

Thursday, December 18, 2025

11:00 A.M.

BOARD ROOM

4800 Fournace Place, Bellaire, TX 77401

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

\*Notice: Some Board Members may participate by videoconference.

### Mission

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

## AGENDA

- |  |                       |          |
|--|-----------------------|----------|
| I. Call to Order and Record of Attendance  | Dr. Andrea Caracostis | 1 min    |
| II. Approval of the Minutes of Previous Meeting  | Dr. Andrea Caracostis | 2 min    |
| <ul style="list-style-type: none"><li>• <a href="#">Board Meeting – October 23, 2025</a></li><li>• <a href="#">Special Call Board: HRSA Meeting – November 13, 2025</a></li><li>• <a href="#">Special Call Board: Strategic Planning Meeting – November 13, 2025</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) |
| <ul style="list-style-type: none"><li>• New Harris Health Leadership</li></ul>   |                       |          |
| B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements  |                       | (5 min)  |
| IV. <a href="#">Public Comment</a>   | Dr. Andrea Caracostis | 3 min    |
| V. Executive Session   | Dr. Andrea Caracostis | 45 min   |
| A. <a href="#">Discussion Regarding Expansion of Clinical Service Lines and Deliberation of Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §§551.072, 551.085 – Dr. Jennifer Small and Mr. Patrick Casey</a>  |                       | (10 min) |
| B. <a href="#">Report Regarding Quality of Medical and Healthcare, 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 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 – Dr. Andrea Caracostis and Dr. Yashwant Chathampally</a> |                       | (15 min) |

C. [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](#) (10 min)

[– Dr. Kunal Sharma and Dr. Asim Shah](#)

D. [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](#) (10 min)

[– Dr. O. Reggie Ekins](#)

## VI. Reconvene to Open Meeting

Dr. Andrea Caracostis 2 min

## VII. General Action Item(s)

Dr. Andrea Caracostis 20 min

A. General Action Item(s) Related to Quality: Medical Staff (13 min)

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

2. [Consideration of Approval of Changes to the Critical Care and Pulmonary Medicine Clinical Privileges – Dr. Kunal Sharma](#)

3. [Consideration of Approval of Revisions to the Medical Staff Bylaws – Dr. Kunal Sharma](#)

4. [Review and Discussion Regarding the Harris Health Staffing Advisory Committee’s Semi-Annual Evaluation of the Nurse Staffing Plan and Aggregate Staffing Variance – Dr. Jackie Brock](#)

B. General Action Item(s) Related to Quality: Correctional Health Medical Staff (2 min)

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

C. General Action Item(s) Related to Community Health Choice (5 min)

1. [Consideration of the Approval of the Appointment of Jessica Mantel to the Boards of Directors \(“Board”\) of Community Health Choice, Inc. and Community Health Choice Texas, Inc. \(Collectively, “Community”\) – Ms. Lisa Wright, CEO, Community Health Choice](#)

2. [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](#)

3. [Community Health Choice Notification of Retirement of Board Member, Elena Marks \[Information Only\] – Ms. Lisa Wright, CEO, Community Health Choice](#)

<b>VIII. New Items for Board Consideration</b>	<b>Dr. Andrea Caracostis</b>	<b>25 min</b>
A. Board Officer Elections for the Positions of Chair, Vice Chair and Secretary for the 2026 Calendar Year	<b>Dr. Andrea Caracostis</b>	(15 min)
B. <a href="#">Consideration of Approval of the Appointment of 2026 Committees and Membership</a>	<b>Dr. Andrea Caracostis</b>	(5 min)
C. <a href="#">Consideration of Approval of the Harris Health 2026 Board of Trustees Calendar</a>	<b>Dr. Andrea Caracostis</b>	(5 min)
<b>IX. Strategic Discussion</b>	<b>Dr. Andrea Caracostis</b>	<b>10 min</b>
A. <a href="#">Committee Report(s)</a>		(10 min)
<ul style="list-style-type: none"> <li>November 13, 2025, Joint Conference Committee – <b>Dr. Andrea Caracostis</b></li> <li>November 13, 2025, Compliance &amp; Audit Committee – <b>Ms. Carol Paret</b></li> <li>November 13, 2025, Budget &amp; Finance Committee – <b>Ms. Sima Ladjevardian</b></li> <li>November 18, 2025, Governance Committee – <b>Ms. Sima Ladjevardian</b></li> </ul>		
<b>X. Consent Agenda Items</b>	<b>Dr. Andrea Caracostis</b>	<b>5 min</b>
A. Consent Purchasing Recommendations		
1. <a href="#">Consideration of Approval of Purchasing Recommendations (Items A1 through A10 of the Purchasing Matrix) – Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office</a> <a href="#">(See Attached Expenditure Summary: December 18, 2025)</a>		
B. Consent Committee Recommendations		
1. Consideration of Acceptance of the Harris Health Fourth Quarter Fiscal Year 2025 Investment Report – <b>Ms. Victoria Nikitin</b> [Budget & Finance Committee]		
2. Consideration of Acceptance of the Harris Health Third Quarter Calendar Year 2025 Pension Plan Report – <b>Ms. Victoria Nikitin</b> [Budget & Finance Committee]		
3. Consideration of Acceptance of the Harris Health September 2025 Quarterly Financial Report Subject to Audit – <b>Ms. Victoria Nikitin</b> [Budget & Finance Committee]		
4. Consideration of Recommendation for Approval of the Harris Health 2026 Internal Audit Charter to the Harris Health Board of Trustees – <b>Mr. Mike Post, Harris County Auditor and Ms. Sharon Brantley Smith, Chief Assistant County Auditor</b> [Compliance & Audit Committee]		
5. Consideration of Recommendation for Approval of the Harris Health 2026-2029 Internal Audit Strategic Plan to the Harris Health Board of Trustees – <b>Mr. Mike Post, Harris County Auditor and Ms. Sharon Brantley Smith, Chief Assistant County Auditor</b> [Compliance & Audit Committee]		

C. Consent Grant Recommendations

1. [Consideration of Approval of Grant Recommendations \(Item C1 through C2 of the Grant Matrix\) – Dr. Jennifer Small](#)  
[\(See Attached Grant Matrix: December 18, 2025\)](#)

D. New Consent Items for Board Approval

1. [Consideration of Acceptance of the Harris Health October 2025 Financial Report Subject to Audit – Ms. Victoria Nikitin](#)

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}*

XI. Item(s) Related to the Health Care for the Homeless Program

Dr. Andrea Caracostis 15 min

- A. [Review and Acceptance of the Following Reports for the Health Care for the Homeless Program \(HCHP\) as Required by the United States Department of Health and Human Services, which Provides Funding to the Harris County Hospital District d/b/a/Harris Health 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](#)  
  - [HCHP December 2025 Operational Update](#)
- B. Consideration of Approval of the HCHP Change in Scope of Services – Dr. Jennifer Small and Ms. Tracey Burdine
- C. [Consideration of Approval of the Eligibility for Financial Assistance for the Health Care for the Homeless Program Policy – Dr. Jennifer Small and Ms. Tracey Burdine](#)
- D. Consideration of Approval of the HCHP Quality Management Report – Dr. Jennifer Small and Ms. Tracey Burdine

(12 min)

(1 min)

(1 min)

(1 min)

XII. Executive Session

Dr. Andrea Caracostis 56 min

- E. [Consultation with Attorney Regarding Litigation, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.085, Including Consideration of Approval of Community Health Choice's Settlement of Certain Litigation Upon Return to Open Session – Mr. Chris Buley, CLO, Community Health Choice and Ms. Sara Thomas](#)
- F. [Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Ten Months Ending October 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085 – Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice](#)
- G. Consideration of Approval of the Committee Reviewed Items, 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:

(10 min)

(10 min)

(1 min)



**[Budget & Finance Committee]**

1. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Nine Months Ending September 30, 2025, Pursuant to Tex. Gov't Code Ann. §551.085 – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, Community Health Choice (CHC)**
2. Consideration of Approval of the 2026 Operating and Capital Budget for Community Health Choice Texas, Inc. and Community Health Choice, Inc. – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, CHC**
3. Consideration of Approval of the 2026 Insurance Renewals for Community Health Choice Texas, Inc. and Community Health Choice, Inc. – **Ms. Lisa Wright, CEO and Ms. Anna Mateja, CFO, CHC**

**[Compliance & Audit Committee]**

4. Consideration of Approval of the Harris Health Fiscal Year 2026 Internal Audit Plan, Compliance Program Audit Plan, and Internal Quality Audit Plan – **Mr. Mike Post, Harris County Auditor, Ms. Sharon Brantley Smith, Chief Assistant County Auditor, Mr. Anthony Williams, and Ms. Vivian Ho-Nguyen**

- H. [Consultation with Attorney Regarding Subsidy Payments, Pursuant to Tex. Gov't Code Ann. §551.071, Including Consideration of Approval of Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments for Eligible Harris Health Patients for Calendar Year 2026 Upon Return to Open Session – Ms. Victoria Nikitin and Ms. Sara Thomas](#) (10 min)
- I. Discussion with Attorney Regarding Litigation and Real Property Matters, Pursuant to Tex. Gov't Code Ann. §551.071 – **Ms. Sara Thomas** (5 min)
- J. 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 Tex. Gov't Code Ann. §551.071 and Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session – **Ms. Carolynn Jones** (10 min)
- K. Consultation with Attorney Regarding Contracts Related to Gifts and Naming of Facilities, Pursuant to Tex. Gov't Code Ann. §551.071 – **Ms. Sara Thomas** (10 min)

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|------------------|-----------------------|-------|
| XIII. Reconvene  | Dr. Andrea Caracostis | 5 min |
| XIV. Adjournment | Dr. Andrea Caracostis | 1 min |

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES

Board Meeting

Thursday, October 23, 2025

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 9:02 AM by Dr. Andrea Caracostis, Chair. It was noted that a quorum was present, and the attendance was recorded. Some Board members attended in person, while others joined via video conference in accordance with state law and Harris Health’s videoconferencing policy. Only participants scheduled to speak were provided dial-in information for the meeting. All others who wish to view the meeting were advised to access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a> . Dr. Caracostis asked if there were any objections from the Board to taking agenda items out of order. With no objections raised, the Board agreed unanimously to take agenda out of order.	<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 – September 23, 2025</li> </ul> <p>Copies of the minutes are available in the permanent record.</p>	<b><u>Motion No. 25.10-119</u> Moved by Ms. Afsheen Davis, seconded by Mr. Paul Puente, and unanimously passed that the Board approve the minutes of September 23, 2025, Board meeting. Motion carried.</b>
<b>III. Announcements/ Special Presentations</b>	<p><b>CEO Report Including Special Announcements</b></p> <ul style="list-style-type: none"> <li>Living Wage</li> </ul> <p>Dr. Esmail Porsa, President and Chief Executive Officer (CEO), provided an update related to the recent government shutdown, noting its impact on Harris Health operations. He informed the Board that the hospital program had to be temporarily paused due to the expiration of Centers for Medicare &amp; Medicaid Services (CMS) labor coverage on September 30. Dr. Porsa expressed optimism that the program will resume once federal operations return to normal. He also noted that telemedicine services are affected, with delayed payments due to the shutdown, but that services will continue followed by reimbursements once payments are processed.</p> <p>Dr. Porsa shared that he recently held the fourth town hall of the calendar year with Harris County Commissioner Lesley Briones, thanking Trustee Marlen Trujillo for their representation of the Board and providing updates to the community, particularly in discussions regarding the expansion of services. He also announced an expedited increase in the minimum wage for staff to \$18.00 per hour, effective immediately. This adjustment was made ahead of schedule to provide support during challenging national circumstances, and the upcoming paycheck will reflect the increased wage.</p>	<b>As Presented.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p><b>A. Board Member Announcements Regarding Board Member Advocacy and Community Engagements</b></p> <p>Dr. Caracostis acknowledged that today marks Ms. Davis’s final meeting as a member of the Harris Health Board of Trustees. Since joining the Board in 2023, Ms. Davis has been a dedicated advocate for healthcare initiatives and a valued asset to our organization. Her leadership and insight have significantly contributed to the advance of our mission and the communities we serve.</p> <p>During her tenure, she served with distinction on the Quality Committee, the Governance Committee, and the Compliance and Audit Committee. Her thoughtful contributions and steadfast commitment have left a lasting impact, and she will be greatly missed.</p> <p>Ms. Davis expressed her gratitude for the opportunity to serve, reflecting on her experiences touring Lyndon B. Johnson Hospital and witnessing the dedication of nurses and care teams. She noted her excitement for new Board members joining and her continued willingness to support Harris Health in the future. Board members expressed appreciation for her service and contributions.</p>	
<b>IV. Public Comment</b>	<p>Mr. Brian Kelley, United Workers of Harris Center – CWA Local 6154, addressed the Board regarding recent layoffs at the Harris Center for Mental Health and IDD, seeking guidance and support from Harris Health and other Hospital Districts.</p> <p>Ms. Alma Castillo, also representing United Workers of Harris Center – CWA Local 6154, spoke about the layoffs caused by reductions in federal funding. Both speakers emphasized the community impact of the staffing reductions and requested the Board’s attention to this matter.</p>	
<b>V. Executive Session</b>	At 9:12 AM, Dr. Caracostis stated that the Board would enter Executive Session for Items V.A through D, as permitted by law under Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032, and Tex. Gov’t Code Ann. §551.071.	
	<b>A.</b> Report Regarding Quality of Medical and Healthcare, 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 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>B.</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 Upon Return to Open Session	<b>No action taken.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<b>C.</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>D.</b> Consultation with Attorney Regarding Harris Health's Medical School Affiliation and Support Agreements, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session	<b>No action taken.</b>
<b>VI. Reconvene to Open Meeting</b>	At 9:34 AM, Dr. Caracostis reconvened the meeting in open session, noting that a quorum was present and that no action was taken during Executive Session.	
<b>VII. General Action Item(s)</b>		
	<b>A.</b> General Action Item(s) Related to Quality: Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff</p> <p>Dr. Kunal Sharma, Chair of the Medical Executive Board, presented credentialing changes for members of the Harris Health Medical Staff for October 2025. He reported that there were 49 initial appointments, 165 reappointments, 10 changes or additions of privileges, and 34 resignations. Copies of the credentialing report were available in the permanent record.</p>	<b>Motion No. 25.10-120</b> <b>Moved by Ms. Carol Paret, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.</b>
	<b>B.</b> General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	<p>1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff</p> <p>Dr. Otis Ekins, Chief Medical Officer of Harris Health Correctional Health, presented credentialing changes for October 2025. He reported 4 initial appointments and 26 resignations. Copies of the credentialing report were available in the permanent record.</p>	<b>Motion No. 25.10-121</b> <b>Moved by Mr. Paul Puente, seconded by Ms. Afsheen Davis, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.</b>
<b>XI. Executive Session</b>	At 9:37 AM., Dr. Andrea Caracostis stated that the Board would enter Executive Session for Items XI. 'E through I' as permitted by law under Tex. Health & Safety Code Ann. §161.032, and Tex. Gov't Code Ann. §§551.071, 551.085.	<b>Items taken out of order.</b>
	<p><b>E.</b> Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Eight Months Ending August 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085</p> <p>Ms. Davis was recused from discussion on this item related to Texas Children's Hospital.</p>	<b>No action taken.</b>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p><b>F.</b> Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Investment Policy, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval of the Community Health Choice Investment Policy Upon Return to Open Session</p> <p>Ms. Davis was recused from discussion on this item related to Texas Children's Hospital.</p> <p><b>Motion:</b> Approval of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Investment Policy adopted by the Community Health Choice Board with the understanding that this approval reflects CHC's independent determinations and does not constitute Harris Health's agreement of the underlying legal and regulatory conclusions, as presented in executive session.</p>	<p><b>Motion No. 25.10-122</b>  <b>Moved by Ms. Ingrid Robinson, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.F. Motion carried.</b></p>
	<p><b>G.</b> Review of Harris Health's Investment Policy, Pursuant to Tex. Gov't Code Ann. §551.071, Including Consideration of Approval of the Harris Health Investment Policy Upon Return to Open Session</p> <p><b>Motion:</b> Approval of the Harris Health Investment Policy, as presented in executive session.</p>	<p><b>Motion No. 25.10-123</b>  <b>Moved by Mr. Paul Puente, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item XI.G. Motion carried.</b></p>
	<p><b>H.</b> Consultation with Attorney Regarding Settlement of Claims, Pursuant to Tex. Gov't Code Ann. §551.071 and Possible Action Upon Return to Open Session</p> <p><b>Motion:</b> Approval of the Settlement of claims brought by or on behalf of Willie Coleman and/or Yolanda Creecy for the total amount of \$100,000.00. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effectuate this settlement, Pursuant to the terms discussed in the executive session.</p>	<p><b>Motion No. 25.10-124</b>  <b>Moved by Ms. Afsheen Davis, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item XI.H. Motion carried.</b></p>
	<p><b>I.</b> Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements, Including Status of Fraud and Abuse Investigations, 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</p>	<p><b>No action taken.</b></p>
<b>XII. Reconvene</b>	<p>At 10:17 AM Dr. Andrea Caracostis, reconvened the meeting in open session and confirmed that a quorum remained present. She noted that no action was taken in Executive Session. The Board took action on items XI. "F", "G" &amp; "H" of the Executive Session Agenda.</p>	
<b>IX. Consent Agenda Items</b>		<i>Items taken out of order.</i>
	<b>A.</b> Consent Purchasing Recommendations	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
	<p>1. Approval of Purchasing Recommendations (Items A1 through A12 of the Purchasing Matrix)</p> <p>Mr. Jack Adger, Assistant Purchasing Agent, Harris County, presented the purchasing recommendations for the Board’s review and approval. A copy of the purchasing agenda is available in the permanent record.</p>	<p><b><u>Motion No. 25.10-125</u></b>  <b>Moved by Ms. Libby Viera-Bland, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item IX.A.1. of the purchasing recommendations (A1 through A12 of the purchasing matrix). Motion carried.</b></p>
	2. Harris Health Third Quarter of Fiscal Year 2025 Premier Spend Report for Information Only	<b>For Information Only.</b>
	<b>B. Consent Grant Recommendations</b>	
	1. Approval of Grant Recommendations (Item B1 of the Grant Matrix)	<p><b><u>Motion No. 25.10-126</u></b>  <b>Moved by Ms. Afsheen Davis, seconded by Mr. Paul Puente, and unanimously passed that the Board approve consent agenda items IX.B. – D. Motion carried.</b></p>
	<b>C. Consent Contract Recommendations</b>	
	1. Approval of Contract Recommendations (Items C1 through C2 of the Contract Matrix)	<p><b><u>Motion No. 25.10-126</u></b>  <b>Moved by Ms. Afsheen Davis, seconded by Mr. Paul Puente, and unanimously passed that the Board approve consent agenda items IX.B. – D. Motion carried.</b></p>

	<b>D. New Consent Items for Board Approval</b>	
	1. Approval to Convey a Water Meter Easement and Right of Way to The City of Houston for the Lyndon B. Johnson Hospital Expansion Project, Houston, Harris County, Texas	<b><u>Motion No. 25.10-126</u></b> Moved by Ms. Afsheen Davis, seconded by Mr. Paul Puente, and unanimously passed that the Board approve consent agenda items IX.B. – D. Motion carried.
	2. 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  <i>{End of Consent Agenda}</i>	<b><u>Motion No. 25.10-126</u></b> Moved by Ms. Afsheen Davis, seconded by Mr. Paul Puente, and unanimously passed that the Board approve consent agenda items IX.B. – D. Motion carried.
<b>X. 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 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 October 2025 Operational Update</li> </ul> <p>Mr. Nelson Gonzalez, Project Manager for the Healthcare for the Homeless Program, presented on behalf of Ms. Tracey Burdine. He provided the Board with an October 2025 operational update, productivity report, Consumer Advisory Council report, and updates on the Referral Tracking and Follow-up Care Policy and the Referrals of HCHP Patients to Harris Health Policy. Mr. Gonzalez reported that the year-to-date patient target was 7,250, and HCHP served 5,813 patients, exceeding expectations by approximately 5%. The program had completed 23,033 patient visits, consistently exceeding previous year's monthly totals. Family practice services comprised the majority of visits, as reflected in the departmental breakdown of unduplicated patients.</p> <p>Regarding the Consumer Advisory Council report, Mr. Gonzalez highlighted activities from May through July 2025, including progress on the Open Door Mission renovation project, review of the annual service area analysis report, discussion of the 2025 HRSA manual and quality indicators, and preparation for the expected 2026 triennial operational site visit. He noted that the HRSA visit ensures compliance with the HCHP manual requirements and typically includes three auditors focused on financial, clinical, and operational aspects over a 2.5–3-day period. He emphasized the</p>	<p><b><u>Motion No. 25.10-127</u></b> Moved by Ms. Paul Puente, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.A. Motion carried.</p>

	<p>importance of board participation in this review process.</p> <p>Mr. Gonzalez then reviewed updates to HCHP policies. The Referral Tracking and Follow-up Care Policy was revised to clarify standardized processes for referral creation, management, and follow-up care, with only minor grammatical changes made. The Referrals of HCHP Patients to Harris Health Policy, which provides guidelines for accepting and coordinating referrals for services not available directly through HCHP clinics, also underwent minor grammatical corrections, including removal of the term “system” from “aerosol system.” No substantive changes were made to either policy. A copy of each presentation is available in the permanent record.</p> <p>Note: Items A-D were presented together.</p>	
	<b>B. Approval of the HCHP Consumer Advisory Council Report</b>	<p><b><u>Motion No. 25.10-128</u></b>  <b>Moved by Ms. Paul Puente, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.B. Motion carried</b></p>
	<b>C. Approval of the HCHP Referral Tracking and Follow-up Care Policy</b>	<p><b><u>Motion No. 25.10-129</u></b>  <b>Moved by Ms. Afsheen Davis, seconded by Ms. Ingrid Robinson, and unanimously passed that the Board approve agenda item X.C. Motion carried.</b></p>
	<b>D. Approval of the Referrals of HCHP Patients to Harris Health Policy</b>	<p><b><u>Motion No. 25.10-130</u></b>  <b>Moved by Ms. Ingrid Robinson, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item X.D. Motion carried.</b></p>



<b>VIII. Strategic Discussion</b>		
	<b>A. Harris Health Strategic Plan Initiatives</b>	
	<p>1. Presentation Regarding the Harris Health 2026-2030 Strategic Plan Update</p> <p>Ms. Maria Cowles, Executive Vice President and Chief Strategy Officer, led the discussion regarding the Harris Health 2026–2030 Strategic Plan Update. She opened by expressing her excitement that the organization was in the final stages of the strategic planning process and thanked the Board for their thoughtful input on the draft of the strategic plan, noting that all received comments had been incorporated into the updated draft. Ms. Cowles emphasized that the Board would be asked to approve the plan in November and introduced the next speakers to provide additional perspective on the strategic planning process.</p> <p>Ms. Karma Bass of Via Healthcare Consulting provided remarks regarding the Board’s role in strategic planning. She explained that strategic planning is one of the most important responsibilities of a board of trustees and serves as the foundation for all governance work. She emphasized the distinction between the board’s role and management’s role: the board is responsible for the “what” of the strategic plan, including the mission, vision, values, and the six strategic pillars, while management is responsible for the “how,” including goals and tactics. She encouraged the Board to actively engage with the plan by reviewing it before each meeting and using it as a framework for guiding questions and assessing organizational performance. Ms. Bass also highlighted the critical nature of the Board’s fiduciary responsibilities, noting that delays in meetings or lack of quorum could impact credentialing and privileging of providers, which are legally required functions. She encouraged Board members to commit to attendance, complete the upcoming board self-assessment survey, and leverage the strategic plan as a “North Star” for their governance work over the next five years.</p> <p>Following Ms. Bass, Mr. Sam Moskowitz of Berkley Research Group (BRG) led the Board in an in-depth discussion of the strategic plan itself. The discussion focused on organizational priorities, initiatives to improve patient access and outcomes, behavioral health integration, community partnerships, and performance metrics for monitoring success. Board members provided input on aligning strategic initiatives with financial and operational priorities, staffing needs, and long-term infrastructure planning. The discussion concluded with agreement that the plan would serve as a guiding document for the organization’s strategic direction from 2026 to 2030. A copy of the presentation is available in the permanent record.</p>	<b>As Presented.</b>

	<p>2. Discussion Regarding the Harris Health 2026 Board of Trustees Calendar</p> <p>Ms. Olga Rodriguez, Senior Vice President of Community Engagement, Corporate Communications, and Board Services, presented the proposed 2026 Board of Trustees calendar. She noted that, as part of the annual process, the calendar is provided to allow Board members to plan ahead and anticipate scheduling conflicts. Meeting planners will be sent to members once the calendar is adopted to hold the dates on their schedules. Ms. Maria Cowles, EVP and Chief Strategy Officer, mentioned a key update in the proposed calendar is the shift of regular Board meetings to the second Wednesday of each month, beginning in 2026, pending approval at the December 11th Board meeting. This adjustment was made to provide additional flexibility in the event a meeting must be rescheduled due to lack of quorum, to minimize conflicts with the Commissioners Court meetings, which now meets on Thursdays, and to streamline internal reporting schedules. She emphasized that the change is intended to create greater consistency and predictability for Board members when planning their calendars. Board members were asked to review the proposed dates and provide feedback as appropriate.</p>	As Discussed.
	<p><b>B. Committee Report(s)</b></p> <ul style="list-style-type: none"> <li>October 7, 2025 – Quality Committee</li> </ul> <p>Ms. Paret noted that the October 7, 2025 Quality Committee reports were included in the Board packet and available in the permanent record.</p>	No presentation. Chair directed Board Members to review reports in their board packet due to time constraints.
<b>XI. Adjournment</b>	There being no further business to come before the Board, the meeting adjourned at 11:34 AM.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on October 23, 2025.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

**Thursday, October 23, 2025**  
**Harris Health Board of Trustees Board Meeting Attendance**

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

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Dr. Jackie Brock
Alma Castillo ( <i>United Workers of Harris Center / CWA Union Local 6154</i> )	Dr. Jennifer Small
Dr. Amy Smith	Jennifer Zarate
Anna Mateja ( <i>CFO, Community Health Choice</i> )	Jessey Thomas
Anthony Williams	John Matcek
Dr. Asim Shah	Dr. Joseph Kunisch
Brian Kelley ( <i>United Workers of Harris Center / CWA Union Local 6154</i> )	Kalie Kaitschuck ( <i>Nursing Graduate, Texas Tech</i> )
Carolynn Jones	Karma Bass ( <i>CEO, Via Healthcare Consulting</i> )
Chris Buley ( <i>CLO, Community Health Choice</i> )	Kiki Teal
Daniel Smith	Dr. Kunal Sharma
Derek Curtis	Lisa Wright ( <i>CEO, Community Health Choice</i> )
DeWight Dosplauf	Louis Smith
Elizabeth Hanshaw Winn ( <i>Consultant</i> )	Maria Cowles
Dr. Esmaeil Porsa ( <i>President &amp; CEO, Harris Health</i> )	Matthew Schlueter
Esperanza “Hope” Galvan	Dr. Maureen Padilla
Dr. Glorimar Medina	Micah Rodriguez
Jack Adger ( <i>Harris County Purchasing Office</i> )	Michael Fritz ( <i>Harris County Attorney’s Office</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.

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Dr. Michael Nnadi	Sara Thomas <i>(Harris County Attorney's Office)</i>
Dr. Nelson Gonzalez	Shawn DeCosta
Dr. O. Reggie Ekins	Stephen Cleboski <i>(Nursing Graduate, Texas Tech)</i>
Olga Rodriguez	Taylor McMillan
Omar Reid	Tekhesia Phillips
Paola Pina <i>(Policy Advisor, Precinct 4: Office of Commissioner Lesley Briones)</i>	Dr. Tien Ko
Patrick Casey	Tracey Burdine
R. King Hillier	Victoria Nikitin
Sam Moskowitz <i>(Managing Director, BRG)</i>	Dr. Yashwant Chathampally
Dr. Sandeep Markan	

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.*

**MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES**  
**Special Call Board Meeting: Health Resources and Services Administration (HRSA)**  
**Thursday, November 13, 2025**  
**8:30 A.M.**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
<b>I. Call to Order and Record of Attendance</b>	The meeting was called to order at 8:32 AM by Ms. Carol Paret, Presiding Officer. It was noted that a quorum was present, and the attendance was recorded. Some Board members attended in person, while others joined via video conference in accordance with state law and Harris Health's videoconferencing policy. Only participants scheduled to speak were provided dial-in information for the meeting. All others who wish to view the meeting were advised to 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. Public Comment</b>	There were no public speakers present to address the Board.	
<b>III. Announcements/ Special Presentations</b> <ul style="list-style-type: none"> <li>New Member of the Harris Health Board of Trustees</li> </ul>	<p>Dr. Caracostis announced the appointment of Dr. Shubhada Hooli to the Harris Health Board of Trustees for a two-year term beginning November 3, 2025. She described Dr. Hooli's background as a pediatric emergency medicine physician at Texas Children's Hospital and highlighted her extensive work in global child health, mobile health initiatives, and health equity. Her research, supported by major national and international partners, has focused on pneumonia, pulse oximetry, and technology-enabled care. Dr. Hooli has also been active in health policy development through leadership roles with the American Medical Association and collaborations with the World Health Organization. The Board welcomed Dr. Hooli and expressed appreciation for the expertise and perspective she brings.</p> <p>A brief acknowledgment was also made thanking former Trustee Afsheen Davis for her dedicated service.</p>	<b>As Presented.</b>

IV. Item(s) Related to the Health Care for the Homeless Program		
	<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 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 November 2025 Operational Update</li> </ul> <p>Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the HCHP Operational Update. She reported year-to-date totals of 6,208 unduplicated patients and 25,359 completed visits, with 1,177 unduplicated patients and 2,347 visits recorded in October. Ms. Burdine explained that ongoing staffing shortages, particularly among providers, continue to challenge program operations. With only five providers available to staff seven shelter-based clinics, rotating schedules have required physicians to move between multiple sites daily, which has reduced continuity of care and contributed to declines in patient satisfaction.</p> <p>Board members engaged in extensive discussion regarding the recruitment challenges, the strain on existing providers, and the direct impact on patient experience. The Board inquired about strategies to enhance provider stability and the feasibility of increasing the existing 0.6 FTE Family Physician position to a full 1.0 FTE to strengthen clinic coverage. Ms. Burdine noted that recruitment in this specialty area remains difficult and confirmed that interim Medical Director Dr. Matasha Russell is actively assisting with both temporary coverage and long-term staffing planning.</p> <p>The Board also discussed trends in homelessness across Harris County. Ms. Burdine reported that more individuals are now living outdoors or in encampments rather than in shelters, contributing to fluctuating clinic volumes. Board members raised concerns about anticipated displacement as major regional events, including the upcoming World Cup approach, and encouraged stronger strategic collaborations with local FQHCs, shelters, and faith-based organizations to ensure broader reach without duplicating services.</p> <p>The Board reviewed and discussed the Second Quarter Patient Satisfaction Report. Ms. Burdine explained that patient satisfaction results indicate a need for improvement in provider listening skills, communication between nurses and providers, and patients' likelihood of recommending their provider. These declines were attributed to the inconsistency in provider assignments caused by staff shortages, which has led patients to encounter multiple clinicians instead of maintaining continuity with a single provider. Some patients also reported that providers appeared distracted</p>	<p><b><u>Motion No. 25.11-131</u></b>  <b>Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item IV.A. Motion carried.</b></p>

	<p>or less engaged when entering information into the electronic medical record.</p> <p>The Board discussed planned interventions, including reinforcing active listening techniques, reducing unnecessary distractions during patient encounters, improving teach-back practices to ensure understanding, and standardizing communication procedures at both intake and discharge. The Board expressed support for efforts to stabilize the provider workforce as a necessary component of improved patient satisfaction.</p> <p>Ms. Burdine presented the proposed HCHP 2026–2030 Strategic Plan and summarized the program’s strengths, weaknesses, opportunities, and threats. The discussion focused on six major strategic priority areas. Regarding Quality and Safety, Ms. Burdine described the plan’s goal of meeting or exceeding 80% of HRSA quality benchmarks and preparing for the national transition to value-based care by 2030. Board members requested clarification about value-based care, and Ms. Burdine explained the shift away from volume-driven services toward outcomes-focused reimbursement.</p> <p>The Board also discussed workforce development, including goals to improve employee engagement, enhance professional development opportunities, and create provider recognition incentives. Financial resiliency was addressed through diversification of funding streams and improved provider productivity. Ms. Burdine noted that current productivity varies between eight and ten patients per day, below the target of twelve, and emphasized that staffing stability would support more consistent output.</p> <p>The discussion further addressed access to care, including a planned feasibility study for expanding services into North Harris County in response to demographic shifts. The Board expressed strong support for exploring partnerships to avoid duplication and extend HCHP’s reach. Ms. Burdine also outlined plans to strengthen behavioral health and substance use disorder services and to increase hypertension and lipid management performance in alignment with national initiatives. Finally, the Board discussed infrastructure challenges within shelter clinics, recognizing that space limitations, such as those at Salvation Army’s rehabilitation program site, may necessitate adjustments or potential relocation in the future.</p> <p>Note: Items A-C were presented together.</p> <p>A copy of each presentation is available in the permanent record.</p>	
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	<b>B.</b> Approval of HCHP Second Quarter Patient Satisfaction Report	<b><u>Motion No. 25.11-132</u></b> Moved by Ms. Sima Ladjevardian, seconded by Ms. Libby Viera - Bland, and unanimously passed that the Board approve agenda item IV.B. Motion carried.
	<b>C.</b> Approval of HCHP 2026-2030 Strategic Plan	<b><u>Motion No. 25.11-133</u></b> Moved by Ms. Carol Paret, seconded by Ms. Libby Viera-Bland, and unanimously passed that the Board approve agenda item IV.C. Motion carried.
<b>V. Adjournment</b>	There being no further business to come before the Board, the meeting adjourned at 9:08 AM.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Special Call Board HRSA Meeting held on November 13, 2025.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA



**Thursday, November 13, 2025**  
**Harris Health Board of Trustees Special Call Board: HRSA Meeting Attendance**

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Afsheen Davis	Ingrid Robinson
Dr. Andrea Caracostis ( <i>Chair</i> )	Paul Puente
Carol Paret ( <i>Vice Chair</i> )	Philip Sun
Libby Viera-Bland ( <i>Secretary</i> )	
Dr. Marlen Trujillo	
Dr. Shubhada Hooli	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	John Matcek
Anthony Williams	Dr. Kunal Sharma
Dr. Asim Shah	Louis Smith
Carolynn Jones	Maria Cowles
Cherry Joseph	Dr. Matasha Russell
Daniel Smith	Matthew Schlueter
DeWight Dosplauf	Olga Rodriguez
Ebon Swofford ( <i>Harris County Attorney's Office</i> )	Omar Reid
Dr. Esmaeil Porsa ( <i>President &amp; CEO, Harris Health</i> )	Dr. Sandeep Markan
Esperanza "Hope" Galvan	Sara Thomas ( <i>Harris County Attorney's Office</i> )
Dr. Jackie Brock	Shawn DeCosta
Dr. Jennifer Small	Dr. Thomas Cummins
Jennifer Zarate	Dr. Tien Ko
Jeff Dansdill	Tracey Burdine
Jerry Summers	

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**MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES**

**Special Call Board Meeting: Strategic Planning**

**Thursday, November 13, 2025**

**9:00 A.M.**

**(Immediately following the Special Call Board Meeting: HRSA)**

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
<b>I. Call to Order and Record of Attendance</b>	<p>The meeting was called to order at 9:09 AM by Dr. Andrea Caracostis, Chair. It was noted that a quorum was present, and the attendance was recorded. Some Board members attended in person, while others joined via video conference in accordance with state law and Harris Health’s videoconferencing policy. Only participants scheduled to speak were provided dial-in information for the meeting. All others who wish to view the meeting were advised to access the meeting online through the Harris Health website: <a href="http://harrishealthtx.swagit.com/live">http://harrishealthtx.swagit.com/live</a>.</p>	<p><b>A copy of the attendance is appended to the archived minutes.</b></p>
<b>II. Public Comment</b>	<p>There were no public speakers present to address the Board.</p>	
<b>III. Discussion and Consideration of Approval of the 2026-2030 Harris Health Strategic Plan</b>	<p>Mr. Sam Moskowitz, Berkley Research Group (BRG), led the discussions for this agenda item, providing an overview of the strategic planning process. He noted the Board’s extensive involvement throughout the four phases of plan development and highlighted the exceptional level of stakeholder engagement, both internally and externally. Mr. Faisal Amin, BRG, facilitated further discussion on the strategic plan, providing context on the depth of stakeholder engagement. He noted that one-on-one meetings, focus groups, and surveys were conducted with internal staff, medical leadership, community partners, regulators, elected officials, donors, and other key stakeholders. Mr. Amin emphasized that the strategic plan reflects significant input from these engagements and praised the Board and leadership team for their sustained commitment.</p> <p>Board members discussed elements of the plan, including the consideration of ambitious goals, strategic flexibility, enterprise risk management, technology infrastructure, and the core commitment to system-wide integration under the “One Harris Health” model. The Board emphasized the importance of agility, disciplined execution, and alignment with Harris Health’s mission, vision, and values. Members expressed strong support for the strategic plan, noting its focus on people, health promotion, and alignment across all Harris Health institutions. After discussion, the Board voted to approve the 2026–2030 Harris Health Strategic Plan. A copy of the presentation is available in the permanent record.</p>	<p><b><u>Motion No. 25.11-131</u></b>  <b>Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item III. Motion carried.</b></p>

<b>IV. Discussion and Consideration of Approval of the Harris Health Strategic Fund Naming Opportunity Framework</b>	<p>Dr. Esmail Porsa, President and CEO, Harris Health, led the discussion regarding Harris Health Strategic Fund Naming Opportunity Framework. He provided context on the purpose of the framework, noting that it provides guidance, creates excitement among potential donors, and ensures transparency in gift attribution. Under state law, the Board retains authority to accept gifts, and the CEO presents recommendations to authorize the framework. The naming opportunities and associated amounts were reviewed. Recognition was given to the Strategic Fund Board for raising nearly 63% of the \$100 million 10-year goal within less than three years, with special acknowledgment to Mr. Sebastian Solar, Harris Health Strategic Fund, Board of Directors, for his leadership in donor engagement. Board members commended Dr. Porsa and the leadership team for their dedication and contributions to this effort.</p>	<p><b><u>Motion No. 25.11-131</u></b>  <b>Moved by Ms. Libby Viera - Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item IV. Motion carried.</b></p>
<b>V. Adjournment</b>	<p>There being no further business to come before the Board, the meeting adjourned at 9:52 AM.</p>	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Special Call Board: Strategic Planning Meeting held on November 13, 2025.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

**Thursday, November 13, 2025**  
**Harris Health Board of Trustees Special Call Board: Strategic Planning Meeting Attendance**

BOARD MEMBERS PRESENT	BOARD MEMBERS ABSENT
Afsheen Davis	Ingrid Robinson
Dr. Andrea Caracostis ( <i>Chair</i> )	Paul Puente
Carol Paret ( <i>Vice Chair</i> )	Philip Sun
Libby Viera-Bland ( <i>Secretary</i> )	
Dr. Marlen Trujillo	
Dr. Shubhada Hooli	
Sima Ladjevardian	

EXECUTIVE LEADERSHIP/STAFF/ SPECIAL INVITED GUESTS	
Alexander Barrie	Jerry Summers
Dr. Amy Smith	John Matcek
Anthony Williams	Dr. Kunal Sharma
Dr. Asim Shah	Louis Smith
Carolynn Jones	Maria Cowles
Cherry Joseph	Matthew Schlueter
Daniel Smith	Dr. Michael Nnadi
DeWight Dosplauf	Olga Rodriguez
Ebon Swofford ( <i>Harris County Attorney's Office</i> )	Omar Reid
Dr. Esmaeil Porsa ( <i>President &amp; CEO, Harris Health</i> )	Patrick Casey
Esperanza "Hope" Galvan	Sam Moskowitz ( <i>Managing Director, BRG</i> )
Faisal Amin ( <i>Director, BRG</i> )	Dr. Sandeep Markan
Dr. Glorimar Medina	Sara Thomas ( <i>Harris County Attorney's Office</i> )
Dr. Jackie Brock	Shawn DeCosta
Jeff Dansdill	Dr. Thomas Cummins
Jennifer Zarate	Victoria Nikitin

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## Public Comment Registration Process

Pursuant to Texas Government Code Ann. §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, 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 virtual Public Speaker, a meeting link will be provided within 24-48 hours of the scheduled meeting. Notice: Virtual 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>. *You must click the "Watch Live" hyperlink in the blue bar, located on the top left of the screen.*

### **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 Board meetings. To register, members of the public may contact the Board of Trustees Office during core business hours, Monday through Friday between 8:00 a.m. to 4:00 p.m. Members of the public must submit registration no later than 4:00 p.m. on the day before the scheduled meeting using 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/registerForm.aspx>
2. Printing and completing the downloadable registration form found at <https://www.harrishealth.org/about-us-hh/board/Documents/Public%20Comment%20Registration%20Form.pdf>
  - 2a. A hard copy may be emailed to [BoardofTrustees@harrishealth.org](mailto:BoardofTrustees@harrishealth.org)
  - 2b. A hard copy may be mailed to 4800 Fournace Pl., Ste. E618, Bellaire, TX 77401
3. Contacting a Board of Trustees staff member at (346) 426-1524 to register verbally or by leaving a voicemail with the required information denoted on the registration form

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.

### **Time Limits**

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 with 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 be provided with one (1) minute 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.


## Meeting of the Board of Trustees

Thursday, December 18, 2025

Executive Session

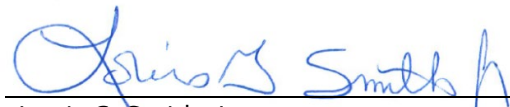
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Discussion Regarding Expansion of Clinical Service Lines and Deliberation of Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code Ann. §§551.072, 551.085.



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Patrick Casey  
SVP, Facilities Construction & Systems  
Engineering



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

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## Meeting of the Board of Trustees

Thursday, December 18, 2025

Executive Session

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Report Regarding Quality of Medical and Healthcare, 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 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



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## Meeting of the Board of Trustees

Thursday, December 18, 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.



Dr. Yashwant Chathampally

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

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## Meeting of the Board of Trustees

Thursday, December 18, 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.



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

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## Meeting of the Board of Trustees

Thursday, December 18, 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 November 11, 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 2025 Medical Staff Credentials Report

### Medical Staff Initial Appointments: 32

BCM Medical Staff Initial Appointments - 27

UT Medical Staff Initial Appointments - 5

HCHD Medical Staff Initial Appointments - 0

### Medical Staff Reappointments: 26

BCM Medical Staff Reappointments - 11

UT Medical Staff Reappointments - 14

HCHD Medical Staff Reappointments - 1

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 6

### BCM/UT/HCHD Medical Staff Resignations: 44

### For Information

Temporary Privileges Awaiting Board Approval - 16

Urgent Patient Care Need Privileges Awaiting Board Approval - 1

Leave of Absence - 4

### BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 0

Medical Staff Initial Appointment Files for Discussion

Medical Staff Reappointment Files for Discussion

## Meeting of the Board of Trustees

Thursday, December 18, 2025

Consideration of Approval of Changes to the Critical Care and Pulmonary Medicine  
Clinical Privileges

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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 November 11, 2025.

A request was made to add Percutaneous Ultrasound Guided Gastrostomy Privileges to the Pulmonary Medicine and Critical Care Clinical Privileges document.

The Medical Leaders at BT and LBJ have reviewed and are in agreement with the adding of the Percutaneous Ultrasound Guided Gastrostomy Privileges.

The Medical Executive Board has approved the revisions to the Pulmonary and Critical Care Clinical Privileges and requests the approval of the Board of Trustees.



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Dr. Yashwant Chathampally  
Associate CMO & Senior Vice President



**Applicant Name:** \_\_\_\_\_

**Please Choose Pavilion for Requested Privileges:**

☐ Ben Taub; ☐ LBJ; ☐ ACS: \_\_\_\_\_

**Print ACS Clinic Name**

- 26. Perform history and physical exam
- 27. Pericardiocentesis
- 28. Peritoneal lavage
- 29. Preliminary interpretation of imaging studies
- 30. Thoracentesis
- 31. Tracheostomy
- 32. Transtracheal catheterization
- 33. Image guided procedures
- 34. Use of reservoir masks, nasal prongs/cannulas and nebulizers for delivery of supplemental oxygen and inhalants
- 35. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)
- 36. Wound care

☐ **CRITICAL CARE CLINICAL PRIVILEGES REQUESTED**

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### **QUALIFICATIONS FOR PERCUTANEOUS ULTRASOUND GUIDED GASTROSTOMY (PUG):**

To be eligible to apply for privileges in Percutaneous Ultrasound Guided Gastrostomy, the applicant must meet the following criteria.

#### **Initial Applicant Requirement:**

1. **In addition to the Core Privileges criteria AND demonstrated current competence in the procedures/skills for which privileges are requested below.**
2. **Completion of PUG Safety training course (COAP Tech certificate of success completion must be provided).**

**AND**

#### **3. Choose one or both options:**

1. ☐ Provide evidence of completion of 5 successful PUG training procedures (Cadaver or Simulation).

