



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

### AGENDA

Thursday, May 31, 2018 – 12:00 PM

**CONSENT AGENDA:** ALL ITEMS MARKED WITH A SINGLE ASTERICK (\*) ARE PART OF THE CONSENT AGENDA AND REQUIRE NO DELIBERATION BY THE GOVERNING BOARD. ANY BOARD MEMBER MAY REMOVE AN ITEM FROM THIS AGENDA TO BE CONSIDERED SEPARATELY.

### *PROCEED TO BOTTOM OF THIS DOCUMENT FOR APPEARANCE & EXECUTIVE SESSION GUIDELINES*

In accordance with the provisions of the Americans with Disabilities Act (ADA), persons in need of a special accommodation to participate in this proceeding shall, within three (3) days prior to any proceeding contact the Administrative Office at 9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City 77591 (409) 949-3406.

ANY MEMBERS NEEDING TO BE REACHED DURING THE MEETING MAY BE CONTACTED AT 409-938-2288

### REGULARLY SCHEDULED MEETING

#### Meeting Called to Order

- \*Item #1 ..... Agenda
- \*Item #2 **ACTION** ..... Excused Absence(s)
- \*Item #3 **ACTION** ..... Consider for Approval April 26, 2018 Minutes
- \*Item #4 **ACTION** ..... Annual Policy/Plan Review
  - a) Coastal Health & Wellness Test Tracking and Following up Policy
  - b) Performance Improvement Pan
- \*Item #5 **ACTION** ..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Open Records and Notary Fees
  - b) Employee Use of Coastal Health & Wellness Clinic
  - c) New Employee Orientation & Training
- Item #6 ..... Executive Report
- Item #7 **ACTION** ..... Consider for Approval April 2018 Financial Report
- Item #8 **ACTION** ..... Consider for Quarterly Access to Care
- Item #9 **ACTION** ..... Consider for Approval Re-Privileging Right for Rispsa Garrison, MD
- Item #10 **ACTION** ..... Consider for Approval First Amendment of the Co-Applicant and Shared Services Agreement Between the Galveston County Health District United Board of Health and the Coastal Health & Wellness Governing Board
- Item #11 **ACTION** ..... Discussion Regarding Proposed Changes to Coastal Health & Wellness Bylaws Regarding Member Term Limits and Annual Rotation of Executive Officers

Item #12 **ACTION**.....Discussion Regarding Governing Board QA Meeting Dates and Members

**Adjournment**

*Next Meeting: June 28, 2018*

**Appearances before Governing Board**

A citizen desiring to make comment(s) to the Board, shall submit a written request to the Executive Director by noon on the Thursday preceding the Thursday Board meeting. The written request must include a brief statement identifying the specific topic and matter presented for consideration. The Executive Director shall include the requested appearance on the agenda, and the person shall be heard, so long as he or she appears at the Board Meeting.

**Executive Sessions**

When listed, an Executive Session may be held by the Governing Board in accordance with the Texas Open Meetings Act. An Executive Session is authorized under the Open Meetings Act pursuant to one or more the following exceptions: Tex. Gov't Code §§ 551.071 (consultation with attorney), 551.072 (deliberation regarding real property), 551.073 (deliberation regarding a prospective gift or donation), 551.074 (personnel matters), 551.0745 (personnel matters affecting Coastal Health & Wellness advisory body), 551.076 (deliberation regarding security devices or security audits), and/or 551.087 (deliberations regarding economic development negotiations). The Presiding Officer of the Governing Board shall announce the basis for the Executive Session prior to recessing into Executive Session. The Governing Board may only enter into Executive Session if such action is specifically noted on the posted agenda.



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board  
May 2018  
Item #2  
Excused Absence(s)**

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**May 2018**

**Item #3**

**Consider for Approval April 26, 2018 Minutes**

**Coastal Health & Wellness  
Governing Board Meeting  
April 26, 2018**

**Board Members**

**Present:**

Dr. Howard  
Jay Holland  
David Delac  
Mario Hernandez  
Victoria Dougharty  
Virginia Valentino  
Miroslava Bustamante  
Dr. Thompson

**Staff:**

Kathy Barroso, Interim Executive Director	Sal Bonaccorso
Eileen Dawley	Sandra Cuellar
Dr. Nguyen	Kenna Pruitt
Michelle Peacock	Luz Amaro
Mary Orange	Ashley Tompkins
Pisa Ring	Lea Williams
Kristina Garcia	Tikeshia Thompson Rollins
Tiffany Carlson	Anthony Hernandez
Lea Williams	Amanda Wolff

**Excused Absence:** Dorothy Goodman

**Unexcused Absence:**

**Guest:** Craig Kovacevich, Samantha Robinson, and Debra Howey

**\*Items 1-8 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through eight. Mario Hernandez seconded the motion and the Board unanimously approved the consent agenda.

**Item #9 Executive Report**

Kathy Barroso, Interim Executive Director, presented the April 2018 Executive Report to the Board.

**Item #10 Update on 1115 Waiver and Plans for Community Collaboration**

Craig Kovacevich, MA, Associate Vice President, Waiver Operations & Community Health Plans, presented the Board with a review of the 1115 waiver and proposed projects going forward.

**Item #11 Ratification of Action Taken by Previous Executive Director to Waive Electronic Record Fees in the Amount of \$43 from 3/23/18 to 4/14/18 Due to GCHD Investigation**

A motion to accept the ratification of action taken by previous Executive Director to waive electronic record fees in the amount of \$43 from 3/23/18 to 4/14/18 due to GCHD investigation was made by Jay Holland and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #12 Consider for Approval March 2018 Financial Report**

Mary Orange, Business Office Manager, presented the March 2018 financial committee report to the Board. A motion to accept the financial committee report as presented was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

**Item #13 Consider for Approval Request to Purchase NextGen EHR Connect Software in the Amount of \$8,150 to Meet Meaningful Use Requirements for 2018**

Mary Orange, Business Office Manager, asked the Board to consider for approval a request to purchase NextGen EHR connect software in the amount of \$8,150 to meet the meaningful use requirements for 2018. A motion to accept the request as presented was made by Virginia Valentino, and seconded by Jay Holland. The Board unanimously approved the motion.

**Item #14 Consider for Approval Quarterly Visit and Collection Report Including a Breakdown of New Patients by Payor Source**

Mary Orange, Business Office Manager, asked the Board to consider for approval the quarterly visit and collection report including a breakdown of new patients by payor source. Mary informed the Board that in the Finance Committee Meeting, it was suggested that the report be further separated to reflect changes in payor mix and revenue by Medical, Dental and Counseling visits. This information will be included in the report that is brought back to the Board next quarter. A motion to accept the report as presented was made by Mario Hernandez, and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #15 Consider for Approval Medical Fee Schedule**

Mary Orange, Business Office Manager, asked the Board to consider for approval the medical fee schedule as presented. Based on the analysis, it was proposed that fees remain the same with the exception of charges for private vaccines, which were changed to be more in line with fees charged in the GCHD immunization clinic. A motion to accept the medical fee schedule as presented was made by Mario Hernandez, and seconded by Jay Holland. The Board unanimously approved the motion.

**Item #16 Consider for Approval Dental/Denture Fee Schedule**

Mary Orange, Business Office Manager, asked the Board to consider for approval the dental fee schedule. A motion to accept the dental fee schedule as presented was made by Virginia Valentino, and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

**Denture Fee Schedule**

Mary Orange, Business Office Manager, asked the Board to consider for approval the denture fee schedule. In response to a question from the Board, Mary will check into the pricing for the gold denture crown for teeth (code D5899). A motion to accept the denture fee schedule as presented was made by Jay Holland, and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #17 Report on Status of Joint Commission Recommendations and Corrective Action Plan**

Kathy Barroso, Interim Executive Director, presented a report on the status of Joint Commission recommendations and corrective action plan. A motion to accept the report as presented was made by Virginia Valentino, and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #18 Consider for Approval Quarterly Compliance Report**

Lea Williams, Esq. Director of Contract and Compliance, General Counsel, presented the quarterly compliance report to the Board. A motion to accept the report as presented was made by Miroslava Bustamante, and seconded by Mario Hernandez. The Board unanimously approved the motion.

**Item #19 Consider for Approval Privileging Rights for Premal Patel, MD**

Abdul-Aziz Alhassan, Medical Director, asked the Board to consider for approval privileging rights for Premal Patel, MD. A motion to accept privileging rights for Premal Patel, MD was made by Mario Hernandez, and seconded by Jay Holland. The Board unanimously approved the motion.

**Item #20 Consider for Approval the Appointment of Samantha Robinson, RN, BSN as a Community Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring April 2021**

A motion to accept appointment for Samantha Robinson, RN, BSN as a community representative to the Coastal Health & Wellness Governing Board for a 3 year term expiring April 2021 was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

**Item #21 Consider for Approval the Reappointment of Miroslava Bustamante as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring April 2021**

A motion to accept reappointment for Miroslava Bustamante as a consumer representative to the Coastal Health & Wellness Governing Board for a 3 year term expiring April 2021 was made by Jay Holland and second by Mario Hernandez. The Board unanimously approved the motion.

**Item #22 Consider for Approval Request for an Additional Shared Service Position Due to Realignment of Duties and Business Need (Chief Compliance Officer)**

Kathy Barroso, Interim Executive Director, asked the Board to consider for approval a request for an additional shared service position due to realignment of duties and business needs. A motion to accept the proposal as presented was made by Jay Holland and second by Mario Hernandez. The Board unanimously approved the motion.

**Adjournment**

A motion to adjourn was made by Virginia Valentino, seconded by Mario Hernandez. The Board adjourned at 1:07 p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Secretary/Treasurer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board  
May 2018  
Item #4  
Annual Policy/Plan Review**

- a. Coastal Health & Wellness Test Tracking and Following up Policy
- b. Performance Improvement Plan



## Coastal Health & Wellness Test Tracking and Follow up Policy

### **PURPOSE:**

Coastal Health & Wellness (CHW) providers routinely order laboratory and imaging tests for diagnosing and developing treatment plans. These tests are performed at CHW and the specimens are sent to an approved Laboratory for testing or Radiologist for reading. The ordering, tracking and follow-up of these tests is crucial for timely diagnosis and quality delivery of care.

### **POLICY:**

It is the policy of Coastal Health & Wellness (CHW) to accurately diagnose clinical conditions and provide efficient treatment, therefore it is the intent of CHW to track lab and imaging tests that are deemed medically necessary and to follow-up on the results in a timely manner.

### **PROCEDURE:**

- A. Depending on the lab tests ordered, LabCorp results go directly into the patient's electronic record within 3-10 business days. Quest Diagnostic results are faxed to the Lab and X-Ray Department within 3-10 business days. When received, a copy of the results is hand carried to the ordering provider and placed in their designated in box, a copy is kept by the CHW Lab and X-Ray Department, and a copy is sent to the Electronic Records Department to be scanned into the patient's electronic record. X-Ray results go directly into the patient's electronic record within 10 business days.
- B. **Follow Up of Normal Lab Test Results:**
  - a. It is the responsibility of the ordering provider or designee to review, sign off and ensure appropriate follow up for all lab/x-ray results.
  - b. Providers are expected to review lab test results daily in the provider approval queue (PAQ).
  - c. When a provider is absent, a back-up must be designated by the provider or by the Medical Director to review lab/x-ray test results.
  - d. Providers task follow up orders to the Nursing Department. For example, a provider may task a nurse to phone a patient to provide lab results, give instructions, ask questions, arrange for a visit, etc.
  - e. It is the responsibility of the nurses to complete tasks sent by providers and document the outcomes in the Electronic Record. If a nurse is unable to contact a patient by phone, after two attempts, a letter will be sent to the patient's address notifying the patient of the results or physicians request.
  - f. Patients may request lab results by phoning the Nurse-Line or through the patient portal. Nursing staff may only provide results to patients after the provider has reviewed and signed off on the results. Providers may instruct patients to return to the clinic for lab results. When communicating with patients by phone, patients must give their name and DOB for identification.

### **C. Follow up on Critical Lab Results:**

- a. A critical value log will be kept at each CHW clinic in the Lab and X-Ray Department.
- b. When notified by phone of a critical result, the Lab and X-Ray Tech will write the result verbatim on the form provided and read back the result verbatim to the reference lab caller.
- c. When notified by fax of a critical result, the Lab and X-Ray Tech will use the faxed result to complete the log. The log information includes date and time received, patient name and DOB, critical lab test and critical result, and the Lab Tech's initials.
- d. The Lab and X-Ray Tech will immediately provide the written or faxed result and the log book to the charge nurse of the clinic where the critical result was received (Texas City or Galveston).
- e. The Charge Nurse will present the result to the provider (or Medical Director or designee) and will document the delivery of the critical result in the log book by noting the provider the result was given to, the Charge Nurses' initial's, date, and time received.
- f. The Charge Nurse then delivers the log book back to the Lab. The Lab and X-Ray Tech will note their initials, the date and time the log book was returned to the lab.
- g. The receiving provider will access the lab report in NextGen, if available, or will use the written or faxed report. The provider will note any follow up ordered in the patient's record.
- h. The Lab and X-Ray Supervisor will audit the Critical Lab Log book on a monthly basis for complete and timely documentation.
- i. See Appendix A for a list of Panic (Critical) Limits.

