

BOARD OF TRUSTEES

Quality Committee

Tuesday, October 7, 2025
12:00 P.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

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

Notice: Some Board Members may participate by videoconference.

Mission

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

AGENDA

- | | | |
|--|------------------------------|-----------------|
| I. Call to Order and Record of Attendance | Dr. Andrea Caracostis | 1 min |
| II. <u>Approval of the Minutes of Previous Meeting</u> | Dr. Andrea Caracostis | 2 min |
| • Quality Committee Meeting – September 9, 2025 | | |
| III. <u>Harris Health Safety Message: Minute for Medicine Video</u>
<u>– Dr. Yashwant Chathampally</u> | | 5 min |
| • Health Disparities | | |
| IV. <u>Presentation Regarding Calendar Year 2026 Centers for Medicare and Medicaid (CMS) Rule Overview for Hospital Quality Programs</u>
<u>– Dr. Joseph Kunisch</u> | | 10 min |
| V. Executive Session | Dr. Andrea Caracostis | 70 min |
| A. <u>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 Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health Quality Review Councils – Dr. Yashwant Chathampally</u> | | <i>(60 min)</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 and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session – Ms. Carolyn Jones | | <i>(10 min)</i> |

VI. Reconvene	Dr. Andrea Caracostis	1 min
VII. Adjournment	Dr. Andrea Caracostis	1 min

HARRIS HEALTH
MINUTES OF THE BOARD OF TRUSTEES
QUALITY COMMITTEE MEETING
Tuesday, September 9, 2025
12:00 PM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	Dr. Marlen Trujillo, Committee Chair, called the meeting to order at 12:02 p.m. It was noted that a quorum was present, and the attendance was recorded. The meeting may be viewed online through the Harris Health website: http://harrishealthtx.swagit.com/live .	
II. Approval of the Minutes of Previous Meeting	<ul style="list-style-type: none"> Quality Committee Meeting – August 12, 2025 	Moved by Mr. Paul Puente, seconded by Dr. Marlen Trujillo, and unanimously approved the minutes of the August 12, 2025, Quality Committee meeting. Motion carried.
III. Harris Health Safety Message: Minute for Medicine Video	Dr. Yashwant Chathampally, Executive Vice President & Chief Medical Executive, presented a Minute for Medicine video series related to Communication for Safer Care. A copy of the video series is available in the permanent record.	As Presented.
IV. Executive Session	At 12:06 p.m., Dr. Trujillo stated that the Quality Committee of the Board of Trustees would go into Executive Session for items IV. 'A and B' as permitted by law under Tex. Occ. Code Ann. §§151.002, 160.007 and Tex. Health & Safety Code Ann. §161.032.	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p>A. 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 Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health Quality Review Councils</p>		<p>No Action Taken.</p>
<p>B. Report by the Executive Vice President, Chief Compliance and Risk Officer, Regarding Compliance with Medicare, Medicaid, HIPAA and Other Federal and State Health Care Program Requirements and a Status of Fraud and Abuse Investigations, Pursuant to Tex. Health & Safety Code Ann. §161.032, and Possible Action Regarding this Matter Upon Return to Open Session</p>		<p>No Action Taken.</p>
<p>V. Reconvene</p>	<p>At 12:55 p.m., Dr. Marlen Trujillo reconvened the meeting in open session; she noted that a quorum was present and that no action was taken in Executive Session.</p>	

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
VI. Adjournment	There being no further business, the meeting adjourned at 12:56 p.m.	

I certify that the foregoing are the Minutes of the Meeting of the Quality Committee of the Board of Trustees of Harris Health, held on September 9, 2025.