**OR**

2. ☐ Provide evidence of 5 previous successful PUG cases in clinical practice.

**AND**

#### **4. Choose Initial Applicant or Initial Proctor Applicant:**

1. ☐ Initial Applicant: First Five (5) supervised procedures (proctored by a Harris Health credentialed physician with previous PUG procedure experience from another facility).
2. ☐ Initial Proctor Applicant: Provide evidence of 15 previous successful PUG cases in clinical practice within the last 36 months at another facility.

*Applicant Name:* \_\_\_\_\_

Please Choose Pavilion for Requested Privileges:

☐ Ben Taub; ☐ LBJ; ☐ ACS: \_\_\_\_\_

Print ACS Clinic Name

**Reappointment Requirements: To be eligible to renew privileges in percutaneous ultrasound guided gastrostomy, the applicant must meet the following maintenance of privilege criteria:**

- Currently demonstrated competence and an adequate volume of experience inpatient or consultative services for at least 15 patients with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on the results of ongoing performance data review (OPDR) and outcomes.

Evidence of current ability to perform privileges requested is required of all applicants for renewal of **privilege**.

☐ **PERCUTANEOUS ULTRASOUND GUIDED GASTROSTOMY (PUG)**

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#### QUALIFICATIONS FOR ADULT MODERATE AND DEEP SEDATION

Requires successful completion of the [ADULT MODERATE AND DEEP SEDATION EXAM](#) ([=<Click link to access exam](#)) with a **passing score of 85% or above** and a **current** ACLS or ATLS. See hospital policy, 7.03. for sedation and analgesia by non-anesthesiologists.

☐ **ADULT MODERATE AND DEEP SEDATION PRIVILEGES REQUESTED**

---

#### Acknowledgement of Practitioner

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

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

---

Applicant's Signature

Date

**Applicant Name:** \_\_\_\_\_

**Please Choose Pavilion for Requested Privileges:**

☐ Ben Taub; ☐ LBJ; ☐ ACS: \_\_\_\_\_

**Print ACS Clinic Name**

2. Bronchoscopy with use of electromagnetic navigational guidance for biopsy of peripheral pulmonary lesions (Navigational bronchoscopy)
3. Rigid bronchoscopy
4. Bronchoscopy for foreign body removal
5. Bronchoscopy for stent removal
6. Bronchoscopy with dilatation of strictures.
7. Bronchoscopy with balloon occlusion and dilatation
8. Bronchoscopy with cryobiopsies
9. Bronchoscopy with tumor debulking using mechanical means (rigid bronchoscopy and coring), argon plasma coagulation (APC), electrocautery or cryotherapy.
10. Bronchoscopy with placement of endobronchial valves for emphysema treatment
11. Bronchoscopy with placement of endobronchial valves/ fibrin glue for treatment of persistent air leak.
12. Talc Slurry/Talc Pleurodesis/Poudrage

☐ **INTERVENTIONAL PULMONOLOGY SPECIAL PRIVILEGES REQUESTED**

---

#### **QUALIFICATIONS FOR PERCUTANEOUS ULTRASOUND GUIDED GASTROSTOMY (PUG):**

To be eligible to apply for privileges in Percutaneous Ultrasound Guided Gastrostomy, the applicant must meet the following criteria.

##### **Initial Applicant Requirement:**

1. **In addition to the Core Privileges criteria AND demonstrated current competence in the procedures/skills for which privileges are requested below.**
2. **Completion of PUG Safety training course (COAP Tech certificate of success completion must be provided).**

**AND**

##### **3. Choose one or both options:**

1. ☐ Provide evidence of completion of 5 successful PUG training procedures (Cadaver or Simulation).

**OR**

2. ☐ Provide evidence of 5 previous successful PUG cases in clinical practice.

**AND**

##### **4. Choose Initial Applicant or Initial Proctor Applicant:**

1. ☐ **Initial Applicant:** First Five (5) supervised procedures (proctored by a Harris Health credentialed physician with previous PUG procedure experience from another facility).

**Applicant Name:** \_\_\_\_\_

**Please Choose Pavilion for Requested Privileges:**

☐ Ben Taub; ☐ LBJ; ☐ ACS: \_\_\_\_\_

**Print ACS Clinic Name**

2. ☐ Initial Proctor Applicant: Provide evidence of 15 previous successful PUG cases in clinical practice within the last 36 months at another facility.

**Reappointment Requirements: To be eligible to renew privileges in percutaneous ultrasound guided gastrostomy, the applicant must meet the following maintenance of privilege criteria:**

- Currently demonstrated competence and an adequate volume of experience inpatient or consultative services for at least 15 patients with acceptable results, reflective of the scope of privileges requested, for the past 36 months based on the results of ongoing performance data review (OPDR) and outcomes.

Evidence of current ability to perform privileges requested is required of all applicants for renewal of **privilege**.

☐ **PERCUTANEOUS ULTRASOUND GUIDED GASTROSTOMY (PUG)**

---

#### **QUALIFICATIONS FOR ADULT MODERATE AND DEEP SEDATION**

Requires successful completion of the **ADULT MODERATE AND DEEP SEDATION EXAM** (**<=Click link to access exam**) with a **passing score of 85% or above** and a **current** ACLS or ATLS. See hospital policy, 7.03. for sedation and analgesia by non-anesthesiologists.

☐ **ADULT MODERATE AND DEEP SEDATION PRIVILEGES REQUESTED**

---

#### **Acknowledgement of Practitioner**

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

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

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

## Meeting of the Board of Trustees

Thursday, December 18, 2025

Consideration of Approval of Revisions to the Medical Staff Bylaws

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The Harris Health Medical Executive Board and Medical Staff have approved the attached revisions to the Medical Staff Bylaws.

The Harris Health Medical Executive Board (MEB) and Dr. Kunal Sharma, MEB Chair, requests the approval of the Board of Trustees.



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Dr. Yashwant Chathampally  
Associate CMO & Senior Vice President

## **Harris Health Medical Staff Bylaws Summary of Revisions - 2025**

- **Definitions – Designee (Page 3)**
  - Definition of Designee revised to clarify who can serve as designee of the CEO
- **Article III, Section 2 – Medical Staff Membership, Qualifications for Membership (Page 8)**
  - Added language to reflect an exception to the DEA requirement for CRNAs.
  - Clarified language to describe the process for individuals to request a waiver of one or more qualifications for membership to the medical staff.
  - Clarified language to describe the process for individuals applying for membership if he/she is “unusually qualified”, as defined in this section.
- **Article III, Section 6 – Leave of Absence (Page 11)**
  - Updated language to clarify process for leave of absence.
- **Article IV – Categories of the Medical Staff (Page 13)**
  - Clarified language for contract practitioners
- **Article V, Section 3 – Advanced Practice Professionals, Prerogatives (Page 15)**
  - Updated language to reflect correct names for ACS leadership
- **Article VII, Sections 6 – Temporary Privileges (Page 25)**
  - Language was revised to further clarify examples of temporary privileges for important patient care need
- **Article VIII, Section 1 – Corrective Action (Pages 30-31)**
  - Language added to clarify instances that qualify as an administrative suspension, including the addition of an administrative suspension for failure to comply with Harris Health’s policy on required vaccinations.
  - Language was removed under automatic termination related to medical record completion.
- **Article XIV – Committees (Pages 52-63)**
  - Order of committees changed to alphabetical order.
  - Minor changes made to better clarify individual committee language and to provide consistency.
- Replaced “Peer Review Committee” with “Practice Improvement Committee” throughout the Medical Staff Bylaws
- Removed references to “DPS” throughout the Medical Staff Bylaws
- Updated medical school references throughout the Medical Staff Bylaws for consistency
- Replaced “Ongoing Professional Performance Evaluation” to “Ongoing Performance Data Review” throughout the Medical Staff Bylaws

# **MEDICAL STAFF BYLAWS**

## **September, 2025**

**HARRIS COUNTY HOSPITAL DISTRICT**  
**d/b/a ~~Harris Health System~~Harris Health**  
**HOUSTON, TEXAS**

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**BYLAWS OF THE  
HARRIS COUNTY HOSPITAL DISTRICT  
d/b/a ~~HARRIS HEALTH SYSTEM~~ HARRIS HEALTH**

**MEDICAL STAFF**

**PREAMBLE**

WHEREAS, The Harris County Hospital District d/b/a ~~Harris Health System~~ Harris Health (“~~Harris Health~~”) is organized under the laws of the State of Texas; and in accordance with Chapter 281 of the Texas Health and Safety Code Ann. as amended.

WHEREAS, 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.

WHEREAS, it is recognized that the Medical Staff is responsible for the quality of medical care at Harris Health and must accept and discharge this responsibility, subject to the ultimate authority of the Governing Body, and that the cooperative efforts of the Medical Staff, the Chief Executive Officer and the Governing Body are necessary to fulfill Harris Health's obligations to its patients;

THEREFORE, the physicians, dentists, and other defined medical professionals practicing at Harris Health hereby organize themselves into a Medical Staff to provide good quality medical care, education and research in conformity with these Bylaws.

**DEFINITIONS**

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

1. The term “**ACTIVE STAFF**” shall consist of those Medical Staff members who assume all the functions and responsibilities of membership on the Active staff.
2. The term “**ADVANCED PRACTICE PROFESSIONAL**” (**APP**) shall be defined as an individual who holds a state license in their profession as well as other educational credentials attesting to training and qualifications to provide services in one or more of the following categories: Physician Assistant (PA), Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS), Optometrist (OD), Certified Nurse Midwife (CNM), Clinical Psychologist, Pathology Assistant, and Clinical Pharmacist. Clinical Pharmacists are limited to those pharmacists authorized by state law to sign prescription drug orders for dangerous drugs under a Drug Therapy Management Protocol of a physician who is a member of Harris Health’s Medical Staff.
3. The term “**AMBULATORY CARE SERVICES**” shall include the operation of a network of clinics by Harris Health that provide outpatient medical services.
4. The term “**AFFILIATE STAFF**” shall consist of Medical Staff members who may provide patient care and participate in staff activities in a non-voting capacity.
5. The term “**ATTENDING STAFF**” means all Medical Staff holding faculty appointments at The University of Texas Health Science Center at Houston and/or Baylor College of Medicine

and approved by the credentialing mechanisms of Harris Health. Medical school faculty appointment status is not required for Medical Staff members employed by Harris Health or Contract Practitioners.

6. The term **“CHIEF EXECUTIVE OFFICER”** means the individual appointed by the Governing Body to act on its behalf in the overall management of Harris Health. The title is “President/CEO”.
7. The term **“CHIEF OF SERVICE/MEDICAL DIRECTOR”** shall mean a Physician duly licensed in the State who is selected in accordance with the Medical Staff Bylaws of Harris Health.
8. The term **“CHIEF OF STAFF”** shall mean a Physician duly licensed in the State who is selected in accordance with the Medical Staff Bylaws of Harris Health.
9. The term **“CLEAN APPLICATION”** shall mean a completed application in which all aspects of the application are complete; all references have been returned with all questions fully answered as either superior or good; the applicant has not been a party to any malpractice cases, adverse actions involving medical staff membership, Clinical Privileges or licensure/certification requiring further investigation; the privileges checklist has been reviewed and approved by the Chief of Service or his or her designee at Harris Health; and all training, licensure, National Practitioner Data Bank, and OIG database information has been verified, with the results of such verification found to be acceptable. The term “Clean Application” may also be applied to an application from a Medical Staff member requesting new Clinical Privileges.
10. The term **“CLINICAL PRIVILEGES”** or **“PRIVILEGES”** means the permission granted by the Governing Body to a Practitioner or APP to provide those diagnostic, therapeutic, medical, or surgical services which the Practitioner or APP has been approved to render.
11. The term **“COMPLETED APPLICATION”** shall mean a signed Texas State Standardized Application and Harris Health Addendum in which all questions have been answered, current copy of licensure (State, DEA, ~~DPS~~), peer reference letters, delineation of Clinical Privileges or job description, current appropriate professional liability insurance, National Practitioner Data Bank, OIG, Board Status, hospital affiliations, and verification of any other relevant information from other professional organizations according to the Medical Staff Bylaws and Credentialing Procedures Manual. Additionally, all information and documentation has been provided, and all verifications solicited by Harris Health have been received and require no further investigation. A completed application may be determined to be incomplete, based upon the review of the Chief of Service, the Credentials Committee, or the Medical Executive Board.
12. The term **“CONSULTING STAFF”** shall consist of appointed Medical staff members who are persons of unusual competence, chosen for special abilities and willingness to supplement services rendered by the Active and Affiliate Staff.
13. The term **“CONTRACT PRACTITIONER”** means, unless otherwise expressly limited, all Physicians, Podiatrists, or Dentists who are appointed to the Medical Staff and (i) whose patient care services are contracted for by Harris Health and are performed within Harris Health Facilities; (ii) do not hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston; and (iii) are not employed by Harris Health to provide healthcare services at designated Harris Health Facilities. All Contract Practitioners will be categorized as Affiliate Staff.

14. The term “**CREDENTIALING PROCEDURES MANUAL**” shall mean the policy containing additional details related to the credentialing process of Harris Health, as further detailed in these Bylaws.
15. The term “**DAYS**” shall mean calendar days, including Saturdays, Sundays, and holidays unless otherwise specified herein. Days are counted beginning on the day following the transmittal or receipt of a notice or other required correspondence.
16. The term “**DENTIST**” means an individual with a D.D.S. or equivalent degree licensed or authorized to practice dentistry by the State of Texas.
17. The term “**DESIGNEE**” of the Chief Executive Officer shall mean ~~the Director of the Medical Staff Services office of Harris Health or~~ an executive of Harris Health designated by the Chief Executive Officer to act on his or her behalf under these Bylaws.
18. The term “**EXECUTIVE SESSION**” means any meeting or portion of any meeting, of any section, department, or committee of the Medical Staff at which privileged and/or confidential information regarding quality assessment and improvement and/or peer review information is presented or discussed.
19. The term “**EX-OFFICIO**” shall mean service as a member of a body by virtue of an office or position held and, unless otherwise expressly provided, refers to a position without voting rights.
20. The term “**FEDERAL HEALTH CARE PROGRAM**” shall mean any plan or program that provides health benefits whether through insurance or otherwise, which is funded directly in whole or in part by the United States government or a state health program (with the exception of the Federal Employees Health Benefits program). The most significant federal health care programs are Medicare, Medicaid, Blue Cross Federal Employees Program (FEP)/Tricare/CHAMPUS and the veterans' programs.
21. The term “**FELLOW**” means a physician who has completed his or her residency training and is engaged in further training in a specialized area under the direct supervision of a specialized member of the Medical Staff.
22. The term “**GOOD STANDING**” means that, at the time of his or her most recent appointment, this individual was deemed to have met the following requirements: satisfactory clinical competence, satisfactory technical skill/judgment, satisfactory results of Quality Assurance activity, satisfactory adherence to Medical Staff Bylaws, satisfactory medical records completion, satisfactory physical mental health completion, satisfactory relationships to peers and status.
23. The term “**GOVERNING BODY**” means the Governing Body of Harris Health.
24. The term “**HARRIS HEALTH**” shall mean the Harris County Hospital District d/b/a ~~Harris Health System~~ Harris Health, a group of general, tertiary care, clinics, and teaching hospital campuses located in Harris County, Texas, including the Ben Taub Hospital campus, the Lyndon B. Johnson Hospital campus, and other locations licensed or accredited as part of Harris Health, including the clinics of the Ambulatory Care Services (collectively, “Harris Health Facilities”).
25. The term “**HONORARY STAFF**” means inactive Medical Staff members who are honored by emeritus positions.
26. The term “**HOSPITAL CAMPUS**” means the physical area immediately adjacent to the hospital’s main buildings, and other areas and structures that are not strictly contiguous to the hospital’s buildings, but are located within 250 yards of the hospital’s buildings.

27. The term **“INELIGIBLE PERSON”** means any individual or entity that: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in any federal and/or state health care programs or in federal and/or state procurement or nonprocurement programs (this includes persons who are on the List of Excluded Individuals or Entities of the Inspector General, List of Parties Excluded from Federal Programs by the General Services Administration or the Medicaid Sanction List); or (ii) has been convicted of a criminal offense related to the provision of a health care program that falls within the ambit of 42 U.S.C. §1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.
28. The term **“LICENSED INDEPENDENT PRACTITIONER”** means any individual permitted by law and by Harris Health to provide care and services, without relevant direction or supervision, within the scope of the individual’s license and consistent with individually granted Clinical Privileges.
29. The term **“MEDICAL EXECUTIVE BOARD”** means the committee with authority to exercise Harris Health system-wide functions on behalf of the Medical Staff.
30. The term **“MEDICAL STAFF”** means all physicians, dentists, and podiatrists who are appointed to the Medical Staff to provide healthcare services at designated Harris Health facilities and who either (i) hold a faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston, (ii) are employed by Harris Health, or (iii) are Contract Practitioners. Medical school faculty appointment status is not required for medical staff members employed by Harris Health or Contract Practitioners.
31. The term **“PATIENT CONTACTS”** shall mean admissions, discharges, inpatient procedures, consultations, outpatient encounters or procedures.
32. The term **“PEER”** shall mean an individual who practices in the same profession as the Practitioner or APP under review. The level of subject-matter expertise required to provide meaningful evaluation of a Practitioner or APP’s performance will determine what “practicing in the same profession” means on a case-by-case basis. For example, for quality issues related to general medical care, a physician may review the care of another physician. For specialty-specific clinical issues, such as evaluating the technique of a specialized surgical procedure, a peer is an individual who is well-trained and competent in that specific surgical specialty. The Practice Improvement ~~Peer-Review~~ Committee shall determine the degree of subject matter expertise required on a case-by-case basis.
33. The term **“PEER REVIEW”** shall mean the evaluation of medical and healthcare services, including evaluation of the qualifications and professional conduct of professional healthcare practitioners and of patient care provided by those Practitioners or APPs. The Practitioner or APP is evaluated based on generally recognized standards of care. The ~~Peer-Review Committee (PRC)~~ Practice Improvement Committee (PIC) conducts a peer review with input from one or more Practitioner or APP colleagues (peers).
34. The term **“PHYSICIAN”** means an individual with an M.D., D.O. or equivalent degree currently licensed to practice medicine in the State of Texas.
35. The term **“PODIATRIST”** means an individual with a D.P.M. or equivalent degree licensed to practice podiatry by the State of Texas.
36. The term **“PRACTITIONER”** means, unless otherwise expressly limited, any Physician, Podiatrist or Dentist holding a current license to practice in the State of Texas.
37. The term **“PROFESSIONAL OFFICE ADDRESS”** shall mean the physical professional office location of an applicant or Medical Staff member. A professional office address cannot



be a home address or post office box, unless the Medical Staff member is a member of the Honorary Staff.

38. The term **“QUALIFIED MEDICAL PERSONNEL (“QMP”)** shall mean individuals who are determined to be qualified by the Medical Staff to be qualified to provide appropriate Medical Screening Exams (“MSE”), as that term is defined in Harris Health Policy 3.56, *EMTALA Screening, Stabilization, and Transfer*, and who may be able to provide necessary stabilizing treatment in the event of an emergency. QMPs have also been approved through Harris Health’s credentialing process and by Harris Health’s Governing Body as competent to perform MSEs. Only the following professionals may qualify as a QMP upon demonstrated licensure and competencies to do so: Physicians, Advance Practice Nurses, and Physician Assistants. Informal appointments of QMPs are not permitted.
39. The term **“RESIDENT/INTERN/HOUSESTAFF/FELLOW”** means an individual who, licensed as appropriate, is a graduate of a medical, dental, osteopathic, or podiatric school and who is appointed to Harris Health’s professional graduate training program and who participates in patient care under the direction of Medical Staff members who have Clinical Privileges for the services provided by the Housestaff.
40. The term **“SPECIAL NOTICE”** shall mean written notification sent by certified or registered mail, return receipt requested, or by personal delivery with a receipt of delivery or attempted delivery obtained.
41. The term **“STATE”** shall mean the State of Texas.
42. The term **“STATE BOARD”** shall mean, as applicable, the Texas Medical Board, the State Board of Dental Examiners, the State Board of Podiatric Examiners, or such other licensing board that may license individuals who have Clinical Privileges at Harris Health.
43. The term **“TELEMEDICINE”** shall mean the use of interactive audio, video, or other electronic media to deliver health care. The term includes the use of electronic media for diagnosis, consultation, treatment, transfer of medical data, and medical education. The term does not include services performed using a telephone or facsimile machine.



## **ARTICLE I — NAME**

The name of this organization shall be the Medical Staff of Harris County Hospital District d/b/a ~~Harris Health System~~Harris Health (Harris Health), Houston, Texas.

## **ARTICLE II — PURPOSES**

The purposes of this organization are:

1. To provide an organizational structure through which the Medical Staff may fulfill its responsibilities and govern the professional activities of members and other individuals holding Clinical Privileges, and to provide mechanisms for accountability of the Medical Staff to the Governing Body of Harris Health;
2. To ensure that all patients admitted to or treated in any of the facilities, departments, or services of Harris Health shall receive the best possible care, in accordance with resources available;
3. To ensure a high level of professional performance of all Medical Staff members authorized to practice in Harris Health through appropriate delineation of the Clinical Privileges that each Medical Staff member may exercise (see Article VII) and through an ongoing review and evaluation of each Medical Staff member's performance;
4. To provide an appropriate educational setting for Medical Staff members that will maintain medical and scientific standards that will lead to continuous advancement in professional knowledge and skill;
5. To initiate and maintain rules and regulations for self-governance of the Medical Staff;
6. To provide a means for communication and conflict resolution regarding issues that are of concern to the Medical Staff and Harris Health.

## **ARTICLE III — MEDICAL STAFF MEMBERSHIP**

### **Section 1. Nature of Medical Staff Membership**

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

### **Section 2. Qualifications for Membership**

- a. Only individuals who have no health problems that could affect his or her ability to perform the privileges requested and can document their background, experience, training and demonstrated competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others so as to assure the Medical Staff and Governing Body that patients treated by them will be given a high quality of medical care, shall be qualified for membership on the Medical Staff.
- b. Only individuals who have current licenses and certificates shall be qualified for membership on the Medical Staff. Initial applications for Medical Staff membership submitted on or after May 28, 2015 must have unrestricted licenses and certificates, with no past adverse licensure actions(s) (e.g. probation, suspension, revocation). Past adverse licensure action(s) do not include action(s)

taken for administrative reasons, such as failure to timely pay licensure fees. Required licenses and certificates include:

- State of Texas license to practice medicine, osteopathy, podiatry, or dentistry;
  - United States Controlled Substances Registration Certificate (DEA), with exceptions approved by the Credentials Committee ([Exception: Certified Registered Nurse Anesthetists do not require a DEA unless they intend to independently administer, prescribe, or dispense controlled substances](#));
  - National Provider Identifier (NPI); and
  - Professional liability insurance covering the exercise of all requested privileges, except for Physicians employed by Harris Health, whose liability is governed by the Texas Tort Claims Act.
- c. The Practitioner must have no record of denial, revocation, relinquishment or termination of appointment or Clinical Privileges at any other healthcare facility for reasons related to professional competence or conduct. This qualification applies to initial applications for Medical Staff membership submitted on or after May 28, 2015.
- d. Successful completion of a residency training program or are board certified in the specialty to which the Practitioner is applying. The residency training program must be recognized by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, appropriately accredited podiatry or dental program, or such other programs as the Credentials Committee, Medical Executive Board, and Governing Body may recognize. The board certification must be recognized by that American Board of Medical Specialties, the Bureau of Osteopathic Specialists, the American Board of Oral & Maxillofacial Surgery, the American Board of Podiatric Surgery, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the College of Family Physicians of Canada, or such other board as the Credentials Committee, Medical Executive Board, and Governing Body may recognize. Dentists with only a D.D.S. or D.M.D degree are exempt from this requirement.
- It is anticipated that recognition of alternative training and/or board certification programs will be rare and requires approval by the Credentials Committee, Medical Executive Board, and the Governing Body.
- e. No Practitioner shall be entitled to membership on the Medical Staff or to the exercise of particular Clinical Privileges in Harris Health merely by virtue of the fact that he or she is duly licensed to practice medicine, osteopathy, podiatry, or dentistry in this State or in any other state, or that he or she is a member of any professional organization, or that he or she had in the past, or presently has, such privileges at another hospital.
- f. Acceptance of membership on the Medical Staff shall constitute the staff member's agreement that he or she will strictly abide with all provisions of these Medical Staff Bylaws.
- g. The Practitioner will remain in Good Standing so long as he or she is a member of the Medical Staff.
- h. The Practitioner is required to be eligible to participate in federal and/or State healthcare programs. The Practitioner may not currently be an Ineligible Person and shall not become an Ineligible Person during any term of membership. Initial applications for Medical Staff membership submitted on or after May 28, 2015 must also have no record of conviction of Medicare, Medicaid or insurance fraud and abuse. (1) A Practitioner is required to disclose

immediately any debarment, exclusion, or other event that makes the person an Ineligible Person. (2) An Ineligible Person is immediately disqualified for membership to the Medical Staff or the granting of Clinical Privileges or practice prerogatives.

i. A Practitioner who does not meet one or more of the qualifications for membership described above may request the Credentials Committee to waive one or more of the qualifications for membership. A determination not to waive one or more of the qualifications for membership is not a denial of the Practitioner's application for Medical Staff membership, is not reportable to the National Practitioner Databank, and does not entitle the Applicant to the fair hearing rights as described in Article IX of these Bylaws.

j.i. A Practitioner who does not meet ~~one or more of~~ the qualifications described in Section 2.d. for membership described above may request special consideration by the Credentials Committee, Medical Executive Board, and Governing Body to waive one or more of the qualifications for membership if the Practitioner is determined to be unusually qualified as set forth in this subsection.

In order to be deemed "unusually qualified," Practitioners applying under this exception must (i) receive written recommendations by the applicable Chief of Service and Chief of Staff, (ii) document sufficient post-training experience in the applicant's primary field at the time of application, and (iii) be a recognized leader or innovator in his or her field, as evidenced by documented research, publications, and/or unique procedural ability not otherwise available or for which there is an unexpected and non-preventable shortage on the current Medical Staff. In addition, the Practitioner must provide the following, if applicable: (i) Educational Commission for Foreign Medical Graduates (ECFMG) Certification; (ii) training Verification Letter from Residency/Fellowship Institution in the other country; (iii) competency Letter from Service Chief from the other Country; and (iv) Initial Focused Performance Data Review Monitoring Plan outlined by the Service Chief or Designee.

-It is anticipated that approvals of applications under this exception will be rare and are subject to approval by the Credentials Committee, Medical Executive Board, and the Governing Body.

At the application for reappointment, the practitioner granted privileges under this section must submit a progress report. The Practitioner's progress report shall be confirmed by the Chief of Service and Chief of Staff, demonstrating the exception continues to be warranted by the ongoing exercise of the privileges for which the exception was granted.

### **Section 3. Qualified Medical Personnel**

#### **a. Nature of QMP Designation:**

Designation as a QMP is a privilege that shall be extended, without discrimination as to race, sex, religion, disability, national origin, or age only to professionally competent individuals who continuously meet the qualifications, standards and requirements set forth in these Bylaws. Only individuals designated as a "QMP," appropriately privileged and credentialed as a QMP, and who acts within the scope of his or her licensure in compliance with Texas law, may perform a MSE and provide stabilizing treatment in the event of an emergency in a Harris Health's dedicated emergency department.

#### **b. Qualifications for QMP Designation:**

Only individuals who have no health problems that could affect his or her ability to perform a MSE and can document their background, experience, training, and demonstrated

competence, their adherence to the ethics of their profession, their good reputation, and their ability to work with others so as to assure the Medical Staff and Governing Body that patients screened and treated by them in Harris Health's dedicated emergency departments will be given high quality medical care, shall qualify for the designation of "QMP."

- (1) Only Physicians who meet all of the "Qualifications for Membership," set forth in Article III, will qualify for the designation of QMP.
- (2) Only Advance Practice Nurses and Physician Assistants who meet all of the "Qualifications for Membership" set forth in Article V, will qualify for the designation of QMP.
- (3) No individual shall be entitled to the designation of QMP or to the exercise of the privilege to perform a MSE in a Harris Health dedicated emergency department merely by virtue of the fact that he or she is a member of Harris Health's Medical Staff.
- (4) The individual is required to disclose immediately if he or she is the subject of a violation of 42 C.F.R. §489.24 ("EMTALA").

**c. Application for Privilege to Perform Medical Screening Examination:**

Every initial application of a Physician, an Advance Practice Nurse, or a Physician Assistant for the designation of QMP must contain a request for the specific privilege to perform a MSE. The evaluation of the request for the privilege to perform a MSE shall be based upon the applicant's education, clinical training, experience, current competence, references, judgment, and other relevant information, including an evaluation of the application information by the applicable Service Chief.

**d. Appointment and Approval Process:**

The "Appointment Process" specified in Article VI, Section 3 must be followed to approve the application of individuals who apply for the designation of QMP and the clinical privilege to perform a MSE.

**Section 4. Basic Responsibilities of Medical Staff Membership**

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

- a. The principal objective of the Medical Staff is to render service to humanity with full respect for the dignity of each person. Medical Staff members should merit the confidence of patients entrusted to their care, rendering to each a full measure of service, devotion and continuity of care. Medical Staff members are responsible for the quality of the medical care provided to patients.
- b. Medical Staff members should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional qualifications.
- c. Medical Staff members should observe all laws, uphold the dignity and honor of their profession and accept self-imposed disciplines. They should report without hesitation, illegal or unethical conduct by other Medical Staff members and self-report their own illegal or unethical conduct. Reports should be made to the Medical Staff member's Chief of Service or of Chief of Staff, who will report to Medical Staff Services, as appropriate.

- d. Medical Staff members should self-report any physical, behavioral or mental impairment that could affect his or her ability to perform his or her Clinical Privileges, or treatment for the impairment that occurs at any point during his or her Medical Staff membership. Reports should be made to the Medical Staff member's Chief of Service or Chief of Staff, who will report to Medical Staff Services, as appropriate.
- e. In an emergency, Medical Staff members should render services to the best of their abilities. Having undertaken the care of a patient, a Medical Staff member may not neglect him or her.
- f. Medical Staff members should not solicit patients.
- g. Medical Staff members should not dispense of their services under terms or conditions that tend to interfere with or impair the free and complete exercise of their professional judgment and skill or tend to cause a deterioration of the quality of their care.
- h. Medical Staff members should seek consultation upon request, in doubtful or difficult cases, or whenever it appears that the quality of service may be enhanced thereby.
- i. Medical Staff members may not reveal the confidences entrusted to them in the course of professional attendance unless they are required to do so by law or unless it becomes necessary in order to protect the welfare of an individual or of the community.
- j. Chiefs of Service are charged with the responsibility for implementing call schedules to provide 24-hour coverage, 7 days a week for their Service. Medical Staff Services will be responsible for distributing call schedules to all Services.
- k. Medical Staff members must abide by the Medical Staff Bylaws, Rules and Regulations, and Medical Staff and applicable Harris Health policies and procedures.
- l. Medical Staff members must discharge in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Medical Staff membership, including committee assignments. Medical Staff members must prepare and complete medical records in a timely fashion for all patients to whom the member provides care in Harris Health.
- m. Medical Staff members are accountable to the Governing Body.

## **Section 5. Conditions and Duration of Appointment**

- a. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments after there has been a recommendation from the Medical Executive Board.
- b. Initial appointments shall be acted upon following submittal of a Completed Application.
- c. All initial appointments to the Medical Staff will not exceed 36 months from the first of the month following the date the Governing Body approves the Practitioner's application. The Practitioner shall fulfill all obligations and requirements of the Staff category to which such Practitioner is appointed at appointment or reappointment.
- d. Appointment or reappointment to the Medical Staff confers on the appointee only such Clinical Privileges as have been approved by the Governing Body.
- e. Each application for Medical Staff appointment shall be signed by the applicant and shall contain the applicant's specific acknowledgement of a Medical Staff member's obligations to provide continuous care and supervision of their patients, to abide by the Medical Staff Bylaws, Rules and Regulations, to accept committee assignments and to accept staff assignments in geographic areas under the jurisdiction of Harris Health. All Medical Staff

members shall carry an appropriate level of professional liability insurance as defined in the applicable contract agreement.

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

## **Section 6. Leave of Absence**

- a. Requesting a Leave of Absence. A Practitioner or APP may submit a written request for a leave of absence 30 days prior to the requested leave, unless related to Medical Leave of Absence. Upon favorable recommendation by the appropriate Service Chief and Credentials Committee, the Medical Executive Board may consider a voluntary leave of absence for up to one (1) year. An additional one (1) year may be granted for good cause in accordance with policy. During the period of the leave, the Practitioner or APP shall not exercise Clinical Privileges at Harris Health, and the Practitioner or APP's rights and responsibilities shall be inactive. All medical records must be completed prior to granting a leave of absence unless circumstances would not make this feasible.
- b. Termination of Leave. At least ~~45~~15 days prior to the termination of the leave of absence, or at any earlier time, the Practitioner or APP may request reinstatement of privileges by submitting a written notice to Medical Staff Services along with a summary of relevant activities during the leave. The Practitioner or APP's request, activity summary and verification, if applicable, shall be presented to the appropriate Service Chief who will provide written recommendation and identify any conditions, i.e., focused professional practice evaluation upon the Practitioner or APP's return. The Credentials Committee will review the documentation and provide written recommendation to the Medical Executive Board. Reactivation of membership and Clinical Privileges previously held shall be subject to focused ~~professional-performance data review practice-evaluation~~ as determined by the Medical Executive Board following recommendation by the appropriate Service Chief(s) and Credentials Committee. The Governing Body will be informed of the Practitioner or APP's return to Staff and shall receive the performance data summary, if any. If the Practitioner or APP is scheduled for reappointment during the approved leave, the Practitioner or APP's application for reappointment must be finalized in accordance with [these Bylaws](#) prior to the Practitioner or APP's return.
- c. Failure to Request Reinstatement. Failure, without good cause, to request reinstatement shall be deemed a voluntary resignation from the Medical Staff and shall not give rise to the right to a fair hearing. A request for Medical Staff membership received from a Practitioner or APP subsequent to termination shall be submitted and processed in the manner specified for applications for initial appointments.
- d. Medical Leave of Absence. Following recommendation by the appropriate Service Chief and Credentials Committee, the Medical Executive Board shall determine the circumstances under which a particular Practitioner or APP shall be granted a leave of absence for the purpose of obtaining treatment for a medical condition or disability. Unless accompanied by a reportable restriction of privileges, the leave shall be deemed a voluntary medical leave of absence not for a medical disciplinary cause or reason.
- e. Military Leave of Absence. Requests for leave of absence to fulfill military service obligations shall be granted upon notice and reviewed by the Medical Executive Board.

## **ARTICLE IV — CATEGORIES OF THE MEDICAL STAFF**

### **Section 1. The Medical Staff**

The Medical Staff shall be divided into the following categories: Active Staff, Affiliate Staff, Consulting Staff and Honorary Staff.

### **Section 2. The Active Staff**

- a. Service. All Active Staff shall be appointed to a specific service.
- b. Qualifications. The Active staff shall consist of members who:
  - (1) Meet the general qualifications for membership set forth in Article III, Section 2; and
  - (2) Hold faculty appointments from Baylor College of Medicine or The University of Texas Health Science Center at Houston or are employed by Harris Health, and meet one of the following criteria:
    - a. Serve on an Inpatient, Consulting or Procedural Service at least one (1) month per year; or
    - b. Participate in clinical or administrative activities at least 100 hours per year.
  - (3) The Chief of Service, with approval from the appropriate Chief of Staff, may exempt a Practitioner from the activity requirements described in Section (2)(a) and (2)(b) above if the Practitioner has special knowledge or expertise for which Active Staff membership would benefit Harris Health.
  - (4) Contract Practitioners may never have Active Staff membership.
- c. Prerogatives. Except as otherwise provided, the prerogatives of an Active staff member shall be:
  - (1) Admitting and attending privileges and exercise of other Clinical Privileges that are granted to the member pursuant to Article VII;
  - (2) Attend and vote on matters which are presented at general and special meetings of the Medical Staff or any meeting of any service, department, or committee of which such person is a member;
  - (3) Participate in Medical Staff Satisfaction surveys;
  - (4) Hold any staff or service office for which the member is qualified; and
  - (5) Serve as a voting member on any committee to which such person is duly appointed or elected.
- d. Reclassification. Failure of an Active Staff member to meet the requirements of Article IV, Section 2(b) at the time of re-appointment shall result in reclassification as Affiliate Staff.

### **Section 3. The Affiliate Staff**

- a. Service. All Affiliate Staff shall be appointed to a specific service.
- b. Qualifications. The Affiliate staff shall consist of members who:
  - (1) Meet the general qualifications for membership set forth in Article III, Section 2;  
**and**
  - (2) Hold faculty appointments from Baylor College of Medicine or The University of



Texas Health Science Center at Houston, or are employed by Harris Health, but do not meet the activity requirements described in Section 2(b) above;

**or**

- (3) Are Contract Practitioners, independent practitioners, moonlighters, or locum tenens.
- c. Prerogatives. Except as otherwise provided, the prerogatives of an Affiliate staff member shall be:
  - (1) Admitting and attending privileges and exercise of those Clinical Privileges which are granted pursuant to Article VII, within the limitation of Section 3 and
  - (2) Attending, in a non-voting capacity, general and special meetings of the Medical Staff, open committee meetings, and educational programs of any service in which such person is a member. Affiliate staff members may be appointed as non-voting members on any Medical Staff committee. Affiliate staff members shall not be eligible to hold any Medical Staff or Service office.
- d. Relinquishment. Failure of an Affiliate staff member to meet the requirements of Article IV, Section 3(b) shall be deemed a voluntary relinquishment of Medical Staff membership.

#### **Section 4. The Consulting Staff**

Consulting Staff are Medical Staff members of unusual competence, chosen by the Chief of Service and approved by the Medical Executive Board for special abilities and willingness to supplement services rendered by the Active and Affiliate staff. Consulting staff members may not admit patients, hold elected office, or vote at meetings of the staff. They may attend meetings of their service.

#### **Section 5. The Honorary Staff**

Honorary Staff are Medical Staff members who are not active within Harris Health Facilities but who are honored by emeritus positions. They shall be chosen by the Chief of Service and approved by the Medical Executive Board. These may be individuals who have retired from active practice or who are of outstanding reputation, not necessarily residing in the community. Honorary staff members shall not be eligible to vote, hold office or serve on standing committees. Though they shall have no Clinical Privileges and may not admit or treat patients, they may provide the benefit of their knowledge and expertise to the staff. Honorary appointments shall be for life and members are not subject to reappointment procedures.

#### **Section 6. Interns, Residents, and Fellows (Housestaff)**

Housestaff are not members of the Medical Staff. Housestaff shall not be eligible for independent Clinical Privileges or Medical Staff membership, and shall not be entitled to any of the rights, privileges, or to the hearing or appeals rights under these Bylaws. Housestaff shall be credentialed by the sponsoring medical school or training program in accordance with provisions in a written affiliation agreement between Harris Health and the school or program; credentialing information shall be made available to Harris Health upon request and as needed by the Medical Staff in making any training assignments and in performance of their supervisory function. In compliance with federal laws, Harris Health shall not submit a query to the National Practitioner Data Bank prior to permitting Housestaff to provide services at Harris Health. All interns, residents, and fellows will be required to obtain a Texas Medical Board training license, if not otherwise licensed in Texas, and a National Provider Identifier (NPI), prior to beginning training at Harris Health. Verification of this licensure will be accomplished through the Graduate Medical Education



Offices at the respective Accreditation Council for Graduate Medical Education sponsoring institutions. Housestaff may render patient care services at Harris Health only pursuant to and limited by the following:

- a. Applicable provisions of the professional licensure requirements of this State;
- b. A written affiliation agreement between Harris Health and the sponsoring medical school or training program; such agreement shall identify the individual or entity responsible for providing professional liability insurance coverage for a Housestaff Practitioner.
- c. The protocols established by the Medical Executive Board, in conjunction with the sponsoring medical school or training program regarding the scope of a Housestaff authority, mechanisms for the direction and supervision of Housestaff, and other conditions imposed upon Housestaff by Harris Health or the Medical Staff.
- d. While functioning in Harris Health, Housestaff shall abide by all provisions of state and Federal law, rules and regulations; requirements of Accrediting Bodies; the Medical Staff Bylaws, Rules and Regulations; and Harris Health and Medical Staff policies and procedures.
- e. Housestaff may perform only those services set forth in the training protocols developed by the applicable training program to the extent that such services do not exceed or conflict with the Rules and Regulations of the Medical Staff or Harris Health policies, and to the extent approved by the Governing Body.
- f. Housestaff shall be responsible and accountable at all times to an assigned member of the Medical Staff and shall be under the supervision and direction of that member of the Medical Staff. Housestaff may be invited or required to attend meetings of the Medical Staff, Medical Staff Services, Sections, or Committees, but shall have no voting rights.
- g. Harris Health will promptly notify Baylor College of Medicine or The University of Texas Health Science Center at Houston (sponsoring institutions) Graduate Medical Education (GME) Offices when or if Harris Health becomes aware of potentially inappropriate action taken by Housestaff. Upon notification of such a request, the sponsoring institution will promptly investigate the inappropriate actions. Harris Health will cooperate and consult with the sponsoring institution and will permit the sponsoring institution reasonable time to conduct its investigation prior to Harris Health taking any adverse action against the Housestaff member, except as otherwise provided in this Section. Regardless, after consultation with the appropriate Chief of Service and/or Chief of Staff and/or Program Director, Harris Health's CEO may in his or her sole discretion determine that the Housestaff member not continue his or her training at Harris Health until the investigation is complete. At the conclusion of the sponsoring institution's investigation, the sponsoring institution will notify Harris Health of the results of the investigation and proposed corrective or rehabilitative action, or reason(s) for inaction. If Harris Health's CEO is not satisfied with the sponsoring institution's investigation, proposed corrective or rehabilitative action, or reason(s) for inaction, and a mutually agreed resolution cannot be reached, Harris Health's CEO will notify Harris Health's Governing Body and Harris Health's Governing Body may, in its sole discretion, remove the Housestaff member's ability to continue his or her training at Harris Health.
- h. If a sponsoring institution requests to reinstate a Housestaff member who was previously removed from Harris Health, the sponsoring institution will notify Harris Health of the circumstances that warrant reinstatement. Harris Health's CEO will consult with the sponsoring institution that made the request, as well as with the appropriate Chief of Service and/or Chief of Staff and Harris Health's Governing Body. If Harris Health's CEO

does not agree with the sponsoring institution's request to reinstate, Harris Health's CEO will notify Harris Health's Governing Body and Harris Health's Governing Body may, in its sole discretion, deny the request to reinstate.

- i. Nothing in these Bylaws shall be interpreted to entitle Housestaff to the fair hearing rights as described in Article IX of these Bylaws.

## **ARTICLE V — ADVANCED PRACTICE PROFESSIONALS**

### **Section 1. Membership**

Advanced Practice Professionals are not members of the Medical Staff but provide clinical services to Harris Health patients.

### **Section 2. Qualifications**

APPs include those non-Medical Staff members whose license or certificate permits, and Harris Health authorizes, the individual provision of patient care services without direction or supervision within the scope of the APP's individually delineated Clinical Privileges. APPs must:

- (1) Meet all applicable standards related to licensure, training and education, clinical competence and health status as described in these Bylaws, Medical Staff Rules and Regulations, and Medical Staff and Harris Health policies and procedures;
- (2) Be assessed, credentialed, and monitored through existing Harris Health credentialing, quality assessment, and performance improvement functions;
- (3) Maintain an active and current credential file and hold delineated Clinical Privileges approved by the Medical Executive Board and Governing Body;
- (4) Complete all proctoring requirements as may be established by the Medical Executive Board; and
- (5) Not admit patients to themselves or assume primary patient care responsibilities. Nurse Practitioners (NP), Physician Assistants (PA), Certified Nurse Midwives (CNM), and Certified Registered Nurse Anesthetists (CRNA) may admit patients under the care of an Attending Physician provided that the admission order is also signed by the Attending Physician.

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

### **Section 3. Prerogatives**

1. By virtue of their training, experience and professional licensure, APPs are allowed by Harris Health to function independently within the scope of their licensure and delineated Clinical Privileges but may not admit patients. All APPs, with the exception of Clinical Pharmacists, shall be under the supervision of a sponsoring physician, who is member of the Medical Staff, and the appropriate Chief of Service, who is responsible for delineating the applicant's Clinical Privileges. If the sponsoring physician's Medical Staff membership is terminated, then the APP's ability to perform clinical services shall be suspended for a period of up to ninety (90) days or until an alternative supervising physician can be secured. If the suspension lasts longer than ninety (90) days or if there is any change in the APP's privileges, then the APP shall complete the initial application procedure. Each APP must notify Medical Staff Services immediately upon loss of required sponsorship or supervision. In accordance with state law, each Clinical Pharmacist shall be under the supervision of the physician(s) who authorized the Clinical

Pharmacist to sign prescription drug orders for dangerous drugs under a Drug Therapy Management Protocol. The Assistant Chiefs of Staff for Ambulatory Care Services ~~is~~are responsible for delineating the Clinical Privileges for applicants who are Clinical Pharmacists.