**D. Follow-Up of Lab Test Ordering in NextGen:** On a weekly basis the Lab and X-Ray Supervisor will pull a report of lab tests that were ordered the previous week to determine if any tests remain in pending status (not received or signed off by the provider). The Lab and X-Ray Supervisor will determine for each pending lab result the action needed to complete the order. The supervisor may contact the reference lab or check the reference labs database as needed. All lab tests must be completed and signed off by the ordering provider or designee.

**E. Redraws:** In the event that a patient's test must be redrawn or recollected, the Lab and X-Ray Supervisor will instruct Lab and X-Ray Techs to confer with the ordering provider who will place a new order. The Lab and X-Ray Tech will, contact the patient to return, instruct the patient to return to the lab without checking in, and draw and process lab. The patient will not be billed for the redraw. The Lab and X-Ray Tech will notify the Clinic Business Director, by email, copying the Lab and X-Ray Supervisor that the lab was redrawn or recollected notifying the business office not to duplicate the patient charge.

**F. Contingency Plan:** For lab tests that are ordered or processed during a time of "System Down", Lab and X-Ray Techs will follow the instructions in the NextGen Contingency Plan to process and receive all lab results by paper. When the ordering provider has reviewed the results on paper, the paper result will be scanned into the patient's electronic record by the Electronic Records Department. Paper results are to be sorted by lab staff and given to providers or designee to review the day they are received.

#### **G. Abnormal Pap/Abnormal Results:**

- a. It is the responsibility of the Nursing Director to ensure that abnormal Pap results are reviewed. Each month the Nursing Director receives a list of abnormal Pap results from the reference lab that are sorted by Bethesda classification. For all ASCUS, LGSIL or HGSIL results, the Nursing Director reviews the patient's electronic record to ensure that the patient has been notified and offered appropriate follow up according to CHW's clinical guideline on abnormal Pap Smears. The Nursing Director refers any patient whose electronic record does not reflect adequate follow up to the Medical Director. A report of the abnormal Pap Smears will be made to the Quality Assurance Committee quarterly listing number of abnormal results and percentage with proper follow-up.

#### **H. X-Ray Result Tracking:**

- a. The Lab and X-Ray Supervisor will conduct a monthly audit of all x-ray orders and x-ray reports received to ensure that each order has a report in the electronic record.
- b. The Lab and X-Ray Supervisor will also perform at least a weekly audit of radiology PAC to determine if each image has been appropriately sent and a report has been received.
- c. It is the responsibility of the ordering provider to sign off each x-ray report and ensure appropriate follow up. Providers can task nursing through the PAQ with instructions for patient notification of results and follow-up needed.
- d. In the event that an x-ray report is phoned from the Radiologist to the Lab and X-Ray Department, the result will be written verbatim, read back verbatim to the Radiologist and lab staff will follow the same process for reporting a critical lab result, with immediate notification to the ordering provider, and tracking in the Lab Critical Result Log book.

Appendix A



Panic (Critical) Limits

Test	Reference Range	Default call Low <	Default call High >
Bilirubin, Total and Neonatal	Adult 0.1 - 1.2 mg/dL Neonatal Age Specific		17.0 mg/dL
Calcium, Serum	Age 17-60 yrs 8.7-10.2 60 yrs. and older 8.6-10.2	7.0 mg/dL	13.0 mg/dL
Creatine Kinase, MB	M: 0.0 - 5.0 ng/mL F: 0.0 - 2.9 ng/mL		7.1 ng/mL
Glucose	65 - 99 mg/dL	40 mg/dL	500 mg/dL
Potassium, Serum	3.5 - 5.2 mmol/L	2.5 mmol/L	6.5 mmol/L
Sodium	134 - 144 mmol/L	120 mmol/L	160 mmol/L
Troponin I	0.00 - 0.04 ng/mL		0.04 ng/mL
Troponin T	<0.011 ng/mL		0.010 ng/mL
Fibrinogen	193 - 423 mg/dL	51 mg/dL	
Hematocrit	M: 37.5 - 51.0 % F: 34.8 - 46.6 %	18.1%	64.4% (Adult)
Hemoglobin	M: 12.6 - 17.7 g/dL F: 11.1 - 15.9 g/dL	6.1 g/dL	21.4 g/dL (Adult)
INR	0.8 - 1.2		5.9
aPTT	24 - 33 sec		89 sec
Neutrophils, absolute	1.8 - 7.8 X10 <sup>3</sup> /uL	0.5 X 10 <sup>3</sup> /uL	
Platelets	M:140 - 415 X 10 <sup>3</sup> /uL F: 150 - 349 X 10 <sup>3</sup> /uL	31 X 10 <sup>3</sup> /uL	999 X 10 <sup>3</sup> /uL
WBC	4.0 - 10.5 X 10 <sup>3</sup> /uL	1.1 X 10 <sup>3</sup> /uL	49.9 X 10 <sup>3</sup> /uL
Amitriptyline + Nortriptyline Metabolite	120 - 250 ng/mL		1,000 ng/mL
Carbamazepine	4.0 - 12.0 ug/mL		20.0 ug/mL
Digoxin	0.9 - 2.0 ng/mL		2.5 ng/mL
Ethosuximide	40 - 100 ug/mL		200 ug/mL
Lithium	0.6 - 1.4 mmol/L		2.0 mmol/L
Primidone	5.0 - 12.0 ug/mL		24.0 ug/mL
Phenobarbital	15 - 40 ug/mL		60 ug/mL
Phenytoin	10.0 - 20.0 ug/mL		40.0 ug/mL
Theophylline	10.0 - 20.0 ug/mL		25.0 ug/mL
Valproic Acid	50 - 100 ug/mL		200 ug/mL
Vancomycin, Peak	25.0 - 40.0 ug/mL		80.0 ug/mL
Vancomycin, Trough	10.0 - 15.0 ug/mL		80.0 ug/mL
Vancomycin, Random	5.0 - 40.0 ug/mL		80.0 ug/mL

Qualitative or Non numeric Panic Values
Any positive gram stain, fungal stain, Cryptococcal antigen or positive culture result on CSF
Any positive gram stain or culture result from a blood culture
Any positive gram stain or fungal stain from a normally sterile body fluid specimen
Any positive culture from a normally sterile body fluid specimen

Any seasonal (Nov 1 – April 30) STAT RSV EIA result
Definitive identification of any culture isolate considered potentially life-threatening or designated as a select agent, i.e., Brucella, Francisella.
Positive shiga-toxin EIA result from a patient <18 or >62 years old.
Any intracellular or extracellular blood parasite.
For Hematology stained slides, any neutrophages with phagocytosed (intracellular) microorganisms (bacteria, yeast, etc.) found in a normally sterile body fluid, i.e., CSF, synovial, serous, amniotic, and/or blood specimen. (Reported when present in Neutrophils only.)
Any "No Clot Detected" result for Prothrombin Time or Activated Partial Thromboplastin Time (aPTT)

**LAB/X-RAY VERBAL CRITICAL RESULTS**

Date: \_\_\_\_\_

Patient Name:

\_\_\_\_\_

Patient ID/D.O.B:

\_\_\_\_\_

\_\_\_\_\_

Lab Test/Critical Value:

\_\_\_\_\_

LabCorp Representative/Date/Time:

\_\_\_\_\_

\_\_\_\_\_

X-Ray Exam/Critical Report:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Radiologist (Representative)/Date/Time: \_\_\_\_\_

Information Taken By/Date/Time:

\_\_\_\_\_

**\*\*Remember to write and repeat all verbal information back to the representative verbatim for confirmation.**







## COASTAL HEALTH & WELLNESS PERFORMANCE IMPROVEMENT PLAN 2018-2019

### **Purpose:**

The purpose of this Plan is to outline how Coastal Health & Wellness (CHW) will assure that a meaningful performance improvement program is implemented with continuous monitoring, clear organizational roles and responsibilities for carrying out the Plan, and how performance improvement data will be evaluated and reported to the Quality Assurance Committee (QAC) and the CHW Governing Board (GB).

### **Introduction:**

The CHW Governing Board is the policy-making authority for CHW clinical operations. The Board approves CHW operational policies, CHW Performance Improvement Plan, CHW Vision and Mission, and the organizational Strategic Health Plan 2016-2021, which has outlined priorities relevant to CHW, as well as goals and objectives to be accomplished. This Performance Improvement Plan (PIP) is seen as the plan to continuously evaluate the Strategic Health Plan's priorities, goals, and objectives by focusing on key quality measures and safety indicators.

### **Responsibilities:**

**Coastal Health & Wellness Governing Board (GB):** Is the policy-level authority to ensure the vision and mission of the organization is accomplished. As outlined in the Coastal Health & Wellness GB bylaws, execution and operational aspects of Board policies are delegated to the Executive Director or his or her designee. The Executive Director has assigned performance improvement to the Quality Assurance Committee (QAC).

- At a minimum, on quarterly basis, the GB will receive, review and provide comment on performance improvement data prepared by the Executive Director and recommended by the QAC. Performance Improvement data will include, but not be limited to: patient perceptions of care, treatments and services including their specific needs and expectations (via patient satisfaction surveys, etc) and information on how well the organization meets these needs.
- The GB will also receive data on priority indicators derived from defined goals and objectives.
- In addition, the GB will receive, on a quarterly basis, a compliance report which summarizes quality assurance issues.

The GB will meet in confidential, closed "executive session" when information reveals identifying information of patients or employees. In accordance with its bylaws, the GB conducts an annual self-assessment. This self-assessment evaluates many responsibilities including the effectiveness of performance improvements.

**Quality Assurance Committee (QAC):** Is comprised of executive level managers and supervisors representing all functional areas of clinic operations (business, medical, and dental), including the Executive Director, Clinical Compliance Specialist, and Medical Director, Nursing Director, Dental Director and clinic managers. The committee's purpose is to ensure compliance with contract and grant requirements and to promote quality medical and dental health services for clinic patients. The QAC reviews and



Plan. Supervisors will ensure that staff is adequately trained on essential data to be collected, and have the tools needed to effectively and efficiently monitor established measures. Additionally, supervisors will take appropriate management actions to maintain the data collection efforts in their area of responsibility as a priority.

As designated by the Executive Director members of the QAC monitor and evaluate the measures established under the Performance Improvement Plan by developing monthly, quarterly, and annual reports of established key indicators. Designated individuals will coordinate with members of the QAC to develop guidelines and establish organizational responsibilities in order to accomplish related organizational goals and objectives. These individuals will have the latitude to work with employees in order to set up monitoring systems and to collect data and information necessary to generate required reports for the QAC and/or GB. Supervisors will coordinate the collection of data and its subsequent aggregation and analysis, including frequency, statistical tools, historical trends, etc.

**Approach to Quality Improvement:** The Coastal Health & Wellness Clinic uses many approaches to improvement as outlined in the attachments to this Plan.

The framework for the Coastal Health & Wellness Performance Improvement Plan is developed in collaboration with a broad and inclusive group of community stakeholders and takes into consideration local morbidity and mortality data and the Healthy People 2020 objectives. Strategic planning fosters integrated priorities across the entire organization. During 2018-2019, leaders will collect data on

- Clinic medical and dental productivity
- Access to care measures
- Patient satisfaction survey results
- Patient complaint data on unresolved complaints
- Patients with controlled hypertension
- Patients with Type 2 diabetes
- Breast and colon cancer screening initiatives
- Insurance credentialing
- Medical & Dental chart audits for quality of care measures
- Other measures identified by HRSA (meaningful use and clinical measures), Department of State Health Services or the QAC.

In 2018-2019 leaders will continue work to implement new information technology for meaningful use, collaborate with Texas Association of Community Health Centers (TACHC) to meet the requirements of the Patient Centered Medical Home credential. New technology will provide opportunities to improve data gathering and data accuracy which will result in more efficient and safe patient care processes. As technology rolls out, meaningful reporting measures and patient services improvements such as chronic disease management and medication safety systems will be developed. Clinic staff will also continue to develop measures over the next year to meet the next level of Meaningful Use (of electronic records) required and optional measures for Centers for Medicare and Medicaid Services (CMS).

**Measures from the Bureau of Primary Health Care Review:** Clinical measures in the Bureau of Primary Health Care grant and mandatory reporting system will be integrated into routine QA monitoring and improvement activities to assure baseline numbers are accurate for the Uniform Data System (UDS) reporting tool.

