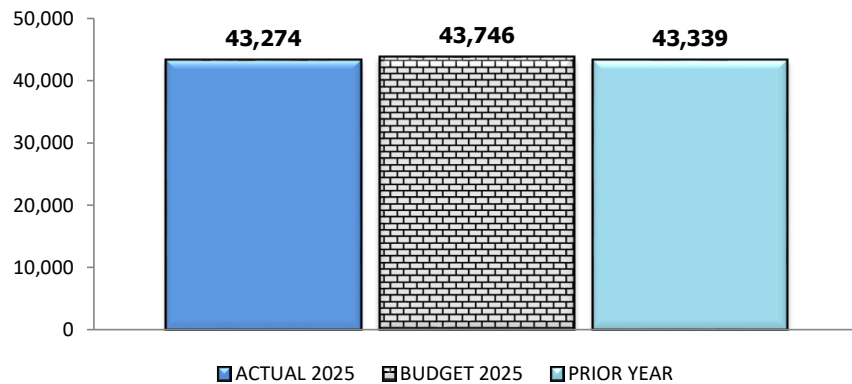
#### Ben Taub APD - Current Month



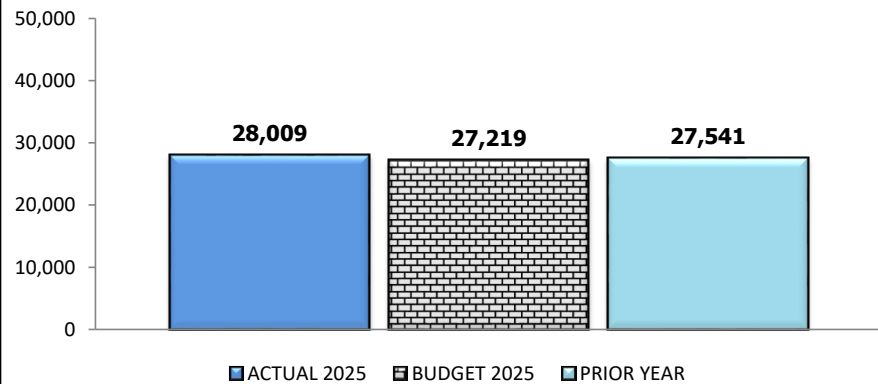
#### Lyndon B. Johnson APD - Current Month



#### Ben Taub APD - YTD



#### Lyndon B. Johnson APD - YTD





# Harris Health

## Statistical Highlights - Average Daily Census (ADC)

November FY 2025

### BT Average Daily Census - CM

432.3

### BT Average Daily Census - YTD

422.0

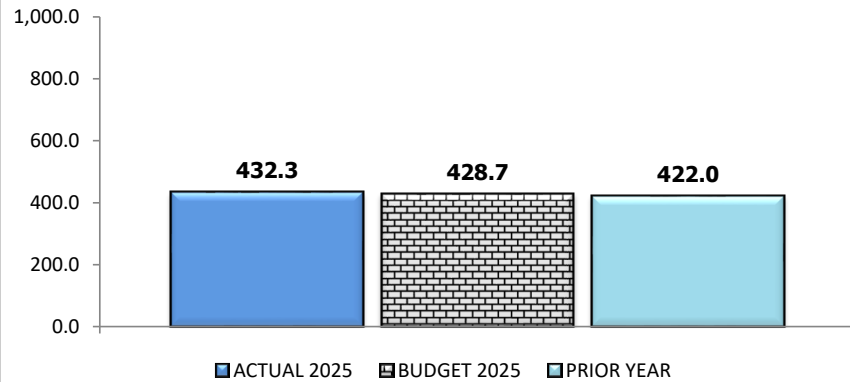
### LBJ Average Daily Census - CM

236.9

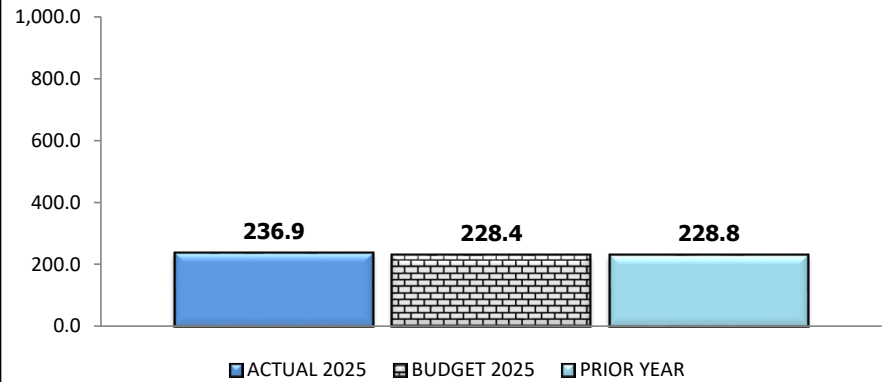
### LBJ Average Daily Census - YTD

236.6

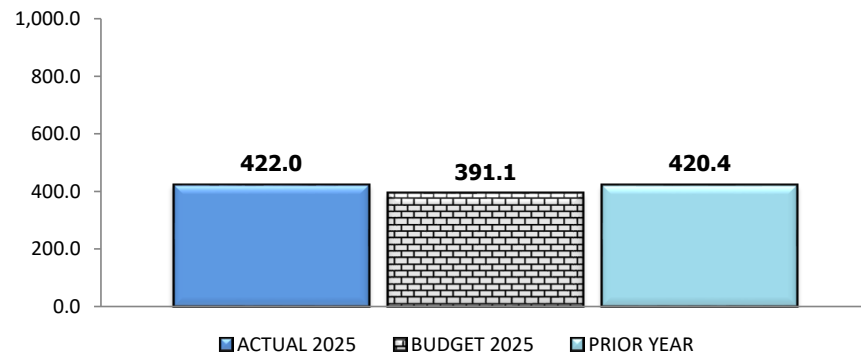
#### Ben Taub ADC - Current Month



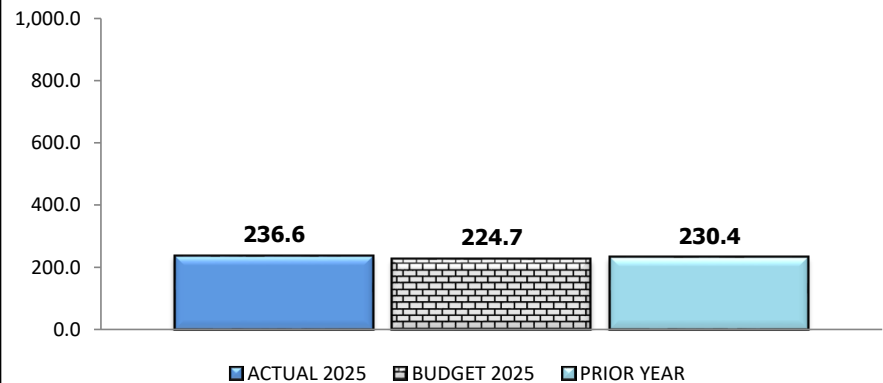
#### Lyndon B. Johnson ADC - Current Month