2. APPs holding Clinical Privileges shall have their privileges or practice prerogatives reviewed and approved through the same mechanism described in Article VI of these Bylaws unless otherwise determined by the Medical Executive Board.
3. The Clinical Privileges and/or practice prerogatives which may be granted to specific APPs shall be defined by the Medical Staff. Such prerogatives may include:
  - (a) The provision of specific patient care services pursuant to established protocols, either independently or under the supervision or direction of a physician or other member of the Medical Staff, including the delegation by a physician to a Clinical Pharmacist the management of a patient's drug therapy. The provision of such patient care services must be consistent with the APP's licensure or certification and delineated Clinical Privileges or job description;
  - (b) Participation by request on Medical Staff and/or administrative committees or teams; and
  - (c) Attendance by request at Medical Staff and/or administrative meetings.
4. Participating in quality assessment and performance improvement activities as requested by the Performance Improvement Committee or any committee of the Medical Staff or Governing Body. Failure of an APP to participate in quality assessment or performance improvement activities when requested by the Medical Executive Board shall result in responsive action, including the possible revocation or suspension of all privileges or practice prerogatives.

#### **Section 4. Review**

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

- (1) Notice. Special Notice of the adverse recommendation or action and the right to a hearing shall be promptly given to the APP subject to the adverse recommendation or action. The notice shall state that the APP has thirty (30) days in which to request a hearing. If the APP does not request a hearing within thirty (30) days, the APP shall have waived the right to a hearing.
- (2) Hearing Panel. The CEO shall appoint a hearing panel that will include at least three members. The panel members shall include the CEO, the Chief of Staff or another member of the Medical Staff, and if possible, a peer of the APP, except that any peer review of a nurse shall meet the panel requirements of the Texas Nursing Practice Act. None of the panel members shall have had a role in the adverse recommendation or action.
- (3) Rights. The APP subject to the adverse recommendation or action shall have the right to present information but cannot have legal representation or call witnesses.

- (4) Hearing Panel Determination. Following presentation of information and panel deliberation, the panel shall make a determination:
  - i. A determination favorable to the APP shall be reported in writing to the body making the adverse recommendation or action.
  - ii. A determination adverse to the APP shall result in notice to the APP of a right to appeal the decision to the Chairperson of the Governing Body.
- (5) Final Decision. The decision of the Chairperson of the Governing Body shall be the final appeal and represent the final action in the matter.

## **ARTICLE VI – PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**

### **Section 1. Burden of Producing Information**

In connection with all applications for appointment, reappointment, advancement, or transfer, the applicant shall have the burden of producing sufficient information of clinical and professional performance to permit an adequate evaluation of the applicant's qualifications and suitability for the Clinical Privileges and staff category requested, to resolve any reasonable doubts about these matters, and to satisfy any request for such information. Failure of a Practitioner or APP to produce required information related to an authorized Medical Staff peer review, quality assessment, performance improvement, or credentialing activity in a timely manner shall result in automatic suspension of all Clinical Privileges until such time as the required information has been provided. Initial applicants who fail to produce all appropriate information and/or documents as requested may withdraw their application prior to Credentials Committee review.

### **Section 2. Application for Appointment**

- a. All applications for appointment to the Medical Staff shall be signed by the applicant, and shall be submitted on a form prescribed by the State of Texas. The application shall include the following detailed information:
  - evidence of current licensure;
  - evidence of current United States and Texas Controlled Substances Registration Certificates (DEA/~~DPS~~);
  - evidence of current National Provider Identifier (NPI);
  - evidence of appropriate professional liability insurance, as determined by the Governing Body;
  - privileges requested;
  - for Medical Staff members applying for moderate sedation privileges, evidence of appropriate Advanced Life Saving Certificates (ACLS, ATLS, PALS or NRP), except for those board certified or board eligible in Emergency Medicine or Anesthesiology;
  - relevant training and/or experience;
  - current competence;
  - physical and mental health status attestation;
  - previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);

- voluntary or involuntary relinquishment of any licensure or registration (state or district, Drug Enforcement Administration);
  - voluntary or involuntary termination of Medical Staff membership or voluntary or involuntary decrease of privileges at any other hospital or institution;
  - suspension or revocation of membership in any local, state or national medical society;
  - suspension or revocation of license to practice any profession in any jurisdiction
  - any claims, lawsuits, settlements, or judgments against the applicant in a professional liability action, including consent to the release of information from the present and past malpractice insurance carrier(s);
  - loss of Clinical Privileges;
  - a clear, legible copy of a government-issued photo identification, e.g., valid driver's license or passport;
  - three professional peer references; and
  - evidence of continuing medical education satisfactory to the appropriate Chief of Service or Chief of Staff.
- b. The applicant shall have the burden of producing adequate information for a proper evaluation of their competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.
- c. Upon the receipt of a Completed Application, Harris Health shall verify the applicant's information on behalf of the Credentials Committee. Harris Health shall consult primary sources of information about the applicant's credentials. It is the applicant's responsibility to resolve any problems Harris Health may have in obtaining information from primary sources. Verifications of licensure, controlled substances registrations (state and federal), specialty board certification, and professional liability claims history, query of the National Practitioner Data Bank, and queries to ensure the applicant is not an Ineligible Person shall be completed. Verification may be made by a letter or computer printout obtained from the primary source, verbally, if documented, or electronically if transmitted directly from the primary source to Harris Health. For new applicants, information about the applicant's membership status and/or work history shall be obtained from all organizations where the applicant currently has membership or privileges and/or is employed, and where the applicant has held membership or has been granted Clinical Privileges and/or has been employed during the previous five years. Associated details on the credentialing process are set forth in the Credentialing Procedures Manual.
- d. The application and verifications shall be forwarded to the appropriate Chief of Service for review and recommendation(s). Chiefs of Service who are affiliated with Baylor College of Medicine and the University of Texas [Health Science Center](#) ~~Medical School~~ at Houston shall be responsible for the review and recommendation(s) of physicians to be employed by Harris Health. The responsibility for review and recommendation of Harris Health employed physicians will alternate between the two medical schools listed above every two (2) calendar years, beginning with Baylor College of Medicine in 2011. Within sixty (60) days of receipt of the Completed Application, the chief-(s) of the appropriate service-(s) shall forward the application to the Credentials Committee with recommendations-(s). After collecting the references and other materials deemed pertinent, the application and all supporting materials shall be transmitted to the Credentials Committee for evaluation.

- e. By applying for appointment to the Medical Staff, applicants thereby signify their willingness to appear for interviews in regard to the application; authorize Harris Health to consult with members of Medical Staffs of other hospitals with which the applicant has been associated and with others, including past and present malpractice insurance carriers, who may have information bearing on the applicant's competence, character and ethical qualification; consent to Harris Health's inspection of all records and documents that, in the opinion of the Credentials Committee, may be material to an evaluation of professional qualifications and competence to carry out the Clinical Privileges requested, as well as moral and ethical qualifications for staff membership; releases from any liability all representatives of Harris Health and its Medical Staff for their acts performed in good faith and without malice in connection with evaluation of the applicant and his or her credentials; and releases from any liability all individuals and organizations who provide information to Harris Health in good faith and without malice concerning the applicant's competence, ethics, character and other qualifications for staff appointment and Clinical Privileges, including otherwise privileged or confidential information.
- f. Each applicant shall sign and return a statement that he or she has received and read the Bylaws and Rules and Regulations of the Medical Staff, the Bylaws of the Governing Body, and that he or she agrees to be bound by the terms thereof relating to consideration of the application and, if the applicant is appointed, to all terms thereof.

### **Section 3. Appointment Process**

- a. Within sixty (60) days after receipt of the Completed Application for membership, the Credentials Committee shall make a written report of its investigation to the Medical Executive Board. Prior to making this report, the Credentials Committee shall examine the evidence of the character, professional competence, physical and mental health status, qualifications and ethical standing of the applicant and shall determine, through information contained in references given by the applicant, a recommendation from the Chief of the clinical service in which privileges are sought, and from any other sources available to the committee, whether the applicant has established and meets all of the necessary qualifications for the category of staff membership and the Clinical Privileges requested. Each Chief of Service in which the applicant seeks Clinical Privileges shall provide the Credentials Committee with specific, written recommendations for delineating the applicant's Clinical Privileges, and these recommendations shall be made a part of the committee's report. Together with its report, the Credentials Committee shall transmit to the Medical Executive Board the completed application and a recommendation that the applicant be either appointed to the Medical Staff or rejected for staff membership, or that the application be deferred for further consideration.
- b. Within thirty (30) days of receipt of the report and the recommendations of the Credentials Committee, the Medical Executive Board shall recommend to the Governing Body that the applicant be appointed or rejected for Medical Staff membership. All recommendations for appointment must specifically delineate the Clinical Privileges to be granted.
- c. Within sixty (60) days of receipt of the recommendation from the Medical Executive Board, the Governing Body shall determine whether to accept or reject the recommendation. A decision by the Governing Body to accept a recommendation resulting in an applicant's appointment to the Medical Staff shall be considered a final action. Within twenty (20) days of the Governing Body's final action, the Chief Executive Officer shall provide notice of all appointments approved by the Governing Body by Special Notice to each new Medical Staff member. All such notices shall include a delineation of approved privileges and appointment dates.

- d. When the recommendation of the Medical Executive Board is adverse to the applicant, either in respect to appointment or Clinical Privileges, the Chief Executive Officer shall notify the applicant by Special Notice within fifteen (15) days, as described in Article IX of these Bylaws. No such adverse recommendation shall be forwarded to the Governing Body until after the applicant has exercised his or her right to a hearing as provided in Article IX of these Bylaws. If the applicant fails to act within thirty (30) days of receipt of the Special Notice, the applicant will have waived his or her right to a hearing as provided in Article IX of these Bylaws.
- e. If, after the Medical Executive Board has considered the report and recommendations of the hearing committee and the hearing record, the Medical Executive Board's reconsidered recommendation is favorable to the applicant, it shall be processed in accordance with subparagraph "b" of this section. If such recommendation continues to be adverse, the Chief Executive Officer shall promptly so notify the applicant by Special Notice. The Chief Executive Officer shall so forward such recommendation and documentation to the Governing Body.
- f. The Governing Body shall send notice of its final decision regarding any such review under Article IX of these Bylaws through the Chief Executive Officer to the Chairperson of the Medical Executive Board; then to the Chief of the Service concerned, and by Special Notice, to the applicant.

#### **Section 4. Reappointment Process**

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

Reappointment shall occur every three (3) years. Medical Staff Services will transmit the necessary reapplication materials to the Practitioner or APP not less than 120 days prior to the expiration date of their then current appointment.

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

- b. Each recommendation concerning the reappointment of a staff member and the Clinical Privileges to be granted upon reappointment shall take into consideration the following characteristics:
  - performance data, as described in Section 5 below;
  - professional competence and clinical judgment in the treatment of patients;
  - ethics and conduct;
  - relations with other Medical Staff members;
  - general attitude toward patients, Harris Health, and the public;

- documented physical and mental health status;
  - evidence of continuing medical education that is related, at least in part, to the Practitioner or APP's Clinical Privileges, and is satisfactory to the appropriate Chief of Service or Chief of Staff;
  - previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration);
  - voluntary or involuntary relinquishment of such licensure or registration;
  - voluntary or involuntary termination of Medical Staff membership; and
  - voluntary or involuntary decrease of privileges at any other hospital.
- c. Thereafter, the procedure provided in Sections 2 and 3 of this Article relating to recommendations on applications for initial appointment shall be followed.
- d. Members of the Medical Staff shall maintain current licensure and certifications, as described in Article VI, Section 2 of these Bylaws. Members of the Medical Staff must notify Harris Health whenever their license to practice in any jurisdiction has been voluntarily/involuntarily limited, suspended, revoked, denied, or subjected to probationary conditions, or when proceedings toward any of those ends have been instituted. Those without current licensure and certifications will be subject to loss of privileges as described in Article VIII, Sections 3 and 4 of these Bylaws.
- e. The appointment of any Practitioner or APP who fails to submit an application for reappointment, or who loses faculty appointment at Baylor College of Medicine and/or The University of Texas Health Science Center at Houston or ceases to be employed by or have a contractual relationship with Harris Health shall automatically expire at the end of his or her faculty appointment or employment. A Practitioner or APP whose appointment has expired must submit a new application, which shall be processed without preference as an application for initial appointment.
- f. When the final action has been taken, the Chief Executive Officer shall give written notice of the reappointment decision to the Practitioner or APP.



## **Section 5. Performance Data**

- a. Practitioner or APP specific performance data will be evaluated, analyzed and appropriate action taken as necessary when variation is present and/or standard of care has not been met as determined by the Medical Staff.
- b. Performance data will be routinely collected within the reappointment period or as required as a part of the peer review process and will include:
  - Blood use;
  - Prescribing of Medications ((prescribing patterns, trends, errors and appropriateness of prescribing);
  - Surgical Case Review (appropriateness and outcomes for selected high-risk procedures as defined by the medical staff);
  - Specific department indicators that have been defined by the medical staff;
  - Moderate Sedation Outcomes;

- Anesthesia events;
  - Appropriateness of care for non-invasive procedures/interventions;
  - Utilization data;
  - Significant deviations from established standards of practice; and
  - Timely and legible completion of patients' medical records.
- c. Performance data will be collected and summarized by Medical Staff Services, and distributed to the subject Practitioner or APP and his or her Chief of Service.
  - d. If the Practitioner is a member of the Affiliate Staff, the Practitioner must submit sufficient performance data from other clinical locations where he or she practices to Medical Staff Services.
  - e. If the APP does not have sufficient performance data from his or her practice at Harris Health, the APP must submit performance data from all other clinical locations where he or she practices to Medical Staff Services.
  - f. The Credentials Committee will review the summarized performance data as part of the reappointment process for each Practitioner or APP, consult with the applicable Chief of Service regarding the data, and make appropriate recommendations for any remedial or corrective action or refer the involved Medical Staff member to the ~~Peer Review~~[Practice Improvement](#) Committee for investigation.
  - g. After review by the Practitioner or APP, the Service Chief and the Credentials Committee, performance data will be made available to the Medical Executive Board and Governing Body.

## **ARTICLE VII — CLINICAL PRIVILEGES**

### **Section 1.     Limitation on Hospital Practice**

- a. Every Practitioner or APP providing services at a Harris Health Facility by virtue of Medical Staff membership or otherwise in connection with such service, shall be entitled to exercise only those Clinical Privileges specifically granted to him or her by the Governing Body.
- b. All patients must be under the care of a Practitioner and this responsibility must be documented in the patient's medical record. If a Dentist or Podiatrist admits a patient to the hospital, the patient must be under the care of a MD or DO with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization that is outside the scope of practice of the admitting Dentist or Podiatrist.
- c. The following general provisions apply to all Advanced Practice Professionals:
  - (1) Advanced Practice Professionals shall not admit patients or otherwise provide clinical services that exceed the scope of their practice, licensure and Clinical Privileges or practice prerogatives.
  - (2) A Practitioner must be primarily responsible for the care of each patient to whom an Advanced Practice Professional provides care. If a Dentist or Podiatrist is primarily

responsible for the care of a patient to whom an Advanced Practice Professional provides care, the patient must be under the care of a MD or DO with respect to any medical or psychiatric problem that is present on admission or develops during hospitalization that is outside the scope of practice of the Dentist or Podiatrist.

## **Section 2. Application for Clinical Privileges**

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

## **Section 3. Clinical Privileges**

- a. Every Medical Staff member practicing within Harris Health by virtue of Medical Staff membership or otherwise, shall, in connection with such practice, exercise only those Clinical Privileges specifically approved, ratified, and affirmed to him or her by the Governing Body.
- b. Every initial application for staff appointment must contain a request for appointment to a specific clinical service at either the Ben Taub Hospital campus, the Lyndon B. Johnson Hospital campus and/or to the Community Health Program. The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated competence, references and other relevant information, including an appraisal by the clinical service in which such privileges are sought. Applicants shall have the burden of establishing their qualifications and competency in the Clinical Privileges requested. Clinical Privileges will be limited to those activities deemed the responsibility of the service to which the applicant is appointed.
- c. Clinical activities of each Medical Staff member will be monitored by the Chief of Service or his or her designee as part of the member's ongoing performance data review. ~~professional performance evaluation.~~ Each appointee must be qualified for the assigned privileges in the area recommended by the Chief of Service.
- d. Additional details on the application or reapplication process for Clinical Privileges and medical staff appointment and reappointment are included in the Credentialing Procedures Manual, as further detailed in Article XXIII, and in the Rules and Regulations. Additional details regarding specific service requirements, including the number of procedures required to be performed by each physician applying for certain privileges, are set forth in service policies and in the Rules and Regulations.
- e. Clinical Privileges for performing a medical history and physical examination shall be delineated. A complete history and physical examination shall, in all cases, be performed, entered and placed in the record by a Licensed Independent Practitioner within twenty-four (24) hours after admission of a patient or prior to performance of any surgical or other procedure requiring anesthesia. If a complete history and physical examination has been obtained within thirty (30) days prior to admission, a legible copy of this report may be used in the patient's hospital medical record at the time of admission, provided that an updated examination of the patient is documented within twenty-four (24) hours of admission or prior to any surgical or other procedure requiring anesthesia. Associated details related to updates to a history and physical, history and physical requirements for outpatients and surgical procedures, and content of the history and physical are included in the Rules and Regulations.

#### **Section 4. Privileges in More Than One Service**

Practitioners or APPs may be awarded Clinical Privileges in one or more services in accordance with their education, training, experience, and demonstrated competence. The Practitioner or APP shall be subject to all of the Rules of such services and to the jurisdiction of each Chief of Service involved.

#### **Section 5. Privileges in One or More Clinical Settings**

Practitioners or APPs may be awarded Clinical Privileges in one or more clinical settings in accordance with their education, training, experience, and demonstrated competence. The Practitioner or APP shall be subject to all of the Rules of such clinical settings and to the jurisdiction of each Chief of Service involved. The Chief of Service of the originating service must provide approval prior to appointment and reappointment in more than one clinical setting.

#### **Section 6. Temporary Privileges**

There are only two circumstances in which temporary privileges may be granted. Each circumstance has different criteria for granting privileges. In order to grant temporary privileges, electronic votes or other documentation must be obtained by Medical Staff Services from the applicable approving parties. In addition, any temporary privileges granted must be reported at the next Credentials Committee, Medical Executive Board, and Governing Body meeting.

The acceptable circumstances for granting temporary privileges are described below for a) new applicants and b) important patient care need:

- a. **New Applicants:** Following receipt of a Clean Application from a new applicant, the Chief Executive Officer or designee may, upon the basis of information then available, which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the recommendation of the appropriate Chief of Service and Chief of Staff or their designees, grant temporary Clinical Privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Chief of Service to which he or she is assigned. Temporary privileges of the applicant shall persist until the next meeting of the Governing Body (not to exceed 120 days) and shall cease at the time of official action upon his or her application for Medical Staff membership.

Note: New Applicants include individuals applying for clinical privileges for the first time, an individual currently holding clinical privileges who is requesting one or more additional privileges, and an individual who is in the reappointment process and is requesting one or more additional privileges.

- b. **Important Patient Care Need:** The Chief Executive Officer or designee shall also have the authority to grant temporary Clinical Privileges to a Practitioner or an APP upon documentation of an important patient care need and with the recommendation of the appropriate Chief of Service and Chief of Staff or their designees. In this case, Medical Staff Services shall verify the Practitioner or APP's education, licensure, current competence, two (2) peer references (including current competence), NPDB, and OIG Exclusion Lists. When temporary privileges are granted, on this case-by-case basis, to fulfill an important patient care need, which mandates an immediate authorization to practice for a limited period of time, those privileges are granted only until the important patient care need is resolved, but not to exceed 120 days.

In the event that there is a need to address an immediate life-threatening patient care situation and there is not time for Medical Staff Services to verify all of the elements listed above, the Chief Executive Officer or designee, with the recommendation of the appropriate Chief of Service and Chief of Staff or their designees, shall have the authority to authorize the Practitioner or APP to immediately practice based on information known

at the time. If such authorization occurs, Medical Staff Services shall verify all of the elements listed above as quickly as reasonably possible thereafter and shall immediately inform the Chief Executive Officer or designee of any concerns identified. The onus lies on the Practitioner or APP to provide all required documents to the Medical Staff Office in a timely manner.

Examples of Important Patient Care Need may include, but are not limited to:

- The care a particular patient requires specialized skills that no currently privileged Practitioner or APP ~~is approved to perform~~possesses;
- The patient care volume exceeds the level that can be handled by currently privileged Practitioners of APPs and additional Practitioners or APPs are needed to appropriately address the patient volume; and
- A currently privileged Practitioner or APP who has an unexpected absence from the medical staff and another Practitioner or APP is needed to cover the associated patients during the absence.

Note: Important Patient Care Need does not apply to situations when currently privileged Practitioners or APPs are not available due to pre-planned attendance at conferences or like events.

- c. Termination. Temporary Clinical Privileges may be terminated by the Chief Executive Officer or designee, following consultation with the appropriate Chief of Service and Chief of Staff or their designees.
- d. Neither termination of temporary Clinical Privileges nor failure to grant them shall constitute a Final Hearing Review Action and neither is an Adverse Recommendation or Action.

## **Section 7. Emergency Clinical Privileges**

In the case of an emergency, any current Medical Staff member, to the degree permitted by his or her license and regardless of service or staff status, shall be permitted and assisted to do everything possible to save the life of a patient using the appropriate resources of Harris Health, including the calling for any consultation necessary or desirable. When an emergency situation no longer exists, the Medical Staff member must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or the Medical Staff member does not desire privileges, the patient shall be assigned to an appropriate member of the Medical Staff. For the purpose of this section, an “emergency” is defined as a condition in which a patient is in immediate danger of serious permanent harm or loss of life, and any delay in administering treatment could add to that danger.

## **Section 8. Disaster Privileges**

Practitioners or APPs who are not members of Harris Health Medical Staff and who do not possess Clinical Privileges may be needed to work at any Harris Health Facility during an “emergency disaster,” whether it is local, state, or national.

Disaster privileges may be granted when Harris Health Emergency Management Plan has been activated and Harris Health is unable to handle the immediate patient needs. The CEO or Chairperson of the Medical Executive Board or their designee(s) may grant disaster privileges.

Before being granted disaster privileges, Volunteer Licensed Independent Practitioners (VLIPs) and Volunteer Allied Health Professionals (VAHPs) must at a minimum present a valid government-issued photo identification issued by a state or federal agency (e.g., driver’s license or passport) and at least one of the following:

- a. A current hospital picture identification card that clearly identifies the professional designation;
- b. A current license to practice and/or primary source verification of license;
- c. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corp (MRC), Emergency System Advance Registration of Volunteer Health Professionals (ESAR-VHP) or other recognized state or federal organizations or groups;
- d. Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
- e. Identification by current Harris Health or Medical Staff member(s) who possesses personal knowledge regarding the VLIP's ability to act as a licensed independent Practitioner during a disaster. For VAHPs, this personal knowledge by a current Harris Health or Medical Staff member(s) will be in relation to the VAHP's ability to act within the scope of privileges requested.

Emergency privileges in the event of a disaster do not require a medical school appointment. Verification of the above information should be done by Medical Staff Services as soon as feasible. A record of this information should be retained. The Practitioner will be assigned to the appropriate service, assigned a temporary identification number, will agree to abide by these Medical Staff Bylaws and the Rules and Regulations, and work under the auspices of the appropriate Chief of Service. Volunteers will be issued a Disaster Identification Badge when signing into the Command Center in accordance with Harris Health's Emergency Management Plan.

VAHPs will be assigned to a current Medical Staff member for direct oversight. If possible, the VLIP will be paired with a current member of the Medical Staff with similar privileges. Oversight of the professional performance of VLIPs and VAHPs assigned disaster privileges will be through observation and clinical review by the assigned Medical Staff member. Feedback may also be requested from Harris Health staff working with the VLIP or VAHP.

Primary source verification of licensure begins as soon as the immediate situation is under control and is completed within 72 hours from the time the VLIP or VAHP presents to the organization.

Within 72 hours of the volunteer being granted disaster privileges, the Chief of Staff or his/her designee will make a determination as to whether disaster privileges should be continued as initially granted.

Individuals granted disaster privileges shall not be entitled to the procedural rights afforded by the Medical Staff Bylaws.

When the emergency situation no longer exists, these disaster privileges will be terminated immediately.

## **Section 9. Confidentiality of the Credentials File**

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

- a. A request for access must be submitted in writing to the Chairperson of the Medical Executive Board.
- b. The individual may review, and receive a copy of, only those documents provided by or addressed personally to the individual. All other information, including peer review committee findings, letters of reference, proctoring reports, complaints, and other

documents shall not be disclosed.

- c. The review by the individual shall take place in Medical Staff Services during normal work hours with an officer or designee of the Medical Staff present.

## **ARTICLE VIII - CORRECTIVE ACTION**

### **Section 1. Procedure**

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

- e. The Medical Executive Board shall take such action as deemed justified as a result of these investigations.
- f. Any recommendations by the Medical Executive Board to the Governing Body for reduction or revocation of Clinical Privileges, or expulsion from the Medical Staff shall entitle the affected Medical Staff member to the procedural rights provided in Article IX.
- g. Any final adverse action taken after the procedural rights provided in Article IX have been exhausted (1) that adversely affects the Clinical Privileges of a Physician for a period longer than 14 days must be reported in writing to the Texas Medical Board; and (2) that adversely affects the Clinical Privileges of a Practitioner for a period lasting longer than 30 days must be reported to the National Practitioner Data Bank.
- h. All decisions resulting from investigations of a Medical Staff member in a medical administrative position shall be reviewed by the Governing Body following the process as outlined in Article IX.
- i. When the Medical Executive Board or Governing Body has reason to question the physical and/or mental status of a Medical Staff member, the latter shall be required to submit an evaluation of their physical and/or mental health status by a physician or physicians acceptable to the Medical Executive Board and the affected physician as a prerequisite to further consideration of: (1) their application for appointment or reappointment, (2) their exercise of previously granted privileges, or (3) their maintenance of a Medical Staff appointment.

## **Section 2. Summary Suspension**

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

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

The Medical Staff member must be immediately notified by Special Notice from the Chief Executive Officer. A suspended member's patients in a Harris Health Facility must be assigned to another member by the applicable Service or Division Chief, or his designee, considering the wishes of the patient, where feasible, in choosing a substitute Practitioner.

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



### **Section 3. Automatic Suspension**

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

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

### **Section 4. Administrative Suspension**

Occurrence of any of the following shall result in an administrative suspension as detailed below. An administrative suspension is not considered a final action or an adverse recommendation or action and therefore, is not reportable or required to be disclosed in subsequent credentialing applications, but an administrative suspension may be considered in any investigation or proceeding pursuant to Article IX of these Bylaws. Failure to satisfy requirements listed below in thirty (30) days after the administrative suspension will result in a voluntary resignation of the member's privileges and require the submission of an initial credentialing application, which will be processed without preference. In certain circumstances, the Chair of the Medical Executive Board, or designee, based on a recommendation from the Credentials Committee, may approve an exception to this requirement.

- 1) A member's delinquency in completion of medical records, as outlined in the Medical Staff Rules & Regulations, shall result in administrative suspension of the member's privileges and medical staff membership until Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Credentials Committee, or designee. The Chair shall make a report of all such resolutions at the next regularly scheduled meeting of the Credentials Committee and the Credentials Committee shall ratify or modify the resolution as appropriate.
- 2) A member's failure to complete mandatory education, as outlined in Harris Health Policy 7.41, *Medical Staff, Trainee, and Student Orientation and Annual Education*, shall result in administrative suspension of the member's privileges and medical staff membership for up to thirty (30) days. The member's privileges will be reinstated once Medical Staff Services has confirmed that the issue has been resolved to the satisfaction of the Chair of the Credentials Committee, or designee. The Chair shall make a report of all such actions at the next regularly scheduled meeting of the Credentials Committee and the Credentials Committee shall ratify or modify the actions as appropriate.
- 3) A member's failure to comply with Harris Health's policy on required vaccinations, including, but not limited to obtaining required vaccinations, unless a medical or religious exemption has been granted by Harris Health, and submitting vaccination records and requests for medical or religious exemptions to Medical Staff Services in a timely fashion.

## **Section 5. Automatic Termination**

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

- (1) Revocation of a physician's professional license by the Texas Medical Board shall cause all the member's Clinical Privileges and the medical staff membership to automatically terminate.
- (2) Conviction of or a guilty or nolo contendere plea to (including deferred adjudication) for a felony or conviction of or a guilty or nolo contendere plea to any other criminal charges involving substance abuse, minors, assault, battery, fraud, dishonesty, moral turpitude, or the delivery of health care services by a member shall result in automatic termination of the member's privileges and medical staff membership.
- (3) A member's privileges and staff membership shall automatically terminate if the member becomes an Ineligible Person as that term is defined in these Bylaws.
- (4) Loss of employment with Baylor College of Medicine, the University of Texas Health Science Center at Houston, Harris Health, or another entity contracted to provide clinical care at Harris Health shall result in automatic termination of the Practitioner or APP's privileges and staff membership. However, if the loss of employment is related to the member's professional competence or conduct, such action is considered an adverse action under Article IX, Section 1.

- ~~(5) The privileges and medical staff membership of a member who is suspended four times in a twelve (12) month period for delinquency in completion of medical records shall automatically terminate upon the first day of the fourth suspension within twelve months~~
- ~~(6) The privileges and medical staff membership of a member who remains suspended for six (6) continuous weeks for delinquency in completion of medical records shall automatically terminate upon the last day of the sixth week of continuous suspension.~~
- (57) Failure to notify the Medical Staff Services of the occurrence of any of the events listed in Article VIII, Section 3 shall result in automatic termination of a member's privileges and medical staff membership.

a. Notice

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

**Section 6. Medical Administrative Positions**

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

**ARTICLE IX — PROCEDURAL RIGHTS OF REVIEW**

**Section 1. Events Giving Rise to Hearing Rights**

a. Actions or Recommended Actions

Subject to the exceptions set forth in Section 1.c of this Article IX, the following actions or recommended actions, if deemed adverse under Section 1.b below, entitle the member (for purposes of Article IX, the term "member" shall include an applicant to the Medical Staff whose application for Medical Staff appointment and Clinical Privileges has been denied) to a hearing upon timely and proper request as provided in Section 4:

- (1) Denial of initial Medical Staff appointment;
- (2) Denial of reappointment;
- (3) Suspension of appointment, provided that summary suspension entitles the member to request a hearing only as specified in this section;
- (4) Revocation of appointment;
- (5) Special limitation of the right to admit patients not related to standard administrative or Medical Staff policies within Harris Health as a whole or within one or more specific services, divisions, or special units;
- (6) Denial or restriction of requested Clinical Privileges;
- (7) Reduction in Clinical Privileges;

- (8) Suspension of Clinical Privileges, provided that summary suspension entitles the member to request a hearing only as specified in this section,
- (9) Revocation of Clinical Privileges;
- (10) Individual application of, or individual changes in, mandatory consultation or supervision requirement; or
- (11) Summary suspension of appointment or Clinical Privileges, if the recommendation of the Medical Executive Board or action by the Governing Body is to continue the suspension or to take other action which would entitle the member to request a hearing under Section 4, provided that if the Medical Executive Board initiates an investigation of the member in accordance with Article VIII, no hearing rights shall accrue until the Medical Executive Board had acted upon the report of the ad hoc committee.

b. When Deemed Adverse

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

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

c. Exceptions to Hearing Rights

- (1) Certain Actions or Recommended Actions: Notwithstanding any provision in these Medical Staff Bylaws, or in the Credentialing Procedures Manual to the contrary, the following actions or recommended actions do not entitle the member to a hearing:
  - (a) the issuance of a verbal warning or formal letter of reprimand;
  - (b) the imposition of a monitoring or consultation requirement as a condition attached to the exercise of Clinical Privileges during a provisional period;
  - (c) the imposition of a probationary period involving review of cases;
  - (d) the imposition of a requirement for a proctor to be present at procedures performed by the member, provided that there is no requirement for the proctor to grant approval prior to provision of care;
  - (e) the removal of a Practitioner from a medical administrative office within the hospital unless a contract or employment arrangement provides otherwise; and
  - (f) any other action or recommended action not listed in Section 1.a

above.

- (2) Other Situations: An action or recommended action listed in Section 1.a above does not entitle the applicant or member to a hearing when it is:
  - (a) voluntarily imposed or accepted by the Practitioner;
  - (b) automatic pursuant to any provision of these Medical Staff Bylaws and related manuals;
  - (c) taken or recommended with respect to temporary privileges, unless the action must be reported to the National Practitioner Data Bank.

## **Section 2. Notice of Adverse Action**

- a. The Chief Executive Officer shall, within fifteen (15) days of receiving written notice of an adverse action or recommended action under Section 1.a, give the Practitioner Special Notice thereof. The notice shall:
  - (1) advise the Practitioner of the nature of and reasons for the proposed action and of his or her right to mediation or a hearing upon timely and proper request pursuant to Section 3 and/or Section 4 of this Article IX;
  - (2) specify that the Practitioner has thirty (30) days after receiving the notice within which to submit a request for mediation or a hearing and that the request must satisfy the conditions of Section 3 and/or Section 4;
  - (3) state that failure to request mediation or a hearing within that time period and in the proper manner constitutes a waiver of rights to mediation or a hearing and to an appellate review on the matter that is the subject of the notice;
  - (4) state that any higher authority required or permitted under this Article IX to act on the matter following a waiver is not bound by the adverse action or recommended action that the Practitioner has accepted by virtue of the waiver but may take whatever action, whether more or less severe, it deems warranted by the circumstances;
  - (5) state that upon receipt of his mediation or hearing request, the Practitioner will be notified of the date, time, and place of the hearing, and the grounds upon which the adverse recommendation or action is based; and
  - (6) provide a brief summary of the rights the Practitioner would have at a hearing, as set forth in Sections 12-14 of this Article.

## **Section 3. Request for Mediation**

- a. Within ten (10) days of receipt of the notice of adverse recommendations giving rise to hearing rights, an affected member may file a written request for mediation. The request must be delivered by Special Notice to the CEO and state the reason the member believes mediation is desirable. If a hearing has already been scheduled, mediation must be completed prior to the date of the hearing. If no hearing has been scheduled, the mediation must take place within 45 days of receipt of the request. Under no circumstances will a hearing be delayed beyond the

originally scheduled date unless both parties agree to a continuance to a date certain.

- b. The mediator shall be selected by the Chairman of the Medical Executive Board and must have the qualifications required by state law and experience in medical staff privileging and disputes.
- c. The fee of the mediator shall be shared equally among the parties.
- d. An individual shall be appointed by the Chairman of the Medical Executive Board to participate in the mediation and represent the Medical Executive Board. The affected member and the representative of the Medical Executive Board may each be accompanied in the mediation by counsel of their choice.
- e. Under no circumstances may the mediation delay the filing of any report required by law, or result in an agreement to take any action not permitted by law. No agreement arising out of the mediation may permit or require the Medical Executive Board, the Governing Body, or Harris Health to violate any legal requirement, accreditation requirement or any requirement of the Medical Staff Bylaws.
- f. If no resolution is reached through the mediation, a hearing must be scheduled no later than forty-five (45) days following the mediation, unless otherwise agreed by the parties.

#### **Section 4. Request for Hearing**

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

#### **Section 5. Waiver by Failure to Request a Hearing**

A member who fails to request a hearing within the time and in the manner specified in Section 4 above waives his or her right to any hearing and appellate review to which he or she might otherwise have been entitled. Such waiver shall apply only to the matters that were the basis for the adverse action or recommended action triggering the Section 2 notice. The Chief Executive Officer shall as soon as reasonably practicable send the member special notice of each action taken under any of the following Sections and shall notify the Chairman of the Medical Executive Board of each such action. The effect of a waiver is as follows:

a. Adverse Action by the Governing Body

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

b. Adverse Recommendation by the Medical Executive Board

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

- (1) If the Governing Body's action accords in all respects with the Medical Executive Board recommendation, the Governing Body decision becomes

effective immediately.

- (2) If, on the basis of the same information and material considered by the Medical Executive Board in formulating its recommendation, the Governing Body proposes a more severe adverse action, the member shall be entitled to a hearing.

#### **Section 6. Additional Information Obtained Following Waiver**

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

- a. If the Medical Executive Board's recommendation following reconsideration is unchanged, the Governing Body shall act on the matter as provided in Section 5.b. of this Article IX.
- b. If the Medical Executive Board's recommendation following reconsideration is still adverse but is more severe than the action originally recommended, it is deemed a new adverse recommendation under Section 1.a of this Article IX and the matter proceeds as such.
- c. A favorable Medical Executive Board recommendation following reconsideration shall be forwarded as soon as reasonably practicable to the Governing Body by the Chief Executive Officer. The effect of the Governing Body action is as follows:
  - (1) Favorable: Favorable Governing Body action on a favorable Medical Executive Board recommendation becomes effective immediately.
  - (2) Adverse: If the Governing Body's action is adverse, the member shall be entitled to a hearing.

#### **Section 7. Notice of Time and Place for Hearing**

The Chief Executive Officer shall deliver a timely and proper request for a hearing to the Chair of the Medical Executive Board or Chairman of the Governing Body, depending on whose recommendation or action prompted the hearing request. The Chairman of the Medical Executive Board or the Chairman of the Governing Body, as appropriate, shall then schedule a hearing. Hearings held by the Governing Body or any committee of the Governing Body under this Article IX of the Medical Staff Bylaws will be closed meetings pursuant to Chapter 151 of the Texas Occupations Code and Section 161.032 of the Texas Health & Safety Code. The hearing date shall be set for as soon as practicable after the Chief Executive Officer received the request but in any event no more than forty-five (45) days thereafter. The Chief Executive Officer shall send the member Special Notice of the time, place, and date of the hearing, and the identity of the hearing committee members or hearing officer not less than thirty (30) days from the date of the hearing.

The notice provided to the member shall contain a list of the witnesses, if any, expected to testify at the hearing on behalf of the Medical Executive Board or Governing Body, whichever is appropriate. The member must provide a list of the witnesses expected to testify on his behalf within ten (10) days of this notice. If the member is under suspension, he or she may request that the hearing be held not later than twenty (20) days after the Chief Executive Officer has received the hearing request. The Chief Executive Officer may grant the member's request after consultation with the Chairman of the Medical Executive Board or Chairman of the Governing Body. If the member does not in good faith cooperate in scheduling a hearing date, and as a result, a hearing has not been scheduled within ninety (90) days from the date of the first proposal for a hearing date by the Medical Executive Board or Chairman of the Governing Body, the member shall be deemed to have waived the member's right to a hearing in accordance with Article IX, Section 5, unless both parties agree to a delayed hearing date.

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

#### **Section 8. Appointment of Hearing Committee or Hearing Officer**

a. By Medical Staff

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

b. By the Governing Body

A hearing occasioned by an adverse action of the Governing Body shall be conducted by a hearing committee appointed by the Chairman of the Governing Body and composed of at least three (3) persons, including at least two (2) medical staff members when feasible. The Chairman of the Governing Body shall designate one appointee as chairman of the committee.

c. Service on Hearing Committee

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

d. Hearing Officer in Lieu of Hearing Committee



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

#### **Section 9. Final List of Witnesses**

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

#### **Section 10. Documents**

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

#### **Section 11. Personal Presence**

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

#### **Section 12. Presiding Officer**

The hearing officer, if appointed pursuant to Article IX Section 37 of these Medical Staff Bylaws, or if not appointed, the hearing committee chairman, shall be the presiding officer. The presiding officer shall maintain decorum and assure that all participants have a reasonable opportunity to present relevant evidence. He or she shall determine the order of procedure during the hearing and make all rulings on matters of procedure and the admissibility of evidence. The presiding officer shall not act as a prosecuting officer or as an advocate to any party to the hearing. If a hearing officer is appointed, he or she shall not be entitled to vote. If the chairman of the hearing committee serves as the presiding officer, he or she shall be entitled to vote.

### **Section 13. Representation**

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

### **Section 14. Rights of Parties**

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

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

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

### **Section 15. Procedure and Evidence**

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

### **Section 16. Official Notice**

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

### **Section 17. Burden of Proof**

The body whose adverse action or recommended action occasioned the hearing shall have the burden of coming forward with evidence in support thereof. Thereafter, the member shall have the burden of coming forward with evidence and proving by clear and convincing evidence that

the adverse action or recommended action lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

#### **Section 18. Hearing Record**

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

#### **Section 19. Postponement**

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

#### **Section 20. Presence of Hearing Committee Members and Vote**

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

#### **Section 21. Recesses and Adjournment**

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

#### **Section 22. Hearing Committee Report**

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

#### **Section 23. Action on Hearing Committee Report**

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

## **Section 24. Notice and Effect of Result**

### **a. Notice**

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

### **b. Effect of Favorable Result**

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

### **c. Effect of Adverse Result**

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

## **Section 25. Request for Appellate Review**

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

## **Section 26. Waiver by Failure to Request Appellate Review**

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

## **Section 27. Notice of Time and Place for Appellate Review**

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

for appellate review may be extended by the Chairman of the Governing Body for good cause.

#### **Section 28. Appellate Review Body**

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

#### **Section 29. Nature of Proceedings**

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

#### **Section 30. Written Statements**

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

#### **Section 31. Presiding Officer**

The chairman of the appellate review body is the presiding officer. He or she shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

#### **Section 32. Oral Statement**

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

#### **Section 33. Consideration of New or Additional Matters**

New or additional matters or evidence not raised or presented during the original hearing or in the hearing report and not otherwise reflected in the record may be introduced at the appellate review only at the discretion of the review body and only if the party requesting consideration of the matter or evidence demonstrates to the satisfaction of the review body that it could not have been discovered in time for the initial hearing. The requesting party shall provide, through the Chief Executive Officer, a written, substantive description of the matter or evidence to the

appellate review body and the other party prior to its being introduced at the review. Any such new or additional matters or evidence shall be subject to the same rights of cross-examination, impeachment, and rebuttal provided at the hearing pursuant to Section 13 of this Article IX.

#### **Section 34. Powers**

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

#### **Section 35. Presence of Members and Vote**

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

#### **Section 36. Recesses and Adjournments**

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

#### **Section 37. Action Taken**

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

##### **a. Governing Body Decision**

- (1) Within fifteen (15) days after adjournment, appellate review body shall make its decision, including a statement of the basis of the decision. The appellate review body may decide:
  - (a) that the adverse recommendation be affirmed;
  - (b) that the adverse recommendation be denied;
  - (c) that the matter be the subject of further hearing or other appropriate procedures within a specified time period; or
  - (d) that modification of the adverse recommendation be made so that it is no longer unreasonable, arbitrary, capricious, or discriminatory.

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

decision.

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

### **Section 38. Hearing Officer Appointment and Duties**

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

### **Section 39. Number of Hearings and Reviews**

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

### **Section 40. Release**

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

## **ARTICLE X — OFFICERS OF THE MEDICAL STAFF**

### **Section 1. Qualifications of Officers**

Officers must be members of the Active Staff at the time of appointment, nomination or election and must remain members in good standing during their term of office. Failure to maintain such status shall constitute automatic resignation and immediately creates a vacancy in the office involved.

### **Section 2. Officers of the Medical Staff**

- a. Chair of the Medical Executive Board
- b. Vice Chair (Chair Elect) of the Medical Executive Board

### **Section 3. Election of Officers**

- a. The Chair of the Medical Executive Board shall be the individual who served as the Vice-Chair for the preceding term. The Vice-Chair shall automatically ascend to the position of Chair immediately after the election of a new Vice-Chair.
- b. The Vice-Chair (Chair Elect) of the Medical Executive Board shall be elected every other year in accordance with Section 5 of this Article of these Bylaws. The Vice-Chair shall serve as the Chair Elect. He or she shall conduct meetings when the Chair is unavailable and also serve as the Chair of the Medical Staff Bylaws Committee. The position of Vice-Chair of the

Medical Executive Board shall be filled on an alternating basis by a representative of the two medical schools unless the Vice-Chair is elected pursuant to the petition process described in Section 5 of this Article, in which case the alternation will resume at the next election without regard to any medical school affiliation of the petition candidate.

- c. In the event that the Chair is unavailable to complete their term, the Vice-Chair will immediately assume the position of Chair. In the event that the Vice-Chair assumes the position of Chair or is otherwise unavailable to complete his or her term as Vice-Chair, a special election will be held to fill that position. The special election shall be held within 120 days of the date the Medical Executive Board becomes aware of the vacancy according to the provisions described in Section 5 of this Article of these Bylaws.
- d. In the event both the Chair and Vice-Chair are unavailable to complete their terms, the Medical Executive Board shall appoint one of the Chiefs of Staff to serve as the Chair on an interim basis until a special election can be held to fill both the Chair and Vice-Chair positions. The special election shall be held within 120 days of the date the Medical Executive Board becomes aware of the vacancy according to the provisions described in Section 5 of this Article of these Bylaws.
- e. Unless the Vice-Chair is elected pursuant to the petition process described in Section 5 of this Article, the Chair and Vice-Chair shall not be from the same medical school.