**Medical and Dental Peer Review:** Medical and Dental Peer Review will continue to serve as a vehicle to

evaluate and improve the quality of medical and dental health services at the Coastal Health & Wellness Clinic. Monthly measures for medical and dental are reviewed by audit of individual records or by data gathered through electronic reports generated from the system. Currently Medical and Dental Peer Review measures are reviewed by the QAC and feedback to providers is part of the monthly in-service. See attached Clinical Peer/Midlevel Review Plan.

**Quality Assurance Program:** Coastal Health & Wellness has a program to monitor quality controls in the medical and dental settings. The goal is stated in the Clinical Peer/Midlevel Review document attached. A key area of review is “compliance with clinical requirements, including but not limited to, Governing Board approved policies, Coastal Health & Wellness scope-of-services, as well as state/federal contracts and medical practice requirements”.

**Environment of Care and Infection Control Program:** The program has predetermined measures for the effectiveness of efforts in safety, life safety, security, hazardous materials, utilities, medical equipment, emergency preparedness and infection control. Improvements are driven by identification of opportunities for improvement through measurement and data analysis. These are reviewed and approved annually by the QAC and follow national guidelines.

**Staff Competencies:** Licensed Independent Providers are credentialed and privileged in accordance with the attached “Credentialing and Privileging By-laws for Professional Provider Staff.” Other licensed staff is periodically credentialed and works under supervision. Providers are subject to review in accordance with the attached “Clinical Peer/Midlevel Review” document. A current goal is to continue to improve clinic staff competency through standardizing and improving practices across the Coastal Health & Wellness sites. Managers will develop competency standards and monitoring schedules. An assessment of all staff competency is made annually as a part of the Performance Evaluation process.

**Sentinel Events:**

A sentinel event is a serious occurrence in CHW that results in the death or serious injury of a patient, staff or visitor. It also includes an event that causes risk of death or injury, in that if it were repeated, injury or death might occur. Injury may be physical or psychological. It is not related to the course of a patient’s illness or condition. Sentinel events are preventable occurrences. Some examples are death or serious injury from a medication error, from transmission of a nosocomial infection, from a breach of security resulting in an abduction or rape, from breach of a safety measure or avoidable delay in treatment.

Sentinel events are reported as incidents. In the rare instance that a sentinel event should happen in CHW, a root cause analysis focusing on improving systems and processes will be undertaken by an appropriate multi-disciplinary group assigned by the Quality Assurance Committee.

Incidents that do not rise to the level of a sentinel event are also thoroughly investigated and corrective actions are taken by managers. Such incidents are considered to be important learning and improvement opportunities and are analyzed by appropriate Peer Review groups. Process improvements are made based on Peer recommendations. See the attached “Clinical Peer/Midlevel Review” document.

**Attachments:**

- I. Galveston County Health District Coastal Health & Wellness Clinic Quality Management Program Written Plan (For DSHS Funded Programs)
- II. Coastal Health & Wellness Clinical Peer/Midlevel Review
- III. Patient Safety and Quality of Care Statement
- IV. Coastal Health & Wellness Credentialing and Privileging By-Laws for Professional Provider Staff

Performance Improvement Plan drafted by the Quality Assurance Sub-Committee; reviewed and approved by the Quality Assurance Committee **date**

Reviewed and Approved by the Coastal Health & Wellness Clinic Governing Board **date**

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Milton Howard, DDS  
Chairman, Coastal Health & Wellness Governing Board

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Date

## **Patient Safety and Quality of Care Coastal Health & Wellness Statement**

Patient Safety and excellent quality of care is of the utmost importance to us. Patients can be assured that Coastal Health & Wellness (CHW) has all the standard systems in place for patient safety, quality assurance, and quality of care improvements.

Our goal is to continuously improve health care for the public by evaluating our health care processes and outcomes; and by inspiring in our staff excellence, safety and the highest quality of care possible. Our objective is for our patients to experience the safest, highest quality, best-value health care available anywhere.

Safety & Quality of Care is addressed in many ways. A few highlights include:

- **Joint Commission Accreditation** ([www.jointcommission.org](http://www.jointcommission.org)) – The Joint Commission is an independent, not-for-profit organization. The Joint Commission accredits and certifies, more than 18,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain performance standards.
- **Risk, Safety, Infection Control and Medication Management** guidelines are annually reviewed and staff practices are routinely monitored.
- **Investigations** of possible adverse occurrence with root cause analysis are conducted and improvements implemented when needed.
- **Peer Reviews** of provider staff’s patient records are performed to identify outcomes impacting patient health and wellness, and to discover ways of improving the quality of care offered.
- **Mid-level Reviews** A lead physician routinely reviews mid-level clinical records. Mid-levels are Physician Assistants and Nurse Practitioners employed at Coastal Health & Wellness.

Coastal Health & Wellness follows national safety guidelines and standards. Staff routinely manages our clinics in terms of security, fire safety, medical equipment safety, reliable power and utility systems, and maintains a functional clinic environment. We address medication and infection control risks, keep accurate records, ascertain the competency of our staff and provide care in accordance with recognized standards.

As a Coastal Health & Wellness patient, you should speak up if you have questions or if you wish to discuss an issue of safety or the quality of your care. You may contact Clinic Administration at (409) 949-3406. If your concerns are not addressed, you may contact The Joint Commission at (800) 994-6610.

Your health and safety are our biggest concern!



## COASTAL HEALTH & WELLNESS CLINICAL PEER/MIDLEVEL REVIEW

### *A Medical and Dental Quality of Care Improvement Program*

These guidelines are an attachment to the approved Coastal Health & Wellness Governing Board's Performance Improvement Plan.

#### **PURPOSE**

The guidelines are provided to assist the Coastal Health & Wellness Clinical Professional Staff implement the Coastal Health & Wellness Clinical Peer/Midlevel Review Program. The overall goals of the program are (1) to monitor and evaluate the quality and appropriateness of health care management and clinical services provided, (2) investigate complaints and adverse incidents, and (3) provide information needed when considering clinic privileges of providers.

Legitimate findings and recommendations for improvement will be shared in a summary with all medical or dental providers on a monthly basis during the Coastal Health & Wellness clinical provider in-service. Some findings will be shared with individual providers as they require an intervention in a patient's care and/or require corrective actions according to the Employee Corrective Action policy.

#### **LEGAL FRAMEWORK OF PROGRAM**

Pursuant to the Federal Tort Claims Act which provides liability coverage for the Coastal Health & Wellness Clinics, all official Coastal Health & Wellness professional staff are subject to review to evaluate quality of services, provide feedback and be given the opportunity for improvement or corrective action as may be indicated. Further, the Texas Medicaid Managed Care program requires that all provider staff be subject to review and that quality improvement and corrective actions be taken and monitored, as appropriate.

The Clinical Peer/Midlevel Review Program provides quality of care review activities consistent with the Texas Medicaid Practice Act (MPA) and the federal Health Care Quality Improvement Act (HCQIA). *This structure provides both (1) immunity for good faith reviews by staff who performs the activities according to these guidelines and (2) protects all documents and information generated by the Program from discovery.* All persons participating in this program and performing authorized quality reviews must adhere to these confidentiality provisions and must sign the attached affidavit indicating that they have reviewed this document and will hold confidential all activities and proceedings generated by the Clinical Peer/Midlevel Review Program.

To qualify for the confidentiality and immunity protections afforded, all Peer/Midlevel Review activities must be carried out pursuant to these guidelines and must be performed at the direction of or on behalf of the Coastal Health & Wellness Quality Assurance Committee



comprised of the Executive Director, GCHD CNO, Medical Director, Dental Director, Nursing Director, along with the participation of other business and clinical staff based on the quality or compliance issue being addressed.

The evaluation of qualifications, credentials, and privileges of licensed and certified staff are performed in accordance with Credentialing and Privileging By-Laws for Professional Provider Staff.

### **KEY AREAS OF REVIEW**

1. Accuracy of clinical documentation, diagnoses, and treatments
2. Quality and appropriateness of services provided
3. Adherence to Coastal Health & Wellness Clinical Practice Guidelines and/or evidence-based national standards of care
4. Compliance with clinical requirements, including but not limited to, Governing Board approved policies, Coastal Health & Wellness scope-of-services, as well as state/federal contracts and medical practice requirements.
5. Current UDS-required reportable clinical measures.  
[http://www.bphcdata.net/docs/uds\\_rep\\_instr.pdf](http://www.bphcdata.net/docs/uds_rep_instr.pdf)
6. Care efficiency and the appropriateness of care decision-making, including but not limited to, prescribed medications, referrals, follow-up visits, lab tests ordered, etc.

### **TYPES OF REVIEWS COVERED UNDER THIS PROGRAM**

1. Investigations of patient complaints, adverse occurrences, and sentinel events typically performed by the Medical Director and/or designee
2. Review of midlevel charts for compliance with supervising physician requirements of the Texas Medical Board. Typically these reviews are performed on at least 10% of all midlevel encounters by the Coastal Health & Wellness Medical Director or designee in accordance with Prescriptive Authority Agreements. The Medical Director or designee, as necessary, provides rapid feedback and intervention regarding adverse quality of care findings. The Medical Director or designee also presents an aggregate report of findings to all medical staff during the monthly in-service.
3. Quality of Care Peer Reviews are chart reviews performed monthly by qualified personnel. The purpose of the review is monitor quality of care through chart reviews of specific relevant evidence-based quality measures. The reviews must be performed by a qualified clinician; however, the extraction of data from a selection of charts may occur by a trained clinical staff. The Medical Director or designated qualified clinician reviews the data and determines the percentage of records that meet the quality of care standard and presents an aggregate report of findings to all medical staff during the monthly in-service.
4. Physician Peer Reviews are comprehensive reviews performed monthly by each of our physicians. The purpose of this review is to examine the care provided by our physician staff. This review encompasses all services of our clinic including pediatrics, behavioral health, and prenatal care.
5. Dental Peer Reviews are chart reviews performed monthly by qualified dental staff. The purpose of the review is to monitor quality of care through chart reviews of specific relevant evidence-based quality measures. The reviews are performed by the Dental Director or designee. An extraction of data from a selection of charts may occur by a trained staff. The Dental Director or qualified designee reviews the data



and presents an aggregate report of findings to all dental staff during the monthly in-service.

## **GUIDELINES FOR TYPES OF REVIEWS**

### **Patient Complaints, Adverse Occurrences, and Sentinel Events**

1. Quality of care concerns and patient complaints that are reported to the Clinic Administration Office will be thoroughly investigated by the appropriate manager.
2. The appropriate manager will gather and review documentation regarding the incident/complaint including but not limited to, medical records, logs, electronic records, witness written statements, etc.
3. The appropriate manager will draft a chronological report of key findings based on documentation and present to Executive Director for review.
4. The Executive Director will review for completeness and appropriateness of the findings and formulate recommendations, including but not limited to staff and practice expectations, employee corrective actions, training needs, and procedures/guideline development.
5. Depending on the nature of the infractions, the appropriate manager may report the incident to Joint Commission, National Practitioner Databank, and/or appropriate professional licensing board and/or to law enforcement.
6. The document will be reviewed by the Quality Assurance Committee for recommendations and in the in- service for appropriate staff such as providers, dental, nursing, or lab.

## **MIDLEVEL SUPERVISORY REVIEWS**

1. On a weekly basis, at least 10% of patient visits with midlevels are electronically selected.
2. On a weekly basis, the Medical Director or qualified designee reviews these records for appropriate documentation of history, physical exam, diagnosis(es), and plan according to established clinical practice guidelines and evidence-based clinical standards of care.
3. When the Medical Director or designee finds a quality of care concern, he or she will document the concern and recommendation to the appropriate midlevel provider in an email marked *"Privileged and Confidential Chart Review Findings."* In urgent instances, the Medical Director or designee will consider appropriate clinical or corrective interventions.
4. At least monthly, the Medical Director or designee will prepare an aggregate report for those records which had findings. The report will indicate the types of finding, quantity of each, and recommendations for each.
5. For most frequent findings, it is expected that the Medical Director or designee provides a brief presentation on the topic during the monthly in-service. An alternative would be to arrange for a topic expert, to present on the subject matter.
6. The Dental Director reviews 10% of the dental hygienist's records at least monthly according to an approved review form and gives feedback to the hygienist(s) at least monthly regarding expected improvements in care or documentation.