#### Ben Taub ADC - YTD



#### Lyndon B. Johnson ADC - YTD



# Harris Health

## Statistical Highlights - Inpatient Average Length of Stay (ALOS)

November FY 2025

### BT Inpatient ALOS - CM

7.16

### BT Inpatient ALOS - YTD

6.97

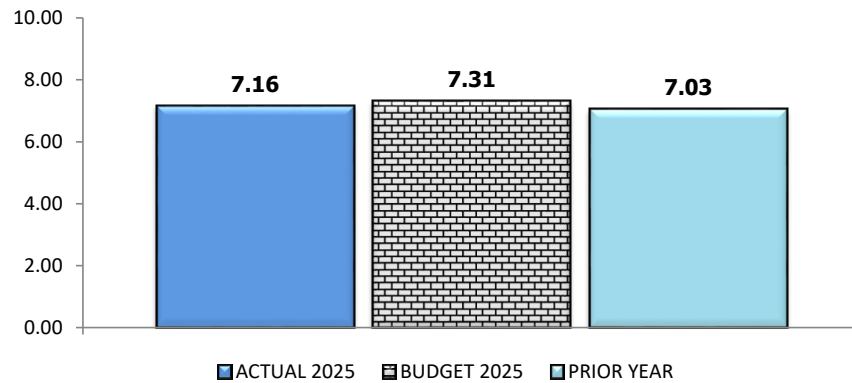
### LBJ Inpatient ALOS - CM

5.30

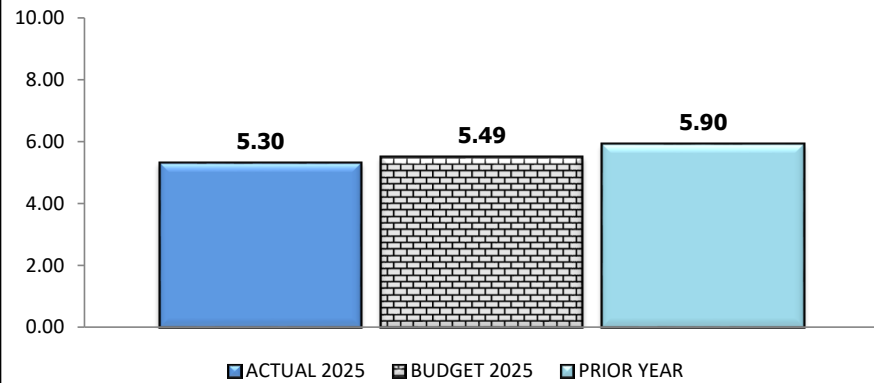
### LBJ Inpatient ALOS - YTD

5.46

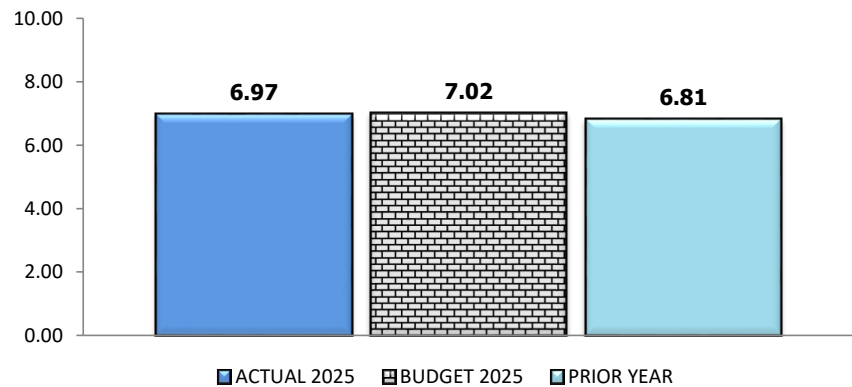
### Ben Taub ALOS - Current Month



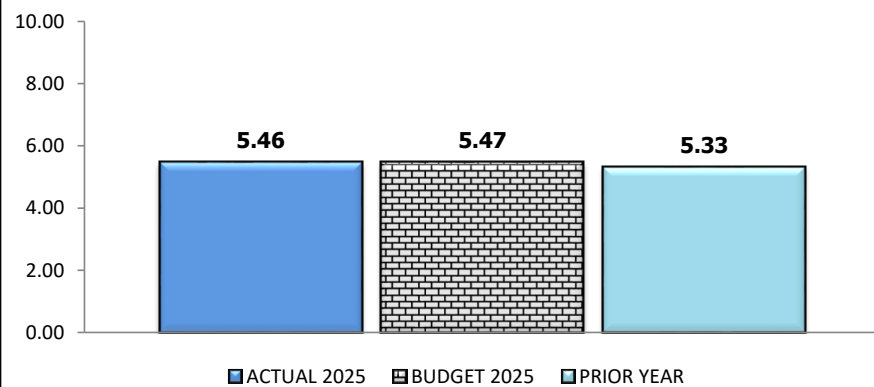
### Lyndon B. Johnson ALOS - Current Month



