BOARD OF TRUSTEES

Public Meeting Agenda

HARRISHEALTH

BOARD MEETING

Wednesday, September 9, 2026 | 9:00 AM

4800 Fournace Place, Bellaire, TX 77401 | 1st Floor Board Room

Notice: The meeting may be viewed online: http://harrishealthtx.swagit.com/live, and some members of the Board may participate by videoconference.

Mission

Harris Health is a public, integrated health system dedicated to improving the health of our communities by delivering high-quality, person-centered care in collaboration with community and academic partners.

AGENDA

I.	**Call to Order and Record of Attendance**	**Dr. Andrea Caracostis**	**2 min**
II.	**Approval of the Minutes of Previous Meeting**	**Dr. Andrea Caracostis**	**2 min**

- Board Meeting – August 12, 2026

III.	**Announcements / Special Presentations**	**Dr. Andrea Caracostis**	**15 min**
A.	**CEO Report** Including Special Announcements **– *Dr. Esmaeil Porsa***		*(10 min)*

- Health and Wellness Fair at Gulfgate Health Center on Saturday, September 19, 2026, from 9:00 AM – 12:00 PM
- METRO Pop-ups at Ben Taub and LBJ Hospitals
- Harris Health has been Re-designated as a Comprehensive Stroke Center by DNV
- Ben Taub Hospital has been Re-designated as Baby-Friendly®
- Meeting with Chairman James Frank and the Office of House Speaker Dustin Burrows Regarding Healthcare Affordability

B.	**Board Member Announcements** Regarding Board Member Advocacy and Community Engagements		*(5 min)*
IV.	**Public Comment**	**Dr. Andrea Caracostis**	**3 min**
V.	**Executive Session**	**Dr. Andrea Caracostis**	**40 min**
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 Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, the Harris Health Quality and Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting, and Possible Action Regarding this Matter Upon Return to Open Session ***Dr. Andrea Caracostis and Dr. Thomas Cummins***		*(10 min)*

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 the Harris Health Medical Staff Upon Return to Open Session ***Dr. Kunal Sharma and Dr. Asim Shah*** *(10 min)*

C. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with Credentialing Discussion and Operational Updates, Pursuant to Tex. Occ. Code Ann. §§151.002, 160.007, Tex. Health & Safety Code Ann. §161.032 and Tex. Govt Code Ann . §551.071 to Receive Peer Review and/or Medical Committee Report, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session ***Dr. O. Reggie Egins*** *(10 min)*

D. Consultation with Attorney Regarding Interlocal Agreement between Harris County and Harris Health, Pursuant to Tex. Gov't Code Ann. §551.071, and Possible Action Upon Return to Open Session ***– Ms. Sara Thomas*** *(10 min)*

VI. Reconvene to Open Meeting — **Dr. Andrea Caracostis** — **3 min**

VII. General Action Item(s) — **Dr. Andrea Caracostis** — **8 min**

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

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Medical Staff ***Dr. Kunal Sharma*** *(2 min)*
2. Consideration of Approval of Changes to the Pediatric Clinical Privileges ***Dr. Kunal Sharma*** *(2 min)*
3. Consideration of Approval of the Revised 2026 Harris Health Medical Staff Bylaws ***Dr. Asim Shah*** *(2 min)*

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

1. Consideration of Approval of Credentialing Changes for Members of Harris Health Correctional Health Medical Staff ***Dr. O. Reggie Egins*** *(2 min)*

VIII. New Items for Board Consideration — **Dr. Andrea Caracostis** — **15 min**

A. Consideration of Approval of the Proposed Harris Health Fiscal Year 2027 Operating and Capital Budget ***Ms. Victoria Nikitin*** *(15 min)*
[See Attached Tax Impact Statement]

IX. Strategic Discussion — **Dr. Andrea Caracostis** — **30 min**

A. Harris Health Strategic Plan Initiatives

1. Presentation Regarding the Harris Health Third Quarter Capital Projects Update ***Mr. Louis Smith, Ms. Victoria Nikitin, and Mr. Patrick Casey*** *(10 min)*
[Strategic Pillar 5: System Optimization**]**
2. Presentation Regarding Harris Healths Pharmacy Update ***Dr. Michael Nnadi*** **[Strategic Pillar 5:** System Optimization**]** *(10 min)*

B. Committee Reports *(10 min)*

- August 25, 2026 – Governance Committee ***– Ms. Sima Ladjevardian***
- August 25, 2026 – Quality Committee ***– Dr. Andrea Caracostis***
- August 27, 2026 – Joint Conference Committee ***– Dr. Andrea Caracostis***
- August 27, 2026 – Compliance & Audit Committee ***– Ms. Carol Paret***

X. Consent Agenda Items **Dr. Andrea Caracostis** **5 min**

A. Consent Purchasing Recommendations

1. Consideration of Approval of Purchasing Recommendations (Items A1 through A9 of the Purchasing Matrix) ***Ms. Kimberly Williams and Mr. Jack Adger, Harris County Purchasing Office***
   [See Attached Purchasing Expenditure Summary: September 9, 2026]

B. Consent Grant Recommendations

1. Consideration of Approval of Grant Recommendations (Item B1 of the Grant Matrix) ***Ms. Taylor McMillan***
   [See Attached Grant Matrix: September 9, 2026]

C. Consent Contract Recommendations

1. Consideration of Approval of Contract Recommendations (Item C1 of the Contract Matrix) ***Mr. Patrick Casey***
   [See Attached Contract Matrix: September 9, 2026]

D. Consent Committee Recommendations

1. Consideration of Approval of Revisions to Policy 2.02, Participation in Board Meetings and Board Committee Meetings via Videoconference Call
   – Ms. Sara Thomas **[Governance Committee]**

E. New Consent Items for Board Approval

1. Consideration of Acceptance of the Harris Health July 2026 Financial Report Subject to Audit ***Ms. Victoria Nikitin***

2. Consideration of Acceptance of the Harris Health Third Quarter Fiscal Year 2026 Investment Report ***Ms. Victoria Nikitin***

3. Consideration of Acceptance of the Harris Health Second Quarter Calendar Year 2026 Pension Plan Report ***Ms. Victoria Nikitin***

4. Consideration of Approval of the Harris Health Policy 2.01 - Naming of Harris Health Buildings, Facilities, and Entities ***Ms. Taylor McMillan***

5. Consideration of Approval of Intellectual Property License Agreement between Harris Health and Hermann Park Conservancy
   Ms. Sara Thomas

   [End of Consent Agenda]

XI. Item(s) Related to the Health Care for the Homeless Program — **Dr. Andrea Caracostis** — **10 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*** *(7 min)*

- HCHP September 2026 Operational Update

B. Consideration of Approval of a Change in Scope to Revise the HRSA Form 5B: Site Details by Updating the Harmony House Address from 602 Girard Street to 702 Girard Street, Houston, Texas 77007 *(1 min)*
– Dr. Jennifer Small and Ms. Tracey Burdine

C. Consideration of Approval of the Revised Policy 5.12 Credentialing and Privileging for the Health Care for the Homeless Program *(1 min)*
Dr. Jennifer Small and Ms. Tracey Burdine

D. Consideration of Approval of the HCHP Patient Satisfaction Report *(1 min)*
– Dr. Jennifer Small and Ms. Tracey Burdine

XII. Executive Session — **Dr. Andrea Caracostis** — **65 min**

E. Review of the Health Care for the Homeless Program Directors Performance Evaluation, Pursuant to Tex. Govt Code Ann. § 551.085, Including Consideration of Approval of the Performance Evaluation Upon Return to Open Session *(5 min)*
Dr. Jennifer Small and Ms. Tracey Burdine

F. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Seven Months Ending July 31, 2026, Pursuant to Tex. Govt Code Ann. §551.085 *(5 min)*
Ms. Lisa Wright, CEO, and Ms. Anna Mateja, CFO, Community Health Choice

G. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Investment Report for the Seven Months Ending July 31, 2026, Pursuant to Tex. Govt Code Ann. §551.085 *(5 min)*
Ms. Lisa Wright, CEO, and Ms. Anna Mateja, CFO, Community Health Choice

H. Consultation with Attorney Regarding Settlement of Claims, Pursuant to Tex. Gov. Code §551.071, and Possible Action Upon Return to Open Session *(10 min)*
Ms. Ebon Swofford and Mr. Michael Fritz

I. Consultation with Attorney Regarding Harris Health Policy, Pursuant to Tex. Gov. Code §551.071, and Possible Action Upon Return to Open Session *(10 min)*
– Ms. Sara Thomas

J. Deliberation Regarding the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code §§551.071, 551.072, and Possible Action Regarding this Matter Upon Return to Open Session *(15 min)*
– Ms. Sara Thomas and Mr. Louis Smith

K. 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. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session **– *Ms. Carolynn Jones*** *(5 min)*

L. Presentation Regarding Harris Healths Enterprise Risk Management , Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Govt Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session *(10 min)*
Ms. Carolynn Jones and Ms. Vivian Ho-Nguyen
[Strategic Pillar 5: System Optimization**]**

XIII.	**Reconvene**	**Dr. Andrea Caracostis**	**3 min**
XIV.	**Adjournment**	**Dr. Andrea Caracostis**	**1 min**

HARRISHEALTH

MINUTES OF THE HARRIS HEALTH BOARD OF TRUSTEES
Board Meeting
Wednesday, August 12, 2026
9:00 A.M.

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATION
I. Call to Order and Record of Attendance	The meeting was called to order at 9:03 AM by Dr. Andrea Caracostis, Presiding Officer. A quorum was present. She noted that while some board members were present in the boardroom, others were participating remotely by video conference in accordance with the Harris Health Video Conferencing Policy and applicable state law. All others wishing to view the meeting were advised to access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live. Attendance was recorded and is appended to the archived minutes.	**A copy of the attendance is appended to the archived minutes.**
II. Approval of the Minutes of Previous Meeting • Board Meeting – July 8, 2026	Dr. Andrea Caracostis, Presiding Officer, presented the minutes of the Board meeting held on July 8, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.08-102** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve the minutes of July 8, 2026, Board meeting. Motion carried.**
• HRSA Special Call Board Meeting – July 22, 2026	Dr. Andrea Caracostis, Presiding Officer, presented the minutes of the HRSA Special Call Board meeting held on July 22, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.08-103** **Moved by Mr. Paul Puente, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve the minutes of July 22, 2026 HRSA Special Call Board meeting. Motion carried.**
• Fiscal Year 2027 Budget Workshop Meeting – August 3, 2026	Dr. Andrea Caracostis, Presiding Officer, presented the minutes of the Fiscal Year 2027 Budget Workshop meeting held on August 3, 2026 for approval. A copy of the minutes is available in the permanent record.	**Motion No. 26.08-104** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve the minutes of August 3, 2026 Fiscal Year 2027 Budget Workshop meeting. Motion carried.**

III. Announcements/ Special Presentations		
	A. CEO Report Including Special Announcements • LBJ Hospital Earns Gold Plus Recognition for STEMI Referral from the American Heart Association • Harris Health's Endoscopy Center at Quentin Mease Receives National Recognition from the American Society for Gastrointestinal Endoscopy • Health and Wellness Fair at Strawberry Health Center on Saturday, August 8, 2026, from 9:00 AM – 12:00 PM • John M. O'Quinn Hospital Construction Timeline Dr. Esmaeil Porsa, President and Chief Executive Officer, provided the CEO report and highlighted several significant organizational accomplishments and updates. Dr. Porsa announced that Lyndon B. Johnson (LBJ) Hospital received Gold Plus recognition from the American Heart Association for its referral processes involving ST-elevation myocardial infarction (STEMI) patients. He explained that this achievement represents a significant improvement from the challenges Harris Health experienced in 2020 with transferring cardiac patients from LBJ, which does not have a cardiac catheterization laboratory or cardiothoracic surgery capability. Through collaboration with UTHealth Houston and Memorial Hermann leadership, LBJ emergency physicians are now able to activate the receiving hospital's cardiac catheterization laboratory while the patient is en route, significantly improving the transition and referral process. Dr. Porsa noted that this recognition represents national acknowledgment of the work Harris Health has undertaken as part of its journey toward becoming a high-reliability organization. Dr. Porsa also recognized the Harris Health Endoscopy Center for receiving national recognition from the American Society for Gastrointestinal Endoscopy for operational excellence. He recalled that one of the early priorities identified in 2020 was addressing an approximately 8,000-patient colonoscopy backlog. Harris Health responded by developing and expanding its endoscopy capacity from two rooms operating three days per week to 22 rooms operating five days per week, with plans to expand to four additional rooms operating five days per week. Dr. Porsa reported that the endoscopy program has served approximately 7,000 patients and completed more than 9,000 procedures, and that the system is no longer experiencing a significant backlog, with patients generally receiving procedures within approximately six weeks of referral. Dr. Porsa reported on the Harris Health Strawberry Health Center Health and Wellness Fair, noting that approximately 2,000 community members attended and received services including vaccinations, screenings, and other health-related services. He expressed appreciation to Harris Health staff, physicians, residents, and community volunteers for their commitment to serving the community.	**As Presented.**

	Dr. Porsa also presented an updated construction timeline for the new LBJ Hospital, noting that the targeted opening date is January 15, 2029. Dr. Porsa stated that the timeline would be made available through Harris Health's administrative building, Diligent, and the Harris Health website to provide transparency regarding the construction progress. Board members commended Dr. Porsa and Harris Health leadership for the progress achieved in addressing the colonoscopy backlog and improving the cardiac referral process. Dr. Caracostis specifically recognized the work of current and former Board members, Harris Health leadership, the Quality Committee, physicians, and staff whose efforts established the foundation for the outcomes presented. She emphasized that the improvements demonstrate the long-term impact of Board governance and strategic oversight even when the individuals who initiated the work may no longer be serving on the Board. Dr. Porsa was thanked for his leadership and execution of these initiatives. Mr. Paul Puente also recognized Harris Health leadership and staff for responding to concerns regarding sanitary conditions and restroom facilities at the LBJ campus. It was noted that staff acted quickly and worked with construction partners to improve conditions beyond the minimum requirements.	
	B. Board Member Announcements Regarding Board Member Advocacy and Community Engagements Board members did not provide additional announcements or advocacy updates.	
IV. Public Comment	There were no members of the public present to address the Board.	**As Presented.**
V. Executive Session	At 9:13 AM, Dr. Caracostis stated that the Board would enter Executive Session for Items V. 'A through B' as permitted by law under Tex. Health & Safety Code Ann. §161.032, Tex. Occ. Code. Ann. §§ 151.002, 160.007, and Tex. Gov't Code Ann. §551.071.	
	A. 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 the Harris Health Medical Staff Upon Return to Open Session *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**No Action Taken.**

	B. Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with 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, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session	**No Action Taken.**
VI. Reconvene to Open Meeting	At 9:20 AM, Dr. Caracostis reconvened the meeting in open session, noting that a quorum was present and no action was taken during Executive Session.	
VII. General Action Item(s)		
	A. General Action Item(s) Related to Quality: Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Medical Staff Dr. Kunal Sharma, Chair of the Medical Executive Board, presented the report of the Harris Health Medical Executive Committee meeting held in July 2026. He reported that the committee reviewed its standard policies and procedures and discussed several operational matters, including changes in medical leadership and efforts to streamline the medical staff policy approval process. He also reported on the development of a new clinic in the Greenspoint area and presented the medical staff credentialing report, which included 27 initial appointments, no reappointments, 41 changes in clinical privileges, seven resignations, and two files for discussion in executive session. Copies of the credentialing report were available in the permanent record. *Dr. Hooli was recused from discussion on this item related to Baylor College of Medicine.*	**Motion No. 26.08-105** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda item VII.A.1. Motion carried.**
	2. Approval of Changes to the Pediatric Clinical Privileges The following privileges were added to the Pediatric Clinical Privileges under Special Noncore Privileges. • Provide family planning counseling and services; • Insertion / removal of Intrauterine devices; and • Insertion / removal of implantable devices* (i.e., Nexplanon), with documentation of successful completion of an approved course.	**Motion No. 26.08-106** **Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda item VII.A.2. Motion carried.**

	B. General Action Item(s) Related to Quality: Correctional Health Medical Staff	
	1. Approval of Credentialing Changes for Members of the Harris Health Correctional Health Medical Staff Dr. Otis Egins, Chief Medical Officer of Harris Health Correctional Health, presented credentialing changes for Correctional Health Medical Staff and stated there were eight initial appointments and two resignations. Copies of the credentialing report were available in the permanent record.	**Motion No. 26.08-107** **Moved by Ms. Carol Paret, seconded by Ms. Sima Ladjevardian, and unanimously passed that the Board approve agenda item VII.B.1. Motion carried.**
VIII. Strategic Discussion		
	A. Harris Health Strategic Plan Initiatives	
	1. Presentation Regarding Health Promotion and Disease Prevention at Harris Health Dr. Amy Smith, Senior Vice President, Care Transitions and Integration and Chief Health Officer, presented an update on Health Promotion and Disease Prevention, identified as Pillar 4 of the Harris Health Strategic Plan. Dr. Smith explained that Pillar 4 represents a shift toward an upstream approach focused not only on treating disease but also on preventing disease, identifying conditions earlier, improving management of chronic conditions, and reducing avoidable complications and disparities. The strategy incorporates coordinated clinical and community-based interventions designed to improve health outcomes and quality of life for the populations served by Harris Health. Dr. Smith described the Harris Collaborative as a foundational component of the strategy, supporting coordination with community partners and initiatives addressing cardiovascular health, diabetes, healthy weight management, maternal outcomes, cancer screening, behavioral health screening, and comprehensive care management. Performance will be evaluated using established national benchmarks and electronic clinical quality measures. Dr. Smith explained that the organization is developing baseline measurements and benchmarks with the goal of having the identified measures fully implemented during the current year. Dr. Jennifer Small, Chief Executive Officer, ACS, explained that the electronic clinical quality measures will allow clinicians to access patient-level performance information in real time, identify patients who are not meeting established parameters, and use the information to develop targeted interventions. The system is intended to improve accountability and transparency while allowing clinical teams and managers to identify opportunities for improvement. Board members asked questions regarding the source of the data and whether the reports would be generated through Harris Health's electronic health record systems. Dr. Small explained that the initiative has been developed collaboratively by ambulatory care and the quality team and will provide clinicians with greater visibility into their performance.	**As Presented.**

	Discussion also focused on ensuring that providers utilize the information. Dr. Matasha Russell, Chief Medical Officer, Ambulatory Care Services, reported that the quality and analytics teams have conducted outreach and education at Harris Health health centers to introduce the new electronic clinical quality measures and demonstrate how clinicians can access their individual data. Dr. Russell also noted that executive and manager-level dashboards are also being developed to support accountability and monitoring. Dr. Porsa emphasized that the initiative is ultimately focused on improving patient outcomes rather than simply providing physicians with additional data. He described the Harris Collaborative as an extension of the work that will involve external partners, including public health and community organizations, with the goal of identifying high-risk patients and conducting targeted outreach. He expressed his expectation that coordinated community health workers and partner organizations will assist in connecting high-risk patients with appropriate services and preventive care. Board members expressed appreciation for the collaborative approach, the emphasis on accountability, and the potential to strengthen Harris Health's mission of improving community health. A copy of the presentation is included in the permanent record.	
	2. Presentation Regarding the Harris Health John M. O'Quinn Hospital Construction Update Mr. Patrick Casey, Senior Vice President, Facilities, Construction and Systems Engineering, introduced representatives from McCarthy Building Companies to provide an update on construction of the new LBJ Hospital. Mr. Michael Carpenter, Project Director, McCarthy Building Companies, reviewed the project's history, beginning with the April 2024 project kickoff involving Harris Health, IT, HKS, design consultants, and construction partners. He emphasized the importance of collaboration, accountability, safety, and coordination among the project teams. Mr. Adam Sangl, Sr. Project Director, McCarthy Building Companies, reported strong safety performance, noting that the project's current safety rate is substantially below the industry standard and reflects a strong emphasis on worker protection. Safety measures include required OSHA training, site-specific training, CPR and first-aid awareness, daily and weekly safety meetings, mentoring, positive reinforcement, and proactive heat-safety measures. The project has maintained more than 1,300 craft workers on the hospital site during recent months, with more than 1,500 workers when the garage and central utility plant are included. Additional measures have been implemented to address extreme summer heat, including designated shaded areas, additional breaks, fans, hydration measures, electrolyte products, and conditioned air within portions of the building.	

	Mr. Sangl reported that the project remains on schedule and within its approximately $1.3 billion budget. The construction team noted that its projected schedule was reduced from approximately 60 months under a prior proposal to approximately 46 months, representing a reduction of more than one year. The project is currently targeting substantial completion in the fall of 2028, supporting the planned first-patient timeline. The presenters reviewed construction progress from the April 2024 kickoff through the current period, noting that the hospital, parking garage, and central utility plant structures are now substantially visible, with more than 75 percent of the hospital's exterior skin is in place, and interior finishes are progressing. Board members expressed appreciation to McCarthy, Harris Health leadership, and the project team for maintaining the schedule and budget while emphasizing worker safety. Board members also recognized the significance of the new LBJ Hospital to the Houston community and discussed the importance of transforming the Board's long-term vision for the LBJ campus into a completed facility. Questions were raised about heat-related incidents, and the construction team reported that, to its knowledge, no heat-related incidents had occurred. The Board also discussed sustainability and environmental considerations, including energy efficiency, renewable energy, building insulation, resiliency, and potential solar applications. Harris Health leadership noted that a broader system resiliency plan is being developed and offered to return to the Board with a comprehensive presentation addressing sustainability, energy use, resiliency, and related initiatives. A copy of the presentation is available in the permanent record.	
	3. Presentation Regarding the Harris Health Holly Hall Operations Center Update Mr. Louis Smith, Senior Executive Vice President, provided an update on the Harris Health Holly Hall Operations Center located on the Smith Clinic campus. He explained that the project was initially developed to address the aging central-fill pharmacy operation, including limitations related to its robotic and mechanical systems and the fact that the existing operation is in a leased facility. The new facility is designed to provide a centralized pharmacy operation while also creating infrastructure to support future virtual care, remote monitoring, nursing operations, clinical care technology, and other systemwide capabilities. Mr. Smith reviewed the site plan and explained that the facility will include centralized Emergency Medical Services (EMS) operations, large-vehicle parking, and secure maintenance and support areas for Harris Health's mobile clinics and other large vehicles. The facility will also provide future expansion capacity. The first and second floors will include spaces supporting virtual care, remote monitoring, nursing operations, and EMS. The third floor will house the central-fill pharmacy and provide capacity for future centralized pharmaceutical distribution. The fourth floor will include pharmacy support services, education and pharmacy technology training space, and a centralized compounding	

	pharmacy. The centralized compounding operation will consolidate services currently distributed among multiple Harris Health facilities. The facility is also being designed with resiliency features, including full generator capability and infrastructure intended to support continued operations during severe weather and other disaster events. The central-fill pharmacy robotics are expected to be commissioned during the fall, with a targeted go-live date of Spring 2027. The Holly Hall Operations Center is expected to become operational in May 2027, coordinated with the planned Epic implementation activities. Board members asked whether the project was funded through the Harris Health bond program. Mr. Smith explained that the Holly Hall Operations Center is being financed through other capital and funding resources rather than the bond program. Board members also asked about construction safety and requested continued updates regarding project progress. Discussion also focused on sustainability and energy efficiency. Mr. Casey explained that Harris Health is pursuing energy reduction and renewable energy strategies and is participating in broader efforts involving renewable energy procurement. Leadership noted that Harris Health focuses not only on solar installations but also on reducing overall utility consumption and incorporating resiliency and energy-efficiency measures into its facilities. Board members requested a future comprehensive presentation on the system's sustainability and resiliency efforts, including building practices, energy efficiency, renewable energy, recycling, and other environmental initiatives. A copy of the presentation is available in the permanent record.	
IX. Consent Agenda Items		
	A. Consent Purchasing Recommendations	
	1. Approval of Purchasing Recommendations (Items A1 through A12 of the Purchasing Matrix) A copy of the purchasing agenda is available in the permanent record.	**Motion No. 26.08-108** **Moved by Ms. Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve the purchasing recommendations (Items A1 through A12 of the Purchasing Matrix). Motion carried.**

	B. Consent Contract Recommendations	
	1. Approval of Contract Recommendations (Item C1 of the Contract Matrix) Dr. Caracostis noted a minor correction indicating that the contract matrix reference should be identified as Item B.1 rather than C.1.	**Motion No. 26.08-109** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items IX.B through D. Motion carried.**
	C. New Consent Items for Board Approval	
	1. Acceptance of the Harris Health June 2026 Quarterly Financial Report Subject to Audit	**Motion No. 26.08-109** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items IX.B through D. Motion carried.**
	2. Approval of Revisions to the Harris Health Policy 5.52, Investment Policy	**Motion No. 26.08-109** **Moved by Mr. Paul Puente, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items IX.B through D. Motion carried.**
	D. Consent Reports and Updates to the Board	
	1. Bi-monthly Updates Pending State and Federal Legislative and Policy Issues Impacting Harris Health	**For Information Only**
X. Item(s) Related to the Health Care for Homeless Program		
	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 • HCHP August 2026 Operational Update	**Motion No. 26.08-110** **Moved by Libby Viera – Bland, seconded by Mr. Paul Puente, and unanimously passed that the Board approve agenda items X.A. Motion carried.**

	Ms. Tracey Burdine, Director of Ambulatory Care Services (ACS), presented the Healthcare for the Homeless Program operational and budget updates required by the U.S. Department of Health and Human Services. She reported that the program had served 3,684 unduplicated patients, representing approximately 51 percent of the target at the reporting period. The program reported 12,917 completed visits in June and continued to demonstrate increasing patient volume following the filling of previously-vacant positions, including the medical director position. Ms. Burdine reviewed the program's $7.5 million budget and reported expenditure of approximately $2.6 million, representing approximately 35 percent of the total budget at the end of the reporting period. Personnel and fringe benefits represented the largest category of expenditures. Higher utilization in supplies and other expenses was attributed in part to projects associated with the 419 Emancipation clinic and other renovation activities. Ms. Burdine noted that travel, equipment, and contractual expenditures were expected to increase as staff participate in conferences and other program-related activities. Ms. Burdine also provided an update on the 419 Emancipation location, reporting that services began on May 27 through the use of a mobile medical unit. Renovation of the permanent clinic space has been delayed due to foundation repairs by the City of Houston, with renovations expected to begin shortly. At the time of the report, the program served 182 patients and completed 281 visits at the location, which houses approximately 220 individuals experiencing homelessness. Approximately $89,000 has been utilized to support the project. Ms. Burdine also discussed a potential service expansion opportunity in North Harris County involving the Hope Center near the FM 1960 area. Harris Health is evaluating the community's needs and service demand and is conducting internal due diligence involving IT, infection prevention, and other stakeholders. If the analysis supports expansion, the program will initially consider a limited schedule of approximately three days per week, followed by a potential change in scope and additional Board consideration. Ms. Burdine expressed appreciation to the Board for its support of the Healthcare for the Homeless Program and specifically recognized Board members who participated in the program's site visit and special called HRSA meeting. She reported that external reviewers were highly complementary of the Board's knowledge of the program, commitment to the mission, and support of the program's work. Board members also commended Dr. Small, Ms. Burdine, and the Healthcare for the Homeless team for their commitment to serving individuals experiencing homelessness and for the program's successful review. Copies of the presentations and supporting documentation were included in the permanent record. **Note:** Items X. A through C were presented together and considered separately for Board action.	

	B. Approval of the HCHP Second Quarter Budget Summary Report	**Motion No. 26.08-111** **Moved by Ms. Carol Paret, seconded by Ms. Libby Viera – Bland, and unanimously passed that the Board approve agenda items X.B. Motion carried.**
	C. HCHP Reports and Updates to the Board Requiring No Action	
	1. Update Regarding Clinic Renovations at 419 Emancipation	**As Presented.**
	2. Update Regarding Service Area Expansion into North Harris County	**As Presented.**
XI. Executive Session	At 10:17 AM, Dr. Caracostis stated that the Board would enter Executive Session for Items XI. 'C through G' as permitted by law under Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §§551.071, 551.072 and 551.085.	
	C. Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Six Months Ending June 30, 2026, Pursuant to Tex. Gov't Code Ann. §551.085	**No action taken.**
	D. Consultation with Attorney, Pursuant to Tex. Gov't Code Ann. §551.071 Regarding Litigation and Possible Action Upon Return to Open Session, Including Approval of a Settlement in Case No. 2024-81283 in the 234th District Court, Harris County, Texas **Motion:** *Approval of the Settlement of Case No. 2024-81283 in the 234th District Court, Harris County, Texas in the amount of $825,000. President/CEO of Harris Health or his designee is authorized to execute any agreement, release, or any other necessary documents to effectuate this settlement.*	**Motion No. 26.08-112** **Moved by Ms. Libby Viera – Bland, seconded by Ms. Carol Paret, and unanimously passed that the Board approve agenda items XI.D. Motion carried.**
	E. Deliberation Regarding the Purchase, Exchange, Lease or Value of Real Property, Pursuant to Tex. Gov't Code §§551.071, 551.072, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**
	F. Consultation with Attorney Regarding a Prevailing Wage Update, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071	**No action taken.**
	G. 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. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session	**No action taken.**

XII. Reconvene	At 11:32 A.M., Dr. 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 item XI. D. of the Executive Session Agenda.	
XII. Board Education		
	A. Discussion Regarding the Texas Healthcare Trustees (THT) Certified Healthcare Trustee and Leader Certification Process Ms. Lindsay Thompson, President and CEO, Texas Healthcare Trustees, presented information regarding the Texas Healthcare Trustees Certified Healthcare Trustee and Leader program. Ms. Thompson explained that THT is a nonprofit membership organization representing approximately 80 percent of hospitals in Texas and focused on cultivating informed leaders in healthcare governance through education, training, and certification. Ms. Thompson discussed the importance of Board education in fulfilling fiduciary duties, including the duties of loyalty, care, and obedience. She noted that healthcare is a highly regulated and complex industry and that informed Board members are better positioned to provide effective oversight of quality, patient safety, financial health, regulatory compliance, and organizational performance. She also discussed the importance of Board education in maintaining public trust because trustees serve as representatives of their communities. Ms. Thompson explained that the Certified Healthcare Trustee and Leader credential is a voluntary program designed to demonstrate an individual's commitment to governance education and healthcare knowledge. The certification requires completion of an application, payment of the applicable fee, and successful completion of a short examination. Certification remains valid for three years, after which continuing education requirements must be satisfied for recertification. The program requires 12 hours of continuing education over the three-year certification period. Ms. Thompson also reviewed the Board-level certification program, which recognizes organizations based on the percentage of Board members who have earned the certification. The program provides one, two, and three-star recognition levels, with three stars representing certification of 100 percent of the Board. She noted that Harris Health currently has several certified individuals and encouraged the Board to establish a goal for increased participation. Board members discussed whether the certification examination and educational requirements could be incorporated into an existing Board meeting. Ms. Thompson indicated that THT can provide study materials, practice examinations, and resources to facilitate administration of the examination during or in conjunction with a Board meeting. Board members also asked about the amount of preparation required and the cost associated with the program. Ms. Thompson provided an overview of the study materials and certification process and offered to provide additional information to Harris Health leadership. A copy of the presentation is available in the permanent record.	

XIV. Adjournment	There being no further business to come before the Board; without objection, the meeting was adjourned at 11:48 A.M.	

I certify that the foregoing are the Minutes of the Harris Health Board of Trustees Meeting held on August 12, 2026.

Respectfully Submitted,

Andrea Caracostis, MD, MPH, Chair

Libby Viera – Bland, AICP, Secretary

Minutes transcribed by Cherry A. Joseph, MBA

HARRISHEALTH

Board of Trustees
Board Meeting I Wednesday, August 12, 2026
ATTENDANCE RECORD

PRESENT BOARD MEMBERS: IN PERSON	PRESENT BOARD MEMBERS: VIRTUAL	ABSENT BOARD MEMBERS
Andrea Caracostis, MD, MPH *(Chair)*	Philip Sun, AIA, ACHA, NCARB	Ingrid Robinson, MBA
Carol Paret, BS *(Vice Chair)*	Shubhada Hooli, MD, MPH	
Libby Viera-Bland, AICP *(Secretary)*		
Marlen Trujillo, PhD, MBA, CHW		
Paul Puente		
Sima Ladjevardian, JD		

PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS	
Adam Sangl *(Sr. Project Director, McCarthy Building Companies)*	John Matcek
Alexander Barrie	Kiki Teal
Amy Smith	Dr. Kunal Sharma
Dr. Asim Shah	Lindsay Lanagan
Brandon Cannaday	Lindsay Thompson *(CEO, Texas Healthcare Trustees)*
Carolynn Jones	Louis Smith
Cherry Joseph	Maria Cowles
Chris Buley *(CLO, Community Health Choice)*	Dr. Matasha Russell
Daniel Smith	Micah Rodriguez
Ebon Swofford *(Harris County Attorney's Office)*	Michael Carpenter *(Project Director, McCarthy Building Companies)*
Elisa Santana	Michael Fritz *(Harris County Attorney's Office)*
Elizabeth Hanshaw Winn	Dr. O. Reggie Egins
Dr. Esmaeil Porsa *(President & Chief Executive Officer, Harris Health)*	Omar Reid
Dr. Glorimar Medina	Patrick Casey
Ja' Porsha Comeaux	Randy Manarang
Jack Adger *(Harris County Purchasing Office)*	Sam Karim
Jay Aiyer	Dr. Sandeep Markan
Jennifer Small	Sara Thomas *(Harris County Attorney's Office)*
Jennifer Zarate	Scott Fiddler *(Attorney, Jackson Walker LLP)*
Jerry Summers	Shawn DeCosta
Jessey Thomas	Dr. Thomas Cummins

Virtual Attendee Notice: *If you joined as a group and would like your attendance to be added to the official record, please submit an email to: BoardofTrustees@harrishealth.org before the close of business on the day of the meeting.*

PRESENT EXECUTIVE LEADERSHIP, STAFF & GUESTS	
Dr. Tien Ko	Valerie Smith *(Harris County Auditor's Office)*
Tracey Burdine	Victoria Nikitin

Virtual Attendee Notice: *If you joined as a group and would like your attendance to be added to the official record, please submit an email to: BoardofTrustees@harrishealth.org before the close of business on the day of the meeting.*

HARRISHEALTH

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
   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.

Wednesday, September 9, 2026

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 Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, the Harris Health Quality and Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting, and Possible Action Regarding this Matter Upon Return to Open Session.

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

Please refer to the reports presented at the Board of Trustees Quality Committee Meeting on August 25, 2026, for additional details.

Patient Safety
A large number of SSE and HRE cases that had been delayed in being reviewed were presented in a summarized format with select cases discussed in more detail with the committee. The Inpatient/ Outpatient Incident (eIRS) Report Rate continues to increase. The target of closing 95% of incident reports within 45 days was met.

Quality Balanced Scorecard – Patient Safety Indicators (PSIs)
Patient Safety Indicator (PSI) performance measured per 1,000 Medicare discharges and weighted by severity of harm, remains a key factor in Hospital Acquired Condition Reduction Program and Leapfrog Safety Survey outcomes. Performance improved in three of four monitored indicators, including pressure ulcers, post-operative respiratory failure, and post-operative sepsis, with both Ben Taub and LBJ achieving five consecutive months without a post-operative sepsis event. PSI-12 (Perioperative PE/DVT) continues to be the primary area for improvement, as even a small number of events can significantly impact performance against national benchmarks. Ongoing efforts focus on optimizing venous thromboembolism (VTE) prevention strategies, including order set enhancements, review of chemoprophylaxis protocols, and analysis of case fallouts. Sustained progress will depend on consistent use of sequential compression devices (SCDs), timely administration of prophylaxis, and proactive management of patient refusals to support the goal of zero harm.

Cardiology Service Line
Cardiology quality performance remains strong, with all monitored measures meeting or exceeding targets. A key achievement was a 49% improvement since July 2025 in follow-up laboratory testing for newly diagnosed heart failure patients started on new medications, reflecting effective multidisciplinary collaboration. Additional progress was made in improving compliance with American Heart Association follow-up requirements through enhanced documentation workflows and provider support tools. Looking ahead, the cardiology team will focus on increasing utilization of a standardized stress test order panel to improve test selection, operational efficiency, and patient care through targeted provider education and outreach. No concerns or performance issues were identified during the review.

Contracted Services
Contract quality oversight remains focused on ensuring vendor compliance with CMS Conditions of Participation and organizational quality standards for patient-facing services. Enhanced monitoring and review processes are applied to contracts with prolonged QAPI fallouts, including evaluation of performance metrics, root cause analyses, corrective action plans, and service effectiveness. Quarterly reporting identified four active QAPI fallouts, eight active negative vendor evaluations, and two new vendor concerns under review. Annual vendor evaluations conducted during contract renewals and rebids support accountability and continuous improvement, with concerns escalated through established committee structures to ensure timely follow-up, corrective action, and resolution.

The Patient's Committee for Safe & Quality Care
This presentation will be provided at the October 14th Board meeting.

Harris Health Balanced Scorecard
The Scorecard provides an overall summary of Harris Health quality measures and performance information.

2026 Quality Reporting Schedule
The 2026 Quality Reporting Schedule provides a list of monthly reports to be reviewed by the Board of Trustees.

Quality and Patient Safety Acronyms
Acronyms are included in the packet for informational purposes only.

Quality and Patient Safety Consent Agenda Items: Executive Summary – Quality Review Councils
The Executive Summary of the BT, LBJ & ACS Pavilion Quality Review Councils (QRCs) summarizes Harris Health System's Quality Assurance and Performance Improvement (QAPI) framework to support the flow and measurement of quality metrics and track performance activities implemented within departments to support a continual method of identifying high risk areas requiring improvement.

Quality and Patient Safety Addendum
Definitions are included in the packet for informational purposes only.

Wednesday, September 9, 2026

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 Report, Including Report of the Medical Executive Board in Connection with the Evaluation of the Quality of Medical and Healthcare Services, the Harris Health Quality and Safety Performance Measures, Good Catch Recipients, Centers for Medicare and Medicaid Services Quality Reporting, and Possible Action Regarding this Matter Upon Return to Open Session.

Jessey Thomas, MBA, MSN, RN, CSMP
Senior Vice President, Medical Affair

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
BCM Medical Staff Initial Appointments

Provider ID	Last Name	First Name	Degree	Assignment
445877	North	Cristal	CRNA	Anesthesiology
451171	Tseng	Philbert	CRNA	Anesthesiology
051500	Vera	Martha	CRNA	Anesthesiology
444163	Choudhury	Marzia	MD	Emergency Medicine
451128	Rasquinha	Simona	MD	Family & Community Medicine
451127	Maduka	Joy	DO	Family & Community Medicine
444879	Evbayiro	Uyioghosa	MD	Internal Medicine
445026	Ku	Vanessa	MD	Internal Medicine
445022	Hoff	Hannah	MD	Internal Medicine
445159	Peedikayil	Josh	MD	Internal Medicine
444881	Desai	Parth	MD	Internal Medicine
438724	Smith	Eleanor	MD	Internal Medicine
450456	Miller	Angelica	NP	Neurology
451188	Rome	Richard	MD	Nuclear Medicine
450463	Han	Jing	MD	Pathology
443121	Gupta	Harshit	MD	Psychiatry
441289	Oladunjoye	Adeolu	MD	Psychiatry
436324	Roldan	Jazmin	MD	Psychiatry

BCM Initial Appointments: 18

Total Initial Appointments: 50

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
UTH Medical Staff Initial Appointments

Provider ID	Last Name	First Name	Degree	Assignment
441114	Craft	Hadyn	MD	Anesthesiology
439281	Peterson	Kylie	MD	Anesthesiology
450436	Plasek	Lori	CRNA	Anesthesiology
450387	Scholl	Rebecca	MD	Anesthesiology
450470	Khan	Salman	MD	Emergency Medicine
450450	Mesmin	Melson	DO	Emergency Medicine
445283	Soni	Ravi	DO	Emergency Medicine
434266	Xiong	Tanya	MD	Emergency Medicine
451197	Mulvehill	Sharon	MD	Family & Community Medicine
450447	Zaidi	Syed Arsalan Akhter	MD	Internal Medicine
440876	Green	Nia	MD	Internal Medicine
450372	Khan	Afshin	MD	Internal Medicine-Gastroenterology
435900	Malek	Alexandre	MD	Internal Medicine-Infectious Disease
450370	Raphelson	Janna	MD	Internal Medicine-Pulmonary / Critical Care
447082	Onuigbo	Chiamaka	MD	Neurology
450795	Kousar	Aisha	MD	Pathology
439885	Daniel	Rhea	MD	Pediatric Gastroenterology
436411	Wood	Mary	MD	Pediatric Gastroenterology
40010	Srivaths	Lakshmi	MD	Pediatric Hematology/Oncology
439240	Chiu	Mary Grace	MD	Pediatrics
437049	Keehan	Laura	MD	Pediatrics
445418	Magal	Samarchitha	MD	Pediatrics Neonatal-Perinatal
445419	Stoll	Caitlin	DO	Pediatrics Neonatal-Perinatal
450452	Kaya	Ahmet	MD	Radiology-Diagnostic
444080	Taher	Ahmed	MD	Radiology-Diagnostic
443271	Gashler	Diana	MD	Radiology-Diagnostic
451210	Minhas	Mahad	MD	Radiology-Diagnostic
448010	Keyhani	Arash	DO	Surgery-Vascular Surgery
447957	Saqib	Naveed	MD	Surgery-Vascular Surgery
450411	Nwogbo	Ebele	PA	Urology

UTH Initial Appointments: 30
Total Initial Appointments: 50

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
HCHD Medical Staff Initial Appointments

Provider ID	Last Name	First Name	Degree	Assignment
450472	Uko	Eva	NP	Internal Medicine
038743	McKinney Williams	Lorraine	DPM	Podiatry

HCHD Initial Appointments: 2
Total Initial Appointments: 50

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
BCM/UTH/Harris County Hospital District (Harris Health)
Medical Staff Changes in Clinical Privileges

Affiliation	Last Name	First Name	Degree	Assignment	Changes in Clinical Privileges
BCM	Ali	Afroze	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Antoine-Taylor	Mercella	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Bailey	Franchelle	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Khin	Sanda	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Lateef	Misba	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Nnadi	Victoria	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Okeke	Adaeze	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Robeye	Sasha	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Waqar	Amna	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Khan	Fareed	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Pham	Khoa	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Okoh	Jennifer	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
BCM	Khoury	Soledad	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Chua	Albert	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Nguyen	Giang	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Pabbisetty	Swarajya	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Rajput	Anam	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Scott	Kyle	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Wah	Yu	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege
UTH	Zare-Mehrjerdi	Mohammad	MD	Family Medicine	Removing Insertion/Removal of Implantable Devices (Nexplanon) Privilege

Total Changes in Clinical Privileges: 20

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
Medical Staff Resignations

Affiliation	Last Name	First Name	Degree	Term Date	Assignment
UTH	Patel	Sally	DO	7/7/2026	Anesthesiology
UTH	Rolandelli	Christina	MD	7/7/2026	Anesthesiology
BCM	Nawas	Zeena	MD	6/30/2026	Dermatology
BCM	Cortez	Mia	NP	5/31/2026	Emergency Medicine
BCM	Noble	Ariel	MD	6/30/2026	Emergency Medicine
UTH	Beger	Samuel	MD	6/30/2026	Emergency Medicine
UTH	Orue Quintana	Valeria	MD	7/1/2026	Family & Community Medicine
UTH	Gupta	Tanvi	MD	7/1/2026	Internal Medicine
UTH	Garikipati	Subhash	MD	7/28/2026	Internal Medicine-Gastroenterology
UTH	Jamali	Taher	MD	7/28/2026	Internal Medicine-Gastroenterology
UTH	Syed	Rizwana	MD	7/28/2026	Internal Medicine-Hematology
BCM	Parkerson	George	MD	7/1/2026	Internal Medicine-Infectious Disease
UTH	Cagino	Kristen	MD	6/30/2026	Obstetrics and Gynecology
UTH	Chahine	Khalil	MD	6/29/2026	Obstetrics and Gynecology
UTH	Rysavy	Mary	MD	7/1/2026	Obstetrics and Gynecology
BCM	Yu	Cheryl	MD	6/30/2026	Otolaryngology Head and Neck Surgery
BCM	Lochner	Riley	MD	7/31/2026	Pathology-Neuropathology
UTH	Beyda	Rebecca	MD	6/30/2026	Pediatrics
UTH	Chapman	John	MD	6/30/2026	Pediatrics
UTH	Strachan	Katie	MD	6/30/2026	Pediatrics
UTH	Yetman	Robert	MD	7/28/2026	Pediatrics
BCM	Mirabi	Batool	MD	6/30/2026	Physical Medicine and Rehabilitation
BCM	Cardenas	Katie	PA-C	7/31/2026	Plastic Surgery
HCHD	Shea	James	DPM	6/29/2026	Podiatry
BCM	Candelari	Abigail	PhD	6/30/2026	Psychiatry
UTH	Patel	Mihir	MD	6/30/2026	Radiology-Diagnostic Division
UTH	Irani	Adel	MD	7/1/2026	Surgery-Thoracic & Cardiac Surgery
UTH	Barnett	Ben	MD	7/2/2026	Internal Medicine-Infectious Disease
UTH	Hopson	Elizabeth	MD	7/1/2026	Family & Community Medicine
UTH	Balhotra	Kimen	MD	7/28/2026	Obstetrics and Gynecology

Total Resignations: 30

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
Leave of Absence

Affiliation	Last Name	First Name	Degree	Assignment	LOA Start Date	LOA End Date
UTH	Doyle	Peter	MD	Anesthesiology	4/28/2026	Pending

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
Temporary Privileges Awaiting Board Approval

Affiliation	Provider ID	Last Name	First Name	Degree	Assignment	Date Granted Temps	Date Approved by Board
BCM	437852	Stribling	Lacey	MD	Anesthesiology	6/25/2026	Pending
BCM	450460	Alebiosu	Isiaka	CRNA	Anesthesiology	6/25/2026	Pending
BCM	436940	Mohammed	Masood	DO	Emergency Medicine	6/25/2026	Pending
BCM	450390	Rosenfeld	Lauren	MD	Emergency Medicine	6/25/2026	Pending
BCM	437902	Ye	Daniel	MD	Emergency Medicine	6/25/2026	Pending
BCM	450435	Spillinger	Aviv	MD	Otolaryngology	6/25/2026	Pending
BCM	450426	Younes	Ahmed	MD	Pathology	6/25/2026	Pending
BCM	438734	Fry	Noah	MD	Pediatrics	6/25/2026	Pending
BCM	445070	Hendking	Camrie	MD	Pediatrics	6/25/2026	Pending
BCM	444850	James	Sammie	MD	Pediatrics	6/25/2026	Pending
BCM	445299	Murphy	Megan	DO	Pediatrics	6/25/2026	Pending
BCM	444861	Patel	Heerali	MD	Pediatrics	6/25/2026	Pending
BCM	440362	Prather	Lyndsey	MD	Pediatrics	6/25/2026	Pending
HCHD	450424	Spiller	Gabrielle	NP	Family & Community Medicine	6/25/2026	Pending
UTH	443616	Lim	Kendrick	DO	Emergency Medicine	6/25/2026	Pending
UTH	435962	Gaglani	Tanmay	MD	Internal Medicine	6/25/2026	Pending
UTH	445211	Rao	Sanjana	MD	Internal Medicine	6/25/2026	Pending
UTH	445212	Natha	Cristina	MD	Internal Medicine	6/25/2026	Pending
UTH	438335	Khan	Zubair	MD	Internal Medicine-Gastroenterology	6/25/2026	Pending
UTH	450357	Arain	Mustafa	MD	Internal Medicine-Gastroenterology	6/25/2026	Pending
UTH	450453	Glann	Ashlyn	MD	Ophthalmology	6/25/2026	Pending
UTH	443603	Gallegos	Yesenia	PA	Pathology	6/25/2026	Pending
UTH	445398	Laws	Alexandria	MD	Pediatrics	6/25/2026	Pending
UTH	439438	Villa	Zaira	MD	Pediatrics	6/25/2026	Pending

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report
Urgent Patient Care Need Privileges Awaiting Board Approval

Affiliation	Provider ID	Last Name	First Name	Degree	Assignment	Date Granted Temps	Date Approved by Board
UTH	450470	Khan	Salman	MD	Emergency Medicine	7/15/2026	Pending
UTH	450382	Reyes	Jose	MD	Emergency Medicine	7/15/2026	Pending
UTH	450450	Mesmin	Melson	DO	Emergency Medicine	7/15/2026	Pending
UTH	445283	Soni	Ravi	DO	Emergency Medicine	7/15/2026	Pending
UTH	438335	Khan	Zubair	MD	Internal Medicine-Gastroenterology	6/25/2026	Pending
UTH	450372	Khan	Afshin	MD	Internal Medicine-Gastroenterology	7/2/2026	Pending
BCM	450456	Miller	Angelica	NP	Neurology	7/17/2026	Pending
UTH	40010	Srivaths	Lakshmi	MD	Pediatric Hematology-Oncology	7/2/2026	Pending
UTH	451284	Rascoe	Philip	MD	Surgery	7/24/2026	Pending

Files for Discussion
Credentials Committee – 8/5/2026
Medical Executive Board – 8/11/2026
Board of Trustees – 9/9/2026

Medical Staff	Service & Affiliation	Occurrence Date	Description	Status/ Fine	Comments	Credentials Committee Status	MEB Status
Plasek, Lori CRNA Initial	Anesthesiology UTH	10/26/2017	**Self-Reported/NPDB**: On October 26, 2017, a female patient underwent seven and half hours of elective cosmetic procedures with the attending. The patient failed to disclose pre-existing diagnosis of stage 4 sarcoidosis. After extubating and spontaneous breathing had resumed, the patient was raised to apply bandaging. Upon returning the patient to supine position, it was determined that the patient was not spontaneously ventilating. Resuscitative efforts were unsuccessful and the patient was pronounced dead. The Texas Board of Nursing investigated and dismissed the case.	Settlement $100,000.00 1/12/2023	Malpractice Claim	Credentials Committee reviewed the information and had no concerns. Approved and recommended moving forward to MEB.	MEB reviewed the information and had no concerns. Approved and recommended to move forward to BOT.