Respectfully submitted,

Marlen Trujillo, PhD, MBA, CHW, Committee Chair

Recorded by Cherry A. Joseph, MBA

Tuesday, September 9, 2025
Harris Health Board of Trustees Quality Committee Attendance

COMMITTEE MEMBERS PRESENT	COMMITTEE MEMBERS ABSENT	OTHER BOARD MEMBERS PRESENT
Dr. Marlen Trujillo (<i>Presiding Committee Chair</i>)	Afsheen Davis	Paul Puente (<i>Acting Committee Member</i>)
	Dr. Andrea Caracostis (<i>Committee Chair</i>)	
	Sima Ladjevardian	

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Alexander Barrie	Kiki Teal
Dr. Amy Smith	Dr. Matasha Russell
Dr. Asim Shah	Matthew Schlueter
Berrlyn Nelson	Dr. Michael Nnadi
Cherry Joseph	Monica Carbajal
Daniel Smith	Naomi Lockett
Dena Villanueva	Dr. O. Reggie Ekins
Derek Curtis	Olga Rodriguez
Ebon Swofford (<i>Harris County Attorney's Office</i>)	Randy Manarang
Esperanza "Hope" Galvan	Dr. Sandeep Markan
Dr. Glorimar Medina	Shawn DeCosta
Dr. Jackie Brock	Dr. Shazia Sheikh
Dr. Jennifer Small	Stephanie Garrett
Jennifer Zarate	Dr. Tien Ko
Jocelyn Thomas	Vivian Ho-Nguyen
John Matcek	Dr. Yashwant Chathampally
Dr. Joseph Kunisch	

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

Tuesday, October 7, 2025

Harris Health Safety Message: Minute for Medicine Video

High-reliability Organization (HRO) Safety Message Video:

- Health Disparities



Yashwant Chathampally, MD, MSc
Associate CMO & SVP, Quality & Patient Safety

High Reliability Organization (HRO) Safety Message

Health Disparities

**Yashwant Chathampally, MD, MSc
Executive Vice President & Chief Medical Executive**

**Board of Trustees Quality Committee
October 7, 2025**

HARRISHEALTH

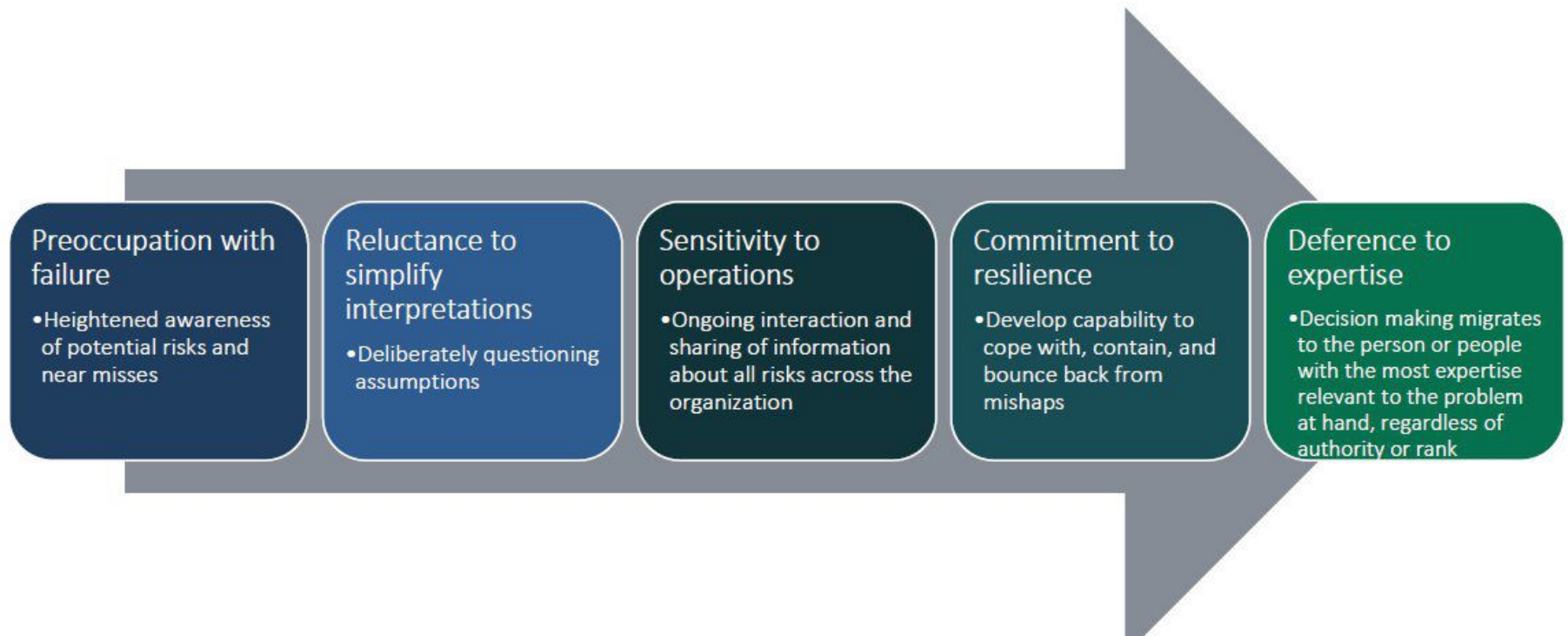
SAFETY MESSAGE

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

Safety 1st. Always.

HARRISHEALTH

Five Principles of a High Reliability Organization



HRO Mindset:

Harris Health System Minute For Medicine:

- Health Disparities
- <https://youtu.be/uo3nZjf34PE>

Tuesday, October 7, 2025

Presentation Regarding Calendar Year 2026 Centers for Medicare & Medicaid (CMS)
Rule Overview for Hospital Quality Programs



Yashwant Chathampally, MD, MSc
Associate CMO & SVP, Quality & Patient Safety











CY 2026
Centers for Medicare & Medicaid (CMS)
Rule Overview for Hospital Quality Programs

Joseph Kunisch, PhD, RN-BC, CPHQ
VP, Quality Programs

Board of Trustees Quality Committee
October 7, 2025

HARRISHEALTH

Quality Programs in 2025 IPPS Ruling

	Compliance-Based Payments	Penalty-Based Reductions			Incentive-Based Payments
WHAT	 Inpatient Quality Reporting	 Hospital-Acquired Conditions (HACs)	 Readmissions	 Value-Based Purchasing (VBP)	
HOW	 Hospitals that submit data are eligible for Medicare's annual payment update (APU).	 Lowest quartile of hospitals who fail to avoid preventable conditions (e.g., infections) receive a penalty.	 Hospitals with excess readmissions are penalized.	 Low-performing hospitals subject to reductions.	 High-performing hospitals eligible to earn money.
 FINANCIAL IMPACT	1/4 of APU increase reduction	1% reduction	Up to 3% reduction	Up to 2% reduction	Earn up to 2+%