### Ben Taub ALOS - YTD



### Lyndon B. Johnson ALOS - YTD



# Harris Health

## Statistical Highlights - Case Mix Index (CMI)

November FY 2025

### BT Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.839	2.058

### BT Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.827	2.040

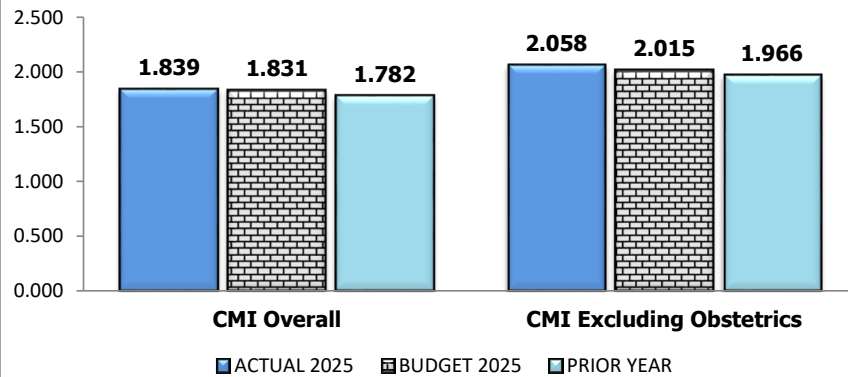
### LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.518	1.704

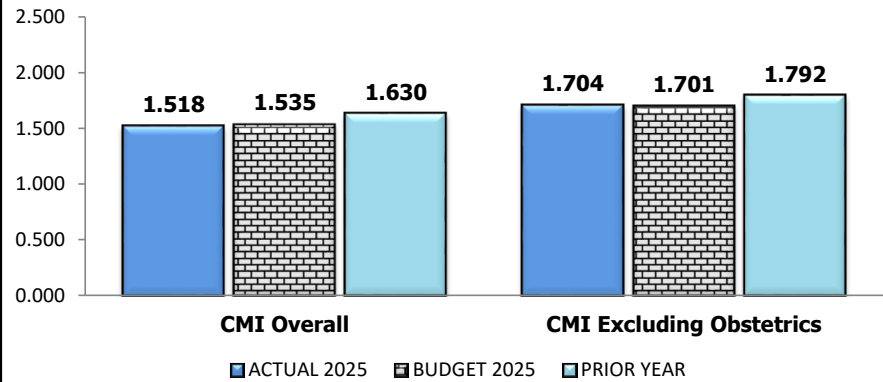
### LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.492	1.671

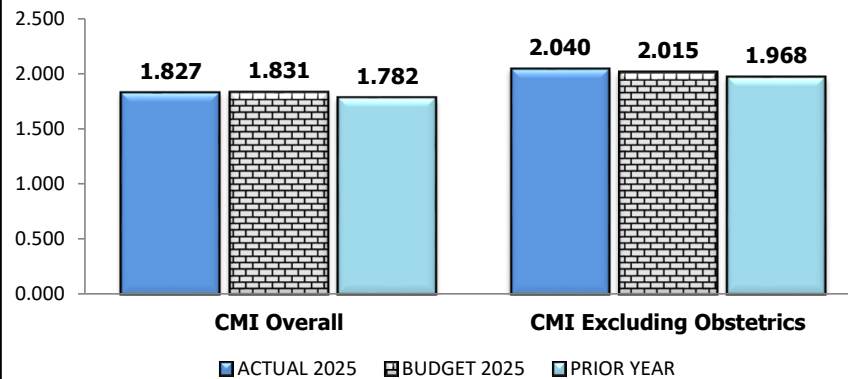
#### Ben Taub CMI - Current Month



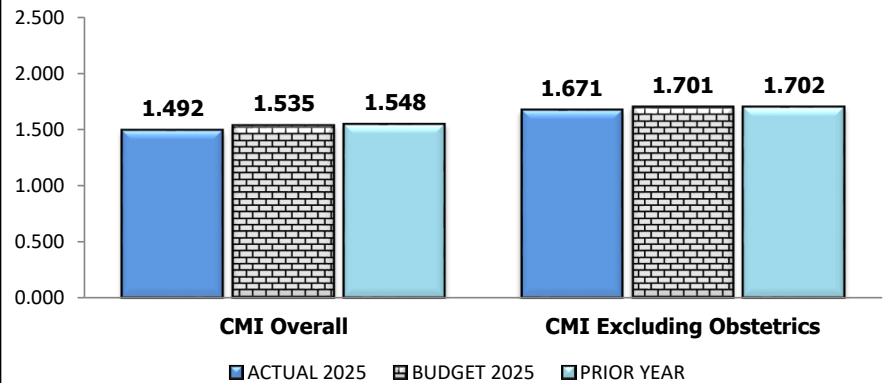
#### Lyndon B. Johnson CMI - Current Month



#### Ben Taub CMI - YTD



#### Lyndon B. Johnson CMI - YTD



Meeting of the Board of Trustees

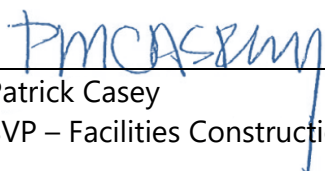
Thursday, January 23, 2025

Consideration of Approval to Convey a Perpetual Blanket Easement and  
Right of Way to CenterPoint Energy Houston Electric, LLC, at  
Lyndon B. Johnson Hospital, 5656 Kelley St., Houston, Harris County, Texas

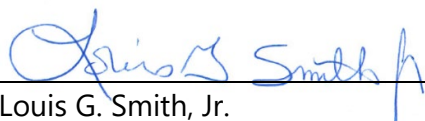
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Administration recommends Board of Trustees approval to authorize the conveyance of a perpetual blanket easement to CenterPoint Energy Houston Electric, LLC, for electric distribution and related communication facilities located at 5656 Kelley St, Houston, Texas. The easement is further referred to as, "Facilities' lying on, over, under, and across the following described lands" owned by Harris Health:

Unrestricted Reserve "A", in Block 1, of Kashmere Gardens Park Partial Replat No. 2 and Extension, a subdivision out of the W.P. Harris Survey, Abstract No. 32 and the Robert Wilson Survey, Abstract No. 32, Harris County, Texas, according to the map or plat thereof recorded in Film Code 652012 of the Map Records and said County and State (the "Easement Area").