## **QUALITY OF CARE PEER REVIEW PROCEDURE:**

1. QA Committee recommends schedule and clinical conditions for scheduled monthly review.
2. Committee establishes benchmarks based on clinical practice guidelines, US Preventive Taskforce, other evidence-based standards of care or state/federal requirements.
3. Medical Director or designee drafts data extraction tools for QA Committee review and approval.
4. Up to 10 randomly selected records (addressing the condition under review) for each provider will be pulled for data extraction.
5. Medical Director's designee, extracts data from each chart using the approved extraction tool.
6. Medical Director reviews extraction forms and completes findings on approved form.
7. Medical Director's designee compiles results for aggregate and provider summary reviews.
8. Medical Director or designee presents results to Providers at Monthly in-service.

Dental reviews are similarly conducted by the Dental Director according to measures discussed and approved by the QA Committee and a review calendar approved by the QA Committee.

## **ABOUT CLINICAL PRACTICE GUIDELINES**

The Committee recommends new and updated Clinical Practice Guidelines that provide an accepted, evidence-based, cost-effective standard-of-care for clinical practice at the Coastal Health & Wellness Clinic, prioritizing common conditions or prevention. Variations from the standards are acceptable for documented medical reasons. Recommendations are to be submitted in writing, by the Medical Director or Dental Director to the Coastal Health & Wellness Quality Assurance Committee for review and possible action.

Recommended Clinical Practice Guidelines should reflect the most frequently addressed health and medical problems at the Coastal Health & Wellness Clinic, as well as those for which care is delegated to midlevel practitioners (APN/PA) with prescriptive authority. For example, if the review is to focus on hypertension, then the professional staff should identify the appropriate management plan, based on the medical indications, standard of care, Coastal Health & Wellness Clinic resources, and formulary.

Reviewed and Approved by Quality Assurance Committee **DATE**



**GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS  
QUALITY MANAGEMENT PROGRAM  
WRITTEN PLAN (FOR DSHS FUNDED PROGRAMS)**

These guidelines are an attachment to the approved Coastal Health & Wellness Governing Board's Performance Improvement Plan.

**Purpose:**

This guideline is designed to ensure clinic compliance with contract requirements of Department of State Health Services (DSHS) funded programs and to promote quality medical and dental health services for clinic patients.

**Laws, Regulations and Policies:**

All GCHD/CHW programs abide by the Civil Rights Act, including title VI regarding Limited English Proficiency, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. Policies guiding employees regarding these Laws are approved by the Coastal Health & Wellness Clinic Governing Board and are posted on the GCHD employee extranet site.

Abortions: no federal or DSHS funds are used for abortion or for abortion-related activities. No abortion-related activities are conducted in the Coastal Health & Wellness Clinics.

Child Abuse: The staff of the Coastal Health & Wellness Clinic abides by the DSHS Child Abuse Screening, Documenting and Reporting Policy requirements and posts its internal procedures on the employee extranet. Each revision, made to ensure compliance, is approved by the Quality Assurance Committee.

Human Trafficking: Coastal Health & Wellness employees are provided with annual training along with a written policy on Human Trafficking and a link with additional information to review on the employee extranet site.

Domestic and Intimate Partner Violence: Coastal Health & Wellness employees are able to review and obtain written policy/guidelines on Domestic and Intimate Partner Violence on the employee extranet site. The employee extranet also offers staff patient resources to hand out in English and Spanish. Staff training is provided annually.

**Clinic Operations:**

Consent: A general consent for treatment is obtained through the Patient Services area before services are rendered. A patient signs a new general consent each time financial screening is completed. Informed consents are completed by clinical staff before an invasive procedure is done.

Client Grievance: This procedure is covered in the Coastal Health & Wellness Operational Policy, approved annually by the Coastal Health & Wellness Governing Board. Issues and complaints are addressed and resolved at the lowest possible level, in the most immediate and effective manner. Complaints that are unresolved by staff are addressed by clinic administrative staff, who report the complaint to the department supervisor/manager. The supervisor/manager will then investigate and resolve the complaint in a timely manner. Those that are not resolved to the patient's satisfaction at the department/manager level are investigated and resolved by the Executive Director. The GCHD Customer Service Policy also discusses grievance procedures and is available on the employee extranet for review.

Release of Information: The procedures and forms that guide Release of Information from the Coastal Health & Wellness Clinic electronic records is posted on the employee extranet site. Fees are Board approved.

Privacy and Confidentiality: Policies that address privacy include the Work Environment Policy, HIPAA Policy, computer Usage Policy and employee Ethics and Standards of Conduct Policy; these policies can be found on the employee extranet. Medical records procedures also address transfer of records.

Format order within the record: Electronic records have specific formats within the medical and dental electronic programs including templates and summary documents.

Record Retention: CHW has a Record Management Program in compliance with Title 6, Subtitle C, Local Government Code (Local Government Records Act), including adoption of appropriate records control schedules issued by the Texas State Library and Archives Commission, as well as with DSHS medical record retention schedules. Paper records are retained both on site and off site and are destroyed according to schedule, only with the approval of the Records Management Committee. Disposal, when appropriate, is accomplished by the outside contractor per contract guidelines.

Infectious Disease Control:

Coastal Health & Wellness has an Infection Control Plan for all staff that outlines responsibilities for using standard precautions, employee health practices, reporting contagious diseases and how CHW handles blood borne pathogen exposures and training. There is also an Immunization Policy for employees and volunteers. Coastal Health & Wellness Clinic department supervisors are expected to develop departmental procedures for specific components of the infection control program. For example, areas with sterilizers must have procedures for use, maintenance and quality assurance activities for the sterilizers. Coastal Health & Wellness Clinic outlines infection control program goals annually, identifies high risk procedures and describes monitoring activities in the Coastal Health & Wellness Infection Control Program guidelines.

**Personnel Policies Address:**

Job descriptions containing required qualifications and licensure for all personnel including contracted positions: *Hiring Process, Performance Evaluation, Credentialing and Privileging By-Laws for Professional Staff*

A written orientation plan for new staff: *Orientation Plan for New Staff; Orientation Training PowerPoint presentations on the employee extranet site*

Staff development based on employee needs: Staff development activities are determined by department supervisors or by executive leadership (Executive Director, Medical and Dental Directors) through the process of developing staff in-service agendas on a monthly basis. Activities are determined by standards (Joint Commission, Bureau of Primary Care, DSHS, etc.), by results of quality assurance monitoring (chart audits, etc.), by clinical needs (training on new equipment, new processes), compliance with regulatory activities (HIPAA, Fraud, etc.) and by organizational needs.

Annual job evaluations of personnel, to include observation of staff/client interactions during clinical, counseling and educational settings: *Performance Evaluation Policy*

Staff who have contact with clients are appropriately identified (name badge): *Dress Code*

The agency has current Protocols for Physician Assistants (PAs) and Advanced Practice Nurses (APNS),

which have been reviewed, agreed upon and signed annually by the physician, PAs and APNs: *Well Child Protocols*

The agency has current SDOs which have been reviewed, agreed upon and signed annually by the physician that delineates who is authorized to perform specific functions: *Medical Director's SDOs for MAs that administer medications*

**Quality Management:** The agency has a written and implemented internal Performance Improvement Plan used to evaluate services, processes and operations within the agency. All Coastal Health & Wellness administrative policies and procedures related to DSHS, will be reviewed and approved by the QA Committee to include documentation of the approval in the QM meeting minutes.

QA Committee: The Quality Assurance Committee consists of the Executive Director, the Medical Director, the lead Mid-Level Provider, the Dental Director, the Nursing Director, the Clinical Compliance Specialist and other clinic managers. The Committee meets at least quarterly, but more often as needed. This Committee evaluates the Performance Improvement Plan and processes annually, reformulates the Program Plan in response to lessons learned and the Governing Board approves and signs the Plan annually. Committee minutes are kept with documentation of actions and follow up to assure appropriate improvements are made.

Evaluation of administrative policies and procedures and review of facilities: Approval of administrative policies is the responsibility of the Coastal Health & Wellness Governing Board. Policies are reviewed and approved annually by the Board. Review of facilities is accomplished in accordance with the GCHD Safety Manual and Risk Management Policy. Reports are generated quarterly to the Quality Assurance Committee.

Evaluation of eligibility and billing functions: For DSHS-funded programs such as Title V and BCCS, eligibility and billing audits (at least 10 records) are completed at least twice yearly by staff and results are reviewed by the QA Committee. When findings fall below 90% compliance per the review tool, quarterly eligibility and billing audits are completed. On review and recommendation of the QA committee, more or less frequent audits may be resumed. It is the responsibility of the QA committee to suggest improvement activities when compliance falls below 90%, or whenever such activities are deemed appropriate.

Clinical Record Reviews: For DSHS-funded programs such as Title V Medical and Dental Services and Texas Health Steps Medicaid visits, data is pulled from the EHR by the Medical Assistant 4 and compiled by the Nursing Director. Results are then reviewed and discussed by the QA Committee. When audit findings demonstrate 90% or more compliance, audits are performed twice yearly with at least five Title V and 5 Texas Health Steps medical visits sampled from each clinic site and five Title V Dental records sampled from each clinic site. The Title V and Texas Health Step audit tools are utilized for these reviews. When findings demonstrate less than 90% compliance, reviews are conducted quarterly on at least a total of 10 Title V and 10 Texas Health Steps records that can be from either clinic site. Records chosen for audit are from various providers as possible. Records are audited per Dental and Medical Review tools. It is the responsibility of the QA committee to suggest improvement activities when compliance falls below 90% or whenever such activities are deemed appropriate. Corrective action may be taken as deemed appropriate.

Adverse Outcomes: Adverse outcomes are broadly defined in the Coastal Health & Wellness Performance Improvement Plan. Adverse outcomes include: medication errors, delay in addressing lab results or other delay in diagnosis or treatment, or other adverse outcomes due to services provided. Adverse outcomes are

completely investigated by appropriate staff (Executive Director, Risk and Safety Coordinator, Compliance Officer etc.) as designated by the Executive Director or designee. Root causes are determined when possible. Improvement activities and follow up is completed. Outcomes may be discussed in Peer Review. A discussion of adverse outcomes, to include improvement activities and follow-up, will be addressed in the Quality Assurance meeting minutes. If there are no adverse outcomes to report, the minutes will contain documentation of no adverse outcomes.

Client Satisfaction Surveys:—A Governing Board approved survey is given to patients to complete. Survey tallies are reported to the Coastal Health & Wellness Governing Board on a quarterly basis.

**Facility:** The Coastal Health & Wellness Clinic is subject to GCHD policies and plans, including the Safety Manual and Infection Control Plan that address handling storage and disposal of hazardous, chemical and infectious waste and medications, fire safety and maintenance, testing and inspection of equipment.

Prepared for compliance with DSHS policies and approved by the Quality Assurance Committee on August 10, 2010. Revised per DSHS technical assistance September 3, 2010. Reviewed and approved September 21, 2011; June 14, 2012; July 23, 2013; August 20, 2014; October 21, 2015; December 07, 2017, May 22, 2018.

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Kathy Barroso, CPA  
Interim Executive Director

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Date

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Abdul-Aziz Alhassan, MD  
Coastal Health & Wellness Medical Director

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Date

## **COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING BY-LAWS FOR PROFESSIONAL PROVIDER STAFF**

**CREDENTIALING:** To ensure patient safety and a competent professional work force, all of the Coastal Health & Wellness (CHW) Clinic professional provider staff, employed and contracted, will be credentialed according to the following standards. Initial credentialing includes verification of licensure and certification, education, training and current competence. The Coastal Health & Wellness Governing Board, on the recommendation of the Medical or Dental Director, must approve the credentials for Medical Doctors, Doctors of Osteopathy, and other Licensed Independent Practitioners (LIPs) such as Dentists, Psychotherapists, and midlevel providers including Physician Assistants and Nurse Practitioners. Recredentialing occurs every two years.

**PRIVILEGING:** Privileging is the process of authorizing a licensed or certified health care practitioner's scope of patient care services. LIPs and midlevel providers including Nurse Practitioners and Physician Assistants must request privileges that are consistent with the Coastal Health & Wellness Clinic scope of services and are appropriate for his/her education and training. The Governing Board may approve privileges on the recommendation of the Medical or Dental Director. Reprivileging for LIPs and midlevel providers including Nurse Practitioners and Physician Assistants occurs at least every two years, in conjunction with recredentialing.

### **Responsibilities:**

**Coastal Health & Wellness Governing Board** is responsible for authorizing the credentialing and privileging of Coastal Health & Wellness Licensed Independent Practitioners and midlevel providers including Nurse Practitioners and Physician Assistants.

**CHW Executive Director** is responsible for:

- Reviewing the credentialing and privileging processes; and
- Providing letters of approval for physicians, LIPs, and midlevel providers including Nurse Practitioners and Physician Assistants of their approved privileges.