#### **Section 4. Term of Office**

All elected officers shall serve a two-year term. Terms shall commence on January 1<sup>st</sup> following the election. If there is a special election, the term shall commence immediately following the election and will fulfill the remainder of the two-year term. Each elected officer serves until the end of her/his term or until a successor is elected, unless she/he resigns sooner or is removed from office.

#### **Section 5. Election Procedures**

The election of Medical Staff Officers shall be conducted every two years in even numbered years. The procedures shall be as follows:

- The Medical Executive Board shall nominate a Vice-Chair at the October Medical Executive Board meeting based on recommendations received from the Medical Executive Committee of the appropriate hospital campus or the Ambulatory Care Program.
- The name of the Medical Executive Board's nominee will be distributed via e-mail by Medical Staff Services to the entire Medical Staff no more than three (3) business days after the October Medical Executive Board meeting.
- Additional nominations may be made by petition signed by 10% of the voting members of the Medical Staff and delivered to the Medical Executive Board via Medical Staff Services at least three (3) business days prior to the November Medical Executive Board meeting. Any nomination by petition shall be accompanied by a written agreement to serve signed by the nominee. Medical Staff Services shall confirm that any such petitions meet these requirements.
- A ballot including the Medical Executive Board's nominee and any additional nominees who have acquired a sufficient number of petition signatures will be shared via e-mail by Medical Staff Services for electronic voting no more than three (3) business days after the November Medical Executive Board meeting.
- Voting will be closed and all votes tallied by Medical Staff Services three (3) business days prior to the December ~~Annual Medical Staff Meeting~~ Medical Executive Board Meeting. The candidate receiving a majority of the votes cast shall be declared the winner.



- The results will be announced at the December ~~Annual Medical Staff Meeting~~Medical Executive Board Meeting and shall be presented to the Governing Body.

#### **Section 6. Duties of Officers**

- a. The Chair of the Medical Executive Board serves as the chief administrative officer of the Medical Staff and:
  - (1) Calls, presides at, and is responsible for the agenda of all general meetings of the Medical Executive Board;
  - (2) Serves as the Medical Staff officer responsible to the Governing Body for the organization and conduct of the Medical Staff;
  - (3) Serves as ex-officio member of all other Medical Staff committees;
  - (4) Be responsible for the enforcement of Medical Staff Bylaws and Rules and Regulations, implementation of sanctions where these are indicated, and for the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a Medical Staff member;
  - (5) Appoints committee members, including the Chair, to all standing, special, and multi-disciplinary Medical Staff committees that report to the Medical Executive Board. There will be appropriate representation from Ben Taub Hospital, Lyndon B. Johnson Hospital campus, and Ambulatory Care Services. Physicians employed by Harris Health who are not on the faculty of either the University of Texas Health Science Center at Houston or Baylor College of Medicine may be recommended to the Chair of the Medical Executive Board for appointment to Medical Staff committees by the Chief Medical ~~Executive Officer~~Executive Board as he or she deems appropriate.
  - (6) Receives the policies of the Governing Body and interpret them to the Medical Staff and report to the Governing Body on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care;
  - (7) Be responsible for the educational activities of the Medical Staff;
  - (8) Acts on behalf of the Medical Staff in emergency situations between meetings of the Medical Executive Board and report such actions at the next Medical Executive Board meeting.
- b. Vice Chair of the Medical Executive Board: In the absence of the Chair of the Medical Executive Board, the Vice Chair shall assume all the duties and have the authority of the Chair of the Medical Executive Board. The Vice Chair shall be a member of the Medical Executive Board and be elected in accordance with Section 3(b) of this Article. The Vice Chair shall also serve as Chair of the Medical Staff Bylaws Committee.

#### **Section 7. Removal of an Officer**

A request to remove an officer can be made by any of the Chiefs of Staff, the Chair of the Medical Executive Board, or Chief Executive Officer of Harris Health. At the next meeting of the Medical Executive Board, and at subsequent meetings as required, the request will become an agenda item and removal of the officer will occur upon a two-thirds majority vote of all Medical Executive Board members. Removal from office shall not affect the Practitioner's Medical Staff membership and Clinical Privileges and shall not give rise to a hearing under Article IX of these Bylaws. Conditions for removal may include but shall not be limited to the following:

- a. Failure to perform the essential duties of the position held in a timely and appropriate manner;
- b. Failure to continuously meet the qualifications for the position;

- c. Being the subject of a final adverse action;
- d. Malfeasance in office;
- e. Mental or physical impairment that renders the officer incapable of fulfilling the duties of the office; or
- f. Flagrant disregard for the rights of members of the Medical Staff or the Governing Body.

## **ARTICLE XI — CHIEF MEDICAL EXECUTIVE**

The Chief Medical Executive is appointed by Harris Health and must be a qualified physician. The Chief Medical Executive may be a member of the Active Staff. He or she is encouraged to be a faculty member at both the Baylor College of Medicine and The University of Texas Health Science Center. In addition, the Chief Medical Executive shall serve concurrently as an Executive Vice President of Harris Health.

The Chief Medical Executive oversees the quality of patient care throughout Harris Health in concert with the Chiefs of Staff and pavilion leadership. The Chief Medical Executive attends meetings of the Governing Body, chairs the Harris Health Quality Governance Council, and is the executive champion for the Governing Body's Quality Committee. The Chief Medical Executive, or his or her designee, serves as a voting ex-officio member of all Medical Staff Committees with the exception of the Practice Improvement Committee ~~Peer Review Committee~~ and the Professionalism and Well-Being Committee.

The CME's responsibilities include the following:

- a. Assume accountability for the implementation and evaluation of Harris Health's Quality, Safety, and Performance Improvement Plan;
- b. Facilitate compliance with regulation and/or standard requirements by overseeing the quality of patient care, treatment, and services provided;
- c. Provide for structures and processes to support timely and accurate information through data acquisition, analysis, validation and reporting; and
- d. Provide oversight for the credentialing and privileging of medical staff to assure compliance with regulatory and accrediting agencies.

## **ARTICLE XII —CHIEFS OF STAFF**

### **Section 1. Appointment**

- a. The Chief of Staff at Lyndon B. Johnson Hospital campus shall be appointed by the Dean of The University of Texas Health Science Center at Houston and with the advice and consent of the Chief Executive Officer of Harris Health.
- b. The Chief of Staff at Ben Taub Hospital campus shall be appointed by the President of Baylor College of Medicine and with the advice and consent of the Chief Executive Officer of Harris Health.
- c. The Chief of Staff of Ambulatory Care Services shall be jointly appointed by Baylor College of Medicine and the University of Texas Health Science Center at Houston and with the advice and consent of the Chief Executive Officer of Harris Health. The Chief of Staff of

Ambulatory Care Services, with the advice and consent of the Chief Executive Officer of Harris Health, shall appoint two (2) Assistant Chiefs of Staff, one (1) affiliated with Baylor College of Medicine and one (1) affiliated with the University of Texas Health Science Center at Houston.

- d. All Chiefs of Staff shall be subject to approval by the Governing Body.

## **Section 2. Duties**

The Chiefs of Staff shall serve as senior administrative medical officers to the staff of their respective hospital or Ambulatory Care Services and shall be responsible in these respective areas to:

- (1) Act in coordination and cooperation with the Chief Executive Officer of Harris Health;
- (2) Call, preside at, and be responsible for the agenda of all general meetings of the Medical Staff of the respective hospital campus and Ambulatory Care Services, including the Medical Executive Committees;
- (3) Serve as ex-officio member of Medical Staff committees of their respective hospital campus and Ambulatory Care Services;
- (4) Support the Chair of the Medical Executive Board in the enforcement of the Medical Staff Bylaws and Rules and Regulations, implement sanctions where are indicated, and enforce the Medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a Medical Staff member;
- (5) Appoint committee members to all standing, special and multi-disciplinary Medical Staff committees of their respective hospital campuses and Ambulatory Care Services;
- (6) Represent the view, policies, needs and grievances of the Medical Staff to the senior administrative officer in the hospital and to the Medical Executive Board;
- (7) Support the Chair of the Medical Executive Board in interpreting the policies of the Governing Body to the Medical Staff;
- (8) Oversee in concert with the Chief Medical ~~Executive Officer~~ and pavilion leadership and report to the Medical Executive Board on the performance and maintenance of quality with respect to the Medical Staff's delegated responsibility to provide medical care;
- (9) Be responsible for the educational activities of the Medical Staff;
- (10) Serve as Chair of Pavilion or Ambulatory Care Services Medical Executive Committees;
- (11) Serve as an active member of the pavilion or Ambulatory Care Services Quality Review Committee;
- (12) Represent pavilion or Ambulatory Care Services Medical Staff on the Quality Governance Council;

- (13) Ensure Medical Staff engagement, participation and collaboration in patient safety, quality, performance improvement activities;
- (14) Report outcomes and/or variances to their respective committee in order to share and/or enact recommendations called for by the Medical Board for process improvement;
- (15) Ensure corrective measures/actions/plans are implemented, monitored and evaluated;
- (16) Incorporate PI status reports as well as other related committee activities when reporting to the Medical Board and pavilion or Ambulatory Care Services QRC; and
- (17) Ensure an effective and ongoing mechanism for monitoring and evaluating medical services is established throughout the pavilions.

### **ARTICLE XIII - CLINICAL SERVICES IN THE HOSPITALS**

#### **Section 1. Organization of Clinical Services**

Each service organized as a separate part of the Medical Staff shall have a chief who shall be responsible for the overall supervision of the clinical activities within the service.

New services may be created or existing services deleted, or the organization of services may be revised on recommendations of the Medical Executive Committee or Medical Executive Board with approval by the Governing Body.

#### **Section 2. Services at the Ben Taub Hospital Campus**

At Ben Taub Hospital campus the Medical Staff shall be divided into major services as follows:

- a. A service of Anesthesiology;
- b. A service of Emergency Medicine;
- c. A service of Family and Community Medicine;
- d. A service of Dermatology;
- e. A service of Surgery, including its subdivisions;
- f. A service of Medicine, including its subdivisions;
- g. A service of Neurological Surgery;
- h. A service of Neurology;
- i. A service of Obstetrics and Gynecology, including its subdivisions;
- j. A service of Ophthalmology;
- k. A service of Oral and Maxillofacial Surgery;
- l. A service of Orthopedic Surgery;
- m. A service of Otolaryngology-Head and Neck Surgery;
- n. A service of Pathology, including its subdivisions;
- o. A service of Pediatrics, including its subdivisions;
- p. A service of Physical Medicine and Rehabilitation;

- q. A service of Psychiatry;
- r. A service of Radiology, including its subdivisions; and
- s. A service of Urology.

### **Section 3. Services at the Lyndon B. Johnson Hospital Campus**

The Medical Staff will be divided into major services as follows:

- a. A service of Anesthesiology;
- b. A service of Cardiothoracic and Vascular Surgery;
- c. A service of Dermatology;
- d. A service of Emergency Medicine;
- e. A service of Family Practice and Community Medicine;
- f. A service of Surgery, including its subdivisions;
- g. A service of Medicine, including its subdivisions;
- h. A service of Neurology;
- i. A service of Obstetrics and Gynecology, including its subdivisions;
- j. A service of Ophthalmology;
- k. A service of Oral and Maxillofacial Surgery;
- l. A service of Orthopedic Surgery;
- m. A service of Otorhinolaryngology;
- n. A service of Pathology, including its subdivisions;
- o. A service of Pediatrics, including its subdivisions;
- p. A service of Physical Medicine and Rehabilitation;
- q. A service of Psychiatry;
- r. A service of Radiology, including its subdivisions; and
- s. A service of Urology.

### **Section 4. Qualifications, Selection and Responsibilities of Chiefs of Service**

- a. Each Chief of Service shall be a member of the Active Medical Staff, shall be willing and clinically qualified to discharge the functions of his or her office, and shall be either board-certified or shall have been determined through the credentialing and appointment process by the Departmental Chairperson or Chief of Staff to have comparable competence to a board-certified physician.
- b. The operation of the various services shall be under the supervision of a Chief of Service nominated by the respective Departmental Chair at Baylor College of Medicine for the Ben Taub Hospital campus and the respective Departmental Chair at the University of Texas Health Science Center at Houston ~~School of Medicine~~ for the Lyndon B. Johnson Hospital campus, subject to approval by the Governing Body. For the service of Oral and Maxillofacial Surgery, the Chief shall be nominated by the University of Texas Dental Branch. Although the Departmental Chair has overall administrative responsibility of service activity, some or all of his or her responsibilities may be delegated to a Service Chief at the Departmental Chair's discretion will have the same responsibilities as other Service Chiefs including

signature authority for credentialing. An Assistant Service Chief can be appointed by the Service Chief. The Assistant Service Chief will have administrative responsibilities at the discretion of the Service Chief, and may not sign credential documents except with the written intent of the Service Chief. Each Chief of Service shall be responsible for the conduct of the professional aspects of the service. These will include the care of patients, teaching, research, and other activities. The Chief of the Service may group the members of the service in any way, which seems best in order to carry out these functions and to meet the responsibilities of the service most effectively. Service Chiefs may be removed by the Governing Body upon recommendation by the appropriate Chief of Staff or Chief Executive Officer.

## **Section 5. Functions of Chiefs of Service**

Each Chief of Service shall:

- a. Be responsible for overseeing all professional, clinical, and administrative related activities within the service;
- b. Be a member of the Medical Executive Committee of the assigned hospital campus, giving guidance in the development and implementation of the overall medical policies of Harris Health and making specific recommendations and suggestions regarding the service that guide and support the provision of patient care, treatment, and services;
- c. Determine the qualifications and competence of department or service personnel who are not Licensed Independent Practitioners and who provide care, treatment, and services.
- d. Maintain ongoing review and surveillance of the professional performance of all Medical Staff members with temporary or permanent Clinical Privileges on the service and report regularly thereon to the Medical Executive Board or to the ~~Peer Review Committee~~Practice Improvement Committee as appropriate;
- e. Be responsible for adherence to Harris Health policies and procedures, the Medical Staff Bylaws, and the Rules and Regulations, and be further responsible for supervising the review and evaluation of the quality and appropriateness of patient care provided within the service;
- f. Be responsible for implementation and enforcement within the service of these Bylaws and actions taken by the Medical Executive Committee and the Medical Executive Board;
- g. Transmit, in accordance with established time frames to the Medical Executive Board via the Credentials Committee of the Medical Staff, recommendations concerning corrective action, appointment to the service, staff classification, reappointment, and the delineation of Clinical Privileges for all Practitioners and APPs on the service. The Chief of Service shall ensure that there are a sufficient number of qualified and competent Practitioners and APPs on the service to provide care to patients of the Hospital;
- h. Be responsible for orientation, teaching, and continuing education of all persons on the service and the proper conduct of research programs on the service;
- i. Participate in administration of the service through cooperation with the Nursing Service and Harris Health Administration in matters affecting patient care, including personnel, supplies, special regulations, standing orders, techniques, and any other resources required by the service. The Chief of Service shall be responsible for and report to the Medical Executive Board, the Chief Medical ~~Executive Officer~~ and the Chief Executive Officer regarding all professional and administrative activities within the service;
- j. Assist in the preparation of the annual report, including budgetary planning, space and other resources required by the service, as may be requested by the Medical Executive Committee,

the Medical Executive Board, the Chief Medical ~~Executive Officer~~, the Chief Executive Officer, or the Governing Body.

- k. Preside at all service meetings and assure that a record is maintained that includes results, recommendations, conclusions, and actions instituted at the service meetings;
- l. Be responsible for assessing and recommending to the relevant Harris Health authority off-site sources for needed patient care services not provided by the service or Harris Health.
- m. Transmit to the Credentials Committee the recommendations for criteria for the delineation of Clinical Privileges that are relevant to the care provided in the department, as well as recommendations concerning appointment, reappointment, staff category, rank (if applicable), and Clinical Privileges for members of the service;
- n. Assure that the quality and appropriateness of patient care provided within the service is monitored and evaluated continuously. The Chief of Service shall develop and review procedures for the monitoring of practice, credentialing, delineation of Clinical Privileges, medical education, utilization review, and maintenance of patient safety, quality control programs as appropriate;
- o. Be responsible for integrating the service into the primary functions of the Hospital. The Chief of Service shall also be responsible for coordinating and integrating inter-service and intra-service activities; and
- p. Provide leadership for monitoring and improving the quality, appropriateness and safety of patient care provided within the service by:
  - Participating in the development of monitors to measure medical practice quality and effectiveness;
  - Establishing, monitoring, reporting, and responding to ongoing measurements within respective clinical service;
  - Supporting Harris Health performance improvement and patient safety initiatives;
  - Ensuring physician engagement, participation and collaboration in Harris Health performance improvement and patient safety activities; and
  - Ensuring corrective measures/actions/plans are implemented, monitored and evaluated.

#### **Section 6. Functions of Services**

- a. Each clinical service shall establish its own criteria, consistent with the policies of the Medical Staff and of the Governing Body for the granting of Clinical Privileges and for the holding of positions of responsibility in the service. Such criteria shall be included in service-specific policies.
- b. Each clinical service shall establish the criteria for performance data of Medical Staff members in the service, taking into consideration the requirements of DNV and the quality indicators adopted by the Centers for Medicare and Medicaid Services and other agencies and organizations as appropriate.
- c. Each clinical service shall be responsible for engaging in medical peer review by reviewing patients' records and other pertinent sources of medical information relating to patient care for the purposes of selecting cases for presentation at regular meetings that will contribute to the continuing education of every Medical Staff member and to the process of developing criteria to assure optimal patient care. Such reviews shall be conducted at least monthly and should include a consideration of all deaths, patients with nosocomial infections, complications, errors in diagnosis and treatment, selected unimproved patients, selected patients with unsolved clinical problems, surgical and invasive procedures, drug utilization and other

important matters relating to patient care.

- d. Each service shall meet separately at least monthly to review and analyze on a peer group basis the clinical work of the service, and at least annually, there shall be a joint service meeting that includes service members from all Harris Health Facilities. Each surgical division of the Medical Staff shall also conduct a comprehensive tissue review for justification of all surgery performed whether tissue was removed or not and for the acceptability of the procedure chosen. Specific consideration shall be given to the agreement or disagreement of the preoperative and pathological diagnosis.
- e. A report shall be submitted monthly detailing such service specific analysis of patient care, including the annual joint service meeting.

#### **Section 7. Assignment to Service**

The Medical Executive Board shall, after consideration of the recommendations of the clinical services as transmitted through the Credentials Committee, recommend initial service assignments for all Medical Staff members.

### **ARTICLE XIV — COMMITTEES**

Committees of the Medical Staff perform such duties as specifically enumerated in this Article, such other duties as may be assigned by the Chair of the Medical Executive Board or one of the Chiefs of Staff, and as outlined in any applicable committee charters or policies. Each committee shall maintain a permanent record of its activities and minutes of its meetings and following each meeting make a written report to the Medical Executive Board.

Copies of all minutes will be forwarded to Medical Staff Services for filing. A summary of the activity of each committee will be presented at least quarterly to the Medical Executive Board. The Medical Executive Board receives quality information and shares Medical Staff quality information at the appropriate Harris Health quality forum(s).

The committees described in this Article shall serve as committees of the entire Medical Staff of Harris Health and shall have equal representation from The University of Texas Health Science Center at Houston and Baylor College of Medicine. Appointments of Active Medical Staff members will be made annually by the Chair of the Medical Executive Board upon recommendation of the Chiefs of Staff. Practitioners employed by Harris Health who are not on the faculty of either The University of Texas Health Science Center at Houston or Baylor College of Medicine may be recommended to the Chair of the Medical Executive Board for appointment to Medical Staff committees annually by the Chief Medical Executive as he or she deems appropriate.

A Chair and Vice/CoChair of each of these committees shall be designated by the Chair of the Medical Executive Board unless the Chair of the Medical Executive Board determines a Vice/Co-Chair is not necessary.

Members of committees shall agree to the stated purposes of the committees, shall abide by the applicable rules of confidentiality, and shall be oriented to the purposes and functions of committees at the time of appointment.

A quorum is the minimum number of voting members of a committee who must be present at a properly called meeting in order to conduct committee business requiring action by the committee. For the committees listed in this Article, a quorum shall mean at least 50% of the voting members of the committee, consisting of at least one representative from The University of Texas Health Science Center at Houston and one representative from Baylor College of Medicine. Voting members of any committee may request a designee attend and vote at a committee meeting for the



voting member if approved by the committee Chair.

The two (2) year term of office for all appointed committee members shall begin on the first day of January following their appointment by the Chair of the Medical Executive Board and shall terminate on the thirty-first day of December of the following year, unless the Chair of the Medical Executive Board fails to appoint new members. In such case, the committee members shall serve until new members are appointed or the existing members resign. All voting committee members must attend at least 50% of the committee meetings each calendar year to remain on the committee; however, any particular committee may require a higher % of attendance for voting members. If a voting committee member fails to meet the attendance requirement, he or she will be replaced or assigned to a non-voting status on the committee by the Chair of the Medical Board. Attendance by a Chair-approved designee will count towards the attendance requirement.

The Chair or Vice Chair of any standing, special, or ad hoc committee of the Medical Staff, including services and sections, may call an executive session meeting. Only members of the Active Medical Staff holding voting privileges on the committee shall attend the executive session meeting. The Chair or Vice Chair, at his or her discretion, may request other individuals to attend the executive session in an informational capacity.

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

To promote education and leadership development, committee members are encouraged to bring other Medical staff members, Housestaff members, and students as non-voting guests with them to committee meetings so long as the committee Chair approves. The committee Chair should take the confidential nature of the meeting into consideration in making this determination, especially with regards to the Credentials, ~~Peer Review~~[Practice Improvement](#), and Professionalism and Well-Being Committees.

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

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

In order to protect the confidential nature of the quality and peer review activities conducted by the committee, the committee’s records and proceedings must be used only in the exercise of proper medical committee and/or medical peer review functions to be protected as described herein. Therefore, committee meetings must be limited to only the committee members and approved guests who need to attend the meetings. The committee must meet in executive session when discussing and evaluating the qualifications and professional conduct of professional health

care practitioners and patient care provided by those practitioners. At the beginning of each meeting, the committee members and invited guests must be advised that the records and proceedings must be held in strict confidence and not used or disclosed other than in committee meetings, without prior approval from the Chair of the committee. Documents prepared by or considered by committee in the committee meetings must clearly indicate that they are not to be copied, are solely for use by the committee, and are privileged and confidential.

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

All Committee members shall report any potential conflicts of interest, as further described in Article XX of these Bylaws, that are applicable to the work of the Committee.

### **Section 1. The Medical Executive Board**

a. Membership

All medical staff members are eligible for membership on the Medical Executive Board. Others may serve on the Medical Executive Board from time to time regardless of specialty.

b. Voting Members

The Medical Executive Board shall consist of the following members or designees:

- (1) The Officers of the Medical Staff as defined in Article X, Section 2;
- (2) The Chiefs of Staff for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
- (3) The Assistant Chiefs of Staff of the Family and Community Medicine Service;
- (4) The Dean of the School of Dentistry of The University of Texas Health Science Center;
- (5) The Chiefs of Anesthesiology for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
- (6) The Chiefs of Emergency Medicine/Center for the Ben Taub Hospital campus and the Lyndon B. Hospital campus;
- (7) The Chiefs of Medicine for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
- (8) The Chiefs of Obstetrics and Gynecology for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
- (9) The Chiefs of Pediatrics for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
- (10) The Chiefs of Surgery for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;

- (11) The Chiefs of Pathology for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
  - (12) The Chiefs of Radiology for the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus;
  - (13) One at-large member from the active Medical Staff, representing each Medical Executive Committee, will be chosen by each Medical Executive Committee for a period of one year, to begin on the first day of January following their election. The members shall serve until their successors have been duly elected and take office. Each at-large active staff member may be removed by the appropriate Medical Executive Committee.
  - (14) One at-large resident representative and/or alternate from each of the two teaching institutions will be selected by the appropriate Resident Council for a period of one year, to start at the beginning of each academic year. Resident representation will be ex-officio members. Each at-large resident representative may be removed by the appropriate Medical Executive Committee.
- c. Ex-officio Non-Voting Members:
- (1) The Chief Executive Officer;
  - (2) The Chief Operating Officer; and
  - (3) The Chief Nursing Executive.
- d. Invited Guests
- At the request of a committee member, non-voting guests may attend meetings of the Medical Executive Board.
- e. Duties
- The Medical Executive Board is hereby delegated broad authority to oversee the operations of the Medical Staff. Without limiting this broad delegation of authority, the duties of the Medical Executive Board shall be to:
- (1) Represent and act on behalf of the Medical Staff at all times, including between Medical Staff meetings, subject to such limitations as may be imposed by these Bylaws;
  - (2) Coordinate the activities and general policies of the various services;
  - (3) Receive and act upon reports from Harris Health Medical Staff Committees;
  - (4) Implement Rules and Regulations or policies of the Medical Staff not otherwise the responsibility of the services;
  - (5) Provide liaison between the Medical Staff, the Chief Executive Officer and Governing Body;
  - (6) Recommend action concerning patient care issues to the appropriate Harris Health quality forums or Governing Body through the Chief Executive Officer, and the Governing Body;
  - (7) Report medical staff information to appropriate quality forums;
  - (8) Make recommendations on Harris Health management matters to the Governing Body through the Chief Executive Officer;
  - (9) Fulfill the Medical Staff's accountability to the Governing Body for the medical care

rendered to patients;

- (10) Ensure that the Medical Staff is kept abreast of the accreditation status of Harris Health;
- (11) Participate in the review of quality information and work collaboratively with Harris Health quality forums in the development and implementation of initiatives to continuously improve patient care and safety, and accreditation and regulatory compliance;
- (12) Provide for the preparation of programs for all general staff meetings, either directly or through delegation;
- (13) Review the credentials of all applicants and to make recommendations for staff membership, assignments to services, and delineation of Clinical Privileges;
- (14) Review periodically all information available regarding the performance and clinical competence of staff members and, as a result of such reviews, to make recommendations for appointment and renewal or changes in Clinical Privileges; and
- (15) Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective or review measures when warranted.

f. Meetings

The Medical Executive Board shall meet monthly. Fifty percent or more of the voting members shall comprise a quorum.

**Section 2. Bylaws Committee**

a. Duties

The committee shall conduct an ongoing review of the Medical Staff Bylaws and the Rules and Regulations and recommend revisions as appropriate.

b. Members

The committee shall consist of at least five (5) members of the Active Medical Staff and appointed by the Chair of the Medical Executive Board pursuant to Article X, of these Bylaws. The committee shall have equal representation from the University of Texas Health Science Center at Houston and Baylor College of Medicine and may also include physicians employed by Harris Health.

The Vice-Chair of the Medical Executive Board shall serve as the Chair of the committee.

c. Meetings

The committee shall meet as frequently as the Chair determines necessary, but at least quarterly. Not fewer than five (5) Active Medical Staff members two (2) BCM, two (2) UT and CME or designee of the committee shall constitute a quorum.

**Section 3. Cancer Committee**

a. Duties

The committee must be concerned with the entire spectrum of care for patients with cancer. It shall be the duty of this committee to:

1. Develop and evaluate annual goals and objectives for clinical, educational, and programmatic endeavors related to cancer care;

2. Promote a coordinated multidisciplinary approach to patient management;
3. Ensure that educational and consultative cancer conferences are available to the Medical Staff and Advanced Practice Professionals, and cover all majority cancer sites and related issues;
4. Ensure an active supportive care system for patients, families, and staff;
5. Monitor quality management and improvement through completion of patient care studies that focus on quality, access to care, and outcomes;
6. Promote clinical research;
7. Supervise the cancer registry and ensure accurate and timely abstracting, staging, and follow-up;
8. Perform quality control of registry data;
9. Act as a policy advisory and administrative body with documentation for activities and attendance;
10. Analyze patient outcomes and disseminate the results of the analysis; and
11. Report quarterly to the Medical Executive Board and the Quality Review Councils.

b. Members

The committee shall consist of at least one physician representative from surgery, medical oncology, radiation oncology, diagnostic radiology, pathology, palliative care, cancer liaison physician and representatives from the five major sites of cancer.

Ex-officio members shall include the Chief Executive Officer of Harris Health or his or her designee and representatives from administration, dietary, pharmacy, nursing, rehabilitation, social services, cancer registry and quality management who are concerned with the diagnosis and treatment of cancer.

c. Meetings

The committee shall meet quarterly. Not fewer than five (5) Active Medical Staff members of the committee shall constitute a quorum. Attendance will be in keeping with the accrediting body requirements.

#### **Section 4. Credentials Committee**

a. Duties

The duties of the committee shall be:

1. To review and evaluate the credentials of all applicants seeking initial appointment, renewal of appointment, or modification of appointment to the Medical Staff and delineation of Clinical Privileges in compliance with [these Bylaws](#);
2. To make recommendations to the Medical Executive Board concerning the qualifications of each applicant for appointment to the Medical Staff, including specific consideration of the recommendations from the services in which such applicant requests privileges;
3. To review and make recommendations to the Medical Executive Board on any change in status of any member, as recommended by the relevant service;

4. To investigate, review, and report on the clinical performance and conduct of any Practitioner when so requested by the Medical Executive Board, a Chief of Service, or the Governing Body;
5. To develop criteria for appointment and reappointment to the Medical Staff;
6. To seek additional information, through its Chairperson, from Practitioners and others by telephone, letter, or voluntary personal interview and to seek the assistance of the Chairperson of the Medical Executive Board, if further information is considered essential, in order to perform a complete review of the application or the applicant's credentials or to address concerns regarding a Practitioner's qualifications, professional practice or professional conduct;
7. To treat confidentially all matters brought before the Credentials Committee insofar as possible without interfering with the duty of the committee to report its recommendations through the official channels;
8. To review periodically all information available regarding the competence of staff members and, as a result of such reviews, to make recommendations for the granting of privileges, reappointments, and the assignment of Practitioners to the various services as provided in [these Bylaws](#). Reappointments and promotions are specifically recommended to the Credentials Committee by the Chiefs of Services; and
9. Report to the Medical Executive Board and the Governing Body.

b. Members

The committee shall consist of at least seven (7) members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to these Bylaws. The committee shall have equal representation from the University of Texas [Health Science Center at Houston](#) ~~Medical School at Houston~~ and Baylor College of Medicine and may also include physicians employed by Harris Health.

Ex-officio members shall include representation from Medical Staff Services, Harris Health administration, and the Chief Executive Officer, or his or her designee.

c. Meetings

The committee shall meet monthly. Not fewer than two (2) Active Medical Staff members of the committee shall constitute a quorum.

Advanced Practice Professional Subcommittee:

a. Duties

The duties of the subcommittee shall be:

- a. To review and evaluate the credentials of all peer applicants seeking initial and renewal appointment.
- b. To make recommendations to the Credential Committee concerning qualifications of each peer applicant for appointment.
- c. To investigate, review and report identified risks of an applicant's credentials and initial request for Clinical Privileges.
- d. To report to the Credentials Committee.

b. Members

The subcommittee shall consist of at least four (4) members of the active Advanced Practice Professionals staff, appointed by the Chair of the Medical Executive Board pursuant to ~~Article XIV of~~ these Bylaws. The committee shall have equal representation from the University of Texas Health Science Center Medical School at Houston and Baylor College of Medicine and may also include ~~physicians~~ APPs employed by Harris Health.

The Chairperson of the Credentials Committee shall be designated as the Chairperson of this subcommittee. Other members of the sub-committee should represent the categories of the credentialed Advanced Practice Professionals.

c. Meetings

The subcommittee ~~shall~~ will meet monthly ~~and on call of the Chairperson~~. Not fewer than two (2) Active Medical Staff members of the committee shall constitute a quorum.

**Section 5. Critical Care Committee**

a. Duties

The committee shall perform ongoing patient care review and develop and/or approve policies for special care units.

b. Members

The committee shall consist of at least five (5) members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to these Bylaws. The committee shall have equal representation from the University of Texas Health Science Center at Houston and Baylor College of Medicine and may also include physicians employed by Harris Health.

Ex-officio members shall include representatives from nursing services.

c. Meetings

The committee shall meet quarterly. Not fewer than three (3) Active Medical Staff members of the committee shall constitute a quorum.

**Section 56. Emergency Center Committee**

a. Duties

The committee shall have the following duties:

1. Develop and/or approve policies for Emergency Services.
2. Perform ongoing review of patient care activities for the Emergency Services at Ben Taub Hospital campus and the Lyndon B. Johnson hospital campus.
3. Recommend to the Medical Executive Board policies and procedures for the efficient operation and maintenance of high quality patient care in the Emergency Centers.
4. Report to the Medical Executive Board and the Quality Review Council.

b. Members

The committee shall consist of at least five (5) members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to ~~Article XIV of~~ these Bylaws. The committee shall have equal representation from the University of Texas

Medical School at Houston and Baylor College of Medicine and may also include physicians employed by Harris Health.

- c. Meetings  
The committee shall meet at least bi-monthly. Not fewer than two (2) Active Medical Staff members of the committee shall constitute a quorum.

#### **Section 67. Ethics Committee**

- a. Duties  
The committee shall have the following duties:
  - 1. Provide guidance to Harris Health healthcare professionals in developing processes/policies and applying ethical principles to the care of patients.
  - 2. Educate healthcare professionals on common and relevant ethical principles pertaining to the care of patients.
  - 3. Provide oversight and support for pavilion subcommittees for specific cases and/or for healthcare professionals, patients and family members regarding ethical dilemmas.
- b. Members  
The committee is an interdisciplinary committee consisting of members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to ~~Article XIV of these Bylaws, and representatives of various disciplines as determined appropriate and appointed by the Chief Executive Officer.~~ The committee shall have equal representation from the University of Texas Health Science Center at Houston and Baylor College of Medicine and may also include physicians employed by Harris Health.  
  
In addition to the Harris Health system-wide committee, the committee also consists of two subcommittees, one at the Ben Taub Hospital campus and the Lyndon B. Johnson Hospital campus.
- c. Meetings  
The Harris Health system-wide committee meets at least quarterly. The campus subcommittees meet at least bi-monthly.

#### **Section 78. Infection Prevention ~~and Control~~ Committee**

- a. Duties  
The committee shall investigate facility/community acquired infections within Harris Health ~~system-wide~~ Facilities, as appropriate, and shall make recommendations regarding the control and prevention of these infections. The committee shall have the authority to institute appropriate control measures or studies if, in the opinion of the committee, there could be a danger to any patient or personnel. Any action taken shall be subject to review by the Medical Executive Board. The committee shall report to the Medical Executive Board.
- b. Members  
The committee is comprised of appropriate hospital personnel and members of the Medical Staff. ~~Non-medical~~ Voting members shall also include ~~two system-level representatives with the Chief Medical Executive or Designee and~~ the Chief Nursing Executive (CNE) ~~or Designee, being the recommended voting members to represent Harris Health System.~~
- c. Meetings  
The committee shall meet quarterly. There shall be a separate Infection Prevention ~~and~~



~~Control~~s Subcommittee for each hospital campus and Ambulatory Care Services. Each subcommittee shall review activities in each campus/facility and is responsible for reporting to the Infection Prevention ~~and Control~~ Committee.

## **Section 89. Medical Records Committee**

### **a. Duties**

The committee shall have the following duties:

1. Be responsible for assuring that all medical records meet federal and state standards, thereby providing the essential documentation for maintaining a high standard of patient care;
2. Ensure that regular reviews of currently maintained medical records are performed to confirm that recorded clinical information is sufficient for the purposes of providing and evaluating patient care, retrieval of data and completeness in the event of transfer of physician responsibility for patient care;
3. Confirm that reviews of medical records are performed to ensure timeliness and completeness of medical record documentation as defined by regulations;
4. Advise and recommend policies for medical record maintenance including proper filing, indexing, storage and retention of all patient records;
5. Make recommendations to the Medical Executive Board for the approval of any changes in medical records forms prior to adoption;
6. Monitor delinquent records in order to expedite bringing them to completion;
7. Report to the Medical Executive Board.

### **b. Members**

The committee shall consist of at least five (5) ~~eight (8)~~ members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to ~~Article XIV of~~ these Bylaws. The committee shall have equal representation from the University of Texas Health Science Center ~~Medical School~~ at Houston and Baylor College of Medicine and may also include physicians employed by Harris Health.

Ex-officio members shall include representatives from nursing services, administration and medical records.

### **c. Meetings**

The committee meets monthly. Not fewer than ~~four~~ three (43) Active Medical Staff members of the committee shall constitute a quorum.

## **Section 10. Pharmacy and Therapeutics Committee**

### **a. Duties**

The committee shall be responsible for the development and surveillance of all drug utilization policies and practices within Harris Health in order to assure optimum clinical results and a minimum potential for hazard. The committee shall assist in the formulation of broad professional policies, regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs. It shall also perform the following specific functions:

1. Serve as an advisory group to the Medical Staff, hospital administration, and pharmacy leadership on matters pertaining to the choice of available drugs;
2. Objectively and proactively review and approve pharmaceuticals for formulary based on safety, efficacy, and cost effectiveness;
3. Maintain and manage pharmaceutical costs without compromising safety and efficacy;
4. Approve procedures that consider risk potential for error related to the ordering, storage, security, distribution, and administration of pharmaceuticals and other therapeutics;
5. Develop, review, and maintain pharmacy-medication management policies;
6. Approve evidence based utilization guidelines and protocols for standardization of practices;
7. Review the medication formularies and therapeutic classes at least annually;
8. Review standing orders, order sets, and protocols for safety and evidence-based guidelines;
9. Ensure safe and effective management of drug shortages and recalls through collaboration with key stakeholders and communication of management strategies;
10. Establish standards concerning the use and control of investigational medications and of research in the use of recognized medications;
11. Evaluate appropriate medication use and make recommendations to optimize utilization; and.
12. Provide an annual report of P&T activity to the Medical Executive Board.

b. Members

1. Chair and Co-chair – A physician from either University of Texas Health Science Center at Houston or Baylor College of Medicine will chair the committee.
2. Chair and Co-chair of each of the subcommittees shall be designated by the Medical Executive Board Chair pursuant to these Bylaws.
3. The Committee is comprised of a multidisciplinary team that includes representation from major clinical specialties, clinicians, pharmacy, finance, nursing, and administrative leadership.
4. Members will be required to complete a “Conflict of Interest” disclosure form and a “Non-Disclosure” Agreement annually and receive training on P&T process.

(a) Voting members

- (1) Chair and Co-Chair of the Committee
- (2) Chairs of the P&T Subcommittees

(3) CNE or designee

(4) Chief Pharmacy Officer and one (1) additional Pharmacy representative

(b). Non-Voting Members

Non-voting members may be added by the chair as needed to provide information and guidance to the committee.

c. Meetings

The committee shall meet a minimum of ten times per year.

**Section 11. Physician Advisory Committee**

a. Duties

The committee shall be responsible for:

1. Serving in an advisory capacity to Harris Health Information Systems Department in planning and implementation of Harris Health Information Technology Improvement Project and the maintenance of the clinical information systems.
2. Formulating working subcommittees that provide direction to IS Department project managers on physician applications, such as patient scheduling and referral and security issues.
3. Educating clinicians concerning clinical information system functionality.
4. Creating and/or assisting other Harris Health committees to create policies and procedures for the proper utilization of clinical information systems.
5. Reporting directly to the Medical Executive Board and the CIO on issues such as:
  - (1) The progress of Harris Health Information Technology Improvement Project implementation;
  - (2) The satisfaction of clinicians for the systems that are in use; and
  - (3) The impact of the clinical information systems on health care within the Harris Health.

b. Members

The Physician Advisory Committee (PAC) shall consist of at least seven (7) members of the Active Medical Staff representing a broad range of specialties and the Chief Executive Officer or designee. Non-physician, ex-officio membership shall include representatives of Harris Health Information Systems (IS) Department, including the CIO, Director of Project Management, the Clinical IS Manager, and other advisors. There will be two (2) Co-Chairs appointed by the Medical Executive Board Chair pursuant to these Bylaws.

c. Meetings

The committee shall meet bi-monthly.

## **Section 912. Practice Improvement Committee (PIC)**

### **a. Duties**

The PIC is a non-disciplinary body whose primary charge is to attempt to resolve the clinical performance issues referred to it in a constructive and successful manner. The PIC makes recommendations to colleagues when appropriate, but does not have the authority to require any particular action. Only the Medical Executive Board, acting in accordance with the Medical Staff Bylaws, possesses disciplinary authority.

The PIC shall perform the following specific functions:

1. Oversee the implementation of the Professional Practice Evaluation Policy (Peer Review) (“PPE Policy”) and provide direction regarding a program of training to be provided to all applicable stakeholders regarding all components of the policy;
2. Review reports showing the number of cases being reviewed through the PPE Policy, by Service or specialty, to help ensure consistency and effectiveness of the process, and recommend revisions to the process as may be necessary;
3. Review, approve, and periodically update the specialty-specific quality indicators identified by the Services that will trigger the professional practice evaluation/peer review process;
4. Identify variances from rules, regulations, policies, or protocols which do not require physician review, but for which an Awareness Letter may be sent to the practitioner involved in the case;
5. Review cases referred to it as outlined in the PPE Policy;
6. Develop, when appropriate, Voluntary Enhancement Plans for practitioners, as described in the PPE Policy;
7. Monitor and determine that system issues that are identified as part of professional practice evaluation activities are successfully resolved;
8. Work with Service Chiefs to disseminate educational lessons learned from the review of cases pursuant to the PPE Policy, either through peer learning sessions in the Service or through some other mechanism; and
9. Perform any additional functions as may be set forth in applicable policy or as requested by the Medical Executive Board or the Governing Body as allowed by law.

### **b. Members**

1. The PIC shall consist of at least nine (9) members of the Active Medical Staff who are:
  - (a) broadly representative of the clinical specialties on the Medical Staff;
  - (b) generally equally representative of Baylor College of Medicine and The University of Texas Health Science Center at Houston’s McGovern Medical School; and
  - (c) consistent with the non-disciplinary nature of the PIC, not also serving on the Medical Executive Board (except that up to two (2) members may serve

on both the PIC and the Medical Executive Board). If a matter is reviewed by the Medical Executive Board after having been reviewed by the PIC, any individual who participated in the review as a member of the PIC shall be recused when the matter is reviewed by the Medical Executive Board;

2. In the appointment of PIC members:
  - (a) At least two (2) members should be past Medical Staff leaders who are experienced in credentialing, privileging or PPE/peer review activities (e.g., past Chiefs of Staff, past Service Chiefs, past committee chairs, etc.); and
  - (b) Preference will be given to Practitioners who have been selected to serve as chairs or members of the Clinical Specialty Review Committees described in the Professional Practice Evaluation Policy (Peer Review).

3. The following individuals shall serve as non-voting members to facilitate the PIC's activities:

- (a) Chief Medical Executive;
  - (b) One or more PPE Specialists designated by the PIC.

To the extent Hospital personnel support the committee, such hospital personnel will excuse themselves when directed by the PIC co-chairs, other than one administrative personnel designated by the Chair to record the Committee minutes.

4. Co-Chairs of the PIC shall be appointed from among its members, with one being from Baylor College of Medicine and one from The University of Texas Health Science Center at Houston's McGovern Medical School and .
5. To the fullest extent possible, PIC members shall serve staggered, three-year terms, so that the committee always includes experienced members. Members may be reappointed for additional, consecutive terms. In determining whether PIC members will be reappointed for additional terms or new members will be appointed, consideration will be given to whether the PIC would benefit from turnover to obtain new perspectives and whether the Medical Staff's leadership development efforts would benefit from the appointment of new members.
6. Before any PIC member begins serving, the member must review the expectations and requirements of the position and affirmatively accept them. This includes, but is not limited to: (i) attending meetings on a regular basis in recognition that the success of the committee is highly dependent on the full participation of its members; (ii) being prepared for each meeting so the committee's functions may be performed in an informed, efficient, and effective manner; (iii) completing assigned committee tasks in a timely manner between meetings; and (iv) participating in periodic training on professional practice evaluation, with the nature of the training to be identified by the PIC.
7. Other appropriate individuals (e.g., Clinical Specialty Review Committee members, Service Chiefs, other Medical Staff members, Advanced Practice Professionals, Chief Nursing Officer, other Hospital personnel, legal counsel, etc.) may be invited to attend a particular PIC meeting as guests, without vote, to assist the PIC in its discussions regarding an issue on its agenda. These individuals shall be present only for the relevant agenda item and shall be excused for all others when directed by the PIC co-chairs and when voting occurs. Such individuals are an integral part of the professional practice evaluation process and are bound by the

same confidentiality requirements as the standing members of the PIC.