MINUTES OF THE MEDICAL EXECUTIVE BOARD
Harris Health
July 14, 2026 4:00pm

VOTING MEMBERS PRESENT	NON-VOTING MEMBERS PRESENT	VOTING MEMBERS ABSENT	NON-VOTING MEMBERS ABSENT	NON-VOTING GUESTS PRESENT
Ibrahim Alava, MD	Louis Smith	Fareed Khan, MD	Jackie Brock	Natasha Abney
Pamela Berens, MD		Efua Leke, MD	Esmaeil Porsa, MD	Madel Aguirre
Thomas Cummins, MD		Antonio Neto, MD		Alma Aranda
John Foringer, MD		Catherine Seger, MD		Michelle Edmond
Jose Garcia, MD		Kunal Sharma, MD, Chair		Jennifer Edwards
Joseph Garcia-Prats, MD				Joey Fisher, MD
Issa Hanna, DDS				Carolynn Jones
Joseph Hasapes, MD				Hilary Ma, MD
Tien Ko, MD				Rita Mack
Dick Kuo, MD				Martha Mims, MD
Sandeep Markan, MD				Herbert Ortiz
Laura Moore, MD				Brad Scott, MD
Catherine Reynolds, MD				Vandana Shah, MD
Colleen Rodriguez, MD				Jennifer Small
Asim Shah, MD, Vice-Chair				Ebon Swofford
Lisa Wofford, MD				Jade Teakell, MD
David Wynne, MD				Jessey Thomas
Mohammad Zare, MD				
Songlin Zhang, MD				

AGENDA ITEM	SUMMARY	ACTION/RECOMMENDATIONS
CALL TO ORDER	A Medical Executive Board meeting of Harris Health was held on June 9, 2026 on Teams. It was called to order at 4:00 pm and was presided over by Dr. Kunal Sharma. A quorum was established at the start of the meeting.	
MINUTES OF THE PREVIOUS MEETING	A motion to approve the minutes of the June 9, 2026 meeting was made by Dr. Sandeep Markan and seconded by Dr. Asim Shah. Motion carried.	
NEW BUSINESS	• **Pilot – Instant Orders for Inpatient Nutrition Consults** Dr. Thomas Cummins Dr. Cummins presented a proposal for a 6-month pilot on instant orders for inpatient nutrition consults for approval. Inpatient nutrition consults will be placed **automatically** for patients: (1) with a nursing malnutrition assessment score of 3 or greater; and (2) without a nutrition consult order in the last 30 days – using the	

	attending physician's name for authentication. It is believed that this will optimize the workflow for nursing and medical staff. This type of order does meet the requirements for being authenticated by a physician from a compliance and accreditation standpoint. Discussion occurred related to the proposed pilot. A motion to approve a 6-month pilot for instant orders for inpatient nutrition consults was made by Dr. Tien Ko and seconded by Dr. Sandeep Markan. Motion carried. • **Revised Harris Health Bylaws** Dr. Asim Shah Dr. Shah presented updates to the Harris Health Medical Staff Bylaws for approval. He reviewed the changes with the MEC, which included language around DEA exemptions, a new section on duty to self-disclose, and changing the System UR Committee meetings to quarterly from monthly. A motion to approve the updated Bylaws as presented was made by Dr. Sandeep Markan and seconded by Dr. Issa Hanna. Motion carried.	
HARRIS HEALTH POLICIES/ DOCUMENTS	***For Approval*** • **Policies 7.03 - Administration of Sedation by Non-Anesthesia Personnel, 7.32 – Standing Orders, 3002 – Pest Policy, 435 – Routine Discharge/Transport of Patient, 620 – Stroke Care: Bedside Nursing Dysphasia Screen, 4195 – Code Blue Resuscitation, CPG.NUR.005 – Nursing Guideline for Awake Proning, SDO ACS106 – QuickVue Dipstick Strep A Test, SDO ACS144 – Screening Labs for Prep Patients, SMO.PH01 – Ordering of Diabetic Supplies by Certified Diabetes Care Education** Dr. Sharma stated that all policies were reviewed and approved at the MEC meetings. A motion to approve Policies 7.03 - Administration of Sedation by Non-Anesthesia Personnel, 7.32 – Standing Orders, 3002 – Pest Policy, 435 – Routine Discharge/Transport of Patient, 620 – Stroke Care: Bedside Nursing Dysphasia Screen, 4195 – Code Blue Resuscitation, CPG.NUR.005 – Nursing Guideline for Awake Proning, SDO ACS106 – QuickVue Dipstick Strep A Test, SDO ACS144 – Screening Labs for Prep Patients, and SMO.PH01 – Ordering of Diabetic Supplies by Certified Diabetes Care Education was made by Dr. Asim Shah and seconded by Dr. Tien Ko. Motion carried.	
STANDING BUSINESS	• **Reports from Chiefs of Staff** Ben Taub Hospital – Dr. Sandeep Markan Dr. Shah presented the BT Chief of Staff Report for Dr. Markan. The committee reviewed and approved the policies presented earlier in the meeting. Carolynn Jones gave an update on DNV findings on operative reports and fit testing. Discussion occurred with no further action. Lyndon B. Johnson Hospital – Dr. Tien Ko	

	Dr. Ko presented the LBJ Chief of Staff Report. He provided a brief overview of the meeting. Dr. Sharma stated that Dr. Cummins and Jessey Thomas have been leading an effort to look at all policies to determine which ones really need to come forward to MEC/MEB for approval. Discussion occurred with no further action. Ambulatory Care Services – Dr. Mohammad Zare/Dr. Fareed Khan Dr. Zare presented the ACS Chief of Staff Report. The committee reviewed and approved the policies presented earlier in the meeting. The committee heard construction and building updates. Discussion occurred with no further action. • **Chief Medical Executive Report** Dr. Thomas Cummins Dr. Cummins presented the Chief Medical Executive Report. He presented updates related to DNV, Medical Director job descriptions, resident escalation tools, and quality incentives. He also reviewed upcoming Epic discharge planning tools and UM updates. Discussion occurred with no further action. • **Administrative Report** Louis Smith Louis Smith presented the Administrative Report. He stated that they are getting into the final stages of the FY27 budget. The Board will be taking action tomorrow related to the staffing plans for both schools. The FY27 budget will be reviewed with the Board in July and going through the county process in late July-September. Discussion occurred with no further action.	
COMMITTEE REPORTS	• **Emergency Center Committee** Dr. Ira Nemeth/Dr. Catherine Reynolds Dr. Reynolds presented the Emergency Center Committee Report. The committee discussed boarding metrics and there is work being done through a subcommittee to standardize and organize those metrics. Discussion occurred with no further action. • **Medical Records** Dr. Vandana Shah/Dr. Robby Wesley Dr. Shah presented the Medical Records Committee Report. She thanked services for their efforts in having trainees follow the check-out process with Medical Staff Services and HIM. She reminded the group that faculty leaving Harris Health should follow the same process. Dr. Shah presented the Authorization for Use and Disclosure of PHI for Medicare Form for approval. A motion to approve the Authorization for Use and Disclosure of PHI for Medicare Form was made by Dr. Sandeep Markan and seconded by Dr. Asim Shah. Motion carried. • **Pharmacy & Therapeutics Committee** Dr. Daud Sheikh-Hamad/Dr. Jade Teakell	

	Dr. Teakell gave the Pharmacy & Therapeutics Committee Report. The executive summary with items needing approval was presented and approved. A motion to approve the P&T report including all recommended action items was made by Dr. Shah and seconded by Dr. Markan. Motion carried. A motion to approve all committee reports and associated approval items was made by Dr. Sandeep Markan and seconded by Dr. Asim Shah. Motion carried. • **Credentials Committee** Dr. Brad Scott/Dr. Colleen Rodriguez The Credentials Committee Report was presented by Dr. Scott. The updated Pediatric General Clinical Privileges was presented and approved. Dr. Scott presented the Credentials Committee Report. There were twenty-seven (27) initial appointments, zero (0) reappointments, forty-one (41) changes in clinical privileges, and eight (8) resignations. A motion to approve the Credentials Committee Report was made by Dr. Tien Ko and seconded by Dr. Shah. Motion carried. The Medical Executive Board went into Executive Session at 4:35pm. The Medical Executive Board reconvened at 4:40pm.	• **<u>Approved:</u>** • 27 initial applications • 0 reappointments • 41 change/add privileges • 8 resignations
ADJOURNMENT	The chair noted no further business and the meeting was adjourned at 4:41pm.	

Minutes recorded by Medical Staff Services (CR)

Wednesday, September 9, 2026

Executive Session

Report Regarding Harris Health Correctional Health Quality of Medical and Healthcare, with 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, Including Consideration of Approval of Credentialing Changes for Members of the Correctional Health Medical Staff Upon Return to Open Session.

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

Board of Trustees

HARRISHEALTH

September 2026 Correctional Health Credentials Report

Medical Staff Initial Appointments: 10

Medical Staff Reappointments: 0

Medical Staff Resignations: 0

Medical Staff Files for Discussion: 0

Board of Trustees

HARRISHEALTH

September 2026 Correctional Health Credentials Report Medical Staff Initial Appointments

Provider ID	Affiliation	Last Name	First Name	Degree	Assignment
451195	CH-Cross Country	Ngole	Richard	NP	Family & Community Medicine
451222	CH-Cross Country	Isiguzo	Racheal	NP	Family & Community Medicine
451137	CH-PRI	Berilgen	Odette	NP	Family & Community Medicine
451375	CH-PRI	Nking	Sarah	NP	Family & Community Medicine
438994	CH-HCHD	Khuc	Daniel	MD	Family & Community Medicine
451200	CH-Amergis	Abid	Ibrahim	MD	Internal Medicine
439773	CH-HCHD	Dash	Ashkar	MD	Internal Medicine
451286	CH-Cross Country	Abouelsaad	Mai	MD	Internal Medicine
450440	CH-Harris Center	McArthur	Joshua	DO	Psychiatry
443307	CH-Harris Center	Egbe	Danielle	DO	Psychiatry

Total Medical Staff Initial Appointments: 10

Wednesday, September 9, 2026

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 August 11, 2026.

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

Thank you.

Jessey Thomas, MBA, MSN, RN, CSMP
Senior Vice President, Medical Affair

Board of Trustees

HARRISHEALTH

September 2026 Medical Staff Credentials Report

Medical Staff Initial Appointments: 50

BCM Medical Staff Initial Appointments - 18
UT Medical Staff Initial Appointments - 30
HCHD Medical Staff Initial Appointments- 2

Medical Staff Reappointments: 0

BCM Medical Staff Reappointments
UT Medical Staff Reappointments
HCHD Medical Staff Reappointments

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Changes in Clinical Privileges: 20

BCM/UT/HCHD Medical Staff Resignations: 30

Other Business:

Leave of Absence - 1

For Information:

Temporary Privileges Awaiting Board Approval - 24
Urgent Patient Care Need Privileges Awaiting Board Approval - 9

BCM/UT/Harris County Hospital District (Harris Health) Medical Staff Files for Discussion: 1

Medical Staff Initial Appointment Files for Discussion - 1
Medical Staff Reappointment Files for Discussion - 0

Wednesday, September 9, 2026

Consideration of Approval of Changes to the Pediatric Clinical Privileges

A request was made to add the following language to the Pediatric Clinical Privileges:

SPECIAL NONCORE PRIVILEGES

☐ Provide breastfeeding and lactation medicine services*

***With documentation of the current board certification of North American Board of Breastfeeding and Lactation Medicine (NABBLM)**

The Chiefs of Service at BT and LBJ have reviewed and have agreed with the addition to the Special Noncore Privileges.

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

Jessey Thomas, MBA, MSN, RN, CSMP
Senior Vice President, Medical Affair

Applicant Name: _____

Please Choose Pavilion for Requested Privileges:
☐ **Ben Taub;** ☐ **LBJ;** ☐ **ACS:**_____
Print ACS Clinic Name

QUALIFICATIONS FOR PEDIATRIC MODERATE AND DEEP SEDATION

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

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

SPECIAL NONCORE PRIVILEGES (See Specific Criteria)
If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence as deemed sufficient by the department chief/chair.

Provide family planning counseling and services including:
☐ Insertion/ removal of Intrauterine devices
☐ Insertion/removal of implantable devices***** (i.e., Nexplanon)
***With documentation of successful completion of an approved course**
☐ Provide breastfeeding and lactation medicine services*
***With documentation of the current board certification of North American Board of Breastfeeding and Lactation Medicine (NABBLM)**

☐**SPECIAL 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**

Wednesday, September 9, 2026

Consideration of Approval of the Revised 2026 Harris Health Medical Staff Bylaws

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

A summary of the proposed revisions is provided below:

- Definitions (Page 1)
  - Added definition of "Health Matter"
  - Added definition of "Inappropriate Conduct"
- Article III, Section 2 – Medical Staff Membership, Qualifications for Membership (Page 6)
  - Updated language to clarify exemption process for DEA requirement
- Article III, Section 7 – Medical Staff Membership, Duty to Self-Disclose (Page 12)
  - Added new Section 7 – Duty to Self-Disclose to clarify events a medical staff member is required to self-disclose with required timeframes
- Article XIV, Section 14 – Utilization Review Committees (Page 69)
  - Meeting frequency changed to "quarterly" from "monthly"

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

Jessey Thomas, MBA, MSN, RN, CSMP
Senior Vice President, Medical Affair

MEDICAL STAFF BYLAWS
December 2026~~5~~

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

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

MEDICAL STAFF

PREAMBLE

WHEREAS, The Harris County Hospital District d/b/a 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), 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 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, 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 **"HEALTH MATTER"** means any physical, mental, or emotional condition that could adversely affect a Practitioner's or APP's ability to practice safely and competently.

26.~~5.~~ The term **"HONORARY STAFF"** means inactive Medical Staff members who are honored by emeritus positions.

27. ~~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.

28. The term **"INAPPROPRIATE CONDUCT"** means behavior that adversely affects the healthcare team's ability to work effectively and/or has a negative effect on the communication and collaboration necessary for quality and safe patient care.

29.~~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 non-procurement 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.

30.~~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.

31.~~29~~. The term **"MEDICAL EXECUTIVE BOARD"** means the committee with authority to exercise Harris Health system-wide functions on behalf of the Medical Staff.

32.~~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, (~~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.

33.~~31.~~ The term **"PATIENT CONTACTS"** shall mean admissions, discharges, inpatient procedures, consultations, outpatient encounters or procedures.

34.~~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 Committee shall determine the degree of subject matter expertise required on a case-by-case basis.

35.~~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 Practice Improvement Committee (PIC) conducts a peer review with input from one or more Practitioner or APP colleagues (peers).

36. ~~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.

37.~~35.~~ The term **"PODIATRIST"** means an individual with a D.P.M. or equivalent degree licensed to practice podiatry by the State of Texas.

38. ~~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.

39.~~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.

40.~~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.

41.~~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.

42.~~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.

43.~~41.~~ The term **"STATE"** shall mean the State of Texas.

44.~~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.

45.~~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 (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);~~

  Required, or an exemption approved by the Credentials Committee and documented by a signed DEA Exemption Attestation form.

  No DEA or Attestation form is required for the following unless they intend to independently administer, prescribe, or dispense controlled substances:

  - Pathologists
  - Diagnostic Radiologists
  - Certified Registered Nurse Anesthetists (CRNA)
- 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. A Practitioner who does not meet the qualification described in Section 2.d. 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 an 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 an 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 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 performance data review 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.

Section 7. Duty to Self-Disclose

Medical Staff members have an affirmative, continuing duty to self-disclose, upon becoming aware, the following items to Medical Staff Services promptly, and in no event later than the time frames stated in each subsection below. Notification may occur in writing, including via email, or via oral communication to the Director of Medical Staff Services and Harris Health Credentialing Office at medicalstaffservices2@harrishealth.org provided that any oral notification is confirmed in writing via email.

a. **State Licensing Board Actions –** Medical Staff members must self-disclose any suspension, limitation or placement of a condition on the member's professional license by the Texas licensing board within **twenty-four (24) hours** of becoming aware of the licensure action. *This does not include investigations by the state licensing board unless the investigations involve issues that require self-disclosure pursuant to the Bylaws.*

b. **Other Licensing or Certification Actions** – Medical Staff members must self-disclose any suspension, limitation or placement of a condition on the member's other required licenses or certifications, including but not limited to medical license, DEA license, Board certification depending on specialty, ACLS certification or other such licensure or certification related to the practice of medicine within **twenty-four (24) hours** of becoming aware of the licensing or certification action. *This does not include investigations by the state licensing board unless the investigations involve issues that require self-disclosure pursuant to the Bylaws.*

c. **Criminal Charges, Indictment, Conviction, or Plea** – Medical Staff members must self-disclose any felony criminal charge, indictment, conviction, or guilty or nolo contendere plea, or a lesser criminal charge, indictment, conviction, or guilty or nolo contendere plea for allegations involving substance abuse, minors, assault, battery, fraud, dishonestly, moral turpitude, or the delivery of health care services no more than **twenty-four (24) hours** after becoming aware of the action.

d. **Lawsuits and Settlements** - Medical Staff members must self-disclose within **thirty (30)** days after having actual knowledge of:

(1) The filing or service of a lawsuit based on a health care liability claim wherein the Medical Staff member is named as a defendant or the Medical Staff member's behavior, actions, inactions and/or performance that is in any way the basis of any of the allegations; or

(2) A settlement of a health care liability claim or lawsuit; or

(3) A dismissal of a lawsuit or judgment rendered in a lawsuit based on a health care liability claim.

e. **Health Matter** – Health Matter as defined by these Bylaws is any physical, mental, or other condition that could adversely affect a Practitioner's or APP's ability to practice safely and competently. This applies to potential Health Matters impacting the reporting Medical Staff member or potential Health Matter impacting other Medical Staff members.

(1) Medical Staff members must self-disclose any potential Health Matter no more than **seventy-two (72) hours** of becoming aware of the potential Health Matter and in accordance with the Medical Staff Health policy. See the Medical Staff Health Policy 7.43, Section II A. and B.

(2) If the Health Matter involves a Practitioner or APP who is currently providing patient care or is expected to imminently provide patient care self-disclosure must occur **immediately.** *Examples include alcohol or substance use or treatment for substance use disorder, stroke.*

f. **Inappropriate Conduct** - Inappropriate Conduct as defined by these Bylaws is behavior that adversely affects the healthcare team's ability to work effectively and/or has a negative effect on the communication and collaboration necessary for quality and safe patient care. *Examples include abusive language, demeaning comments or physical or aggressive behavior.*

(1) Medical Staff members must self-disclose any Inappropriate Conduct no more than **seventy-two (72) hours** of becoming aware of the Inappropriate Conduct, and in accordance with the Medical Staff Professionalism policy.

(2) If the Inappropriate Conduct has the potential to result in harm to others, self-disclosure must occur **immediately.** This applies to Inappropriate Conduct impacting the reporting Medical Staff member or Inappropriate Conduct impacting other Medical Staff members.

g. **Cessation of Employment** – Medical Staff members must self-disclose their own cessation of employment with Baylor College of Medicine, The University of Texas Health Science Center at Houston, Harris Health, or any other entity contracted to provide clinical care at Harris Health, within **seventy-two (72) hours** of the date of the cessation.

h. **Leave of Absence** – Medical Staff members must self-disclose their own leave of absence with Baylor College of Medicine, The University of Texas Health Science Center at Houston, Harris Health, or any other entity contracted to provide clinical care at Harris Health, **30 days** or as soon as reasonably possible prior to the requested leave of absence, unless related to Medical Leave of Absence. See the Medical Staff Bylaws Article III, Section 6.

i. **Ineligible Person** – Medical Staff members must self-disclose if they become an Ineligible Person, as that term is defined in these Bylaws, within **seventy-two (72) hours** of receiving notice.

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 Midwifes (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 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

   © 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);
- 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 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 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. 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 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^{th}) 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^{th}) 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) 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;

© 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;

© 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;

© 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

b. 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.

c. 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.

d. 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:

g. Adverse Action by the Governing Body

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

h. 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

i. 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.

j. 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.

k. 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

l. 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;

© 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 1st 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 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 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 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 and the Professionalism and Well-Being Committee.

The CME's responsibilities include the following:

m. Assume accountability for the implementation and evaluation of Harris Health's Quality, Safety, and Performance Improvement Plan;

n. Facilitate compliance with regulation and/or standard requirements by overseeing the quality of patient care, treatment, and services provided;

o. Provide for structures and processes to support timely and accurate information through data acquisition, analysis, validation and reporting; and

p. 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 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 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 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 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, 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, 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 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 Service; 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 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 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 APPs employed by Harris Health.

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

c. Meetings

The subcommittee shall meet monthly. 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 6. 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 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 7. 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 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.

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 8. Infection Prevention Committee

a. Duties

The committee shall investigate facility/community acquired infections within Harris Health 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. Voting members shall also include the Chief Nursing Executive (CNE) or Designee..

c. Meetings
The committee shall meet quarterly. There shall be a separate Infection Prevention 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 Committee.

Section 9. 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) 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, administration and medical records.

c. Meetings

The committee meets monthly. Not fewer than three (3) 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 12. 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 13. 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.
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 these Bylaws. The committee shall have equal representation from the University of Texas Health Science Center at Houston 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 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.

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~~ quarterly 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 (5) members of the Active Medical Staff, including the Chief Medical Executive and Chief Executive Officer or designee. Representatives of 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~~quarterly.

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 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:

DATE: ~~9/9/2025~~

Kunal Sharma, MD
Chairperson, Medical Executive Board

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

DATE: ~~12/18/2025~~

Andrea Caracostis, MD, MPH
Chairperson, Governing Body

Wednesday, September 9, 2026

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 August 10, 2026.

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

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

Board of Trustees

HARRISHEALTH

September 2026 Correctional Health Credentials Report

Medical Staff Initial Appointments: 10

Medical Staff Reappointments: 0

Medical Staff Resignations: 0

Medical Staff Files for Discussion: 0

Wednesday, September 9, 2026

Consideration of Approval of the Proposed Harris Health System Fiscal Year 2027 Operating and Capital Budget

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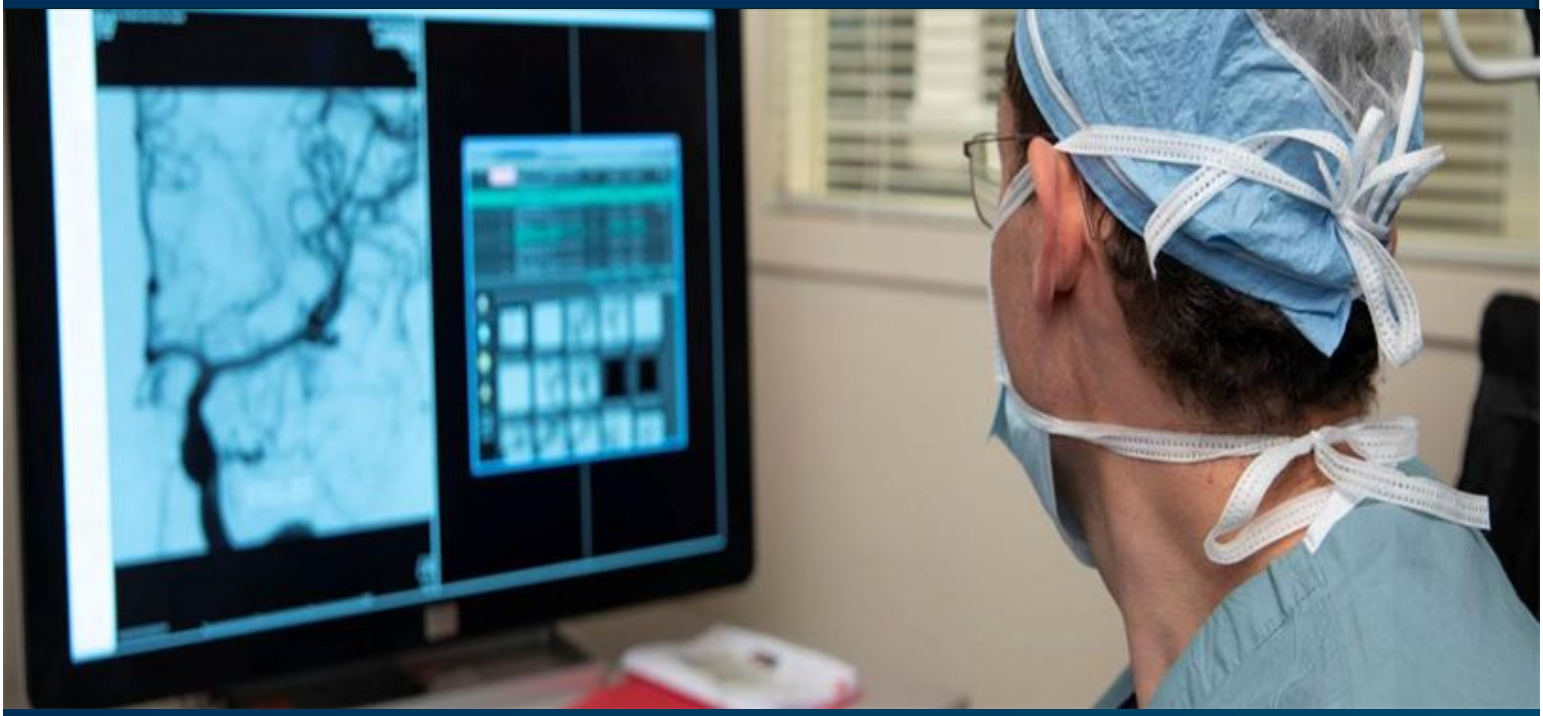
Administration recommends approval of a Harris Health System Fiscal Year 2027 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2026 Tax Rate that will result in net ad valorem tax revenue not to exceed the amount shown in the proposed Budget.

The following Taxpayer Impact Statement is provided, pursuant to Texas Government Code Ann. §551.043:

> **The proposed Harris Health budget is based on a tax rate that, if adopted, would increase the tax on the median-valued homestead property by $18 compared to the current year (from $439 in tax year 2025 to $457 in tax year 2026). If Harris Health were to adopt a budget based on the no-new-revenue tax rate as calculated under Chapter 26, Tax Code, the tax property tax bill on the median-valued homestead property would decrease by $2 compared to the current year (from $439 in tax year 2025 to $437 in tax year 2026). The estimates in the above Taxpayer Impact Statement are valid only for the proposed budgets and proposed tax rates that the Commissioners Court will discuss at its meeting on September 17, 2026. The proposed budgets and the proposed tax rates may each be amended by Commissioners Court at any time before their final adoption. Numbers may not tie due to rounding.**

Victoria Nikitin
EVP – Chief Financial Officer



Fiscal Year 2027

Proposed Operating and Capital Budget

Harris Health Board of Trustees

September 9, 2026

HARRISHEALTH

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LETTER FROM THE CHIEF FINANCIAL OFFICER

As we prepare for FY 2027, Harris Health remains focused on advancing our mission to improve the health of our community through high-quality, accessible care while maintaining strong financial stewardship.

The FY 2027 Budget reflects a balanced approach to addressing the growing healthcare needs of Harris County. This financial plan supports strategic investments in primary care access, specialty services, workforce recruitment and retention, technology, and operational infrastructure while maintaining a disciplined focus on financial sustainability.

At the same time, we continue to navigate a complex healthcare environment characterized by reimbursement uncertainty, inflationary pressures, and increasing demand for services. These realities require thoughtful planning, ongoing monitoring, and a commitment to operational excellence.

The resulting budget reflects our commitment to responsible resource allocation, productivity improvement, and strategic investment in areas that deliver the greatest value to our patients and community and strengthens the long-term financial health of the organization.

By continuing to invest in our people, facilities, and care delivery capabilities, we position Harris Health to meet the evolving needs of the populations we serve while preserving financial flexibility for the future.

Respectfully,
Victoria Nikitin, CPA, MBA
EVP & Chief Financial Officer

EXECUTIVE SUMMARY

Harris Health is presenting for consideration its proposed FY 2027 Operating and Capital Budget for the 12-month planning period from October 1, 2026, through September 30, 2027.

Harris Health's administration recommends a 3.3% operating margin for FY 2027, contingent upon the Commissioners' Court final adopted tax rate for Harris Health. The proposed Operating Budget for the fiscal year currently reflects a positive bottom line of $98.5 million and underscores the ongoing effort to manage operations and continue the implementation of Harris Health's Strategic Plan.

Likewise, the proposed FY 2027 Capital Budget reflects the ongoing commitments to routine infrastructure maintenance, timely refresh of medical equipment and information technology tools, and facility projects.

The Harris Health budget excludes the operating results for Community Health Choice, Inc. (HMO), Harris County Hospital District Foundation, and the Harris Health Strategic Fund.

AN OVERVIEW OF HARRIS HEALTH TODAY

Regarded as one of the best public safety net health systems in the U.S., Harris Health is the largest medical provider serving Harris County's residents who are uninsured and those insured through Medicaid. Harris Health is recognized for its quality and patient safety, as well as the access it provides to a wide range of treatment modalities, regardless of patients' insurance status.

With a committed employee base of over 10,000 individuals, Harris Health includes two nationally recognized hospitals and 40 ambulatory and mobile sites providing services to Harris County residents. Ben Taub Hospital ("Ben Taub") and Lyndon B. Johnson Hospital ("LBJ") are Harris Health's acute care sites. Ben Taub is a nationally recognized adult Level I Trauma Center and LBJ is an active community and teaching hospital with an adult Level III trauma center. Together, they are two of the busiest emergency centers in Harris County, providing 162,648 emergency visits in fiscal year 2025. Since its founding in 1966, Harris Health has provided the highest level of trauma care available to those in need regardless of their insurance status. Both hospitals are consistently at or near capacity, with little ability to flex to meet the needs of a growing population in Harris County or the expected increases to the uninsured population resulting from reductions in the number of people covered under the Affordable Care Act and reductions in Medicaid funding resulting from the One Big Beautiful Bill Act.

Further, Harris Health delivers over 1.5 million patient encounters annually through its ambulatory care sites. Located throughout Harris County, Harris Health's ambulatory care sites provide access to primary care, specialty care, urgent care, ambulatory surgery, ancillary services and a Food Farmacy/Food Rx program that promotes health by improving access to healthy foods for food-insecure patients.

The cost of charity care provided by Harris Health for the benefit of the Harris County community exceeded $713.5 million in FY 2025, but Harris Health's impact goes far beyond providing critical healthcare services. Clinical care is provided in partnership with Baylor College of Medicine, McGovern Medical School at UTHealth and The University of Texas M.D. Anderson Cancer Center. Through these and other affiliated academic partnerships and training programs, Harris Health helps train the region's future healthcare workforce, ensuring that the next generation of doctors, nurses and other healthcare professionals are prepared to provide the highest quality of care for all Harris County residents.

Also, as independent consulting firm Tripp Umbach established, Harris Health is a driving force in the Harris County economy. The study indicated that in FY 2022 (March 2021-February 2022), Harris Health operations generated more than $4.8 billion directly and indirectly in the Harris County economy. Moreover, every $1 Harris Health receives in ad valorem taxes generates $5.89 in the local economy. Harris Health supports 29,237 jobs directly and indirectly in Harris County, resulting in one in every 70 jobs in the county. Further, Harris Health's operations generated $132.9 million in state and local taxes. These impressive economic impact numbers are based on the health system's operations in the Harris County economy.

ONE HARRIS HEALTH: LEADING WITH CARE. PARTNERING FOR HEALTH

In November 2025, Harris Health's Board of Trustees approved the **Harris Health 2026-2030 Strategic Plan, *One Harris Health: Leading with Care. Partnering for Health***. Harris Health's 2026-2030 Strategic Plan is built on its current success as a safety net provider and positions the organization as a leader in disease prevention and health promotion by strengthening the health of communities it serves.

The FY 2027 budget proposal aligns investments with the Plan's six strategic pillars:

- **Quality & Patient Safety** – As a high-reliability organization, Harris Health will achieve optimal health outcomes and provide safe, effective, person-centered care.
- **People** – Harris Health will empower and engage its patients, workforce and communities by providing opportunities to learn, grow and thrive.
- **Resiliency** – Harris Health will anticipate, adapt to and learn from internal and external risks without compromising our commitment to our mission, vision and values.
- **Health Promotion & Disease Prevention** – Harris Health is committed to collaborating with others to improve health, reduce disparities and increase the quality of life for the communities we serve.
- **System Optimization** – Harris Health will leverage people, technology and other resources to improve its value to the community.
- **Access** – Harris Health will provide care, education and opportunities for collaboration when, where and how our communities need it.

These pillars serve as the means to define and measure the organization's success over the next five years to ensure Harris Health can continue to deliver the results necessary to be a leading safety net system.

STRATEGIC FACILITIES PLAN HIGHLIGHTS

In November 2023, 72% of Harris County voters approved Harris Health's $2.5 billion bond proposal, paving the way for Harris Health to execute the first phase of its Strategic Facilities Plan.

Lyndon B. Johnson Hospital

Much progress has been made on the LBJ Campus. The design phase for the replacement inpatient hospital, John M. O'Quinn, is complete and construction is ongoing, with occupancy projected in Q1 of 2029. A new visitor parking garage and Central Utility Plant are also under construction, with expected completion of both in 2027. The Board also recently approved the design work for the addition of radiation oncology and infusion therapy on the campus, with construction completion expected in 2029.

Ben Taub General Hospital

On the Ben Taub campus, Harris Health has completed its telemetry expansion and is in the design development phase for the Critical Care Unit (CCU) renovation and reconfiguration, which is expected to be completed in the first quarter of 2028. Harris Health is also in the planning phase for numerous imaging equipment replacements and improvements and is preparing to begin a number of projects intended to address key mechanical, electrical, plumbing and sewer issues. Simultaneously, planning will continue for a new patient care tower (approximately 120 beds).

Ambulatory Care Services

Harris Health has determined two out of three locations for new ambulatory care clinics that will be funded, in part, with bond proceeds. Additional Ambulatory Care projects that are in the design phase include imaging and radiation oncology improvements at Smith Clinic,

development of urgent care centers on the campuses of Casa de Amigos, El Franco Lee, and Vallbona, campus improvements at Vallbona, a new Pasadena Square Health Center, and an expansion/renovation of Cypress Health Center, among others.

STRATEGIC INITIATIVE HIGHLIGHTS

In FY 2027, Harris Health will continue executing a focused portfolio of strategic initiatives designed to improve operational efficiency, expand access to care, and strengthen the technology infrastructure needed to support long-term growth. The following initiatives are **in progress** and included in the FY 2027 budget proposal:

- **Holly Hall Operations Center** will come online in FY 2027. It will include the pharmacy robotics system that fills and delivers over 2 million prescriptions to patient homes as well as EMS services, with future plans to house all remote patient care operations;
- Harris Health will expand patient access through increased capacity in the **Hospital at Home** program and growth of the **Quentin Mease Endoscopy Center**, enabling more patients to receive timely, high-quality care in the most appropriate setting;
- Harris Health will continue to **enhance the Correctional Health** platform through the hiring of providers, further development of telemedicine strategies, and Rover expansion;
- Key technology deployments will continue to be advanced, including **Epic Back to Foundation** major release 2, **Epic Rover,** and **Unified Communications** phase 2. These investments build on recent implementations of Microsoft 365, ServiceNow, and patient flow technologies, enabling more standardized workflows, improved productivity, and greater operational effectiveness; and
- Harris Health will continue strengthening its enterprise capabilities through investments in **data and analytics, imaging, cybersecurity, and threat vulnerability management**, while advancing health information exchange efforts with community partners.

Additional initiatives will be considered throughout the year based on alignment with strategic priorities and the availability of funding.

Harris Health's 2026–2030 Strategic Plan, One Harris Health: Leading with Care. Partnering for Health sets a focused path forward that honors the System's legacy, recognizes current and potential future challenges and prepares Harris Health to lead at a time of unprecedented change.

STRATEGIC OUTLOOK CONSIDERATIONS

Key Risk Considerations

Persistent financial instability from unpredictable federal and state policy, including changes in reimbursement and fiscal policy.

Uncertainty regarding the size and structure of the Texas Uncompensated Care Pool, creating forward-looking risk to Medicaid supplemental funding for fiscal years 2028-2030.

Ongoing uncertainty related to 340B pharmaceutical rebate programs resulting in the potential loss of funding and cash flow issues related to federal policy changes as systems are increasingly required to fund drugs purchases upfront and pursue reimbursement amid evolving program requirements.

Declining ACA Marketplace enrollment's adverse impact on payer mix and patient volumes, has increased the level of unfunded care to 50.2% in July 2026 creating risk from the impact of the One Big Beautiful Bill and a reduction in commercial insurance revenue.

Investment market volatility resulting in fluctuations of pension liability and year over year variability in pension expense.

Opportunities

Improved workforce productivity represents the largest internal lever for reducing expenses, enabling more efficient deployment of workforce resources while maintaining access, quality and service levels.

Supply standardization presents a meaningful opportunity for cost savings, improving purchasing leverage, reducing clinical variation and driving sustainable supply chain savings.

Pharmaceutical initiatives can potentially deliver significant cost savings through disciplined formulary management and enhanced Patient Medication Assistance Program optimization, helping to mitigate potential cost increases associated with 340B pharmaceutical rebate program changes.

Strategic Plan Considerations Fiscal Year 2028 & Beyond

- The new John M. O'Quinn Hospital on the LBJ campus is scheduled to open in January 2029 with 330 licensed beds, compared to 215 in the existing LBJ hospital. Staffing for the expanded facility (including hospital staff and medical staff) will begin in FY 2028.
- The new cancer center on the LBJ campus is scheduled to open in mid-2029. Radiation therapy will be a new service offered. Staffing for the new center (including hospital staff and medical staff), will also begin in FY 2028.
- Greater Alief Health Center, which is a net new clinic, will open in FY 2028 and staffing of both clinic staff and medical staff will begin in FY 2028.

FY 2027 BUDGET ASSUMPTIONS

The FY 2027 proposed budget is based on the following planning assumptions, which serve as the foundation for the patient volumes, revenue and operating expense projections presented below.

Baseline and Forecasting

Projected FY 2026 year-end results, based on actual financial performance through June, serve as the baseline for development of the FY 2027 budget. Revenue and expense projections are updated to reflect current trends, known commitments, and applicable inflationary assumptions. In addition, prioritized systemwide strategic initiatives and the operating impacts associated with strategic capital investments are incorporated into the operating budget. Collectively, these assumptions support the FY 2027 Statement of Revenue and Expenses and provide context for the detailed revenue and operating expense projections presented in the following sections.

PATIENT VOLUME PROJECTIONS

Consistent with Harris Health's ongoing commitment to serving the community, no modifications to the Harris Health Financial Assistance Program or indigent care policy are anticipated that would impact patient volumes. While projections indicate stable overall volumes as compared to current year levels, Harris Health continues to advance strategies that optimize its patient care platform and align with its strategic pillars, ensuring the delivery of high-quality, accessible care across the system.

Fiscal Year 2027 Statistical Highlights

236,632
Total Patient Days including Observations

42,850
Total Cases Occupying Beds

159,667
Emergency Room Visits

22,894
Surgery Cases

897,571
Total Clnic Visits

1,545,081
Total Outpatient Visits

4,129
Births

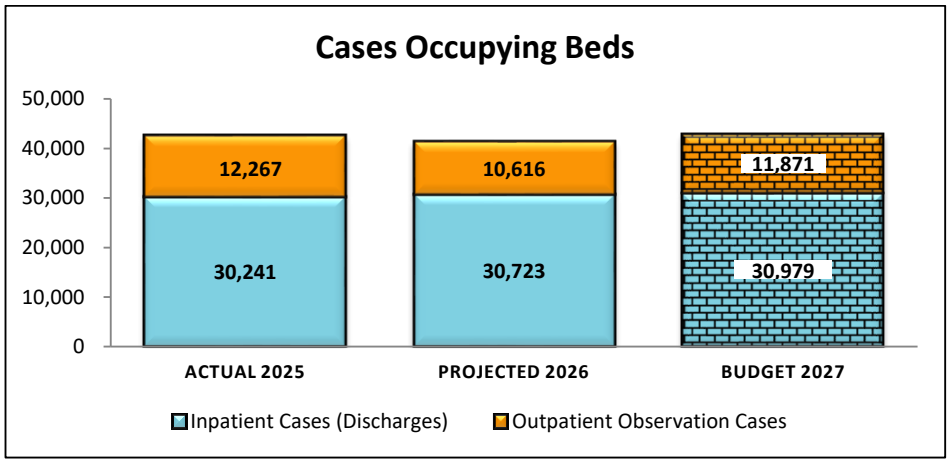
98%
Occupancy excluding newborns

664
Hospital at Home Cases

2,837
Hospital at Home Patient Days

Inpatient Volumes

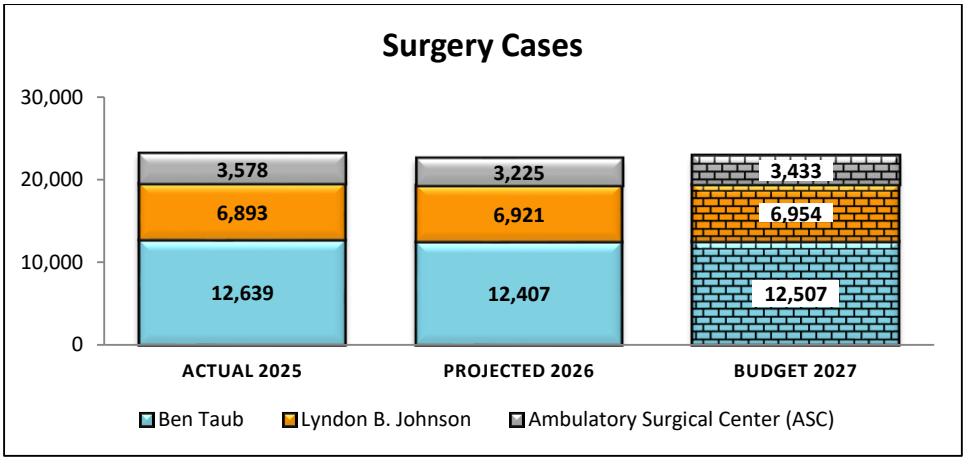
In the acute care pavilions, capacity on both the Ben Taub and LBJ campuses consistently exceeds 90%, restricting opportunities for growth. While both hospitals continue to implement initiatives to address patient throughput, the total number of cases occupying beds is expected to remain consistent with current fiscal year levels. Accordingly, total patient days, inclusive of outpatient observation days, are projected at 236,632 for FY 2027, compared to the 238,698 projected days for FY 2026. Total cases occupying beds are projected at 42,850, with inpatient cases at 30,979 and outpatient observation cases at 11,871, compared to a projected total of 41,339 cases for FY 2026.



Hospital at Home (HaH), launched in February 2024, became the first program in the Houston metropolitan area to provide acute care in patients' homes. Admissions paused briefly in early FY 2026 because of regulatory uncertainty surrounding the Centers for Medicaid & Medicare Services (CMS) waiver although they resumed in late November 2025. The program expects 350 admissions by FY 2026 year end and remains the only fully operational Hospital at Home model in Harris County. Further expansion to the nursing team is anticipated in FY 2027 to help increase census capacity in support of relieving capacity constraints at Harris Health's acute care hospitals. Hospital at Home is expected to support 664 inpatient cases and 2,837 patient days in the upcoming fiscal year.

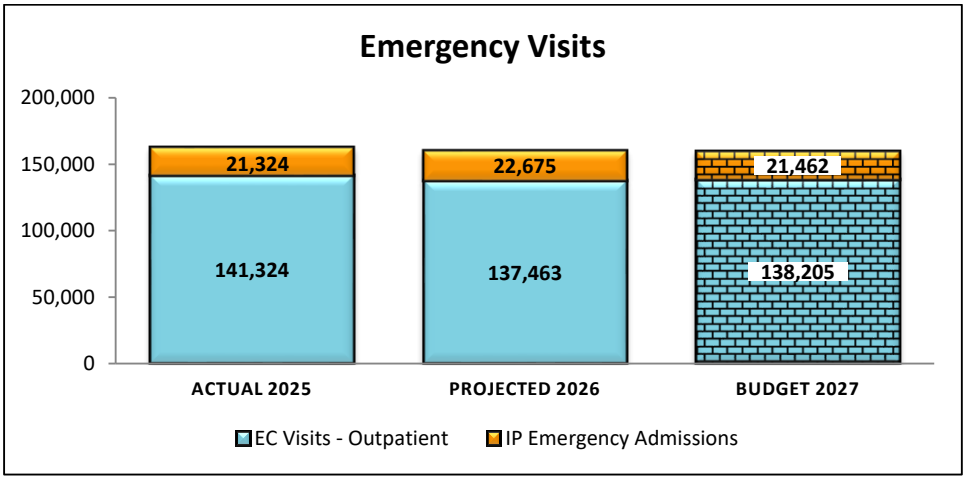
Surgery Cases

Inpatient surgeries are projected at 10,420 cases, a 2.2% increase from the FY 2026 year-end estimate of 10,191. Outpatient surgeries are projected at 12,474 cases, up 1.5% from the FY 2026 estimate of 12,288. Although the Outpatient Center's planned operating room refresh will continue through March 2027, surgery volume at the center is expected to increase by 6.5%. Total surgery case volumes for FY 2027 are estimated at 22,894.