**CHW Medical Director** is responsible for:

- Reviewing the credentials verifications and privileges requests of physicians, medical LIPs, and midlevel providers including Nurse Practitioners and Physician Assistants, and for making a recommendation to the Governing Board;
- Recommending approval or denial of the reprivileging of physicians, medical LIPs and midlevel providers including Nurse Practitioners and Physician Assistants based on peer review and other quality data, every two years.

**CHW Dental Director** is responsible for:

- Reviewing the credentials verifications and privileges requests of dentists, and for making a recommendation to the Governing Board;
- Recommending approval or denial of the reprivileging of dentists based on peer review and other quality data, every two years.

**Human Resources** is responsible for:

- Processing and verifying initial credentialing and privileging applications according to procedures;
- Reporting delays, problems and adverse information to the Medical Director, Dental Director, and/or the Executive Director.

**CHW Administration** is responsible for:

- Processing and verifying recredentialing and reprivileging applications according to procedures;
- Tracking expiration of credentials and privileges; and
- Reporting delays, problems and adverse information to the Medical Director, Dental Director and/or the Executive Director.

The **Provider** is responsible for completing a credentialing application initially and a recredentialing application every two years. LIPs and midlevel providers including Nurse Practitioners and Physician Assistants must also complete a privileges request, initially and every two years thereafter.

### **CREDENTIALING and PRIVILEGING GUIDELINES:**

#### **Initial Credentialing:**

1. The Texas Standardized Credentialing Application is provided to the provider along with clear information about the application, required documents and deadlines. Other requested documents include: privileges request form, copies of relevant credentials including license(s), certifications, DEA and DPS certificates, Board certification, CPR and government-issued picture identification.
2. Primary source verification is used by direct correspondence, telephone, fax, email or paper reports received from original sources to verify current licensure, certification, relevant training and experience. The following credentials are verified, as applicable: professional school, internships, residencies and post-doctoral programs, and board certification. If primary source verification cannot feasibly be obtained, a Joint Commission-approved equivalent sources include, but are not limited to, the following the American Medical Association Physician Masterfile, American Board of Medical Specialties, Educational Commission for Foreign Medical Graduates, American Osteopathic Association Physician Database, and Federation of State Medical Boards and the American Academy of Physician Assistants for all actions against a physician's medical license.
3. Three professional references, as designated by the applicant on the Texas Standardized Credentialing Application, will be required from the same field and/or specialty who are not partners in a group practice and are not relatives. Professional references may be obtained from an educational program, when the applicant is a recent graduate. If the applicant has had privileges at a hospital or clinic, a letter requesting verification of privileges is also used for primary source verification. References will be asked to complete a standard reference form about the applicant's clinical performance, ethical performance, history of satisfactory practice, specific knowledge about the applicant's clinical judgment and technical skills.
5. LIPs and midlevel providers including Nurse Practitioners and Physician Assistants give a written statement and/or list of their requested privileges and attest to their ability to perform their requested privileges which are reviewed by the Medical or Dental Director.
6. A Verification of Health Fitness will be required to determine the professional's health fitness or the ability to perform the requested privileges.
7. A query of the National Practitioner Data Bank (NPDB), Health and Human Services Office of Inspector General List of Excluded Individuals database, and all individual state exclusionary databases will be conducted for information on sanctions or adverse actions against the LIPs license.
9. Background checks will be completed on all professional provider staff.

**Initial Privileging:** LIPs and midlevel providers including Nurse Practitioners and Physician Assistants

request specific privileges in writing based on their training, competence and within the scope of services of the Coastal Health & Wellness Clinic. The Medical or Dental Director recommends the LIP's and midlevel providers including Nurse Practitioners and Physician Assistants privileges to the Governing Board, which has the final approval authority. The Executive Director or designee notifies the LIP and midlevel providers including Nurse Practitioners and Physician Assistants in writing of the granting of specific privileges.

**Recredentialing:** The recredentialing process is accomplished at least every two years. The LIP or midlevel provider including Nurse Practitioner and Physician Assistant completes the Coastal Health & Wellness recredentialing application. Licensure, Board Certification, new training and privileges with other organizations (if any) are verified. NPDB is queried. The Medical Director or Dental Director reviews the credentials.

**Reprivileging:** Reprivileging of LIPs and midlevel providers including Nurse Practitioners and Physician Assistants is accomplished at least every two years in conjunction with recredentialing. The LIPs and midlevel providers including Nurse Practitioners and Physician Assistants requests specific written privileges. For routine reprivileging, the Medical Director or Dental Director base their recommendations on clinical data gathered over the two years, including patient satisfaction, peer review, performance improvement activities and risk management activities. An LIP may request privileges revisions at any time. The final approval for reprivileging is that of the Governing Board.

Detailed standardized procedures and forms are written and used for credentialing and privileging.

### **TEMPORARY PRIVILEGES:**

**Purpose:** To ensure a qualified and competent physician, midlevel provider including Nurse Practitioners and Physician Assistants, other LIPs, and dentist staff.

#### **Responsibility:**

**Medical and Dental Directors:** recommend temporary approval of privileges only in circumstances outlined below.

**CHW Executive Director or Designee:** Approves temporary privileges for physicians, midlevel providers including Nurse Practitioners and Physician Assistants, other LIPs, and dentists in specific circumstances as outlined below.

Temporary privileges for physicians, midlevel providers including Nurse Practitioners and Physician Assistants, other LIPs, and dentists shall be granted under two different circumstances:

1. To fulfill an important patient care need, for example, in the event of unexpected provider absences due to illness or position vacancy.

In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. In these circumstances, temporary privileges may be granted by the Executive Director or designee upon recommendation of the Medical or Dental Director, provided there is verification of current licensure; relevant training or experience; results of the National Practitioner Data Bank query

have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated; any voluntary or involuntary limitation, reduction, or loss of clinical privileges have been evaluated and current competence (as evidenced by at least two Peer Recommendations), In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need.

2. When a new applicant to the organization with a complete, clean application is awaiting review and approval of the Coastal Health & Wellness Governing Board

In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee for a period not to exceed sixty (60) days, upon the recommendation of the CHW Dental or Medical Director provided there is verification of:

- Current licensure
- Relevant training or experience
- Current competence (as evidenced by at least two Peer Recommendations)
- Ability to perform the privileges requested
- And the results of the National Practitioner Data Bank query have been obtained and evaluated

And the applicant has:

- A complete application
- No current or previously successful challenge to licensure or registration
- Not been subject to involuntary termination of medical staff membership at another organization
- Not been subject to involuntary limitation, reduction, or loss of clinical privileges.

Temporary privileges are not to be routinely used for other administrative purposes such as:

- The failure of the provider to provide all information necessary to the processing of his/her reappointment in a timely manner; or
- Failure of the staff to verify performance data and information in a timely manner.

In the above situations, the provider would be required to cease providing care in the facility until the reappointment process is complete.

### **ADVERSE INFORMATION:**

If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend that the applicant not be hired or contracted. If, during the recredentialing and reprivileging process, it is determined that privileges be revoked, denied, reduced or suspended, an LIP and midlevel providers including Nurse Practitioners and Physician Assistants have the right to avail himself/herself of the fair hearing and appeals process.

**Process for Medical or Dental Providers:** The Health District process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws governance established as a federally qualified health center and in accordance with approved Coastal Health & Wellness Governing Board bylaws. If the matter involved a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or legal non-compliance were substantiated by the



investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' files. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with Health District employee correction action policy. In the case of written reprimand or the issuance of an intent to terminate notice, policy allows the employed provider to submit a written appeal to the CHW Executive Director or designee and/or request a hearing before the CHW Executive Director, or designee, Medical or Dental Director, and Human Resources Designee. In accordance with current Coastal Health & Wellness Governing Board Bylaws, the CHW Executive Director or designee will have the final decision on the outcome of the matter after consideration of the written appeal and/or fair hearing.

**Credentials Verification Organization (CVO):** When the Coastal Health & Wellness Clinic uses the credentialing process of another organization as a CVO for contracted LIPs, there is a signed contract outlining the process between the two organizations, including a quality assurance process. The Coastal Health & Wellness Clinic queries the National Practitioner Data Bank separately and the Governing Board approves privileges.

Attachment: Credentialing and Privileging Table

Reviewed by the Quality Assurance Committee

\_\_\_\_\_  
Kathy Barroso, CPA  
Interim CHW Executive Director

\_\_\_\_\_  
Date

Approved by the Coastal Health & Wellness Governing Board

\_\_\_\_\_  
Governing Board Chair

\_\_\_\_\_  
Date

**Coastal Health & Wellness  
Credentialing and Privileging Table**

	MD/DO/LIP/MIDLEVEL	Dentist	
Credentialing: the process of assessing and confirming the qualifications of a licensed or certified health care practitioner	Verification of licensure and certification, education, training and competence	Verification of licensure and certification, education, training and competence	
	Approval: Medical Director and Governing Board	Approval: Dental Director and Governing Board	
Re-credentialing	As above, every 2 years	As above, every 2 years	
Privileging/Competency: the process of authorizing a licensed or certified health care practitioner's scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance	By request of MD/DO/LIP/MIDLEVEL, consistent with clinic scope of services, as appropriate for verified education and training	By request of LIP, consistent with clinic scope of services, as appropriate for verified education and training	
	Approval: Medical Director and Governing Board	Approval: Dental Director and Governing Board	
Reprivileging	Every 2 years, by request of MD/DO/LIP/MIDLEVEL to continue employment or contract. Quality assurance and peer review data is considered.	Every 2 years, by request of LIP to continue employment or contract. Quality assurance and peer review data is considered.	
	Approval: Medical Director and Governing Board	Approval: Dental Director and Governing Board	

[Back to Agenda](#)

### Governing Board

May 2018

Item #5

### Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement

- a.** Open Records and Notary Fees
- b.** Employee Use of Coastal Health & Wellness Clinic
- c.** New Employee Orientation & Training

## Open Records Fees

All fees charged are in compliance with the Texas Administrative Codes, Title 1, Part 3, Chapter 70. In general, charges for copies of public information are to recover the cost of materials, labor, and overhead. No sales tax shall be applied to copies of public information.

Service / Item	Fee
Standard-size paper copy	0.10
Diskette	1.00
Magnetic tape	Actual cost
Data cartridge	Actual cost
Rewritable CD (CD-RW)	\$1.00
Non-rewritable CD (CD-R)	\$1.00
Digital video disc (DVD)	\$3.00
VHS video cassette	\$2.50
Audio cassette	\$1.00
Other electronic media	Actual cost
Oversize paper copy	\$0.50
Other specialty paper	Actual cost
Labor charge (for locating, compiling, manipulating, and reproducing)	15.00/hour
Overhead charge	20% of labor charge
Remote document retrieval charge	Labor charge
Computer resource-Mainframe	\$10.00/CPU minute
Computer resource-Mid-size	\$1.50/CPU minute
Computer resource-Client/Server	\$2.20/clock hour
Computer resource-PC or LAN	\$1.00/clock hour
Miscellaneous supplies	Actual cost
Postage and Shipping	Actual cost
Other (e.g. credit card transaction fee)	Actual cost

### **Please Note:**

An estimate of charges will be provided if the amount exceeds \$40. Additionally, GCHD may request a 50 percent deposit if the estimated charges exceed \$100.

## Notary Services Fees

Notary Service Fees are in compliance with Texas Government Code Section 406.024.

A Notary republic taking the acknowledgment or proof of a deed or other instrument in writing, for registration, including certificate and seal, is \$6.00 for the first signature and \$1.00 for each additional signature.

# Employee Use of Coastal Health & Wellness Clinics

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-Approved  
UBOH 04/25/2018  
-Effective 04/08/2003

## **Audience/Eligibility**

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively "the District") employees, as well as their dependents enrolled in health insurance plans accepted by Coastal Health & Wellness. Dependents not enrolled in health insurance plans accepted by Coastal Health & Wellness and those employees not eligible for health insurance benefits through the District will be screened and billed in accordance with the established Coastal Health & Wellness Governing Board policies and related procedures.

## **Medical/Dental Clinic**

Employees and/or their dependents may be seen by a Coastal Health & Wellness provider.

*Employees seeking treatment at the clinic due to an on-the-job injury are expected to follow the District's policy on Workers' Compensation.*

## **Employee Responsibilities**

It is the employee's responsibility to:

- become registered with the clinic prior to seeing any Coastal Health & Wellness provider;
- pay full charges or any charges not covered by the employee's health insurance; and
- record the appropriate leave for time away from work.

## **Management Responsibilities**

It is the responsibility of the

- CHW Executive Director and Controller to assure this policy is adhered to in the medical and dental clinics; and
- Direct supervisors to ensure the appropriate leave is recorded properly.

## **Violation**

Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

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# New Employee Orientation & Training

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## Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “the District”) employees.

## Policy

It is the District’s policy that new employees are oriented to the District, the program, and their position, within 30-days of employment. The responsibility of orienting and training new employees is shared among the employee’s supervisor, the new employee, and Human Resources.