8. Between meetings of the PIC, a PIC Co-Chair, in conjunction with another PIC member, may take steps as necessary to implement the decisions of the PIC. By way of example and not limitation, this may include providing clarifications to a Practitioner regarding the PIC's decisions or expectations, reviewing and approving communications with the Practitioner, responding to questions posed by an internal or external reviewer, and similar matters.

c. Meetings, Reports, and Recommendations:

The PIC shall meet as often as necessary to perform its duties and shall maintain a permanent record of its findings, proceedings, and actions. The PIC shall submit reports of its activities to the Medical Executive Board and the Board on a regular basis. The PIC's reports will provide aggregate information regarding the PPE process (e.g., numbers of cases reviewed by Service or specialty; types and numbers of dispositions for the cases; listing of education initiatives based on reviews; listing of system issues identified). These reports will not include the details of any reviews or findings regarding specific Practitioners unless the PIC determines such information is necessary for the MEB to address a matter.

d. Immunity

To encourage robust and effective peer review, state (Tex. Occupations Code §160.010) and federal (Health Care Quality Improvement Act Subchapter I) laws provide immunity against civil litigation damages for members of the PIC and others supporting the PIC if peer review is conducted without malice, in the reasonable belief that the action or recommendation was in the furtherance of quality health care, warranted by the facts known after a reasonable effort to obtain the facts, and in compliance the procedural requirements outlined in these Bylaws, specifically Article VIII, Corrective Action, and Article IX, Procedural Rights of Review.

**~~Section 10. — Pharmacy and Therapeutics Committee~~**

~~a. — Duties~~

~~The committee shall be responsible for the development and surveillance of all drug utilization policies and practices within Harris Health in order to assure optimum clinical results and a minimum potential for hazard. The committee shall assist in the formulation of broad professional policies, regarding the evaluation, appraisal, selection, procurement, storage, distribution, use, safety procedures and all other matters relating to drugs. It shall also perform the following specific functions:~~

- ~~1. — Serve as an advisory group to the Medical Staff, hospital administration, and pharmacy leadership on matters pertaining to the choice of available drugs;~~
- ~~2. — Objectively and proactively review and approve pharmaceuticals for formulary based on safety, efficacy, and cost effectiveness;~~
- ~~3. — Maintain and manage pharmaceutical costs without compromising safety and efficacy;~~
- ~~4. — Approve procedures that consider risk potential for error related to the ordering, storage, security, distribution, and administration of pharmaceuticals and other therapeutics;~~
- ~~5. — Develop, review, and maintain pharmacy medication management policies;~~

- ~~6. Approve evidence-based utilization guidelines and protocols for standardization of practices;~~
- ~~7. Review the medication formularies and therapeutic classes at least annually;~~
- ~~8. Review standing orders, order sets, and protocols for safety and evidence-based guidelines;~~
- ~~9. Ensure safe and effective management of drug shortages and recalls through collaboration with key stakeholders and communication of management strategies;~~
- ~~10. Establish standards concerning the use and control of investigational medications and of research in the use of recognized medications;~~
- ~~11. Evaluate appropriate medication use and make recommendations to optimize utilization; and.~~
- ~~12. Provide an annual report of P&T activity to the Medical Executive Board.~~

~~b. Members~~

- ~~1. Chair and Co-chair—A physician from either University of Texas Health McGovern Science Center at Houston School of Medicine (“UT”) or Baylor College of Medicine (“BCM”) will chair the committee. If the chair is from UT, then the Co-chair will be selected from BCM and vice versa.~~
- ~~2. Chair and Co-chair of each of the subcommittees (P&T and its subcommittees) shall be designated by the P&T chair in collaboration with BT, LBJ and ACS chiefs of staff and/or Medical Executive Board Chair pursuant to these Bylaws.~~
- ~~3. The Committee is comprised of a multidisciplinary team that includes staff representation from major clinical specialties, clinicians, pharmacy, finance, nursing, and administrative leadership.~~
- ~~4. Members will be required to complete a “Conflict of Interest” disclosure form and a “Non-Disclosure” Agreement annually and receive training on P&T process.~~

~~(a) Voting members~~

- ~~(1) Chair and Co-chair of the Committee (2)~~
- ~~(2) Chairs of the P&T Subcommittees seven (7) subcommittees,~~  
~~Chief Pharmacy Officer~~  
~~—Nursing (1) —CNE or designee~~
- ~~(3) —Chief Pharmacy Officer~~
- ~~(4) Chief Pharmacy Officer and one (1) One (1) additional Pharmacy~~  
~~(1) representative~~

~~(b). Non-Voting Members~~

- ~~—Non-voting members may be added by the chair as needed to provide information and guidance to the committee.~~

~~e. Meetings~~

~~The committee shall meet a minimum of ten times per year.~~

### Section 14.3. Professionalism and Well-Being Committee

#### a. Duties

The duties of the committee shall include the following:

1. Addressing Practitioner and APP professionalism and well-being;
2. Educating the Medical Staff and other Harris Health staff regarding illness and impairment recognition issues specific to Practitioners and APPs;
3. Encouraging self-reporting by Practitioners and APPs and referral by other members of the Medical Staff and Harris Health;
4. Evaluating the credibility of a complaint, allegation, or concern.
5. Determining the best avenue of referral to care for a Practitioner or APP;
6. Working confidentially with the Chiefs of Staff of Harris Health pavilions, the Medical Executive Board, Governing Body, and the State Board of Medical Examiners or other licensing boards with the procedure deadlines and reporting obligations set forth in the Corrective Action Procedures provided for in these Medical Staff Bylaws, ~~as indicated Article VIII.~~
7. Monitoring the progress of an affected Practitioner or APP until the rehabilitation process is complete.
8. Reporting to the appropriate Chief of Staff and the CEO, or their designees, instances when there is evidence that a Practitioner or APP represents a clear and imminent danger to self, others, or patients.

#### b. Members

The committee shall consist of at least five (5) members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to ~~Article XIV of these Bylaws~~. The committee shall have equal representation from the University of Texas Health Science Center at Houston ~~McGovern Medical School at UT Health~~ and Baylor College of Medicine.

One member of the committee shall be a member of the Department of Psychiatry from either the University of Texas Health Science Center at Houston ~~McGovern Medical School at UT Health~~ or Baylor College of Medicine.

When the committee evaluates a complaint, allegation, or concern regarding an APP, the Chair of the Well-Being and Professionalism Committee will appoint an APP with current and active Clinical Privileges at Harris Health to serve as an ad hoc voting member of the committee for the duration of the evaluation of the complaint, allegation, or concern regarding the APP.

#### c. Meetings

The committee shall meet at least biannually, and as frequently as required to fulfill its duties. In addition, the committee shall meet as required to address Practitioner and APP well-being and professionalism issues. The committee shall meet upon request of its chair and as, necessary, at the call of its chair.

All Practitioner and APP information discussed at the meeting shall be confidential, unless limited by law, ethical obligation, or when the safety of the Practitioner, APP, or a patient is threatened.



**~~A quorum is defined as the presence of three (3) committee members.~~**

**~~Section 12. Physician Advisory Committee~~**

**~~a. Duties~~**

~~The committee shall be responsible for:~~

- ~~1. Serving in an advisory capacity to Harris Health Information Systems Department in planning and implementation of Harris Health Information Technology Improvement Project and the maintenance of the clinical information systems.~~
- ~~2. Formulating working subcommittees that provide direction to IS Department project managers on physician applications, such as patient scheduling and referral and security issues.~~
- ~~3. Educating clinicians concerning clinical information system functionality.~~
- ~~4. Creating and/or assisting other Harris Health committees to create policies and procedures for the proper utilization of clinical information systems.~~
- ~~5. Reporting directly to the Medical Executive Board and the CIO on issues such as:~~
  - ~~(1) The progress of Harris Health Information Technology Improvement Project implementation;~~
  - ~~(2) The satisfaction of clinicians for the systems that are in use; and~~
  - ~~(3) The impact of the clinical information systems on health care within the Harris Health.~~

**~~b. Members~~**

~~The Physician Advisory Committee (PAC) shall consist of at least seven (7) members of the Active Medical Staff representing a broad range of specialties and the Chief Executive Officer or designee. Non-physician, ex-officio membership shall include representatives of Harris Health Information Systems (IS) Department, including the CIO, Director of Project Management, the Clinical IS Manager, and other advisors. There will be two (2) Co-Chairs appointed by the Medical Executive Board Chair pursuant to these Bylaws, from the active staff of each medical school.~~

**~~c. Meetings~~**

~~The committee shall meet bi-monthly.~~

**~~Section 13. Critical Care Committee~~**

**~~a. Duties~~**

~~The committee shall perform ongoing patient care review and develop and/or approve policies for special care units.~~

**~~b. Members~~**

~~The committee shall consist of at least five (5) members of the Active Medical Staff appointed by the Chair of the Medical Executive Board pursuant to Article XIV of these Bylaws. The committee shall have equal representation from the University of Texas Health Science Center Medical School at Houston and Baylor College of Medicine and may also include physicians employed by Harris Health.~~

~~Ex-officio members shall include representatives from nursing services.~~

~~e. Meetings~~

~~The committee shall meet quarterly. Not fewer than three (23) Active Medical Staff members of the committee shall constitute a quorum.~~

**Section 14. Utilization Review Committee**

a. Duties

The committee shall formulate a written utilization review plan to conform to the elements of Titles XVIII and XIX of the Social Security Act for approval by the Medical Staff and Governing Body. It shall review and recommend revisions of the utilization review plan as necessary to maintain conformance with federal statutes.

The committee shall report monthly to the Medical Executive Board and annually to the Quality Governance Council. Every two years the committee will report to the Board of Trustees Quality Committee for approval of the UR plan.

b. Members

The Utilization Review Committee shall consist of at least ~~five~~ <sup>(45)</sup> members of the Active Medical Staff, including the Chief Medical Executive and Chief Executive Officer or designee. Representatives of the nursing services, medical records and administration shall be ex-officio members. The Chairperson shall be appointed by the Chairperson of the Medical Executive Board pursuant to these Bylaws.

c. Meetings

The committee shall meet monthly.

**Section 15. Hospital Campus Committees**

The following committees shall be established at the Ben Taub and the Lyndon B. Johnson Hospital campus.

a. Medical Executive Committee

There shall be a Medical Executive Committee to serve the Ben Taub Hospital campus and a Medical Executive Committee to serve the Lyndon B. Johnson Hospital campus. The Chief of Staff of the respective institutions shall serve as Chairperson of the Medical Executive Committee.

- (1) Membership on the Medical Executive Committee shall include the Chiefs of Services at each hospital.
- (2) The following individuals shall serve as ex-officio non-voting members of the Medical Executive Committee:
  - (a) The Chief Executive Officer;
  - (b) The Chief Nursing Executive;
  - (c) The Hospital Administrator; and
  - (d) The Hospital Chief Nursing Officer.
- (3) The duties of the Medical Executive Committee shall be:
  - (a) To represent and act on behalf of the Medical Staff, subject to such limitations as may be imposed by these Bylaws;

- (b) To coordinate the activities and general policies of the various services within the hospital;
  - (c) To receive and act upon committee reports. All committee reports received by this committee shall be transmitted to the Medical Executive Board through the Chief of Staff;
  - (d) To implement policies of the Medical Staff not otherwise the responsibility of the services;
  - (e) To provide liaison between the Medical Staff and the appropriate members of Harris Health leadership.
  - (f) To recommend actions to the Governing Body through the Medical Executive Board;
  - (g) To fulfill the Medical Staff's accountability to the Governing Body through the Medical Executive Board for the medical care rendered to patients;
  - (h) To ensure that the Medical Staff is kept abreast of the accreditation status of Harris Health;
  - (i) To review periodically all information available regarding the performance and clinical competence of Medical Staff members, and as a result of such reviews, to make recommendations for appointments, renewals or changes in Clinical Privileges; and
  - (j) To take reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the initiation of and/or participation in Medical Staff corrective or review measures when warranted.
- (4) The Medical Executive Committee in each hospital shall meet monthly and submit a written report to the Medical Executive Board through the Chief of Staff.

b. Specific Hospital Campus Committees

The following committees shall be established at the Ben Taub Hospital campus and/or the Lyndon B. Johnson Hospital campus. Hospital campus committees are not required to have equal representation from medical schools. Membership will be appointed by the respective Chiefs of Staff. These committees will report to their respective Medical Executive Committees, who will report to the Medical Executive Board through the Chiefs of Staff. Each hospital specific committee shall report to the respective Medical Executive Committee.

(1) Operating Room Committee

The Operating Room Committee shall consist of at least four (4) members of the Active Medical Staff representing anesthesiology, the surgical services and the Director of Operative Services. It shall recommend to the Medical Executive Committee policies and procedures for the efficient use of the operating suite(s). It shall meet at least 6 times a year.

(2) Radiation Safety Committee

The Radiation Safety Committee shall consist of members of the Medical Staff and other personnel experienced in the use of radioisotopes to assure compliance with requirements of the Texas Department of State Health Services. It shall be responsible for evaluating all proposals for the use of radioisotopes within Harris Health. It shall meet quarterly and on call of the Chairperson. The committee shall:

- (a) Ensure that licensed material will be used safely. This includes review of training programs, equipment, facility, supplies, and procedures;
- (b) Ensure that licensed material is used in compliance with NRC regulations and the institutional license;
- (c) Ensure that the use of licensed material is consistent with the As Low As Reasonably Achievable (ALARA) philosophy and program;
- (d) Establish a table of investigational levels for individual occupational radiation exposures;
- (e) Recommend remedial action to correct any deficiencies identified in the radiation safety program;
- (f) Maintain written minutes of all committee meetings, including members in attendance and members absent, discussions, actions, recommendations, decisions, and numerical results of all notes taken;
- (g) Ensure that the byproduct material license is amended if required prior to any changes in facilities, equipment, policies, procedures, and personnel;
- (h) Membership must include one authorized user for each type of use authorized by the license, the Radiation Safety Officer (RSO), a representative of the nursing service, and administration; and
- (i) This committee shall meet quarterly.

(3) Procedure Case Review Committee

The Procedure Case Review Committee shall consist of at least six (6) members of the Active Medical Staff. It shall meet every two months and on call of the chair. A combined meeting of the two pavilion committees may be held as needed on call of the chairs. The committee shall monitor and review operative and other invasive procedures in order to ensure that Harris Health provides patients with appropriate, safe, and accessible care.

The committee, in cooperation with the Chief of Service, shall develop standards of care for each invasive procedure. The committee shall monitor and ensure compliance within the standards of care and their complete documentation in the medical records. The standards shall apply whether or not the patient receives any form of anesthesia or sedation and regardless of whether or not tissue is removed. The standards of care shall include the scope of preoperative patient assessment, the preparation of the patient, and the monitoring of the patient both intra and postoperatively. In addition, the committee shall ensure that patient assessment is based at least on medical, anesthetic and drug history, physical examination, and ancillary diagnostic tests. The choice of procedure shall consider risks and benefits and, as appropriate, alternative options if they exist, the need to administer blood components, and anesthesia options and attendant risks.

The committee shall perform open and closed medical record reviews, applying the standards of care as review criteria. Procedures to be reviewed will be approved by the committee.

(4) Blood Usage Committee

The Blood Usage Committee shall consist of at least five (5) members of the Active

Medical Staff including representatives of the Transfusion Medicine Services and representative(s) of clinical services with high blood component usage (anesthesiology, trauma, surgery and medicine) and the Pavilion Administrator or designee. It shall meet every two months and on call of the chair. A combined meeting of the two pavilion committees may be held as needed on call of the chairs. The goal of this committee is to monitor and review utilization of blood and blood components and their procurement in order to ensure that Harris Health complies with professional standards of patient safety.

Blood Usage review may include the following:

- (a) Reviewing the monthly and quarterly statistics on blood component usage, wastage and ordering practices;
- (b) Evaluating of all transfusion reactions;
- (c) Developing or approving of policies and procedures relating to the distribution, handling, use and administration of blood components; and
- (d) Reviewing of the adequacy of transfusion services to meet standard practices.

Screening mechanisms may be used to identify problems in blood usage for more intensive evaluation. Clinically valid criteria shall be used in the screening process and in the more intensive evaluation of any known or suspected problems in blood and blood component usage.

(5) Appointment of other committees

Other committees may be created as needed to direct, monitor, review and analyze hospital activities on a regular or ad hoc basis.

## **Article XV – AMBULATORY CARE SERVICES**

### **Section 1. Organization**

Ambulatory Care Services is organized to render outpatient medical services at clinical sites located both on and off Hospital campuses.

The Ben Taub Hospital Campus and Lyndon B. Johnson Hospital Campus Chiefs of Staff are responsible for the Medical Staff in Ambulatory Care Services (ACS) as described below. ACS shall consist of two subdivisions, one representing Baylor College of Medicine and the other representing The University of Texas Health Science Center at Houston. An Assistant Chief of Staff shall be appointed for each of the two subdivisions in accordance with the respective medical school's affiliation agreement. Each Assistant Chief of Staff shall be responsible for medical care at the ACS locations affiliated with his or her medical school. The Assistant Chief of Staff representing Baylor College of Medicine shall report to the Chief of Staff for the Ben Taub Hospital Campus and the Assistant Chief of Staff representing The University of Texas Health Science Center at Houston shall report to the Chief of Staff for the Lyndon B. Johnson Hospital Campus.

The program shall be organized into the following two components:

- a. Specialty Clinics  
Specialty Clinics may be on and/or off Hospital campus.

b. Community Health Program

Community Health Program (“CHP”) locations shall be designated by Harris Health and located at strategic points throughout the county. CHP shall consist of two subdivisions, one representing the Department of Family and Community Medicine of Baylor College of Medicine and the other representing the Family Practice Department of The University of Texas Health Science Center at Houston. An Assistant Chief of Staff shall be appointed for each of the two subdivisions. Each Assistant Chief shall be responsible for medical care at the CHP locations affiliated with his or her medical school. The Assistant Chief of Staff representing the Department of Family and Community Medicine of Baylor College of Medicine shall report to the Chief of Staff for the Ben Taub Hospital Campus and the Assistant Chief of Staff representing the Family Practice Department of the University of Texas Health Science Center at Houston shall report to the Chief of Staff for the Lyndon B. Johnson Hospital Campus.

**Section 2. Functions of Chiefs of Staff/Assistant Chiefs of Staff**

The Chiefs of Staff and Assistant Chiefs of Staff shall have the duties described in Article XII, Section 2.

**Section 3. Committees**

Committees shall be established in Ambulatory Care Services to meet functional and organizational needs.

a. Medical Executive Committee

There shall be a Medical Executive Committee to serve the Ambulatory Care Services which reports to the Medical Executive Board.

The Medical Executive Committee shall be co-chaired by the Assistant Chiefs of Staff of Ambulatory Care Services.

Members of the Medical Executive Committee shall be composed of the Chiefs of Staff, the two Assistant Chiefs of Staff, the Medical Directors of the Community Health Program centers, the Medical Director of the Community Behavioral Health Program, the Director of the Dental Program, and the Director of the Podiatry Program.

The following individuals shall serve as ex-officio non-voting members of the Medical Executive Committee:

- (a) The Chief Executive Officer;
- (b) The Chief Operating Officer;
- (c) The Chief Nursing Executive;
- (d) The Ambulatory Care Services Administrator;
- (e) The Ambulatory Care Services Chief Nursing Officer; and
- (f) The Ambulatory Care Services Chief Medical Officer

(1) Duties: The duties of the Medical Executive Committee shall be the same as the Hospital Campus Medical Executive Committee, as described in Article XIV, Section 15(a)(3) of these Bylaws.

(2) The Medical Executive Committee shall meet monthly and submit a written report to the Medical Executive Board through the Assistant Chiefs of Staff.

b. Other Committees

Other committees may be created as needed to direct, monitor, review and analyze activities on a regular or ad hoc basis. Appointments to any such committees shall be made pursuant to Article XIV of the Bylaws.

## **ARTICLE XVI — MEDICAL STAFF MEETINGS**

### **Section 1. Regular Meetings**

Each member of the Active Medical Staff shall be expected to attend regular meetings of the Medical Staff.

The agenda at regular Medical Staff meetings shall be:

- a. Call to order;
- b. Acceptance of the minutes of the last regular and all special meetings;
- c. Communications;
- d. Reports of committees;
- e. Report from Administration, if applicable;
- f. Unfinished business;
- g. New business;
- h. Adjournment

The presence of not less than two (2) members of the Active Medical Staff members of a committee shall constitute a quorum.

### **Section 2. Annual Meetings**

An Annual Medical Staff Meeting shall be held at least once a year.

Each member of the Active Medical Staff shall be expected to attend the annual meeting of the Medical Staff.

The agenda at the Annual Medical Staff Meeting shall be:

- a. Call to order;
- b. Acceptance of the minutes of the last regular and all special meetings;
- c. Review of clinical activities within Harris Health;
- d. Communications;
- e. Reports of committees;
- f. Report from the Chief Executive Officer;
- g. Unfinished business;
- h. New business (including elections, where appropriate);
- i. Adjournment

The presence of fifty (50) members of the Active Medical Staff, including adequate representation from the Medical Executive Board, shall constitute a quorum.

### **Section 3. Special Meetings**

The Chairperson of the Medical Executive Board may call a special meeting of the Medical Staff at any time. He shall call a special meeting within thirty (30) days after receipt of a written request for a special meeting signed by not less than fifty (50) members of the Active Medical Staff stating the purpose of such meeting. The Chairperson of the Medical Executive Board shall designate the time and place of any special meeting.

Written or printed notice stating the place, day and hour of any special meeting of the Medical Staff shall be delivered, either personally, by mail or by electronic mail, to each member of the Active Medical Staff not less than seven (7) days before the date of the meeting, by or at the direction of the Chairperson of the Medical Executive Board. If mailed, the notice of the meeting shall be deemed delivered when deposited in mailing facilities, addressed to each staff member at his or her address as it appears on Harris Health records. If mailed electronically, the notice shall be deemed delivered upon transmittal to a member at his or her e-mail address as it appears on the records of Harris Health. The attendance of a member of the Medical Staff at a meeting shall constitute a waiver of notice of such meetings. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

The agenda at a special meeting shall be:

- a. Reading of the notice calling the meeting;
- b. Transaction of business for which the meeting was called; and
- c. Adjournment.

The presence of fifty (50) members of the Active Medical Staff, including adequate representation from the Medical Executive Board, shall constitute a quorum for any regular or special meeting of the Medical Staff.

## **ARTICLE XVII — MEETINGS OF COMMITTEES AND CLINICAL SERVICES**

### **Section 1. Regular Meetings**

Committees may, by resolution, provide the time for holding regular meetings without notice other than such resolution. Clinical services shall hold monthly meetings to review and evaluate the clinical activities of Medical Staff members with privileges on the respective service in accordance with ~~Article XIII~~ [these Bylaws](#).

### **Section 2. Special Meeting**

A special meeting of any committee or clinical service may be called by the chairperson or chief thereof, or at the request of the Chief of Staff, or one-third of the respective group's current members, but not fewer than two (2) members.

### **Section 3. Notice of Meetings**

Written (including e-mail) or oral notice stating the place, day and hour of any meeting shall be given to each member of the committee or service not less than two (2) days prior to the meeting for oral notice and five (5) days for written notice, by the person or persons calling the meeting. If mailed, the notice of the meeting shall be deemed delivered when deposited in mailing facilities addressed to a member at his or her address as it appears on the records of Harris Health. E-mail notice shall be deemed delivered upon transmittal to a member at his or her e-mail address as it appears on the records of Harris Health. The attendance of a member at the meeting shall constitute a waiver of the requirement for notice of such meeting.



#### **Section 4. Quorum**

Not fewer than two Active Medical Staff members of a committee shall constitute a quorum at any meeting. A quorum shall consist of those present and voting at each clinical service or subdivision meeting.

#### **Section 5. Manner of Action**

The action of a majority of the members present at a meeting, at which a quorum is present, shall be the action of a committee or clinical service. Action may be taken without a meeting by a majority vote of those committee members who return an electronic ballot sent to all voting members of the committee.

#### **Section 6. Rights of Ex-Officio Members**

Persons serving under these Bylaws as ex-officio members of committees shall have all rights and privileges of regular members except that they shall not hold office, shall not be counted in determining the existence of a quorum, and shall not vote.

#### **Section 7. Minutes**

- a. Minutes of each regular and special meeting of a committee shall be prepared by Medical Staff Services and shall include a record of the attendance of members and the vote taken on each matter. The minutes shall be reviewed by the presiding officer and copies shall be distributed to the members of the committee for approval. Each committee shall maintain a permanent file of the minutes of each meeting.
- b. Each clinical service shall maintain in Medical Staff Services a permanent file of the records of each monthly meeting.

#### **Section 8. Attendance Requirements**

- a. Each member of the Active Medical Staff shall be required to attend not less than fifty percent (50%) of all meetings of each clinical service to which he or she is appointed and which are held during periods when he or she is actively participating in patient care. The failure to meet the foregoing attendance requirements, unless excused by the Chief of Service for good cause shown, shall be grounds for corrective action.
- b. A Practitioner whose patient's clinical course is scheduled for discussion at a regular clinical service meeting or a clinical-pathological conference shall be so notified and shall be expected to attend such meeting.
- c. Each member of the Active Medical Staff shall be required to attend not less than fifty percent (50%) percent of all meetings of each Harris Health Committee to which he or she is appointed and which are held during periods when he or she is actively participating in patient care. The failure to meet the foregoing attendance requirements, unless excused by the Committee Chairperson for good cause shown, shall be grounds for dismissal from the Committee.

### **ARTICLE XVIII— IMMUNITY FROM LIABILITY**

The following shall be express conditions to any Medical Staff member's application for Clinical Privileges within Harris Health:

#### **Condition 1.**

Any act, communication, report, recommendation, or disclosure, with respect to any such Medical Staff member performed, or made in good faith and without malice, for the purpose of achieving and

maintaining quality patient care in this or any other health care facility, shall be privileged and immune from liability to the fullest extent permitted by law.

Condition 2.

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

Condition 3.

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

Condition 4.

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

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

Condition 5.

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

Condition 6.

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

## **ARTICLE XIX — PERFORMANCE IMPROVEMENT**

Medical Staff members shall participate in performance improvement activities as outlined in Harris Health Performance Improvement Plan. The Performance Improvement Plan is managed by the Medical Staff.

Harris Health Performance Improvement Committee is composed of appropriate representatives from the Medical Staff and Administrative staff. This committee meets monthly.

## **ARTICLE XX — CONFLICTS OF INTEREST**

### **Section 1. Definitions**

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

### **Section 2. Compliance**

Medical Staff members must comply with the Conflict of Interest policies of their affiliated organization (e.g. Baylor College of Medicine, The University of Texas Health Science Center at Houston, or Harris Health for Contract Practitioners and Medical Staff members employed by Harris Health).

### **Section 3. Disclosure of Potential Conflict of Interest**

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

## **ARTICLE XXI — RULES AND REGULATIONS**

The Medical Staff shall adopt such Rules and Regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner in Harris Health. Such Rules and Regulations shall be a part of these Bylaws, except that they may be amended or repealed without previous notice at any general Medical Staff meeting, or by the Medical Executive Board or at any special Medical Staff meeting on notice, provided a quorum is present. A two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

If the voting members of the Medical Staff propose to adopt a rule, regulation, or policy, or an amendment thereto, they shall communicate the proposal to the Medical Executive Board prior to submission of the proposal to the Governing Body. If the Medical Executive Board proposes to adopt a rule or regulation, or an amendment thereto, it first communicates the proposal to the Medical Staff. When the Medical Executive Board proposes a policy or an amendment thereto, it shall thereafter report the change to the Medical Staff.

If the Medical Executive Board or Chief Executive Officer identifies an urgent need for amendment to Rules and Regulations to comply with laws or regulations, the Medical Executive Board may provisionally adopt, and the Governing Body may provisionally approve, an urgent amendment without prior notification of the Medical Staff. In such cases, the Medical Staff shall be immediately notified by the Medical Executive Board. The Medical Staff shall have the opportunity for retrospective review of and comment on the provisional amendment. If there is no conflict between the Medical Staff and the Medical Executive Board, the provisional amendment shall remain in place. If there is conflict over the provisional amendment, the process for resolving conflict between the Medical Staff and the Medical Executive Board shall be implemented. If necessary, a revised amendment may be submitted to the Governing Body for action.

If there is a conflict between these Bylaws and the Rules and Regulations, the Bylaws shall prevail.

## **ARTICLE XXII— PHYSICIAN/PRACTITIONER HEALTH ISSUES POLICY**

The Medical Staff shall adopt such Physician/Practitioner Health Issues Policy as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner in Harris Health. Such Physician/Practitioner Health Issues Policy shall be a part of these Bylaws, except that the Policy may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Board or at any special Medical Staff meeting on notice, provided a quorum is present. A two-thirds affirmative vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

## **ARTICLE XXIII — CREDENTIALING POLICIES AND PROCEDURES**

The Medical Staff shall adopt a Medical Staff Credentialing Procedures Manual as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the

approval of the Governing Body. These shall relate to the proper conduct of Medical Staff organizational activities, as well as embody the level of practice that is to be required of each Practitioner and APP in Harris Health. Such Medical Staff Credentialing Procedures Manual shall be a part of these Bylaws, except that the Manual may be amended or repealed without previous notice at any general meeting of Medical Staff, or by the Medical Executive Board or at any special Medical Staff meeting on notice, provided a quorum is present. A majority vote of those present shall be required for amendment or repeal. Such changes shall become effective when approved by the Governing Body.

## **ARTICLE XXIV — AMENDMENTS**

### **Section 1. Amendment Process**

- a. Amendment(s) to the Bylaws may be proposed at any meeting of the Medical Executive Board. Proposed Bylaw amendments introduced at the Medical Executive Board shall be sent to the Medical Staff Bylaws Committee for review and comment. All amendments to the Bylaws proposed by the Medical Staff Bylaws Committee shall be presented to the Medical Executive Board, which shall approve, disapprove or approve with modifications any proposed amendments.
- b. All proposed amendments to the Bylaws approved by the Medical Executive Board shall be submitted to the members of the Active Medical Staff for approval. The proposed amendment(s) to be adopted shall require a majority vote of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws may be voted on at any regular or special meeting of the Medical Staff or submitted to the members of the Active Medical Staff for vote by written or electronic ballot, as approved by the Medical Executive Board. Notice of such regular or special meeting shall be made at least fifteen (15) days in advance and shall include the Bylaws amendment(s) to be voted upon.
- c. Bylaws Amendment(s) approved by the Medical Executive Board and the Medical Staff shall be forwarded to the Governing Body, which shall approve, disapprove or approve with modifications. If the Governing Body modifies any Bylaw amendments approved by the Medical Executive Board and the Medical Staff, such amendments, as modified, shall be returned to the Medical Executive Board, which may accept or reject the modifications. If the Medical Executive Board accepts the modifications, the amendment shall be submitted to the members of the Active Medical Staff for approval or disapproval as described in Section (b) above. If the Medical Executive Board rejects the modification, the amendment shall be submitted again to the Governing Body, which may either approve or disapprove the amendment. Any disputes regarding proposed bylaws amendments shall be referred to the Joint Conference Committee for discussion and further recommendation to the Medical Executive Board and the Governing Body.
- d. Bylaws Amendments may also be proposed to the Governing Body by the Medical Staff by majority vote of the members of the Active Medical Staff voting on the proposed amendment. Proposed Bylaws shall be brought before the Active Medical Staff by petition signed by 20% of the members of the Active Staff. Any such proposed Bylaw amendment shall be submitted to the Medical Executive Board for review and comment before it is submitted to the voting members of the Active Medical Staff. Any Bylaw amendment approved by a majority of the Active Medical Staff shall be presented to the Governing Body for final action along with any comments from the Medical Executive Board.

- e. These Bylaws, and all amendments thereto, shall be effective when approved by the Governing Body, unless otherwise stated in the Bylaw provision or amendment approved by the Governing Body, and shall apply to all pending matters to the extent practical, unless the Governing Body directs otherwise.
- f. These Bylaws shall not be unilaterally amended by the Governing Body or the Medical Staff.

## **Section 2. Editorial Amendments**

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

## **Section 3. Review Process**

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

## **ARTICLE XXV — PARLIAMENTARY PROCEDURES**

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

## **ARTICLE XXVI — CONFLICT MANAGEMENT**

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

## **ARTICLE XXVII - ADOPTION**

These Bylaws shall be adopted at any regular or special meeting of the Active Staff, shall replace any previous Bylaws, and shall become effective when approved by the Governing Body of Harris Health.

APPROVED BY THE MEDICAL EXECUTIVE BOARD OF HARRIS COUNTY  
HOSPITAL DISTRICT D/B/A ~~HARRIS HEALTH SYSTEM~~ HARRIS HEALTH:

DATE: September 12, 2023

Kunal Sharma, MD  
Chairperson, Medical Executive Board

APPROVED BY THE GOVERNING BODY OF HARRIS COUNTY HOSPITAL DISTRICT  
D/B/A ~~HARRIS HEALTH SYSTEM~~ HARRIS HEALTH:

DATE: December 7, 2023

Andrea Caracostis, MD, MPH  
Chairperson, Governing Body

## Meeting of the Board of Trustees

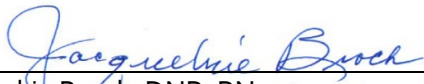
Thursday, December 18, 2025

Staffing Advisory Committee's Semi-Annual Evaluation of the  
Nurse Staffing Plan and Aggregate Staffing Variance

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In accordance with Harris Health policy and the Texas Administrative Code Title 26, Part 1, Chapter 505, Hospital Licensing, Subchapter C, Operational Requirements, Rule §505.41, Harris Health's Staffing Advisory Committees (BT & LBJ Hospital SACs) are required to evaluate the official nurse staffing plans and report findings to the Hospital Board of Trustees semiannually.

This report is being presented for informational purposes only.



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Jackie Brock, DNP, RN

Executive Vice President & Chief Nurse Executive



# Harris Health Board of Trustees

## Staffing Advisory Committee Reevaluation of the FY25 Nurse Staffing Plans

### Summary

Board Meeting Date: December 18, 2025

#### I. Overview

Annually, Harris Health Nursing Services plan for adequate numbers of nurses and support staff for each nursing service provided. The staffing plan is based on historical data; projections for future program development and expansion; and the Staffing Advisory Committee's input into the needs of patients, the unit and nursing staff. The plan takes into account patient census; scope of services provided on the unit; severity of illness and intensity of care; geographical layout of the unit; skill mix; and the competency and experience of the nurses.

#### II. FY 2025 Staffing Plans

The table below shows our RN to patient ratios. These ratios are consistent with community and national standards. The unlicensed assistive personnel ratios vary based on census, the patient population served, and the needs of the patients.

Patient Care Area	Charge Nurse	RN to Patient Ratio	Unlicensed Personnel	Clerical
Intensive Care	1	1:1-2	1:5-10	1
Coronary Care	1	1:1-2	1:5-10	1
Intermediate Care	1	1:3-4	1:5-10	1
Specialty Care	1	1:3-4	1:5-10	1
Medical/Surgical	1	1:5	1:5-10	1
Labor & Delivery	1	1:1-2	1	1
Perinatal Special Care		1:3		
Mother-Baby Couplets	1	1:3-4 couplets	1	1
Level III Nursery: Neonatal ICU	1	1:2		1
Level II Nursery	1	1:3-4		1
Psychiatry	1	1:6	1:5-6	
IMU/Med Surg/Tele Units	1	1:4-5	1:5-10	1
Perioperative Services	These areas follow The Association of Perioperative Registered Nurses (AORN) Staffing Guidelines			
Ambulatory Care	Ambulatory Care clinics/centers are staffed based on patient volume and the amount of time each service requires.			

### III. Evaluation of the Nurse Staffing Plans (Ambulatory: August 2025, Hospitals: October 2025)

#### A. Ben Taub Hospital

Evaluators	Total Surveyed	% Strongly agree or agree	% Disagree or strongly disagree
Nurse Clinician Members	12	86%	14% - Disagreed
			0% – Strongly disagreed

The statement with the highest level of disagreement was:

“There is a general sense of adequate staffing.”

#### B. Lyndon B. Johnson Hospital

Evaluators	Total Surveyed	% Strongly agree or agree	% Disagree or strongly disagree
Nurse Clinician Members	15	88%	12% - Disagreed
			0% – Strongly disagreed

The statements with the highest level of disagreement were:

- 1) “The staffing plan considers relevant unit characteristics e.g., volume, scope of services, and intensity of patient care.”
- 2) “The staffing plan considers relevant patient characteristics e.g., age, functional ability, and severity of illness.”
- 3) “There is a general sense of adequate staffing.”

#### C. Ambulatory Care Services (ACS)

Evaluators	Total Surveyed	% Strongly agree or agree	% Disagree or strongly disagree
Nurse Clinician & LVN Members	31	84%	12% - Disagreed
			4% – Strongly disagreed

The statement with the highest level of disagreement was:

“The staffing plan considers relevant ACS clinic/center characteristics e.g., volume, scope of services, and intensity of patient care.”

#### IV. Year-to-Date Aggregate RN Staffing Variance (Clinical Areas)

(As of September 2025)

	Actual RN FTEs Worked	Budgeted RN FTEs Flexed	RN FTE Variance
BT – Nursing Services	925.90	853.60	72.30
LBJ – Nursing Services	560.89	482.81	78.08

#### V. Patient Care Outcomes

In review of patient fall, central line-associated bloodstream infection (CLABSI) and catheter-associated urinary tract infection (CAUTI) data from January 2025 to June 2025, both hospitals' CLABSI and CAUTI rates met or were below the National Database of Nursing Quality Indicators (NDNQI) mean for at least 3 of the 6 months.

Two units' patient fall scores were above the NDNQI mean for at least 4 of the 6 months. A correlation analysis between patient falls and hours per patient day was conducted. There was no significant correlation between the two variables.

Thank you.

## Meeting of the Board of Trustees

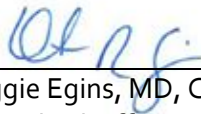
Thursday, December 18, 2025

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 Medical Staff on November 18, 2025.

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



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

December 2025 Correctional Health Credentials Report

Medical Staff Initial Appointments: 18

Medical Staff Reappointments: 0

Medical Staff Resignations: 0

Medical Staff Files for Discussion: 0

Thursday, December 18, 2025

Consideration of the Approval of the Appointment of Jessica Mantel to the  
Boards of Directors ("Board") of Community Health Choice, Inc. and  
Community Health Choice Texas, Inc. (Collectively, "Community")

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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 Jessica Mantel, for her depth of experience with Law, Public Health, and Medical Law. She also serves on the Community Health Choice Budget and Finance Committee. Her resume is 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 System Board of Trustees the approval of the appointment of Jessica Mantel to the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Boards of Directors.

Thank you.



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Anna Mateja  
Chief Financial Officer  
Community Health Choice, Inc.  
Community Health Choice Texas, Inc.

- Pages 177 – 186 Were Intentionally Left Blank -

Thursday, December 18, 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

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."*

NAME	INITIAL APPOINTMENT DATE	REAPPOINTMENT TERM
Vicki Keiser	08/29/2013	1/1/2026 to 12/31/2027
Rosie Valadez-McStay	06/01/2024	1/1/2026 to 12/31/2027
Dr. Stephen McKernan	09/14/2017	1/1/2026 to 12/31/2027

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

Thank you.



Anna Mateja  
Chief Financial Officer  
Community Health Choice, Inc.  
Community Health Choice Texas, Inc.



Thursday, December 18, 2025

Community Health Choice Notification of Retirement of Board Member Elena Marks

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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.*

Pursuant to Community's Bylaws, Community provides notice of the retirement of Elena Marks from the Board of Directors of Community Health Choice, Inc. and Community Health Choice Texas, Inc. Accordingly, at its meeting on December 3, 2025, Community's Board of Directors will approve the recommendation to the Harris Health System Board of Trustees of the acceptance of the resignation of Elena Marks from Community's Board of Directors.

Recommendation: Approval of acceptance of the resignation of Community's Board Member, Elena Marks.

Thank you.



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Anna Mateja  
Chief Financial Officer  
Community Health Choice, Inc.  
Community Health Choice Texas, Inc.

# BOARD OF TRUSTEES

HARRISHEALTH

## Meeting of the Board of Trustees

Thursday, December 18, 2025

Consideration of Approval of the Appointment of 2026 Committees and Membership

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

Board of Trustees  
2026 Board Committee Membership

COMMITTEES	MEMBERS
<b>Budget and Finance Committee</b>	Ingrid Robinson (Chair) Sima Ladjevardian (Vice Chair) Board Chair (Ex-officio) Carol Paret Paul Puente
<b>Compliance and Audit Committee</b>	Carol Paret (Chair) Board Chair (Ex-officio) Paul Puente Ingrid Robinson Dr. Marlen Trujillo
<b>Governance Committee</b>	Sima Ladjevardian (Chair) Board Chair (Ex-officio) Libby Viera-Bland Carol Paret Dr. Marlen Trujillo
<b>Joint Conference Committee</b> <i>Comprised of:</i> <i>Board Members</i> <i>Administration</i> <i>Medical Staff</i>	Dr. Andrea Caracostis (Chair) Board Chair (Ex-officio) Sima Ladjevardian  <b><u>Joint Conference Committee:</u></b> <b><u>Non-Board Member Appointees</u></b> Chief of Staff – Ben Taub Chief of Staff – LBJ Assistant Chief of Staff – BCM Assistant Chief of Staff – UT Chair – Medical Executive Board Vice Chair – Medical Executive Board Harris Health Chief Executive Officer Harris Health Chief Operating Officer Harris Health Chief Medical Executive Harris Health Chief Medical Officer – ACS
<b>Quality Committee</b>	Dr. Andrea Caracostis (Chair) Board Chair (Ex-officio) Sima Ladjevardian Dr. Marlen Trujillo Dr. Shubhada Hooli Libby Viera-Bland

Thursday, December 18, 2025

Consideration of Approval of the Harris Health 2026 Board of Trustees Calendar

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# Board of Trustees 2026 Board Calendar

MONTHLY MEETINGS													
BOARD (9:00 AM-1:00 PM)													
JANUARY 14, 2026							JULY 8, 2026						
FEBRUARY 11, 2026							AUGUST 12, 2026						
MARCH 11, 2026							SEPTEMBER 9, 2026						
APRIL 8, 2026							OCTOBER 14, 2026						
MAY 13, 2026							DECEMBER 9, 2026						
JUNE 10, 2026													
QUALITY COMMITTEE (12:00-1:30 PM)													
JANUARY 27, 2026							JUNE 23, 2026						
FEBRUARY 24, 2026							AUGUST 25, 2026						
MARCH 24, 2026							SEPTEMBER 22, 2026						
APRIL 21, 2026							OCTOBER 27, 2026						
MAY 26, 2026													
BI-MONTHLY MEETINGS													
GOVERNANCE COMMITTEE (10:45 AM-11:45 PM)													
FEBRUARY 24, 2026							AUGUST 25, 2026						
APRIL 21, 2026							OCTOBER 27, 2026						
JOINT CONFERENCE COMMITTEE (12:00 PM-1:00 PM)													
FEBRUARY 26, 2026							AUGUST 27, 2026						
APRIL 23, 2026							OCTOBER 29, 2026						
JUNE 25, 2026													
MISCELLANEOUS													
SPECIAL CALL BOARD													
NOVEMBER 11, 2026 (HRSA) 10:30-11 AM													
AUGUST TBD (Budget Workshop) 9-11 AM													
SPECIAL EVENTS													
JUNE 4-6, 2026, Texas Healthcare Trustees 2026 Healthcare Governance Conference													
QUARTERLY MEETINGS													
ASC AT LBJ GOVERNING BODY (9:00-9:30 AM)													
FEBRUARY 19, 2026							AUGUST 20, 2026						
MAY 21, 2026							NOVEMBER 11, 2026						
DC AT QM GOVERNING BODY (9:45-10:15 AM)													
FEBRUARY 19, 2026							AUGUST 20, 2026						
MAY 21, 2026							NOVEMBER 11, 2026						
BUDGET & FINANCE COMMITTEE (9:00-10:00 AM)													
FEBRUARY 26, 2026							OCTOBER 29, 2026						
MAY 28, 2026													
COMPLIANCE & AUDIT COMMITTEE (10:15-11:45 AM)													
FEBRUARY 26, 2026							AUGUST 27, 2026						
MAY 28, 2026							OCTOBER 29, 2026						

JANUARY							FEBRUARY						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14
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25	26	27	28	29	30	31							
MARCH							APRIL						
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15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	12	13	14	15	16	17	18
29	30	31					19	20	21	22	23	24	25
							26	27	28	29	30		
MAY							JUNE						
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NOVEMBER							DECEMBER						
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22	23	24	25	26	27	28	20	21	22	23	24	25	26
29	30						27	28	29	30	31		

HARRIS HEALTH HOLIDAY CLOSURES:													
01/01/26 (New Year's Day)							05/25/26 (Memorial Day)						
01/19/26 (MLK)							06/19/26 (Juneteenth)						
07/03/26 (Independence Day)							09/07/26 (Labor Day)						
11/26/26 (Thanksgiving)							11/27/26 (Fri. After Thanksgiving)						
12/25/26 (Christmas)							01/01/27 (New Year's Day)						

Board Approved: TBD *(slated for Board approval at the December Board meeting)*

## Meeting of the Board of Trustees

Thursday, December 18, 2025

### Committee Report(s)

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#### Committee Meeting(s):

- Quality Committee – November 11, 2025  
*The November 11, 2025, Quality Committee meeting was cancelled due to a lack of quorum and the reports for that meeting were included in the December 11<sup>th</sup> meeting packet.*
  - HRO Safety Message Regarding the “Systems Approach”
  - Review of the Annual Research and Sponsored Programs
- Budget & Finance Committee – November 13, 2025
  - Review of the Harris Health Fourth Quarter Fiscal Year 2025 Investment Report
  - Review of the Harris Health Third Quarter Calendar Year 2025 Pension Plan Report
  - Review of the Harris Health September 2025 Quarterly Financial Report Subject to Audit
- Compliance & Audit Committee – November 13, 2025
  - Presentation Regarding the Harris Health Independent Auditor’s Pre-audit Communication for the Year Ended September 30, 2025
  - Presentation Regarding the Harris Health Internal Audit Annual Update for the Period October 1, 2024, through September 30, 2025
  - Review of the Harris Health 2026 Internal Audit Charter
  - Review of the Harris Health 2026-2029 Internal Audit Strategic Plan
- Joint Conference Committee – November 13, 2025
  - Physician Leadership Reports
  - Update Regarding the Revised Medical Staff Bylaws
- Governance Committee – November 18, 2025
  - Discussion Regarding Election of Board Officers
  - Discussion Regarding Board Member Attendance
  - Discussion Regarding Board Member Re-Appointment Process
  - Discussion Regarding Standard Operating Procedures
  - Discussion Regarding New Board Member Orientation: Texas Healthcare Trustees (THT) Certified Healthcare Trustee Program
  - Discussion Regarding the 2025 Board Self-Assessment
  - Discussion Regarding the Proposed 2026 Board Calendar
  - Discussion Regarding Time Commitment for New Members

The November 11, 2025 Quality Committee meeting was cancelled due to a lack of quorum. The following is a summary of reports that were submitted. Please refer to the reports included in Diligent for the Quality Committee meeting Open Session of November 11, 2025, for additional details.