Emergency Room Visits

Emergency room visits are projected at 159,667 for FY 2027, a modest increase of 1,139 visits, or 0.7%, from the FY 2026 annualized volume of 158,528; however, volumes remain below historical levels. Harris Health continues to implement strategies aimed at improving throughput and further decompressing its Emergency Centers, including changes related to patients boarding in the Emergency Center.



Births

Consistent with FY 2026 projected year-end estimates, FY 2027 births are projected at 4,129 reflecting the downward trend seen nationwide.

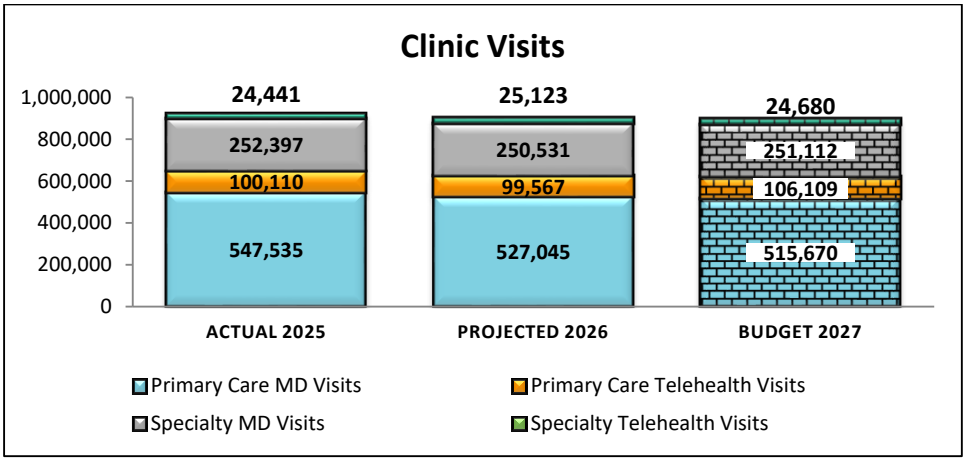
Outpatient Visits

Outpatient visits, inclusive of primary, specialty, and telehealth visits are expected to remain consistent with current year levels, with just a slight decrease of 0.5% for a total of 897,571 projected visits for FY 2027.

While Harris Health anticipates declines from delayed care and insurance coverage losses, Ambulatory volume is expected to remain relatively stable as anticipated volume reductions are expected to be offset by targeted growth initiatives, including:

- Targeting growth opportunities across our primary care platform by increasing visits to our Health Centers where we have available capacity, supporting overall ambulatory growth;
- Expanded Baylor College of Medicine and UTHealth Houston provider staffing is expected to support growth in select specialties, including gastroenterology;

- Additional provider staffing and the opening of the Emancipation location are expected to increase activity in the Healthcare for the Homeless Program.



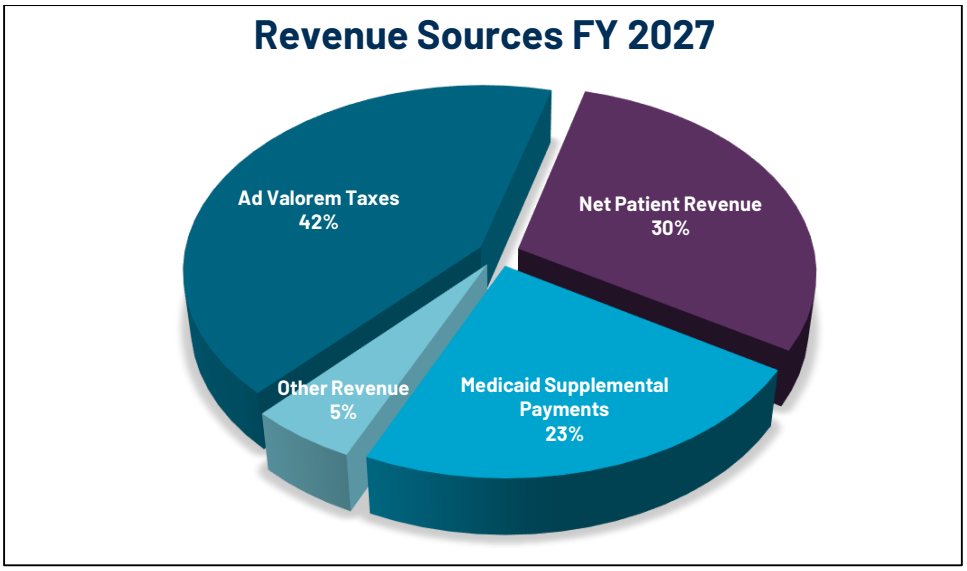
FY 2027 STATEMENT OF REVENUE AND EXPENSES

In Millions	PROJECTED FY 2026	PROPOSED BUDGET FY 2027
Revenue:		
Net Patient Service Revenue	$847.9	$890.3
Medicaid Supplemental Programs	655.9	692.3
Other Operating Revenue	47.2	63.0
Total Operating Revenue	**1,551.1**	**1,645.5**
Net Ad Valorem Tax Revenue	1,215.6	1,272.1
Net Tobacco Settlement Revenue	23.0	15.2
Capital Gifts & Grants	-	10.0
Interest Income & Other	75.0	67.3
Total Nonoperating Revenue	**1,313.6**	**1,364.6**
Total Net Revenue	**$2,864.7**	**$3,010.1**
Expense:		
Salaries and Wages	$1,037.4	$1,115.2
Employee Benefits	323.8	346.9
Total Labor Cost	**1,361.2**	**1,462.1**
Supplies	332.7	353.2
Physician Services	489.2	510.4
Purchased Services	325.6	386.1
Depreciation, Amortization & Interest	172.1	199.9
Total Operating Expense	**$2,680.8**	**$2,911.6**
Operating Income (Loss)	**$184.0**	**$98.5**
Total Margin	**6.4%**	**3.3%**

REVENUE PROJECTIONS

Revenue Summary

The FY 2027 proposed revenue forecasts reflect known historical and predictable future factors driving Net Patient Service Revenue, Medicaid Supplemental Program Revenue, and net Ad Valorem Tax Revenue. Based on the proposed tax rate for FY 2027, Total Net Revenue for the system is expected to reach $3.010 billion.



Net Ad Valorem Tax Revenue

Comprising over one-third of total revenues, net Ad Valorem Tax Revenue remains a critical funding source for Harris Health. Tax revenue proposed for FY 2027, based on projections provided by the Harris County Office of Management and Budget (OMB), totals $1.272* billion. The proposed maintenance and operations (M&O) rate is $0.18086 and the interest and sinking (I&S) debt service rate is $0.01442 for a total rate of $0.19528. The amount of M&O tax revenue represents the value of last year's net ad valorem tax revenue along with $20 million of in-kind support to Harris County consistent with Hospital District purposes. The total projection includes $93.9 million in debt service attributable to the first and second bond issuance of $840.0 million received in

May 2025 and $830.0 million received in June 2026. Harris Health plans no bond issuance for FY 2027.

*All estimates reflect a total tax rate that includes Management & Operations (M&O) and Interest & Sinking (I&S).

Net Patient Service Revenue

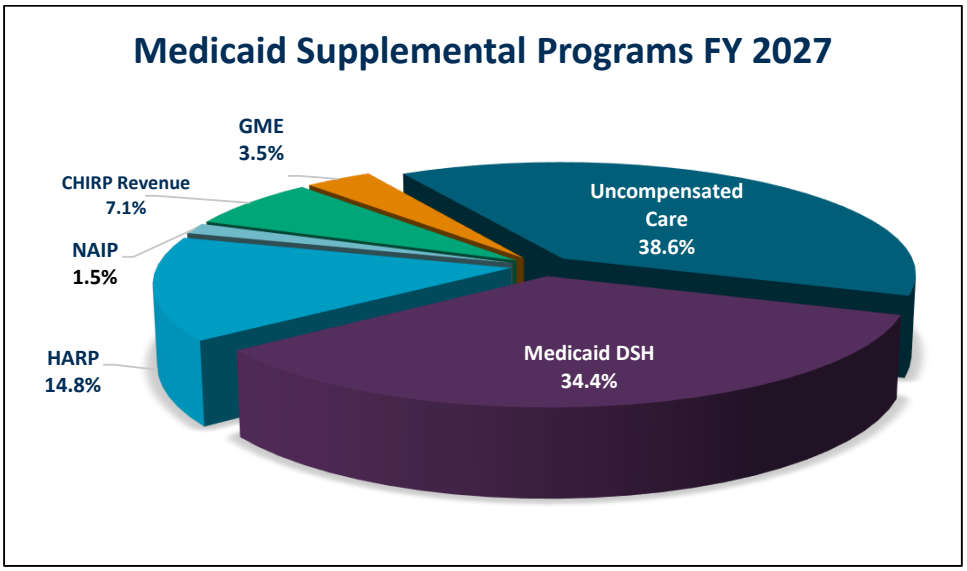
Total Net Patient Service Revenue comprises approximately 30% of the revenue portfolio for Harris Health. FY 2027 projections reflect both the overall volume projections for next year as well as anticipated increases in both Patient Service Revenue and Medicare ACA DSH add-on payments. Total Net Patient Service Revenue is currently estimated at $890.3 million.

Net Patient Service Revenue is projected to increase by 5.0% or $42.3 million in FY 2027 driven primarily by improvements in collection performance resulting from ongoing revenue cycle optimization efforts. There is an additional $12.3 million expected in the ACA-mandated uncompensated care pool, specific to the Medicare DSH program, for FFY 2027, subject to the final Inpatient Prospective Payment System (IPPS) rule by CMS to be adopted by October 1.

Medicaid Supplemental Payments

Medicaid Supplemental and Directed Payment Programs in Texas were created to assist hospitals to offset the gap between anticipated Medicaid reimbursement rates and the actual cost of care, particularly for safety-net providers serving low-income and uninsured populations, such as Harris Health.

While roughly one-third of supplemental payments are relatively predictable as they are based on the volume of care and negotiated rates, about two-thirds depend on state and federal policy decisions, creating substantial uncertainty around funding levels and timing. This uncertainty applies to some of the largest revenue source programs, such as Medicaid Disproportionate Share (DSH) and Uncompensated Care (UC).



Currently, Medicaid Supplemental and Directed Payment Programs' revenues are estimated to comprise between a quarter to a third of Harris Health total revenues, making this one of the organization's most significant funding sources. Projections for the six programs in FY 2027 are estimated at $692.3 million.

Medicaid Supplemental and Directed Payment Programs include the following sub-programs.

Uncompensated Care (UC) and High Impecunious Charge Hospital (HICH)

The Uncompensated Care (UC) program provides supplemental funding to hospitals that serve uninsured and underinsured patients and represents approximately 39% of the total Medicaid Supplemental Programs revenue of Harris Health. Harris Health is one of the largest providers of Uncompensated Care in Texas. Under the terms of the 1115 Waiver, established in January 2021, Texas Health and Human Services Commission (HHSC) negotiated with CMS for the continuation and resizing of the statewide UC pool for a total UC of $4.5 billion for demonstration years DY12 through DY16 (FFY 2023 – FFY 2027).

Within the UC program, HHSC allocates a portion of the statewide UC pool through the High Impecunious Charge Hospital (HICH) sub-pool. Eligibility to receive funds from the HICH sub-pool, created in FY 2023, is restricted to rural hospitals, state-owned hospitals, and hospitals that have at least 30% of their charges from serving uninsured persons. Harris Health falls into the last category and has received funding from the UC HICH sub-pool.

HHSC has flexibility to determine how much the UC pool flows to the HICH sub-pool. Based on the released calculations, final FY 2026 UC allocations sized the HICH sub-pool at $250 million state-wide or the same as FY 2025. HICH allocations for FY 2027 will remain unknown until the late summer of 2027.

Harris Health receives one of the largest funding distributions under the UC program in Texas. Due to the policy decisions at the state and federal level occurring later in the fiscal cycle (September and October), this program remains particularly vulnerable to changes in budget calculations. Projected funding for FY 2027 is estimated to be $267.5 million.

Medicaid Disproportionate Share (DSH)

Medicaid Disproportionate Share Hospital (DSH) funding provides supplemental payments to hospitals that serve a disproportionate share of Medicaid and uninsured patients. As Harris Health's second-largest Medicaid supplemental funding source, DSH is expected to account for approximately 35% of total supplemental program revenue and helps offset the financial impact of Medicaid underpayments and uncompensated care provided to vulnerable populations.

Since 2013-2014, US Congress delayed calls for a reduction in federal DSH funding by $8 billion starting in FFY 2025. In late 2025, Congress deferred any potential DSH cuts for FFY 2026-27; therefore, the reduction is not included in the FY 2027 projections. However, these cuts continue to remain on the Congressional agenda. For Texas, this is estimated to result in an approximately $470 million decrease in federal DSH funding for federal fiscal year 2028.

The FY 2027 projection for DSH revenue is estimated at $238.5 million. Harris Health continues to provide intergovernmental transfers (IGT) for the private hospitals for Medicaid DSH and receives credit for that same IGT amount in the payment calculations.

Hospital Augmented Reimbursement Program (HARP)

The Hospital Augmented Reimbursement Program (HARP), a Texas Medicaid supplemental payment program, provides additional reimbursement for inpatient and outpatient services delivered to Medicaid fee-for-service patients. Established in FFY 2022, HARP helps offset the gap between Medicaid reimbursement and the cost of providing care, making it a significant source of supplemental funding for safety net hospitals. Harris Health currently projects $102.2 million in revenue for FY 2027.

Comprehensive Hospital Increase Reimbursement Program (CHIRP)

The Comprehensive Hospital Increase Reimbursement Program (CHIRP) is a Texas directed payment program designed to increase Medicaid reimbursement to hospitals and support access to care for Medicaid beneficiaries. CHIRP provides enhanced funding tied to hospital services and includes quality-based incentive opportunities such as the Alternate Participating Hospital Reimbursement for Improving Quality Award (APHRIQA) and the Aligning Technology by Linking Interoperable Systems (ATLIS). For Harris Health, CHIRP represents an important source of recurring supplemental revenue that supports patient care operations. FY 2027 expected revenue reimbursement for CHIRP funding is projected at $42.0 million. This is inclusive of anticipated funding for the Uniform Hospital Rate Increase Program (UHRIP) and funding associated with the hospital incentive program, APHRIQA, introduced in FY 2025 under the CHIRP umbrella.

Also, under the CHIRP umbrella falls ATLIS, an incentive program for Medicaid MCOs, introduced in FY 2025 as well. The goal of ATLIS is to encourage MCOs to incentivize their in-network hospitals to provide real-time notifications on Medicaid patients' admissions, discharges, and transfers, along with a set of clinical information—ultimately aimed at improving MCOs' quality of care to patients. Funding for ATLIS funding is estimated to be $7.3 million for FY 2027. Expected reimbursement of all programs under CHIRP equates to $49.3 million or 7.1% of Medicaid Supplemental Programs revenue.

Network Access Improvement Program (NAIP)

The Network Access Improvement Program (NAIP) is a Medicaid supplemental funding program which provides additional reimbursement to participating providers and hospitals that support Medicaid access across Texas. Current planning assumptions anticipate a reduction of approximately 58% compared to the current fiscal year due to the program close-out in SFY 2027. As such, estimated net NAIP funding is estimated at $10.6 million for FY 2027.

Graduate Medical Education (GME)

The Graduate Medical Education (GME) program provides supplemental funding to help teaching hospitals recover a portion of the costs associated with training resident physicians. Established in October 2018, the program supports the development of the healthcare workforce while helping offset expenses related to residency programs and clinical training activities. For Harris Health, GME serves as a recurring source of reimbursement that supports its academic and teaching mission. The net benefit to Harris Health is projected at $24.2 million for FY 2027.

Other Revenues

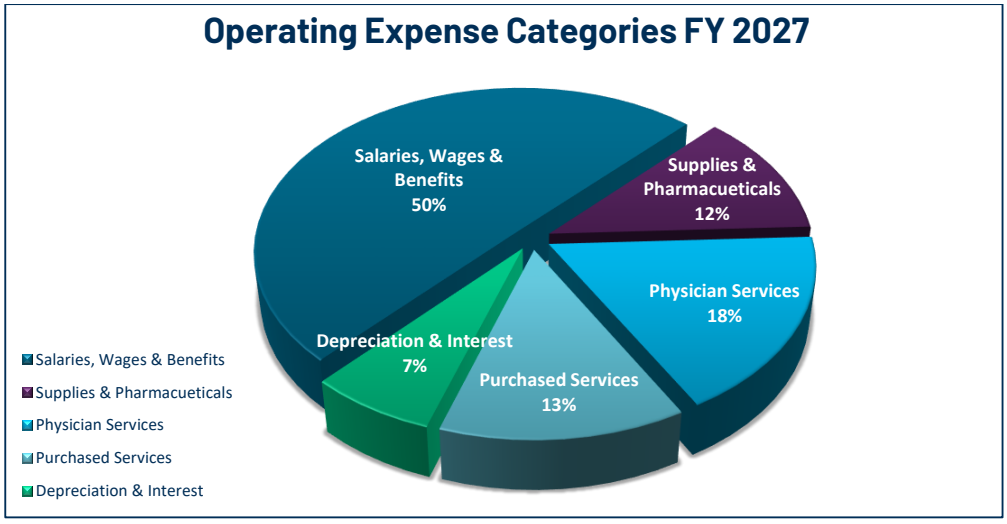
Remaining revenue totals $155.4 million, or approximately 5.5% of Harris Health's total revenue. This amount includes $63.0 million in projected FY 2027 Other Operating Revenue from sources such as cafeteria operations, grants, and parking.

Other revenue also includes a projected $15.2 million in tobacco settlement revenue, a $10.0 million annual philanthropic commitment from the Strategic Fund for capital gifts, and $67.3 million in Interest and Other Income, supported by favorable investment performance driven by sustained higher interest rates.

OPERATING EXPENSE

Expense Summary

Total operating expense for FY 2027 is currently projected to be $2.912 billion. General inflationary increases account for 4.2% or $113.7 million of the year over year growth in expense while the remaining change in estimated expenses is associated with the aforementioned implementation of the Strategic Plan. Inflationary estimates are based on forecasts published by AHA, Kaufman Hall, Vizient, and Premier and align with the assumptions most commonly used among health systems. These increases are expected to be partially mitigated through strategies aimed at improving staff productivity, standardizing supply purchases, as well as formulary and purchasing optimization initiatives.



Salary & Benefits

Salaries and benefits account for Harris Health's largest and fastest-growing expense category, representing 50% of total projected expenses. A highly competitive labor market and persistent shortages in key positions continue to drive growth in this category.

To support recruitment and retention efforts, the FY 2027 budget includes a 4.5% or $43.5 million inflationary increase for merits, markets, and other workforce investments. Additional salary expense anticipated in FY 2027 is attributed to the approved strategic initiatives, including technology initiatives, the expansion of the Behavior Support Team (BeST), full-time equivalent staff (FTEs) to support the new nurse-led clinic pilot at the Martin Luther King Clinic under the Center for Innovation, and additional staff to operationalize the Holly Hall Command Center. Total salaries are anticipated at $1.115 billion in the upcoming fiscal year.

Overall benefits are expected to grow by $23.1 million, or 7.1% in FY 2027 to a total of $346.9 million. Within Benefits, Employee Health Benefit costs are expected to increase 10.1%, based on projections from plan administrators, while Pension and Post-Employment Health Benefit expenses remain subject to actuarial valuation changes which are largely influenced by investment performance.

The cost of the total compensation portfolio in FY 2027 to support ongoing operations and planned strategic initiatives is projected at $1.462 billion, or 50.2% of the total operating budget.

Supplies and Pharmaceuticals

Supply expense, including pharmaceuticals, is projected to increase by $20.5 million to $353.2 million in FY 2027. Inflation accounts for an estimated $15.7 million of the increase, based on assumed rates of 4% for supplies and 5% for pharmaceuticals derived from multiple industry sources as previously noted.

Pharmaceutical expense, which comprises almost 50% of the supply expense budget, remains the greatest area of risk. Persistent drug shortages, elevated specialty-drug costs, uncertainty surrounding federal 340B reimbursement requirements, and increased manufacturer data-reporting obligations present meaningful threats to both expense management and cash flow performance.

Physician Services

Physician Services expense represents nearly 18% of the organization's total expense budget and is projected to increase by 4.3% or $21.1 million in the next year to $510.4 million. This increase is primarily attributed to increases of approximately 5% for Baylor College of Medicine and UT Health.

Purchased Service

Purchased Services are expected to grow by 18.6%, or $60.5 million in FY 2027, to a total of $386.1 million. Included in these projections are general inflationary increases of 5.0% as well as dollars associated with the aforementioned strategic initiatives. In addition, dollars associated with in-kind support for the County, consistent with Hospital District purposes, are included in these projections.

As reliance on technology solutions continues to grow, subscription-based software remains a key driver of the increase, representing 22.5% of purchased services for FY 2027. The projection reflects higher renewal costs across existing applications and inflationary increases embedded in multi-year software agreements.

Depreciation, Amortization & Interest

Overall depreciation & interest is projected to end FY 2026 at $172.1 million, an increase of $48.5 million or 39.3% compared to FY 2025. This trend will continue into FY 2027 with depreciation & interest expense anticipated at $199.9 million, an increase of $27.8 million or 16.2%, all due to the ongoing Strategic Facilities Plan.

Interest expense associated with the first two issuances of the $2.5 billion voter approved bond proposal serves as the primary driver, currently estimated to increase by $28.0 million in FY 2027. The increase is partially offset by the absence of bond issuance costs in FY 2027, compared to the $5.1 million incurred in FY 2026, as Harris Health does not anticipate the third and final bond issuance to occur until FY 2028.

Operating Margin

Harris Health's administration recommends a 3.3% operating margin for FY 2027, contingent upon the Commissioners' Court final adopted tax rate for Harris Health. The proposed maintenance and operations tax revenue reflects a fiscally responsible approach based on FY 2027 projections from the Harris County Office of Management and Budget (OMB). The proposed operating budget of $98.5 million underscores the ongoing effort to manage operations and continue the implementation of Harris Health's Strategic Plan.

Harris Health's Administration recommends approval of the Harris Health System Fiscal Year 2027 Operating and Capital Budget to be presented to the Harris County Commissioners Court for final approval in conjunction with its adoption of a 2027 Tax Rate that will result in net ad valorem tax revenue not to exceed the amount shown in the proposed budget.

CAPITAL EXPENDITURES

Routine Capital

Harris Health is continuously assessing its facilities, equipment and technology to determine the priorities for replacement, repair and any new acquisitions. The assessment and prioritization methodology addresses patient safety, building safety and code compliance requirements, planned equipment obsolescence, and new technology.

The overall capital budget for FY 2026 was $110.6 million, of which $65.8 million was for investment in facilities infrastructure. The proposed capital budget for FY 2027 is projected at $137.0 million for routine capital only. Capital dollars attributed to the $2.5 billion bond issuance and associated strategic capital projects are not included.

Capital Category (In Millions)	FY 2027 Budget
Facilities Projects	$ 49.9
Medical Capital	48.8
Other Projects	18.3
Information Technology	17.9
Emergency Capital	2.0
Routine Capital Budget	**$ 137.0**

Strategic Facilities Plan Highlights

Sunset Heights Urgent Care Clinic (Spring 2028)	An 8,383 SF urgent care clinic on the Casa de Amigos campus
Greater Alief Health Center (Summer 2028)	A 10,000 SF (leased) health center that will include primary care, behavioral health, psychiatry and a clinical pharmacy, with 5,000 SF of shelled space for future growth
Pasadena Square Health Center (Winter 2028)	A 60,000 SF (leased) health center that will include urgent care, primary care, behavioral health, psychiatry, dental, pediatric care, and adolescent care
Cypress Health Center (Summer 2030)	A replacement and expansion of the existing Cypress health center
Greenspoint Health Center (Fall/Winter 2032)	A new health center in the Greenspoint area (specific programming TBD)
Acres Home Health Center (Summer 2030)	A replacement and expansion of the existing Acres Home health center
Vallbona Health Center (Winter 2030)	Renovation of the existing health center, annex and urgent care center
New Facility on the Ben Taub Campus (est. Winter 2032)	Expansion of approximately 100 beds on the Ben Taub campus
New Health Center in Precinct 3 (Spring 2033)	A new health center in Precinct 3 (specific location and programming TBD)
Northwest Health Center (Winter 2033)	A replacement of the existing Northwest Health Center

MAJOR CAPITAL PROJECT HIGHLIGHTS

	FY 2027 BUDGET (In Millions)
Infrastructure	
Holly Hall Operations Center	$ 17.02
Smith Clinic Infrastructure Improvements (Generator and Chillers)	7.29
Ben & LBJ Renovations & Upgrades (OR Refresh, Echo Lab Relocation, Nursery & Isolation Room Buildout)	4.61
Ben Taub Infrastructure Improvements (Underground Utilities, Switchgear, ATS, Generator, Elevator Refresh)	4.45
Quentin Mease Boiler	3.30
Infrastructure Total	**$ 36.67**
Medical Equipment	
System-wide Imaging Equipment Refresh	$ 11.16
System-wide Medical Equipment Replacement (Defibrillators, Endoscopes, Physiological Monitors)	9.17
HH Lab Equipment Consignment/Reagent	3.43
Medical Equipment Total	**$ 23.76**
OTHER	
Leases Facilities & Equipment (FY27-31)	$ 8.11
DPS Security Infrastructure & Technology Refresh	2.64
Subscription Based IT (SBIT) (FY27-31)	2.10
HH Vehicle & Ambulance Refresh (FY27)	2.05
Other Total	**$ 14.90**
IT	
IT Citrix Epic and Clinical System Updates	$ 4.89
IT VMWARE Hosts for Harris Health Projects	4.17
IT Tech Refresh Projects - Facility Wide (Threat Detection, Wire Core Controller, CITRIX VDI Server)	3.33
IT Total	**$ 12.39**
Subtotal Major Projects	**$ 87.72**

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HARRIS
HEALTH

One Harris Health: Leading with Care. Partnering for Health.

Wednesday, September 9, 2026

Strategic Discussion

A recent version of the 2026 Strategic Discussion calendar is attached for your review.

Maria M. Cowles
EVP, Chief Strategy Officer and Chief of Staff

Strategic Discussion

2026 Board Meeting Strategic Discussion Timeline*												
STRATEGIC PILLAR	**JAN** 2026	**FEB** 2026	**MAR** 2026	**APR** 2026	**MAY** 2026	**JUN** 2026	**JUL** 2026	**AUG** 2026	**SEP** 2026	**OCT** 2026	**NOV** 2026	**DEC** 2026
Pillar 1: Quality & Patient Safety						X						
Quality & Leapfrog Update						X						
Pillar 2: People					X							
Retention, Workplace Safety, and/or Comm. Partnerships					X							
Pillar 3: Resiliency										X		
Compliance Education										X		
Legislative Agenda										X		
Pillar 4: Health Promotion & Disease Prevention								X				
Disease Prevention								X				
Pillar 5: System Optimization		X			X	X		X	X	X		X
Strategic Capital and Financial Plan		X			X				X			X
Holly Hall Operations Center Update								X				
LBJ Buildout Facilities Update								X				
Big Rocks						X						
Cybersecurity												X
Enterprise Risk Management									X			
AI Update										X		
Pharmacy Update									X			
Pillar 6: Access	X	X			X	X	X					X
Harris Collaborative					X							
ACS Facilities Strategic Plan	X					X						
Financial Assistance and Eligibility Programs Overview		X										
Hospital at Home												X
ACS Community Partnerships							X					

***Subject to Change**
Revised: 08.31.26

Full Board
Committee Meeting

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Presentation Regarding the Harris Health Third Quarter Capital Projects Update

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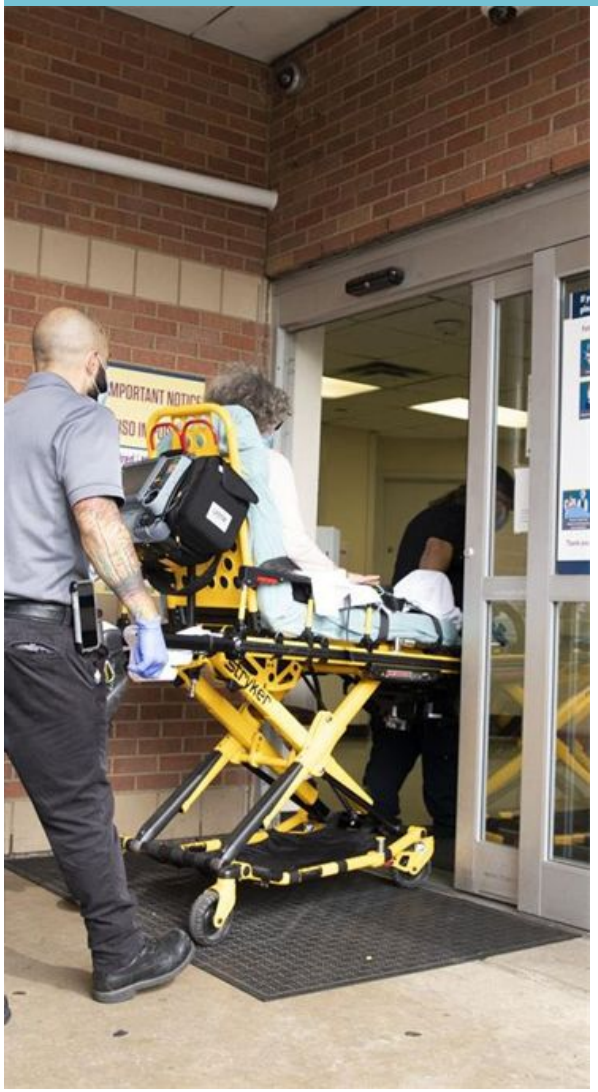
Patrick Casey
SVP, Facilities Construction & Systems Engineering

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

Capital Projects Update
Q3 2026

HARRISHEALTH



Index

HARRISHEALTH

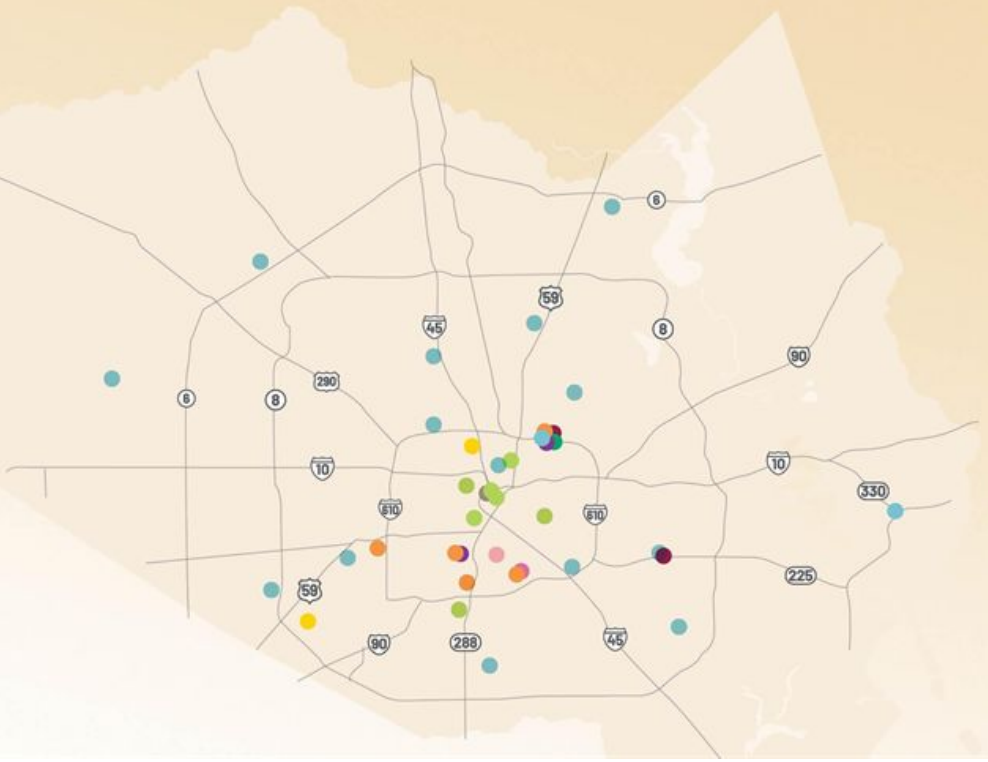
Summary of Harris Health Locations

Ben Taub Hospital

Lyndon B. Johnson Hospital

- 16 community health centers
- 7 homeless shelter clinics
- 5 large specialty clinics
- 2 same-day clinics
- 2 hospitals
- 2 urgent care clinics
- 1 ambulatory surgical center
- 1 dialysis center
- 1 free-standing dental center
- 1 correctional health center

and multiple mobile units



HARRISHEALTH

OVERVIEW OF COMMUNITY EVENTS

April 2006 - June 2026

13 Public Community & MWBE Outreach Events

330 Total Participants/Attendees

98 MWBE Attendees

86 Add on Project Stakeholder Registry

135 Evaluations/Surveys

0 Neighborhood bus tours Participants from the community and community leaders rode alongside members from the project team and Harris Health leadership

234 Neighborhoods and Area Zip Codes Reached (Acres Home, Fifth Ward Trinity/Kashmere Gardens, Settegast, Rosewood, Linwood, Magnolia, Pleasantville and Denver Harbor/East End and the surrounding areas)

10,677 Touches via Website, Mail, Social Media, Events & Project Contact/Call Center

Strategic Capital Program (SCP) Summary

Pavilion	SCP Program Estimate as of 1/2023	Total Voter Approved Bond as of 7/2026	Bond Proceeds Released Thru 6/2026	Future Bond Expenses	Total Other Funding Sources as of 7/2026*	Total Program Estimate as of 7/2026**
Ambulatory Care Services (ACS)	$ 504,500,000	$ 275,461,288	$ 8,074,941	$ 267,386,347	$ 214,572,197	$ 490,033,484
Ben Taub (BT) Campus	$ 410,000,000	$ 195,145,990	$ 4,499,624	$ 190,646,366	$ 256,643,944	$ 451,789,934
Lyndon B. Johnson (LBJ) Campus	$ 2,033,000,000	$ 2,029,392,722	$ 1,043,336,404	$ 986,056,318	$ 12,851,390	$ 2,042,244,112
Grand Total	**$ 2,947,500,000**	**$ 2,500,000,000**	**$ 1,055,910,969**	**$ 1,444,089,031**	**$ 484,067,531**	**$ 2,984,067,531**

* Other Funding Sources: Philanthropy, Cash on Hand, Interest from Bond proceeds ($12,601,693 in earned interest). See appendix for summary of projects

** Total Program Estimate as 7/2026: No change from last report dated April 19, 2026

Summary of Bond Issuance

Pavilion	SCP Program Estimate as of 1/2023	Total Voter Approved Bond as of 7/2026	Bond Proceeds Released Thru 6/2026	Bond Issuance 2025 Fully Spent	Bond Issuance 2026 Spend thru 6/2026	Bond Issuance 2026 Spend Remaining Forecast	Bond Issuance 2028 TBD Spend Forecast
Ambulatory Care Services (ACS)	$ 504,500,000	$ 275,461,288	$ 8,074,941	$ 5,790,798	$ 2,284,143	$ 38,758,136	$ 228,628,211
Ben Taub (BT) Campus	$ 410,000,000	$ 195,145,990	$ 4,499,624	$ 4,056,585	$ 443,039	$ 52,118,412	$ 138,527,954
Lyndon B. Johnson (LBJ) Campus	$ 2,033,000,000	$ 2,029,392,722	$ 1,043,336,404	$ 830,152,616	$ 213,183,788	$ 523,212,483	$ 462,843,835
Grand Total	**$ 2,947,500,000**	**$ 2,500,000,000**	**$ 1,055,910,969**	**$ 840,000,000**	**$ 215,910,969**	**$ 614,089,031**	**$ 830,000,000**

Summary of Skilled Trades Protections Policy

POLICY ELEMENT	REQUIREMENT	CURRENT PERFORMANCE (JUNE 30, 2026)
Prevailing Wage	Greater of County rate (Davis-Bacon) or $15/hr	Prevailing Wages are based on applicable Harris County rates*; Monitoring and Investigations are ongoing
Apprenticeship Hours	≥10% of project hours by apprentices	22-27% achieved
OSHA Safety	All onsite workers OSHA-certified	Full compliance confirmed
Oversight	Weekly payroll reviews, monthly reporting, complaint investigation, payroll corrections	Ongoing, verified, 3rd Party Auditor
Strategic Benefits	Quality, risk reduction, skilled work force trained on safety	Positive impact observed, low incident rates

*The statutes lock-in the prevailing wages at the time of solicitation

Trade Worker Safety Summary — July 2026

LBJ Expansion Project : project remains on plan; with current average daily workforce up to 1,700 workers per day

Overall LBJ Expansion project

ON PLAN

Major schedule dates continue to track with 0 days delay.

Watch: implement additional safety measures due to extreme heat.

3.5 M

Total Man-hours recorded to date

2 Days

Lost time incidents

0.11

Project lost-time incident rate (LTIR)

Safety indicators remain world class based on industry benchmarks. Industry average LTIR is generally in the range of 1.0 to 2.0.

Program health related to Worker Safety

OCIP: Our loss prevention team and Zurich conducted a comprehensive safety review July 23

Outcome: The Project maintains a Safety Grade "A"

Current Safety Focus

Heat Index: record heat requires implementing **Heat Stress Prevention Plan** to protect the workers

Site Activity: with up to 1,700 trade workers on site, increase safety inspections and oversight

Key takeaway: results reflect a strong safety culture, effective contractor management, and the continued commitment of all project partners to maintaining a safe work environment while delivering this project on schedule.

LBJ Campus

<table>
<tr><th>Project Name</th><th>Project Scope</th><th>Phase</th><th>Current Progress</th><th>Project Schedule</th></tr>
<tr>
<td>John M. O'Quinn Hospital</td>
<td>The project delivers a state-of-the-art hospital designed for long-term expansion and operational resilience, with capacity for 450 beds—330 activated at opening and 120 reserved for future build-out. As a Level 1 trauma-capable facility, it will include 12 operating rooms with shelled space for future growth, a hybrid OR, and three dedicated C-section rooms. Clinical capabilities will feature advanced interventional and diagnostic services, including cardiac catheterization and electrophysiology labs, CT imaging suites, and interventional radiology.</td>
<td>Construction</td>
<td>3,000,000 Man Hours recorded. Levels 1 - 12 Interior walls and MEP in progress. Elevator installation progressing cabs and hoist ways preparing for temp usage Q4 2026. Legacy bridge tie-in ongoing – main structure complete. Brick completed except west side for MRI leave-outs. Window installation complete at tower floors – Curtain walls on tower ongoing. Temporary dry-in for podium complete – temporary conditioned air started. Window testing on-going. GE / Philips / Storz / Steris have been on site for initial measurements and verifications. Entrance canopy structure complete, concrete placed. Helipad structure complete. 1st and 2nd floor finishes started</td>
<td>
<table>
<tr><th>Milestone</th><th>Target Date</th></tr>
<tr><td>Design Completion</td><td>June 2025</td></tr>
<tr><td>Construction Start</td><td>September 2024</td></tr>
<tr><td>Construction Completion</td><td>September 2028</td></tr>
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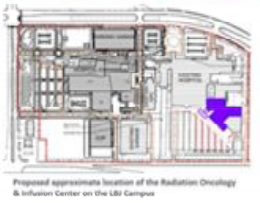
<td> 
  </td>
</tr>
<tr>
<td>LBJ Campus - Cancer Initiative</td>
<td>New construction and renovation of the LBJ Annex space on the LBJ Campus. Planning to feature 2 new Linear Accelerators and expansion of a 3rd vault, Brachytherapy suite, CT Simulator, Infusion Center up to 50 stations including a dedicated lobby, covered entrance, physician offices, exam rooms and support spaces.</td>
<td>Design</td>
<td>Awaiting Harrish Health leadership approval for location and configuration. Programming is complete and ready to start the schematic design phase.</td>
<td>
<table>
<tr><th>Milestone</th><th>Target Date</th></tr>
<tr><td>Design Completion</td><td>Q4 2026</td></tr>
<tr><td>Construction Start</td><td>Q1 2027</td></tr>
<tr><td>Construction Completion</td><td>Q3 2028</td></tr>
</table>
</td>
<td> 
Proposed approximate location of the Radiation Oncology & Infusion Center on the LBJ Campus</td>
</tr>
</table>

Ben Taub Campus

Project Name	Project Scope	Phase	Current Progress	Project Schedule	
Ben Taub Bed Tower	Construction of a new 100-bed expansion facility on the 8.9-acre tract adjacent to Ben Taub Hospital, including a direct skyway connection to the existing hospital. Site improvements will address detention requirements, incorporate flood-mitigation measures, and fulfill the commitments outlined in the memorandum of understanding between Harris Health and the Hermann Park Conservancy.	Land Acquisition and Design Procurement	Commissioner's court approved of condemnation March 19, 2026. Outside legal counsel is taking the lead on the condemnation. Formal offer letter sent April 23rd to property interests. RFQ for professional architectural and Engineering services was advertised on July 17, 2026	Milestone: Design Completion — Target Date: TBD Milestone: Construction Start — Target Date: TBD Milestone: Construction Completion — Target Date: TBD	 
Ben Taub CCU Renovation and Reconfiguration	Provide the CCU with 6 new private rooms and upgraded support services to bring the total patient room count in the department to 14. The primary area to be renovated is the existing Cath Lab space on level 6. Renovate existing restrooms to comply with current accessibility standards	Construction Procurement	Competitive Sealed Propsal (CSP) award approved by the Board in July 2026.	Milestone: Design Completion — Target Date: January 2026 Milestone: Construction Start — Target Date: Sep/Oct 2026 Milestone: Construction Completion — Target Date: February 2028	
Ben Taub Data Center and IT Room	Renovate existing IDF rooms for MDF room expansion to include demolishing the existing adjacent restroom, supply room, mechanical system, and outdated fire suppression.	Construction Procurement	Competitive Sealed Proposal (CSP) bids were received on July 06, 2026 and are under review. Target to submit to the September Board for approval.	Milestone: Design Completion — Target Date: May 2026 Milestone: Construction Start — Target Date: December 2026 Milestone: Construction Completion — Target Date: September 2027	 

Ambulatory Care Services (ACS)

Project Name	Project Scope	Phase	Current Progress	Project Schedule	
Pasadena Square Clinic	Renovation of ~60,000 SF to house Monroe Urgent Care, Strawberry Health Center, and Pasadena Pediatric and Adolescence Center	Design	Construction Manager at-Risk (CMaR) contract execution in-progress. Schematic Design is in-progress.	Milestone / Target Date Design Completion: Q4 2026 Construction Start: Q1 2027 Construction Completion: Q3 2028	
Sunset Heights Urgent Care on Casa de Amigos Campus	The new urgent care clinic will be approximately 8,383 SF. Planning will incorporate essential public, administrative, clinical, support spaces to include a waiting area, administrative offices, exam and treatment rooms, storage and key site improvements to enhance parking and traffic flow.	Mobilization	Contractor procurement was completed, and the purchase order was issued on June 30, 2026. Mobilization prepreation are currently in-progress.	Milestone / Target Date Design Completion: April 2026 Construction Start: October 2026 Construction Completion: March 2028	
Greater Alief Clinic	Leased interior renovation of approximately 10,000 SF for clinic with 5,000 SF of shelled space. The clinic space includes: primary care, behavioral health, pyschiatry, clinical pharmacy	Design	Lease has been executed and approved. Design Consultant proposal has been approved and purchase order is being processed.	Milestone / Target Date Design Completion: November 2026 Construction Start: June 2027 Construction Completion: May 2028	


Appendix
HARRISHEALTH

Strategic Capital Program Projects by Completion Date

Precinct	Pavilion	Forecast Completion Calendar Date	Project Name	Total Projected Bond as of 7/2026*	Bond Expenses Thru 6/2026	Total Other Funding Sources as of 7/2026**	Total Project Estimate as of 7/2026
1	ACS	2025 Q1	SCP ACS INFRASTRUCTURE SC REPLACEMENT OF EXHAUST FANS (FY24)	$ -	$ -	$ 123,637	$ 123,637
1, 2, 4	ACS	2025 Q3	SCP ACS INFRASTRUCTURE REPLACE WATER HEATERS - EFL, ACRES, SETTEGAST & BAYTOWN	$ 152,417	$ 152,417	$ 2,500	$ 154,916
1	ACS	2025 Q3	SCP ACS SC BONE DENSITY MACHINE	$ 93,887	$ 93,887	$ -	$ 93,887
1	ACS	2025 Q3	SCP ACS SC MAMMOGRAPHY UNIT REPLACEMENT (MAMMO 1-6)	$ -	$ -	$ 2,552,424	$ 2,552,424
1	ACS	2026 Q1	SCP ACS INFRASTRUCTURE NW RTUS 3 AND 6	$ 84,137	$ 84,137	$ -	$ 84,137
1	ACS	2026 Q2	SCP ACS INFRASTRUCTURE MLK RTU AND LIEBERT UNIT REPLACEMENT (FY24)	$ 653,931	$ 653,931	$ 204,333	$ 858,264
1	ACS	2026 Q3	SCP ACS INFRASTRUCTURE ALDINE ROOFTOP UNITS	$ 1,114,334	$ 847,546	$ 1,004,832	$ 2,119,166
1	ACS	2026 Q3	SCP ACS INFRASTRUCTURE NW FIRE ALARM PANEL AND RELATED EQUIPMENT	$ 95,210	$ 91,060	$ -	$ 95,210
1	ACS	2026 Q4	SCP ACS INFRASTRUCTURE SMITH CLINIC FIRE PANEL UPGRADE	$ 128,706	$ 65,057	$ -	$ 128,706
1, 2	ACS	2027 Q2	SCP ACS INFRASTRUCTURE UPGRADE AT BY, GG, AC (COMBINED)	$ 694,281	$ 5,863	$ -	$ 694,281
1, 2, 3, 4	ACS	2027 Q4	SCP ACS LAND ACQUISITIONS (4 SITES)	$ -	$ -	$ -	$ -
1	ACS	2027 Q4	SCP ACS SC CT SCANS (1-3) AND CT SIMULATOR REPLACEMENT	$ 291,847	$ 207,297	$ 7,398,533	$ 7,690,380
1	ACS	2028 Q1	SCP ACS SC PET CT REPLACEMENT AND MOBILE UNIT IMPROVEMENTS	$ 4,412,253	$ 1,569,558	$ 1,410,288	$ 5,822,541
1	ACS	2028 Q2	SCP ACS SC MRI SCAN1.5T REPLACEMENT (MRI 1&3)	$ 6,803,217	$ 630,361	$ 33,881	$ 6,837,097
1	ACS	2028 Q2	SCP ACS SC RADIOGRAPHIC REPLACEMENT (RAD ROOM 1)	$ 452,270	$ -	$ -	$ 452,270
2	ACS	2028 Q2	SCP ACS SUNSET HEIGHTS URGENT CARE CONSTRUCTION AND BUILDOUT	$ 12,944,912	$ 493,262	$ 61,007	$ 13,005,920
4	ACS	2028 Q3	SCP ACS GREATER ALIEF	$ 8,000,000	$ 714,128	$ -	$ 8,000,000
1	ACS	2028 Q3	SCP ACS SC RAD FLUOROSCOPY REPLACEMENT (RF ROOMS 1,2)	$ 2,224,325	$ 197,320	$ 16,882	$ 2,241,207
4	ACS	2028 Q4	SCP ACS SAREEN SAME DAY CLINIC CONSTRUCTION AND BUILDOUT ON EL FRANCO LEE CAMPUS	$ 8,510,124	$ 466,286	$ -	$ 8,510,124
1	ACS	2029 Q1	SCP ACS SC LINEAR ACCELERATORS REPLACEMENT (LINEAR 1-2)	$ 21,242,853	$ 160,084	$ -	$ 21,242,853
1	ACS	2029 Q2	SCP ACS LBJ RADIATION ONCOLOGY AND INFUSION CENTER	$ 70,000,000	$ 528,100	$ -	$ 70,000,000
1	ACS	2029 Q3	SCP ACS HARRIS HEALTH GARAGE (SERVING BT, QM, SMITH)	$ 56,170,526	$ 3,200	$ 2,730,314	$ 58,900,840
4	ACS	2030 Q2	SCP ACS VALLBONA MAIN RENOVATION, CAMPUS, ANNEX AND ROBINDELL SAME DAY CLINIC	$ 29,711,670	$ 276,534	$ 26,288,330	$ 56,000,000
1	ACS	2030 Q3	SCP ACS ACRES HOME AGE FACILITY REPLACEMENT AND EXPANSION	$ 25,941,686	$ 528,822	$ 31,958,314	$ 57,900,000
3	ACS	2030 Q3	SCP ACS CYPRESS CLINIC	$ 22,964,556	$ 35,427	$ 12,925,780	$ 35,890,336
1, 2, 3, 4	ACS	2032 Q2	SCP ACS MOBILE MAMMO VAN (REFRESH IN 7-8 YEARS)	$ -	$ -	$ 1,999,632	$ 1,999,632
2	ACS	2032 Q4	SCP ACS GREENSPOINT HEALTH CLINIC	$ 73,909	$ 71,044	$ 62,452,083	$ 62,525,992
3	ACS	2033 Q3	SCP ACS NET NEW HEALTH CENTER PRECINCT 3	$ 109,664	$ 109,664	$ 22,500,000	$ 22,609,664
1	ACS	2033 Q4	SCP ACS NORTHWEST AGE FACILITY REPLACEMENT	$ 2,590,573	$ 89,955	$ 40,909,427	$ 43,500,000
			ACS Total	**$ 275,461,288**	**$ 8,074,941**	**$ 214,572,197**	**$ 490,033,484**