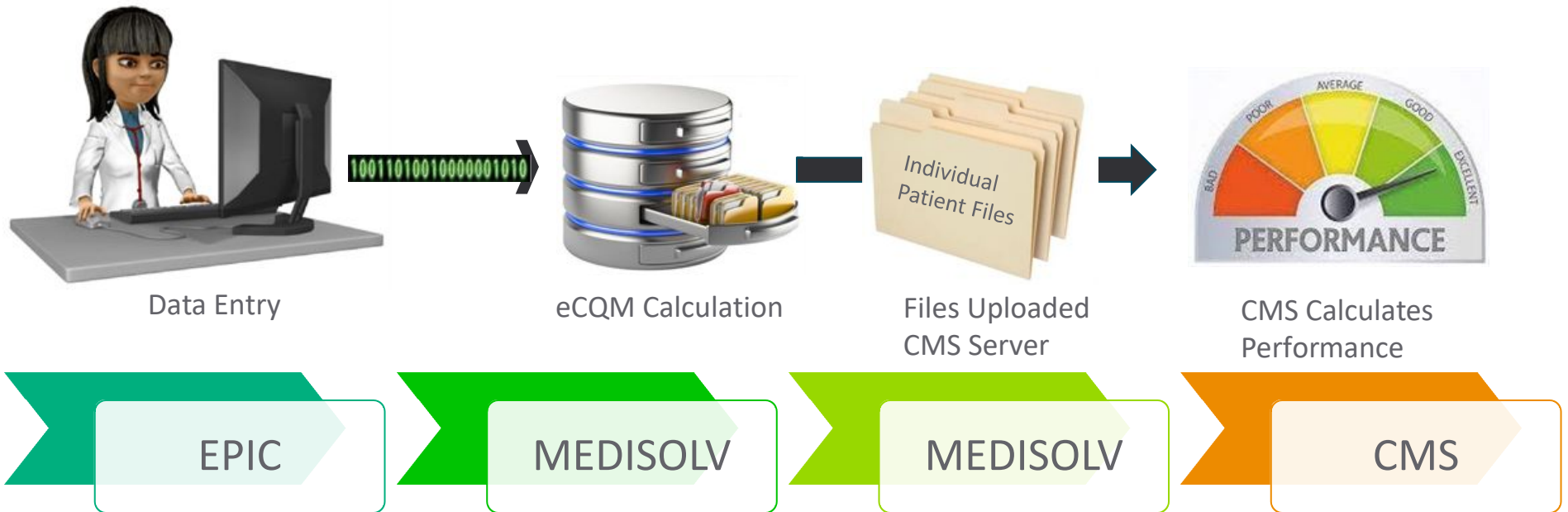


Hospital Inpatient Quality Reporting (IQR) Program

Removals of Current Hospital IQR/OQR Program Measures

Measure Name	Proposed for Removal Beginning
Hospital Commitment to Health Equity	Calendar Year (CY) 2024 reporting period/ FY 2026 payment determination
COVID-19 Vaccination Coverage among Health Care Personnel	
Screening for Social Drivers of Health	
Screen Positive Rate for Social Drivers of Health	

electronic Clinical Quality Measures (eCQM) Data flow



Active eCQMs

- Venous Thrombosis Prophylaxis
- Intensive Care Unit (ICU) VTE Prophylaxis
- Ischemic Stroke – Discharged on Antithrombotic Therapy
- Ischemic Stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter
- Ischemic Stroke – Antithrombotic Therapy by end of Hospital Day 2
- Cesarean Births
- Severe Obstetric Complications
- Use of Safe Opioids – Concurrent Prescribing
- Hospital Harm – Severe Hypoglycemia
- Hospital Harm – Severe Hyperglycemia
- Core clinical Data Elements for the Hybrid Hospital-Wide Readmission Measure with Claims and Electronic Health Record Data
- Core Clinical Data Elements for the Hybrid Hospital-Wide Mortality Measure
- Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department
- Hospital Harm – Opioid Related Adverse Events
- Global Malnutrition Composite Score
- Hospital Harm – Pressure Injury
- Hospital Harm –Kidney Injury
- ExRad – Excessive Radiation Dose (IQR)
- Hospital-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty PRO-PM
- Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults
- Hospital Harm – Falls with Injury
- Hospital Harm – Post Operative Respiratory Failure

***CMS voluntary/required submission, not yet available in Epic*



Hospital Pay for Performance Programs

Hospital Acquired Reduction Program

Hospital Acquired Infections

Measure ID	Measure Name
CLABSI	NHSN Central Line-Associated Bloodstream Infection Outcome
CAUTI	NHSN Catheter-Associated Urinary Tract Infection Outcome
Colon and Abdominal Hysterectomy SSI	ACS-CDC Harmonized Procedure Specific Surgical Site Infection Outcome (Colon Procedures and Abdominal Hysterectomy Procedures)
MRSA	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-Resistant <i>Staphylococcus aureus</i> Bacteremia Outcome
CDI	NHSN Facility-Wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection Outcome