**Open Session**

**HRO Safety Message**

Video: “Systems Approach”

Health systems that adopt a structured, evidence-based systems engineering approach—like methods used in manufacturing (e.g., Toyota)—see improvements in outcomes, patient experience, safety, and overall quality. Health care delivery involves numerous interconnected components, including human providers, IT systems, medical equipment, and medications. Without a systems approach, organizations often rely on extraordinary individual efforts to prevent failures. A system-based model helps professionals understand how each element impacts the overall process and desired results.

**Research and Sponsored Programs**

Harris Health places a strong emphasis on the pursuit of new knowledge and its application to enhance patient care. The twelve-month annual report detailing affiliated research and quality improvement projects conducted at, or in collaboration with, Harris Health was submitted. Additionally, the report included an overview of the research growth for the period 2021–2025.



Kimberly J. Williams, JD  
**Harris County Purchasing Agent**

November 17, 2025

Board of Trustees Office  
Harris Health

**RE: Board of Trustees Meeting – December 18, 2025**  
**Budget and Finance Agenda Items**

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

- A. Approvals
- B. Transmittals

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

Sincerely,

*Kimberly J. Williams*

Kimberly J. Williams, JD  
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: December 18, 2025 (Approvals)**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	<b>O'Donnell Snider Construction LLC</b>  MWBE Goal: 17.9%	<b>Installation and Procurement of Emergency Generators at Multiple Clinics for Harris Health</b> - To provide all labor, materials, equipment and incidental for the Installation and Procurement of Emergency Generators at Aldine Health Center, Gulfgate Health Center, El Franco Lee Health Center, and Martin Luther King Health Center. The owner contingency provides for coverage on unanticipated costs throughout the construction project.  <b>Job No. 250269</b>	Best proposal meeting requirements	Arthur Williams		\$ 6,581,828
A2	<b>Yellow Brick Consulting, Inc. (HCHD-1680)</b>  MWBE Goal: 12%	<b>Transition, Activation, and Move Management Services for Lyndon B. Johnson Campus Expansion Project</b> - Plan the transition, manage the move, and activate the new facilities for the LBJ Campus Expansion Project.  <b>Job No. 250151</b>	Award Best proposal meeting requirements	Erica Sims-Lavergne		*
A3	<b>Abbott Laboratories, Inc. (HCHD-1063)</b>  MWBE Goal: Exempt Public Health or Safety	<b>Cardiac Rhythm Management Products</b> - To provide continued physician clinically preferred cardiac rhythm management products for Harris Health.  <b>Public Health or Safety Exemption</b>	Additional Funds Extension Public Health or Safety Exemption  March 16, 2026 through March 31, 2028	Charles Motley	\$ 1,400,000	\$ 2,800,000
A4	<b>Elevator Repair Service, Inc (HCHD-244)</b>  MWBE Goal: 100%	<b>Maintenance and Repair of Vertical Transportation Equipment and Related Items for Harris Health</b> - To continue providing maintenance and repair of vertical transportation equipment throughout Harris Health facilities.  <b>Public Health or Safety Exemption</b>	Ratify Additional Funds Extension Public Health or Safety Exemption  July 24, 2025 through July 23, 2026	Terry Elliott	\$ 2,056,014	\$ 1,500,000
A5	<b>RevSpring, Inc. (HCHD-1645)</b>  MWBE Goal: 0% Non-Divisible	<b>Printing and Mailing Services for Harris Health</b> - To provide printing and mailing services for patient statements, eligibility letters, and other related services for Harris Health.  <b>Job No. 250053</b>	Award Best proposal meeting requirements  One (1) year initial term with six (6) one-year renewal options	Clement Gerard		*
A6	<b>Premier Healthcare Solutions, Inc. (HCHD-1605)</b>  MWBE Goal: Exempt Sole Source	<b>Performance Suite Solutions Subscription for Harris Health</b> - To provide Value Analysis (VA) Augmentation Services including dedicated resources to reimplement the VA program at Harris Health and support implementation of the Premier SURPASS program.  <b>Sole Source Exemption</b>	Ratify Additional Funds Sole Source Exemption  August 01, 2025 through July 31, 2026	Charles Motley	\$ 250,000	\$ 768,000
A7	<b>J.T. Vaughn, LLC</b>  MWBE Goal: 15.32%	<b>Replacement of X-Ray Rooms for Harris Health</b> - To provide all labor, materials, equipment and incidental for the replacement of X-Ray rooms at Lyndon B. Johnson Hospital. The owner contingency provides for coverage of unanticipated costs throughout the construction project.  <b>Job No. 250275</b>	Best proposal meeting requirements	Tarek Rahhal		\$ 633,800

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A8	<b>NxStage Medical, Inc.</b>  MWBE Goal: Exempt Sole Source	<b>NxStage Cartridges for Harris Health</b> - To provide disposable cartridges used for the Hemodialysis machines in use at Harris Health.  <b>Sole Source Exemption</b>	Ratify Award Sole Source Exemption  One (1) year initial term with four (4) one-year renewal options	Charles Motley		\$ 457,665
A9	<b>Germfree Laboratories LLC</b>  MWBE Goal: Exempt Sole Source	<b>Smarthoods for Harris Health</b> - This procurement is to purchase eight (8) Smarthoods and associated components for Pharmacy Holly Hall Operations Center.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption	Arun Mathew		\$ 291,725
A10	<b>Dr. Stephen Kaminsky</b>  MWBE Goal: Not Applicable to Request	<b>Radiology Services for Harris County Sheriff's Detention Facilities</b> - To continue performing radiology services to detainees at each of the Harris County Sheriff's Office Detention Facilities. The vendor was selected to maintain continuity of services, given their prior performance as the provider under the preceding contract. Ratification is requested to ensure compliance and continuity of patient care, as the contract required execution prior to Board approval.  <b>Professional Services Exemption</b>	Ratify Award Professional Services Exemption  One (1) year initial term with six (6) one-year renewal options	Kiki Bullock Teal		\$ 277,000
Total Expenditures						\$ 17,302,148
Total Revenue						\$ (0)

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

**Expenditure Summary: December 18, 2025 (Transmittals)**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	<b>Abbott Laboratories Inc. (PP-LA-722)</b>  MWBE Goal: Exempt GPO	<b>Chemistry and Immunochemistry Analyzers, Reagents, Consumables and Service</b> - In June 2025 an award was made to Abbott Laboratories, Inc. to replace the existing Automation lines and chemistry analyzers at Ben Taub and Lyndon B. Johnson Hospitals, as well as existing chemistry analyzers at Smith Clinic. Since that time, it was decided to make an outright purchase of the equipment. The seven-year term affords better discounts on service and maintenance, as well as consumable  <b>Premier Healthcare Alliance, L.P. Contract</b>	Revised Term and Amount Seven-year term	Michael Nnadi		\$ 20,353,926
B2	<b>Fisk Electric Company</b>  MWBE Goal: 13%	<b>Structured Cabling, Audio/Visual Installation and Related Items for Harris County</b> - To provide audio and visual cabling and installation services for projects throughout Harris Health.  <b>Job No. 240273</b>	August 07, 2025 through August 06, 2026 with four (4) one-year renewal options	Sean Valentine		\$ 3,000,000
B3	<b>Shared Imaging (PP-SV-461)</b>  MWBE Goal: Exempt GPO	<b>Mobile Imaging Services</b> - To provide various mobile imaging modalities at Smith Clinic in order to maintain imaging services during the renovation of the clinic's permanent PET/CT suite.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Only Offer Received  June 01, 2025 through October 31, 2028	Teong Chai		\$ 2,710,820
B4	<b>Solventum (AD-NS-2093)</b>  MWBE Goal: Exempt GPO	<b>Negative Pressure Wound Therapy Devices and Related Products</b> - To provide Harris Health patients with treatment systems designed to facilitate healing of wounds with negative pressure to the wound site.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Single Source ASCEND Contract  One (1) year initial term with six (6) one-year renewal options	Charles Motley		\$ 2,350,163
B5	<b>Finthrive LLC</b>  MWBE Goal: N/A Contract was procured prior to MWBE program	<b>Insurance Verification Services for Harris Health</b> - To continue providing verification of insurance services for Harris Health prior to patient's scheduled appointment.  <b>0001499320</b>	Transmittal Purchasing Policy II.K	Pollie Martinez		\$ 1,600,000
B6	<b>Philips Healthcare (PP-IM-287)</b>  MWBE Goal: Exempt GPO	<b>Ultrasound</b> - This procurement is being undertaken to add six (6) new echo ultrasound machines to meet the patient care needs of the new Outpatient Vascular and Cardiology Clinic at Ben Taub Tower.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Arun Mathew		\$ 1,303,314
B7	<b>Mark III Systems, Inc. (DIR-CPO-5227)</b>  MWBE Goal: 0% Non-Divisible	<b>Products and Services</b> - Annual hardware and software maintenance renewal for IBM products. The awarded vendor will provide hardware and software maintenance for IBM, IBM PPA, IBM Defender, and Brocade Essential support for the Bryan, N. FWY, and Holly Hall sites, ensuring they operate as intended on the Harris Health network.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Award Low quote  September 01, 2025 through August 31, 2026	A. Kilty		\$ 1,094,219

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B8	Sysco (Sourcewell #040522-SYC)  MWBE Goal: 0% Drop Shipped	<b>Purchase Food and Nutrition Edible and Non-edible Products for Harris Health.</b> - To purchase food and nutritional edible and non-edible products for various Harris Health locations. Vendor will be utilized as a secondary supplier.  <b>Sourcewell Cooperative Purchasing Program, Board Motion 24.03-38</b>	Renewal  April 01, 2025 through March 31, 2026	Carolyn Givens	\$ 995,434	\$ 1,025,288
B9	Td-Industries, INC.,  MWBE Goal: 41%	<b>HVAC Unit Maintenance and Repair for Harris Health</b> - To provide all labor, materials, equipment and incidental for replacement of HVAC units at Smith Clinic Warehouse.  <b>Texas Association of School Boards (TASB) BuyBoard Cooperative Program</b>	Purchase Lowest complete quote meeting specifications	Terry Elliot		\$ 545,079
B10	Rhythm Management Group  MWBE Goal: Exempt GPO	<b>Remote Monitoring of Patients with Cardiac Electronic Implantable Devices</b> - To provide remote monitoring and clinical triage of patients with electronic cardiac implantable devices (CIEDs).  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Contract(s)  One (1) year initial term with four (4) one-year renewal options	Amineh Kostov		\$ 500,000
B11	Gartner, Inc. (HCHD-1738)  MWBE Goal: 0% Non-Divisible	<b>Information Technology Research and Advisory Subscription Services &amp; Computer Assisted Legal and Investigative Research Services for Harris Health</b> - To provide subscription-based research and related services across a range of information technology topics to Harris Health.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Award Only quote  February 01, 2026 through January 31, 2027 with two (2) one-year renewal options	Antony Kilty		\$ 425,321
B12	HP, Inc. (DIR-TSO-4159)  MWBE Goal: 0% Drop Shipped	<b>Products and Services</b> - Purchase of HP laptops for Harris Health Field Services. Will be used to modernize IT Workforce Equipment where needed, and PCs will be used to fulfill Tech ReFresh and Break-Fix projects.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Award Only quote	J. Summers/ A. Pham		\$ 270,200
B13	Vista Staffing Solutions (HCHD-653)  MWBE Goal: Exempt Public Health or Safety	<b>Temporary Nursing Personnel for Harris Health</b> - To continue providing temporary nurses, physicians and clinical staffing required for Harris County Correctional Health facilities.  <b>Public Health or Safety Exemption</b>	Additional Funds Extension Public Health or Safety Exemption  March 01, 2026 through February 28, 2027	Trinette Larks	\$ 600,000	\$ 249,000
B14	Johnson & Johnson Health Care Systems Inc. (HCHD-1021)  MWBE Goal: Exempt Public Health or Safety	<b>Electrophysiology Implantable &amp; Disposable Products</b> - To continue providing electrophysiology implantable and disposable products for Harris Health patients.  <b>Public Health or Safety Exemption</b>	Additional Funds Extension Public Health or Safety Exemption  September 02, 2025 through September 01, 2026	Charles Motley	\$ 234,000	\$ 234,000
B15	Bell and Howell, LLC  MWBE Goal: 0% Non-Divisible	<b>Climate-Controlled Food Lockers for Harris Health</b> - The purchase, maintenance, and monitoring of climate-controlled food locker systems at both the Quentin Mease and Casa de Amigos locations.  <b>Job No. 240149</b>	Award Best proposal meeting requirements  One (1) year initial term with four (4) one-year renewal options	Deborah Boswell		\$ 232,500

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B16	<b>Johnson Controls, Inc. (080824-JHN)</b>  MWBE Goal: 0% Drop Shipped	<b>HVAC Systems</b> - This procurement is to purchase one (1) back-up chiller for 4800 Fournace Place Emergency Command.  <i>Sourcewell</i>	Purchase Only quote	Arun Mathew		\$ 218,000
B17	<b>Mark III Systems - Government Solutions, LLC</b>  MWBE Goal: 0% Non-Divisible	<b>Products and Services</b> - To provide PowerEdge R760 Servers to replace aging distribution servers at Harris Health IT.  <i>State of Texas Department of Information Resources (DIR) Cooperative Contract</i>	Award Low quote	A. Kilty		\$ 217,200
B18	<b>Impact4Health LLC</b>  MWBE Goal: 20%	<b>Health Equity Consulting Services</b> - To provide Health Equity Consulting Services to Harris Health  <i>Offer No. AB05092025</i>	Award Best offer meeting requirements  One (1) year initial term	Galvan Esperanza		\$ 200,000
B19	<b>Helmer Scientific LLC (PPPH28HLM01)</b>  MWBE Goal: Exempt GPO	<b>Pharmacy Grade Refrigerators and Freezers</b> - To add twenty (20) pharmacy grade refrigerators and two (2) pharmacy freezers to the new central fill pharmacy for Holly Hall Operations Center.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Arun Mathew		\$ 179,389
B20	<b>Steris Corporation (PP-OR-1951)</b>  MWBE Goal: Exempt GPO	<b>OR Lights and Booms</b> - To procure owner furnished and contractor installed OR Lights and Booms needed for the LBJ Expansion project.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Only Offer Received	Arun Mathew		\$ 178,500
B21	<b>Insight Direct USA, Inc.</b>  MWBE Goal: 0% Non-Divisible	<b>Product and services</b> - Harris Health needs Imprivata Resident Engineering Management to ensure uninterrupted, expert-level support for its identity and access systems, especially during staffing transitions or complex IT changes.  <i>Premier</i>	Award Low quote  One (1) year initial term	A. Kilty		\$ 165,200
B22	<b>Hologic Sales and Service, LLC (HCHD-1624)</b>  MWBE Goal: Exempt Sole Source	<b>Cytology Liquid-Based System for Harris Health</b> - To provide analyzers, reagents and consumables for cytology liquid-based testing at Ben Taub and Lyndon B. Johnson Hospitals.  <i>Sole Source Exemption</i>	Award Sole Source Exemption  Three-year initial term with two (2) three-year renewal options	Michael Nnadi		\$ 150,000
B23	<b>Geringe USA Sales, LLC</b>  MWBE Goal: Exempt Sole Source	<b>Service and Maintenance of Geringe Brand Equipment for Harris Health</b> - To provide service and maintenance of Geringe brand equipment located at LBJ Hospital.  <i>Sole Source Exemption</i>	Purchase Sole Source Exemption  One (1) year initial term with four (4) one-year renewal options	James Young		\$ 149,248
B24	<b>Philips Healthcare (PP-IM-287)</b>  MWBE Goal: Exempt GPO	<b>Ultrasound</b> - This procurement is to purchase one (1) EPIQ Elite Diagnostic Ultrasound System for the Radiology Department in the new Ben Taub Tower.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Best Offer(s) Meeting Requirements	Arun Mathew		\$ 144,367

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B25	<b>Sequel Data Systems, Inc. (DIR-TSO-4160)</b>  MWBE Goal: 0% Non-Divisible	<b>Products and Services</b> - A Hewlett Packard Enterprise - Citrix Published Application Infrastructure, which provides a comprehensive and secure solution for the delivery of virtualized applications. Built on HPE hardware and Citrix software, this infrastructure enables Harris Health to host Windows or Linux applications on data center servers, providing seamless, on-demand access to users across various devices.  <b>State of Texas Department of Information Resources (DIR) Cooperative Contract</b>	Award Low quote	A. Kilty		\$ 144,250
B26	<b>Baker's Safe and Lock Co., Inc</b>  MWBE Goal: 0% Non-Divisible	<b>Trades, Labor, and Materials - Safes</b> - To purchase safes for thirteen (13) Harris Health pharmacies. Amount includes delivery and installation.  <b>The Interlocal Purchasing System (TIPS)</b>	Award Low quote	Teong Chai		\$ 144,154
B27	<b>Continental Carbonic Products, Inc.</b>  MWBE Goal: 0% Non-Divisible	<b>Dry Ice for Harris Health</b> - To provide dry ice for the Logistics Cold Chain Management and Hospital Lab Teams.  <b>Offer No. SER070725</b>	Award Only offer received  One (1) year initial term with four (4) one-year renewal options	Timothy Brown		\$ 143,000
B28	<b>Four Tower, LLC (PP-FA-2085)</b>  MWBE Goal: Exempt GPO	<b>Support Services SaaS</b> - Four Tower will provide equipment budgeting, planning, and asset management software solutions. (20) User Licenses for full Access to Four Tower's SpecAdvisor application and SpecData product database.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Only Offer Received  October 08, 2025 through October 07, 2026	D. Bryant		\$ 130,000
B29	<b>ESO Solutions Inc. (HCHD-347)</b>  MWBE Goal: Exempt Public Health or Safety	<b>EMS Dispatch Software and Trauma Patient Registry for Harris Health</b> - To continue providing a comprehensive dispatching, tracking, and analytical tool to track and streamline patient and pavilion information used to report to Trauma Registries. EMS dispatch software includes Electronic Health Record (EHR) and Health Data Exchange (HDE). Trauma Patient Registry enables Harris Health to maintain a Trauma Level 1 status.  <b>Public Health or Safety Exemption</b>	Renewal Public Health or Safety Exemption  November 09, 2025 through November 17, 2026	Antony Kilty	\$ 127,315	\$ 129,382
B30	<b>GE Healthcare (PP-IM-271)</b>  MWBE Goal: Exempt GPO	<b>Ultrasound</b> - To add one (1) new breast imaging ultrasound machine for LBJ Hospital.  <b>Premier Healthcare Alliance, L.P. Contract</b>	Award Best Offer(s) Meeting Requirements	Arun Mathew		\$ 126,237
B31	<b>Innovative Product Achievements, LLC (GA-07396)</b>  MWBE Goal: Exempt Sole Source	<b>Automated Scrub and Linen Dispensing Systems for Harris Health</b> - To provide an additional scrub and linen dispensing system and maintenance services for the new Holly Hall Operations Center.  <b>Sole Source Exemption</b>	Purchase Sole Source Exemption  September 30, 2025 through September 29, 2026	Amber Simpson		\$ 125,315
B32	<b>CFI Mechanical, Inc. (CP#22-049MF05)</b>  MWBE Goal: 0% Non-Divisible	<b>Upgrade of the Lyndon B Johnson Warehouse Heating System</b> - To provide all labor, materials, equipment and incidental to replace eight (8) MODINE heaters located at the LBJ Warehouse and relocate existing pneumatic controls from the electrical closet to within the warehouse interior.  <b>Choice Partners, a division of Harris County Department of Education Cooperative Program</b>	Award Lowest quote meeting specifications	Babak Zare		\$ 123,709

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B33	<b>Logiquip L.L.C.</b>  MWBE Goal: Exempt GPO	<b>Mobile Carts and Storage Systems</b> - To purchase utility tables and shelves for Harris Health pharmacies. The estimated amount includes delivery and installation.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Lowest Offer	Teong Chai		\$ 121,432
B34	<b>American Data Network (HCHD-1566)</b>  MWBE Goal: 0% Non-Divisible	<b>Chart Abstraction Services</b> - To provide Chart Abstraction Services to Harris Health.  <i>Offer No. AB240823</i>	Award Lowest priced offer meeting requirements  One (1) year initial term with four (4) one-year renewal options	Mary Gatmaitan		\$ 120,000
B35	<b>Insight Direct USA, Inc. (PP-IT-241)</b>  MWBE Goal: Exempt GPO	<b>Products and Services</b> - NetApp support management, support edge premium, on-site service, and warranty extension for virtual server equipment used to store and share large amounts of digital data across physical and hybrid cloud environments within Harris Health.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Only Offer Received  September 01, 2025 through August 31, 2026	A. Kilty		\$ 114,920
B36	<b>Clinisys, Inc. (HCHD-266)</b>  MWBE Goal: Exempt Sole Source	<b>Software Maintenance and Support Services for Clinisys SQ Laboratory™ and CoPathPlus™ Software</b> - To continue providing maintenance and support services to ensure assistance and updates to the Clinisys Software will be available.  <i>Sole Source Exemption</i>	Additional Funds Extension Sole Source Exemption  October 01, 2025 through September 30, 2026	Justin Williams	\$ 126,792	\$ 113,454
B37	<b>Bright Horizons Family Services, Inc. (HCHD-1399)</b>  MWBE Goal: 15%	<b>Backup Child and Elderly Care Services for Harris Health</b> - To provide in-home and center-based backup child and elderly care services to Harris Health employees as part of a comprehensive benefits package.  <i>Job No. 240155, Board Motion 24.09-135</i>	Additional Funds  November 01, 2025 through October 31, 2026	Jones-Duncan, Amanda	\$ 1,097,930	\$ 110,620
B38	<b>Chastang Enterprises Houston, LLC</b>  MWBE Goal: Exempt - Harris County Contract	<b>Repair Parts, Labor, Services and Related Items for Ford, General Motors, Nissan, Toyota, and Stellantis Automobiles and Light, Medium, Heavy-Duty Trucks for Harris County</b> - To allow Harris Health to utilize the contract to provide repair parts, labor, and related items for oversize vehicles for Harris Health.  <i>Job No. 240220</i>	March 05, 2025 through March 04, 2026 with four (4) one- year renewal options	Timothy Brown		\$ 110,000
B39	<b>Philips Healthcare (PP-IM-485)</b>  MWBE Goal: Exempt GPO	<b>MRI Ancillary Equipment and Coils</b> - This procurement is to purchase one (1) breast coil for Smith Clinic to allow the facility to continue breast MRIs on the 3T magnet while the regular breast imaging MRI is offline for upgrade/replacement.  <i>Premier Healthcare Alliance, L.P. Contract</i>	Award Only Offer Received	Arun Mathew		\$ 109,000
					Total Expenditures	\$ 39,361,207
					Total Revenue	\$ (0)

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## Meeting of the Board of Trustees

Thursday, December 18, 2025

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

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**Grant Recommendations:**

**C1. Subaward Agreement**

- Grantor: Baylor College of Medicine  
*Funded by the Health Resources & Service Administration (HRSA)*
- Term: August 1, 2022 – July 31, 2026
- Award Amount: \$1,042,072
- Project Owner: Jennifer Small

**C2. Grant Agreement**

- Grantor: Texas Health and Human Services Commission
- Term: January 1, 2026 – December 31, 2027
- Award Amount: \$1,113,534.68
- Project Owner: Jennifer Small

**Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report**  
**Grant Matrix: December 18, 2025**

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
C1	Baylor College of Medicine <i>Funded by the Health Resources &amp; Service Administration (HRSA)</i>	Consideration of approval for the Cost Reimbursement Subaward Agreement between Baylor College of Medicine and Harris County Hospital d/b/a Harris Health to provide treatment to Harris Health patients with long Covid.  Total Grant Award from HRSA: \$1,099,075 Total Subaward Amount: \$1,042,072	<b>Subaward Agreement</b>	August 1, 2022 through July 31, 2026	Dr. Jennifer Small	\$ 1,042,072.00
C2	Texas Health and Human Services Commission	Consideration of Approval of a grant agreement between the Harris County Hospital District d/b/a Harris Health and the Texas Health and Human Services Commission to provide evidence-based coordinated care to pregnant and postpartum women with opioid use disorder (OUD) and their infants.	<b>Grant Agreement</b>	January 1, 2026 through December 31, 2027	Dr. Jennifer Small	\$ 1,113,534.68
<b>TOTAL AMOUNT:</b>						<b>\$ 2,155,606.68</b>

## Meeting of the Board of Trustees

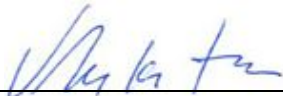
Thursday, December 18, 2025

Consideration of Acceptance of the Harris Health October 2025 Financial Report  
Subject to Audit

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Attached for your review and consideration is the October 2025 Financial Report.

Administration recommends that the Board accept the financial report for the period ended October 31, 2025, subject to final audit.



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Victoria Nikitin  
EVP – Chief Financial Officer



# Financial Statements

As of October 31, 2025  
Subject to Audit



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# Financial Highlights Review **HARRISHEALTH**

As of October 31, 2025

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Operating income for the month ended October 31, 2025 was \$22.9 million compared to budgeted income of \$7.7 million.

Total net revenue for the month ended October 31, 2025 of \$242.1 million was \$5.7 million or 2.4% more than budget. Net patient revenue was \$8.8 million more than budget while Medicaid Supplement Programs was \$2.7 million less than budget.

As of October 31, 2025, total expenses of \$219.2 million were \$9.5 million or 4.1% less than budget. Total labor costs were \$6.0 million less than budget driven primarily by the timing of strategic initiatives' implementation.

For the month ended October 31, 2025, total patient days and average daily census decreased 0.3% compared to budget. Inpatient case mix index, a measure of patient acuity, was 2.5% lower than budget while length of stay was 5.7% higher than budget. Emergency room visits were 7.3% less than budget. Total clinic visits, including telehealth, were 5.4% higher compared to budget. Births were down 22.0%.

Total cash receipts for the month were \$159.8 million. The System has \$1,528.3 million in unrestricted cash, cash equivalents and investments, representing 223.3 days cash on hand. Days cash of hand continues to be impacted by reimbursement from the Series 2025 bond totaling \$438.5 million as of October 31, 2025, for capital expenditures tied to the Strategic Capital Plan. The remainder of the \$840 million issuance is recorded as an asset limited as to use within the balance sheet. The corresponding debt is shown within the long-term debt portion of the balance sheet.

Harris Health has \$150.7 million in net accounts receivable, representing 60.0 days of outstanding patient accounts receivable at October 31, 2025. The October balance sheet reflects a combined net receivable position of \$52.0 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is \$1,234.3 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include \$1,133.1 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of October 31, 2025, \$0.1 million in ad valorem tax collections were received and \$101.5 million in current ad valorem tax revenue was recognized.

# Income Statement

**HARRISHEALTH**

As of October 31, 2025 and 2024 (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	\$ 77.9	\$ 69.1	12.7%	\$ 77.9	\$ 69.1	12.7%	\$ 56.2	38.5%
Medicaid Supplemental Programs	51.9	54.6	-4.9%	51.9	54.6	-4.9%	51.4	1.0%
Other Operating Revenue	3.5	4.7	-24.1%	3.5	4.7	-24.1%	11.1	-68.1%
<b>Total Operating Revenue</b>	<b>\$ 133.4</b>	<b>\$ 128.4</b>	<b>3.9%</b>	<b>\$ 133.4</b>	<b>\$ 128.4</b>	<b>3.9%</b>	<b>\$ 118.7</b>	<b>12.3%</b>
Net Ad Valorem Taxes	101.5	101.3	0.2%	101.5	101.3	0.2%	83.1	22.1%
Net Tobacco Settlement Revenue	-	-	0.0%	-	-	0.0%	-	0.0%
Capital Gifts & Grants	-	0.8	0.0%	-	0.8	-100.0%	-	0.0%
Interest Income & Other	7.2	5.9	23.3%	7.2	5.9	23.3%	6.7	8.1%
<b>Total Nonoperating Revenue</b>	<b>\$ 108.7</b>	<b>\$ 108.0</b>	<b>0.6%</b>	<b>\$ 108.7</b>	<b>\$ 108.0</b>	<b>0.6%</b>	<b>\$ 89.8</b>	<b>21.1%</b>
<b>Total Net Revenue</b>	<b>\$ 242.1</b>	<b>\$ 236.4</b>	<b>2.4%</b>	<b>\$ 242.1</b>	<b>\$ 236.4</b>	<b>2.4%</b>	<b>\$ 208.5</b>	<b>16.1%</b>
<b>EXPENSE</b>								
Salaries and Wages	\$ 83.8	\$ 89.1	6.0%	\$ 83.8	\$ 89.1	6.0%	\$ 81.0	-3.5%
Employee Benefits	28.2	28.8	2.3%	28.2	28.8	2.3%	27.6	-2.0%
<b>Total Labor Cost</b>	<b>\$ 112.0</b>	<b>\$ 118.0</b>	<b>5.1%</b>	<b>\$ 112.0</b>	<b>\$ 118.0</b>	<b>5.1%</b>	<b>\$ 108.6</b>	<b>-3.1%</b>
Supply Expenses	28.3	30.3	6.4%	28.3	30.3	6.4%	29.1	2.7%
Physician Services	40.4	39.4	-2.6%	40.4	39.4	-2.6%	37.2	-8.7%
Purchased Services	26.3	28.8	8.7%	26.3	28.8	8.7%	26.9	2.2%
Depreciation & Interest	12.2	12.2	0.5%	12.2	12.2	0.5%	8.8	-39.0%
<b>Total Operating Expense</b>	<b>\$ 219.2</b>	<b>\$ 228.7</b>	<b>4.1%</b>	<b>\$ 219.2</b>	<b>\$ 228.7</b>	<b>4.1%</b>	<b>\$ 210.5</b>	<b>-4.1%</b>
<b>Operating Income (Loss)</b>	<b>\$ 22.9</b>	<b>\$ 7.7</b>		<b>\$ 22.9</b>	<b>\$ 7.7</b>		<b>\$ (2.0)</b>	
<b>Total Margin %</b>	<b>9.4%</b>	<b>3.3%</b>		<b>9.4%</b>	<b>3.3%</b>		<b>-1.0%</b>	

# Balance Sheet

**HARRISHEALTH**

October 2025 and 2024 (in \$ Millions)

	CURRENT YEAR	PRIOR YEAR
<b><u>CURRENT ASSETS</u></b>		
Cash, Cash Equivalents and Short Term Investments	\$ 1,528.3	\$ 1,286.7
Net Patient Accounts Receivable	150.7	141.2
Net Ad Valorem Taxes, Current Portion	1,234.3	1,020.8
Other Current Assets	113.5	183.6
<b>Total Current Assets</b>	<b>\$ 3,026.9</b>	<b>\$ 2,632.3</b>
<b><u>CAPITAL ASSETS</u></b>		
Plant, Property, & Equipment, Net of Accumulated Depreciation	\$ 596.7	\$ 562.3
Construction in Progress	709.2	232.7
Right of Use Assets	35.9	36.1
<b>Total Capital Assets</b>	<b>\$ 1,341.8</b>	<b>\$ 831.1</b>
<b><u>ASSETS LIMITED AS TO USE &amp; RESTRICTED ASSETS</u></b>		
Debt Service & Capital Asset Funds	\$ 442.6	\$ 35.3
LPPF Restricted Cash	129.4	34.1
Capital Gift Proceeds	57.2	53.9
Other - Restricted	6.1	1.0
<b>Total Assets Limited As to Use &amp; Restricted Assets</b>	<b>\$ 635.3</b>	<b>\$ 124.4</b>
Other Assets	37.7	33.1
Deferred Outflows of Resources	138.8	182.3
<b>Total Assets &amp; Deferred Outflows of Resources</b>	<b>\$ 5,180.4</b>	<b>\$ 3,803.2</b>
<b><u>CURRENT LIABILITIES</u></b>		
Accounts Payable and Accrued Liabilities	\$ 400.6	\$ 217.4
Employee Compensation & Related Liabilities	170.6	146.3
Deferred Revenue - Ad Valorem	1,133.1	937.4
Estimated Third-Party Payor Settlements	36.2	30.3
Current Portion Long-Term Debt and Capital Leases	36.5	35.3
<b>Total Current Liabilities</b>	<b>\$ 1,777.0</b>	<b>\$ 1,366.7</b>
Long-Term Debt	1,107.4	280.3
Net Pension & Post Employment Benefits Liability	644.8	686.7
Other Long-Term Liabilities	5.8	8.2
Deferred Inflows of Resources	82.2	110.4
<b>Total Liabilities</b>	<b>\$ 3,617.1</b>	<b>\$ 2,452.3</b>
<b>Total Net Assets</b>	<b>\$ 1,563.3</b>	<b>\$ 1,350.9</b>
<b>Total Liabilities &amp; Net Assets</b>	<b>\$ 5,180.4</b>	<b>\$ 3,803.2</b>



# Cash Flow Summary

**HARRISHEALTH**

As of October 31, 2025 and 2024 (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	\$ 73.3	\$ 74.2	\$ 73.3	\$ 74.2
Medicaid Supplemental Programs	33.5	(25.8)	33.5	(25.8)
Net Ad Valorem Taxes	0.1	0.0	0.1	0.0
Tobacco Settlement	-	-	-	-
Other Revenue	53.0	9.2	53.0	9.2
<b>Total Cash Receipts</b>	<b>\$ 159.8</b>	<b>\$ 57.7</b>	<b>\$ 159.8</b>	<b>\$ 57.7</b>
<b><u>CASH DISBURSEMENTS</u></b>				
Salaries, Wages and Benefits	\$ 115.8	\$ 103.2	\$ 115.8	\$ 103.2
Supplies	34.3	35.9	34.3	35.9
Physician Services	38.9	35.2	38.9	35.2
Purchased Services	28.3	29.1	28.3	29.1
Capital Expenditures	73.3	29.4	73.3	29.4
Debt and Interest Payments	0.3	0.3	0.3	0.3
Other Uses	(11.6)	1.3	(11.6)	1.3
<b>Total Cash Disbursements</b>	<b>\$ 279.4</b>	<b>\$ 234.4</b>	<b>\$ 279.4</b>	<b>\$ 234.4</b>
<b>Net Change</b>	<b>\$ (119.6)</b>	<b>\$ (176.7)</b>	<b>\$ (119.6)</b>	<b>\$ (176.7)</b>
Unrestricted cash, cash equivalents and investments - Beginning of year			\$ 1,647.8	
Net Change			\$ (119.6)	
<b>Unrestricted cash, cash equivalents and investments - End of period</b>			<b>\$ 1,528.3</b>	

# Performance Ratios

**HARRISHEALTH**

As of October 31, 2025 and 2024 (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 %	9.4%	3.3%	9.4%	3.3%	-1.0%
Run Rate per Day (In\$ Millions)	\$ 6.8	\$ 7.1	\$ 6.8	\$ 7.1	\$ 6.5
Salary, Wages & Benefit per APD	\$ 2,406	\$ 2,586	\$ 2,406	\$ 2,586	\$ 2,348
Supply Cost per APD	\$ 609	\$ 664	\$ 609	\$ 664	\$ 630
Physician Services per APD	\$ 868	\$ 863	\$ 868	\$ 863	\$ 804
<b>Total Expense per APD</b>	<b>\$ 4,710</b>	<b>\$ 5,013</b>	<b>\$ 4,710</b>	<b>\$ 5,013</b>	<b>\$ 4,553</b>
Overtime as a % of Total Salaries	3.1%	2.7%	3.1%	2.7%	3.4%
Contract as a % of Total Salaries	3.2%	2.9%	3.2%	2.9%	3.3%
Full-time Equivalent Employees	10,419	10,695	10,419	10,695	10,429
<b><u>FINANCIAL HEALTH INDICATORS</u></b>					
Quick Ratio			1.7		1.9
Unrestricted Cash (In \$ Millions)			\$ 1,528.3	\$ 1,536.2	\$ 1,286.7
Days Cash on Hand			223.3	215.9	196.0
Days Revenue in Accounts Receivable			60.0	67.1	77.8
Days in Accounts Payable			53.8		42.7
Capital Expenditures/Depreciation & Amortization			914.7%		374.5%
Average Age of Plant(years)			10.2		9.7

# Harris Health Key Indicators



# Statistical Highlights

# HARRISHEALTH

As of October 31, 2025 and 2024

	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	46,536	45,617	2.0%	46,536	45,617	2.0%	46,246	0.6%
Outpatient % of Adjusted Volume	62.8%	63.2%	-0.7%	62.8%	63.2%	-0.7%	64.3%	-2.4%
Primary Care Clinic Visits	48,671	45,814	6.2%	48,671	45,814	6.2%	50,654	-3.9%
Specialty Clinic Visits	23,007	22,260	3.4%	23,007	22,260	3.4%	23,589	-2.5%
Telehealth Clinic Visits	11,266	10,644	5.8%	11,266	10,644	5.8%	10,862	3.7%
<b>Total Clinic Visits</b>	<b>82,944</b>	<b>78,718</b>	<b>5.4%</b>	<b>82,944</b>	<b>78,718</b>	<b>5.4%</b>	<b>85,105</b>	<b>-2.5%</b>
Emergency Room Visits - Outpatient	11,772	12,884	-8.6%	11,772	12,884	-8.6%	12,793	-8.0%
Emergency Room Visits - Admitted	1,903	1,863	2.1%	1,903	1,863	2.1%	1,850	2.9%
<b>Total Emergency Room Visits</b>	<b>13,675</b>	<b>14,747</b>	<b>-7.3%</b>	<b>13,675</b>	<b>14,747</b>	<b>-7.3%</b>	<b>14,643</b>	<b>-6.6%</b>
Surgery Cases - Outpatient	1,085	997	8.8%	1,085	997	8.8%	996	8.9%
Surgery Cases - Inpatient	886	993	-10.8%	886	993	-10.8%	1,017	-12.9%
<b>Total Surgery Cases</b>	<b>1,971</b>	<b>1,990</b>	<b>-1.0%</b>	<b>1,971</b>	<b>1,990</b>	<b>-1.0%</b>	<b>2,013</b>	<b>-2.1%</b>
<b>Total Outpatient Visits</b>	<b>136,838</b>	<b>151,339</b>	<b>-9.6%</b>	<b>136,838</b>	<b>151,339</b>	<b>-9.6%</b>	<b>141,107</b>	<b>-3.0%</b>
Inpatient Cases (Discharges)	2,668	2,731	-2.3%	2,668	2,731	-2.3%	2,621	1.8%
Outpatient Observation Cases	911	1,021	-10.8%	911	1,021	-10.8%	1,061	-14.1%
<b>Total Cases Occupying Patient Beds</b>	<b>3,579</b>	<b>3,752</b>	<b>-4.6%</b>	<b>3,579</b>	<b>3,752</b>	<b>-4.6%</b>	<b>3,682</b>	<b>-2.8%</b>
Births	400	513	-22.0%	400	513	-22.0%	503	-20.5%
Inpatient Days	17,321	16,774	3.3%	17,321	16,774	3.3%	16,505	4.9%
Outpatient Observation Days	2,862	3,462	-17.3%	2,862	3,462	-17.3%	3,642	-21.4%
<b>Total Patient Days</b>	<b>20,183</b>	<b>20,236</b>	<b>-0.3%</b>	<b>20,183</b>	<b>20,236</b>	<b>-0.3%</b>	<b>20,147</b>	<b>0.2%</b>
Average Daily Census	651.1	652.8	-0.3%	651.1	652.8	-0.3%	649.9	0.2%
Average Operating Beds	699	704	-0.8%	699	704	-0.8%	702	-0.5%
Bed Occupancy %	93.2%	92.7%	0.5%	93.2%	92.7%	0.5%	92.6%	0.7%
Inpatient Average Length of Stay	6.49	6.14	5.7%	6.49	6.14	5.7%	6.30	3.1%
Inpatient Case Mix Index (CMI)	1.669	1.712	-2.5%	1.669	1.712	-2.5%	1.669	0.0%
<b><u>Payor Mix (% of Charges)</u></b>								
Charity & Self Pay	45.9%	45.5%	0.9%	45.9%	45.5%	0.9%	43.4%	5.8%
Medicaid & Medicaid Managed	19.1%	18.8%	1.5%	19.1%	18.8%	1.5%	18.7%	2.2%
Medicare & Medicare Managed	11.6%	10.6%	8.9%	11.6%	10.6%	8.9%	10.7%	8.3%
Commercial & Other	23.4%	25.1%	-6.5%	23.4%	25.1%	-6.5%	27.2%	-14.0%
<b>Total Unduplicated Patients - Rolling 12</b>				<b>242,138</b>			<b>247,828</b>	<b>-2.3%</b>
<b>Total New Patient - Rolling 12</b>				<b>84,574</b>			<b>90,180</b>	<b>-6.2%</b>

# Harris Health

## Statistical Highlights

October FY 2026

### Cases Occupying Beds - CM

Actual	Budget	Prior Year
3,579	3,752	3,682

### Cases Occupying Beds - YTD

Actual	Budget	Prior Year
3,579	3,752	3,682

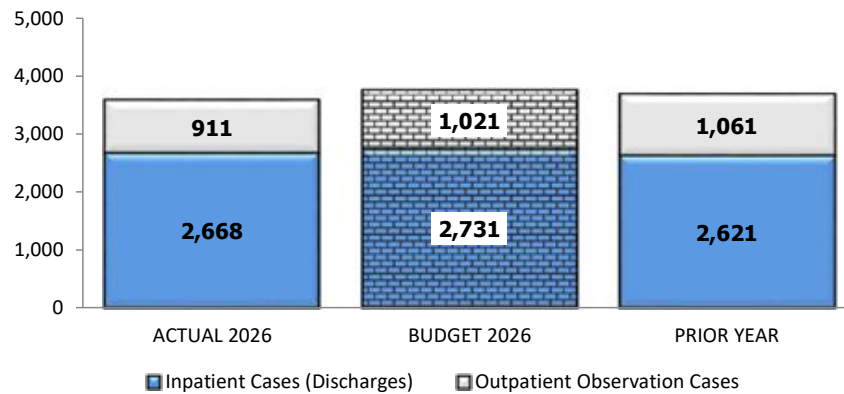
### Emergency Visits - CM

Actual	Budget	Prior Year
13,675	14,747	14,643

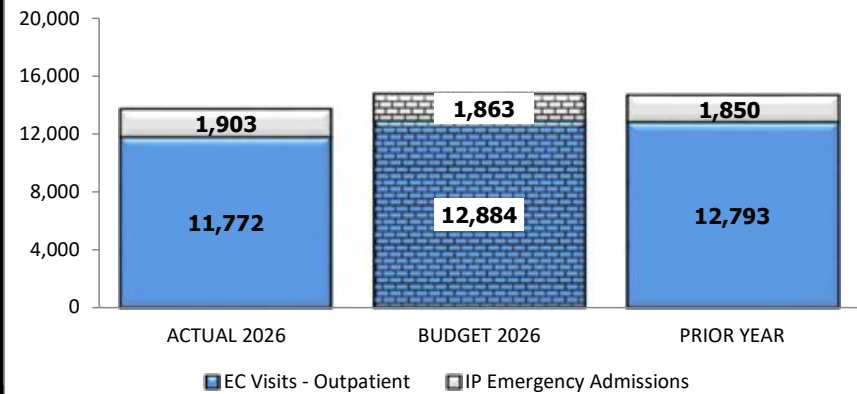
### Emergency Visits - YTD

Actual	Budget	Prior Year
13,675	14,747	14,643

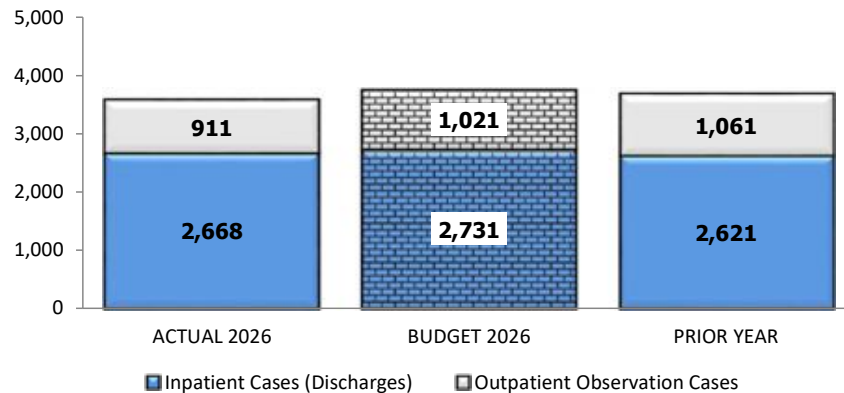
### Cases Occupying Beds - Current Month