Strategic Capital Program Projects by Completion Date

Precinct	Pavilion	Forecast Completion Date Calendar	Project Name	Total Projected Bond as of 7/2026*	Bond Expenses Thru 6/2026	Total Other Funding Sources as of 7/2026**	Total Project Estimate as of 7/2026
1	BT	2027 Q4	SCP BT DATA CENTER EXPANSION AND IDR PHASE 1	$ 5,541,572	$ 288,146	$ 128,000	$ 5,669,572
1	BT	2027 Q4	SCP BT NPC AIR HANDLING UNITS REPLACEMENT (MASTERPLAN)	$ 10,758,249	$ 252,141	$ 391,601	$ 11,149,849
1	BT	2028 Q1	SCP BT LOADING DOCK AND SUPPLY CHAIN CONSTRUCTION AND EXPANSION	$ 2,237,263	$ 177,017	$ -	$ 2,237,263
1	BT	2028 Q2	SCP BT CCU RENOVATION AND RECONFIGURATION	$ 8,632,427	$ 422,260	$ 28,543	$ 8,660,970
1	BT	2028 Q2	SCP BT FAN COIL UNIT REPLACEMENTS	$ 489,600	$ 6,325	$ -	$ 489,600
1	BT	2030 Q2	SCP BT IP PUBLIC ADDRESS UPGRADE	$ 2,707,257	$ 9,882	$ 3,176,756	$ 5,884,013
1	BT	2030 Q2	SCP BT IP TELEVISION UPGRADE	$ 2,336,268	$ -	$ 1,191,686	$ 3,527,954
1	BT	2030 Q2	SCP BT ISOLATION VALVE REPLACEMENT	$ 16,502,104	$ 620,776	$ 6,650,257	$ 23,152,361
1	BT	2031 Q3	SCP BT HOSPITAL EXPANSION	$ 145,941,250	$ 2,723,077	$ 244,327,802	$ 390,269,052
1	BT	2033 Q3	SCP BT TRAUMA/SURGICAL ICU RENOVATION AND RECONFIGURATION	$ -	$ -	$ 749,300	$ 749,300
			BT Total	**$ 195,145,990**	**$ 4,499,624**	**$ 256,643,944**	**$ 451,789,934**
1	LBJ	2025 Q1	SCP LBJ HOSPITAL EXPANSION SITE ENABLING	$ 3,536,462	$ 3,536,462	$ -	$ 3,536,462
1	LBJ	2025 Q3	SCP LBJ FARM RELOCATION	$ 56,089	$ 56,089	$ -	$ 56,089
1	LBJ	2025 Q4	SCP LBJ REAL PROPERTY ACQUISITION	$ 8,644,408	$ 8,644,408	$ 3,369,127	$ 12,013,535
1	LBJ	2026 Q3	SCP LBJ ENTRANCE CONSTRUCTION AND RELOCATION	$ 837,842	$ 837,842	$ -	$ 837,842
1	LBJ	2027 Q1	SCP LBJ PATIENT PARKING LOT B AWNING	$ 107,390	$ 1,652	$ 23,370	$ 130,759
1	LBJ	2027 Q2	SCP LBJ HOSPITAL EXPANSION - NEW PARKING GARAGE	$ 50,684,495	$ 32,819,760	$ -	$ 50,684,495
1	LBJ	2027 Q3	SCP LBJ LEGACY HOSPITAL MASTER PLAN	$ 173,000	$ 85,388	$ -	$ 173,000
1	LBJ	2028 Q4	SCP LBJ HOSPITAL EXPANSION CENTRAL UTILITY PLANT (CUP)	$ 153,651,233	$ 110,280,855	$ -	$ 153,651,233
1	LBJ	2029 Q1	SCP LBJ HOSPITAL EXPANSION	$ 1,811,701,804	$ 887,073,948	$ 9,458,894	$ 1,821,160,698
			LBJ Total	**$ 2,029,392,722**	**$ 1,043,336,404**	**$ 12,851,390**	**$ 2,042,244,112**
			Total All	**$ 2,500,000,000**	**$ 1,055,910,969**	**$ 484,067,531**	**$ 2,984,067,531**

* Interest from Bond proceeds not included

** Other Funding Sources: Philanthropy, Cash on Hand, Interest from Bond proceeds

Total Apprenticeship Hours by Project

Project	Construction Manager	Total Manhours through June 2026	Total Apprenticeship Hours through June 2026	Apprenticeship Percentage
John M. O'Quinn Hospital	McCarthy	2,901,657	657,336	22.7%
LBJ Central Utility Plant	Tellepsen	266,526	72,820	27.3%

John M. O'Quinn Hospital Apprenticeship by Trade

Trade	Subcontractor	Trade Manhours through June 2026	Apprenticeship Hours through June 2026	Apprenticeship Percentage
Concrete	McCarthy	337,770	9,808	3%
Elevator	Schindler Elevator	4,948	4,293	87%
Fire Protection	Northstar Fire Protection	39,718	32,645	82%
Electrical	Fisk Electric	399,457	288,428	72%
Plumbing	Humphrey Company	377,866	188,238	50%
Pneumatic Tube	Swisslog	3,867	2,257	58%
Mechanical	Way Engineering	438,558	123,023	28%
Precast Concrete	Precast Erectors	24,759	8,645	35%

Central Utility Plant Apprenticeship by Trade

Trade	Subcontractor	Trade Manhours through June 2026	Apprenticeship Hours through June 2026	Apprenticeship Percentage
Mechanical	HCL Mechanical	41,928	41,536	99%
Electrical	CAPP Electric Company	35,221	22,297	63%
Plumbing	Humphrey Company	10,362	8,987	87%

HARRISHEALTH

OVERVIEW OF COMMUNITY EVENTS

January - March 2026

50 Public Community Outreach Events & MWBE Outreach Events

702 Total Participants/Attendees

42 MWBE Attendees

334 NEW Project Stakeholder

135 Evaluations/Surveys/ Pre-Event Surveys

1 **Neighborhood bus tours** Participants from the community and community leaders rode alongside members from the project team and Harris Health leadership

76 **Neighborhoods and Area Zip Codes Reached**

(Acres Home, Fifth Ward Trinity/Kashmere Gardens, Settegast, Rosewood, Linwood, Magnolia, Pleasantville and Denver Harbor/East End and the surrounding areas)

588,364 Touches via Website, Mail, Social Media, Events & Project Contact/Call Center

John M. O'Quinn Hospital on LBJ Campus

Q3 2026

HARRISHEALTH

Construction Completion Timeline for LBJ Campus Expansion

Groundbreaking
May 2024

Timeline

1st Qtr. 2027

Garage

OSC O'DONNELL CONSTRUCTION SNIDER

4th Qtr. 2027

CUP

TELLEPSEN

1st Qtr. 2029

John M. O'Quinn Hospital

McCARTHY

New Hospital Construction Progress Video

Video Link: https://mbc.box.com/s/zsxvp606ldaa817k5ykwa2llv4iiffqt

LBJ Campus

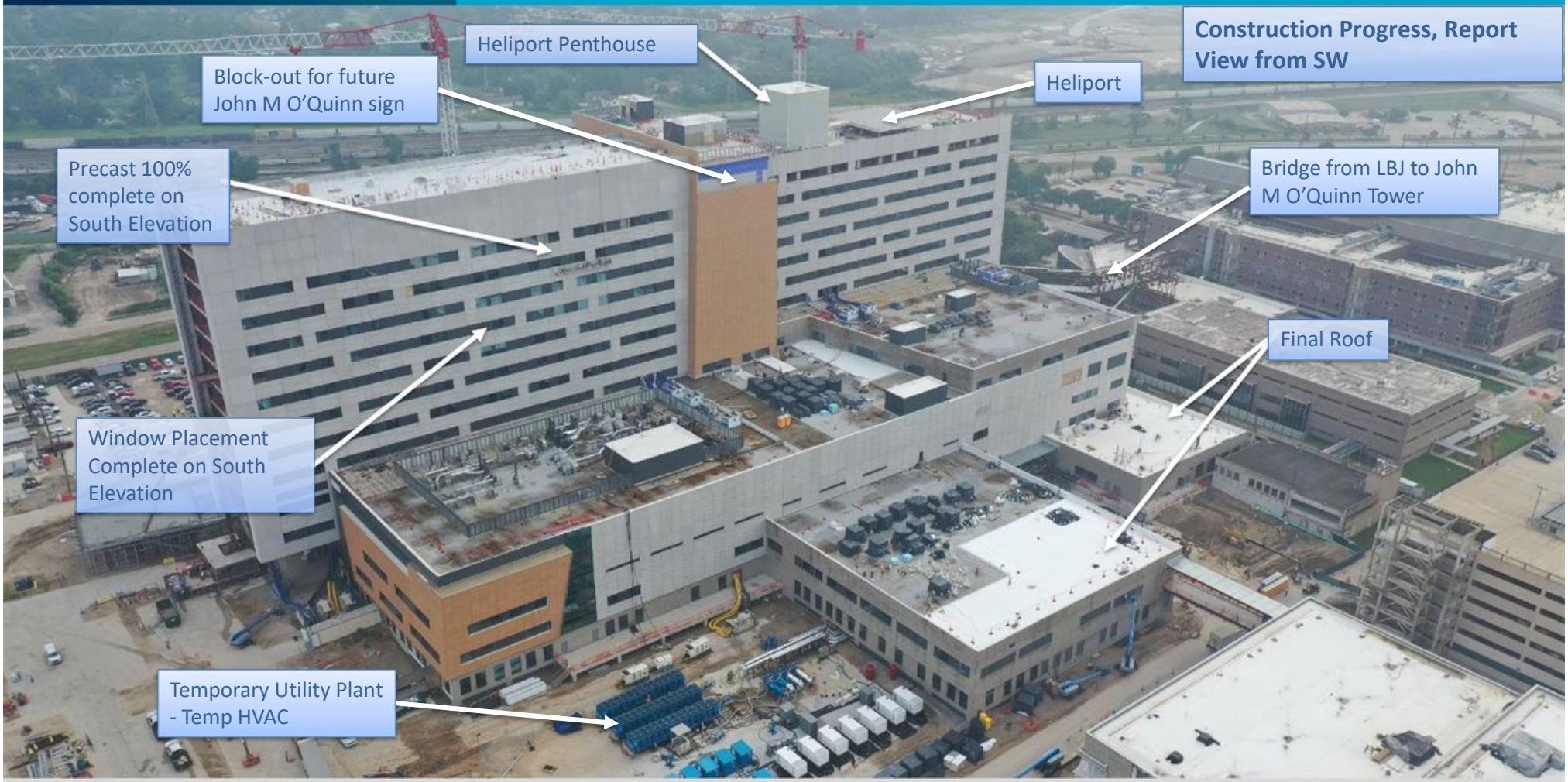
Project Name	Project Scope	Phase	Current Progress	Project Schedule	
LBJ Hospital Expansion - New Parking Garage	The proposed 7 story garage will be a new 456,349 square foot precast parking structure that contains offices, MEP rooms, I.T. rooms, will have 1284 parking spaces, and space designated for future community retail development on the first level.	Construction	HVAC rough-in. Tank 9 install. Waterproofing. Stair A glazing. CMU layout/install. Electrical rough-ins. Plumbing rough-in. Exterior joint caulking. Precast patching/grouting. Fire sprinkler layout/rough-in. Domestic water line insulation. Continue jump prevention. Canopy steel welding and framing ongoing	Milestone: Design Completion — Target Date: November 2023 Milestone: Construction Start — Target Date: September 2024 Milestone: Construction Completion — Target Date: December 2026	
LBJ Hospital Expansion - Central Utility Plant (CUP)	The project includes construction of a new 89,783 SF Central Utility Plant (CUP) on the south side of the LBJ Hospital Expansion, adjacent to the existing staff parking garage and the 610 North Loop East Freeway. Work will include utility relocations and upgrades from the existing CUP, along with flood-mitigation measures integrated into the site design. The new CUP will house key building-support functions, including domestic water, fire pump, chiller and heat-recovery systems, medical gas equipment, boilers, a CenterPoint vault, monitoring space, and tool/stock storage on Level 1. Level 2 will include the facility office suite, two generator rooms, an emergency switchgear room, an electrical room, and two MV rooms.	Construction	Plumbing and mechanical pipe installation continues. Roofing parapet work has started. CMU complete with only the area C elevator and stair tower in progress. Masonry work remaining only on the south side by the water tanks. All major equipment delivered and installed. Painting ongoing – walls and piping. Domestic water tank waiting on final flatwork before filling. CenterPoint vault inspected and punch ongoing. Decorative metal panels being installed. Louvers installed on north side. Glazing starting on the second floor of the north side.	Milestone: Design Completion — Target Date: February 2025 Milestone: Construction Start — Target Date: October 2024 Milestone: Construction Completion — Target Date: November 2027	 

Construction Update

Progress Highlights:

- 3,000,000 Man Hours recorded!!!
- Levels 1 - 12 Interior walls and MEP in progress
- Elevator installation progressing cabs and hoist ways preparing for temp usage Q4 2026
- Legacy bridge tie-in ongoing – main structure complete
- Brick complete except west side for MRI leave-outs
- Window installation complete at tower floors – Curtain walls on tower ongoing
- Temporary dry-in for podium complete – temporary conditioned air started
- Window testing on-going
- GE / Philips / Storz / Steris have been on site for initial measurements and verifications
- Entrance canopy structure complete, concrete placed
- Helipad structure complete
- 1st and 2nd floor finishes started

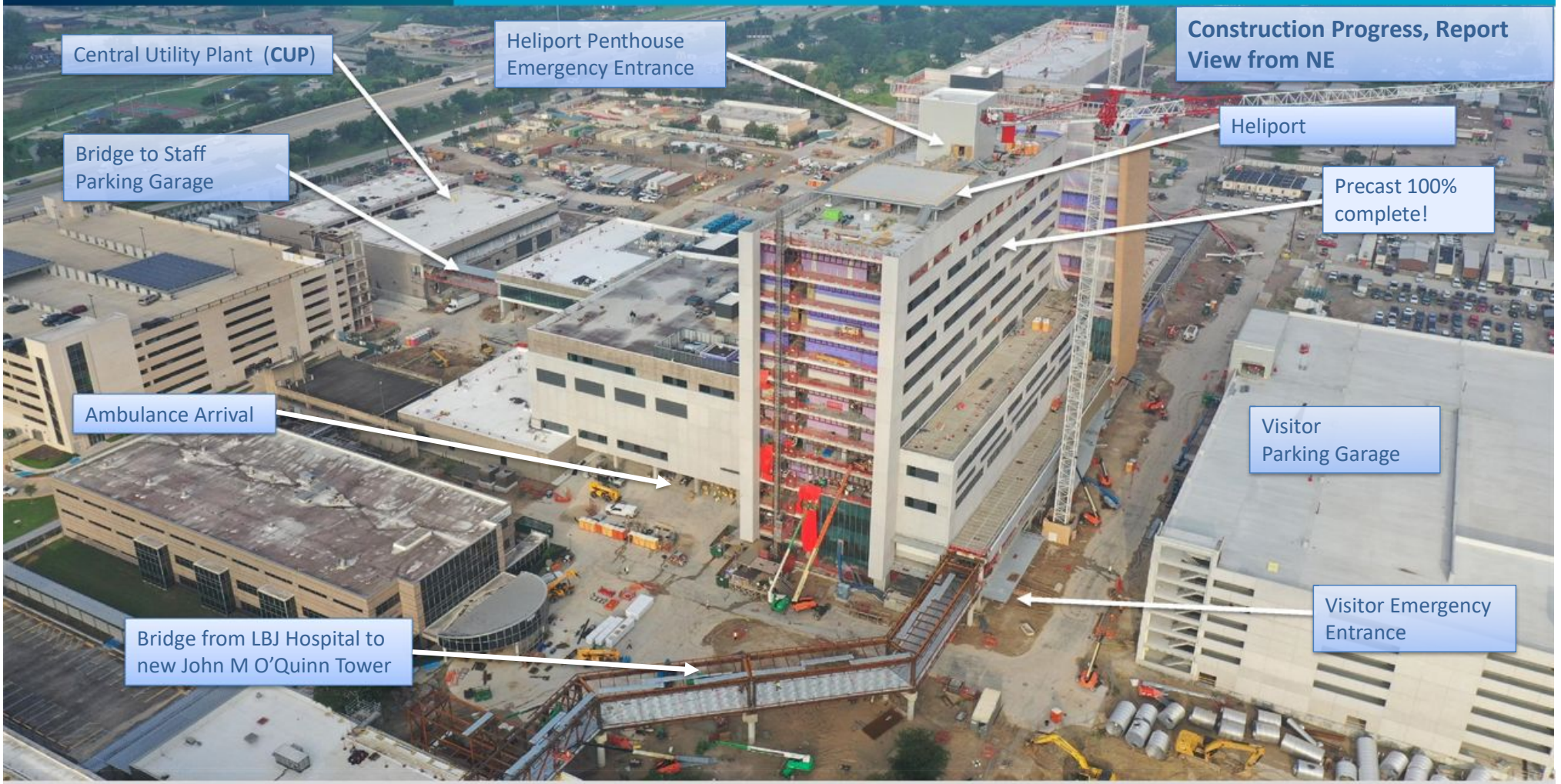
Q3 2026


Construction Progress, Report View from SW
Heliport Penthouse
Heliport
Block-out for future John M O'Quinn sign
Precast 100% complete on South Elevation
Bridge from LBJ to John M O'Quinn Tower
Final Roof
Window Placement Complete on South Elevation
Temporary Utility Plant - Temp HVAC

Q3 2026


Construction Progress, Report View from NW
L12 Window Installation
Staff Garage
CUP
Block-out for future John M O'Quinn sign
Visitor Garage
Storefront Glazing Underway
Building Atrium
Canopy and Future Outdoor Terrace
Future Farm

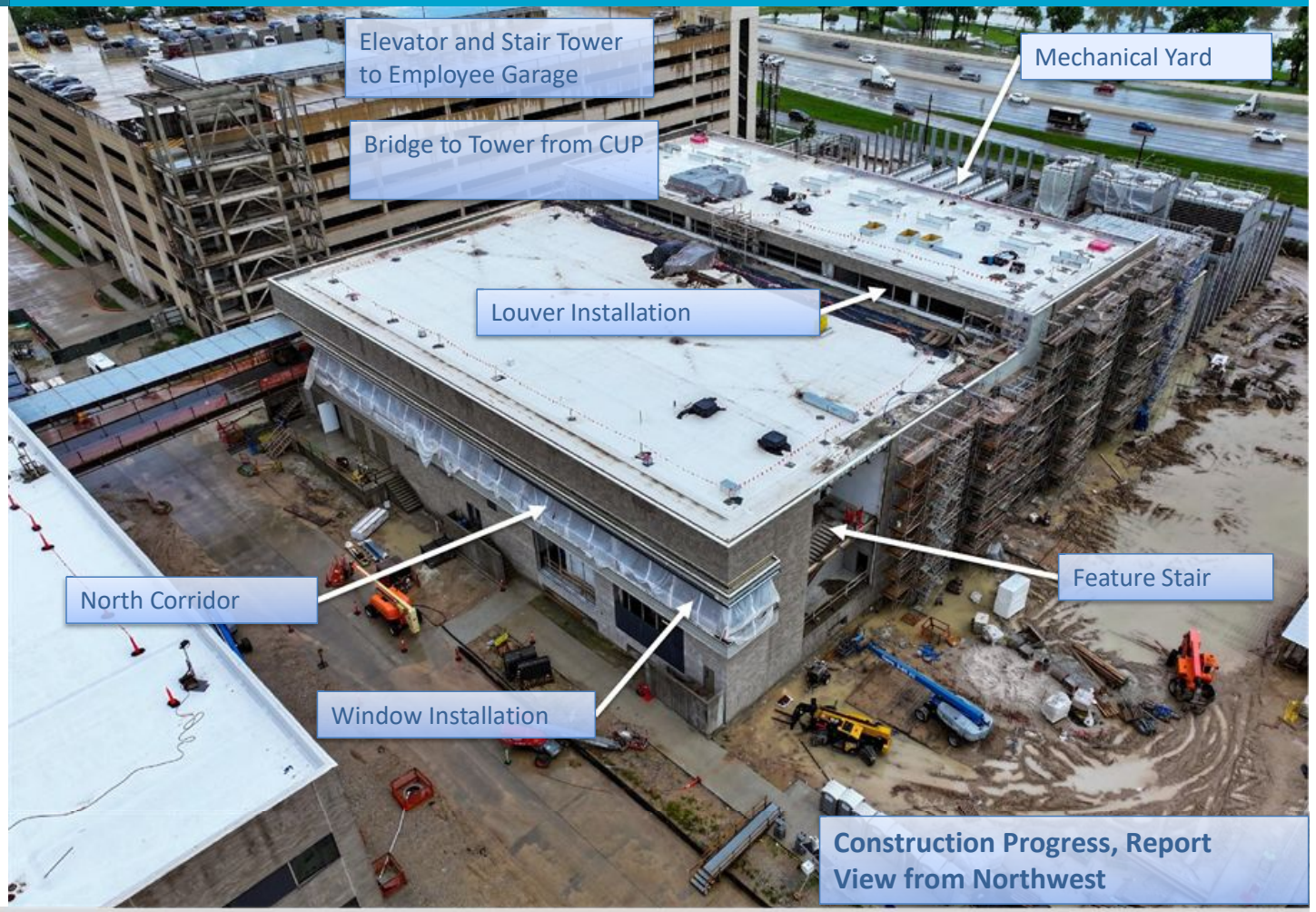
Q3 2026


Central Utility Plant (CUP)
Heliport Penthouse Emergency Entrance
Construction Progress, Report View from NE
Heliport
Bridge to Staff Parking Garage
Precast 100% complete!
Ambulance Arrival
Visitor Parking Garage
Visitor Emergency Entrance
Bridge from LBJ Hospital to new John M O'Quinn Tower

Construction Update (CUP)

Progress Highlights:

- Plumbing and mechanical pipe installation continues
- Roofing parapet work has started.
- CMU complete with only the area C elevator and stair tower in progress.
- Masonry work remaining only on the south side by the water tanks.
- All major equipment delivered and installed.
- Painting ongoing – walls and piping
- Domestic water tank waiting on final flatwork before filling.
- Centerpoint vault inspected and punch ongoing.
- Decorative metal panels being installed.
- Louvers installed on north side.
- Glazing starting on the second floor of the north side.



Construction Progress, Report View from Northwest

CUP Construction Progress
View from NW

Construction Update

Progress Highlights:

- HVAC Rough In
- Tank 9 Install
- Waterproofing
- Stair A Glazing
- HVAC Rough In
- CMU Layout/Install
- Electrical Rough-ins
- Plumbing Rough In
- Exterior Joint Caulking
- Precast Patching/Grouting
- Fire Sprinkler Layout/Rough In
- Domestic Water Line Insulation
- Continue jump prevention
- Canopy steel welding and framing ongoing

Visitor Parking Garage looking NE

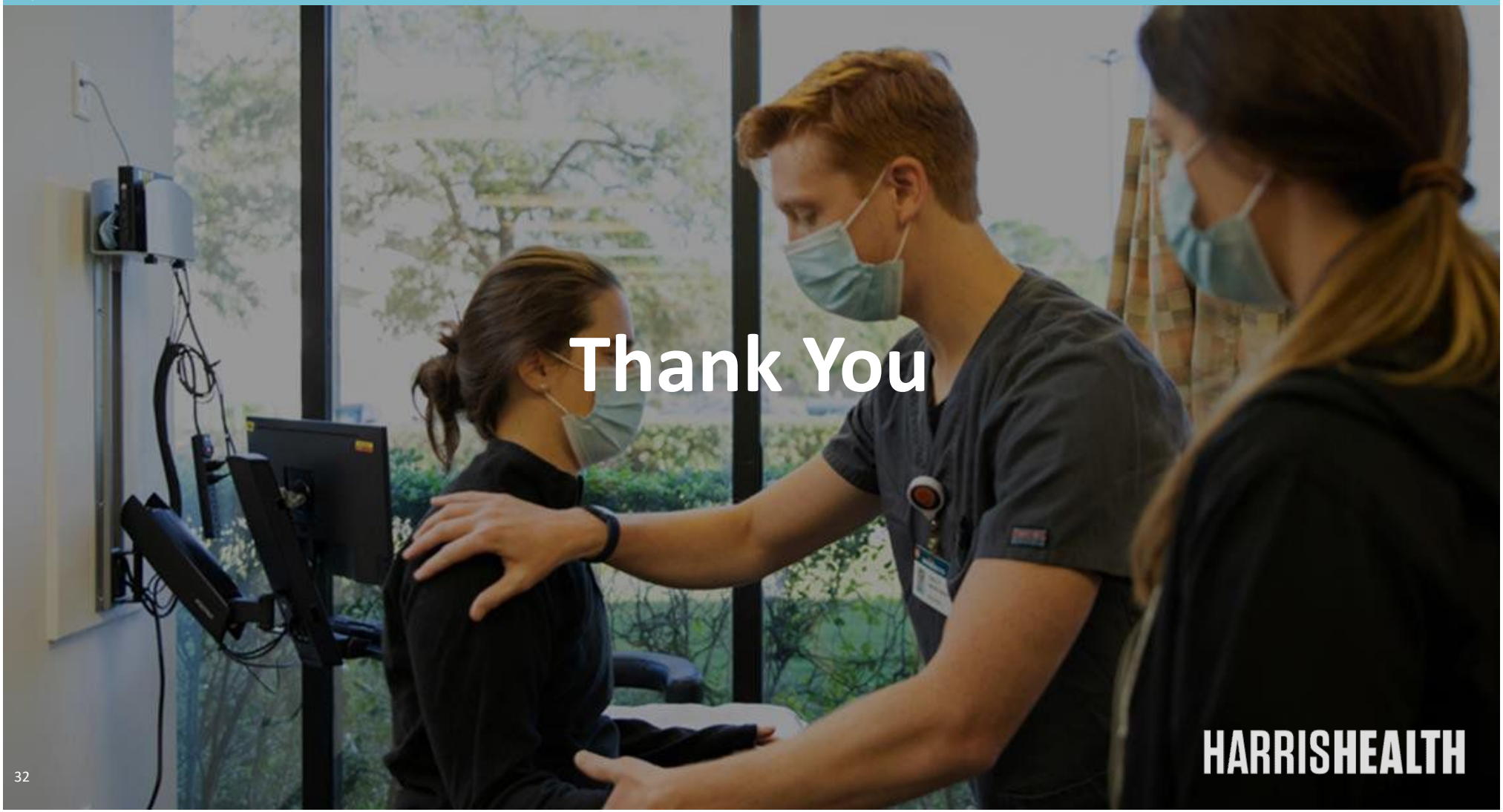
Q3 2026

Construction Progress, Report View from Northwest

John M. O'Quinn Hospital on LBJ Campus Expansion Project

Updates on the Project - www.nextlevelharrishealth.org/lbj

Construction Webcam: https://app.oxblue.com/open/mccarthy/lbjhospital


Thank You
HARRISHEALTH

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Presentation Regarding Harris Health s Pharmacy Update

Update by Dr. Michael Nnadi, SVP Chief Pharmacy & Lab Officer on the Harris Health System Strategic Plan regarding:

- Pharmacy Update
  - Holly Hall: Pharmacy Operations Center
  - 340B Update

Michael Nnadi, Pharm.D, MHS, Sc.D (hon)
SVP – Chief Pharmacy & Lab Officer

Pharmacy Update

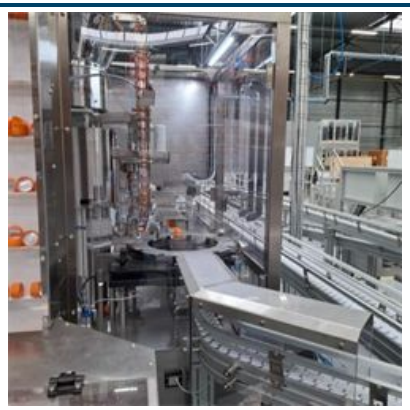
Michael Nnadi, Pharm.D, MHS, Sc.D (hon)
SVP Chief Pharmacy & Lab Officer
September 9, 2026

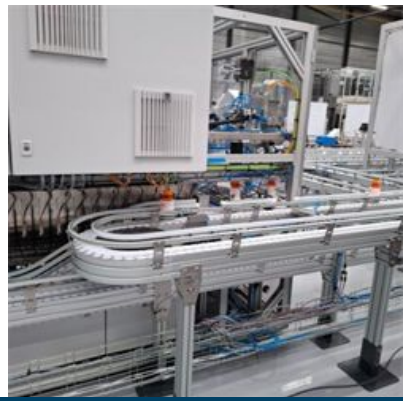
HARRISHEALTH

Agenda

- Holly Hall: Pharmacy Operations Center
- 340B Update

Harris Health CF Automation Build Progress





The equipment footprint taking shape across the work area

HARRIS HEALTH

OCT 31
FAT

MAY 17
GO-LIVE

Advancing toward key implementation milestones

Design and site-readiness work continues through August and September, followed by integrated test preparation and customer Factory Acceptance Testing on October 31..

PROJECT PROGRESS

1. **Weighing solution redesigned**
   Dedicated scales at each Unit-of-Use station improve redundancy and avoid conveyor modifications.
2. **System readiness activities**
   Technology, infrastructure and integration preparation activities are progressing to support upcoming testing and validation milestones.
3. **End-of-August design validation**
   A Holly Hall walkthrough will compare the system design and layout with current building conditions, validate as-built measurements and identify coordination items.
4. **Installation planning is advancing**
   Detailed planning for equipment delivery, installation sequencing and site logistics is progressing to support efficient deployment activities.

PROGRAM PATHWAY

- **Design & solution finalization**
- **Site & system readiness**
- **Integrated validation**
- **Factory Acceptance Testing**

Path to Factory Acceptance Testing
Design and readiness activities: August–September
Integrated validation and Factory Acceptance Testing: Oct

PROJECT COLLABORATION

1. **Solution design advancement**
   The weighing solution design has been refined to support workflow efficiency, redundancy and future operational scalability.
2. **Site readiness planning**
   Capsa and Harris Health will conduct a late-August Holly Hall walkthrough to compare the approved design with building conditions, validate measurements and support installation planning.
3. **Integrated program execution**
   Cross-functional teams continue coordinated work across pharmacy operations, facility planning, system integration and implementation readiness.

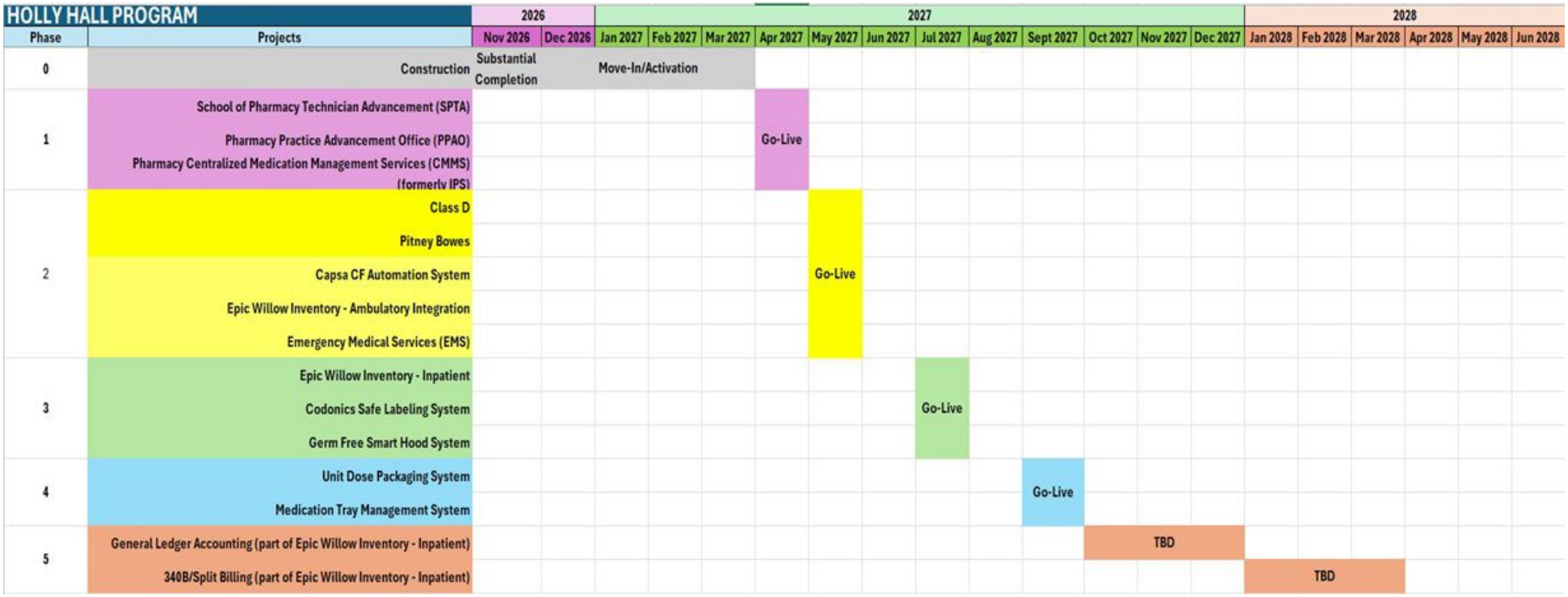
NEXT 90 DAYS: The priority is keeping building readiness, system validation, and vendor coordination aligned so issues are resolved before FAT.

AUG	LATE AUG	SEP	END SEP	OCT 31
Design + readiness activities	Design-to-building walkthrough	System validation readiness	Integrated test preparation	Customer FAT

PHARMACY

Holly Hall Operation Center

[Capsa Central Fill Automation System]



HOLLY HALL PROGRAM		2026		2027												2028					
Phase	Projects	Nov 2026	Dec 2026	Jan 2027	Feb 2027	Mar 2027	Apr 2027	May 2027	Jun 2027	Jul 2027	Aug 2027	Sept 2027	Oct 2027	Nov 2027	Dec 2027	Jan 2028	Feb 2028	Mar 2028	Apr 2028	May 2028	Jun 2028
0	Construction	Substantial Completion		Move-In/Activation																	
1	School of Pharmacy Technician Advancement (SPTA) Pharmacy Practice Advancement Office (PPAO) Pharmacy Centralized Medication Management Services (CMMS) (formerly IPS)						Go-Live														
2	Class D Pitney Bowes Capsa CF Automation System Epic Willow Inventory - Ambulatory Integration Emergency Medical Services (EMS)							Go-Live													
3	Epic Willow Inventory - Inpatient Codonics Safe Labeling System Germ Free Smart Hood System									Go-Live											
4	Unit Dose Packaging System Medication Tray Management System											Go-Live									
5	General Ledger Accounting (part of Epic Willow Inventory - Inpatient) 340B/Split Billing (part of Epic Willow Inventory - Inpatient)												TBD			TBD					

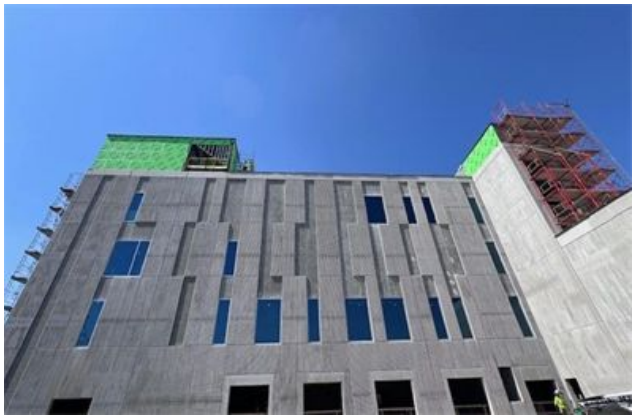
The Holly Hall schedule shows the workstreams

6

PHARMACY

Holly Hall– Construction Exterior

Chillers & Generators delivered



Fire Protection Storage Tank

Exterior paint continues

South elevation window caulking continues

East elevation window caulking continues

Exterior work is visibly advancing. Site readiness must synchronize with interior equipment installation and testing

Why 340B matters to Harris Health

The 340B program allows eligible safety-net providers to reduce outpatient drug costs and reinvest savings into patient care.

Safety-net access	Helps sustain affordable outpatient medications and chronic disease services.
Scale of impact	FY25/last-year testimony: more than $300M in upfront discounts and nearly 2M outpatient prescriptions. Compare to >800M in uncompensated care
No contract pharmacy	Harris Health does not currently rely on a contract pharmacy model, reducing one area of national controversy.
Mission alignment	Savings support access, service continuity, and care for vulnerable communities.

Executive takeaway: 340B is a patient access, financial stability, and mission continuity issue and upfront discounts help sustain medication and chronic disease services for our patients.

Current environment: pressure is accelerating

Reality is, the environment is changing rapidly

01

Rebate model revived

HRSA announced a revised 340B rebate model pilot on July 31, 2026. Participating manufacturers to provide rebates rather than upfront discounts

02

Claims-level data demands

Manufacturers are increasingly conditioning 340B access on transaction-level data.

03

Operational reality

Even before final policy, the market is moving toward adjudication, reconciliation, and dispute management.

Rebate model: what changes operationally

The model shifts value from upfront certainty to post-dispense proof and recovery.

Purchase at WAC

Submit claim detail

Manufacturer adjudicates

Rebate or dispute

Executive implication: value must be earned, proven, reconciled, and defended claim by claim.

Response plan: disciplined readiness

Move from reactive compliance to rapid, coordinated decision-making.

1

Rapid-response workgroup

Environmental scan, new manufacturer requirements, nonconforming data, and escalation pathways.

2

Impact dashboard

Claims submitted, claims rejected, rebates delayed, cash exposure, WAC spend, and unresolved exceptions.

3

Governance cadence

Regular executive updates for decisions, resources, risk acceptance, and advocacy alignment.

Goal: Perpetual readiness is now the operating model.

Program Integrity Framework

The Four Ps Remain The Backbone of defensibility

Patient	Is the patient eligible?
Provider	Is the relationship valid?
Place	Is the site eligible?
Prescription	Is the claim accurate?

Closing message: with continued enterprise alignment and perpetual readiness, Harris Health can protect the program, preserve access, and sustain value 340B brings to our patients

Wednesday, September 9, 2026

Committee Reports

Committee Meetings:

- Governance Committee – August 25, 2026 (Open Session)
  - Review and Recommendation of Approval of Revisions to Policy 2.02, Participation in Board Meetings and Board Committee Meetings via Videoconference Call
  - Presentation Regarding AI Governance for Harris Health Board Members
  - Review of the Harris Health Standard Operating Procedures
  - Discussion Regarding the Texas Healthcare Trustees (THT) Certified Healthcare Trustee and Leader Certification
- Quality Committee – August 25, 2026 (Open Session)
  - HRO Safety Message Video Regarding Catheter Associated Urinary Tract Infections (CAUTI)
- Compliance & Audit Committee – August 27, 2026 (Open Session)
  - Presentation Regarding the Harris Health Quarterly Internal Audit Update as of August 27, 2026
- Joint Conference Committee – August 27, 2026 (Open Session)
  - Physician Leadership Reports
  - Update Regarding the Revised 2026 Medical Staff Bylaws

Kimberly J. Williams, JD
Harris County Purchasing Agent

August 27, 2026

Board of Trustees Office
Harris Health

Re: Board of Trustees Meeting September 9, 2026
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

1111 Fannin Street, 12th Floor, Houston, TX 77002 Tel 713-274-4400 Fax 713-755-6695

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

Expenditure Summary: September 09, 2026 (Approvals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A1	**Siemens Medical Solutions USA, Inc.** MWBE Goal: Exempt Sole Source	**Service and Maintenance of Siemens Brand Equipment for Harris Health** - To provide service and maintenance for Siemens brand equipment located throughout Harris Health. ***Sole Source Exemption***	Ratify Purchase Sole Source Exemption Five-year initial term	James Young		**$ 9,941,285**
A2	**Vantive US Healthcare LLC (HCHD-1268)** MWBE Goal: Exempt Public Health or Safety	**Dialysis Equipment and Fluids for Harris Health** - To continue providing equipment and supplies for peritoneal dialysis patients. ***Public Health or Safety Exemption***	Ratify Renewal Public Health or Safety Exemption July 01, 2026 through June 30, 2027	Lori Timmons	$ 3,321,214	**$ 4,100,000**
A3	**Alcon Laboratories Inc (GA-07486)** MWBE Goal: Exempt Public Health or Safety	**Ophthalmology Intraocular Lens & Related Items** - To continue providing intraocular lens and related items used in Ophthalmology surgical procedures for the Operating Room at Ben Taub and Lyndon B. Johnson Hospitals. ***Public Health or Safety Exemption***	Ratify Additional Funds Extension Public Health or Safety Exemption February 18, 2026 through February 17, 2028	Charles Motley	$ 2,000,000	**$ 4,000,000**
A4	**Johnson & Johnson Health Care Systems Inc. (HCHD-1021)** MWBE Goal: Exempt Public Health or Safety	**Electrophysiology Implantable & Disposable Products** - To continue providing electrophysiology implantable and disposable products for Harris Health patients. ***Public Health or Safety Exemption***	Ratify Additional Funds Extension Public Health or Safety Exemption September 02, 2026 through September 01, 2028	Charles Motley	$ 1,304,922	**$ 2,609,844**
A5	**Stryker Endoscopy (GA-06579)** MWBE Goal: Exempt Sole Source	**ProCare On-Site Specialists Support for Harris Health** - On-Site Specialist provides OEM-certified, on-site diagnostic, maintenance, and technical support for Stryker endoscopic equipment and video systems. ***Sole Source Exemption, Board Motion 24.01-10***	Renewal Sole Source Exemption February 05, 2027 through February 04, 2028	Sophonie Barron	$ 3,323,616	**$ 2,051,883**
A6	**Southland Industries (HCHD-1926)** MWBE Goal: 21%	**Intermediate Distribution Room (IDR) Construction at Ben Taub Hospital for Harris Health** - To provide all labor, materials, equipment, and incidental for the Intermediate Distribution Room (IDR) Construction at Ben Taub Hospital. The owner contingency provides for coverage of unanticipated costs throughout the construction project. ***Job No. 260157***	Award Best proposal meeting requirements	Babak Zare		**$ 1,891,610**
A7	**Roche Diagnostics Corporation (GA-07432)** MWBE Goal: Exempt Public Health or Safety	**Immunohistochemistry (IHC) Staining and Special Staining Systems Including Analyzer, Reagents, Consumables and Service** - Additional funds are required due to an increase in utilization of IHC and Special Stain procedures for Harris Health patients. ***Public Health or Safety Exemption***	Additional Funds Public Health or Safety Exemption December 13, 2025 through December 12, 2027	Norin Pung	$ 920,000	**$ 808,654**
A8	**Delta T Equipment, Inc** MWBE Goal: Exempt Sole Source	**Heat Exchanger Plates for Harris Health** - This procurement is to purchase heat exchanger plates for Ben Taub Hospital. ***Sole Source Exemption***	Ratify Purchase Sole Source Exemption	Babak Zare		**$ 530,561**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
A9	**Advanced Sterilization Products** MWBE Goal: Exempt Sole Source	**Preventative Maintenance and Repair Services for Harris Health** - To provide preventative maintenance and repair services for Evotech Endoscope Reprocessors and STERRAD Sterilizers located at Ben Taub and Lyndon B. Johnson Hospitals. ***Sole Source Exemption***	Additional Funds Extension Sole Source Exemption November 13, 2026 through November 12, 2029	James Young	$ 392,626	**$ 469,010**
					Total Expenditures	$ 26,402,847
					Total Revenue	$ (0)

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

Expenditure Summary: September 09, 2026 (Transmittals)