The goals of the orientation and training policy are to assist the new employee in:

- understanding the culture, values, mission and services provided by the District;
- successfully transitioning into a new job;
- understanding his/her role and how he/she fit into the organization; and
- fulfill other job-related organizational requirements for compliance.

## Human Resources Responsibilities

It is the Human Resource Director or designee’s responsibility to:

- meet new employees to complete mandatory benefit, payroll, and human resource paperwork (within 3-days of hire);
- conduct a formal new hire orientation to orient new employees to the District (topics may include an overview of the benefits, mission, vision, services provided, information on District-wide policies, etc.)
- assist supervisors in developing program-specific orientation checklists for new employees in their respective areas;
- ensure each new hire receives GCHD required training;
- track training dates;
- ensure newly hired supervisors receive *training* on topics such as how to conduct performance evaluations, and effective supervisory practices, etc.;
- track and report compliance with New Employee Orientation and Training policy.

## Supervisor Responsibilities

It is the Supervisor’s responsibility to:

- complete a *Staff Inventory Checklist* prior to the employee’s date of hire or transfer;
- provide new employees with an orientation specific to their workplace;
- provide on-the-job training needed for new employees to assume their responsibilities;
- submit a signed program orientation checklist to Human Resources for inclusion into the employee’s personnel file (within 30-days of employment).

## Violation

Violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension or dismissal.

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board  
May 2018  
Item #6  
Executive Report**



## It's time to change discouraging male health statistics

Coastal Health & Wellness (CHW) is encouraging men to take steps to improve their health as it celebrates National Men's Health Week, June 11-17.

On average, men live about five years less than their female counterparts. Men have a higher death rate for most of the leading causes of death including cancer, heart disease, diabetes and suicide.

It's time to change those statistics.

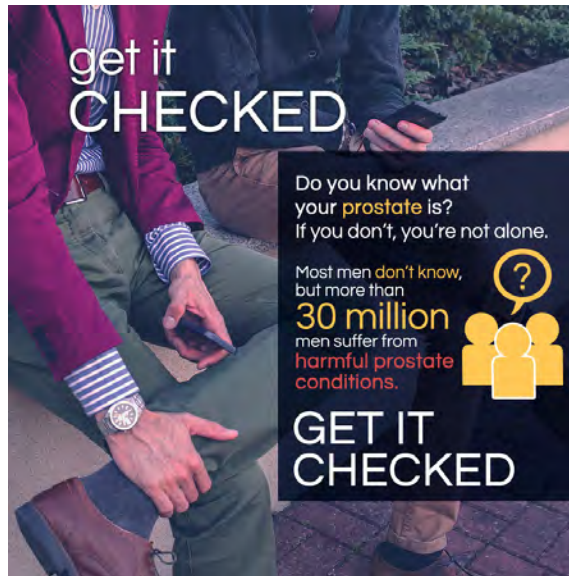
### Get it checked

Worried about your prostate? If you don't know what your prostate is, or what it does, you're not alone. Most men don't, but really should. More than 30 million men suffer from prostate conditions that negatively affect their quality of life. Get it checked.

### Take care of your heart

Heart disease is the leading cause of death for men in the U.S., accounting for about one in every four male deaths. Know your risks – high blood pressure, high LDL cholesterol and smoking are key risk factors for heart disease.

Other medical conditions and lifestyle choices that put



men at a higher risk include diabetes, being overweight or obese, poor diet, physical inactivity and excessive alcohol use.

"The goal of National Men's Health Week is to heighten the awareness of preventable health problems," CHW Interim Executive Director Kathy Barroso said. "Early detection and treatment are key to prevention. But, men make about half as many doctor visits for prevention as women."

### Get moving, eat healthy

Making a drastic lifestyle change can be scary, and hard to maintain for some, but taking small steps to a healthier you is doable. Say no to super-size meals and yes to a

healthy meal.

Focus on nutrients. Add at least one fruit and vegetable to every meal. They have many vitamins and minerals that help protect you from chronic diseases. Be sure to get enough water every day. Water helps keep your body temperature normal, cushions joints and helps get rid of waste.

Adults need at least two-and-a-half hours of moder-

Men's Health, page 4

## Hats off to CHW's awesome nurses!

### National Nurses Week May 6-12

During National Nurses Week, Coastal Health & Wellness extended a special thank you to our nurses who continue to provide the highest level of quality care to our patients.

All nurses deserve special recognition for their efforts in delivering compassionate care while embodying the principles of ethical practice in their profession.





**Practice HEAT SAFETY  
Wherever You Are**

Heat related deaths are preventable. Protect yourself and others from the impacts of heat waves.

**Job Sites**  
Stay hydrated and take breaks in the shade as often as possible.

**Indoors**  
Check up on the elderly, sick and those without AC.

**Vehicles**  
Never leave kids or pets unattended - LOOK before you LOCK

**Outdoors**  
Limit strenuous outdoor activities, find shade, and stay hydrated.

NOAA  
weather.gov/heat

## Beat the heat

# Combination of heat, humidity can be dangerous

Everyone enjoys a little time in the sun, but many don't consider the potential dangers of spending just a few minutes unprotected.

Extreme heat occurs when temperatures reach extremely high levels, or when the combination of heat and humidity causes the air to become oppressive, according to the Centers for Disease Control and Prevention (CDC). Extreme heat causes more deaths each year than hurricanes, lightning, tornadoes, earthquakes and floods, all combined.

Adults 65 and older, children younger than 4, people with existing medical problems such as heart disease and those without access to air conditioning are at risk.

"It's important to stay cool and find an air-conditioned shelter," said Coastal Health & Wellness (CHW) Interim Executive Director Kathy Barroso. "If the AC is out in your home, go to a movie theater, a mall, somewhere that you

can spend some time and take a break from the heat."

Staying cool also means avoiding direct sunlight, wearing lightweight and light-colored clothing, taking cool showers or baths and not relying on a fan as the primary cooling device.

Drink plenty of water – more than you'd usually drink and don't wait until you're thirsty to drink more fluids. Avoid alcohol or liquids containing high amounts of sugar and remind others to drink enough water.

"For those who work outdoors, hydration is key," Barroso said. "Take a break in the shade if possible and know what to do in an emergency. Wear light-colored clothing and a wide-brimmed hat."

Choose a sunscreen with a SPF of 30 or higher that is water resistant and provides broad-spectrum coverage that offers protection from UVA and UVB rays. Apply sunscreen liberally before going outdoors. It takes about

15 minutes for skin to absorb the sunscreen.

Use enough sunscreen. Most adults need at least one ounce of sunscreen, about the amount that fits in the palm of a hand, to cover the body, according to the American Academy of Dermatology.

"Don't forget your ears and the tops of your feet," Barroso said. "If you are bald or have thinning hair, apply the sunscreen to your head or wear a hat. Reapply sunscreen at least every two hours."

### Heat exhaustion vs. heat stroke

Heat exhaustion and heat stroke are often confused. With heat exhaustion, the person is sweating a lot and with heat stroke, the person has stopped sweating and is dry. If not treated, heat exhaustion may lead to heat stroke, or death.

Symptoms of heat exhaustion includes headaches, dizziness or light-

Heat, page 4

## CHW awarded Ambulatory Health Care Accreditation

Coastal Health & Wellness (CHW) announced this month it has earned The Joint Commission's Gold Seal of Approval® for Ambulatory Health Care Accreditation by demonstrating compliance with its nationally recognized standards.

The Gold Seal of Approval® is a symbol of quality that reflects CHW's commitment to providing safe and effective patient care.

CHW underwent an unannounced onsite survey on April 26.

During the review, compliance with ambulatory care standards related to a

variety of areas including coordination of care, infection prevention and control, management of medications and patient education and training were evaluated.

"Coastal Health & Wellness is pleased to receive accreditation from The Joint Commission," said Kathy Barroso, interim CHW executive director. "Staff have worked diligently on training and have worked together to develop and implement processes that will provide quality care to our community."

The Joint Commission survey serves as an inde-

pendent audit of CHW's commitment to continuous quality improvement.

Established in 1975, The Joint Commission's Ambulatory Health Care Accreditation Program encourages high-quality patient care in

all types of freestanding ambulatory care facilities.

"We commend Coastal Health & Wellness and its staff for achieving this pinnacle demonstrating a commitment to patient safety

Joint Commission, page 4

### Are you getting enough zzzz's?

Many experts believe that between 7.5 and 8.5 hours of sleep a night is optimal. However, better sleep does not refer to just the length of time we sleep.

Better sleep is quality sleep. Six hours of deep refreshing sleep is more beneficial than 8 hours of light interrupted sleep.

#### Tips for better sleep

- Establish a consistent sleep schedule by sleeping at the same time each day of the week (including weekends). Relax before sleeping. Prior to sleep, limit any stimulating activities such as exercise and work. Perform activities that you may find relaxing such as reading.
- Create an optimal sleeping environment. Your place of sleep should be dark, ventilated and of an appropriate temperature. Black out blinds can help seal out light in area. If possible, remove any distractions such as computers and TVs from the room. Ensure your bedding is of adequate quality and there is enough space.

### FIGHT THE BITE

The Zika virus is primarily spread through the bite of an infected aedes species mosquito. While 80% of people infected with Zika do not become ill or have symptoms, the virus has been linked to birth defects when transferred from mothers to babies.

### DEFEND

- Apply EPA-approved insect repellent with DEET in it.
- Use screens or close windows and doors to keep mosquitoes out.

### DRESS

- Wear pants and long-sleeve shirts (especially at dawn and dusk).

### DRAIN

- Remove standing water around your home.
- Cover trash cans or containers where water can collect.

For more information, please visit [gchd.org/zika](http://gchd.org/zika)



## Men's Health

ate-intensity aerobic activity every week.

"Play with your children and grandchildren. Take the stairs at work instead of the elevator," Barroso said. "Keep comfortable walking shoes at work and in the car so that you can get in some cardio. Be sure to choose activities you enjoy so that you'll stay motivated and continue being active."

### Prevention is a priority

Certain diseases and conditions may not have symptoms. Check-ups help identify issues early. Pay attention to signs and symptoms including chest pain, shortness of breath, problems with urination and excessive thirst.

Regular checkups from a healthcare provider can help detect, and prevent, several health conditions. Regular screenings include blood pressure, cholesterol, glucose, prostate health and more. Hypertension is one chronic condition, along with obesity and high cholesterol, which leads to heart disease, the No. 1 threat to men's health.

Tame stress. Avoid drugs and alcohol. Stay connected with friends and family and ask for help if it's needed.

"So much of how we feel mentally affects our physical health, and vice versa," Barroso said. "Be sure that you're taking care of yourself both mentally and physically."

## Joint Commission

and quality," said Michael Kulczycki, M.B.A., CAE, executive director, Ambulatory Health Care Accreditation Program, The Joint Commission.

"Your passion, dedication and tenacity can ultimately improve patient care," Kulczycki continued. "Thank you for your commitment to patient safety and entrusting The Joint Commission to assist you."

The Joint Commission's ambulatory health care standards are developed in consultation with health care experts and providers, measurement experts and patients. The standards are informed by scientific literature and expert consensus to help organizations measure, assess and improve performance.

CHW's Texas City and Galveston clinics suspended performing dental and medical procedures that required sterilization of instruments in February following an accreditation site review by The Joint Commission earlier that month. Site review findings identified breaches in infection control related to some dental and medical procedures. The Joint Commission's visit last month was a follow-up visit to its site review in February.

"We understand that for many of our residents, Coastal Health & Wellness is the only health care option," Barroso said. "We don't take that responsibility lightly. Staff are committed to maintaining care processes for patients that are safe and that meet high quality standards."

## Heat

headedness, weakness, mood changes including irritability, confusion, upset stomach, vomiting, decreased or dark colored urine, fainting and pale clammy skin.

Mood changes including irritability and confusion are also symptoms of heat stroke, as well as dry, pale skin with no sweating, hot red skin that looks sunburned, seizures or fits and unconsciousness with no response.

For both heat exhaustion and heat stroke, move the

victim to a cool shaded area. Do not leave the person alone.

Loosen clothing and remove heavy clothing. Fan the person's body to help cool them and apply a wet cloth to the skin. If the person is able to drink, give them cool water, unless they are sick to their stomach.

With a heat stroke, be sure to move any nearby objects away from the victim if symptoms include seizures or fits and use ice packs under the person's armpits and groin area.



**SPORTS PHYSICALS**

Be ready to play when you go back to school!

Coastal Health & Wellness offers sports physicals required for participation in school athletics!

Schedule an appointment:  
(409) 938-2234 or (281) 309-0255

Be sure to bring your school-issued physical form!