Patrick Casey  
SVP – Facilities Construction & Systems Engineering



Louis G. Smith, Jr.  
Sr. EVP/Chief Operating Officer

## BOARD OF TRUSTEES

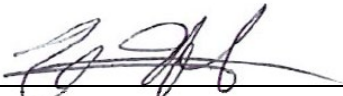
### Meeting of the Board of Trustees

**HARRISHEALTH**  
SYSTEM

Thursday, January 23, 2025

Updates Regarding Pending State and Federal Legislative and Policy Issues Impacting  
Harris Health

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R. King Hillier  
SVP, Public Policy & Government Relations

## January 23, 2025 Board of Trustees Monthly Report

### Federal Update

**Final 2024 Appropriations package:** In late December lawmakers passed a continuing resolution that would fund the government through March 14, 2025. Key provision pertaining to Harris Health included:

- The Affordable Care Act (ACA) Medicaid disproportionate share (DSH) reductions, totaling \$2.4 billion, were delayed until April 1.
- Extensions for telehealth and hospital-at-home until March 31.

Harmful site-neutral and facility fee proposals and 340B proposals that would have included burdensome reporting requirements and weakened definitions of patients and child sites were not included and will be debated later this year.

Congress returned earlier this month and just a few days ago President Trump was sworn in as the 47th President. The new administration and congressional leaders are debating the path forward for the long-term 2025 spending package along with a massive reconciliation bill(s).

The Administration's top priority is to pass an extension of the Trump tax cuts from 2016 as well as border security and energy expansion measures, both of which were campaign priorities for the president. The reconciliation bill(s) will carry, which could also include a debt ceiling increase, will carry a hefty price tag requiring hundreds of billions in cuts or offsets for the ultra-conservative wing of the House to support.

Some of the programs being discussed or targeted for cuts and the corollary impact on Harris Health) include:

- Medicaid Directed Provider Payments (DPP) with an estimated impact on Harris Health of \$700 to \$800 million;
- Site-neutral facility fee proposals with an estimated impact on Harris Health of over \$30 million; and
- Elimination of the ACA Market Place Enhanced Premium Tax Credit (EPTC) subsidy with an estimated impact on Harris Health of \$70 million and another \$125 million to other health systems in Harris County.

With a slim 1 seat majority in the House and 53 seats in the Senate, there is no margin for error until April 1, when there will be two special elections to fill vacated seats in the House. These special elections will presumably give Speaker Johnson the votes he needs to pass the Trump agenda in the House without any Democratic votes. The Senate will rely upon the filibuster proof reconciliation process, which only requires a simple majority rather than 60 votes for passage.

Harris Health P.O. Box 66769, Houston, Texas 77266-6769 | harrishealth.org

We are hopeful the reconciliation bill(s) will include extensions for the ACA DSH cuts, telehealth, and hospital-at-home. Each of these bills/issues enjoys broad bipartisan support. DPP, ACA Market Place EPTCs, and site-neutral facility fees will be part of a broader conversation related to health provisions.

The Centers for Medicare & Medicaid Services announced on January 8 that 23.6 million individuals have signed up for a 2025 Health Insurance Marketplace plan. Approximately 3.2 million were new subscribers. Open enrollment ended on Jan. 15 prior to the new administration taking office.

4 out of 5 individuals on Marketplace qualify for premium assistance who are at or below 400% of poverty benefited from the EPTC. According to the Congressional Budget Office the 10-year budget score exceeds \$43 billion. Hopefully there will be political middle ground to not eliminate the program, but to make a policy decision to reduce eligibility from 400% of federal poverty to 200% of federal poverty. This would eliminate any impact on Harris Health and other hospitals in the Houston area under the Harris Health/Community Health Choice EPTC subsidy program.

Senators know the political backlash from the 2018 mid-terms where the Democrats took control of the upper chamber after Senate Republicans pushed for the repeal of the ACA. Similar concerns are being raised over the complete repeal of the EPTC in the Senate.

In February and March there will be several advocacy trips to visit with the Administration, the Harris County delegation and congressional leadership offices through the Front Line Hospital Alliance, Americas Essential Hospitals, the Texas Hospital Association, the Association of Community Affiliated Plans, the Greater Houston Partnership, and the Texas Association of Business. All of which Harris Health plans to participate.

## State Update

**Harris Health Leadership Meets with Key Houston Lawmaker:** In anticipation of the upcoming 89<sup>th</sup> Texas Legislature, some members of the executive leadership team met with influential Houston lawmaker, Rep. Ann Johnson.

In addition to representing the Texas Medical Center and Ben Taub, Rep. Johnson sits on several critical committees of jurisdiction and understands our issues well in addition to the value we bring to Harris County and the state at large.

We discussed policy topics of importance to Harris Health, our employees, our patients, and the broader community we serve as we heard from the Rep. her assessment of the pending session.

**Harris Health Peace Officer Legislation:** Representative Jolanda Jones and Senator Boris Miles have filed legislation granting Harris Health the authority to employ and commission peace officers—these bills seek to strengthen security and increase safety at Harris Health facilities.

Workplace violence perpetrated against hospital employees is on the rise, with numerous and frequent reports of nurses and medical support staff being physically assaulted while performing their job duties.

These bills would mitigate certain gaps in security coverage by granting Harris Health the authority to employ and commission district peace officers, allowing our organization to join other similarly situated hospital districts in Texas—such as Parkland in Dallas and John Peter Smith in Tarrant County—who already have the statutory authority.

**Concrete Crushing Legislation:** Numerous pieces of legislation have been filed in response to the concrete crushing plant slated for construction near LBJ Hospital, and Harris Health personnel are working closely with County Attorney Menefee, Senator Boris Miles and other Texas state lawmakers spearheading the effort.

The bills filed thus far would take such measures as adding healthcare facility to the list of proximities banning concrete crushing plants, additional requirements on air quality permits in and allowing local governments to request a hearing from the Texas Commission on Environmental Quality as relates to concrete facilities.

Moreover, this issue is garnering attention among lawmakers and legislative leadership beyond its impact to Harris County, as concrete operations in other areas of the state are causing concern for communities and businesses.

**Medicaid Managed Care Procurement Meetings:** Harris Health and Community Health Choice leadership—working with similarly situated organizations from across the state—met with key legislative and leadership offices on the importance of preserving hospital district health plans’ participation in the state’s delivery of Medicaid managed care.

Our meetings were with senior staff from the Governor’s office, the Lt. Governor’s office, the current House Speaker’s office, in addition to the current chairs of the House and Senate committees of jurisdiction—Rep. James Frank of Wichita Falls and Sen. Lois Kolkhorst of Brenham respectively.