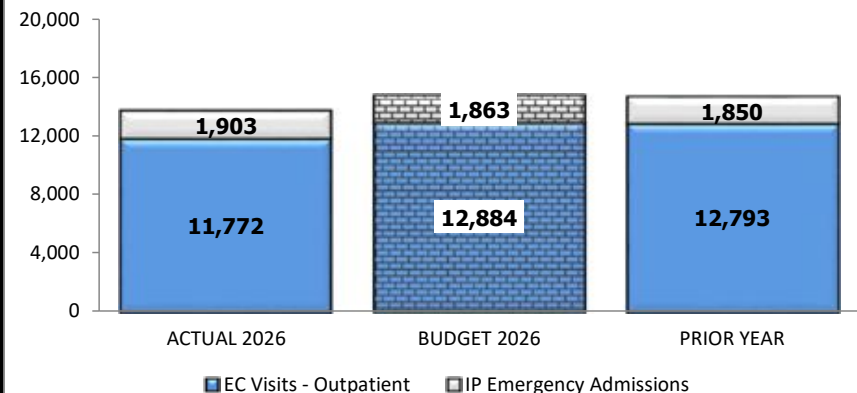
### Emergency Visits - Current Month



### Cases Occupying Beds - YTD



### Emergency Visits - YTD



# Harris Health

## Statistical Highlights

October FY 2026

### Surgery Cases - CM

Actual	Budget	Prior Year
1,971	1,990	2,013

### Surgery Cases - YTD

Actual	Budget	Prior Year
1,971	1,990	2,013

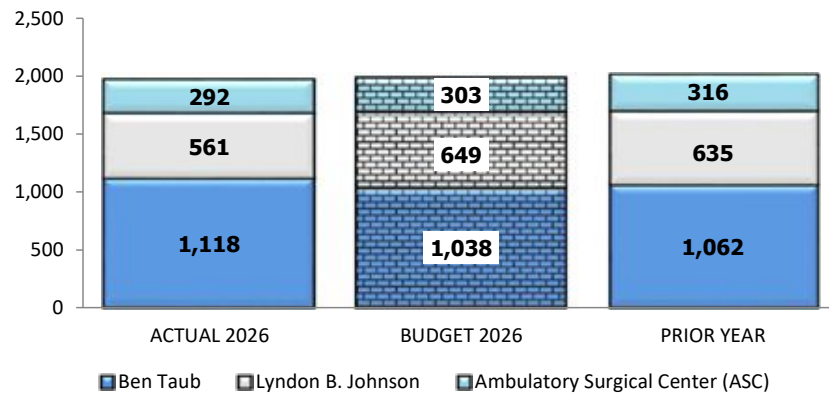
### Clinic Visits - CM

Actual	Budget	Prior Year
82,944	78,718	85,105

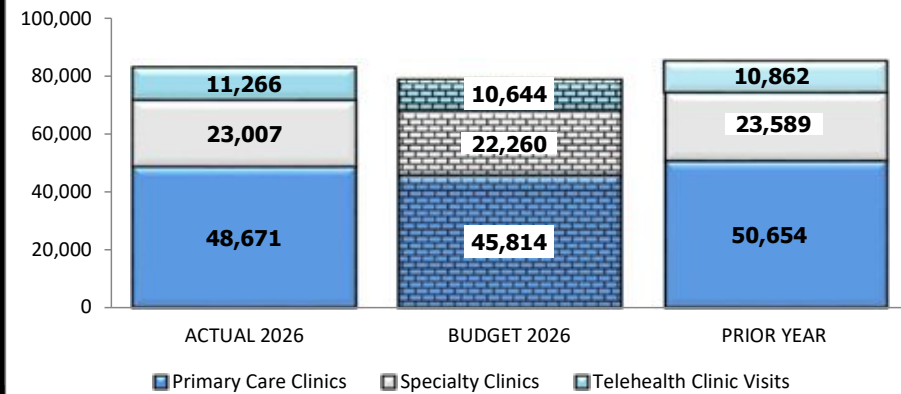
### Clinic Visits - YTD

Actual	Budget	Prior Year
82,944	78,718	85,105

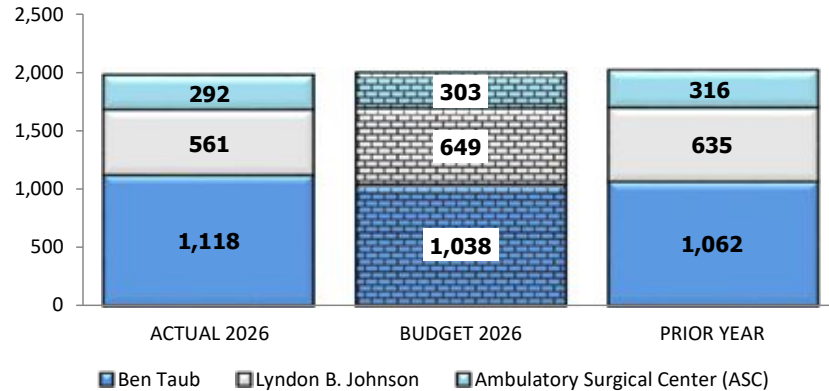
### Surgery Cases - Current Month



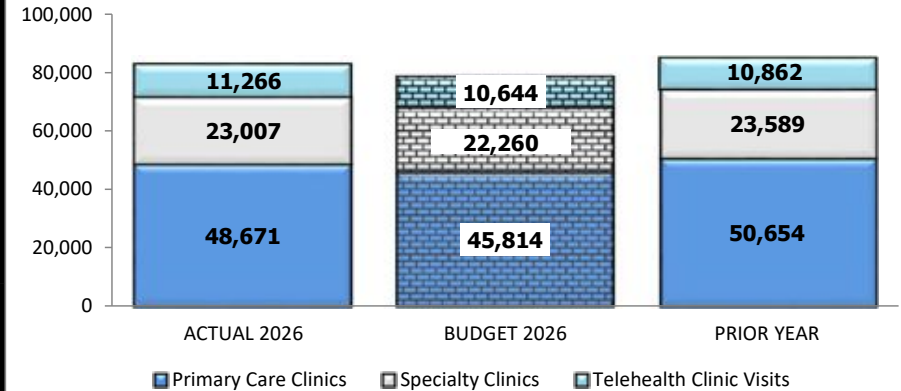
### Clinic Visits - Current Month



### Surgery Cases - YTD



### Clinic Visits - YTD



# Harris Health

## Statistical Highlights

October FY 2026

### Adjusted Patient Days - CM

46,536

### Adjusted Patient Days - YTD

46,536

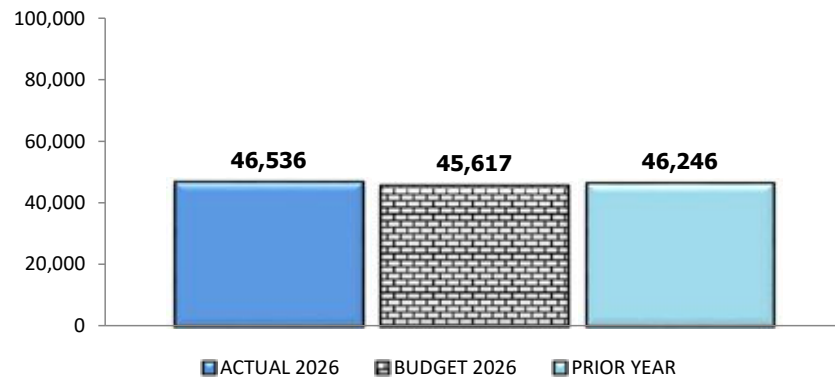
### Average Daily Census - CM

651.1

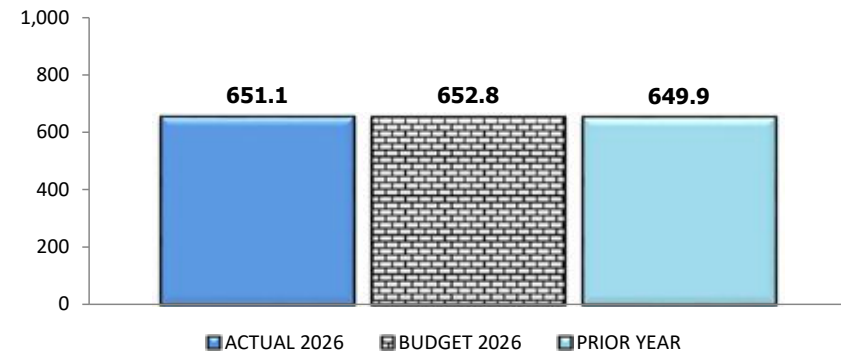
### Average Daily Census - YTD

651.1

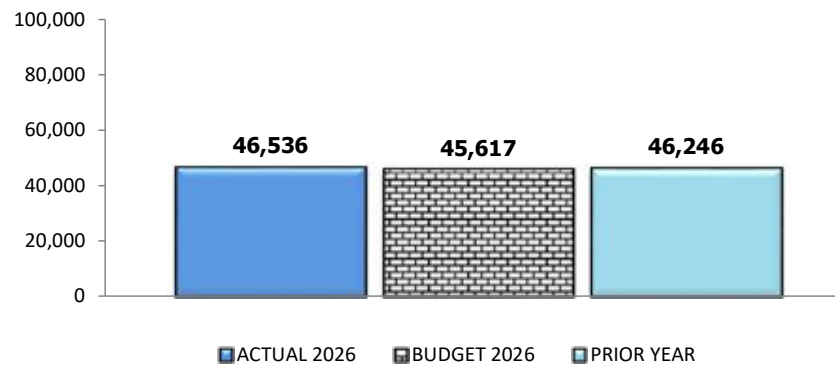
### Adjusted Patient Days - Current Month



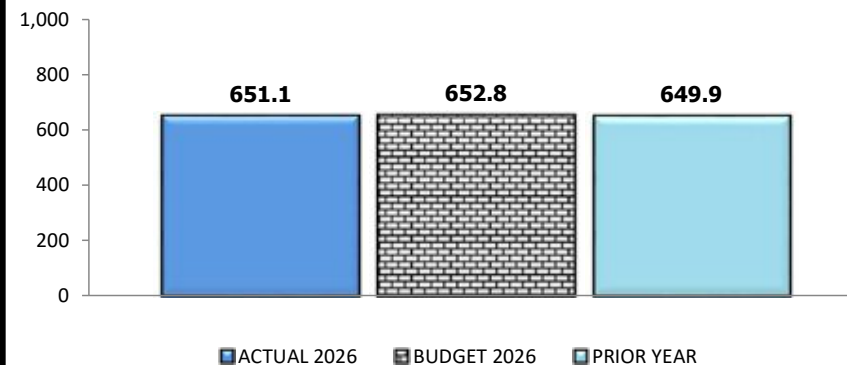
### Average Daily Census - Current Month



### Adjusted Patient Days - YTD



### Average Daily Census - YTD





# Harris Health

## Statistical Highlights

October FY 2026

### Inpatient ALOS - CM

6.49

### Inpatient ALOS - YTD

6.49

### Case Mix Index (CMI) - CM

Overall

Excl. Obstetrics

1.669

1.804

### Case Mix Index (CMI) - YTD

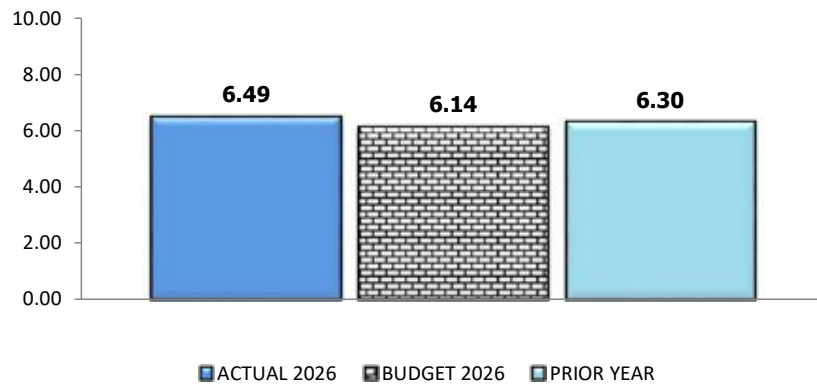
Overall

Excl. Obstetrics

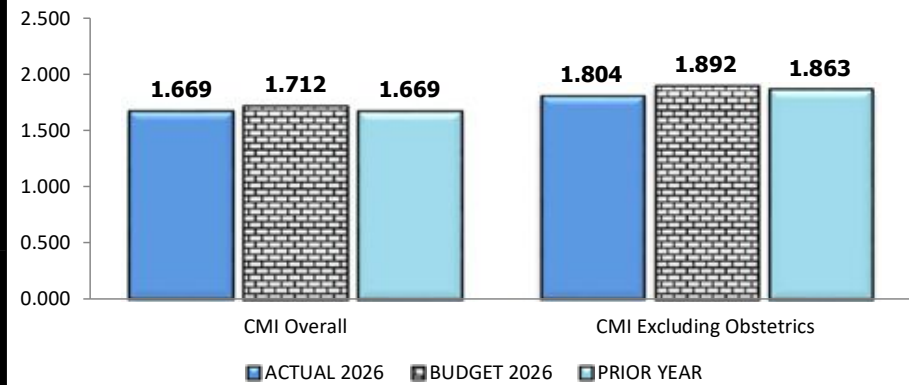
1.669

1.804

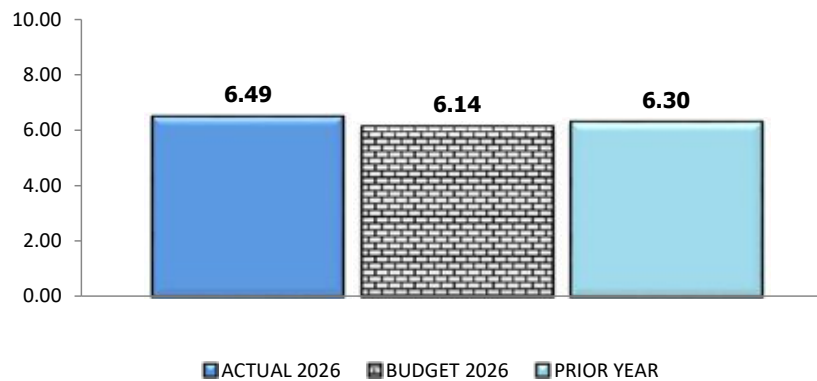
### Inpatient ALOS - Current Month



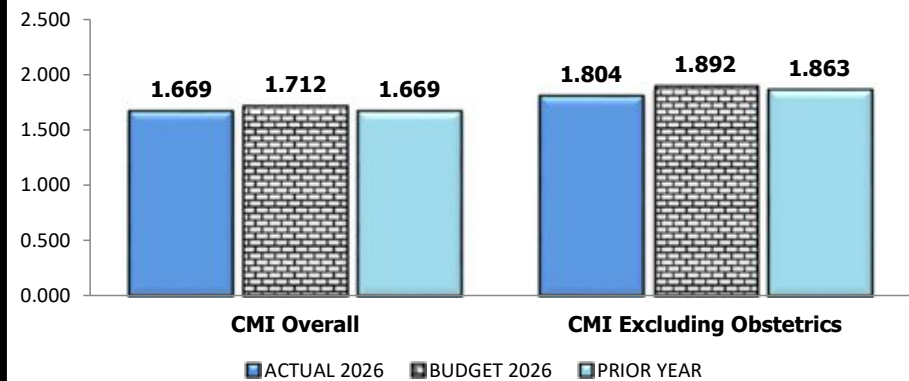
### Case Mix Index - Current Month



### Inpatient ALOS - YTD



### Case Mix Index - YTD





# Harris Health

## Statistical Highlights - Cases Occupying Beds

October FY 2026

### BT Cases Occupying Beds - CM

Actual	Budget	Prior Year
2,133	2,230	2,152

### BT Cases Occupying Beds - YTD

Actual	Budget	Prior Year
2,133	2,230	2,152

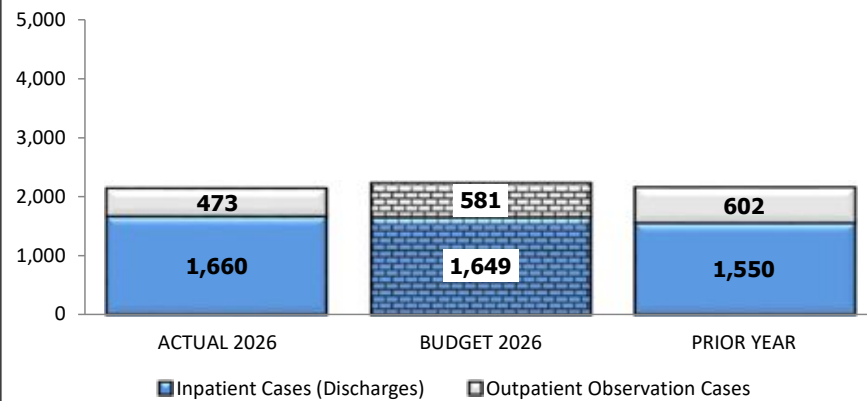
### LBJ Cases Occupying Beds - CM

Actual	Budget	Prior Year
1,446	1,481	1,514

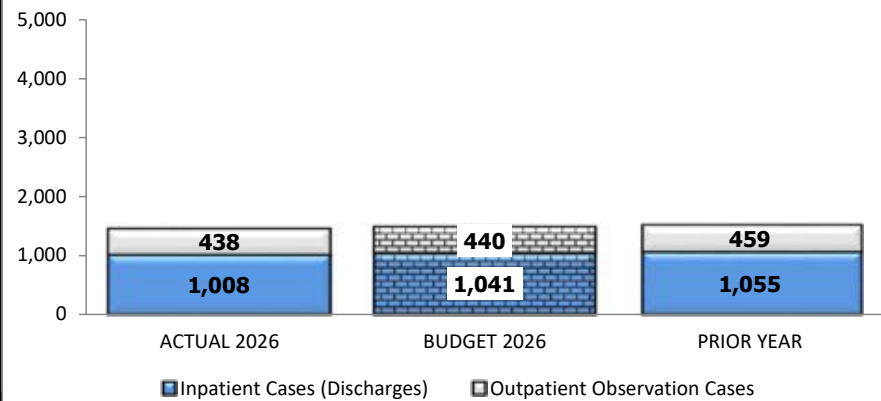
### LBJ Cases Occupying Beds - YTD

Actual	Budget	Prior Year
1,446	1,481	1,514

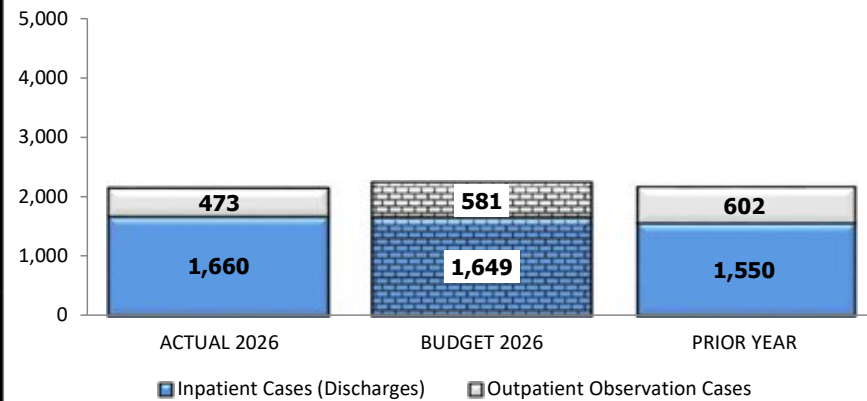
### Ben Taub Cases - Current Month



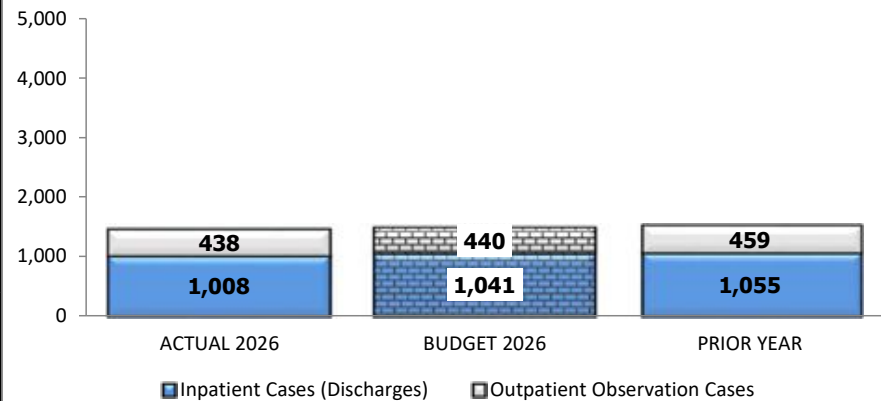
### Lyndon B. Johnson Cases - Current Month



### Ben Taub Cases - YTD



### Lyndon B. Johnson Cases - YTD



# Harris Health

## Statistical Highlights - Surgery Cases

October FY 2026

### BT Surgery Cases - CM

Actual	Budget	Prior Year
1,118	1,038	1,062

### BT Surgery Cases - YTD

Actual	Budget	Prior Year
1,118	1,038	1,062

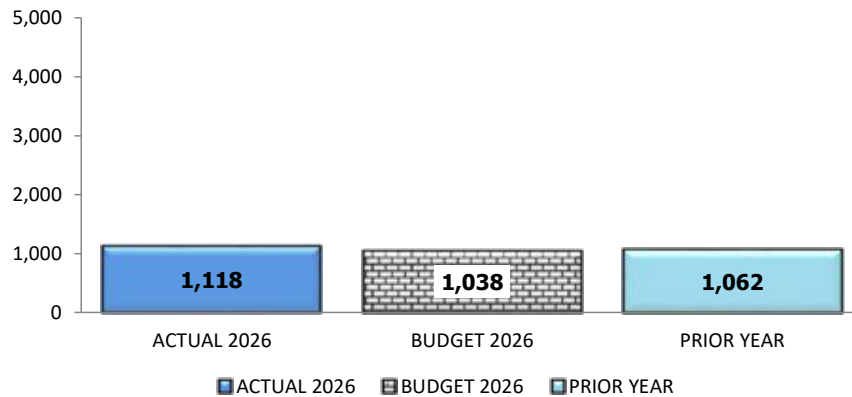
### LBJ Surgery Cases - CM

Actual	Budget	Prior Year
853	952	951

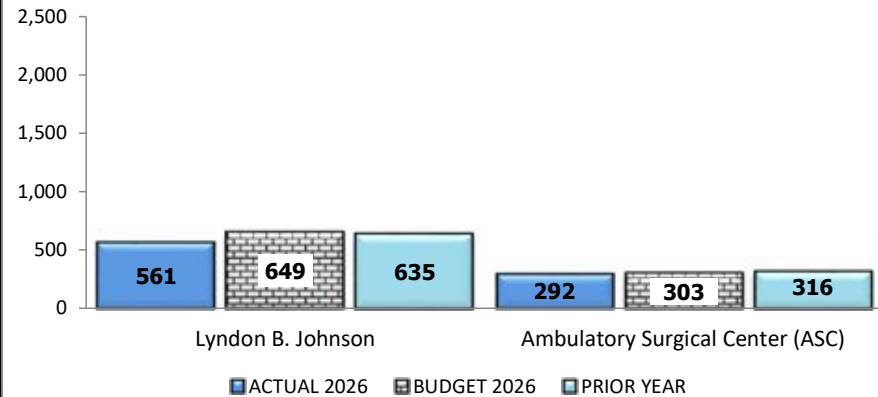
### LBJ Surgery Cases - YTD

Actual	Budget	Prior Year
853	952	951

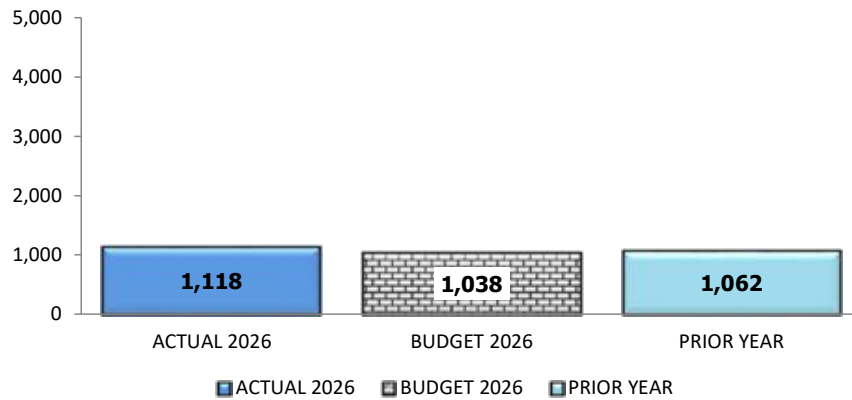
### Ben Taub OR Cases - Current Month



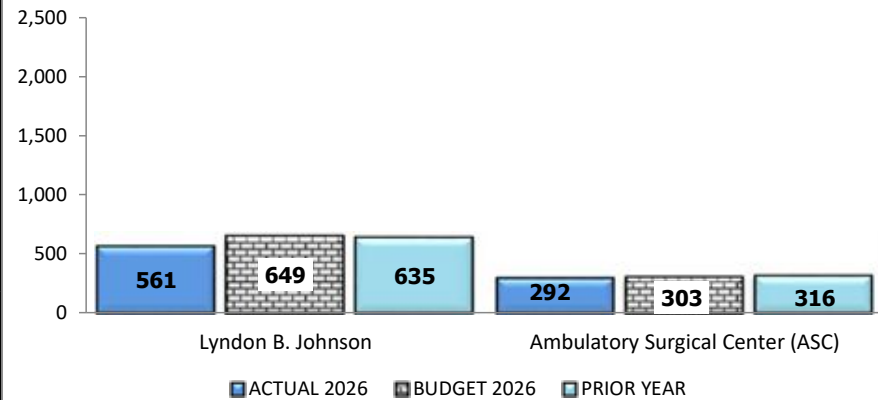
### Lyndon B. Johnson OR Cases - Current Month



### Ben Taub OR Cases - YTD



### Lyndon B. Johnson OR Cases - YTD



# Harris Health

## Statistical Highlights - Emergency Room Visits

October FY 2026

### BT Emergency Visits - CM

Actual	Budget	Prior Year
6,894	7,328	7,219

### BT Emergency Visits - YTD

Actual	Budget	Prior Year
6,894	7,328	7,219

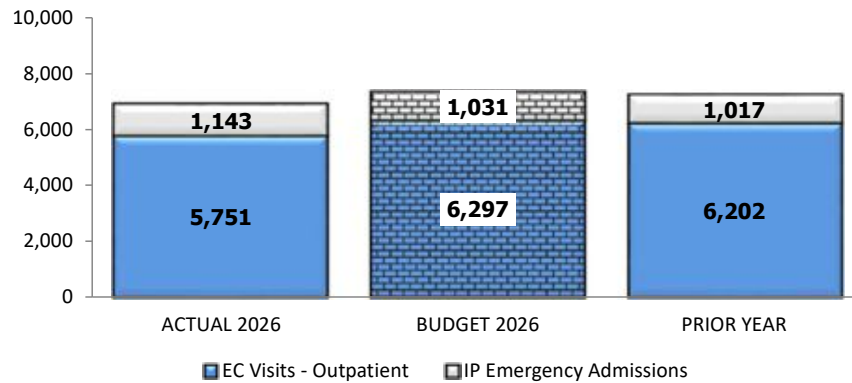
### LBJ Emergency Visits - CM

Actual	Budget	Prior Year
6,781	7,419	7,424

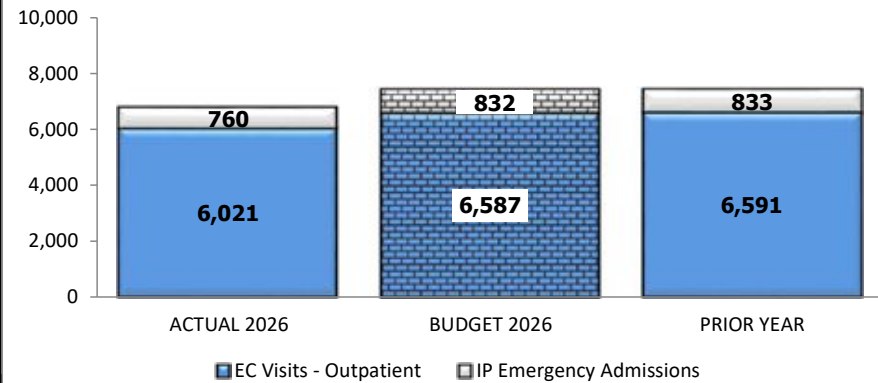
### LBJ Emergency Visits - YTD

Actual	Budget	Prior Year
6,781	7,419	7,424

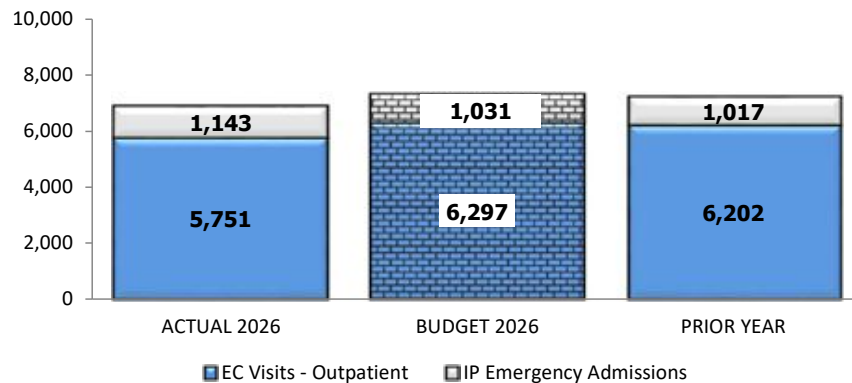
### Ben Taub EC Visits - Current Month



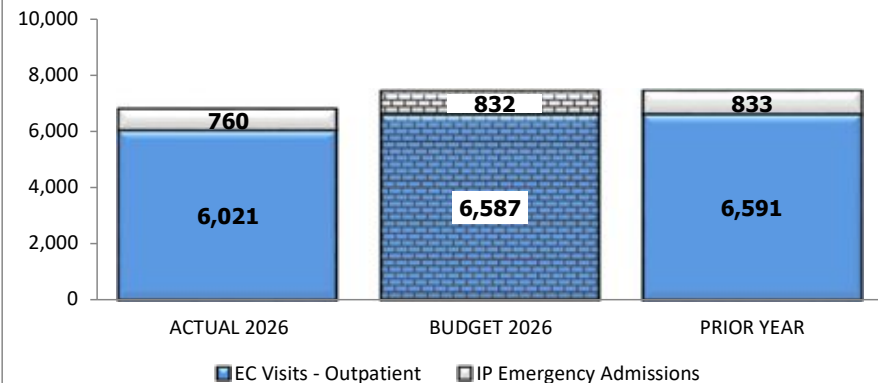
### Lyndon B. Johnson EC Visits - Current Month



### Ben Taub EC Visits - YTD



### Lyndon B. Johnson EC Visits - YTD



# Harris Health

## Statistical Highlights - Births

October FY 2026

### BT Births - CM

Actual	Budget	Prior Year
235	294	282

### BT Births - YTD

Actual	Budget	Prior Year
235	294	282

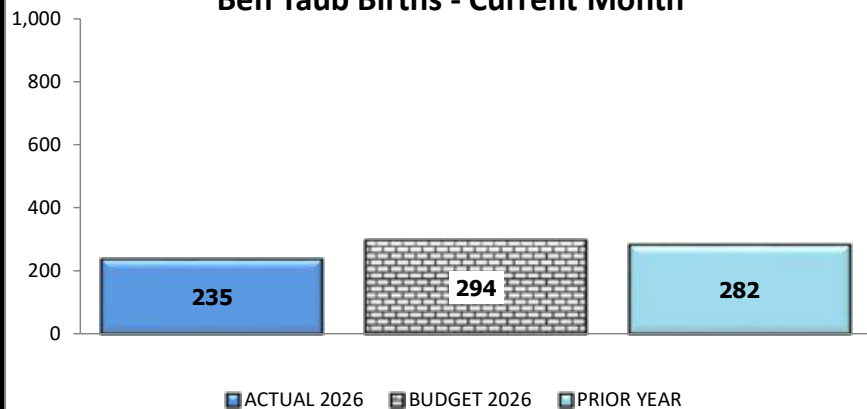
### LBJ Births - CM

Actual	Budget	Prior Year
165	219	221

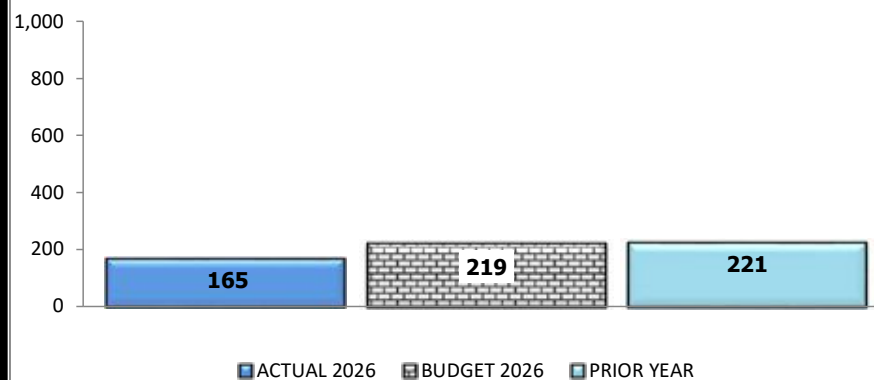
### LBJ Births - YTD

Actual	Budget	Prior Year
165	219	221

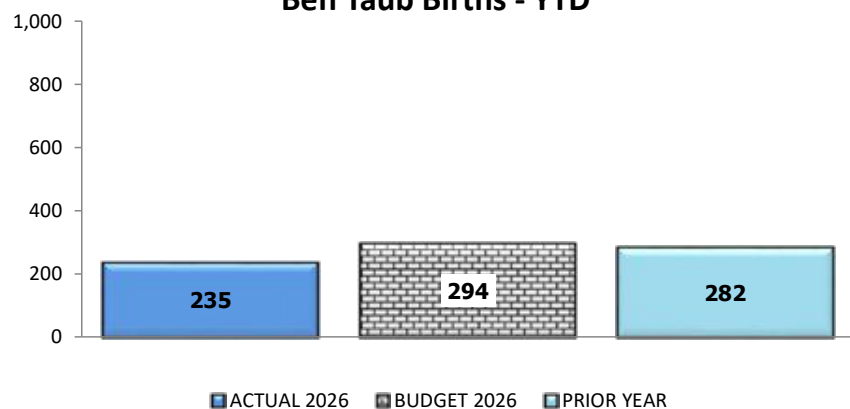
### Ben Taub Births - Current Month



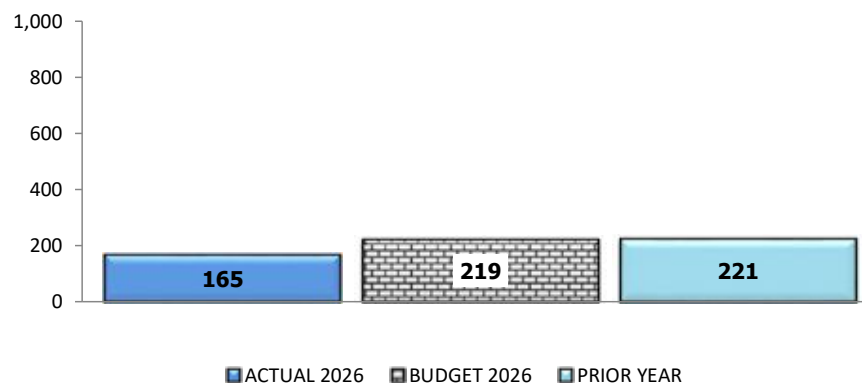
### Lyndon B. Johnson Births - Current Month



### Ben Taub Births - YTD



### Lyndon B. Johnson Births - YTD



# Harris Health

## Statistical Highlights - Adjusted Patient Days

October FY 2026

### BT Adjusted Patient Days - CM

23,040

### BT Adjusted Patient Days - YTD

23,040

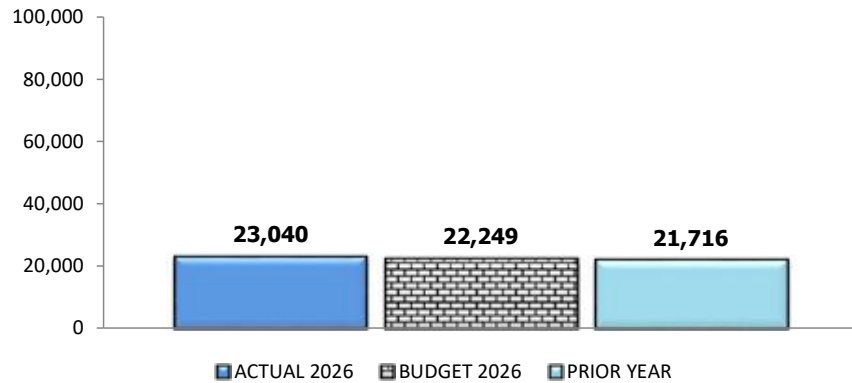
### LBJ Adjusted Patient Days - CM

13,648

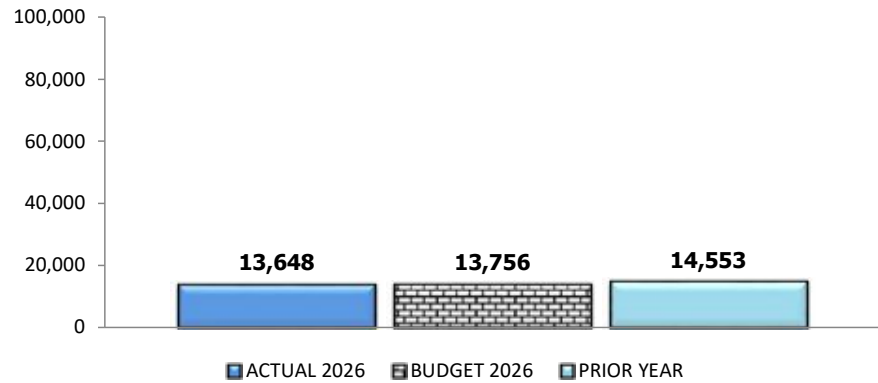
### LBJ Adjusted Patient Days - YTD

13,648

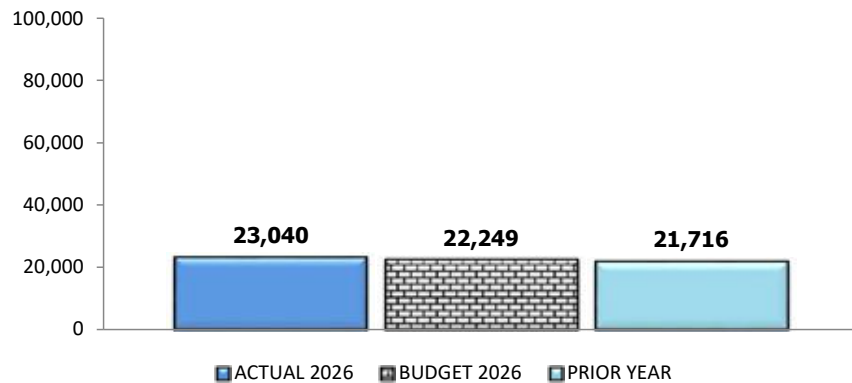
### Ben Taub APD - Current Month



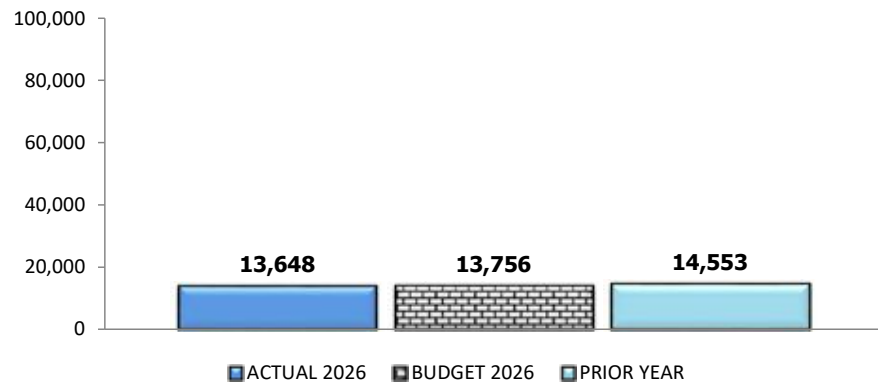
### Lyndon B. Johnson APD - Current Month



### Ben Taub APD - YTD



### Lyndon B. Johnson APD - YTD



# Harris Health

## Statistical Highlights - Average Daily Census (ADC)

October FY 2026

### BT Average Daily Census - CM

428.0

### BT Average Daily Census - YTD

428.0

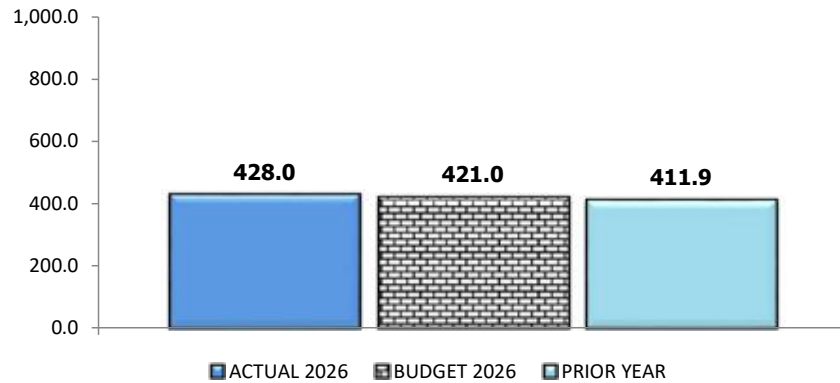
### LBJ Average Daily Census - CM

223.0

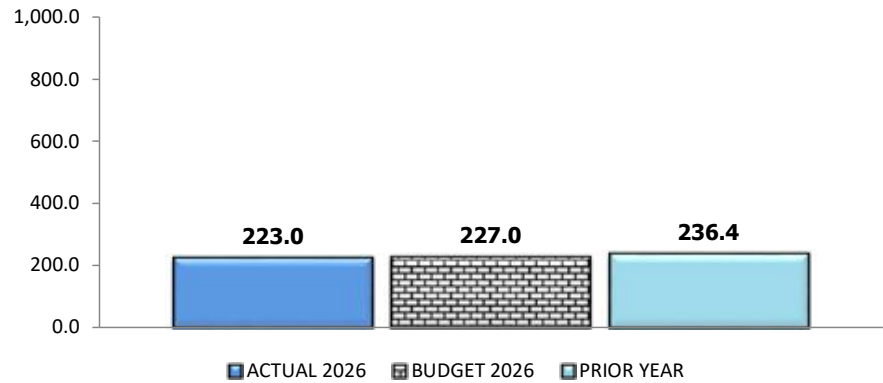
### LBJ Average Daily Census - YTD

223.0

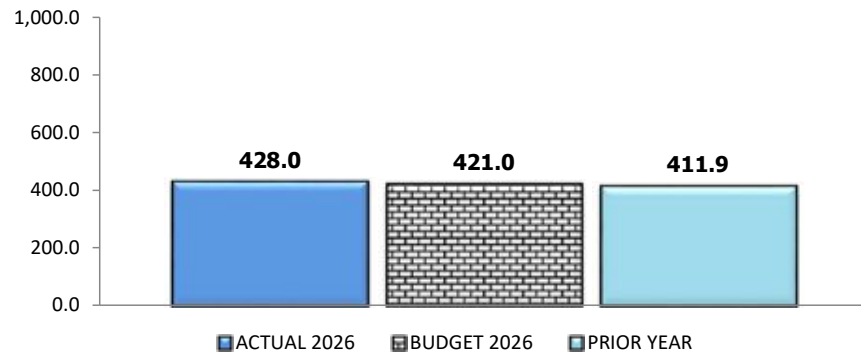
### Ben Taub ADC - Current Month



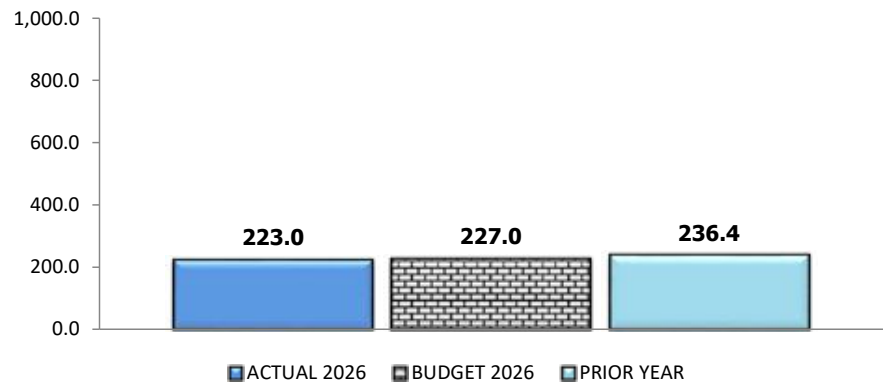
### Lyndon B. Johnson ADC - Current Month