Clinics are located in Texas City and Galveston

COASTALHW.ORG

only \$25



## **Coastal Health & Wellness Updates**

**Clinical Compliance Specialist** – Christina Belmonte, RN joined CHW May 21, 2018 as the CHW Clinical Compliance Specialist. Christina has an extensive background in quality management activities, including risk management and safety, performance improvement and infection control in both a hospital and OR setting. She is familiar with accreditation standards and processes and procedures related to meeting these standards.

### **Saturday Clinic Hours –**

- New Saturday clinic hours (8:00 AM to Noon) went into effect May 5, 2018. Two medical providers and 1 Dentist are scheduled during this four-hour period and providers see both scheduled and appointed patients.
- In comparison to last year, the number of patients seen in May dropped by 52% based on the reduction in hours.
- We will continue to monitor and evaluate through QA and provide the Board with updates and/or recommended changes for consideration.

### **Dental Clinic –**

- The Galveston Dental Clinic remains closed at this time, but we will be working to re-open once the new full-time dental assistant has been trained.
- The initial schedule will provide services in Galveston 2 days a week.

### **UTMB OB/GYN Agreement –**

- We are currently working with the UTMB Department of Family Medicine on a contract which would allow for (2) family practice physicians and residents under the supervision of these physicians, to provide OB/GYN services to CHW patients.
- This contract would take the place of a previous agreement between Coastal and UTMB OB/GYN that terminated effective May 15, 2018. The previous agreement was entered into in June 2017 and provided for one UTMB Nurse Practitioner to provide obstetrics and gynecology services at Coastal Health & Wellness for 8 hours each month.
- The new agreement would allow for providers to be on site weekly (4 hours each week) and would also include family planning services.

### **UTMB Professional Services Agreement –**

- Dr. Premal Patel, UTMB Associate Professor in the Department of Internal Medicine, will begin seeing patients at CHW in July. The agreement with UTMB allows for Dr. Patel to provide services to CHW patients 8 hours per week, comprised of (2) four-hour clinical sessions. She will also be supervising UTMB medical students who have been authorized to assist in providing services to Coastal Health & Wellness patients.

### **HRSA Updates –**

- Notice was received on 5/9/18 that grant conditions issued 3/27/18 regarding quality control standards of care for infection prevention and control had been lifted.
- Notice was received on 5/22/18 that the grant condition regarding arrangements for hospital admitting and continuity of care had been lifted.

- One grant condition remains related to *Required or Additional Services*. This condition should be lifted once the OB/GYN contract has been executed and accepted by HRSA.
- Received notification of some additional HRSA funds that are available to support Capital Assistance for Hurricane Response and Recovery Efforts. The anticipated total available funding to all HRSA community health centers is \$60 million and CHW can apply for up to \$280,000. The project period will run for two years (September 1, 2018 to August 31, 2020). We are currently exploring using the grant for the purchase of equipment that may be needed to serve patients in the event of a hurricane or other disaster.
- We are nearing the end of the current three-year HRSA funding period and will need to start exploring a grant writer to assist with the next funding application.

### **OC3 – Optimized Comprehensive Clinical Care**

- Several CHW staff members recently attended a TACHC sponsored training regarding OC3 initiatives in Houston.
- OC3 activities focus on improving health outcomes for patients; increasing staff and provider productivity; improving patient and staff satisfaction; and becoming a patient-centered medical home.
- Staff recently conducted a cycle-time study earlier this month, which tracked the amount of time a patient spends in the clinic (from the time they entered the clinic until the completion of their visit). This data will be used as a benchmark as future goals and objectives are developed.
- The OC3 Team is currently working on several process improvements, which include streamlining the appointment scheduling process for new patients and ways to capture customer service feedback.

### **Communications –**

- **News Releases/ Website News Posts**
  - Blood Pressure Education Month
  - Mental Health Awareness Month
  - CHW Weekend Hours
  - CHW Joint Commission Accreditation
- **May Campaigns**
  - Blood Pressure Education Month
  - Mental Health Awareness Month
  - National Nurses Week

### **CHW Career Opportunities:**

- **Employee Onboarding** - Human Resources conducted new employee orientation for the following employee(s):
  - Rose Macicek, MRT – Lab & X-Ray Technician
  - Christina Belmonte – Clinical Compliance Specialist
  - Cynthia Santana - Electronic Records Specialist
  - Tamara Wallace – LVN
  - Cynthia Henderson – LVN
  - Esmeralda Martinez – Medical Aide

- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Sarah McNutt, RDA – Dental Assistant/Receptionist
- **Current Vacancies:**
  - CHW Vacancies:
    - CHW Administration – CHW Executive Director, CHW Medical Director, CHW Dental Director, CHW Lab & X-Ray Supervisor
    - Contact Center – \*Contact Center Specialist (2)
    - Dental – Full-time Dental Assistant, Part-time Dental Assistant, Supervisor of Dental Assistants
    - Electronic Records – Electronic Records Specialist
    - Lab & X-Ray – Lab & X-Ray Technician (2), \*Phlebotomist
    - Nursing – \*Registered Nurse, \*Medical Aide (2)
    - Patient Services – Patient Services Specialist

*\*indicate a new position added with FY19 budget*

#### **Governing Board Contract Report: April 2018**

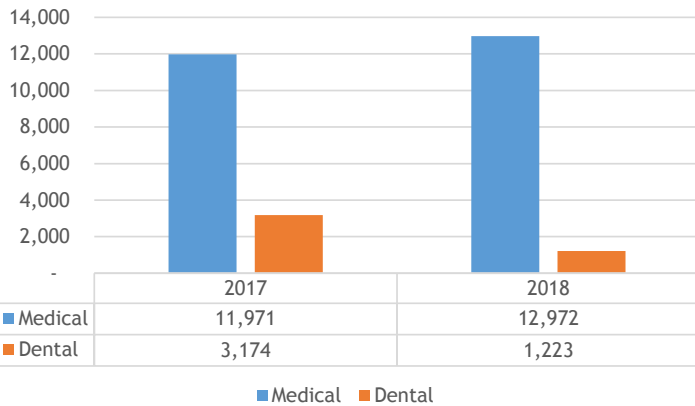
1. Coastal Health & Wellness, entered into an Agreement with Direct Relief. The purpose of this contract is to provide pre-position medicines and medical supplies for Direct Relief's Hurricane Preparedness Pack Program, to enable the immediate treatment of vulnerable populations should a hurricane or other emergency affect Partner's community during hurricane season, June 1-Nov. 30, 2018. Coastal Health and Wellness assumes no financial responsibilities for this program.

May 2018

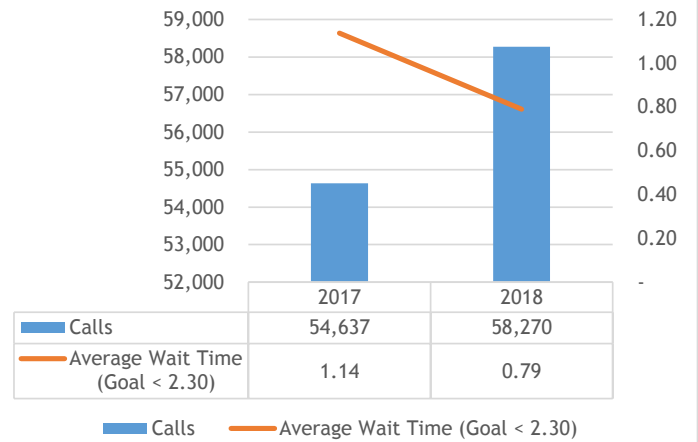
YTD Comparison Report - January through April

<b>Patient Services - Patients Checked-In</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Medical	11,971	12,972	8%
Dental	3,174	1,223	-61%
<b>Contact Center</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Calls	54,637	58,270	7%
Average Wait Time (Goal < 2.30)	1.14	0.79	-31%
<b>Electronic Records</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Record Requests	3,472	3,599	4%
<b>County Indigent Program</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Applied	491	478	-3%
Referrals	1225	1693	38%
Avg Total Patients on Program	249	236	-5%
<b>Case Management</b>	<b>2017</b>	<b>2018</b>	<b>% Change</b>
Referrals	3,564	4,303	21%

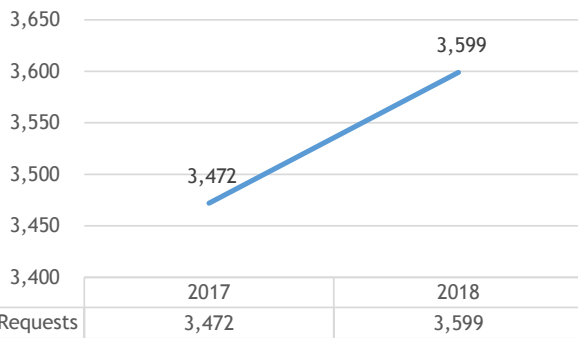
### Patient Services - Total Patients Checked-In



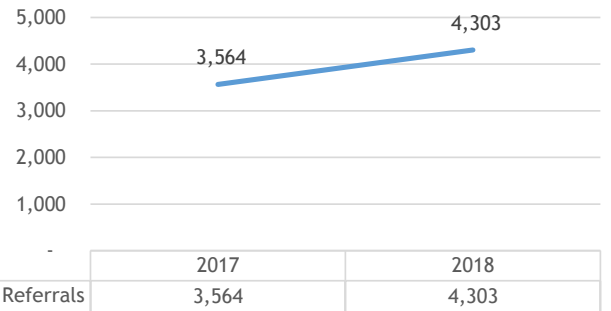
### Contact Center - Calls and Wait Time



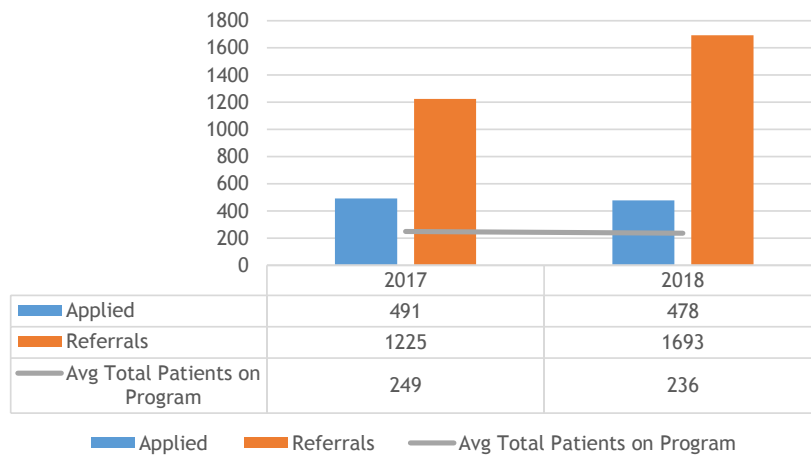
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program





## CHW 2018 OUTREACH INITIATIVES (Mobile, Health Events, Presentations)

**April**

<u>DATE</u>	<u>LOCATION</u>	<u>TYPE of outreach</u>	<u>Number of BP, Glucose &amp; A1c screenings</u>	<u>Number of contacts made by Community Health Worker</u>	<u>Number Hrs. of outreach</u>
19-Apr	Annual Senior Shape up	Health Fair	30	250	4
	Faith Lutheran Church				
21-Apr	Family Fun Day	Health Fair	0	50	4
	Annual Health & Resource Fair	Health Fair	50	60	4
<b>Total Screenings</b>			<b><u>80</u></b>		
<b>Total CHW Contacts</b>				<b><u>360</u></b>	
<b>Total Outreach HRs</b>					<b><u>12</u></b>



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board  
May 2018  
Item #7  
Consider for Approval April 2018  
Financial Report**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending April 30, 2018

May 31, 2018

GCHD Board Room | 9850-A Emmett F. Lowry Expy. | Texas City, TX 77591

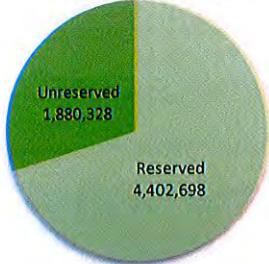
**CHW - BALANCE SHEET** as of April 30, 2018

	Current Month Apr-18	Prior Month Mar-18	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,588,958	\$5,481,838	\$107,120
Accounts Receivable	11,773,096	10,412,378	1,360,718
Allowance For Bad Debt	(10,713,464)	(7,787,129)	(2,926,335)
Pre-Paid Expenses	92,050	55,893	36,157
Due To / From	38,192	(26,841)	65,033
<b>Total Assets</b>	<b>\$6,778,832</b>	<b>\$8,136,140</b>	<b>(\$1,357,307)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$193,798	\$142,885	\$50,913
Accrued Salaries	252,359	213,493	38,865
Deferred Revenues	49,649	21,865	27,784
<b>Total Liabilities</b>	<b>\$495,806</b>	<b>\$378,243</b>	<b>\$117,563</b>
<b>FUND BALANCE</b>			
Prior Year Fund Balance	\$6,260,512	\$4,216,182	\$2,044,330
Current Change	22,514	2,044,331	(\$2,021,817)
<b>Total Fund Balance</b>	<b>\$6,283,026</b>	<b>\$6,260,513</b>	<b>\$22,513</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$6,778,832</b>	<b>\$6,638,756</b>	<b>\$140,076</b>