CMS PSI 90 Composite Indicators

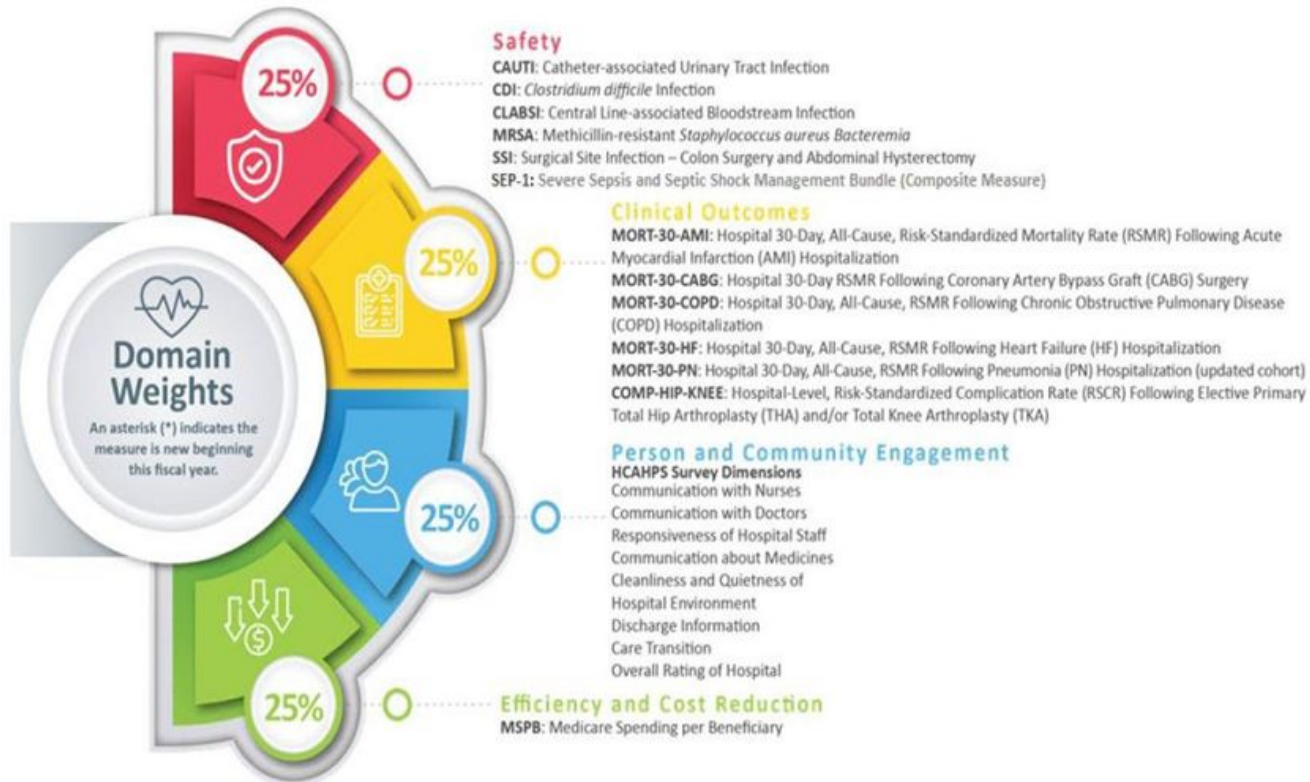
PSI	Indicator
PSI 03	Pressure ulcer rate
PSI 06	Iatrogenic pneumothorax rate
PSI 08	In-hospital fall with hip fracture rate
PSI 09	Perioperative hemorrhage and hematoma rate
PSI 10	Postoperative acute kidney injury rate
PSI 11	Postoperative respiratory failure rate
PSI 12	Perioperative pulmonary embolism or deep vein thrombosis rate
PSI 13	Postoperative sepsis rate
PSI 14	Postoperative wound dehiscence rate
PSI 15	Unrecognized abdominopelvic accidental puncture/laceration rate