In response to legal action challenging the most recent Medicaid managed care procurement, numerous influential lawmakers—including those listed above—have expressed interest in revamping the procedure by which the state awards managed care contracts in addition to pushing for procurement.

Among the options being discussed is moving to a file-and-compete or application state model, whereby contracts are issued to all bidding plans that meet yet to be determined minimum requirements. Though some influential policymakers have expressed concern with this model, it remains a topic of discussion.

Also, under consideration is establishing a preference for community and hospital district plans in any revamped re-procurement process that may be born out of upcoming legislation.

A final consideration would be to do nothing and let then current procurement stand until the 2027 Legislative Session when HHSC will be under sunset review and address the issue in that legislation.



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Harris Health and Community Health Choice personnel will continue to monitor this issue and advocate for our patients and employees.

**Speaker's Race:** Following an eventful month in Speaker politics, current Speaker Dade Phelan of Beaumont has dropped his bid to retain the gavel, amidst Dustin Burrows of Lubbock officially filing for the Speakership.

Rep. David Cook of Mansfield remains in the race as Burrow's primary rival for the House leadership position, having obtained the official endorsement of the House Republican Caucus in December. Though other members have officially filed for the role and continue to court their colleagues' support.

With 150 members, a candidate must obtain a simple majority of 76 votes to prevail in a Speaker's Race, and House Democrats—with the control of 62 seats—remain influential.

Texas House members will officially choose their next Speaker on the first day of session, January 14, 2025.

Meeting of the Board of Trustees

Thursday, January 23, 2025

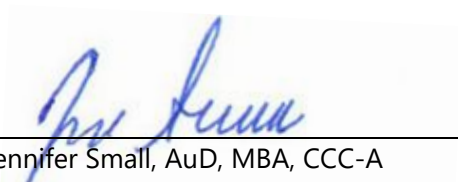
Review and Acceptance of the Following Report for the Healthcare for the Homeless Program as Required by the United States Department of Health and Human Services Which Provides Funding to the Harris County Hospital District d/b/a/Harris Health System to Provide Health Services to Persons Experiencing Homelessness under Section 330(h) of the Public Health Service Act

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Attached for review and acceptance:

- **HCHP January 2025 Operational Updates**

Administration recommends that the Board accept the Healthcare for the Homeless Program Report 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.



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Jennifer Small, AuD, MBA, CCC-A  
EVP / Administrator, Ambulatory Care Services

# Health Care for the Homeless Monthly Update Report – January 2025

Jennifer Small AuD, MBA, CCC-A, Executive Vice President, Ambulatory Care Services

Tracey Burdine, Director, Health Care for the Homeless Program

**HARRISHEALTH**



## Agenda

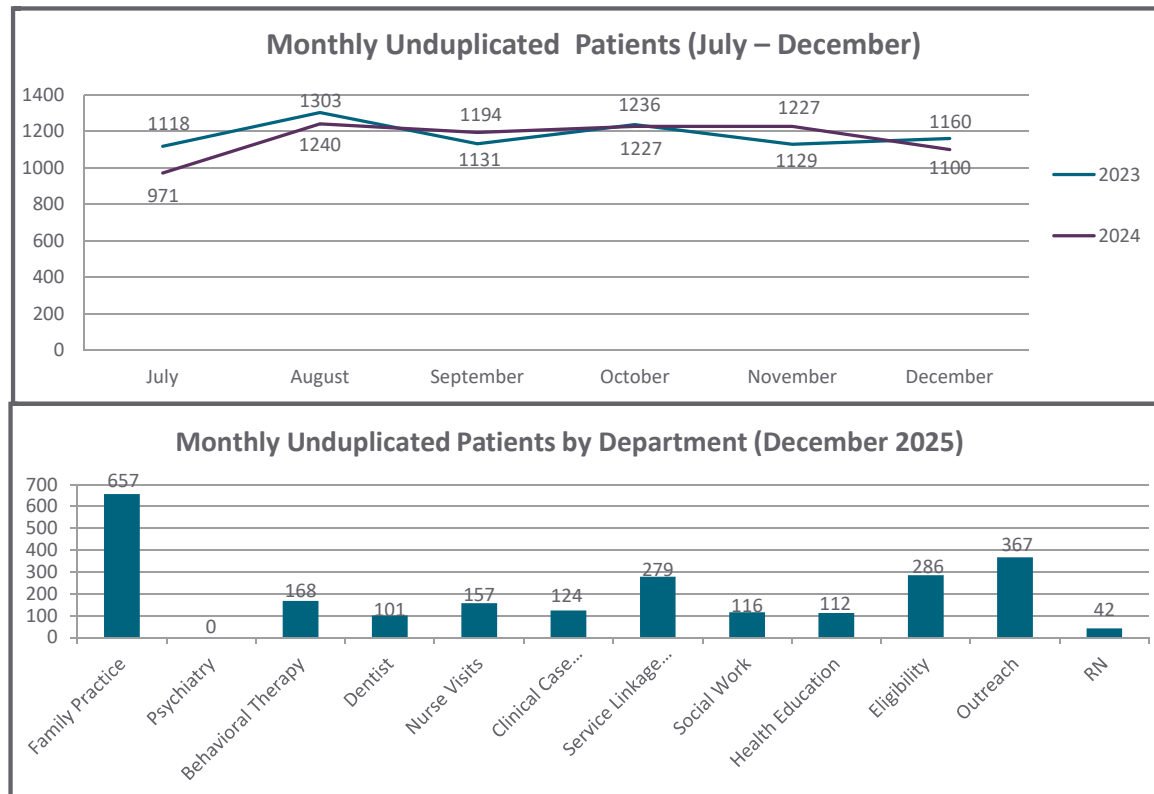
- Operational Update
  - Productivity Report
  - Consumer Advisory Council Report
  - Patient Satisfaction Report
  - Quality Management Report