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B1	**Texas Medical Center Police Department (HCHD-964)** MWBE Goal: Exempt Public Health or Safety	**Law Enforcement Assistant Services for Harris Health** - To continue providing law enforcement assistant services for Harris Health. Additional funds are necessary to align pay rates with the current market salary levels. Annual cost adjustments not to exceed 3% will be applied for future renewal terms. ***Public Health or Safety Exemption***	Corrected Term Renewal	Monica Carbajal	$ 5,131,666	**$ 5,344,391**
B2	**Steris Corporation (PP-OR-2335)** MWBE Goal: Exempt GPO	**Washers and Decontaminators** - To purchase the central sterile processing system and related items for Central Sterile department at John M. O'Quinn Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Teong Chai		**$ 3,640,000**
B3	**Mark III Systems - Government Solutions** MWBE Goal: 0% Drop Shipped	**Dell Servers for Harris Health** - To add twenty four (24) Dell servers to support the organic growth of Harris Health. These servers will be utilized at Harris Health data centers to expand infrastructure capacity and meet increasing operational demands. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Cary Fagan		**$ 2,600,400**
B4	**Boston Scientific Inc. (PP-OR-2505)** MWBE Goal: Exempt GPO	**Gastrointestinal Endoscopy Products** - To continue providing Harris Health with biliary and esophageal stents, balloon dilators, extractors, baskets, snares, forceps and gastroesophageal reflux disease (GERD) treatments. Extension will include two (2) additional one-year renewal options. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds Extension March 28, 2026 through March 27, 2027	Damien Wiley	$ 2,260,510	**$ 2,213,736**
B5	**Johnson Controls Fire Protection, L.P. (HCHD-1896)** MWBE Goal: 6%	**Fire Protection Systems Inspection, Testing, and Maintenance Services for Harris Health** - To provide fire protection systems inspection, testing, maintenance, programming, and repair to Harris Health hospitals and other facilities. ***Sourcewell***	Award Best quote meeting specifications One (1) year initial term with four (4) one-year renewal options	Terry Elliott		**$ 1,979,030**
B6	**Globo Language Solutions LLC (HCHD-1527)** MWBE Goal: Exempt GPO	**Language Interpretation Services for Harris Health** - The previously approved amount was underestimated, and additional funding is required to cover outstanding invoices and continue language interpretation services. ***Premier Healthcare Alliance, L.P. PP-SV-394***	Additional Funds June 01, 2025 through May 31, 2026	Adrienne Wade Mendoza	$ 7,460,566	**$ 1,914,935**
B7	**GE Healthcare (PP-IM-265)** MWBE Goal: Exempt GPO	**Computed Tomography** - To replace one (1) CT imaging system that is past its expected useful life in the Lyndon B. Johnson Hospital radiology department. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 1,521,650**
B8	**HP, Inc. (DIR-CPO-5850)** MWBE Goal: 0% Drop Shipped	**HP Desktops Purchase for Harris Health** - To purchase 1,000 HP EliteDesk 8 G1i Mini desktop computers to maintain a stable, secure, and high-performing workstation environment for nurses, physicians, and operational staff. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Tai Nguyen		**$ 1,202,650**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B9	**CDW Government, Inc.** MWBE Goal: Exempt GPO	**Hardware/Software Resellers, Services and Refurbished Equipment** - To provide technology purchase of 150 workstations on wheels (WOWs) to ensure clinicians have reliable and efficient tools to support patient care, improve system reliability, reduce downtime, and enhance overall user experience for physicians and nurses. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer	Tai Nguyen		**$ 1,037,338**
B10	**Vertosoft LLC (HCHD-1879) (DIR-CPO-5327)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Galaxy Learning Management System for Harris Health** - To provide Galaxy, a comprehensive Learning Management System (LMS) that supports enterprise-wide training, talent development, and compliance needs across a large healthcare environment. Implementation services, user training, integration setup, testing, documentation, and ongoing maintenance and support to ensure effective adoption and long-term reliability are also included. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Lowest quote meeting specifications One (1) year initial term with four (4) one-year renewal options	Erick Reid		**$ 826,446**
B11	**Shared Imaging, Inc. (PP-SV-356)** MWBE Goal: Exempt GPO	**Leased Mobile Computed Tomography (CT) Machine** - To purchase the Mobile CT machine previously leased to support Correctional Health Services. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds	DeWight Dopslauf	$ 1,319,400	**$ 798,000**
B12	**Sequel Data Systems, Inc.** MWBE Goal: 0% Non-Divisible	**Citrix Servers Replacement for Harris Health** - To provide the replacement of the Citrix server hardware supporting virtual desktop environment in order to improve performance, reliability, security, and compatibility with current software platforms, and to maintain business continuity. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Jin Lee		**$ 734,772**
B13	**Century Link Communications, LLC d/b/a Lumen Technologies Group (HCHD-926) (GSA #47QTCA20D0077)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Redundant Data Circuits for Ambulatory Care Services (ACS) Clinics for Harris Health** - To continue to provide redundant data circuit service for the ACS clinics and to keep services online to support patient care. ***Government Services Administration (GSA) Cooperative Purchasing Program, Board Motion 23.05-73***	Additional Funds Extension September 07, 2026 through September 06, 2029	Eric Hidalgo	$ 1,403,575	**$ 673,536**
B14	**Stryker Sales, LLC dba Stryker Instruments (AD-OR-2565)** MWBE Goal: Exempt GPO	**Orthopedic Power Tools and Accessories** - To replace bone surgical drills and saws that are past their life expectancy and are no longer supported by the manufacturer at the Ambulatory Surgery Center and Ben Taub & Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Single Source ASCEND Contract	Arun Mathew		**$ 646,000**
B15	**Philips Healthcare (PP-IM-287)** MWBE Goal: Exempt GPO	**Ultrasound** - To replace five (05) radiology ultrasound machines that are past their life expectancy at Ben Taub Hospital and the School of Diagnostic Medical Imaging. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 609,000**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B16	**GE Healthcare (PP-IM-265)** MWBE Goal: Exempt GPO	**Computed Tomography** - To replace one (1) Radio-Therapy CT Simulator for the new Legacy Lyndon B. Johnson Oncology Department. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 590,763**
B17	**Medtronic USA, Inc (PP-CA-613, PP-CA-762)** MWBE Goal: Exempt GPO	**Coronary products** - To provide balloon catheters and drug-eluting stents used for treating Harris Health patients. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Contract(s) July 01, 2026 through June 30, 2027 with two (2) one-year renewal options	Charles Motley		**$ 581,290**
B18	**GE Precision HealthCare LLC (PP-IM-266)** MWBE Goal: Exempt GPO	**General Radiography** - To replace an outdated radiography/fluoroscopy system that has reached its end of life at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Praveena Gangakhedkar		**$ 565,869**
B19	**Stryker Craniomaxillofacial (HCHD-547)** MWBE Goal: Exempt GPO	**Craniomaxillofacial and Neurosurgical Craniofacial Implants and Related Products** - To continue providing craniomaxillofacial and neurosurgical craniofacial implants and related products used for various operating procedures. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds Extension October 28, 2026 through October 31, 2028	Charles Motley	$ 282,000	**$ 564,000**
B20	**Microsoft Corporation (HCHD-775) (DIR-CPO-4911)** MWBE Goal: 0% Non-Divisible	**Microsoft Unified Support Services Maintenance Renewal for Harris Health** - To continue to provide IT support and consulting services, as needed, for the support of the Microsoft application environments. This includes software licensing, maintenance, and support. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Additional Funds Extension July 06, 2026 through July 05, 2027	Cary Fagan	$ 492,673	**$ 492,673**
B21	**McCoy Rockford, Inc. (TXMAS-24-42504)** MWBE Goal: 0% Drop Shipped	**Office Furniture** - This procurement is to purchase one hundred fifty four (154) task chairs; one hundred fifty four (154) 72W x 30D cubicles; three (3) large private offices; four (4) small private offices; nine (9) shared office tables; and seventeen (17) lateral files for Patient Financial Services at Fournace Place. ***Texas Multiple Award Schedule (TXMAS) Cooperative Program***	Purchase Only quote	Cindy Perez		**$ 486,055**
B22	**McCoy Rockford, Inc.** MWBE Goal: 0% Drop Shipped	**Office Furniture** - This procurement is to purchase furniture for the Holly Hall Operations Center. ***Texas Multiple Award Schedule (TXMAS) Cooperative Program***	Purchase Only quote	Cindy Perez		**$ 479,743**
B23	**General Datatech, LP. (DIR-CPO-5687)** MWBE Goal: 0% Non-Divisible	**Products and Services** - Gigamon support services maintenance renewal for the Gigamon Intrusion Detection and Prevention System (GigaSMART, GigaVUE-HC1 license, NetFlow Generation feature), which allows Harris Health IT engineers network visibility to support the organization's hospitals and clinics. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Award Low quote May 11, 2026 through August 31, 2027	A. Kilty		**$ 477,111**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B24	**Siemens Medical Solutions USA Inc (PP-IM-278)** MWBE Goal: Exempt GPO	**Magnetic Resonance Imaging (MRI)** - To upgrade existing MRI software currently used for the MRI machines at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 416,000**
B25	**Steris Corporation (PP-OR-2331)** MWBE Goal: Exempt GPO	**Steam Sterilizers** - To replace the existing steam sterilizers and ultrasonic washers that are past their life expectancy at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 400,000**
B26	**E-Builder, Inc. (HCHD-1892) (GS-35F-408AA)** MWBE Goal: 0% Specialized, Technical, or Unique in Nature	**Project and Program Management Solution for Harris Health** - To provide for the annual software subscription for the e-Builder Enterprise System used to analyze, and collectively manage projects for determining the optimal resource mix that best achieves operational and financial goals. ***Government Services Administration (GSA) Cooperative Purchasing Program***	Purchase Best quote meeting specifications November 01, 2026 through October 31, 2027 with six (6) one-year renewal options	T. Chai		**$ 386,771**
B27	**Computacenter United States, Inc.** MWBE Goal: 0% Non-Divisible	**NetApp FAS90 – Enterprise Data Storage for Harris Health** - To provide a fast, reliable way to store and access critical clinical and business data, help systems run smoothly without downtime, and strengthen Harris Health's data protection and scalability to prepare for future growth. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Emeka Okoli		**$ 386,423**
B28	**Crothall Facilities Management (HCHD-331)** MWBE Goal: Exempt GPO	**Maintenance Services of Biomedical Equipment for Harris Health** - Additional funds are required to include service coverage for added biomedical equipment. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds March 01, 2026 through February 28, 2027	Michael Beckman	$ 988,620	**$ 366,787**
B29	**Philips Healthcare (PP-NS-1948)** MWBE Goal: Exempt GPO	**Physiological Monitoring Systems** - To purchase fourteen (14) physiological monitoring units as part of relocation and expansion of EKG and ECHO Lab services at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 350,500**
B30	**Planet Technologies, Inc. (GSA #47QTCA19D0036)** MWBE Goal: 0% Non-Divisible	**Microsoft Advantage Managed Services for Harris Health** - Services will provide maintenance and support for Microsoft365 licenses, along with strategic guidance, monitoring, and optimization of Microsoft Cloud technologies, including Microsoft365 and Microsoft Azure. The renewal amount has increased due to the addition of services and 100 hours of coverage to current scope of services. ***Government Services Administration (GSA) Cooperative Purchasing Program***	Renewal April 17, 2026 through April 16, 2027	Cary Fagan	$ 96,000	**$ 334,800**
B31	**Swisslog Healthcare (PP-FA-1084)** MWBE Goal: Exempt GPO	**Pneumatic Tube System** - To provide an additional Pneumatic Tube System Station used to support Ben Taub Hospital fourth floor units and interconnect with existing Pneumatic Tube System and departments. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Terry Lynn Elliot		**$ 247,898**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B32	**Deleisa B. Johnson** MWBE Goal: Exempt Personal Services Agreement	**Corporate Communications and Marketing Services** - To provide corporate communications, marketing and corporate strategy services to Harris Health. ***Personal Services Exemption***	Award Personal Services Exemption One (1) year initial term with four (4) one-year renewal options	Julia Cromeens		**$ 240,000**
B33	**Santa Maria Hostel** MWBE Goal: Exempt Sole Source	**Recovery Support and Care Navigation Services for the Maternal Opioid Misuse (MOM) Model Program.** - To Provide Recovery Support and Care Navigation Services for the Maternal Opioid Misuse (MOM) Program. ***Sole Source Exemption***	Award Sole Source Exemption One (1) year initial term with four (4) one-year renewal options	Susanne Amanda Lundeen		**$ 232,785**
B34	**Devicor Medical Products, Inc. d/b/a Mammotome** MWBE Goal: Exempt Public Health or Safety	**Stereotactic Breast Biopsy Systems for Harris Health** - This procurement is to purchase two (2) Mammotome Revolve® ST Breast Biopsy Systems and consumables for Lyndon B. Johnson Hospital and Smith Clinic. ***Public Health or Safety Exemption***	Purchase Public Health or Safety Exemption	Kimusa Kim Douglas		**$ 231,554**
B35	**Capital Inventory, Inc. (PPPH25CII02) (HCHD-1841)** MWBE Goal: Exempt GPO	**On-Site Pharmaceutical Inventory Services for Harris Health** - To provide on-site inventory of pharmacy drugs and devices in Harris Health pharmacies and Harris County jail pharmacies. ***Premier Healthcare Alliance, L.P. Contract***	Award Lowest Offer September 01, 2026 through April 30, 2028	Jabeen Pattassery		**$ 230,000**
B36	**Fujifilm Healthcare Americas Corporation** MWBE Goal: 0% Drop Shipped	**Intraoperative/Invasive Ultrasound System for Harris Health** - This procurement is to purchase one (1) intraoperative/invasive ultrasound system for Ben Taub Hospital. ***Offer No. BEJ072426***	Purchase Best offer meeting requirements	Arun Mathew		**$ 220,854**
B37	**HP, Inc. (DIR-CPO-5850)** MWBE Goal: 0% Drop Shipped	**HP Desktops Purchase for Harris Health** - To purchase 170 HP EliteDesk 8 Mini desktops and support for Harris Health. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Low quote	Daniel Smith		**$ 212,245**
B38	**Helmer Scientific Inc (PPPH28HLM01)** MWBE Goal: Exempt GPO	**Pharmacy Grade Refrigerators and Freezers** - This procurement is to purchase thirty-four (34) under counter Pharmacy refrigerators and twenty-three (23) Laboratory freezers that are past life expectancy of 10+ years for ACS Clinics and Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 210,786**
B39	**Intelligent Retinal Imaging Systems** MWBE Goal: 0% Drop Shipped	**Retinal Cameras for Harris Health** - This procurement is to purchase eleven (11) retinal cameras throughout Harris Health ACS Clinics. ***Offer No. BEJ071626***	Purchase Lowest priced offer meeting requirements	Arun Mathew		**$ 209,187**
B40	**Netsync Network Solutions, Inc. (DIR-CPO-4866)** MWBE Goal: 0% Non-Divisible	**Ordr Security Solution for Harris Health** - To map Harris Health network devices and context, establish baselines, identify vulnerabilities, generate risk scores for prioritized actions, monitors device communications, offer real-time analytics, and control traffic based on device to detect anomalies. ***State of Texas Department of Information Resources (DIR) Cooperative Contract***	Purchase Best quote meeting specifications July 01, 2026 through June 30, 2027	Salman Khan		**$ 196,599**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B41	**David Advisory Firm LLC (HCHD-1894)** MWBE Goal: Exempt Personal Services Agreement	**Strategic Advisory Support Services for Harris Health** - To provide strategic advisory support service including strategic direction and execution support, operational assessments, and facilitation of stakeholder leadership meetings for Harris Health. ***Personal Services Exemption***	Award Personal Services Exemption One (1) year initial term with one (1) one-year renewal options	Ruth Russell		**$ 195,000**
B42	**Karl Storz Endoscopy-America, Inc. (PP-OR-2280 & PP-OR-2313)** MWBE Goal: Exempt GPO	**Surgical Endoscopy - Rigid and Surgical Video Visualization** - This procurement is to purchase one (1) Blue Light Cystoscopy Tower, Blue Light Resectoscope Sets, and accessories for Ben Taub Hospital Operating Room. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 186,687**
B43	**Presidio Networked Solutions Group, LLC.** MWBE Goal: 0% Non-Divisible	**SpinSci Application Maintenance and Support Services for Harris Health** - To continue application maintenance and support for the SpinSci platform. This solution integrates with EPIC to automatically populate patient data for Harris Health's Contact Center Agents, resulting in reduced call times for patient appointments. ***The Interlocal Purchasing System (TIPS)***	Purchase Only quote One (1) year initial term with one (1) one-year renewal options	Ronald Fuschillo		**$ 181,632**
B44	**GE Healthcare (PP-IM-271)** MWBE Goal: Exempt GPO	**Ultrasound** - This purchase will provide GE Healthcare Viewpoint software maintenance and support services for the ultrasound reporting and image management system utilized throughout Harris Health. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements Five-year initial term	David Layman		**$ 179,000**
B45	**Kerecis LLC** MWBE Goal: Exempt GPO	**Fish Skin Grafting for Harris Health** - To continue providing Fish Skin Grafting to support natural tissue regeneration on consignment to prevent patient care delays. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements One (1) year initial term with two (2) one-year renewal options	Charles Motley		**$ 178,329**
B46	**Fujifilm SonoSite (PP-IM-317)** MWBE Goal: Exempt GPO	**Ultrasound** - To replace three (3) point of care ultrasound machines used by the Hemodialysis and PICC vascular access teams at Ben Taub and Lyndon B. Johnson Hospitals, and also to replace one (1) ultrasound probe in the Emergency Center at Lyndon B. Johnson Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Best Offer(s) Meeting Requirements	Arun Mathew		**$ 176,700**
B47	**Hologic Inc (PP-IM-295)** MWBE Goal: Exempt GPO	**Mammography Products and Services** - To add one (1) breast biopsy specimen radiography system at the Lyndon B. Johnson Hospital Lab. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Arun Mathew		**$ 176,000**
B48	**Sirtex Medical Inc.** MWBE Goal: Exempt Sole Source	**Lava Embolic System for Harris Health** - To continue providing the approved treatment of peripheral arterial hemorrhages. ***Sole Source Exemption***	Award Sole Source Exemption One (1) year initial term with two (2) one-year renewal options	Charles Motley		**$ 166,155**
B49	**AccuVein Inc. (AD-NS-1960)** MWBE Goal: Exempt GPO	**Vein Finder Equipment** - To replace existing vein finders that are past their life expectancy at Ben Taub and Lyndon B. Johnson Hospitals. ***Premier Healthcare Alliance, L.P. Contract***	Single Source ASCEND Contract	Arun Mathew		**$ 145,520**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B50	**Bard Access Systems Inc** MWBE Goal: Exempt Sole Source	**Ultrasound Systems for Harris Health** - This procurement is replacing four (4) vascular access ultrasound machines (two each) for the Vascular Access Teams at Ben Taub and Lyndon B. Johnson Hospitals that have reached the end of manufacturer support. ***Sole Source Exemption***	Purchase Sole Source Exemption	Arun Mathew		**$ 140,256**
B51	**Edwards Lifesciences LLC** MWBE Goal: 0% Non-Divisible	**Cardiac Output Monitors for Harris Health** - To replace two (2) HemoSphere Alta cardiac output monitors that have exceeded their expected useful life with new equipment at Ben Taub Hospital. The new equipment meets the clinical requirements of the Anesthesiology Services Department. ***Offer No. NMB050626***	Purchase Only offer received	Arun Mathew		**$ 138,560**
B52	**Datix (USA), Inc. (HCHD-1861)** MWBE Goal: Exempt Sole Source	**OneSOURCE for Harris Health** - To provide a comprehensive management tool providing online access to the most up-to-date Instructions for Use (IFUs), service manuals, safety data sheets, and other manufacturer guidelines that oneSOURCE manages. ***Sole Source Exemption***	Purchase Sole Source Exemption One (1) year initial term with two (2) one-year renewal options	Berrlyn Nelson		**$ 123,000**
B53	**Hoar Program Management, LLC (HPM) [HCHD-1204]** MWBE Goal: 20%	**Audit Services for the Lyndon B. Johnson Expansion for Harris Health** - Additional funds are required to provide ongoing prevailing wage monitoring services which will include onsite representation to validate compliance to the current Agreement. HPM will conduct weekly certified payroll reviews along with reviewing apprenticeship participation and conducting worker interviews. ***Job No. 230332, Board Motion 24.01-10***	Additional Funds	Teong Cheah Chai	$ 767,275	**$ 122,741**
B54	**GE Precision HealthCare LLC (PP-CA-673)** MWBE Goal: Exempt GPO	**Non-invasive Cardiology Equipment** - To provide cardiac stress test systems needed for the relocation and expansion of EKG and ECHO lab services at Ben Taub Hospital. ***Premier Healthcare Alliance, L.P. Contract***	Award Only Offer Received	Sandra Thulasidas		**$ 115,226**
B55	**E3 DIAGNOSTICS, INC.** MWBE Goal: 0% Non-Divisible	**Audiology Equipment for Harris Health** - This procurement is to replace one (1) auditory function screening device for Ben Taub Hospital Audiology Department that is past its expected useful life. ***Offer No. BEJ080326***	Purchase Best offer meeting requirements	Arun Mathew		**$ 114,946**
B56	**Evoqua Water Technologies LLC** MWBE Goal: Exempt Sole Source	**Reverse Osmosis Water Units for Harris Health** - Replacement of two (2) existing reverse osmosis (RO) water units in the Ben Taub Laboratory and one (1) existing RO water unit in the Lyndon B. Johnson Laboratory in order to support current and upcoming clinical analyzer systems. ***Sole Source Exemption***	Purchase Sole Source Exemption	Sandra Thulasidas		**$ 111,209**
B57	**Olympus America Inc.** MWBE Goal: Exempt Sole Source	**Gastrointestinal Endoscope Equipment for Harris Health** - To purchase two (02) Slim Colonoscopes with Dual Focus NBI (Narrow Band Imaging) and related accessories for Quentin Mease Health Center. ***Sole Source Exemption***	Purchase Sole Source Exemption	Arun Mathew		**$ 107,000**

No.	Vendor	Description Justification Contract	Action Basis of Recommendation Term	Project Owner	Previous Amount	Current Estimated Cost
B58	**Varian Medical Systems, Inc.** MWBE Goal: Exempt Sole Source	**Software and Hardware for Varian Linear Accelerator** - Additional funds are needed to add Varian software and hardware to allow the GE Healthcare Radio-Therapy CT Simulator to connect with the Varian Linear Accelerator in the new Legacy Lyndon B. Johnson oncology department. ***Sole Source Exemption, Board Motion 26.05-63***	Additional Funds Sole Source Exemption	Arun Mathew	$ 8,165,000	**$ 106,512**
B59	**HBI Office Solutions, Inc.** MWBE Goal: 100%	**Office Furniture** - This procurement is to purchase one hundred fifty (150) Amia chairs for ACS clinics. ***Texas Multiple Award Schedule (TXMAS) Cooperative Program***	Purchase Low quote	Ellis Faison		**$ 104,367**
B60	**Baylor College of Medicine** MWBE Goal: Exempt Sole Source	**Clinical and Programmatic Support Services for the Maternal Opioid Misuse (MOM) Model program.** - To provide Clinical and Programmatic Support Services for the Maternal Opioid Misuse (MOM) Model program. ***Sole Source Exemption***	Award Sole Source Exemption One (1) year initial term with four (4) one-year renewal options	Susanne Amanda Lundeen		**$ 102,398**
B61	**Ezzi Signs 24/047TC-16** MWBE Goal: 100%	**Exterior Signage Refresh Project for Harris Health** - To provide fabrication and installation of exterior signage at Aldine Health Center, Settegast Health Center, and Squatty Lyons Health Center. ***Choice Partners, a division of Harris County Department of Education Cooperative Program***	Award Best quote meeting specifications	Amanda Callaway		**$ 100,910**
B62	**Insight Direct (USA), Inc. (PP-IT-241) (HCHD-1608)** MWBE Goal: Exempt GPO	**Imprivata Licenses and Maintenance** - Additional Imprivata licensing, ongoing software support, and maintenance are required to maintain and expand two-factor authentication (2FA) capabilities and ensure continued network security compliance. ***Premier Healthcare Alliance, L.P. Contract***	Additional Funds May 30, 2026 through May 29, 2027	Kilty, Antony	$ 1,030,252	**$ 100,075**
B63	**RQI Partners, LLC (HCHD-462)** MWBE Goal: Exempt Sole Source	**Comprehensive Resuscitation Training and Competency Management Services for Harris Health** - Additional funding is required to support the provision of Neonatal Resuscitation Program (NRP) services for Women, Infants, and Children (WIC) in the labor and delivery units at Harris Health facilities. ***Sole Source Exemption***	Additional Funds Sole Source Exemption April 01, 2026 through March 31, 2027	Alicia Hernandez	$ 90,891	**$ 43,000**
					Total Expenditures	$ 37,967,800
					Total Revenue	$ (0)

Wednesday, September 9, 2026

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

Grant Recommendations:

B1. Grant Award

- Grantor: Harris Health Strategic Fund
- Term: Funds to be distributed in September 2026
- Award Amount: $ 10,000,000.00
- Project Owner: Taylor McMillan

Grant Agenda Items for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Grant Matrix: September 9, 2026

No.	Grantor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Award Amount
B1	Harris Health Strategic Fund	Consideration of approval of a grant award to support the strategic facilities plan described in the Harris Health Strategic Fund's Healthier Harris County Capital Campaign.	Grant Award	Funds to be Distributed in September 2026	Taylor McMillan	$ 10,000,000.00
					TOTAL AMOUNT:	**$ 10,000,000.00**

Wednesday, September 9, 2026

Consideration of Approval of Contract Recommendations
(Item C1 of the Contract Matrix)

Contract Recommendations:

C1. Lease Agreement

- Contractor: 1600 Main Partners LP
- Project Owner: Patrick Casey
- Term: November 1, 2026 – April 30, 2028
- Amount: $ 76,500.00

Contract Agenda Item(s) for the Harris County Hospital District dba Harris Health, Board of Trustees Report
Contract Matrix: September 9, 2026

No.	Contractor	Description/Justification	Action, Basis of Recommendation	Term	Project Owner	Amount
C1	1600 Main Partners LP	Consideration of Approval to Enter into a New Lease Agreement with 1600 Main Partners LP for Casa de Amigos Temporary Parking and Construction Related Activities at 1600 N Main, Houston, Texas 77009. **The monthly lease rate is $4,250. Harris Health will begin construction and development activities for the Casa de Amigos Urgent Care expansion in fall 2026.*	Lease Agreement	November 1, 2026 through April 30, 2028	Patrick Casey	$ 76,500.00
					TOTAL AMOUNT:	**$ 76,500.00**

Wednesday, September 9, 2026

Consideration of Acceptance of the Harris Health July 2026 Financial Report Subject to Audit

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Attached for your review and consideration is the July 2026 Financial Report.

Administration recommends that the Board accept the financial report for the period ended July 31, 2026, subject to final audit.

Victoria Nikitin
EVP – Chief Financial Officer

HARRISHEALTH

Financial Statements

As of the Month Ended July 31, 2026
Subject to Audit

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HARRISHEALTH

Operating income for the month ended July 31, 2026 was $13.3 million compared to budgeted income of $1.2 million.

Total net revenue for the month ended July 31, 2026 of $246.5 million was $10.6 million or 4.5% more than budget. Net patient revenue was $3.6 million more than budget while Medicaid Supplement Programs was $7.7 million more than budget.

As of July 31, 2026, total expenses of $233.2 million were $1.2 million or 0.6% less than budget. Total supply and purchased services expenses were $1.6 million and $0.5 million, respectively, less than budget while total labor costs were $7.7 million less than budget. Favorable labor performance was driven in part by ongoing productivity and workforce management initiatives; a positive pension expense adjustment, required per the recently completed actuarial valuation, reduced benefit expense. Lower than expected patient volumes in certain service lines resulted in decreased utilization of planned labor and supply resources. These utilization reductions are currently estimated to continue through the balance of FY2026. Additional reductions in supply and pharmaceutical spend were driven by ongoing cost containment initiatives, including expanded enrollment in the Patient Medical Assistance Program (PMAP), formulary changes resulting in the use of lower cost drug alternatives, and the standardization of supplies and implants. Further favorable variances resulted from timing differences associated with strategic projects, including delays in the onboarding of incremental FTEs and the procurement of supplies and outside services required to meet project demands. Lastly, lower enrollment and lower subsidies for the ACA marketplace are driven primarily by recent rule changes at the federal level.

For the month ended July 31, 2026, total patient days and average daily census both decreased by 0.9% compared to budget. Inpatient case mix index, a measure of patient acuity, was 2.8% lower than budget while length of stay was 4.4% lower than budget. Emergency room visits were 10.0% more than budget. Total clinic visits, including telehealth, were 1.1% lower compared to budget. Births were down 17.6%.

Total cash receipts for the month were $281.7 million. The System has $1,983.5 million in unrestricted cash, cash equivalents and investments, representing 288.1 days cash on hand. Days cash on hand continues to be impacted by reimbursement from the Series 2025 and 2026 bond totaling $852.4 million and $203.5 million, respectively, as of July 31, 2026, for capital expenditures tied to the Strategic Capital Plan. The remainder of the $840 million and $830 million issuances 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 $158.0 million in net accounts receivable, representing 66.7 days of outstanding patient accounts receivable at July 31, 2026. The July balance sheet reflects a combined net receivable position of $110.9 million under the various Medicaid Supplemental programs. The current portion of ad valorem taxes receivable is $15.9 million, which is offset by ad valorem tax collections as received. Accounts payable and accrued liabilities include $206.0 million in deferred ad valorem tax revenues that are released as ad valorem tax revenue is recognized. As of July 31, 2026, $1,214.3 million in ad valorem tax collections were received and $101.3 million in current ad valorem tax revenue was recognized.

Income Statement

HARRISHEALTH

As of July 31, 2026 and 2025 (in $ Millions)

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	CURRENT YEAR	CURRENT BUDGET	PERCENT VARIANCE	PRIOR YEAR	PERCENT VARIANCE
REVENUE								
Net Patient Revenue	$ 72.4	$ 68.8	5.3%	$ 720.7	$ 689.7	4.5%	$ 638.8	12.8%
Medicaid Supplemental Programs	62.3	54.6	14.1%	574.3	546.2	5.2%	576.4	-0.4%
Other Operating Revenue	4.0	4.5	-11.1%	34.9	42.9	-18.6%	124.4	-71.9%
Total Operating Revenue	**$ 138.7**	**$ 127.9**	**8.4%**	**$ 1,330.0**	**$ 1,278.8**	**4.0%**	**$ 1,339.6**	**-0.7%**
Net Ad Valorem Taxes	101.3	101.3	0.0%	1,021.0	1,013.0	0.8%	856.3	19.2%
Net Tobacco Settlement Revenue	-	-	0.0%	23.0	15.2	51.6%	19.0	21.2%
Capital Gifts & Grants	-	0.8	0.0%	-	8.3	-100.0%	4.0	-100.0%
Interest Income & Other	6.5	5.9	11.4%	65.6	58.7	11.7%	58.4	12.3%
Total Nonoperating Revenue	**$ 107.8**	**$ 108.0**	**-0.2%**	**$ 1,109.6**	**$ 1,095.2**	**1.3%**	**$ 937.6**	**18.3%**
Total Net Revenue	**$ 246.5**	**$ 235.9**	**4.5%**	**$ 2,439.6**	**$ 2,374.0**	**2.8%**	**$ 2,277.3**	**7.1%**
EXPENSE								
Salaries and Wages	$ 87.8	$ 93.4	6.0%	$ 845.2	$ 909.3	7.0%	$ 811.4	-4.2%
Employee Benefits	26.7	28.8	7.2%	263.9	288.0	8.3%	261.4	-1.0%
Total Labor Cost	**$ 114.6**	**$ 122.2**	**6.3%**	**$ 1,109.1**	**$ 1,197.2**	**7.4%**	**$ 1,072.9**	**-3.4%**
Supply Expenses	30.6	29.0	-5.4%	265.9	291.4	8.8%	271.3	2.0%
Physician Services	42.1	39.4	-6.9%	411.3	405.8	-1.4%	400.8	-2.6%
Purchased Services	29.4	29.0	-1.6%	251.3	288.4	12.9%	255.2	1.6%
Depreciation & Interest	16.6	15.1	-9.7%	139.2	132.9	-4.7%	99.0	-40.6%
Total Operating Expense	**$ 233.2**	**$ 234.7**	**0.6%**	**$ 2,176.8**	**$ 2,315.7**	**6.0%**	**$ 2,099.2**	**-3.7%**
Operating Income (Loss)	**$ 13.3**	**$ 1.2**		**$ 262.8**	**$ 58.2**		**$ 178.1**	
Total Margin %	**5.4%**	**0.5%**		**10.8%**	**2.5%**		**7.8%**	

Balance Sheet

HARRISHEALTH

July 2026 and 2025 (in $ Millions)

	CURRENT YEAR	PRIOR YEAR
CURRENT ASSETS		
Cash, Cash Equivalents and Short Term Investments	$ 1,983.5	$ 1,812.2
Net Patient Accounts Receivable	158.0	138.8
Net Ad Valorem Taxes, Current Portion	15.9	6.5
Other Current Assets	261.4	246.7
Total Current Assets	**$ 2,418.8**	**$ 2,204.2**
CAPITAL ASSETS		
Plant, Property, & Equipment, Net of Accumulated Depreciation	$ 592.8	$ 574.2
Construction in Progress	1,266.0	512.1
Right of Use Assets	32.6	33.6
Total Capital Assets	**$ 1,891.4**	**$ 1,119.9**
ASSETS LIMITED AS TO USE & RESTRICTED ASSETS		
Debt Service & Capital Asset Funds	$ 661.7	$ 566.5
LPPF Restricted Cash	17.7	19.1
Capital Gift Proceeds	55.8	59.2
Other - Restricted	26.7	1.1
Total Assets Limited As to Use & Restricted Assets	**$ 761.9**	**$ 645.9**
Other Assets	45.0	43.6
Deferred Outflows of Resources	136.5	164.8
Total Assets & Deferred Outflows of Resources	**$ 5,253.7**	**$ 4,178.4**
CURRENT LIABILITIES		
Accounts Payable and Accrued Liabilities	$ 319.0	$ 361.5
Employee Compensation & Related Liabilities	153.7	168.3
Deferred Revenue - Ad Valorem	206.0	176.0
Estimated Third-Party Payor Settlements	91.4	33.5
Current Portion Long-Term Debt and Capital Leases	23.8	36.4
Total Current Liabilities	**$ 794.0**	**$ 775.7**
Long-Term Debt	1,934.8	1,106.4
Net Pension & Post Employment Benefits Liability	552.3	647.4
Other Long-Term Liabilities	5.3	7.5
Deferred Inflows of Resources	139.0	110.4
Total Liabilities	**$ 3,425.4**	**$ 2,647.4**
Total Net Assets	**$ 1,828.3**	**$ 1,531.0**
Total Liabilities & Net Assets	**$ 5,253.7**	**$ 4,178.4**

Cash Flow Summary

HARRISHEALTH

As of July 31, 2026 and 2025 (in $ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE	
	CURRENT YEAR	PRIOR YEAR	CURRENT YEAR	PRIOR YEAR
CASH RECEIPTS				
Collections on Patient Accounts	$ 93.7	$ 66.0	$ 810.9	$ 696.1
Medicaid Supplemental Programs	169.3	187.0	490.1	514.4
Net Ad Valorem Taxes	1.7	1.7	1,214.3	1,029.7
Tobacco Settlement	-	-	23.0	19.0
Other Revenue	16.8	48.9	734.0	483.5
Total Cash Receipts	**$ 281.7**	**$ 303.6**	**$ 3,272.3**	**$ 2,742.7**
CASH DISBURSEMENTS				
Salaries, Wages and Benefits	$ 167.1	$ 114.6	$ 1,254.5	$ 1,111.3
Supplies	37.1	26.9	319.1	298.9
Physician Services	39.4	39.1	387.8	375.3
Purchased Services	29.5	19.6	268.0	247.1
Capital Expenditures	60.7	50.7	745.1	361.8
Debt and Interest Payments	0.3	0.3	41.2	20.4
Other Uses	(35.3)	(10.0)	(79.0)	(20.8)
Total Cash Disbursements	**$ 298.7**	**$ 241.0**	**$ 2,936.6**	**$ 2,394.0**
Net Change	**$ (17.1)**	**$ 62.6**	**$ 335.7**	**$ 348.8**

Unrestricted cash, cash equivalents and investments - Beginning of year	$ 1,647.8
Net Change	$ 335.7
Untrestricted cash, cash equivalents and investments - End of period	**$ 1,983.5**

Performance Ratios

HARRISHEALTH

As of July 31, 2026 and 2025 (in $ Millions)

	MONTH-TO-MONTH		YEAR-TO-DATE		
	CURRENT YEAR	CURRENT BUDGET	CURRENT YEAR	CURRENT BUDGET	PRIOR YEAR
OPERATING HEALTH INDICATORS					
Operating Margin %	5.4%	0.5%	10.8%	2.5%	7.8%
Run Rate per Day (In$ Millions)	$ 7.2	$ 7.3	$ 6.9	$ 7.4	$ 6.6
Salary, Wages & Benefit per APD	$ 2,551	$ 2,713	$ 2,534	$ 2,673	$ 2,403
Supply Cost per APD	$ 680	$ 644	$ 607	$ 651	$ 608
Physician Services per APD	$ 938	$ 874	$ 940	$ 906	$ 898
Total Expense per APD	**$ 5,194**	**$ 5,210**	**$ 4,973**	**$ 5,170**	**$ 4,702**
Overtime as a % of Total Salaries	3.0%	2.6%	2.9%	2.6%	3.4%
Contract as a % of Total Salaries	3.9%	2.7%	3.3%	2.8%	3.2%
Full-time Equivalent Employees	10,505	10,768	10,401	10,733	10,425
FINANCIAL HEALTH INDICATORS					
Quick Ratio			3.0		2.8
Unrestricted Cash (In $ Millions)			$ 1,983.5	$ 1,760.2	$ 1,812.2
Days Cash on Hand			288.1	239.4	272.2
Days Revenue in Accounts Receivable			66.7	65.9	66.1
Days in Accounts Payable			48.4		57.1
Capital Expenditures/Depreciation & Amortization			830.1%		456.3%
Average Age of Plant(years)			9.5		10.1

Harris Health Key Indicators

Statistical Highlights

HARRISHEALTH

As of July 31, 2026 and 2025

	MONTH-TO-MONTH			YEAR-TO-DATE				
	CURRENT MONTH	CURRENT BUDGET	PERCENT CHANGE	CURRENT YEAR	CURRENT BUDGET	PERCENT CHANGE	PRIOR YEAR	PERCENT CHANGE
Adjusted Patient Days	44,906	45,045	-0.3%	437,730	447,897	-2.3%	446,463	-2.0%
Outpatient % of Adjusted Volume	60.8%	61.9%	-1.8%	61.0%	62.7%	-2.8%	63.2%	-3.4%
Primary Care Clinic Visits	45,065	47,337	-4.8%	440,349	451,522	-2.5%	453,066	-2.8%
Specialty Clinic Visits	22,075	20,860	5.8%	209,973	205,041	2.4%	209,578	0.2%
Telehealth Clinic Visits	10,859	10,662	1.8%	104,376	98,395	6.1%	103,000	1.3%
Total Clinic Visits	**77,999**	**78,859**	**-1.1%**	**754,698**	**754,958**	**0.0%**	**765,644**	**-1.4%**
Emergency Room Visits - Outpatient	13,493	12,617	6.9%	115,466	121,523	-5.0%	117,595	-1.8%
Emergency Room Visits - Admitted	2,423	1,853	30.8%	19,346	17,752	9.0%	17,571	10.1%
Total Emergency Room Visits	**15,916**	**14,470**	**10.0%**	**134,812**	**139,275**	**-3.2%**	**135,166**	**-0.3%**
Surgery Cases - Outpatient	1,111	1,010	10.0%	10,327	9,637	7.2%	10,413	-0.8%
Surgery Cases - Inpatient	868	937	-7.4%	8,511	9,072	-6.2%	8,909	-4.5%
Total Surgery Cases	**1,979**	**1,947**	**1.6%**	**18,838**	**18,709**	**0.7%**	**19,322**	**-2.5%**
Total Outpatient Visits	**136,957**	**142,070**	**-3.6%**	**1,298,770**	**1,443,959**	**-10.1%**	**1,313,372**	**-1.1%**
Inpatient Cases (Discharges)	2,919	2,720	7.3%	25,961	26,065	-0.4%	24,990	3.9%
Outpatient Observation Cases	830	891	-6.8%	8,792	9,752	-9.8%	10,439	-15.8%
Total Cases Occupying Patient Beds	**3,749**	**3,611**	**3.8%**	**34,753**	**35,817**	**-3.0%**	**35,429**	**-1.9%**
Births	356	432	-17.6%	3,453	4,495	-23.2%	4,302	-19.7%
Inpatient Days	17,614	17,175	2.6%	170,723	166,889	2.3%	164,447	3.8%
Outpatient Observation Days	2,738	3,355	-18.4%	28,653	34,648	-17.3%	36,806	-22.2%
Total Patient Days	**20,352**	**20,530**	**-0.9%**	**199,376**	**201,537**	**-1.1%**	**201,253**	**-0.9%**
Average Daily Census	656.5	662.3	-0.9%	655.8	663.0	-1.1%	662.0	-0.9%
Average Operating Beds	702	704	-0.3%	702	704	-0.2%	701	0.2%
Bed Occupancy %	93.6%	94.1%	-0.5%	93.4%	94.2%	-0.8%	94.4%	-1.1%
Inpatient Average Length of Stay	6.03	6.31	-4.4%	6.58	6.40	2.7%	6.58	-0.1%
Inpatient Case Mix Index (CMI)	1.665	1.712	-2.8%	1.689	1.712	-1.4%	1.730	-2.4%
Payor Mix (% of Charges)								
Charity & Self Pay	50.2%	45.5%	10.3%	47.5%	45.5%	4.2%	45.2%	5.1%
Medicaid & Medicaid Managed	18.4%	18.8%	-2.2%	19.3%	18.8%	2.8%	18.8%	3.0%
Medicare & Medicare Managed	11.3%	10.6%	6.2%	11.3%	10.6%	6.1%	10.7%	5.1%
Commercial & Other	20.1%	25.1%	-19.7%	22.0%	25.1%	-12.4%	25.4%	-13.5%
Total Unduplicated Patients - Rolling 12				**237,221**			**244,106**	**-2.8%**
Total New Patient - Rolling 12				**81,490**			**87,411**	**-6.8%**

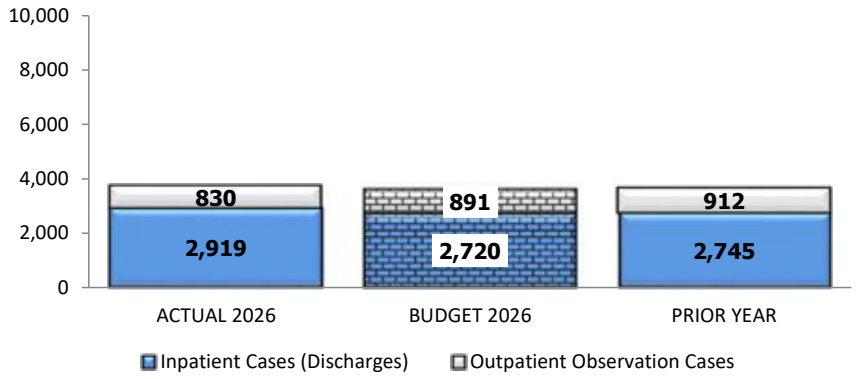
Harris Health

Statistical Highlights

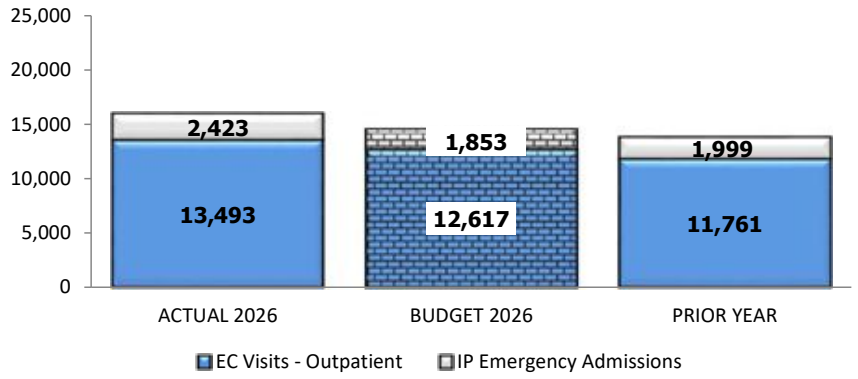
July FY 2026

Cases Occupying Beds - CM			Cases Occupying Beds - YTD			Emergency Visits - CM			Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
3,749	3,611	3,657	34,753	35,817	35,429	15,916	14,470	13,760	134,812	139,275	135,166

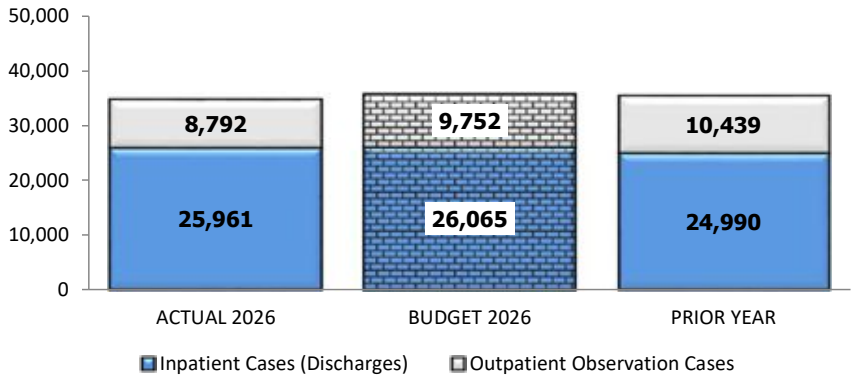
Cases Occupying Beds - Current Month



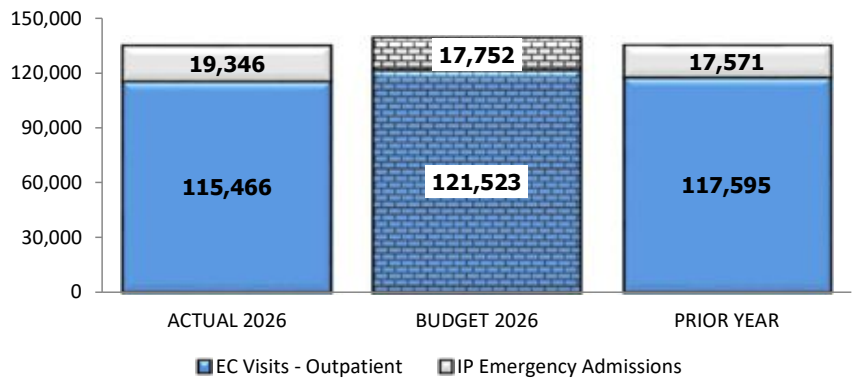
Emergency Visits - Current Month



Cases Occupying Beds - YTD



Emergency Visits - YTD



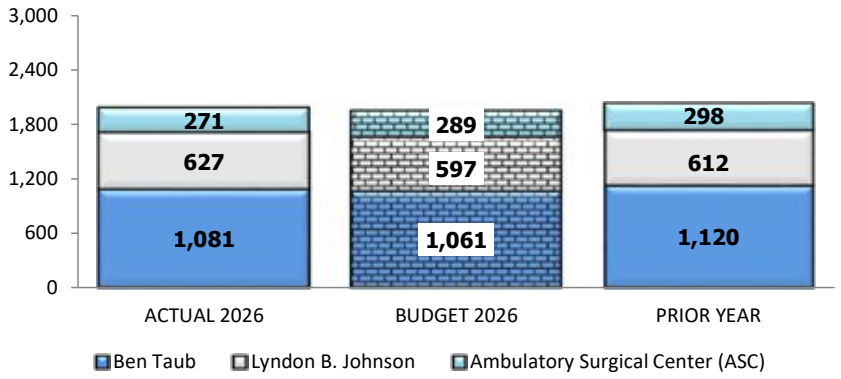
Harris Health

Statistical Highlights

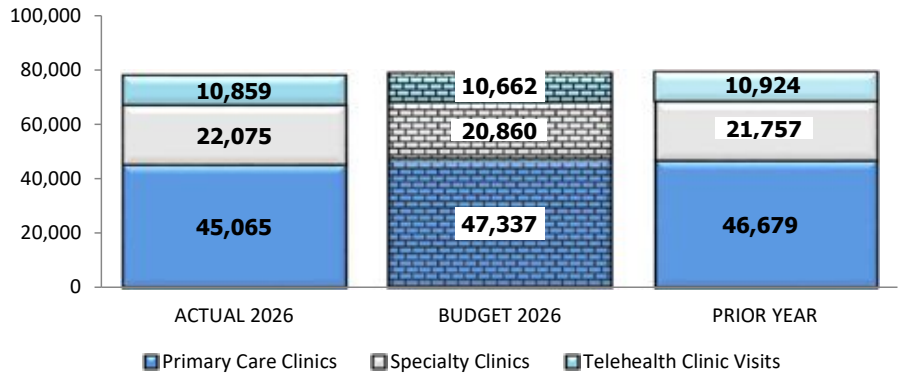
July FY 2026

Surgery Cases - CM			Surgery Cases - YTD			Clinic Visits - CM			Clinic Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,979	1,947	2,030	18,838	18,709	19,322	77,999	78,859	79,360	754,698	754,958	765,644