Technical Updates for the NHSN HAI

Year of Implementation: FY 2028

- CDC is updating the standard population data used to calculate SIRs from a 2015 period to a 2022 period
- Harris Health Infection Prevention is currently analyzing our data to determine the impact

Hospital Value Based Program



Remove COVID-19 exclusion and Covariate adjustment beginning FY 2027 Program Year from these measures

Short Name	Measure Name
MORT-30-STK	Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke Hospitalization
COMP-HIP-KNEE	Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty
AMI Excess Days	Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction
HF Excess Day	Excess Days in Acute Care after Hospitalization for Heart Failure
PN Excess Days	Excess Days in Acute Care after Hospitalization for Pneumonia
Hybrid HWR	Hybrid Hospital-Wide All-Cause Readmission Measure
Hybrid HWM	Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure

Health Equity Adjustment Removal

Health Equity Adjustment (HEA) Overview

- Adopted in FY 2024 final rule for implementation in FY 2026
- Designed to reward high-performing hospitals serving dual-eligible patients
- Intended to recognize differences in resource intensity and provide appropriate support.

Change

- Remove HEA from Hospital VBP Program starting in FY 2026

Hospital Readmissions Reduction Program (HRRP)

30-Day Readmission Measures
Pneumonia (PN)
Acute myocardial infarction (AMI)
Heart failure (HF)
Elective primary total hip and/or total knee arthroplasty (THA/TKA)
Chronic obstructive pulmonary disease (COPD)
Coronary artery bypass graft (CABG) surgery

Measure Updates

- Modify the six readmission measures to include Medicare Advantage (MA) data, in addition to Medicare fee-for-service (FFS) data
- Remove COVID-19 exclusions and risk-adjustment covariates from the six readmission measures



Hospital Outpatient Quality Reporting (OQR) Program

Quality Programs in 2026 OPPS Ruling

Proposed Removal

- OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure
- Health Equity Measures
 - OP-43: Screening for Social Drivers of Health (SDOH)
 - OP-44: Screen Positive Rate for SDOH
 - OP-45: Hospitals: Hospital Commitment to Health Equity(HCHE)/ Facility Commitment to Health Equity (FCHE) for ASCs

Removal Factor 8: the costs associated with these measures outweigh the benefits of their continued use in CMS quality reporting programs.

New Emergency Care eCQM Proposed

Measure Overview

The Emergency Care Access & Timeliness eCQM calculates the proportion of four outcome metrics that quantify access to and timeliness of care in an emergency department (ED) setting against specified thresholds:

- Patient wait time – 1 hour
- Patient left the ED without being evaluated
- Patient boarding time in the ED (as defined by a Decision to Admit (order) to ED departure for admitted patients) – 4 hours
- Patient ED Length of Stay (LOS) which is the time from ED arrival to ED physical departure, as defined by the ED departure timestamp – 8 hours

Quality Programs in 2026 OPPS Ruling

Proposed Removals


CMS is proposing to remove the (1) Median Time ED Arrival to ED Departure for Discharged ED Patients (Median Time for Discharged ED Patients) and (2) Left Without Being Seen measures.

- Beginning with the CY 2028 reporting period/CY 2030 payment determination, if the Emergency Care Access & Timeliness eCQM is finalized as proposed.
- Reducing burden – these chart-abstracted measures require manual intervention to retrieve data from clinical documentation
 - The Emergency Care Access & Timeliness eCQM allows for automated extraction of patient-level data directly from EHR.
 - One digital quality measure instead of two chart-abstracted measures.

Tuesday, October 7, 2025

Executive Session

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 Reports in Connection with the Evaluation of the Quality of Medical and Healthcare Services, Including Report Regarding Harris Health Quality Review Councils.



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Associate CMO & SVP, Quality & Patient Safety

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