**HARRISHEALTH**

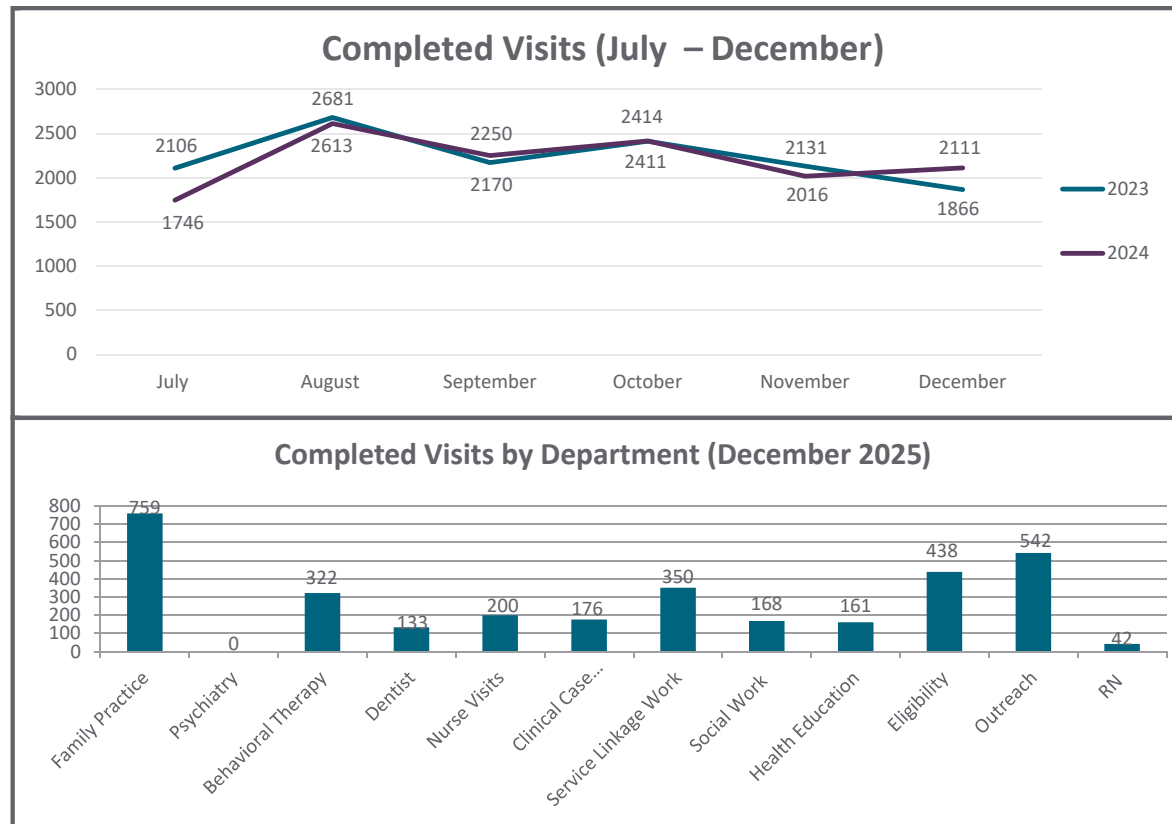
## Patients Served

HRSA Unduplicated Patients Target: <b>7,250</b>	HRSA Completed Visit Patients Target: <b>22,500</b>
YTD Unduplicated Patients: 6,686	YTD Total Completed Visits: 28,221