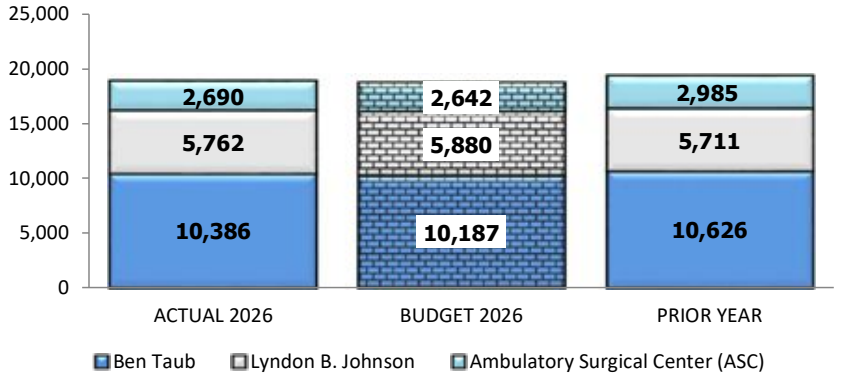
Surgery Cases - Current Month



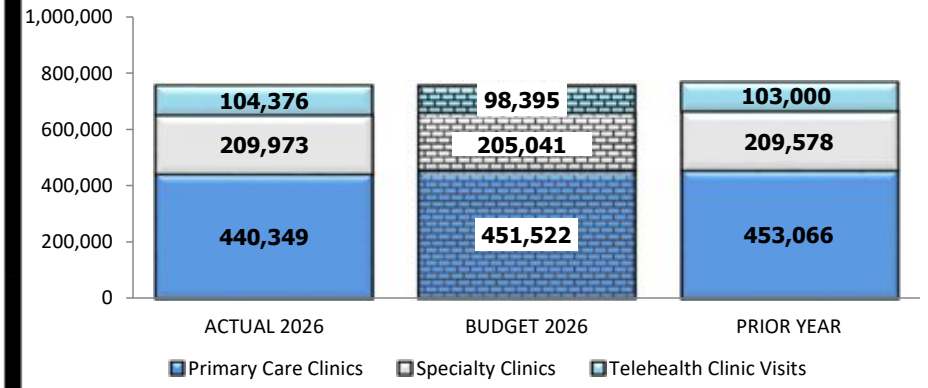
Clinic Visits - Current Month



Surgery Cases - YTD



Clinic Visits - YTD



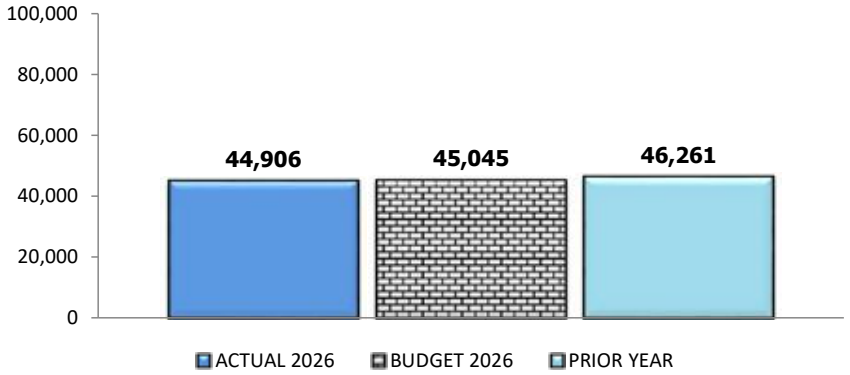
Harris Health

Statistical Highlights

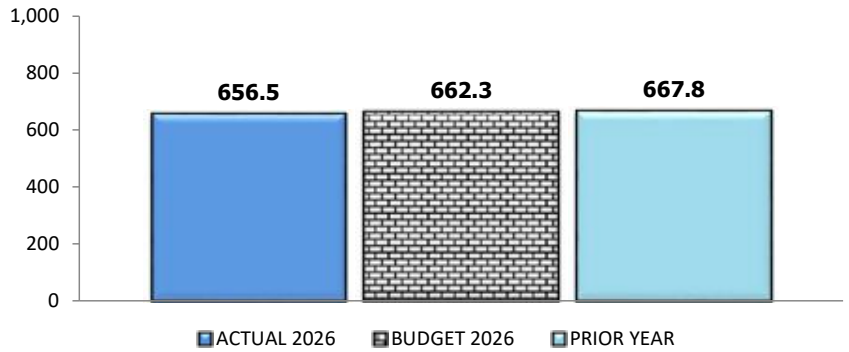
July FY 2026

Adjusted Patient Days - CM	Adjusted Patient Days - YTD	Average Daily Census - CM	Average Daily Census - YTD
44,906	437,730	656.5	655.8

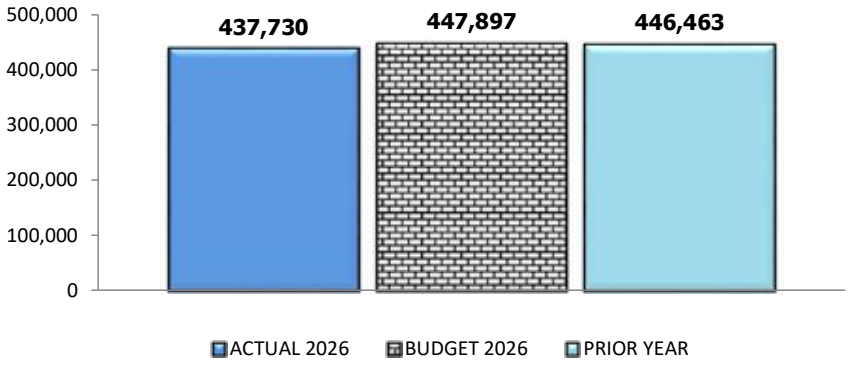
Adjusted Patient Days - Current Month



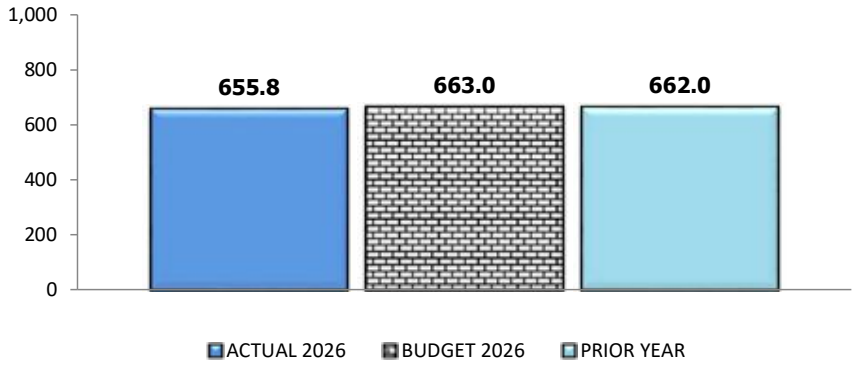
Average Daily Census - Current Month



Adjusted Patient Days - YTD



Average Daily Census - YTD



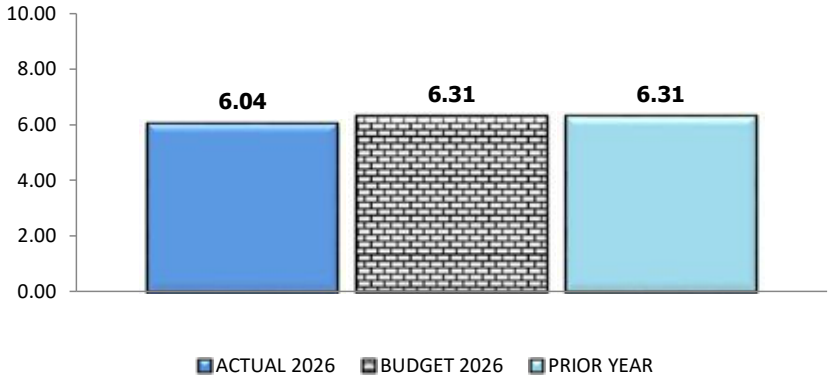
Harris Health

Statistical Highlights

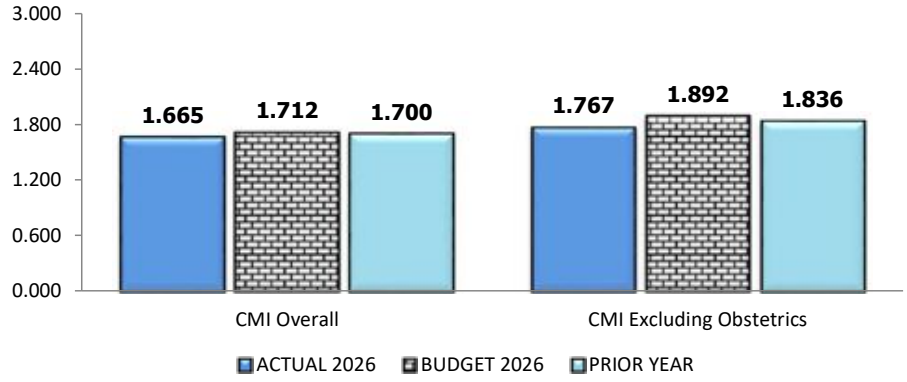
July FY 2026

Inpatient ALOS - CM	Inpatient ALOS - YTD	Case Mix Index (CMI) - CM		Case Mix Index (CMI) - YTD	
		Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
6.04	6.58	1.665	1.767	1.689	1.807

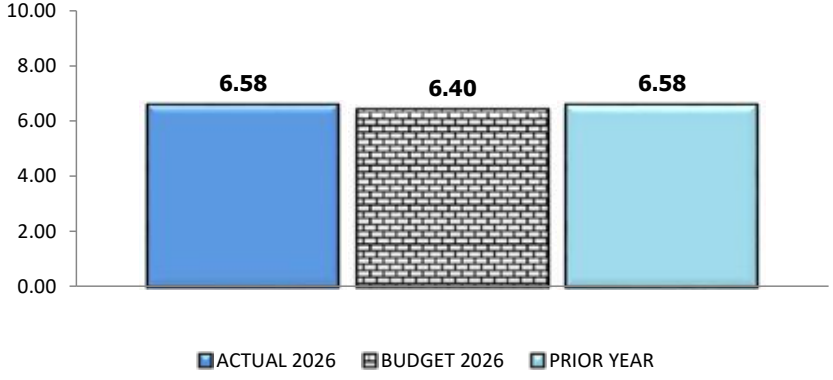
Inpatient ALOS - Current Month



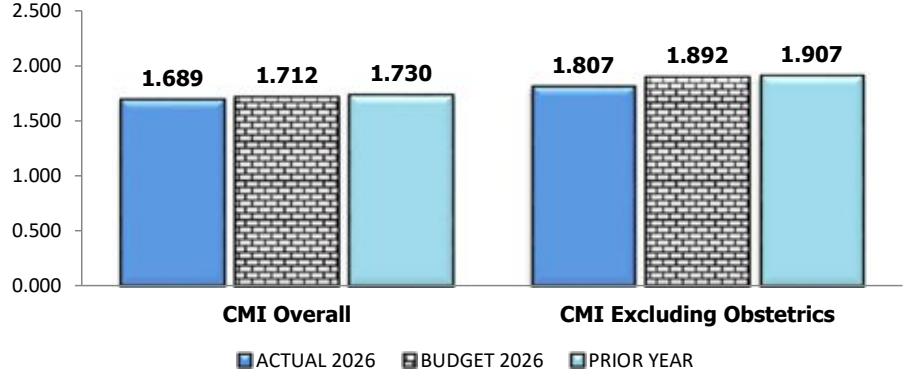
Case Mix Index - Current Month



Inpatient ALOS - YTD



Case Mix Index - YTD



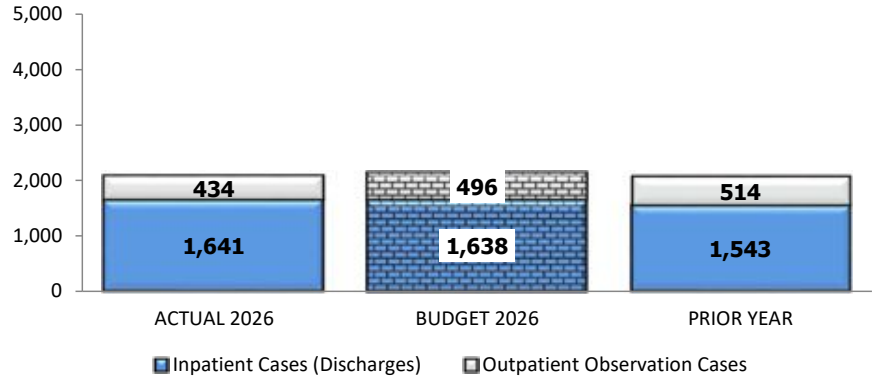
Harris Health

Statistical Highlights - Cases Occupying Beds

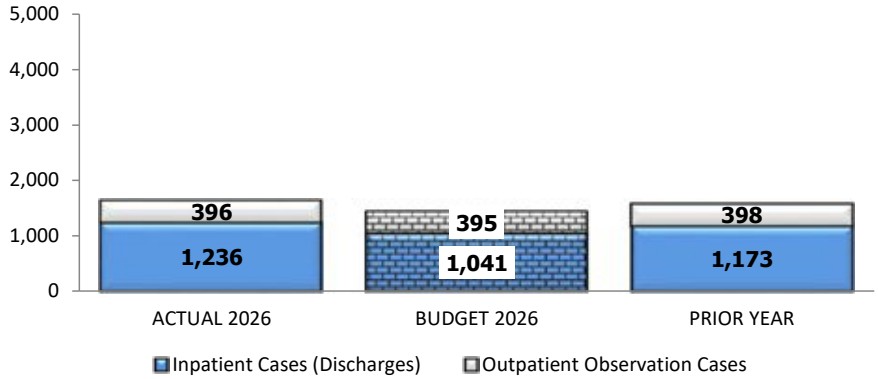
July FY 2026

BT Cases Occupying Beds - CM			BT Cases Occupying Beds - YTD			LBJ Cases Occupying Beds - CM			LBJ Cases Occupying Beds - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
2,075	2,134	2,057	19,643	21,026	20,359	1,632	1,436	1,571	14,844	14,391	14,885

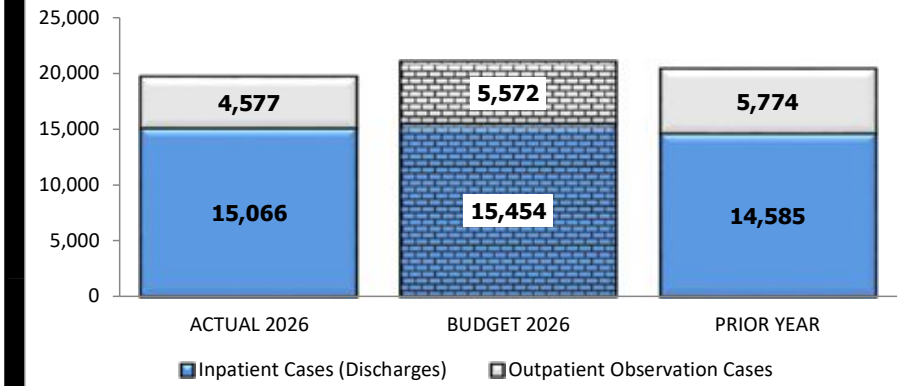
Ben Taub Cases - Current Month



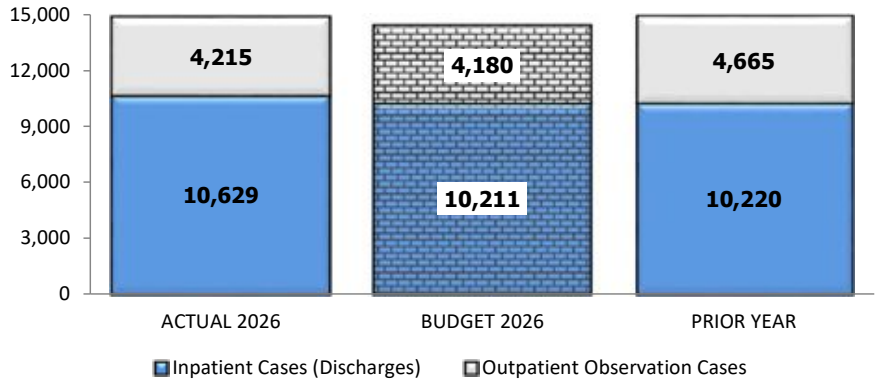
Lyndon B. Johnson Cases - Current Month



Ben Taub Cases - YTD



Lyndon B. Johnson Cases - YTD



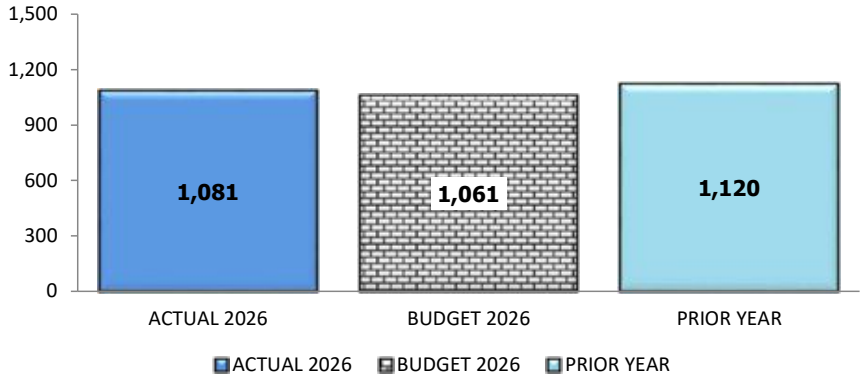
Harris Health

Statistical Highlights - Surgery Cases

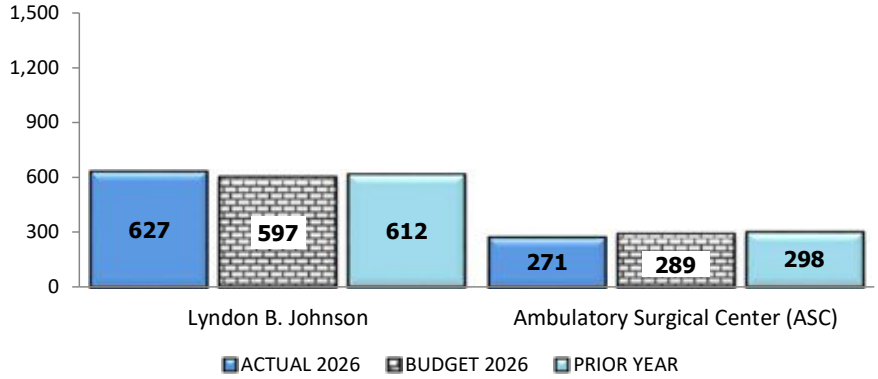
July FY 2026

BT Surgery Cases - CM			BT Surgery Cases - YTD			LBJ Surgery Cases - CM			LBJ Surgery Cases - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
1,081	1,061	1,120	10,386	10,187	10,626	898	886	910	8,452	8,522	8,696

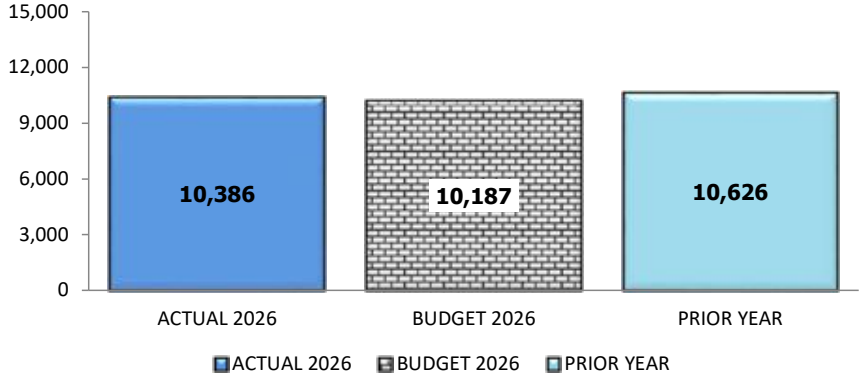
Ben Taub OR Cases - Current Month



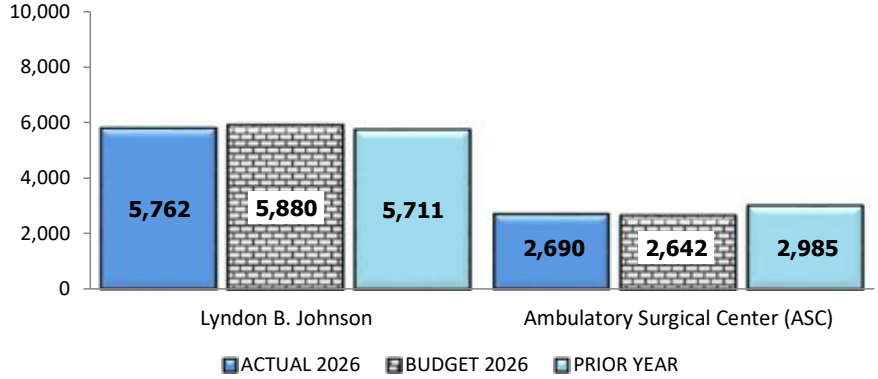
Lyndon B. Johnson OR Cases - Current Month



Ben Taub OR Cases - YTD



Lyndon B. Johnson OR Cases - YTD

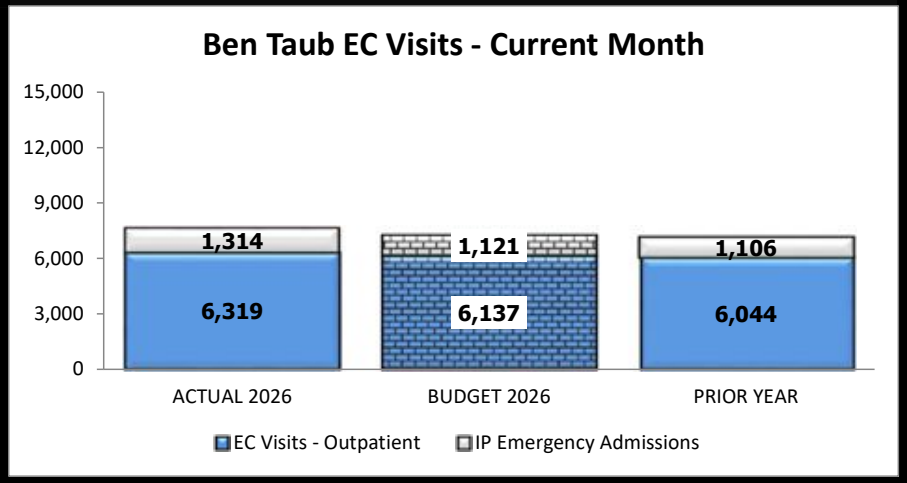


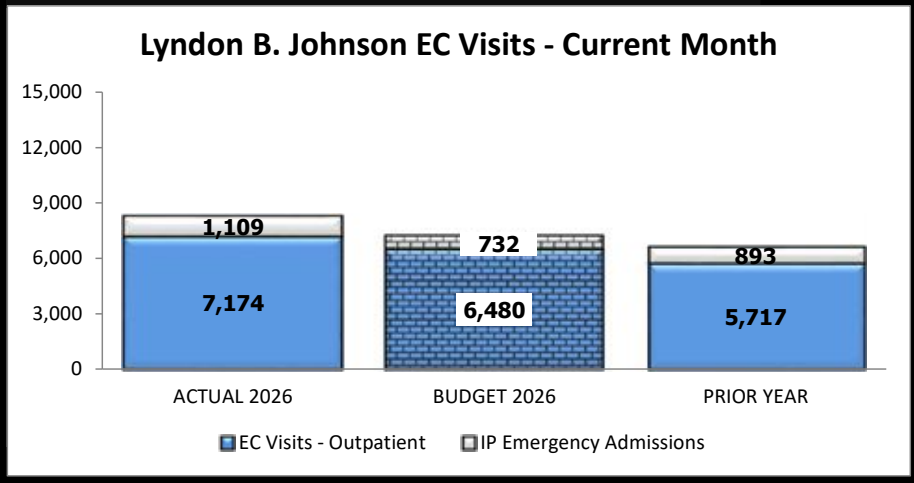
Harris Health

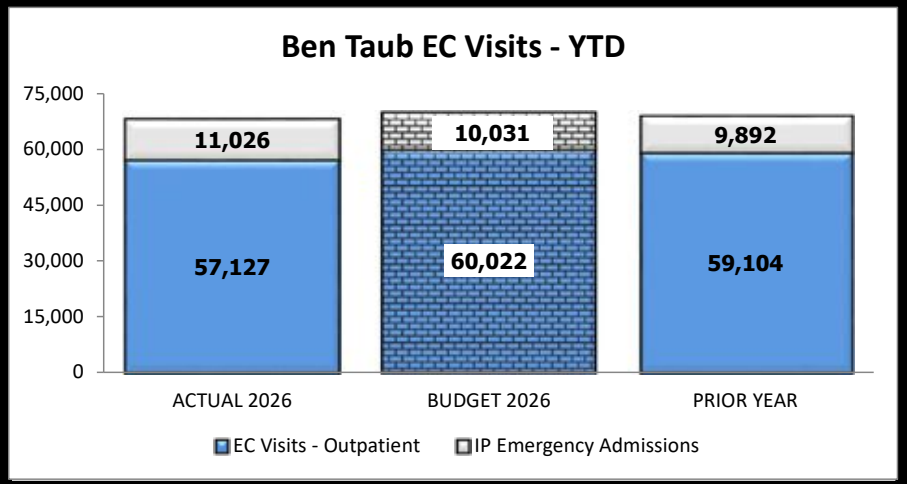
Statistical Highlights - Emergency Room Visits

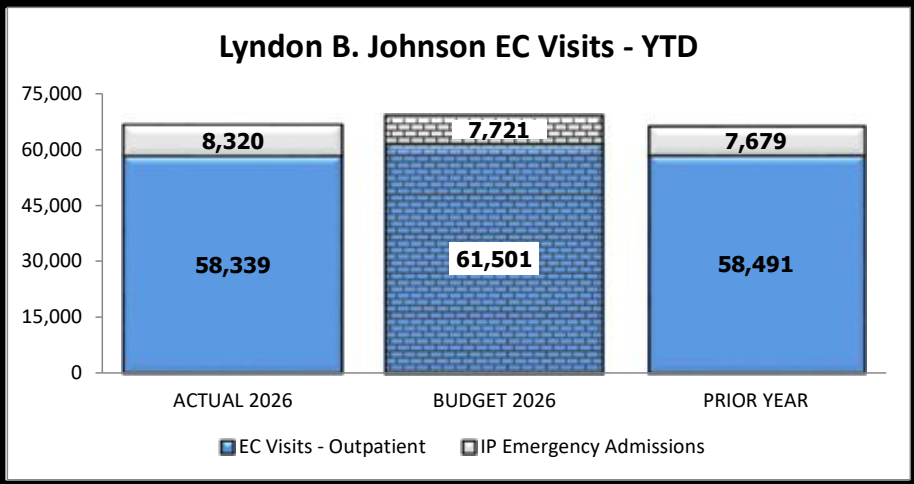
July FY 2026

BT Emergency Visits - CM			BT Emergency Visits - YTD			LBJ Emergency Visits - CM			LBJ Emergency Visits - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
7,633	7,258	7,150	68,153	70,053	68,996	8,283	7,212	6,610	66,659	69,222	66,170







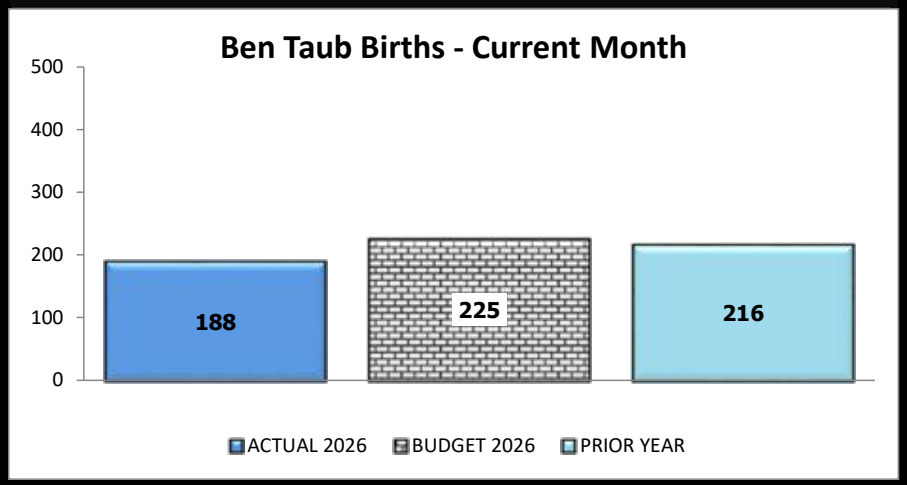


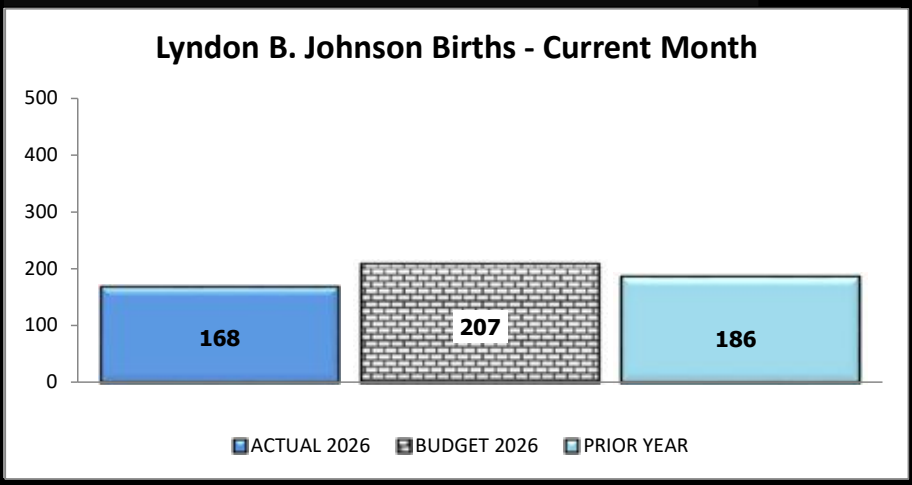
Harris Health

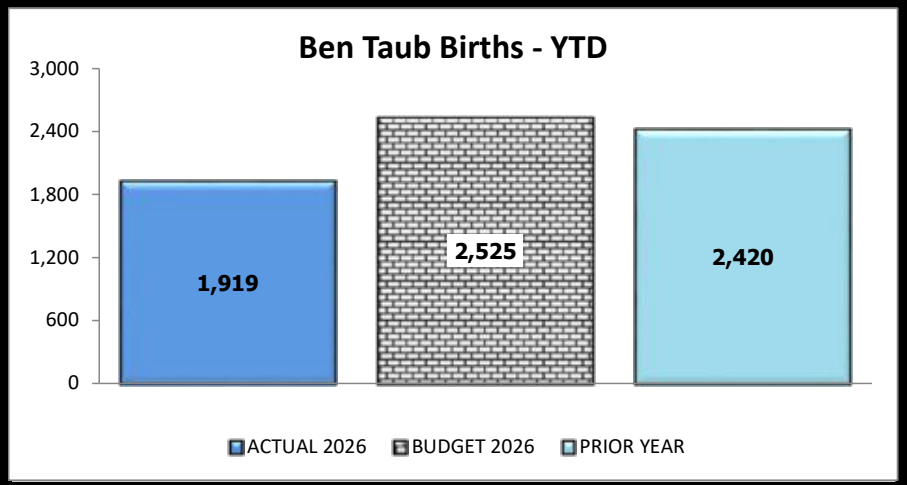
Statistical Highlights - Births

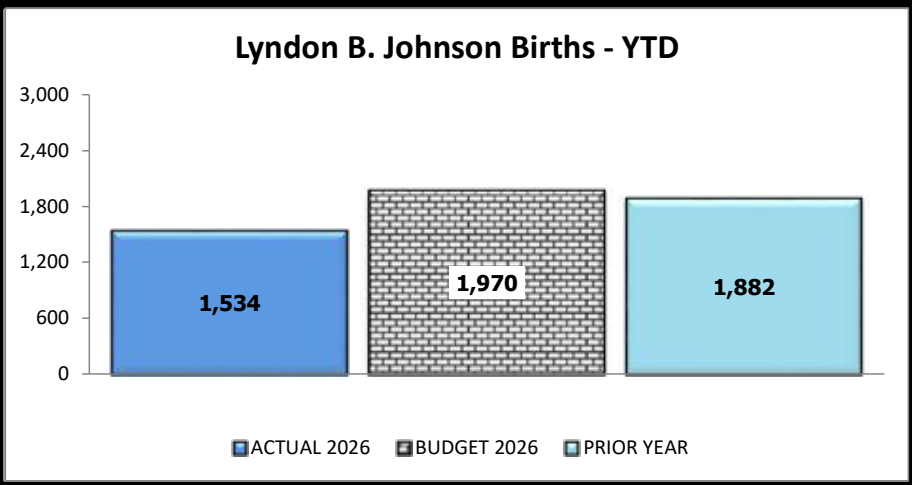
July FY 2026

BT Births - CM			BT Births - YTD			LBJ Births - CM			LBJ Births - YTD		
Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year	Actual	Budget	Prior Year
188	225	216	1,919	2,525	2,420	168	207	186	1,534	1,970	1,882









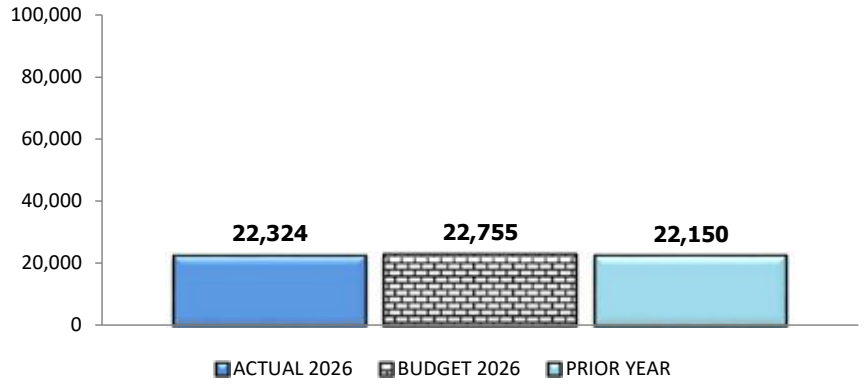
Harris Health

Statistical Highlights - Adjusted Patient Days

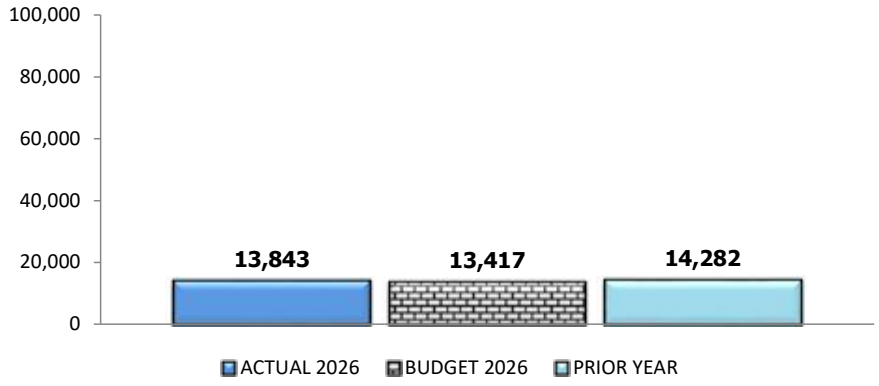
July FY 2026

BT Adjusted Patient Days - CM	BT Adjusted Patient Days - YTD	LBJ Adjusted Patient Days - CM	LBJ Adjusted Patient Days - YTD
22,324	218,498	13,843	132,436

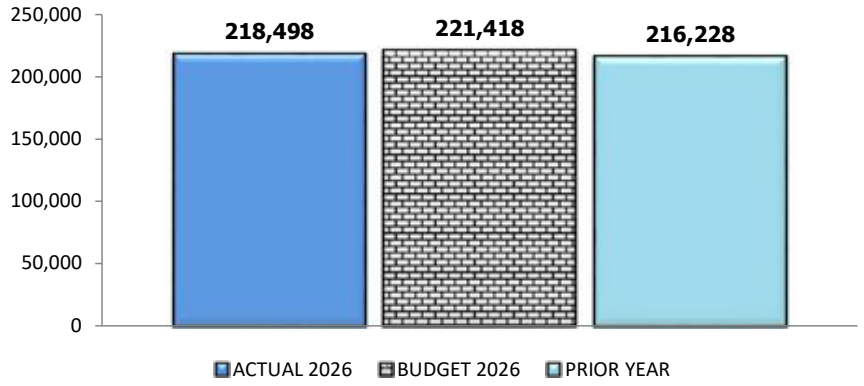
Ben Taub APD - Current Month



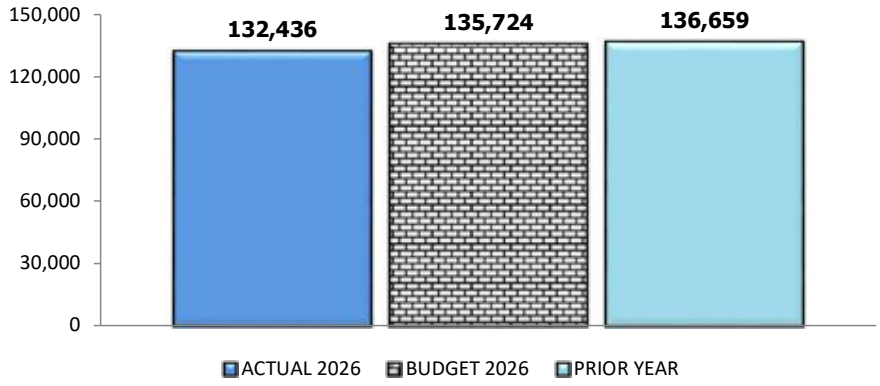
Lyndon B. Johnson APD - Current Month



Ben Taub APD - YTD



Lyndon B. Johnson APD - YTD



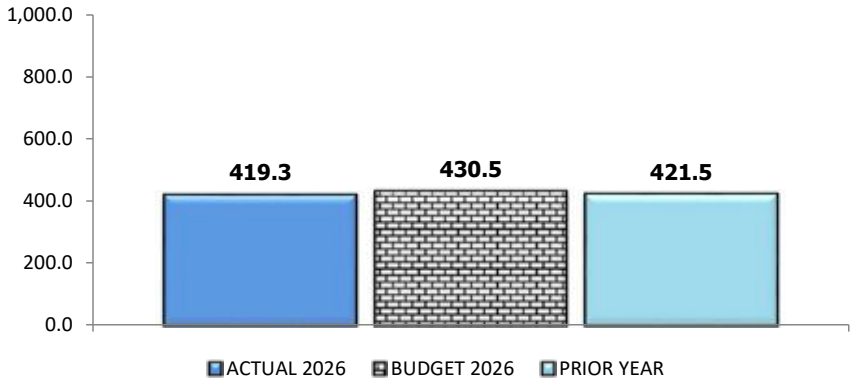
Harris Health

Statistical Highlights - Average Daily Census (ADC)

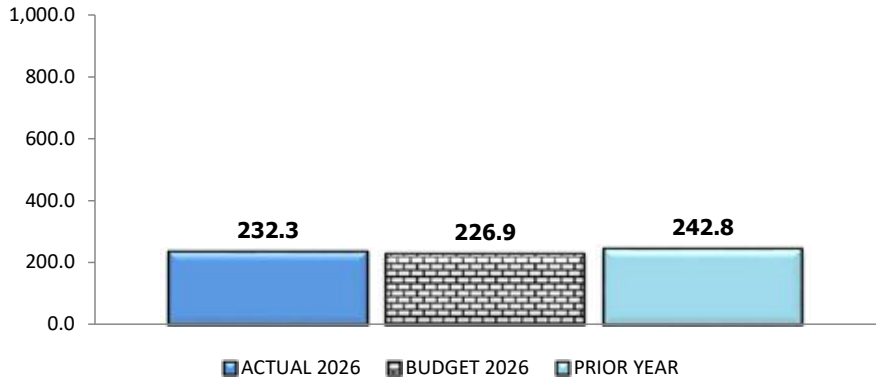
July FY 2026

BT Average Daily Census - CM	BT Average Daily Census - YTD	LBJ Average Daily Census - CM	LBJ Average Daily Census - YTD
419.3	427.4	232.3	225.1

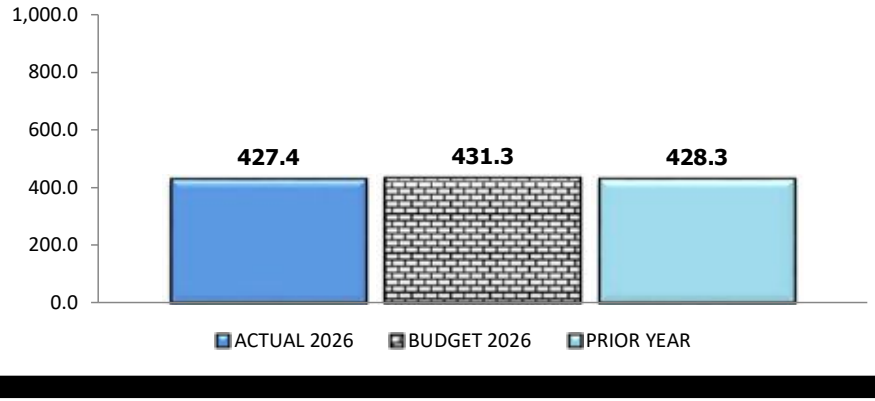
Ben Taub ADC - Current Month



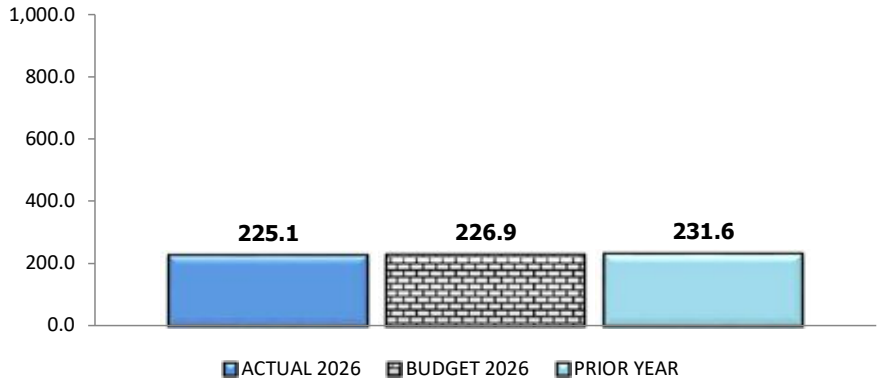
Lyndon B. Johnson ADC - Current Month



Ben Taub ADC - YTD



Lyndon B. Johnson ADC - YTD



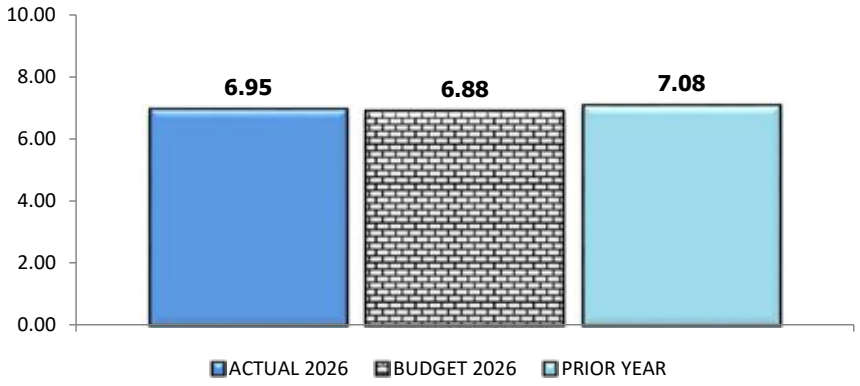
Harris Health

Statistical Highlights - Inpatient Average Length of Stay (ALOS)

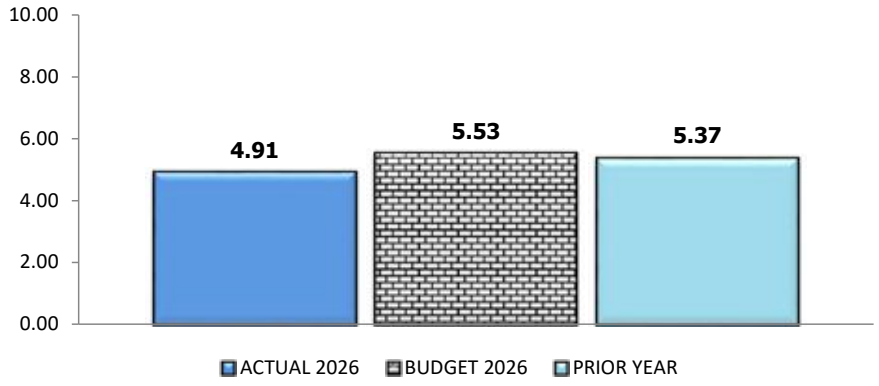
July FY 2026

BT Inpatient ALOS - CM	BT Inpatient ALOS - YTD	LBJ Inpatient ALOS - CM	LBJ Inpatient ALOS - YTD
6.95	7.52	4.91	5.31

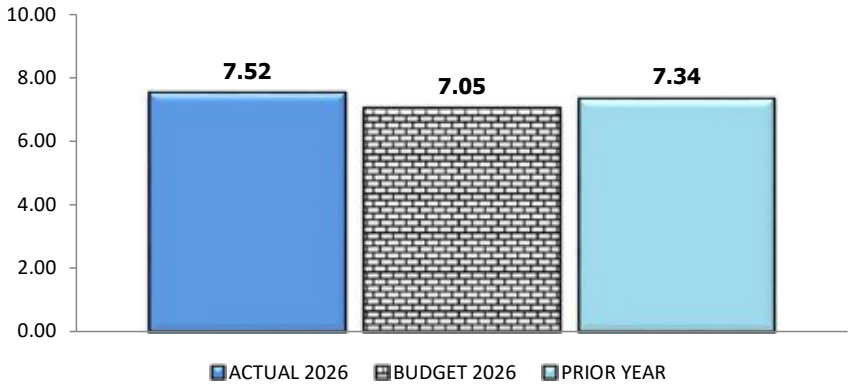
Ben Taub ALOS - Current Month



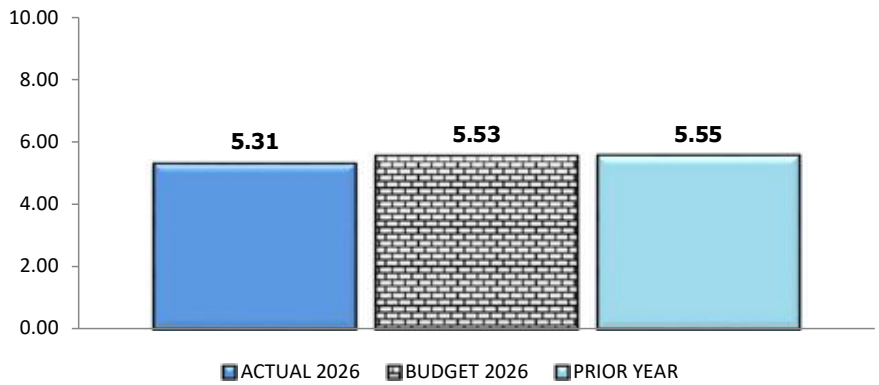
Lyndon B. Johnson ALOS - Current Month



Ben Taub ALOS - YTD



Lyndon B. Johnson ALOS - YTD



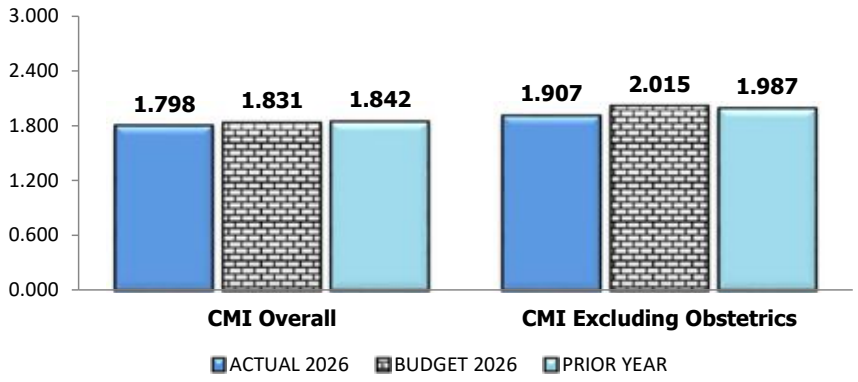
Harris Health

Statistical Highlights - Case Mix Index (CMI)

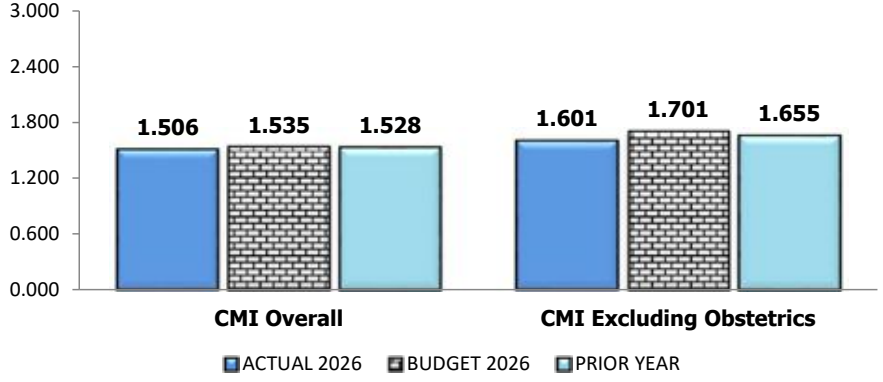
July FY 2026

BT Case Mix Index (CMI) - CM		BT Case Mix Index (CMI) - YTD		LBJ Case Mix Index (CMI) - CM		LBJ Case Mix Index (CMI) - YTD	
Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics	Overall	Excl. Obstetrics
1.798	1.907	1.811	1.936	1.506	1.601	1.530	1.639

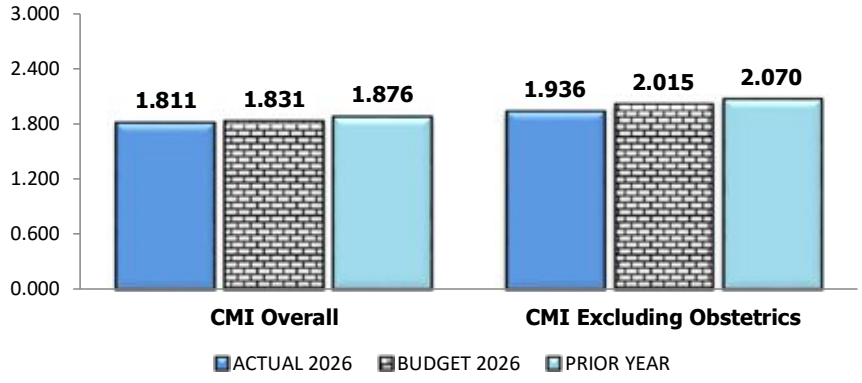
Ben Taub CMI - Current Month



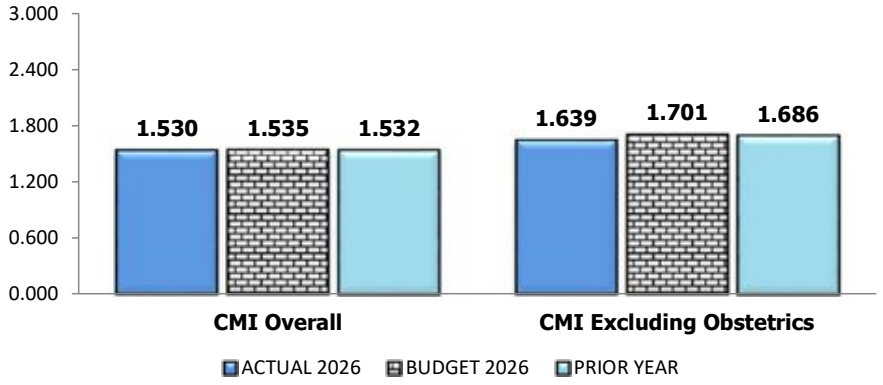
Lyndon B. Johnson CMI - Current Month



Ben Taub CMI - YTD



Lyndon B. Johnson CMI - YTD



Wednesday, September 9, 2026

Consideration of Acceptance of the Harris Health Third Quarter Fiscal Year 2026 Investment Report

---

Attached for your review and acceptance is the Third Quarter Fiscal Year 2026 Investment Report for the period April to June 2026.