### Ben Taub ADC - YTD



### Lyndon B. Johnson ADC - YTD



# Harris Health

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

October FY 2026

### BT Inpatient ALOS - CM

7.07

### BT Inpatient ALOS - YTD

7.07

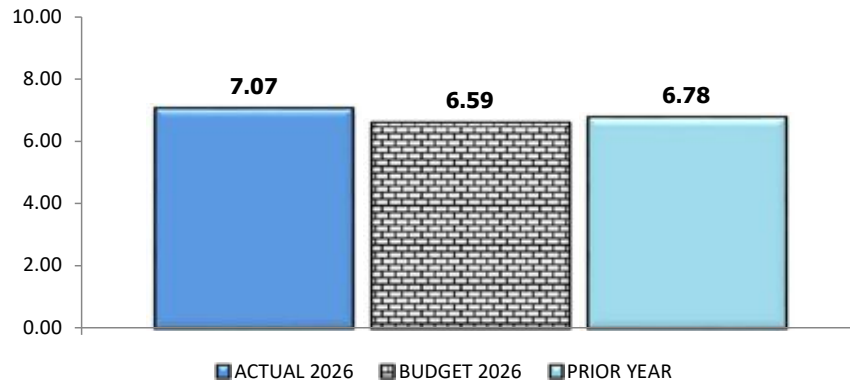
### LBJ Inpatient ALOS - CM

5.53

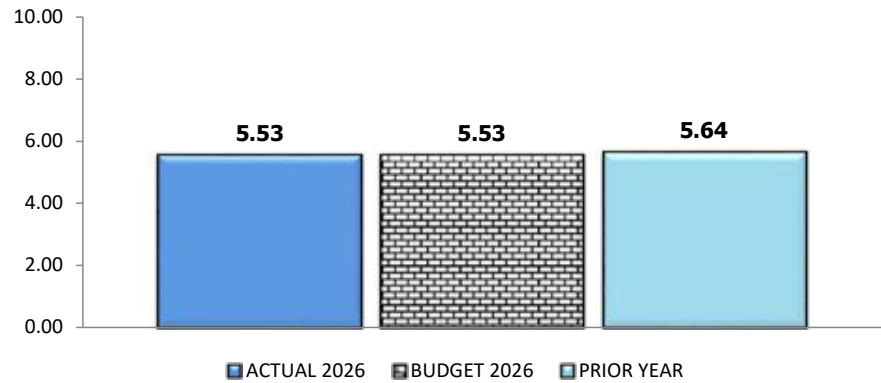
### LBJ Inpatient ALOS - YTD

5.53

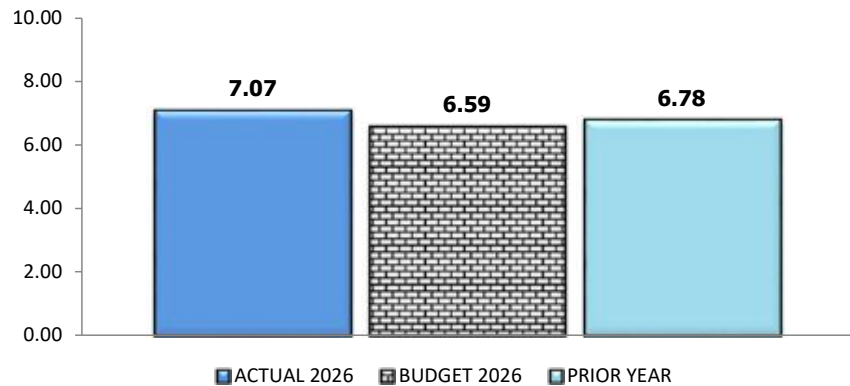
### Ben Taub ALOS - Current Month



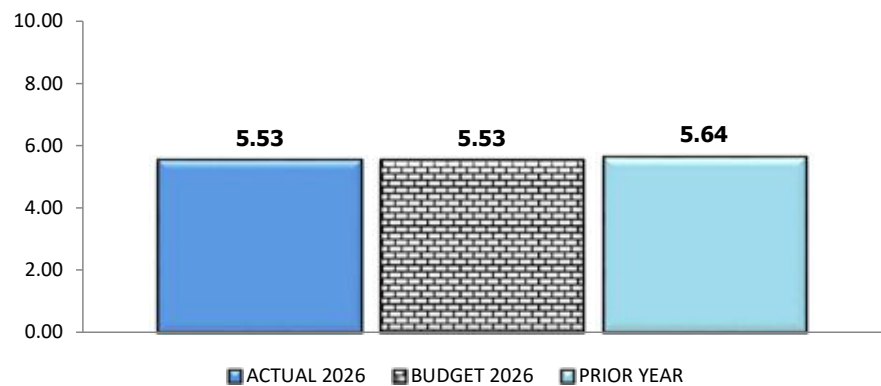
### Lyndon B. Johnson ALOS - Current Month



### Ben Taub ALOS - YTD



### Lyndon B. Johnson ALOS - YTD



# Harris Health

## Statistical Highlights - Case Mix Index (CMI)

October FY 2026

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

Overall	Excl. Obstetrics
1.751	1.885

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

Overall	Excl. Obstetrics
1.751	1.885

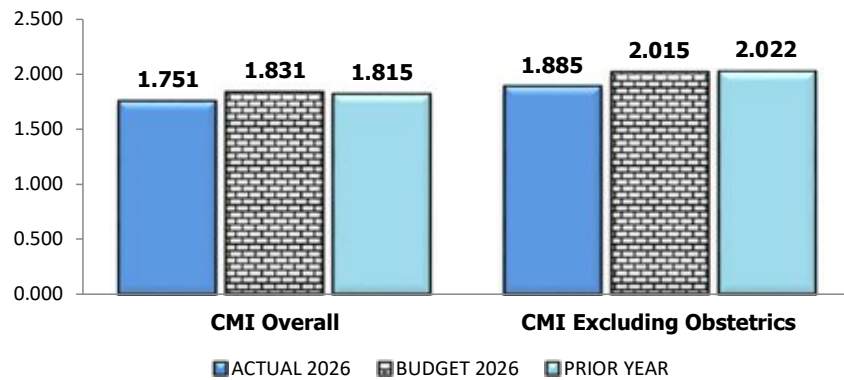
### LBJ Case Mix Index (CMI) - CM

Overall	Excl. Obstetrics
1.534	1.666

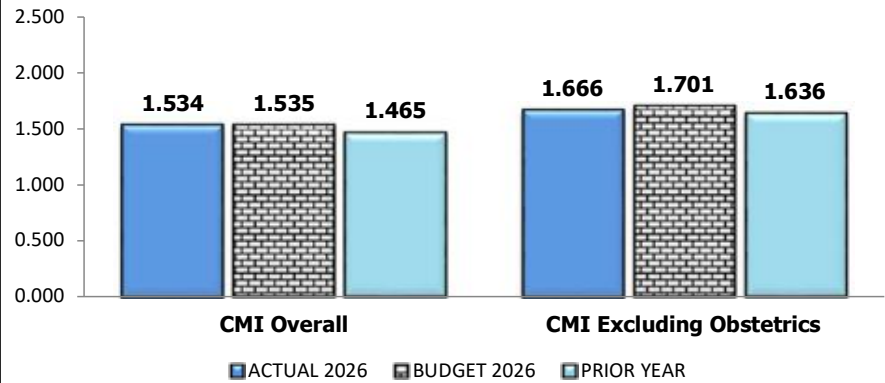
### LBJ Case Mix Index (CMI) - YTD

Overall	Excl. Obstetrics
1.534	1.666

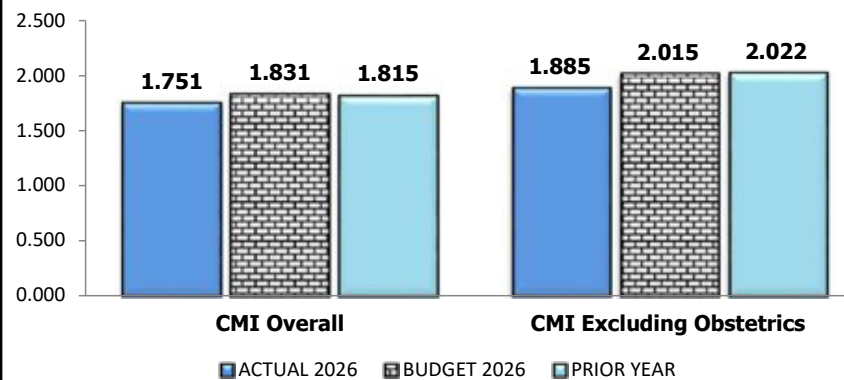
### Ben Taub CMI - Current Month



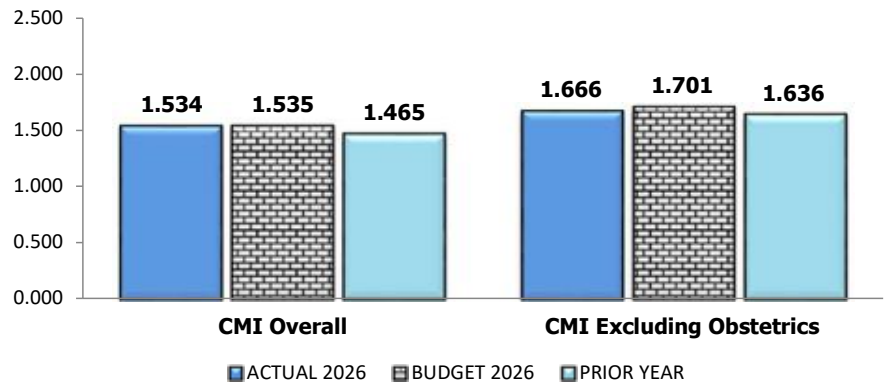
### Lyndon B. Johnson CMI - Current Month



### Ben Taub CMI - YTD



### Lyndon B. Johnson CMI - YTD





## Meeting of the Board of Trustees

Thursday, December 18, 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

## December 2025

### Board of Trustees Bi-monthly Legislative Report

#### FEDERAL UPDATE

**Federal Funding:** On Nov. 12 by a vote of 222–209, the House passed a stopgap continuing resolution to reopen the federal government and fund agencies through January 30, narrowly clearing the 217-vote threshold. The action sets the stage for ending the longest shutdown in U.S. history and sent the package to President Donald Trump for his signature. President Trump signed the spending package, formally ending the shutdown.

Most Democrats voted against the CR due to the absence of a subsidy extension. Six Democrats — Reps. Jared Golden (ME), Henry Cuellar (TX), Don Davis (NC), Adam Gray (CA), Marie Gluesenkamp Perez (CA), and Tom Suozzi (NY) — joined Republicans to support the measure. Two Republicans — Reps. Thomas Massie (KY) and Greg Steube (FL) — opposed it.

Democrats attempted several procedural avenues to force an ACA Marketplace subsidy extension, including a discharge petition for a three-year reauthorization and amendments during the Rules Committee markup. None were adopted. **If this provision is not adopted prior to Dec. 31 over 1 million Texans will become uninsured and an anticipated over 250,000 Harris County residents will become uninsured. It also jeopardizes the over \$80 million dollars in Marketplace collections received by Harris Health. Over 35,000 Community Health Choice enrollees will lose coverage due to the absence of the ACA Advanced Premium Tax Credits.**

During the Rules markup, Rep. Chip Roy (R-TX) urged adoption of the Republican Study Committee’s health reform blueprint. Roy also reiterated support for former President Trump’s Nov. 8 statement advocating for subsidy dollars — if extended — to instead flow into consumer-directed accounts that give patients broader provider choice. Democrats pushed back on the GOP’s reliance on HSAs and FSAs as the vehicle for affordability. The measure did not pass.

Harris Health related provisions in the continuing resolution include:

- Extends the funding authorization through Jan. 30, 2026
- COVID-era Medicare telehealth waivers
- COVID-era Medicare Acute Hospital at Home waiver
- Medicare work geographic practice cost index (GPCI)
- Delay Medicare Clinical Laboratory Fee Schedule payment reductions
- Community Health Center Fund

- Other Medicare Reimbursement Provisions
  - Extends the current 2% Medicare sequestration cut (established by the Budget Control Act in 2011) by one month in 2032.
  - **Waives** the Statutory PAYGO sequestration cuts triggered by enactment of the One Big Beautiful Bill Act (OBBBA), including Medicare.
    - Absent congressional action, statutory PAYGO would have triggered an additional 4% Medicare sequester cut.
- Medicaid
  - Delays implementation of the \$8 billion Medicaid disproportionate share hospital (DSH) cut through Jan. 30, 2026. **\$80 million reduction for Harris Health if implemented.**

The Senate Finance Committee will hold a [hearing](#) the week of Nov. 16 on the rising costs of health care, which may serve as a venue for further debate on affordability and subsidy policy. The House Energy and Commerce Committee Sub-committee on Health is likely to follow suit.

Will also closely monitor the Administration and CMS over next 60 days as they pursue legislative and policy initiatives that are initiated by the Parsgon Institute.

We will continue to monitor negotiations closely as both chambers explore short- and long-term solutions related to ACA subsidies, consumer-directed health accounts, and broader health system reforms to include 340B reform, site-neutral payment reform, and Front Line Hospital Designation for “super safety net” providers.

## STATE UPDATE

**Health and Human Services Commission Sunset Review:** The Texas Health and Human Services Commission (HHSC) is undergoing the Sunset review process, and as such has issued its self-evaluation report outlining where the agency believes it could improve operations and outcomes.

With a heavy focus on information technology upgrades, the self-evaluation offers Harris Health and other stakeholders insight into what the agency’s focus will be as it undergoes the Sunset process over the course of the interim and throughout next regular session. It is anticipated that MCO procurement will be part of the review process which could have implications for the statutory provision of a mandatory contract under Medicaid managed care for hospital district owned MCOs.

Harris Health 4800 Fournace Place, Bellaire, Texas 77401 | harrishealth.org

Harris Health's government relations team continues to work with its trade associations, such as the Texas Hospital Association and the Teaching Hospitals of Texas as Sunset Commission staff progresses past the self-evaluation phase and begins the process of meeting with stakeholders to solicit feedback.

**Texas Association of Business Health Care Webinar:** Harris Health government relations personnel participated in a webinar panel discussion for the Texas Association of Business focusing on the anticipated effect of recent health care legislation.

Doing so helps spread our message within the membership of trade associations, showing a perspective, they may not have considered and demonstrate how our priorities align with their individual and collective goals.

These events not only raise Harris Health's general profile but also help foster third party organizations who can raise concerns similar to our own with key decisionmakers on the state level.

**Teaching Hospitals Of Texas (THOT) Strategy Session:** Though the Texas Legislature is not scheduled to again convene until January 2027, the preparation for the 90th Regular Legislative Session has already begun. As a core member of THOT, Harris Health government relations personnel participated in a strategy session with other core members laying the groundwork for our efforts at the Texas Capitol in 2027. Though we made great progress, there's much more to do, and we will continue to engage with THOT and the other associations supporting our mission.

## Meeting of the Board of Trustees

Thursday, December 18, 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 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 December 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 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  
Chief Executive Officer – Ambulatory Care Services

# Health Care for the Homeless Monthly Update Report – December 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
  - Change in Scope
  - Policy Review and Approval
  - Quality Management Report



# Change In Scope

## Changes to Form 5A

### Psychiatry Change in Scope

- A change in scope is needed to remove specialty services - psychiatry from Form 5A Column II. Formal Written Contract/Agreement (Health Center Pays), as the health center no longer has a contract for this service.

### Transportation Change in Scope

- A change in scope is needed to add transportation to Form 5A Column I. Direct, as the health center pays for bus tokens and taxi services.

**HARRISHEALTH**





# HCHP Eligibility Policy Revision

- Key Revisions to HCHP Eligibility Policy

## 1. Quality Assurance Enhancement

1. **New Requirement:** The Community Services Manager will conduct **monthly reviews of at least 10% of all applications.**
2. **Purpose:** Ensures accuracy, compliance, and consistency in eligibility determinations.

## 2. Strengthened Oversight on Denials

1. **New Requirement:** Only the **Community Services Manager** can approve **overrides of application denials.**
2. **Purpose:** Adds an extra layer of accountability and prevents unauthorized changes to eligibility decisions.

**HARRISHEALTH**

# Health Care for the Homeless Program DNV QM.7 SR 4p

Jaden A. Jacobs, MHA  
Quality Assurance Coordinator  
Health Care for the Homeless Program  
December 3, 2025

**HARRISHEALTH**

Ambulatory Care Services - Quality Review Council

**Problem Statement:** The following 7 of 18 HRSA required quality metrics did not meet goal for Quarter 3 of 2025: Childhood Immunization, Statin Therapy, IVD & Aspirin, Depression Remission at 12 months, Dental Sealants, Diabetes A1C>9, & Maternal Care. QRC Request: CAP Approval

Quality Measures			Q4 (2024)			Q1 (2025)			Q2 (2025)			Q3 (2025)		
Quality Measures	UDS Benchmark	HCHP Goal	October	November	December	January	February	March	April	May	June	July	August	September
Childhood Immunization	>35%	>50%	50%	0%**	0%**	0%**	50%	0%**	29%**	0%**	0%**	25%**	25%**	0%**
Statin Therapy	>78%	>85%	84%*	84%*	83%*	88%	88%	88%	83%*	84%*	82%*	79%*	81%*	85%
IVD & Aspirin	>32%	>45%	60%	60%	57%	28%**	33%*	35%*	35%*	44%*	40%*	78%*	78%*	86%
Depression Remission	>15%	>20%	20%	23%	31%	6%**	6%**	6%**	6%**	7%**	0%**	27%	17%*	9%**
Diabetes A1C > 9	<30%	<30%	33%**	40%**	36%**	64%**	64%**	53%**	50%**	42%**	36%**	30%	32%**	35%**
Dental Sealants	<30%	65%	-	-	-	-	25%**	100%	-	-	-	0%**	33%**	-
Early Entry into Prenatal Care	>69%	>70%	33%**	50%**	67%**	0%**	25%**	20%**	50%**	50%**	0%**	0%**	33%**	25%**

- \* = 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)
<p><b>1. Childhood Immunizations Status:</b> Deficiency 1)Parents declining vaccinations since birth 2) Lack of immunization records in ImmTrac and EPIC 3) Patients established care after 24 months, limiting ability to complete immunizations on time</p> <p><b>2. Statin Therapy:</b> Deficiency due to 1) Patients declining labs or statin therapy 2) Missed follow-up appointments preventing evaluation and treatment 4) Patients receiving primary care elsewhere, limiting documentation and follow-through</p> <p><b>3. IVD &amp; Aspirin:</b> Deficiency due to 1) Missing or incomplete follow-up evaluations for documented vascular conditions 2) Patients pending evaluation or re-assessment</p> <p><b>4. Depression Remission at 12 Months:</b> Deficiency due to 1) Incomplete or delayed treatment interventions despite referrals 2) Depression not addressed during recent visit</p> <p><b>5. Diabetes A1C &gt; 9:</b> Deficiency due to 1) Limited ability to collect labs on mobile units causing lack of recent A1C testing 2) Patient refusal of treatment 3) Incomplete care coordination and unsuccessful case management follow-up</p> <p><b>6. Dental Sealants:</b> Deficiency due to 1) Parental refusal of sealant 2) Limitations in EPIC data capture leading to underreporting of patients who are meeting the measure</p> <p><b>7. Early Entry into Prenatal Care:</b> Deficiency due to 1) Patients present to clinics in advanced maternal state and beyond first trimester of pregnancy</p>	<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) Utilizing HIM department to retrieve missing immunization documentation (Implementation Date: June 30, 2025)</li> <li><b>Statin Therapy:</b> 1) Provide provider education on Statin guidelines 2) Utilize Service Linkage Workers and Nursing to ensure follow up with patients who have missed appointments to be rescheduled (Implementation Date: June 30, 2025)</li> <li><b>IVD &amp; Aspirin:</b> 1) Provide provider education on IVD &amp; Aspirin guidelines 2)Utilize Service Linkage Workers and Nursing to ensure follow up with patients who have missed appointments to be rescheduled (Implementation Date: June 30, 2025)</li> <li><b>Depression Remission at 12 Months:</b> 1) Begin working with referral center and behavioral health to ensure follow up is completed. 2) Provide provider education on Depression Remission guidelines (Implementation Date: June 30, 2025)</li> <li><b>Diabetes A1C &gt; 9:</b> : 1)Program addressing lab collection limitation on mobile units (Implementation: May 14, 2025) 2) Continue to promote aggressive escalation of treatment regimen by providers 3)Continue referrals to clinical pharmacist and health educator (Implementation date: April 16, 2025)</li> <li><b>Dental Sealants:</b> Dental team working with parents to ensure education surrounding the need for dental sealants is addressed. 2) Actively working with EPIC IT team to ensure dashboard is accurately capturing dental sealant data (Implementation Date: June 30, 2025)</li> <li><b>Early Entry into Prenatal Care:</b> 1) Identify and educate potential parents of the importance of early prenatal care during the annual completion of the family planning tool (Implementation Date: June 28, 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	<p>1.) <b>Childhood Immunization Status:</b> Q4: 24 <b>17%</b>, Q1: 25 <b>17%</b>, Q2 25: <b>10%</b>, Q3 25: <b>17%</b> (Ineffective, Adapt)</p> <p>2.)<b>Statin Therapy:</b> Q4 24: 84% Q1 25: 88%, Q2 25: <b>83%</b>, Q3 25: <b>82%</b> (Ineffective, Adapt)</p> <p>3.) <b>IVD &amp; Aspirin:</b> Q4 24 59% Q1 25:<b>32%</b>, Q2 25: <b>40%</b>, Q3 25: <b>81%</b> (Ineffective, Adapt)</p> <p>5.) <b>Depression Remission at 12 Months:</b>Q4 24: 25% Q1 25:<b>6%</b>, Q2 25: <b>4%</b>, Q3 25: <b>18%</b> (Ineffective, Adapt)</p> <p>6.) <b>Diabetes A1C &gt; 9:</b> Q4 24: <b>36%</b> Q1 25: <b>60%</b>, Q2 25: <b>43%</b>, Q3 25:<b>32%</b> (Ineffective, Adapt)</p> <p>4.) <b>Dental Sealants:</b> Q4 24 - Q1 25: <b>62%</b>, Q2 25: - Q3 25: <b>16%</b> (Ineffective, Adapt)</p> <p>7.) <b>Early Entry into Prenatal Care:</b> Q4 24: <b>50%</b> Q1 25: <b>15%</b> , Q2 25: <b>33%</b>, Q3 25: <b>19%</b> (Ineffective, Adapt)</p>

# Quality Data Trending Report – Q3

Quality Measure - 2025	UDS Benchmark	HCHP Goal	2024 Q4	2025 Q1	2025 Q2	2025 Q3	TREND LINE
Childhood Immunization Status	>35%	50%	17%**	17%**	10%**	17%**	
Cervical Cancer Screening	> 46%	70%	73%	70%	72%	71%	
Breast Cancer Screening	> 44%	50%	59%	54%	53%	53%	
Child BMI % Diet & Physical Activity Counseling	> 67%	85%	93%	84%*	89%	94%	
Adult BMV/U Plan	> 62%	85%	91%	84%*	91%	93%	
Tobacco Screening/Counseling/ Pharmacotherapy	> 78%	90%	98%	97%	97%	97%	
Statin Therapy	> 78%	85%	84%*	88%	83%*	82%*	
IVD & Aspirin	> 76%	85%	82%*	76%*	81%*	81%*	
Colorectal Cancer Screening	> 32%	45%	59%	32%*	40%*	49%	
HIV Screening	> 65%	85%	95%	95%	96%	96%	
Depression Screening / F/U	> 67%	80%	72%*	68%*	74%*	81%	
Depression Remission at 12 months	>15%	20%	25%	6%**	4%**	18%*	
Hypertension BP < 140/90	> 64%	65%	66%	64%*	68%	69%	
Dental Sealants	>61%	65%	-	62%*	-	16%**	
Diabetes A1C > 9	< 30%	30%	36%**	60%**	43%**	32%**	
Maternal Care (Early Entry into Prenatal Care)	>61%	65%	50%**	15%**	33%**	19%**	
Low Birth Weight: <2500 grams	>68%	70%	67%**	-	-	-	
HIV Linkage to Care	>9%	5%	-	100%	-	-	

- \* = 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

## Meeting of the Board of Trustees

Thursday, December 18, 2025

Consideration of Approval of the Eligibility for Financial Assistance for the Health Care for the Homeless Program Policy

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Attached for review and approval:

- **Eligibility for Financial Assistance for the HCHP Policy**

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



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Jennifer Small, AuD, MBA, CCC-A  
Chief Executive Officer – Ambulatory Care Services



Origination 12/1/2016  
 Last Approved N/A  
 Effective Upon Approval  
 Last Revised 9/26/2025  
 Next Review 3 years after approval

Owner Nelson Gonzalez:  
 Document Owner  
 Area Ambulatory Care  
 Services  
 References Small, Jennifer

## Eligibility for Financial Assistance for the Health Care for the Homeless Program\_7.38.01

### PURPOSE:

To establish guidelines for processing financial assistance applications for individuals and families seeking outpatient medical services only through Harris Health's Health Care for the Homeless Program.

### POLICY STATEMENT:

Individuals and families seeking outpatient medical services provided by or through Harris Health's Health Care for the Homeless Program must apply for Harris Health's Financial Assistance Program and supply the information described herein to appropriate Health Care for the Homeless Program Eligibility staff for application processing. No patient who qualifies and applies for Harris Health's Financial Assistance Program will be refused medical services due to their inability to pay or their race, color, sex, national origin, disability, religion or sexual orientation.

### POLICY ELABORATIONS:

#### I. DEFINITIONS:

- A. **FAMILY:** A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family.
- B. **HARRIS HEALTH HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP) (HOMELESS PROGRAM):** A program that provides outreach services to the 330(H) Homeless Population through Harris Health's Ambulatory Care Services Community Health Program. Members of the 330(H) Homeless Population who are eligible to receive financial assistance and enroll in the Homeless Program (Participants) are provided comprehensive primary health services through

shelter-based clinics and through mobile health and mobile dental units. The Program also provides on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health counseling, substance abuse counseling, and residential treatment through referrals.

C. **330(H) HOMELESS POPULATION:** A population comprised of individuals:

1. Who lack housing (without regard to whether the individual is a member of a Family); or
2. Whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations; or
3. Who reside in transitional housing; or
4. Who reside in permanent supportive housing or other housing programs that are targeted to homeless populations; **OR**
5. Who met any of the criteria above and was a Participant during the preceding 12 months but who are no longer homeless as a result of becoming a resident in permanent housing; or
6. Who are children, youth, or veterans at risk of homelessness.

D. **HOSPICE:** Provides compassionate care for people in the last phases of incurable disease so that they may live as fully and comfortably as possible. It is a collaboration between professionals and family to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones.

E. **INCOME:** Earnings used to support an individual or Family, including in the form of unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Non-cash benefits (such as food stamps and housing subsidies) do not count.

F. **OUTREACH:** Efforts to approach and engage the 330(H) Homeless Population where such persons are found (such as shelters, the streets, parks, camps, libraries, bus stations, and public buildings) with the objective of developing a relationship of trust. Outreach involves: offering a homeless person alternatives to the homeless individual's current living situation; informing the individual of the availability of healthcare, substance abuse, mental health, social services, and other related services; and assisting the individual in accessing needed services and providing ongoing emotional support and follow-up.

G. **PALLIATIVE CARE:** An approach that improves the quality of life for patients and their families facing the problems associated with the terminal or an irreversible condition, through the prevention and relief of suffering by means of early identification and goal-setting with the patients and their families. Palliative care supports a medical treatment plan for pain and other issues, such as, physical, psychosocial, spiritual, and bereavement, along with coordination of other identified medical and social support.

## II. GENERAL PROVISIONS GUIDELINES:

- A. All individuals and Families seeking medical care and financial assistance through Harris Health's HCHP (**HCHP Applicants**) are required to submit a completed application to an appropriate Eligibility staff member.
- B. The application process involves a financial screening to determine if the HCHP Applicant's Income



is at or below 200% of the Federal Poverty Guidelines (**FPG**).

1. The FPG is based on the latest version of the FPG published by the Department of Health & Human Services in the Federal Register.
  2. The HCHP Applicant's Income will be applied to the entire Family.
- C. If the HCHP Applicant's Income and housing status makes the HCHP Applicant eligible for participation in the HCHP (**Program**), the HCHP Applicant will be assigned to one of the following financial assistance categories:
1. Category A: Income falls between 0% - 100% of FPG.
  2. Category B: Income falls between 100.01% - 150% of FPG.
  3. Category C: Income falls between 150.01% - 185% of FPG.
  4. Category D: Income falls between 185.01% - 200% of FPG.

**Note:** Harris Health will post the information regarding these categories at all locations where Harris Health provides primary care services to the 330(h) Homeless Population.

- D. A full discount is provided for individuals and Families in Category A. No nominal charges will be applied to those in Category A.
- E. Partial discounts are provided for individuals and Families in Categories B, C and D. These discounts are adjusted based on gradation in Income levels and include three discount pay classes. HCHP offers a flat fee for categories B, C and D, regardless of services provided at the visit.
- F. If a HCHP participant has any third-party insurance coverage, the services rendered will be billed to the participant's insurance plan.
- G. Program Applicants with a Family gross Income that exceeds two hundred percent (200%) of the FPG will be enrolled, as applicable, with Harris Health's financial assistance plan. Enrollees will be expected to pay deposits at the time of service.
1. If an Enrollee has any third-party insurance coverage, the services rendered will be billed to the respective insurance plan; any remaining balance will be billed according to Harris Health plans.
  2. Services provided at homeless shelters and/or at Harris Health facilities will be billed according to the Harris Health plans.
- H. HCHP participants who are eligible for sliding fee discounts and have third- party coverage are charged no more for any out-of-pocket costs than they would have paid based on the sliding-fee discounts they receive. Such discounts are subject to potential legal and contractual restrictions, including limitations specified by applicable Federal or state programs, or private payor contracts.

### III. ELIGIBILITY REQUIREMENTS:

- A. All HCHP Applicants must meet the following requirements to be eligible to receive services from or through Harris Health:
1. Meet the applicable guidelines of the Health Care for the Homeless Program;
  2. Must be residents of Harris County;
  3. Must provide a letter with an original signature from an authorized agency which can

verify the homeless status of the applicant. This must be submitted within sixty (60) days from the original request for financial assistance (See Appendix A - Homeless Shelter List);

4. Must have an additional third-party verification including one of the following: Homeless Management Information System (HMIS) verification or HCHP staff encounter/ observation;
5. Provide proof of identity and Income for themselves and for any Family members also applying for assistance. The acceptable proofs are included on the form 283421 page 1, "Financial Assistance Application Instruction";
6. Program Participants must re-apply once a year to maintain their eligibility for the financial assistance, otherwise their eligibility for financial assistance will expire. Participants must notify the HCHP Homeless Program Eligibility staff within 14 days of any change in his or her financial circumstances, Harris County residency, or Family size that could potentially affect the member's eligibility for the financial assistance. Failure to report any such changes may cause the participant to lose his or her eligibility in the program and to be held liable for all benefits received while ineligible; and
7. Upon a patient's transition to Palliative Care or Hospice, their eligibility will automatically be extended for six months from the expiration date and such extension will be documented.

## **IV. EVALUATION OF SLIDING FEE DISCOUNT PROGRAM:**

- A. Harris Health will evaluate, at least once every three (3) years, its sliding fee discount program. Harris Health will:
  1. Collect utilization data to assess the rate at which patients within each of the categories, as well as those at or below 100 percent of the FPGs, are accessing HCHP services;
  2. Use utilization data, along with other data, such as outcomes from patient satisfaction surveys, feedback obtained through focus groups, and surveys targeting patients across different Income brackets. This comprehensive approach helps assess the efficacy of the sliding fee discount program in alleviating financial obstacles to accessing healthcare; and
  3. Identify and implement changes as needed.
- B. The HCHP Homeless Program sliding fee scale is reviewed and approved no less than annually by the Board of Trustees to align with the US Department of Health and Human Services Poverty Guidelines under the authority of 42 U.S.C. 9902(2).

## **V. PROCEDURES:**

See Appendix A

## **REFERENCES / BIBLIOGRAPHY:**

HRSA website <https://bphc.hrsa.gov/programrequirements/compliancemanual/glossary.html>

Harris Health Policy 5.05 Financial and Grant Management – Health Care for the Homeless Program

Harris Health Policy 5.02 Harris County Hospital District Financial Assistance Program

Harris Health Eligibility Services Departmental Guidelines and Procedures 1.04 Communication to Patient Regarding Financial Assistance Determination

## **APPENDICES:**

Appendix A: Homeless Shelter List

Appendix B: Sliding Scale Fees Schedule for Homeless Health Care Program

## **OFFICE OF PRIMARY RESPONSIBILITY:**

Harris Health Health Care for the Homeless Program

## **APPENDIX A**

### **ELIGIBILITY FOR FINANCIAL ASSISTANCE FOR THE HEALTH CARE FOR THE HOMELESS PROGRAM PROCEDURES**

- A. Homeless Program HCHP Applicants who apply for financial assistance for medical care must complete, sign, date, and submit Harris Health's "Application for Financial Assistance Health Care for the Homeless Program," form. All applications shall be date- stamped on the date received.
- B. The applications and copies of verifications will be scanned into the Eligibility software system.
- C. The Harris Health Eligibility staff will screen/assess HCHP Homeless Program Applicants for Medicare, Medicaid, Supplemental Security Income (SSI), Refugee Medicaid, Title V, or other assistance program eligibility, and refer to appropriate government program, if applicable.
- D. Homeless Program HCHP Applicants' applications and interviews are completed face- to-face at designated shelter and day shelter locations. The applications and verification documentations will be reviewed by HCHP Eligibility staff.
- E. Applicable Harris Health forms will be provided to HCHP Homeless Program Applicants in accordance with Harris Health Eligibility Services Departmental Guidelines and Procedures 1.04, "Communication to Patient Regarding Financial Assistance Determination."
- F. Scanning of Credit Cards and/or Bank Statements: To protect the client's privacy, before scanning the copies of credit cards and/or bank statements into the Eligibility software system, Eligibility staff shall mark out all digits except for the last four digits of the credit card or bank account numbers on all copied statements.
- G. Quality Reviews: The Community Services Manager conducts monthly records reviews of at least 10% of all applications.
- H. Denial Reviews: Only the Community Services Manager can approve overrides of denials.

## **APPENDIX B**

### **HEALTH CARE FOR THE HOMELESS PROGRAM**

# SERVICES CAN BE ACCESSED THROUGH THE FOLLOWING SHELTERS:

HARRISHEALTH

Health Care for the Homeless Program				
SHELTER LOCATIONS		SERVICES		
<b>Harmony House Respite Center</b> 602 Girard St., Houston, Texas 77007-6218 713-223-8104 <b>Medical Clinic Hours of Operation:</b> MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Tuesdays & Thursdays 7:30am - 4:30pm		<b>* Open Access</b> • Medical • Eligibility • Dental		
<b>Lord of the Streets</b> 3401 Fannin St., Houston, Texas 77004-3806 713-526-0311 <b>Medical Clinic Hours of Operation:</b> MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Wednesdays 7:30am - 4:30pm		<b>* Open Access</b> • Medical • Eligibility • Dental		
<b>Open Door Mission</b> 5803 Harrisburg Blvd., Houston, Texas 77011-4323 713-921-7520 <b>Medical Clinic Hours of Operation:</b> MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Tuesdays 7:30am - 4:30pm		<b>* Open Access</b> • Medical/Lab • Eligibility • Dental		
<b>Navigation Center</b> 2903 Jensen Drive Houston, Texas 77026-6019 713-497-0966 <b>Medical Clinic Hours of Operation:</b> MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Mondays 7:30am - 4:30pm		<b>* Open Access</b> • Medical/Lab • Eligibility • Dental		
		<b>Star of Hope Cornerstone</b> 2575 Reed Rd., Houston, TX 77051-2216 832-369-3260 <b>Medical Clinic Hours of Operation:</b> MONDAYS - FRIDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Tuesdays & Thursdays 7:30am - 12:00pm		• Medical • Eligibility • Dental
		<b>Star of Hope Mission Men's Development Center</b> 1811 Ruiz St., Houston, Texas 77002-1321 713-227-8900 <b>Medical Clinic Hours of Operation:</b> TUESDAYS, THURSDAYS & FRIDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Mondays 7:30am - 12:00pm		• Medical • Eligibility • Dental
		<b>Salvation Army Adult Rehabilitation Center</b> 2118 Washington Ave., Houston, Texas 77007-6137 713-869-3551 <b>Medical Clinic Hours of Operation:</b> MONDAYS & WEDNESDAYS (7:30am - 4:30pm) <i>Eligibility:</i> Thursdays 7:30am - 12:00pm		• Medical • Eligibility • Dental
		<b>Mobile Dental Outreach</b> 832-986-0358		• Dental
		<b>Mobile Medical Outreach</b> 832-547-4381		• Medical
ALL SITES ARE CLOSED: 3rd WEDNESDAY OF THE MONTH FROM 1:30pm - 4:30pm FOR STAFF MEETING				
* Open Access: Services are open to all people experiencing homelessness, regardless of their shelter status, based on appointment, and then, those on a 'first come, first served' basis.				

# APPENDIX C

## SLIDING SCALE FEE SCHEDULE

### HOMELESS HEALTH CARE PROGRAM

Health Care for the Homeless Program Effective March 2025														
HARRIS HEALTH - HEALTH CARE FOR THE HOMELESS PROGRAM - FAP														
Family Size	HCHP Assistance Category A (100%)			HCHP Assistance Category B (150%)			HCHP Assistance Category C (185%)			HCHP Assistance Category D (200%)			Self-pay	
	Flat Fee Amount -- \$0			Flat Fee Amount -- \$1			Flat Fee Amount -- \$2			Flat Fee Amount -- \$3				
	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income	Max Income	FPL	Min Income	FPL
1	0	\$ 1,304	0% 100.00%	\$ 1,304.01	\$ 1,956	100.01% 150.00%	\$ 1,956.01	\$ 2,413	150.01% 185.00%	\$ 2,413.01	\$ 2,608	185.01% 200.00%	\$ 2,608.01	200.01% and >
2	0	\$ 1,763	0% 100.00%	\$ 1,763.01	\$ 2,644	100.01% 150.00%	\$ 2,644.01	\$ 3,261	150.01% 185.00%	\$ 3,261.01	\$ 3,525	185.01% 200.00%	\$ 3,525.01	200.01% and >
3	0	\$ 2,221	0% 100.00%	\$ 2,221.01	\$ 3,331	100.01% 150.00%	\$ 3,331.01	\$ 4,109	150.01% 185.00%	\$ 4,109.01	\$ 4,442	185.01% 200.00%	\$ 4,442.01	200.01% and >
4	0	\$ 2,679	0% 100.00%	\$ 2,679.01	\$ 4,019	100.01% 150.00%	\$ 4,019.01	\$ 4,956	150.01% 185.00%	\$ 4,956.01	\$ 5,358	185.01% 200.00%	\$ 5,358.01	200.01% and >
5	0	\$ 3,138	0% 100.00%	\$ 3,138.01	\$ 4,706	100.01% 150.00%	\$ 4,706.01	\$ 5,804	150.01% 185.00%	\$ 5,804.01	\$ 6,275	185.01% 200.00%	\$ 6,275.01	200.01% and >
6	0	\$ 3,596	0% 100.00%	\$ 3,596.01	\$ 5,394	100.01% 150.00%	\$ 5,394.01	\$ 6,652	150.01% 185.00%	\$ 6,652.01	\$ 7,192	185.01% 200.00%	\$ 7,192.01	200.01% and >
7	0	\$ 4,054	0% 100.00%	\$ 4,054.01	\$ 6,081	100.01% 150.00%	\$ 6,081.01	\$ 7,500	150.01% 185.00%	\$ 7,500.01	\$ 8,108	185.01% 200.00%	\$ 8,108.01	200.01% and >
8	0	\$ 4,513	0% 100.00%	\$ 4,513.01	\$ 6,769	100.01% 150.00%	\$ 6,769.01	\$ 8,348	150.01% 185.00%	\$ 8,348.01	\$ 9,025	185.01% 200.00%	\$ 9,025.01	200.01% and >
9	0	\$ 4,971	0% 100.00%	\$ 4,971.01	\$ 7,456	100.01% 150.00%	\$ 7,456.01	\$ 9,196	150.01% 185.00%	\$ 9,196.01	\$ 9,942	185.01% 200.00%	\$ 9,942.01	200.01% and >
10	0	\$ 5,429	0% 100.00%	\$ 5,429.01	\$ 8,144	100.01% 150.00%	\$ 8,144.01	\$ 10,004	150.01% 185.00%	\$ 10,004.01	\$ 10,858	185.01% 200.00%	\$ 10,858.01	200.01% and >
11	0	\$ 5,888	0% 100.00%	\$ 5,888.01	\$ 8,831	100.01% 150.00%	\$ 8,831.01	\$ 10,892	150.01% 185.00%	\$ 10,892.01	\$ 11,775	185.01% 200.00%	\$ 11,775.01	200.01% and >
12	0	\$ 6,346	0% 100.00%	\$ 6,346.01	\$ 9,519	100.01% 150.00%	\$ 9,519.01	\$ 11,740	150.01% 185.00%	\$ 11,740.01	\$ 12,692	185.01% 200.00%	\$ 12,692.01	200.01% and >
13	0	\$ 6,804	0% 100.00%	\$ 6,804.01	\$ 10,205	100.01% 150.00%	\$ 10,205.01	\$ 12,588	150.01% 185.00%	\$ 12,588.01	\$ 13,608	185.01% 200.00%	\$ 13,608.01	200.01% and >
14	0	\$ 7,263	0% 100.00%	\$ 7,263.01	\$ 10,894	100.01% 150.00%	\$ 10,894.01	\$ 13,436	150.01% 185.00%	\$ 13,436.01	\$ 14,525	185.01% 200.00%	\$ 14,525.01	200.01% and >
15	0	\$ 7,721	0% 100.00%	\$ 7,721.01	\$ 11,581	100.01% 150.00%	\$ 11,581.01	\$ 14,284	150.01% 185.00%	\$ 14,284.01	\$ 15,442	185.01% 200.00%	\$ 15,442.01	200.01% and >
Patient responsibility for categories A = \$0, B = \$1, C = \$2, D = \$3														
Poverty level based on 2025 Federal Poverty Guidelines issued 01/2025. Income figures represent gross monthly income. This sliding scale applies only to patients of the Health Care for the Homeless Program.														

## Attachments

- [HCHP Shelter-Based Clinics 2025.xlsx](#)
- [HCHP Sliding Scale 2025 \(01-17-2025\).xlsx](#)

## Approval Signatures

Step Description	Approver	Date
Medical Executive Board Approval	Christie Reno: Medical Staff Operations Manager	Pending
Policy SOS Committee	Lauren Banks: Executive Owner	10/3/2025
Policy Owner	Nelson Gonzalez: Document Owner	9/26/2025
Workflow Start Notification	Mariah Almack	9/26/2025

## Meeting of the Board of Trustees

Thursday, December 18, 2025

Executive Session

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Consultation with Attorney Regarding Litigation, Pursuant to Tex. Gov't Code Ann. §§551.071, 551.085, Including Consideration of Approval of Community Health Choice's Settlement of Certain Litigation Upon Return to Open Session.

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# BOARD OF TRUSTEES

HARRISHEALTH

## Meeting of the Board of Trustees

Thursday, December 18, 2025

Executive Session

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Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Financial Performance for the Ten Months Ending October 31, 2025, Pursuant to Tex. Gov't Code Ann. §551.085.



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Anna Mateja  
Chief Financial Officer  
Community Health Choice, Inc.  
Community Health Choice Texas, Inc.



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Victoria Nikitin  
EVP & Chief Financial Officer  
Harris Health



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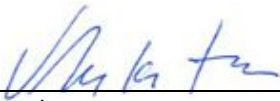
## Meeting of the Board of Trustees

Thursday, December 18, 2025

Executive Session

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Consultation with Attorney Regarding Subsidy Payments, Pursuant to Tex. Gov't Code Ann. §551.071, Including Consideration of Approval of Subsidy Payments to Community Health Choice, Inc. for the Health Insurance Marketplace Non-Federal Premium Payments for Eligible Harris Health Patients for Calendar Year 2026 Upon Return to Open Session.



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Victoria Nikitin  
EVP – Chief Financial Officer

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