# Operational Update



# Operational Update



# Operational Update

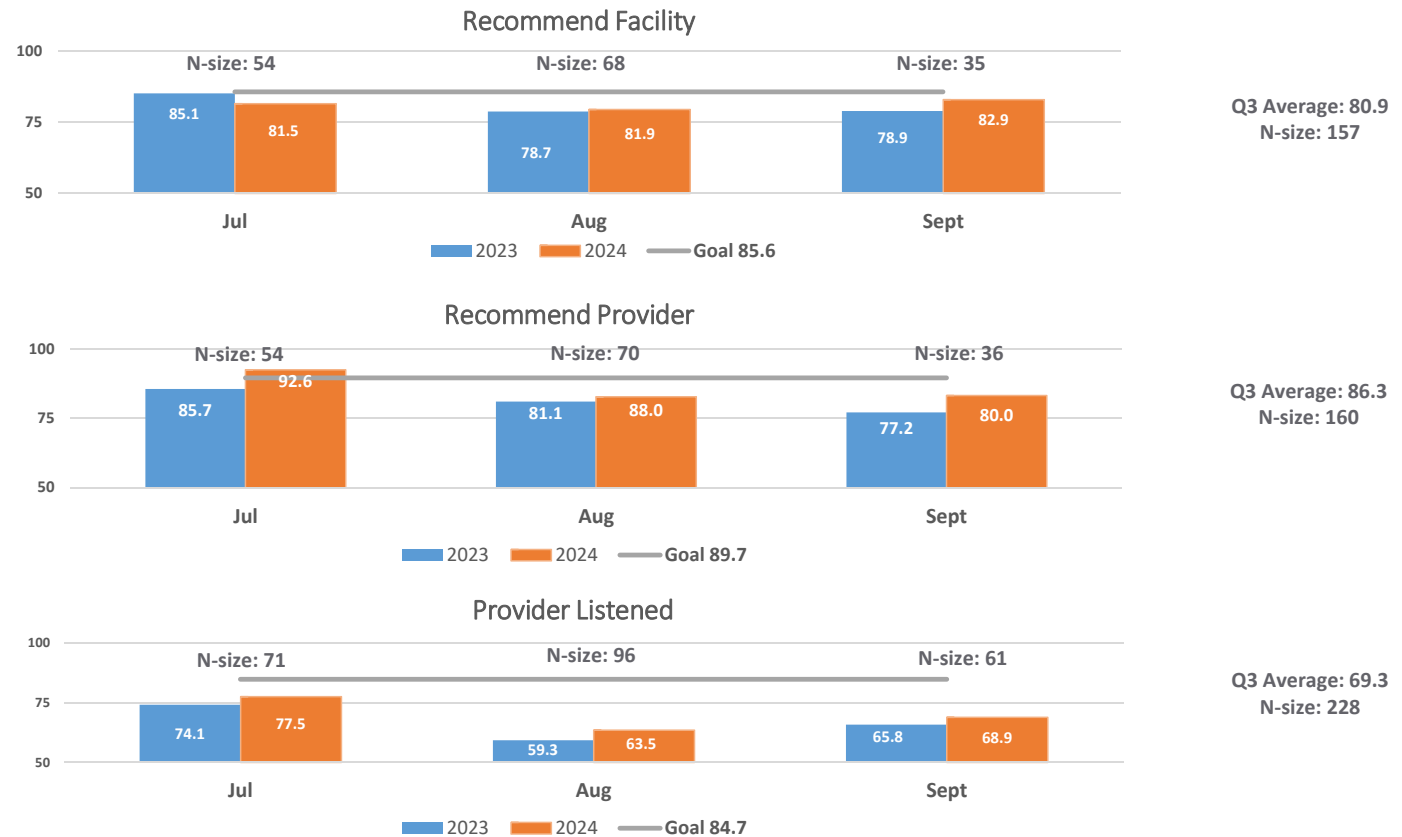
## Consumer Advisory Council

### Highlights of Council Activities from August 2024 – October 2024

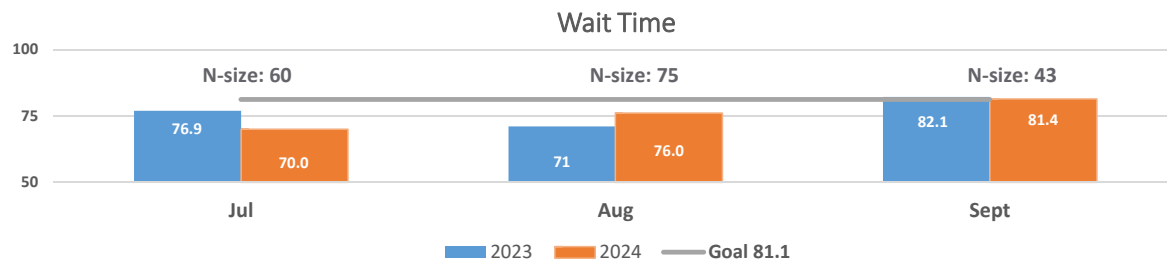
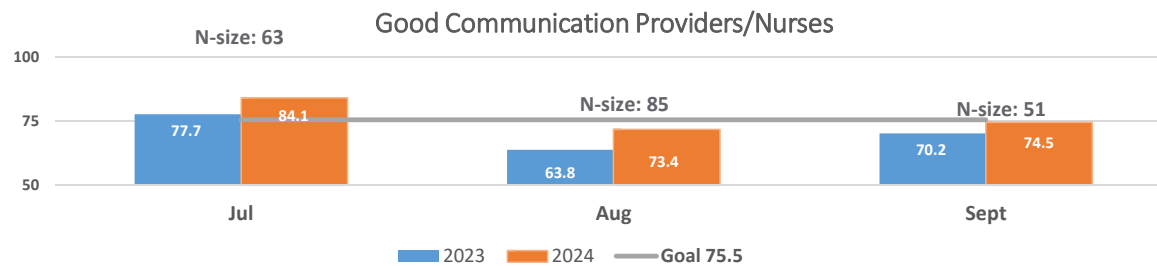
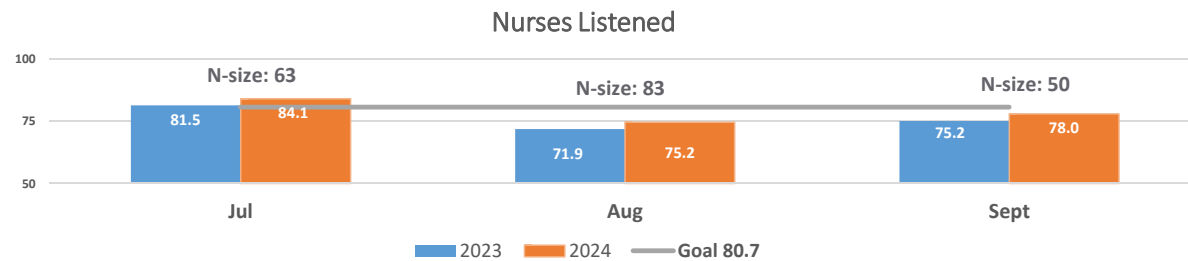
- The council was informed that HRSA approved the extension of the ARPA-Capital grant for the renovation of the Open Door Mission clinic.
- The council was informed that HRSA decreased the patient target goal from 9,775 to 7,250.
- The council was informed of changes in scope related to the change of address to the mobile units.
- The council received the strategic plan for 2025 for meeting Uniform Data System quality goals and badges.
- The council was informed of the new grant: Ending the HIV Epidemic – Primary Care HIV Prevention.



# HCHP Patient Satisfaction Trending Data Q3



# HCHP Patient Satisfaction Trending Data Q4



# Health Care for the Homeless Quality Management Report – QTR 3 2024

LaResa A. Ridge MD, MBA, Health Care for the Homeless Medical Director,  
Ambulatory Care Services

**HARRISHEALTH**

# Quality Data Trending Report – Quarter 3

Quality Measure - 2024	UDS Benchmark	HCHP Goal	2023 Q4	2024 Q1	2024 Q2	2024 Q3	TREND LINE
Childhood Immunization Status	>35%	50%	0%**	51%	6%**	15%**	
Cervical Cancer Screening	> 45%	70%	80%	77%	75%	79%	
Breast Cancer Screening	> 42%	50%	56%	60%	62%	60%	
Child BMI % Diet & Physical Activity Counseling	> 68%	82%	100%	94%	91%	87%	
Adult BMI/F/U Plan	> 61%	85%	96%	93%	94%	92%	
Tobacco Screening/Counseling/ Pharmacotherapy	> 77%	90%	98%	98%	98%	98%	
Statin Therapy	> 77%	80%	85%	85%	82%	85%	
IVD & Aspirin	> 78%	85%	86%	83%*	86%	83%*	
Colorectal Cancer Screening	> 31%	50%	56%	36%*	52%	56%	
HIV Screening	> 62%	80%	95%	96%	96%	97%	
Depression Screening / F/U	> 67%	80%	80%	81%	80%	89%	
Depression Remission at 12 months	>21%	20%	0%**	18%**	16%***	23%	
Hypertension BP < 140/90	> 63%	65%	66%	67%	66%	67%	
Diabetes A1C > 9	< 32%	30%	38%**	39%**	35%**	31%*	
Maternal Care (Early Entry into Prenatal Care)	>69%	70%	39%**	40%**	11%**	41%**	
Low Birth Weight: <2500 grams	>11%	5%	100%	-	-	-	
HIV Linkage to Care	>86%	88%	100%	67%**	100%	65%**	