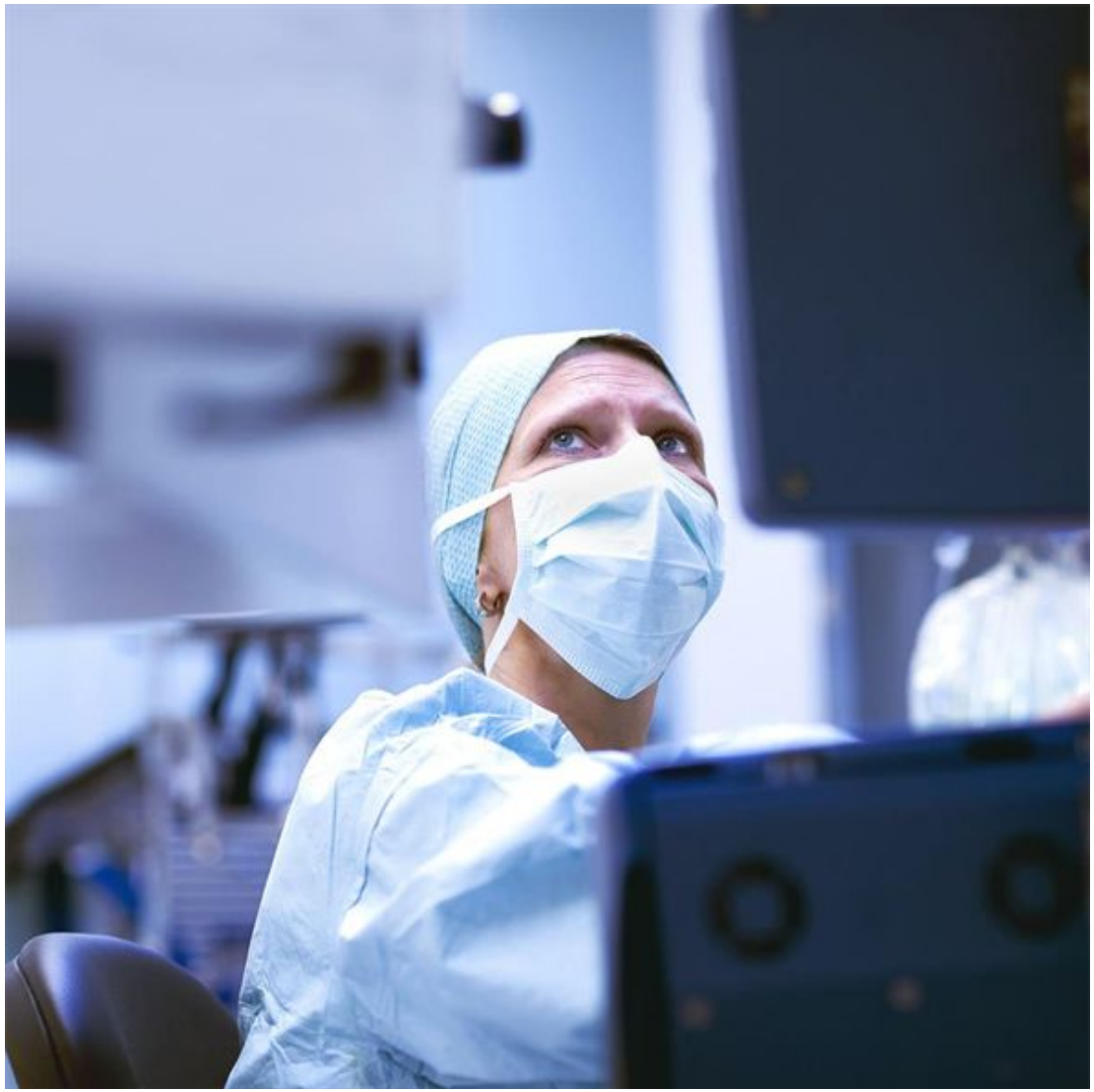
Administration recommends that the Board accept the Third Quarter Investment Report for the period ended June 30, 2026.

Victoria Nikitin
EVP – Chief Financial Officer

Quarterly Investment Summary

Harris Health

As of June 30, 2026

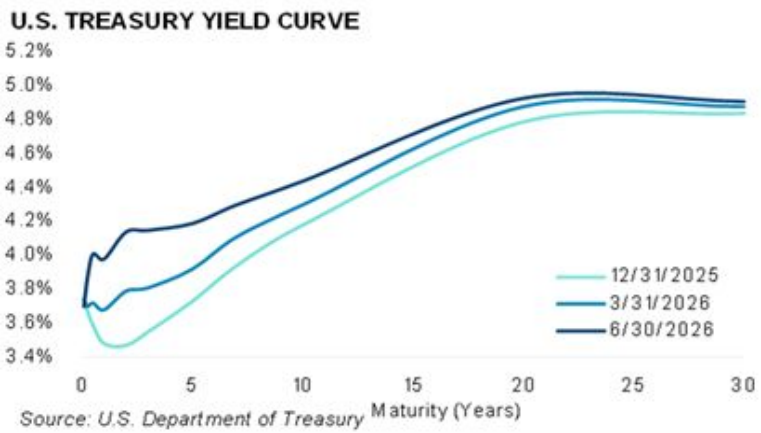


Financial Highlights

As of June 30, 2026

Review of Capital Markets

- For the quarter ending June 30, 2026, the U.S. Federal Reserve kept the federal funds rate unchanged at 3.50%–3.75%, emphasizing a commitment to price stability and largely removed the easing bias that had characterized earlier guidance.
- U.S. Treasury yields mostly rose across all maturities, with the effect more pronounced across the 2- and 3-year terms.
- The yield curve has continued to flatten as the prospect of rate hikes further intensifies.
- With the outlook for interest rates gaining greater clarify around possible action from the Fed to reverse recent actions and move to increase rates, the investment strategy in place for Harris Health continues to strategically increase the use of treasury bills and commercial paper.



Financial Highlights

As of June 30, 2026

Portfolio Balances

- During the quarter, assets increased by $461.2 million from approximately $2.3 billion on March 31st to $2.8 billion on June 30th.
  - The increase was primarily the result of $830 million in bond proceeds, a portion of which was used to reimburse Harris Health for funds previously spent on the Strategic Capital Plan.
  - $637 million represents the unspent proceeds invested for future use.

Balances by Account:

Account	June 30, 2026	
	Market Value	%
General Fund	$2,006,155,310.98	72.4%
Debt Service	$33,438,243.01	1.2%
Restricted	$729,484,074.32	26.3%
Total	**$2,769,077,628.31**	**100.0%**

Portfolio Returns

- The portfolio generated investment income of $17.2 million during the quarter.
- The portfolio produced an investment return of 0.78% for the quarter, falling slightly below the 90-Day U.S. Treasury Bill return.
- For the 12-month period ending June 30, 2026, the portfolio returned 3.66%, trailing the 90-Day U.S. Treasury Bill's 3.84% return.

Financial Highlights

As of June 30, 2026

Description of Investments

- As of June 30, 2026, the portfolio was 100% invested in short duration securities, the majority of which maintained a maturity of approximately 30-90 days.
- Money market funds accounted for 75% of the portfolio (up 6% from last quarter – result of bond proceeds), followed by Local Government Investment Pools at 18%, U.S. Treasury Bills at 5%, U.S. Agency at 2%, and Commercial Paper at 1%.
- The money market assets are allocated across numerous mutual funds.
- The Local Government Investment Pool assets are split between LoneStar (44.08%), TexasCLASS (55.91%), and TexasCLASS Govt (0.01%).

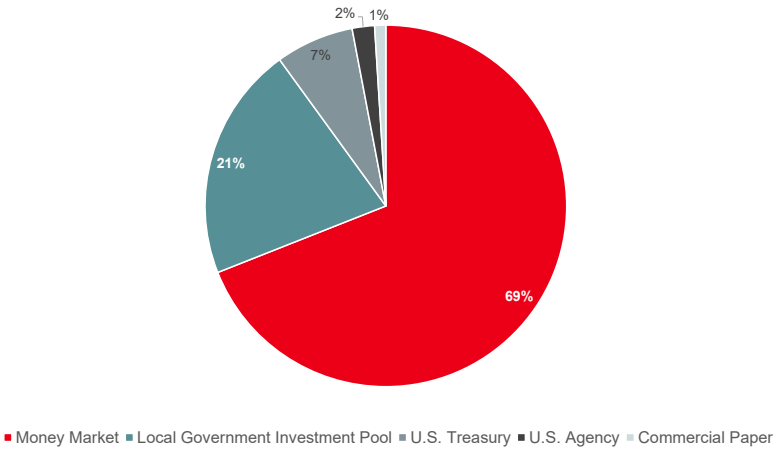
Portfolio Changes

- During the quarter, the receipt of bond proceeds was temporarily held in money market funds, awaiting reinvestment opportunities to strategically extend duration and diversify exposures (i.e. more U.S. Treasury Bills, U.S. Agency, and Commercial Paper), while maintaining appropriate liquidity in the portfolio.

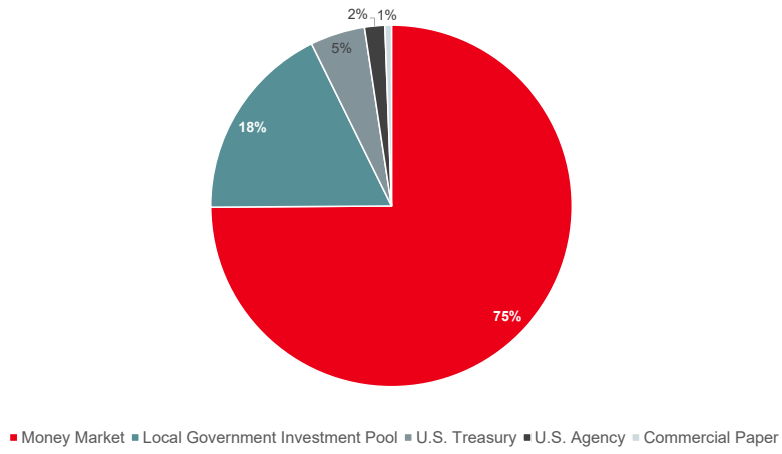
Financial Highlights

Change in Portfolio Allocation

March 31, 2026



June 30, 2026



Compliance Statement
Harris County Financial Management certifies that to the best of their knowledge, based on the investment statements and reporting provided to them, that Harris Health is in compliance with the provisions of Texas Government Code – Public Funds Investment Act, Section 2256.023 and with the stated policies and strategies of Harris Health.

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Aon Investments USA Inc.
200 E. Randolph Street
Suite 700
Chicago, IL 60601
ATTN: Aon Investments Compliance Officer

HARRISHEALTH

QUARTERLY INVESTMENT REPORT
THIRD QUARTER FY 2025-2026

PREPARED BY:
OFFICE OF MANAGEMENT AND BUDGET
FINANCIAL MANAGEMENT

The report is presented in accordance with the Texas Government Code - Public Funds Investment Act, Section 2256.023. Financial Management certifies that to the best of our knowledge that Harris Health is in compliance with the provisions of Government Code 2256 and with the stated policies and strategies of Harris Health.

Fahad Gulzar	Diana Elizondo	Mark LaRue
Interim Deputy Executive Director, OMB	Investment Director	Investment Manager

HARRISHEALTH **Table of Contents**

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Portfolio Summary

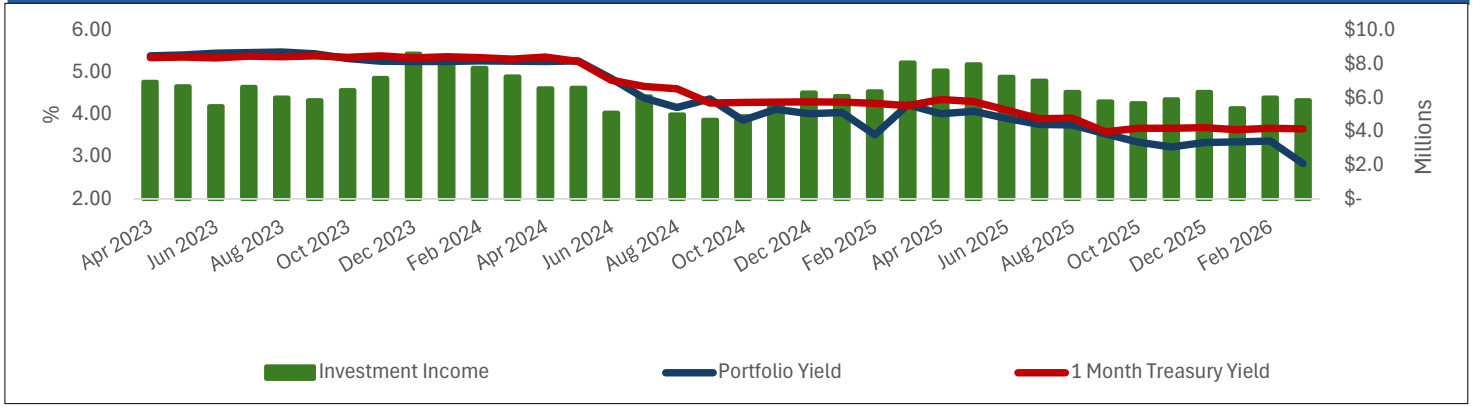
March 31, 2026 through June 30, 2026

Portfolio Size		
Money Market & LGIP Balances	$	2,458,949,742
Securities Book Value	$	310,254,278
Total Portfolio Book Value	$	2,769,204,019

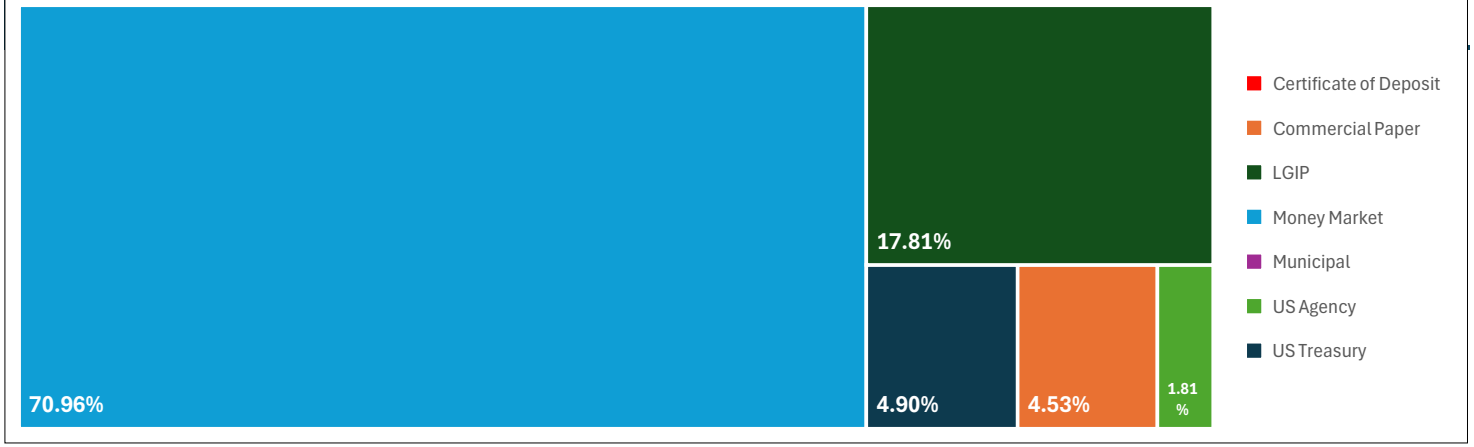
Investment Income

The portfolio generated $17,205,084 in investment earnings for the quarter and $54,169,594 fiscal year-to-date, with a weighted average yield at cost of 2.84% as of June 30, 2026.

Investment Income vs. Market Rate



Portfolio Sector Allocation



HARRISHEALTH

Portfolio Detail

March 31, 2026 through June 30, 2026

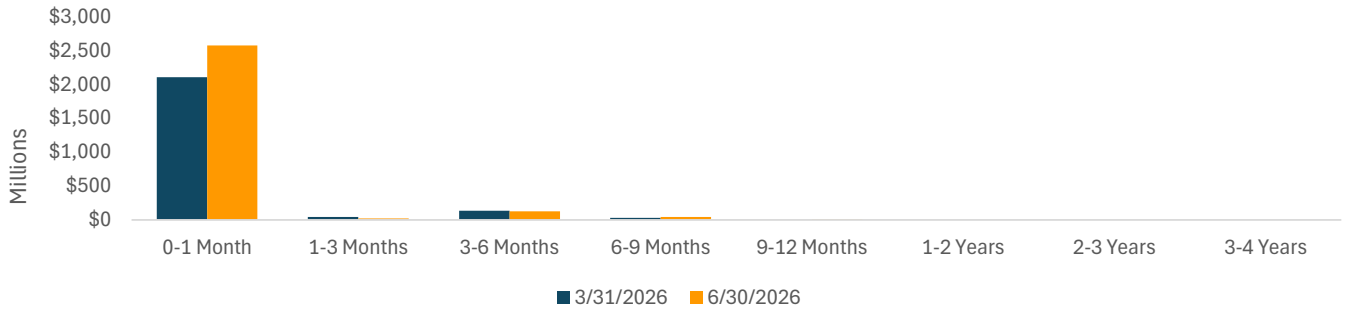
Book & Market Value Comparison

Month	Market Value	Book Value	Unrealized Gain/Loss	Yield to Maturity at Cost	Yield to Maturity at Market	Duration	Days To Maturity
Beginning	2,307,894,013.20	2,308,044,547.54	-150,534.34	3.33	3.34	0.03	13
4/30/2026	2,191,572,574.29	2,191,666,030.59	-93,456.30	3.34	3.35	0.03	11
5/31/2026	2,118,489,681.15	2,118,578,264.91	-88,583.76	3.37	3.37	0.03	13
6/30/2026	2,769,077,628.31	2,769,204,019.36	-126,391.05	2.84	2.85	0.02	8
Average	**2,359,713,294.58**	**2,359,816,104.95**	**-104,880.95**	**3.15**	**3.16**	**0.03**	**10**

Quarterly Investment Income By Sector

	Ending Face Amount	Quarterly Investment Income	Weighted Average Yield to Maturity
Certificate of Deposit	$0.00	$0.00	0.00
Commercial Paper	$125,367,491.80	$889,958.44	3.32
LGIP	$493,375,868.87	$4,611,902.39	3.79
Money Market	$1,965,573,872.64	$9,885,277.17	2.49
Municipal	$0.00	$0.00	0.00
US Agency	$50,000,000.00	$443,763.89	3.59
US Treasury	$135,700,000.00	$1,374,181.62	3.60
Total / Average	**$2,770,017,233.31**	**$17,205,083.51**	**2.83**

Distribution By Maturity Range



HARRISHEALTH

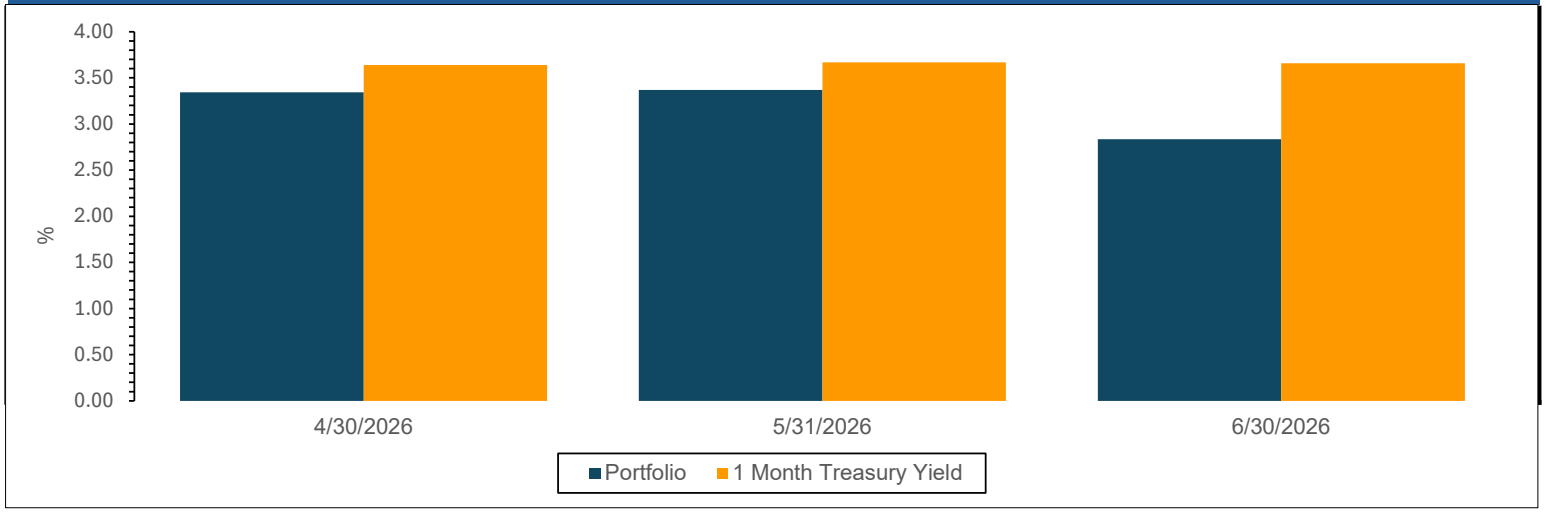
Portfolio Income & Benchmark Review

March 31, 2026 through June 30, 2026

Portfolio Income & Performance

Month	Book Value + Accrued Interest	Interest Earned During Period	Realized Book Value Gain/Loss	Investment Income	Average Invested Funds	Yield to Maturity at Cost	1 Month Treasury Yield
Beginning	2,275,899,304.94				2,275,899,304.94		
4/30/2026	2,309,056,840.31	5,363,056.64	0.00	5,363,056.64	2,305,161,614.94	3.34	3.64
5/31/2026	2,192,738,735.51	5,999,289.32	0.00	5,999,289.32	2,187,842,427.36	3.37	3.67
6/30/2026	2,119,840,284.38	5,842,737.55	0.00	5,842,737.55	2,163,220,491.29	2.84	3.66
Total/Average	**2,207,211,953.40**	**17,205,083.51**	**0.00**	**17,205,083.51**	**2,218,741,511.20**	**3.15**	**3.65**

Portfolio Yield vs. Benchmark



HARRISHEALTH

Portfolio Holdings & Quarterly Earnings

Begin Date: 3/31/2026, End Date: 6/30/2026

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
H9902 Hospital - General Fund								
BARCLAYS CAPITAL INC 0 6/15/2026	06743VFF2	0.00	9,918,800.00	0.00	0.00	80,237.43		6/15/2026
BARCLAYS US CCP 0 8/14/2026	06741EHE3	7,800,000.00	0.00	7,763,964.00	7,763,260.51	35,904.51	3.846	8/14/2026
DBS BANK LTD 0 6/15/2026	23305EFF5	0.00	0.00	0.00	0.00	21,645.00		6/15/2026
FHLB 3.55 9/23/2026-26	3130B8XV9	25,000,000.00	24,977,250.00	24,979,250.00	25,000,000.00	219,409.72	3.550	9/23/2026
FNMA 3.63 12/18/2026-26	3136GCBN4	25,000,000.00	24,964,250.00	24,968,000.00	25,000,000.00	224,354.17	3.630	12/18/2026
H9902 HHS Cigna Health Benefits MM	D6332-HHSJPM	12,256,994.98	7,709,748.25	12,256,994.98	12,256,994.98	91,014.67	2.650	N/A
H9902 HHS FSA Plan MM	D6670-HHSJPM	541,463.75	202,407.74	541,463.75	541,463.75	2,642.15	2.650	N/A
H9902 HHS Gen Fd CJTXX MM	M5375-HHSCJTXX	387,491,571.24	384,537,077.26	387,491,571.24	387,491,571.24	2,715,017.68	3.550	N/A
H9902 HHS Gen Funds OGVXX MMF MM	M5375-HHSOGVXX	304,971,172.96	302,755,542.17	304,971,172.96	304,971,172.96	2,455,107.09	3.550	N/A
H9902 HHS General Funds JPM MM	D5375-HHSJPM	553,907,131.89	714,825,551.09	553,907,131.89	553,907,131.89	3,617,280.69	2.750	N/A
H9902 HHS HRA ZBA MM	D5680-HHSJPM	531,431.02	947,827.72	531,431.02	531,431.02	4,695.09	2.650	N/A
H9902 Restr Donations JPM MM	D7157-HHSJPM	7,106.31	35,620.38	7,106.31	7,106.31	208.61	2.750	N/A
H9902 Restr Donations JPM MMF MM	M7157-HHSOGVXX	737,256.42	730,725.92	737,256.42	737,256.42	6,530.50	3.550	N/A
H9902 Unrestr Donations JPMMM	D6757-HHSJPM	174,288.30	173,141.91	174,288.30	174,288.30	1,146.39	2.650	N/A
H9902 US Bank | Open CP MM	OPENCPH9902	109,767,491.80	78,311,883.52	109,767,491.80	109,767,491.80	647,758.06	3.250	N/A
LoneStar | H9902 LGIP	LONESTARH9902	217,475,048.57	215,443,919.41	217,475,048.57	217,475,048.57	2,031,129.16	3.793	N/A
NORDDEUTSCHE LANDSBK NY 0 4/20/2026	65558NDL9	0.00	9,980,400.00	0.00	0.00	20,168.09		4/20/2026
NORFINA LTD 0 7/15/2026	86724BGF0	7,800,000.00	0.00	7,788,690.00	7,788,391.00	34,827.00	3.783	7/15/2026
SUMITOMO MIT/SINGAPORE 0 5/18/2026	86564XEJ9	0.00	9,950,000.00	0.00	0.00	49,418.35		5/18/2026
T-Bill 0 11/5/2026	912797UM7	10,000,000.00	0.00	9,867,500.00	9,872,614.05	54,164.11	3.708	11/5/2026
T-Bill 0 6/2/2026	912797TU1	0.00	0.00	0.00	0.00	13,450.87		6/2/2026
T-Bill 0 7/7/2026	912797UN5	5,000,000.00	0.00	4,997,050.00	4,996,962.68	27,842.12	3.658	7/7/2026
T-Bill 0 8/6/2026	912797RG4	5,000,000.00	0.00	4,981,950.00	4,981,802.20	27,802.20	3.684	8/6/2026
T-Bill 0 9/3/2026	912797RS8	50,000,000.00	49,226,500.00	49,675,000.00	49,700,180.18	426,306.30	3.491	9/3/2026
T-Bill 0 9/3/2026	912797RS8	5,000,000.00	0.00	4,967,500.00	4,967,982.07	27,515.40	3.665	9/3/2026
TexasCLASS | H9902 LGIP	TXCLASSH9902	217,933,958.74	215,899,231.35	217,933,958.74	217,933,958.74	2,034,727.39	3.780	N/A
T-Note 1.5 1/31/2027	912828Z78	15,700,000.00	0.00	15,474,391.00	15,496,550.22	88,068.88	3.758	1/31/2027
T-Note 1.5 8/15/2026	9128282A7	20,000,000.00	19,830,400.00	19,940,600.00	19,949,169.92	178,204.07	3.585	8/15/2026
T-Note 1.625 5/15/2026	912828R36	0.00	19,946,800.00	0.00	0.00	87,317.78		5/15/2026
T-Note 1.875 6/30/2026	9128287B0	0.00	19,908,600.00	0.00	0.00	177,990.58		6/30/2026

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
T-Note 1.875 7/31/2026	912828Y95	20,000,000.00	19,876,800.00	19,969,800.00	19,972,187.50	178,632.54	3.582	7/31/2026
T-Note 2.375 4/30/2026	9128286S4	0.00	19,978,200.00	0.00	0.00	58,443.59		4/30/2026
T-Note 3.75 4/30/2027	91282CMY4	5,000,000.00	0.00	4,986,700.00	4,997,685.72	28,443.18	3.807	4/30/2027
Sub Total/Average H9902 Hospital - General Fund		**2,007,094,915.98**	**2,150,130,676.72**	**2,006,155,310.98**	**2,006,281,702.03**	**15,667,403.37**	**3.364**	
H9906 Hospital - SPFC								
H9906 Hospital - SPFC MM	D2538-HHSJPM	5,334.79	3,523.44	5,334.79	5,334.79	30.76	2.650	N/A
H9906 SPFC JPM MMF MM	M2538-HHSOGVXX	56,275.78	56,275.78	56,275.78	56,275.78	333.79	3.550	N/A
TexasCLASS | H9906 LGIP	TXCLASSH9906	1,049,729.44	1,039,928.68	1,049,729.44	1,049,729.44	9,800.76	3.780	N/A
Sub Total/Average H9906 Hospital - SPFC		**1,111,340.01**	**1,099,727.90**	**1,111,340.01**	**1,111,340.01**	**10,165.31**	**3.763**	
H9917 Hospital - Ser 2010 DS								
H9917 Ser 2010 DS MM	D2565-HHSJPM	44,756.05	44,461.66	44,756.05	44,756.05	294.39	2.650	N/A
H9917 Ser 2010 DS MMF MM	M2565-HHSOGVXX	6,076,800.46	6,022,973.27	6,076,800.46	6,076,800.46	53,827.19	3.550	N/A
TexasCLASS | H9917 LGIP	TXCLASSH9917	70,730.13	70,069.82	70,730.13	70,730.13	660.31	3.780	N/A
Sub Total/Average H9917 Hospital - Ser 2010 DS		**6,192,286.64**	**6,137,504.75**	**6,192,286.64**	**6,192,286.64**	**54,781.89**	**3.546**	
H9918 Hospital - Ser 2010 DSR								
H9918 Ser 2010 DSR MM	D2763-HHSJPM	44,170.09	43,879.56	44,170.09	44,170.09	290.53	2.650	N/A
H9918 Ser 2010 DSR MMF MM	M2763-HHSOGVXX	6,079,188.45	6,025,340.08	6,079,188.45	6,079,188.45	53,848.37	3.550	N/A
TexasCLASS | H9918 LGIP	TXCLASSH9918	68,915.21	68,271.75	68,915.21	68,915.21	643.46	3.780	N/A
Sub Total/Average H9918 Hospital - Ser 2010 DSR		**6,192,273.75**	**6,137,491.39**	**6,192,273.75**	**6,192,273.75**	**54,782.36**	**3.546**	
H9920 Hospital - Rev & Ref Ser 2016 DS								
H9920 Ser 2016 DS MM	D1898-HHSJPM	74,721.11	74,229.62	74,721.11	74,721.11	491.49	2.650	N/A
H9920 Ser 2016 DS MMF MM	M1898-HHSOGVXX	10,356,514.71	10,264,778.63	10,356,514.71	10,356,514.71	91,736.08	3.550	N/A
TexasCLASS | H9920 LGIP	TXCLASSH9920	95,125.45	94,237.33	95,125.45	95,125.45	888.12	3.780	N/A
Sub Total/Average H9920 Hospital - Rev & Ref Ser 2016 DS		**10,526,361.27**	**10,433,245.58**	**10,526,361.27**	**10,526,361.27**	**93,115.69**	**3.546**	
H9921 Hospital - Rev & Ref Ser 2016 DSR								
H9921 Ser 2016 DSR MM	D2078-HHSJPM	76,085.30	75,584.85	76,085.30	76,085.30	500.45	2.650	N/A
H9921 Ser 2016 DSR MMF MM	M2078-HHSOGVXX	10,256,961.80	10,166,107.55	10,256,961.80	10,256,961.80	90,854.25	3.550	N/A
TexasCLASS | H9921 LGIP	TXCLASSH9921	118,779.70	117,670.73	118,779.70	118,779.70	1,108.97	3.780	N/A
TexasCLASS Govt | H9921 LGIP	TXCLASSGH9921	75,494.55	74,832.97	75,494.55	75,494.55	661.58	3.573	N/A
Sub Total/Average H9921 Hospital - Rev & Ref Ser 2016 DSR		**10,527,321.35**	**10,434,196.10**	**10,527,321.35**	**10,527,321.35**	**93,125.25**	**3.546**	
H9924 Hospital - Capital Assets Series 2020								
H9924 Capital Assets Ser 2020 MM	D9218-HHSJPM	2,692.32	2,674.61	2,692.32	2,692.32	17.71	2.650	N/A
TexasCLASS | H9924 LGIP	TXCLASSH9924	374,638.41	371,140.64	374,638.41	374,638.41	3,497.77	3.780	N/A

Description	CUSIP/Ticker	Ending Face Amount/Shares	Beginning MV	Ending MV	Ending BV	Investment Income-BV	Ending YTM @ Cost	Maturity Date
Sub Total/Average H9924 Hospital - Capital Assets Series 2020		**377,330.73**	**373,815.25**	**377,330.73**	**377,330.73**	**3,515.48**	**3.772**	
H9925 Hospital - Capital Gift Proceeds								
H9925 HHS Capital Gift Proceeds MM	D0208-HHSJPM	363,149.70	325,980.50	363,149.70	363,149.70	860.16	1.050	N/A
TexasCLASS | H9925 LGIP	TXCLASSH9925	56,113,448.67	56,433,974.68	56,113,448.67	56,113,448.67	528,784.87	3.780	N/A
Sub Total/Average H9925 Hospital - Capital Gift Proceeds		**56,476,598.37**	**56,759,955.18**	**56,476,598.37**	**56,476,598.37**	**529,645.03**	**3.763**	
H9935 Hospital - 2025 Bond Proceeds								
H9935 HHS 2025 Bond Proceeds MM	D3379-HHSJPM	219.15	374,393.23	219.15	219.15	3,357.68	1.050	N/A
H9935 HHS 2025 Bond Proceeds MM	M3379-HHSOGVXX	0.00	32,677,532.06	0.00	0.00	278,455.63		N/A
Sub Total/Average H9935 Hospital - 2025 Bond Proceeds		**219.15**	**33,051,925.29**	**219.15**	**219.15**	**281,813.31**	**1.050**	
H9936 Hospital - Pasadena Square Project								
H9936 Pasadena Square Project MM	D1352-HHSJPM	4,954,671.90	5,046,081.48	4,954,671.90	4,954,671.90	34,190.42	2.750	N/A
Sub Total/Average H9936 Hospital - Pasadena Square Project		**4,954,671.90**	**5,046,081.48**	**4,954,671.90**	**4,954,671.90**	**34,190.42**	**2.750**	
H9937 Hospital - Ad Valorem I and S								
H9937 Hospital Ad Valorem I and S MM	D1520-HHSJPM	29,397,266.98	28,289,393.56	29,397,266.98	29,397,266.98	197,130.22	2.750	N/A
Sub Total/Average H9937 Hospital - Ad Valorem I and S		**29,397,266.98**	**28,289,393.56**	**29,397,266.98**	**29,397,266.98**	**197,130.22**	**2.750**	
H9938 Hospital - Series 2026 Bond Proceeds								
H9938 Series 2026 Bond Proceeds MM	D2913-HHSJPM	637,166,647.18	0.00	637,166,647.18	637,166,647.18	185,415.18	1.050	N/A
Sub Total/Average H9938 Hospital - Series 2026 Bond Proceeds		**637,166,647.18**	**0.00**	**637,166,647.18**	**637,166,647.18**	**185,415.18**	**1.050**	
Total / Average		**2,770,017,233.31**	**2,307,894,013.20**	**2,769,077,628.31**	**2,769,204,019.36**	**17,205,083.51**	**2.834**	

Wednesday, September 9, 2026

Consideration of Acceptance of the Harris Health Second Quarter Calendar Year 2026 Pension Plan Report

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Attached for your review and acceptance is the Second Quarter Calendar Year 2026 Pension Plan Report for the period April to June 2026.

Administration recommends that the Board accept the Second Quarter Pension Plan Report for the period ended June 30, 2026.

Victoria Nikitin
EVP – Chief Financial Officer

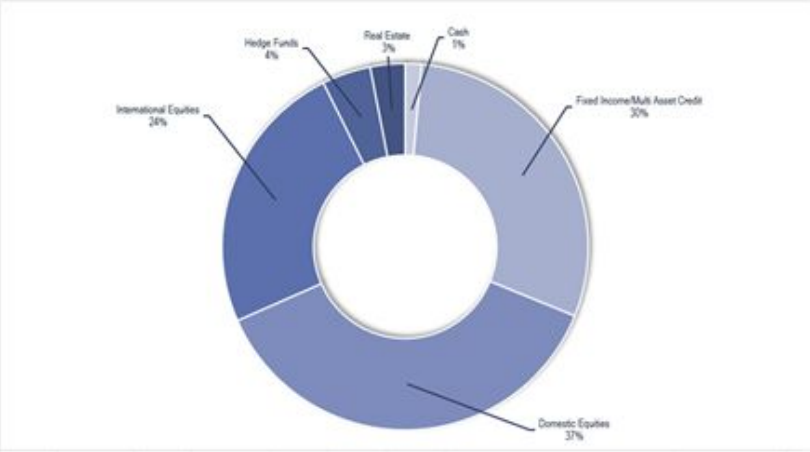
Pension Plan Summary

HARRISHEALTH

For the Quarter Ended and Year to Date June 30, 2026

	YEAR-TO-DATE 12/31/25	QUARTERLY 03/31/26	QUARTERLY 06/30/26	YEAR-TO-DATE 12/31/26
Investment Return	13.1%	-2.1%	8.6%	6.5%
Market Value of Assets (in millions)	$ 1,191.5	$ 1,167.0	$ 1,272.3	$ 1,272.3
Employer Contributions (in millions)	$ 71.0	$ 18.3	$ 18.3	$ 36.5
Benefit Payments (in millions)	$ 67.2	$ 17.3	$ 17.3	$ 34.6
Funded Ratio	97.6%	95.1%	102.6%	102.6%

Current Asset Allocation:



*The Plan was in compliance with target asset allocations per the Board approved Pension Plan Investment Policy.

Market Updates:

The market value of the Plan assets increased $105.3 million this quarter and $80.8 million since the beginning of the calendar year. Investment return was 8.6% for the quarter ended June 30, 2026, due to the following market conditions:

- Global equity markets rebounded sharply in the second quarter of 2026, recovering from first quarter volatility as investor confidence improved on resilient economic growth, stronger-than-expected corporate earnings, easing geopolitical tensions, and the AI investment theme. Market leadership broadened, with value stocks, small caps, financials, industrials, and select international markets outperforming many of the mega-cap technology names that led previous years.
- The S&P 500 advanced 15.2%, its strongest quarterly gain since Q2 2020, underpinned by robust corporate earnings, continued AI-related capital expenditure and declining market volatility.
- Geopolitical events, particularly conflict in the Middle East, caused periods of volatility in oil prices and risk assets but did not derail the broader equity rally. International equities outperformed many U.S. benchmarks, led by Asia (especially South Korea and Taiwan) as semiconductor demand accelerated.
- Inflation remained manageable but sticky, keeping central banks cautious and supporting a “higher-for-longer” interest-rate environment.
- Global bond yields generally moved lower over the quarter, except in the U.S. and Japan, where yields rose. U.S. Treasury yields broadly rose across the curve during Q2, with the increase most pronounced at the short end. Credit markets delivered positive returns as risk sentiment improved and spreads tightened across most sectors.

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Consideration of Approval of the Harris Health Policy 2.01 - Naming of Harris Health Buildings, Facilities, and Entities

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Harris Health Policy 2.01 - Naming of Harris Health Buildings, Facilities, and Entities is up for its triennial review. The policy defines how Harris Health's buildings, facilities, and entities are named in a manner that promotes its mission and vision.

Recommended revisions:

- Refer to the Harris Health Naming Opportunities Matrix approved by the Board of Trustees;
- Add a statement that any and all naming of facilities for honorary reasons will be communicated to Harris Health's philanthropic partner(s) before final implementation of naming; and
- Minor working clean-up.

A redlined copy is attached for your review.

Taylor McMillan

Taylor McMillan
SVP – Chief Development Officer

Status **Pending** PolicyStat ID **21061381**

Origination	9/1/2004
Last Approved	N/A
Effective	Upon Approval
Last Revised	9/1/2026
Next Review	3 years after approval

Owner	Kelley Ford
Area	Business Development & Strategy
References	McMillan, Taylor

Naming of Harris Health Buildings, Facilities, and Entities_2.01

PURPOSE:

To ~~assure~~ensure that Harris Health ~~System's~~ buildings, facilities, and entities are named in a manner that will promote its mission and vision.

POLICY STATEMENT:

Harris Health ~~System (Harris Health)~~'s Board of Trustees shall be responsible for approving the naming of any Harris Health building, facility, or entity, or parts thereof, after any person, entity, or geographic area.

POLICY ELABORATIONS:

Priority consideration for such naming shall be given in recognition of a major Gift or Gifts to Harris Health. Honoring individuals or groups who have supported Harris Health in exemplary fashion or to identify a certain geographic area may also be considered and can be used in conjunction with the recognition of a major Gift.

I. DEFINITIONS:

A. **GIFT:** For purposes of this policy, a voluntary solicited or unsolicited, non-reciprocal transfer of money or property from a donor to Harris Health.

B. **NAMING:** The act of designating a place after some person, place, or thing, e.g. The John Smith Waiting Room

II. NAMING FOR PHILANTHROPIC REASONS:

A. To encourage philanthropic giving to Harris Health, Harris Health's Board of Trustees ~~(Board of Trustees)~~ shall give priority consideration to the naming of buildings, facilities, entities, or parts thereof, in ~~honor~~recognition of a major ~~donor in recognition of the~~ donor's Gift(s). Each opportunity for naming will be based on several factors including:

1. The cost of the location;
2. The size of a Gift,
3. Previous Gifts; and
4. The location's visibility in the community.

B. The Board of Trustees, Harris Health's philanthropic partner(s), Harris Health's Chief Executive Officer or designee, and Harris Health's Development Office will work collaboratively to develop a plan for raising donations associated with naming opportunities, as identified in the Naming Opportunities matrix.

C. A written request for the authority to offer a specific naming opportunity to a donor, with rationale for such a request, will be submitted to the Chief Executive Officer of Harris Health and to the Chair of the Board of Trustees for presentation to the Board of Trustees.

III. NAMING FOR HONORARY REASONS:

To recognize contributions (other than money) to the health of the community or to recognize individuals or groups ~~that~~who have reflected well upon Harris Health, the Board of Trustees may designate walls, rooms, landscaping, art objects, or other items in honor ~~or~~of the individual or group selected.

A. Recommendations for honorary naming should be directed to Harris Health's Chief Executive Officer.

B. Harris Health's Chief Executive Officer will circulate recommendations with his/her judgment regarding the recommendation to the Chair of the Board of Trustees.

C. At the discretion of the Chair of the Board of Trustees, recommendations deemed worthy of Board of Trustees consideration will be presented to the Board of Trustees for approval.

D. While the Board of Trustees is free to honor any individual or group, it will give priority to deceased individuals or groups of individuals who have contributed to the health of the community or to Harris Health in some remarkable way.

E. Any and all naming of facilities for honorary reasons will be communicated to Harris Health's philanthropic partner(s) before final implementation of naming.