- \* = Metrics that are meeting UDS Benchmark but not HCHP goal
- \*\* = Metrics that are not meeting HCHP goal or UDS Benchmark
- - = No patients eligible for month

**Problem Statement:** Harris Health System ensures compliance with Health Resources and Services Administration (HRSA) grant. The following 4 of 17 HRSA required quality metrics did not meet goal for Quarter 3 of 2024: Childhood Immunization Status, Diabetes A1C > 9, Maternal Care, & HIV Linkage to Care

Quality Measures			Q4 (2023)			Q1 (2024)			Q2 (2024)			Q3 (2024)		
Quality Measures	UDS Benchmark	HCHP Goal	October	November	December	January	February	March	April	May	June	July	August	September
Childhood Immunization	>35%	>50%	0%**	0%**	0%**	20%**	33%**	100%	17%**	0%**	0%**	25%**	20%**	0%**
Diabetes A1C > 9	<32%	<30%	38%**	35%**	41%**	41%**	39%**	37%**	35%**	35%**	36%**	37%**	36%**	33%**
Early Entry into Prenatal Care	>69%	>70%	50%**	0%**	67%**	20%**	100%	0%**	0%**	33%**	0%**	0%**	25%**	100%
HIV Linkage to Care	>86%	>88%	100%	50%**	-	0%	100%	100%	-	100%	100%	50%**	80%**	-

- \* = Metrics that are meeting UDS Benchmark but not HCHP goal
- \*\* = Metrics that are not meeting UDS Benchmark or HCHP goal

- = No patients eligible for month

Plan (Root Cause-Based on analysis of the problem)-WHY?	Do-(Action, Responsible Person, Implementation Date)
<ol style="list-style-type: none"> <li><b>Childhood Immunizations Status:</b> Deficiency due to 1) Patients presenting to the clinic in a uncorrectable, vaccine deficient state at the time of the initial visit. Primarily, these patients missed receiving the influenza and rotavirus vaccinations during infancy.</li> <li><b>Diabetes A1C &gt; 9:</b> Deficiency due to 1) Continuation of uncontrolled diabetes 2) Patients' inability to have A1C tested during the time period</li> <li><b>Early Entry into Prenatal Care:</b> Deficiency due to 1) Patients present to clinics in advanced maternal state and beyond first trimester of pregnancy</li> <li><b>HIV Linkage to Care:</b> Deficiency due to 1) Patients failure to keep appointments at Thomas Street at Quentin Mease 2) Patients failure to establish financial eligibility to initiate treatment</li> </ol>	<p><b>Responsible Persons:</b> LaResa Ridge, MD (Medical Director), Sarath Roy ( Operations Manager), Nichelle Easley (Nurse Manager), Jaden Jacobs (Quality Assurance Coordinator)</p> <ol style="list-style-type: none"> <li><b>Childhood Immunizations Status:</b> 1) Staff continues to educate parents on the importance of timely vaccinations. 2) Designation of this standard as a "focus standard" for this year. (Implementation Date: May 1, 2024)</li> <li><b>Diabetes A1C &gt; 9:</b> : 1) Encouraging collection of A1C test at the time of the visit, if possible, or an appointment is scheduled prior to patient being discharged. 2) Continuing to promote aggressive escalation of treatment regimen by providers 2) Continue referrals to clinical pharmacist (Implementation date: July 29, 2024)</li> <li><b>Early Entry into Prenatal Care:</b> 1) ) Educate and encourage early entry into prenatal care during the completion of the family planning tool which is completed annually (Implementation Date: June 28, 2024 )</li> <li><b>HIV Linkage to Care:</b> 1) Working with BI IT team to ensure accuracy of the report 2) Continue use of established protocols to establish care at Thomas Street at Quentin Mease (Implementation Date: January 1, 2024 )</li> </ol>
Check (How will you measure effectiveness?)	ACT (Effective/Ineffective): Adopt, Adapt, or Abandon
Via analysis of the UDS Dashboard data on weekly and monthly basis	<ol style="list-style-type: none"> <li><b>Childhood Immunization Status:</b> JUL 24: 25%, AUG 24: 20%, SEP 24: 0% (Ineffective, Adapt)</li> <li><b>Diabetes A1C &gt;9:</b> JUL 24: 37%, AUG 24: 36%, SEP 24: 33% (Effective, Adapt)</li> <li><b>Maternal Care:</b> JUL 24: 0%, AUG 24: 25%, SEP 24: 100% (Ineffective, Adapt)</li> <li><b>HIV Linkage to Care:</b> JUL 24: 50%, AUG 24: 80%, SEP 24: -% (Effective, Adopt)</li> </ol>

Thursday, January 23, 2025

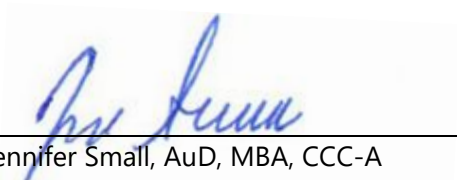
Consideration of Approval of the HCHP Consumer Advisory Council Report

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Attached for review and approval:

- **HCHP Consumer Advisory Council Report**

Administration recommends that the Board approve the Healthcare for the Homeless Program Report 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.



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Jennifer Small, AuD, MBA, CCC-A  
EVP / Administrator, Ambulatory Care Services

# HCHP Consumer Advisory Council Report

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## **Highlights of Council Activities from August 2024 – October 2024:**

- Members received updates on ongoing operational changes at Harris Health and the Health Care for the Homeless Program (HCHP).
- Members reviewed reports related to performance improvement, productivity, and patient satisfaction, with corresponding corrective action plans.
- The council was updated on staff vacancies and changes.
- The council was informed that HRSA approved the extension of the ARPA-Capital grant for the renovation of the Open Door Mission clinic.
- The council was informed that HRSA decreased the patient target goal from 9,775 to 7,250.
- The council was informed of changes in scope related to the change of address to the mobile units.
- The council was updated on the service area competition process.
- The council reviewed the HRSA UDS Health Center Performance Comparison Report.
- The council received the strategic plan for 2025 for meeting Uniform Data System quality goals and badges.
- The council received information on the new process for getting patients access to colonoscopy services.
- The council was informed of the new grant: Ending the HIV Epidemic – Primary Care HIV Prevention.
- The council was informed about various community events and health fairs that the program has participated in.
- The chair shared information from the council-at-large meetings.