IV. NAMING A FACILITY FOR A GEOGRAPHIC AREA:

Harris Health facilities may be named for a geographic area served by the facility.

A. The Board of Trustees will approve the name to be applied to any facility operated by Harris Health.

B. Harris Health's Chief Executive Officer will provide a recommendation for approval to the Board of Trustees after obtaining relevant input.

C. The Board of Trustees will attempt to apply a name for a facility identified by geographic area that most accurately reflects its service area.

D. Any and all naming of facilities for a geographic area will be communicated to Harris Health's philanthropic partner(s) before final implementation of naming.

REFERENCES/BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health ~~System~~ Development Office

Attachments

Investing in a Healthier Harris County Naming Opportunities.pdf

Approval Signatures

Step Description	Approver	Date
Policy Owner	Kelley Ford	Pending
Workflow Start Notification	Lauren Banks: Executive Owner	9/1/2026

Wednesday, September 9, 2026

Consideration of Approval of the Intellectual Property License Agreement between Harris Health and Hermann Park Conservancy

The proposed agreement grants Harris Health an irrevocable, perpetual, and non-exclusive license to use the reports, analyses, schematics, renderings, plans, designs, engineering work product, and related materials developed by the Hermann Park Conservancy (HPC) in connection with the Bayou Parkland West project (the "Licensed Materials"). In exchange, Harris Health will pay a one-time license fee of $605,242.

Recommended Board Action: Approve the form of the proposed Intellectual Property License Agreement between Harris Health and Hermann Park Conservancy and delegate authority to Harris Health Legal and Administration to finalize the terms and authorize execution in substantially the same form.

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

INTELLECTUAL PROPERTY LICENSE AGREEMENT

This Intellectual Property License Agreement ("Agreement") is entered by and between the Harris County Hospital District d/b/a Harris Health ("Harris Health") a political subdivision of the State of Texas and the Hermann Park Conservancy ("HPC") a Texas nonprofit corporation. Harris Health and HPC may be referred to individually as a "Party" and collectively as the "Parties." This Agreement is effective as of the date of countersignature by the last of the Parties to do so (the "Effective Date").

RECITALS

WHEREAS, HPC has developed or caused to be developed certain reports, analyses, schematics, drawings, renderings, models, surveys, documents, technical information, specifications, concepts, engineering or product plans, designs, and related materials associated with the development of Mayor Park land (the Project") on that approximately 8.9 acres of Hermann Park adjacent to Ben Taub Hospital generally bounded by Cambridge Street and South Braeswood Boulevard (collectively, the "Licensed Materials"); and

WHEREAS, Harris Health desires to obtain an irrevocable, perpetual license to use the Licensed Materials for its governmental, operational, and healthcare purposes related to site planning for a public project to redevelop and expand Ben Taub Hospital's Level I trauma facilities (the "Project"); and

WHEREAS, HPC is willing to grant such rights in exchange for the consideration set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Parties agree as follows:

TERMS

1. INCORPORATION OF RECITALS; COMMITMENTS OF THE PARTIES

1.1. The Parties acknowledge and agree that the recitals set forth above are true and correct in all material respects as of the Effective Date. The recitals are hereby incorporated into and made a part of this Agreement for all purposes as if fully set forth in the body of this Agreement.

1.2. The Parties acknowledge and agree to meet their respective commitments set forth in that certain Memorandum of Understanding between Harris Health and HPC made effective March 18, 2026 ("MOU"). To the extent of any conflict between the terms of the MOU and the terms of this Agreement as to the Licensed Materials and HPC's license thereof to Harris Health, this Agreement shall control.

2. LICENSE GRANT

2.1. Grant of License. HPC here□y grants to Harris Health an irrevoca□le□perpet□al□ □orld□ide f□lly paid□transfera□le s□□licensa□le□non□e□cl□sive license to □se□reprod□ce□ display□p□□lish□distri□□te□modify□adapt□revise□create derivative □or□s from□disclose□ and other□ise e□ploit all of the □icensed □aterials in connection □ith the Pro□ect□ provided□ho□ever□s□ch □icense shall only □ecome effective □pon HPC's receipt of the □icense Fee □as defined in Section 3.1□.

2.2. Transferability. The license granted herein may □e e□ercised □y Harris Health□its affiliates□ s□ccessors□ assigns□ contractors□ cons□ltants□ architects□ engineers□ design professionals□and any entity a□thori□ed □y Harris Health so long as s□ch persons and entities a□ide □y□and are □o□nd □y□the terms of this Agreement applica□le to Harris Health.

2.3. Survival. The license granted □nder this Agreement is perpet□al and shall s□rvive e□piration or termination of this Agreement for any reason.

3. CONSIDERATION

3.1. License Fee. As f□ll consideration for the rights granted herein□Harris Health shall pay HPC the s□m of □605□242.00 "□icense Fee"□□ithin thirty □30□days of receipt of the □icensed □aterials and the invoice descri□ed in Section 3.2. The □icense Fee constit□tes f□ll and complete compensation for the rights granted □nder this Agreement. HPC □nderstands□s□ch □nderstanding and agreement □eing of the a□sol□te essence of this Agreement□that Harris Health may ma□e payments only from f□nds c□rrently availa□le and la□f□lly appropriated for s□ch p□rpose. Prior to HPC's obligation to deliver the □icensed □aterials□Harris Health shall confirm in □riting that f□nds are c□rrently availa□le and la□f□lly appropriated for payment of the □icense Fee. □f s□ch f□nds are not availa□le or la□f□lly appropriated□HPC shall have no o□ligation to deliver any □icensed □aterials or grant the □icense.

3.2. Payment. As a condition of payment□HPC shall s□□mit an invoice to Harris Health via email to electronicinvoices□harrishealth.org. Payment shall □e d□e and paid in accordance □ith the Te□as Prompt Payment Act□Te□as □overnment Code Chapter 2251.

4. OWNERSHIP AND USE

4.1. Retained Ownership. □□cept for the rights e□pressly granted herein□HPC retains o□nership of the intellect□al property em□odied in the □icensed □aterials.

4.2. Restriction on Use. HPC ac□no□ledges that Harris Health may alter□revise□com□ine □ith other materials□rep□rpose□re□se□or discontin□e □se of the □icensed □aterials in Harris Health's sole discretion. HPC shall have no claim against Harris Health□for compensation or other□ise□as a res□lt of Harris Health's current or future use of the □icensed □aterials. □ot□ithstanding the foregoing□none of the □icensed □aterials may □e □sed for the constr□ction of any improvements □itho□t f□rther refinement □y □□alified professionals.

5. DELIVERY OF MATERIALS

5.1. □ ithin si□ty □60□days follo□ing e□ec□tion of this Agreement□HPC shall provide Harris Health □ith complete and c□rrent copies of the □icensed □aterials in HPC's possession or control in the formats in □hich HPC possesses or controls the □icensed □aterials□ incl□ding□if possessed or controlled □y HPC□electronic native files□so□rce materials□ specifications□data□and s□pporting doc□mentation.

6. REPRESENTATIONS AND WARRANTIES

6.1. HPC represents and □arrants to Harris Health that:

6.1.1. HPC has f□ll a□thority to enter into this Agreement and grant Harris Health the rights descri□ed herein□

6.1.2. HPC o□ns or controls all rights necessary to grant Harris Health the rights descri□ed herein□and

6.1.3. To HPC's actual knowledge, the □icensed □aterials do not infringe any copyright□ patent□trademar□□trade secret□or other proprietary right of any third party.

6.2. Disclaimer. □either HPC nor any of its cons□ltants □ho prepared the □icensed □aterials ma□e any representations or □arranties□stat□tory□e□press or implied□regarding the condition□acc□racy□completeness□fitness for a partic□lar p□rpose of□or any other matter relating to□the □icensed □aterials e□cept as e□pressly set forth in this Agreement□and all s□ch representations and □arranties are e□pressly disclaimed.

6.3. Release. Harris Health releases HPC and any of its cons□ltants □ho prepared any portion of the □icensed □aterials from any and all claims arising o□t of the □se of□modification of□or reliance on□the □icensed □aterials for any p□rpose□and neither HPC nor any of its cons□ltants □ho prepared any portion of the □icensed □aterials shall have any lia□ility to Harris Health arising from Harris Health's use of, modification of□or reliance on□the □icensed □aterials.

7. TEXAS PUBLIC INFORMATION ACT

7.1. HPC acknowledges that Harris Health is subject to the Texas Public Information Act, Texas Government Code Chapter 552, and that records related to this Agreement may be subject to disclosure as required by law. HPC releases Harris Health, its officers and employees from any liability it may have to HPC for the disclosure to the public of any information furnished to Harris Health by HPC in reliance on any advice, decision or opinion of the Attorney General of the State of Texas.

8. NOTICE

8.1. Any notice required to be given pursuant to the terms and provisions of this Agreement shall be in writing and deemed to be given: (a) upon hand delivery to the Party, (b) three (3) days after the date deposited with or sent by U.S. Mail, first class, postage paid, return receipt requested, or (c) upon receipt by commercial delivery service, in each case if addressed as follows or to such addresses as either Party may subsequently designate to the other in writing:

To Harris Health: Harris County Hospital District d/b/a Harris Health
Attn: President & Chief Executive Officer
P.O. Box 66769
Houston, Texas 77266-6769

To HPC: Hermann Park Conservancy
Attention: President and Chief Executive Officer
1700 Hermann Drive
Houston, Texas 77004

9. MISCELLANEOUS

9.1. Governing Law. This Agreement shall be governed by and construed according to the laws of the State of Texas. Venue for any action, controversy, dispute or claim shall be in a court of appropriate jurisdiction in Harris County, Texas exclusively.

9.2. Governmental Immunity. Except to the extent HPC is providing goods and services to Harris Health, nothing in this Agreement shall be construed as a waiver of any governmental immunity, official immunity or other defense available to Harris Health under applicable law.

9.3. Assignment. Neither Party may assign, delegate and/or otherwise transfer this Agreement or its rights and obligations hereunder without the prior written consent of the other Party.

9.4. Survival. Any provision of this Agreement that is intended by its plain meaning to survive the expiration or earlier termination of this Agreement including but not limited to the release disclaimer and exclpation provisions shall survive such expiration or earlier termination.

9.5. Entire Agreement. This Agreement constitutes the entire agreement between the Parties regarding the licensed aterials and supersedes all prior negotiations and understandings.

9.6. Amendment. This Agreement may only be amended in a written instrument signed by both Parties.

9.7. Severability. If any provision of this Agreement is held unenforceable the remaining provisions shall remain in full force and effect.

9.8. Signatures. This Agreement may be executed in any number of counterparts and by different parties hereto in separate counterparts each of which when so executed and delivered shall be deemed to be an original and all of which taken together shall constitute one and the same instrument. Signatures transmitted via facsimile and/or electronic mail shall be deemed originals. The Parties consent and agree that this Agreement may be signed and/or transmitted by facsimile e-mail of a .pdf document or using electronic signature technology (*e.g.* via DocSign or similar electronic signature technology) and that such signed electronic record shall be valid and as effective to bind the Party so signing as a paper copy bearing such Party's written signature.

[signature page follows]

□□ec□ted in m□ltiple originals□each of e□□al force□□y d□ly a□thori□ed representatives of the Harris Co□nty Hospital □istrict d/□/a Harris Health and the Hermann Par□Conservancy.

HERMANN PARK CONSERVANCY

□y:_____

□ame: Cara □am□right

Title: President □ C□O

□ate: _____

HARRIS COUNTY HOSPITAL DISTRICT
D/B/A HARRIS HEALTH

□y:_____

□ame: _____

Title: _____

□ate: _____

APPRO□□□ AS TO FOR□ :
Harris Co□nty Attorney

□y:_____
□indsey □. R□therford
Sr. Assistant □eneral Co□nsel
Co□nsel for Harris Health
C.A. File □o. 26hsp0746

Wednesday, September 9, 2026

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

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Attached for review and approval:

- **HCHP September Operational Updates**

Administration recommends that the Board accept the Health Care 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.

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

Health Care for the Homeless Monthly Update Report – September 2026

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

Tracey Burdine, Director, Health Care for the Homeless Program

HARRISHEALTH

Agenda

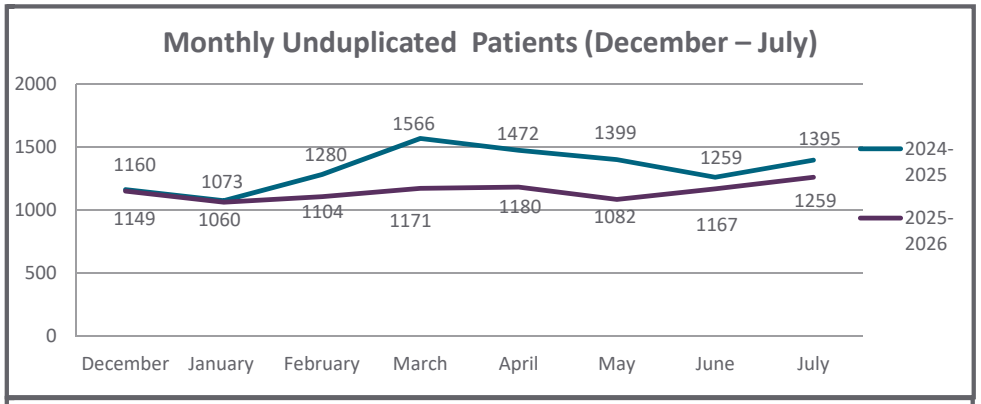
Operational Update

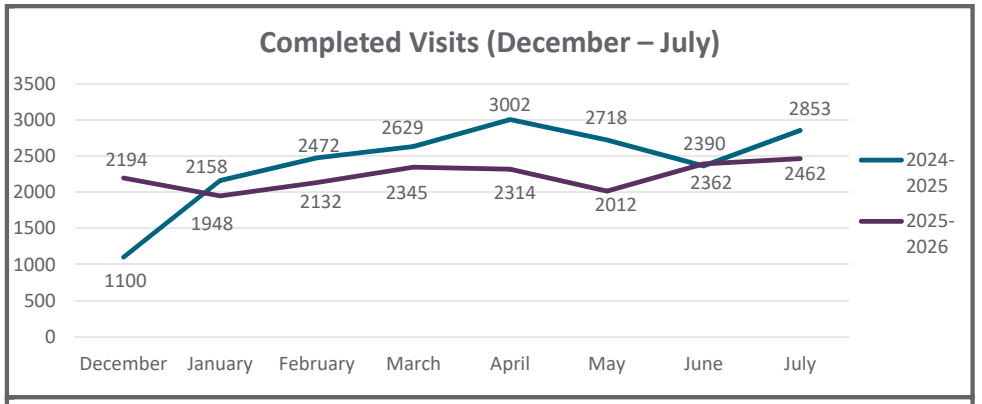
- Productivity Report
- Change In Scope - Harmony House 5B Site Details
- Revised HCHP Credentialing and Privileging Policy
- Patient Satisfaction Report

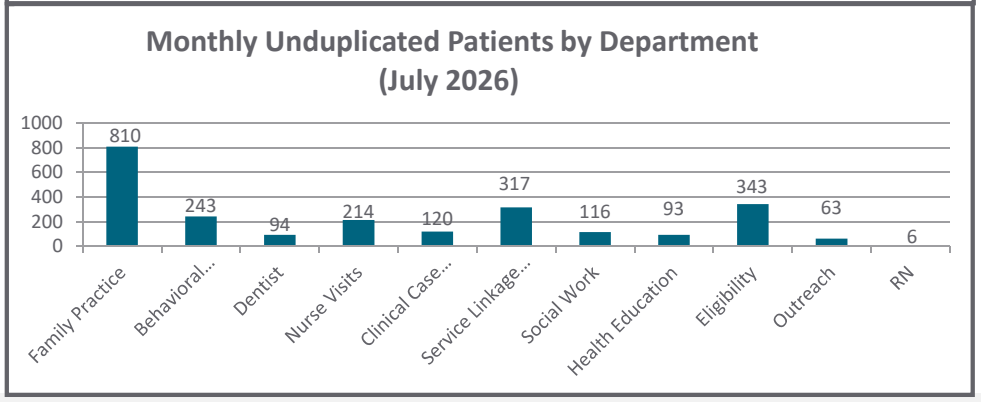
HARRISHEALTH

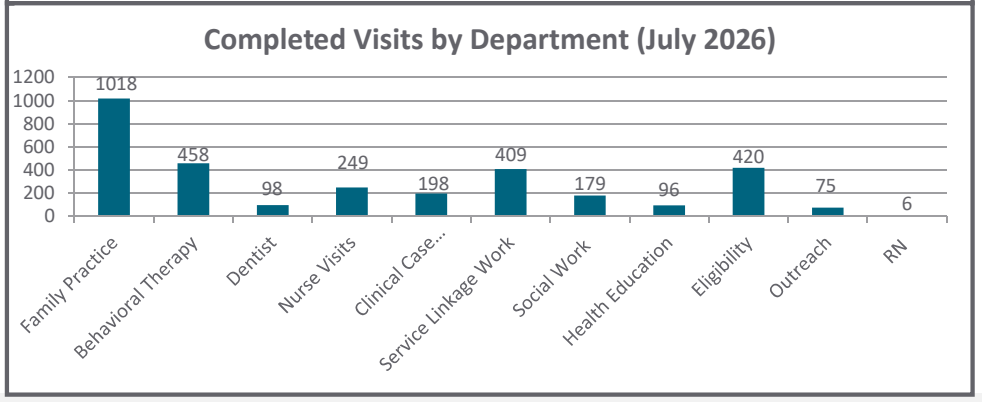
Patients Served – Operational Productivity Update (July 2026)

HRSA Unduplicated Patients Target: 7,250	HRSA Completed Visit Patients: 30,496
YTD Unduplicated Patients: 4,280	YTD Completed Visits: 15,884









HARRISHEALTH

Change In Scope – Harmony House 5B Site Details

What Is Changing	Update Harmony House physical address Current: 602 Girard Street, Houston, TX 77007 Proposed: 702 Girard Street, Houston, TX 77007
Reason for Change	Harmony House completed reconstruction of the facility. The official site address has changed to 702 Girard Street.
Impact Assessment	No changes to services provided No changes to operating hours Ensures HRSA records accurately reflect the current facility location
Board Action Requested	**Approve the Change in Scope (CIS) to update HRSA Form 5B: Site Details by changing the Harmony House address from 602 Girard Street to 702 Girard Street, Houston, Texas 77007.**

HARRISHEALTH

Revised HCHP Credentialing and Privileging Policy

Key Updates

Clarifies credentialing and privileging requirements by practitioner type

Align to Medical Staff Services' three year credentialing/reappointment cycle

Why It Matters

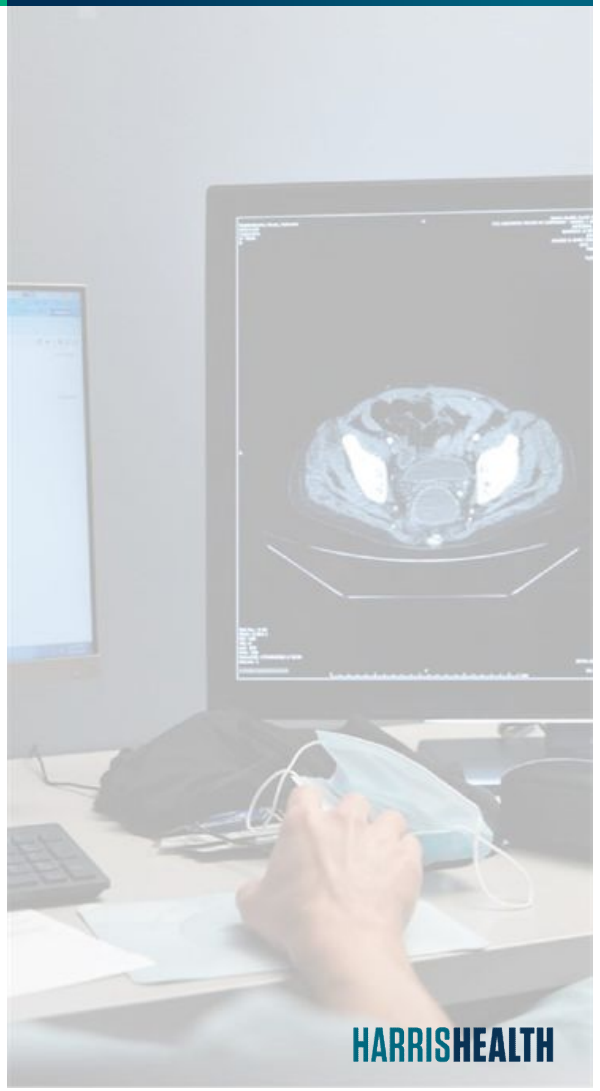
Standardizes HCHP credentialing and privileging processes

Clarifies verification, competency review, and oversight responsibilities

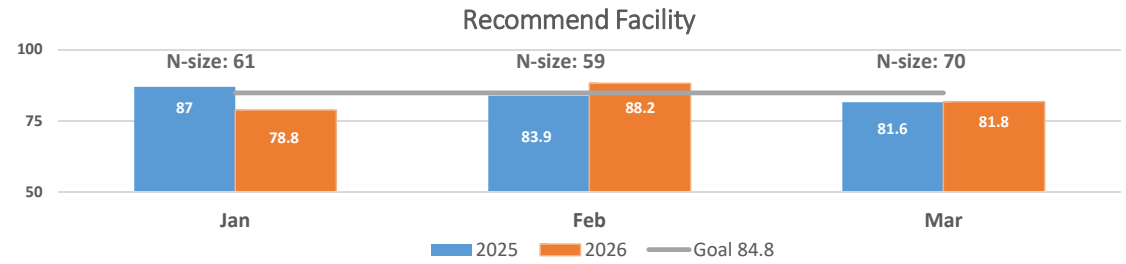
Board Action

Approval Requested

Approve revised HCHP Policy 5.12



HCHP Patient Satisfaction Trending Data Q2



Q1 Average: 82.9
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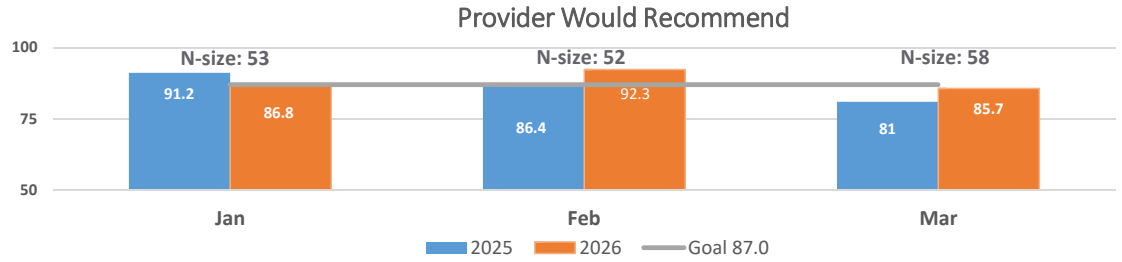

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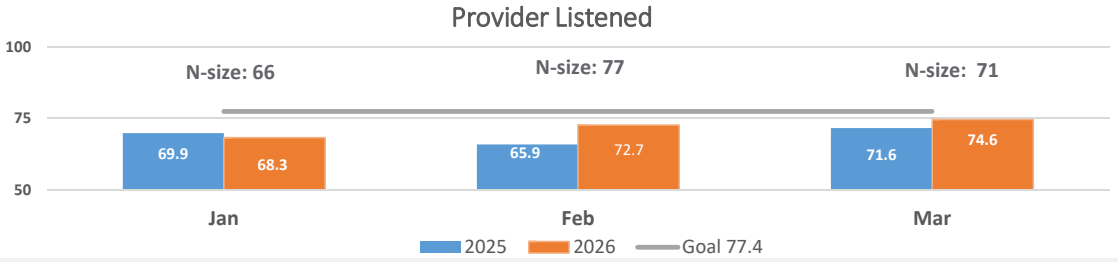

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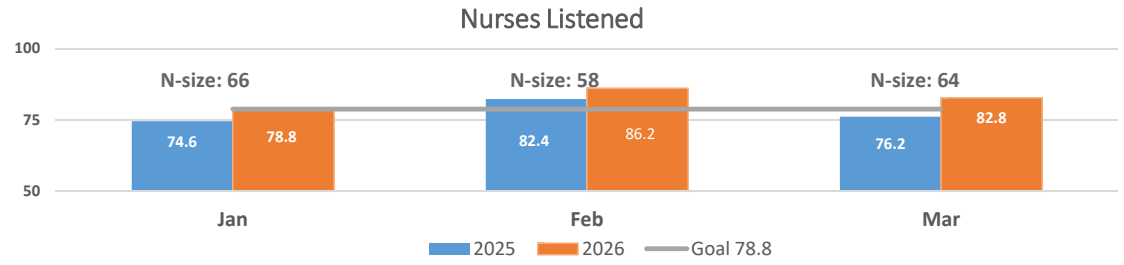
HARRISHEALTH

HCHP Patient Satisfaction Trending Data Q2



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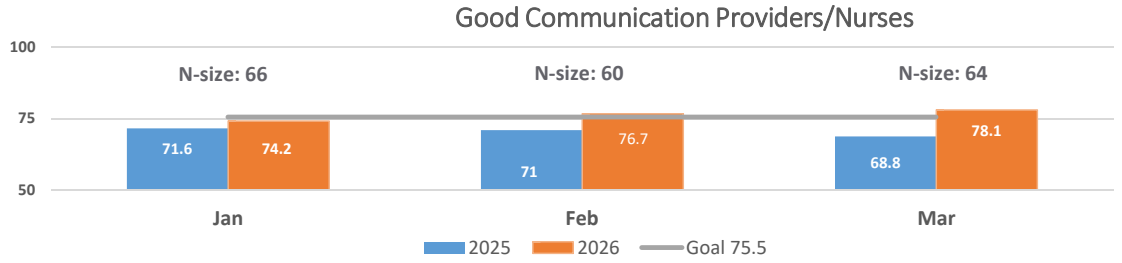
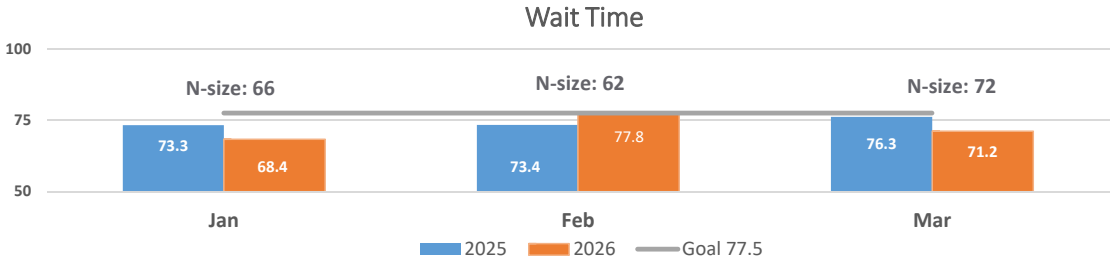


Q3 Average: 78.0
N-size: 190



Q3 Average: 73.8
N-size: 200

HARRISHEALTH

Health Care for the Homeless Program Data Trending Report and Action Plan

Problem Statement: Harris Health System's objective is to ensure compliance with internal goals for patient satisfaction. For the month of March 2026, the following metrics missed goal: Facility would Recommend, Provider Knew Medical History, Provider Listened and Waited More Than 15 Minutes.

Quality Measures FY 2026	GOALS FY25/26	January FY2025	February FY2025	March FY2025	April FY2025	May FY2025	June FY2025	July FY2025	August FY2025	September FY2025	October FY2026	November FY2026	December FY2026	January FY2026	February 2026	March 2026	YTD Total FY25/FY26
Good Communication Providers/Nurses	75.5	71.8	70.8	67.0	73.0	71.4	80.2	75.8	80.5	77.6	70.0	71.8	67.9	75.0	76.7	78.1	74.0 / 75.5
Provider Listened	77.4	71.6	64.0	68.2	68.3	67.8	74.5	72.5	81.9	72.4	68.9	64.3	68.7	68.3	72.7	74.6	73.5 / 77.4
Facility Would Recommend	84.8	87.3	82.8	83.1	82.9	90.6	86.8	80.0	86.4	83.7	80.6	81.3	87.5	78.8	88.2	81.8	84.8/ 84.8
Nurses Courteous and respectful	80.6	76.1	79.2	75.6	81.8	74.3	85.9	80.9	84.2	80.3	76.7	74.4	79.2	86.4	86.4	82.8	80.6 / 80.6
Nurses Listened Carefully	78.8	76.1	81.7	74.4	77.0	77.1	81.9	77.7	85.5	80.0	71.7	74.4	80.8	78.8	86.2	82.8	78.7/ 78.8
Provider would recommend	87.0	91.4	85.2	81.0	86.1	87.3	87.0	76.9	90.2	84.9	84.6	84.4	88.6	86.8	92.3	85.7	87.0 / 87.0
Waited more than 15 minutes	77.5	77.0	71.6	73.8	68.8	79.0	86.7	82.7	82.6	80.4	72.3	67.6	78.7	68.4	77.8	71.2	77.5 / 77.5

Plan (Root Cause-Based on analysis of the problem)-WHY?

The overall metrics were missed for the month of January due to following :

1. Provider Listened – Inconsistent confirmation of patient understanding and concerns during provider-patient interaction.
2.Facility Would Recommend – Lower facility scores reflect patient perceptions of the broader service environment rather than issues specific to clinic operations.
3.Provider Would Recommend: Inconsistencies between NRC patient feedback and automated system scores.
4.Waited more than 15 minutes - Extended wait times are associated with provider availability and internal clinic processes.

Check (How will you measure effectiveness?)

NRC Health Real-Time Monthly Survey Data

Do-(Action, Responsible Person, Implementation Date)

Responsible Persons: Sarath Roy (Operations Manager) , Lingasperi Govender (Nurse Manager), Matasha Russell (Interim Medical Director)

1. Hardwire usage of Harris Health Good Communication Scripting for nurses and providers during patient visits
2. Continue monthly patient satisfaction meetings and encourage active engagement during meetings
3. At discharge, nursing highlights provider communication on the AVS and Patient Satisfaction Card to support patient awareness of the care team during surveys.
4. Regularly review NRC feedback and follow up with patients who report feeling their concerns were not fully heard.

ACT (Effective/Ineffective): Adopt, Adapt, or Abandon

1. **Provider Listened: Ineffective/Adapt**
2. **Facility would recommend: Ineffective/Adapt**
3. **Provider would recommend: Ineffective/Adapt**
4. **Waited more than 15 minutes: Ineffective/Adapt**

Wednesday, September 9, 2026

Consideration of Approval of the Revised Policy 5.12 Credentialing and Privileging for the Health Care for the Homeless Program

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Attached for review and approval:

- **Revised HCHP Policy 5.12**

Administration recommends that the Board approve the Health Care 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.

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

Status **Pending** PolicyStat ID **20878311**

HARRISHEALTH

Origination	6/27/2024
Last Approved	N/A
Effective	Upon Approval
Last Revised	8/11/2026
Next Review	3 years after approval

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

Credentialing And Privileging For Health Care For The Homeless Program_5.12

PURPOSE:

To outline the credentialing and privileging process for all clinical staff members providing services to Harris Health ~~System~~'s Health Care for the Homeless Program ~~who are Harris Health employees, individual contractors, or volunteers~~.

POLICY STATEMENT:

As a recipient of funding under the Public Health Service Act, Section 330 (42 U.S.C.254b) from the United States Department of Health and Human Services Health Resources and Service Administration (HRSA), Harris Health is responsible for granting credentials and privileges under the Harris Health - Health Care for the Homeless Program (~~"~~HCHP~~"~~).

POLICY ELABORATION:

~~A. DEFINITIONS~~

~~**HARRIS HEALTH – HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP):** A program that provides outreach services to the Homeless Population through Harris Health's Ambulatory Care Services Community Health Program. The HCHP also provides comprehensive primary health services at shelter-based clinics and mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health, substance abuse counseling, and residential treatment.~~

~~**LICENSED INDEPENDENT PRACTITIONER (LIP):** 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.~~

~~**OTHER LICENSED OR CERTIFIED PRACTITIONER (OLCP) :** Any individual who is licensed or certified, such as, registered nurse, licensed vocational/practical nurse, certified medical assistant, registered dietician, psychologist, social worker, family therapist, alcohol and drug abuse counselor, dental therapist, dental hygienist, optometrist, pharmacist, pharmacy technician, and registered dietician.~~

~~**OTHER CLINICAL STAFF (OCS):** Positions that do not require licensure or certification in Texas, such as community health worker, outreach worker, peer recovery coach, service linkage worker, medical assistant, health educator, dental assistant, patient advocate, and dental technician.~~

~~B. GENERAL PROVISIONS:~~

~~All clinical staff members providing services to HCHP, including LIP, other licensed or certified practitioners, and other clinical staff providing services to HCHP, who are Harris Health employees, individual contractors, or volunteers will undergo an initial credentialing and privileging process to be granted privileges prior to their start date, and a recurring reviewing.~~

~~All Licensed Independent Practitioners (LIP) and other licensed staff who are hired or contracted directly by Harris Health will be subject to a credentialing process in which privileges are granted. Individuals will be credentialed and granted privileges during the initial employment process and updated accordingly.~~

~~C. PROCEDURES:~~

~~See Appendices A and B.~~

I. **DEFINITIONS**

A. **HARRIS HEALTH – HEALTH CARE FOR THE HOMELESS PROGRAM (HCHP):** A program that provides outreach services to the Homeless Population through Harris Health's Ambulatory Care Services Community Health Program. The HCHP also provides comprehensive primary health services at shelter-based clinics and mobile health and mobile dental units, on-site case management, financial eligibility determination, and registration for services, as well as, on-site mental health, substance abuse counseling, and residential treatment.

B. **LICENSED INDEPENDENT PRACTITIONER (LIP):** 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.

C. **OTHER LICENSED OR CERTIFIED PRACTITIONER (OLCP):** Any individual who is licensed or certified, such as, registered nurse, licensed vocational/practical nurse, certified medical assistant, registered dietician, psychologist, social worker, family therapist, alcohol and drug abuse counselor, dental therapist, dental hygienist, optometrist, pharmacist, pharmacy technician, and registered dietician.

D. **OTHER CLINICAL STAFF (OCS):** Positions that do not require licensure or certification in Texas, such as community health worker, outreach worker, peer

recovery coach, service linkage worker, medical assistant, health educator, dental assistant, patient advocate, and dental technician.

II. **GENERAL PROVISIONS:**

A. All clinical staff members providing services to HCHP, including LIP, OLCP, and other clinical staff providing services to HCHP, who are Harris Health employees, individual contractors, or volunteers will undergo an initial credentialing and privileging process to be credentialed and granted privileges prior to their start date and at recurring reviews.

III. **PROCEDURES:**

See Appendices A and B.

REFERENCES/BIBLIOGRAPHY:

Health Center Program Compliance Manual Health Resources and Services Administration (HRSA), Bureau of Primary Health Care

HRSA Health Center Program Site Visit Protocol (last updated April 13, 2023)

Harris Health Policy 6.16 - Maintenance of Records

Harris Health Policy 6.33 - Licensure/Certification/Registration

OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health ~~System~~ – Health Care for the Homeless Program

APPENDIX A - PROCEDURES:

Maintenance of Records: Refer to policies Personnel Records 6.16 and Licensure/Certification/ Registration 6.33 for the maintenance of files and records for clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges.

~~A. Initial Credentialing for LIPs:~~

~~1. All Licensed Independent Practitioners will submit the following documents (as applicable):~~

~~a. Professional License, unrestricted in Texas~~

~~b. Copy of certificates from relevant professional education and post graduate training~~

~~c. Board certification~~

~~d. Board certification in specialty, as applicable~~

~~e. Resume~~

~~f. DEA registration~~

~~g. NPI Number~~

h. ~~Government-issued picture identification (Driver's License or Passport)~~

i. ~~Social Security number~~

j. ~~Hospital admitting privileges~~

k. ~~Fitness For Duty~~

l. ~~Life support training (CPR)~~

m. ~~Peer References~~

n. ~~Hepatitis B vaccination~~

o. ~~ECFMG certificate, as applicable~~

p. ~~2. Primary Source Verification is required for current licensure, education, training, and competence either directly through Harris Health Medical Staff Services Department or through a credentials verification organization. Harris Health System's Medical Staff Services Department will also obtain a National Practitioner Data Bank query, American Medical Association query, and Office of the Inspector General Exclusion List query on each practitioner.~~

B. ~~Renewal for LIP~~

1. ~~After initial credentialing, re-appointment will occur, at minimum, every three years. LIPs and other licensed staff will be primary source credentialed by the HR/ credentialing designee with the most current copy of any credentials as they are renewed. A National Practitioner Data Bank query will also be performed. Peer review, chart audits, patient satisfaction, and/or any relevant performance information will be utilized to determine renewal of clinical privileges. These documents involving clinical competence may be utilized in the process to modify or remove clinical privileges.~~

C. ~~Initial Credentialing for Staff Who are Not LIPs:~~

1. ~~All licensed and/or certified clinical staff will be credentialed upon employment and at a minimum every two years (unless license or certification is for a shorter period). Documents required, as applicable:~~

a. ~~Copy of License or Certification (Primary source credentialing)~~

b. ~~Education/Training~~

c. ~~Competency tests, review of a privileging form, or supervisory evaluation based on job description.~~

d. ~~Resume~~

e. ~~Government-issued picture identification (Driver's License or Passport)~~

f. ~~Social Security number~~

g. ~~Hepatitis B vaccination~~

h. ~~PPD/Tuberculosis test~~

i. ~~Fitness for Duty~~

j. ~~Life support training (CPR)~~

~~k. National Data Bank Query (if applicable)~~

~~2. Renewal for Staff: Other licensed or certified staff re-appointments will occur every two years. Non-LIPs will be primary source credentialed by the HR/credentialing designee with the most current copy of any licenses, registrations, or certifications as they are renewed.~~

~~3. A National Practitioner Data Bank query will be performed on all licensed independent practitioners, other licensed or certified practitioners, and other clinical staff, including contracted or sub-recipient positions, and all other clinical staff. Verification of current clinical competence will be accomplished by a review of a position specific privileging form or supervisory evaluation per job description.~~

~~D. Independent Contractors~~

~~1. Any LIP staff of independent contractors who are assigned pursuant to a contract with Harris Health for the benefit of HCHP will provide complete primary source credentialing documentation to Harris Health Medical Staff Services Department.~~

~~In addition, independent contractors must submit proof of malpractice insurance for employees working in the HCHP.~~

~~2. Volunteer LIPs must produce evidence of their own malpractice coverage prior to any credentialing. Volunteers working as practitioners with independent contractors will undergo the same credentialing process as any other licensed or certified practitioner.~~

~~3. Independent contractors will supply copies of license and/or certification documentation for their non-LIP licensed or certified employees who are part of the Health Care for Homeless funded program to Harris Health Human Resources Department and Medical Staff Staff Services Department Licenses and/or certifications will be provided to Harris Health Human Resources Department and Medical Staff Services Department as they are renewed.~~

~~E. Privileging~~

~~1. The Medical Staff Services Director or designee will submit to the Board of Trustees the names of all credentialed LIPs for the purpose of delineation and granting of privileges to provide health care services within their scope of practice. Board privileging approval completes the credentialing process for employment or contract with the HCHP.~~

PROCEDURES

I. Initial Credentialing for LIPs:

A. All Licensed Independent Practitioners will submit the following documents (as applicable):

1. Professional License, unrestricted in Texas;
2. Copy of certificates from relevant professional education and post graduate training;
3. Board certification;

4. Board certification in specialty, as applicable;
5. Resume;
6. DEA registration;
7. NPI Number;
8. Government-issued picture identification (Driver's License or Passport);
9. Social Security number;
10. Hospital admitting privileges;
11. Fitness For Duty;
12. Life support training (CPR);
13. Peer References;
14. Hepatitis B vaccination; and
15. ECFMG certificate, as applicable.

B. Primary Source Verification is required for current licensure, education, training, and competence either directly through Harris Health Medical Staff Services Department or through a credentials verification organization. Harris Health's Medical Staff Services Department will also obtain a National Practitioner Data Bank query, American Medical Association query, and Office of the Inspector General Exclusion List query on each practitioner.

II. Renewal for LIP:

A. After initial credentialing, re-appointment will occur, at minimum, every three years.

B. LIPs and other licensed staff will be primary source credentialed by the HR/ credentialing designee with the most current copy of any credentials as they are renewed.

C. A National Practitioner Data Bank query will also be performed.

D. Peer review, chart audits, patient satisfaction, and/or any relevant performance information will be utilized to determine renewal of clinical privileges.

E. These documents involving clinical competence may be utilized in the process to modify or remove clinical privileges.

III. Initial Credentialing for Staff Who are Not LIPs:

A. All licensed and/or certified clinical staff will be credentialed upon employment and at a minimum every three years (unless license or certification is for a shorter period).
Documents required, as applicable:

1. Copy of License or Certification (Primary source credentialing);
2. Education/Training;
3. Competency tests, review of a privileging form, or supervisory evaluation based on job description;
4. Resume;

5. Government-issued picture identification (Driver's License or Passport);
6. Social Security number;
7. Hepatitis B vaccination;
8. PPD/Tuberculosis test;
9. Fitness for Duty;
10. Life support training (CPR); and
11. National Data Bank Query (if applicable).

B. Renewal for Staff: Other licensed or certified staff re-appointments will occur every three years. Non-LIPs will be primary source credentialed by the HR/credentialing designee with the most current copy of any licenses, registrations, or certifications as they are renewed.

C. A National Practitioner Data Bank query will be performed on all licensed independent practitioners, other licensed or certified practitioners, and other clinical staff, including contracted or sub-recipient positions, and all other clinical staff. Verification of current clinical competence will be accomplished by a review of a position specific privileging form or supervisory evaluation per job description.

IV. Independent Contractors:

A. Any LIP staff of independent contractors who are assigned pursuant to a contract with Harris Health for the benefit of HCHP will provide complete primary source credentialing documentation to Harris Health Medical Staff Services Department.

B. Independent contractors must submit proof of malpractice insurance for employees working in the HCHP.

C. Volunteer LIPs must produce evidence of their own malpractice coverage prior to any credentialing. Volunteers working as practitioners with independent contractors will undergo the same credentialing process as any other licensed or certified practitioner.

D. Independent contractors will supply copies of license and/or certification documentation for their non-LIP licensed or certified employees who are part of the Health Care for Homeless funded program to Harris Health Human Resources Department and Medical Staff Staff Services Department Licenses and/or certifications will be provided to Harris Health Human Resources Department and Medical Staff Services Department as they are renewed.

V. Privileging:

1. The Medical Staff Services Director or designee will submit to the Board of Trustees the names of all credentialed LIPs for the purpose of delineation and granting of privileges to provide health care services within their scope of practice. Board privileging approval completes the credentialing process for employment or contract with the HCHP.

APPENDIX B - CREDENTIALING AND PRIVILEGING FILE REVIEW RESOURCE:

Credentialing or Privileging Activity	**Licensed or Certified Health Care Practitioner** **Licensed independent practitioner (LIP)** ~~***Examples: Physician, Dentist, Physician Assistant, Nurse Practitioner***~~ ***Examples: Physician, Dentist, Physician Assistant, Nurse Practitioner***	**Licensed or Certified Health Care Practitioner** ~~**Other licensed or certified practitioner**~~ ~~***Examples: Registered Nurse, Licensed Practical Nurse, Certified Medical Assistant, Registered Dietician, Behavioral Health***~~**Other licensed or certified practitioner** ***Examples: Registered Nurse, Licensed Practical Nurse, Certified Medical Assistant, Registered Dietician, Behavioral Health***	**Other Clinical Staff** ***Medical Assistant, Dental Assistant.***	
A. CREDENTIALING	**METHOD**	**METHOD**	**METHOD**	
1. Verification of licensure, registration, or certification	Primary source	Primary source	Primary source	
2. Verification of education	Primary source	~~Primary or secondary source~~	Primary or secondary source	Primary or secondary source
3. Verification of training	Primary source	Secondary source	Secondary source	
4. Verification of current competence	Primary source, written	Supervisory evaluation per job description	Supervisory evaluation per job description	
5. Fitness for Duty (physical and cognitive ability to perform the requested privileges)	Confirmed statement signed by a licensed physician	Confirmed statement signed by a licensed physician	Confirmed statement signed by a licensed physician	
6. Approval authority	Governing body	Supervisory function	Supervisory	

	or other appropriate individual (usually concurrent with privileging)	per job description	function per job description	
7. Government issued picture identification	Secondary source	Secondary source	Secondary source	
8. Immunization and PPD status	Secondary source	Secondary source	Secondary source	
9. Life support training (if applicable)	Secondary source	Secondary source	Secondary source	
11. Drug Enforcement Administration (DEA) registration	Secondary source, if applicable	Secondary source, if applicable	Secondary source, if applicable	
12. Hospital admitting privileges	Secondary source, if applicable	Secondary source, if applicable	Secondary source, if applicable	
B. INITIAL GRANTING OF PRIVILEGES	**METHOD**	**METHOD**	**METHOD**	
1. Verification of current competence to provide services specific to each of the organization's care delivery settings	Primary source, based on peer review and/or performance improvement data	Supervisory evaluation per job description	Supervisory evaluation per job description	
2. Approval authority	Governing body or other appropriate individual (usually concurrent with credentialing)	Supervisory evaluation per job description	Supervisory evaluation per job description	
C. RENEWAL OR REVISION OF PRIVILEGES	**METHOD**	**METHOD**	**METHOD**	
1. Frequency	At least every 3 years	At least every ~~2~~3 years	As applicable	
2. Verification of current licensure, registration, or certification	Primary source	Primary source	Primary source	

3. Verification of current competence	Primary source based on peer review and/or performance improvement data	Review of a position specific privileging list or supervisory evaluation per job description	Review of a position specific privileging list or supervisory evaluation per job description	
4. Approval authority	Governing body or another appropriate individual	Supervisory function per job description	Supervisory function per job description	
5. Appeal to discontinue appointment or deny clinical privileges	Medical Staff Bylaws	Optional, at Harris Health's discretion	Optional, at Harris Health's discretion	

Approval Signatures

Step Description	Approver	Date
Board of Trustees Approval Verification	Eileen Tseng Stultz	Pending
Policy Owner	Nelson Gonzalez: Document Owner	8/11/2026
Workflow Start Notification	Lauren Banks: Executive Owner	8/11/2026

BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Executive Session

Review of the Health Care for the Homeless Program Director's Performance Evaluation, Pursuant to Tex. Gov't Code Ann. §551.085, Including Consideration of Approval of the Performance Evaluation Upon Return to Open Session.

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

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. Unaudited Financial Performance for the Seven Months Ending July 31, 2026, Pursuant to Tex. Gov't Code Ann. §551.085.

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

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Executive Session

Review of the Community Health Choice, Inc. and Community Health Choice Texas, Inc. investment report for the seven months ending July 31, 2026, Pursuant to Tex. Gov't Code Ann. §551.085.

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

Victoria Nikitin
EVP & Chief Financial Officer
Harris Health

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BOARD OF TRUSTEES

Meeting of the Board of Trustees

HARRISHEALTH

Wednesday, September 9, 2026

Executive Session

Consultation with Attorney Regarding Settlement of Claims, Pursuant to Tex. Gov. Code §551.071, and Possible Action Upon Return to Open Session.

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

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Wednesday, September 9, 2026

Executive Session

Presentation Regarding Harris Health's Enterprise Risk Management, Pursuant to Tex. Health & Safety Code Ann. §161.032 and Tex. Gov't Code Ann. §551.071, and Possible Action Regarding this Matter Upon Return to Open Session.

Carolynn Jones, JD, MBA, CHC
EVP – Chief Compliance and Risk Officer

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