Current Period Assets



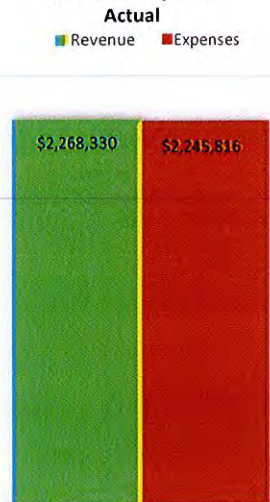
Total Fund Balance



**CHW - REVENUE & EXPENSES** as of April 30, 2018

	Actual Apr-18	Budgeted Apr-18	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,070	\$324,070	(\$0)	(\$0)
DSRIP Revenue	0	79,167	(79,167)	(79,167)
HHS Grant Revenue	248,204	260,617	(12,412)	(12,412)
Patient Revenue	1,686,515	1,352,449	334,066	334,066
Other Revenue	9,540	11,187	(1,647)	(1,647)
<b>Total Revenue</b>	<b>\$2,268,330</b>	<b>\$2,027,490</b>	<b>\$240,840</b>	<b>\$240,840</b>
<b>EXPENSES</b>				
Personnel	\$586,966	\$652,685	\$65,719	\$65,719
Contractual	46,028	60,260	14,231	14,231
IGT Reimbursement	0	37,500	37,500	37,500
Supplies	95,632	106,440	10,808	10,808
Travel	580	2,510	1,930	1,930
Bad Debt Expense	1,428,951	1,084,467	(344,484)	(344,484)
Other	87,659	83,628	(4,031)	(4,031)
<b>Total Expenses</b>	<b>\$2,245,816</b>	<b>\$2,027,490</b>	<b>(\$218,327)</b>	<b>(\$218,327)</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$22,514</b>	<b>\$0</b>	<b>\$22,514</b>	<b>\$22,514</b>

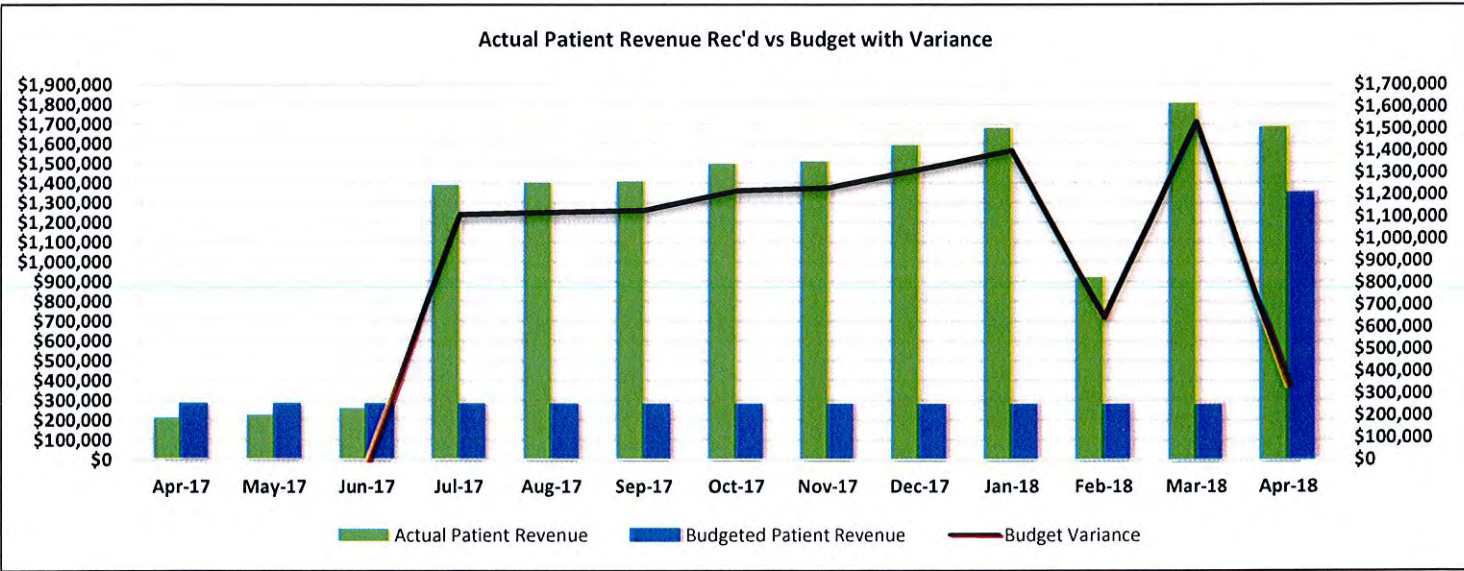
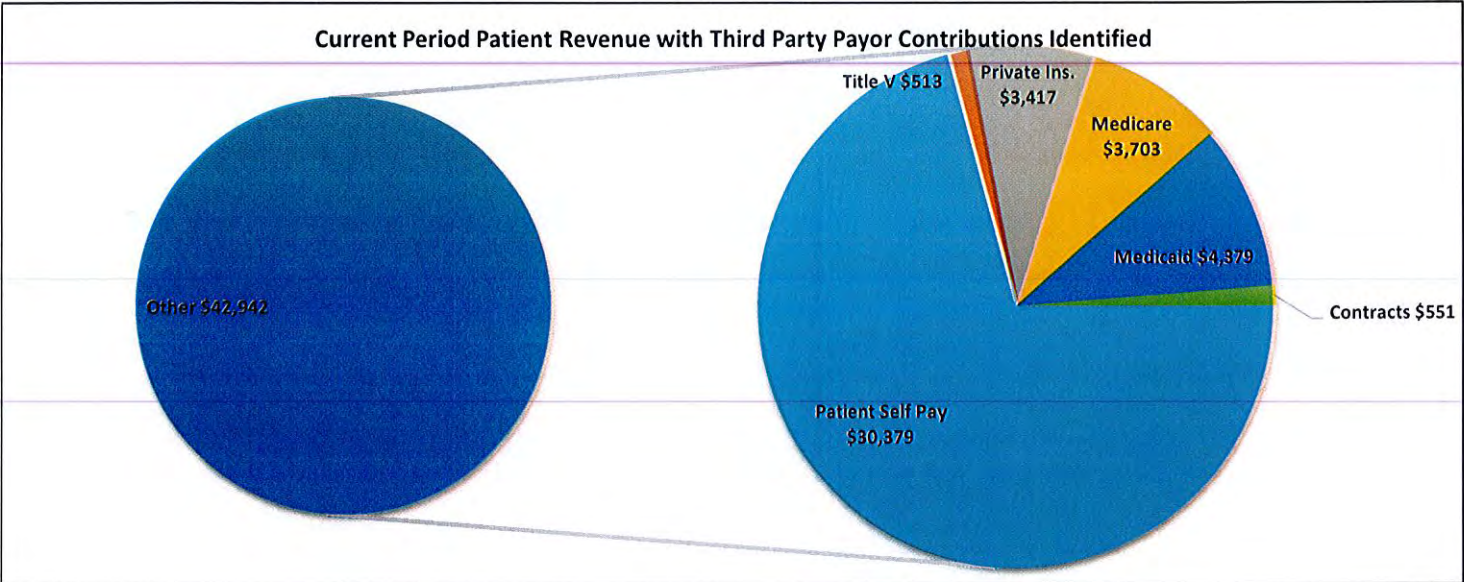
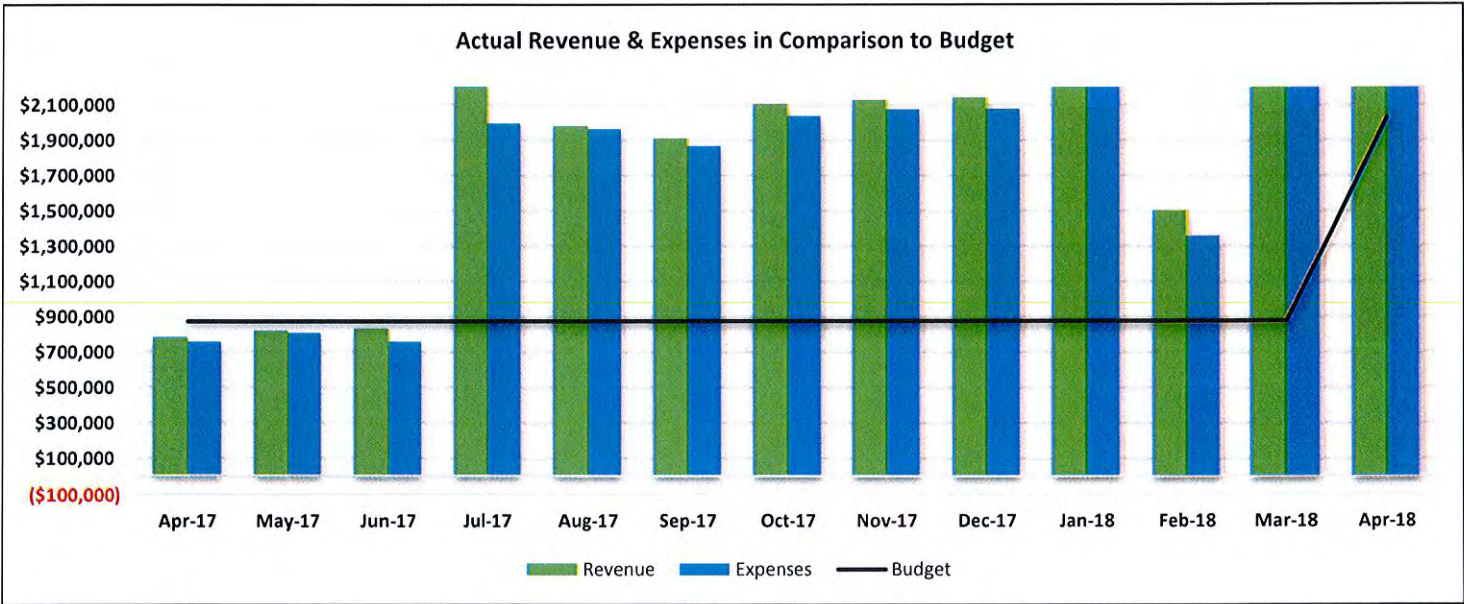
Current Month Revenue & Expenses Actual



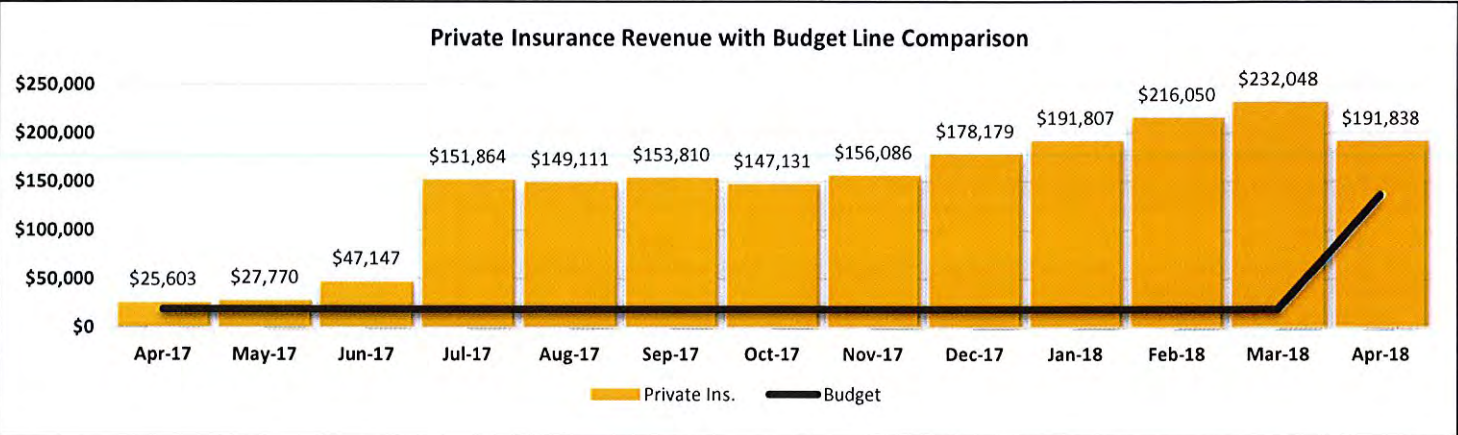
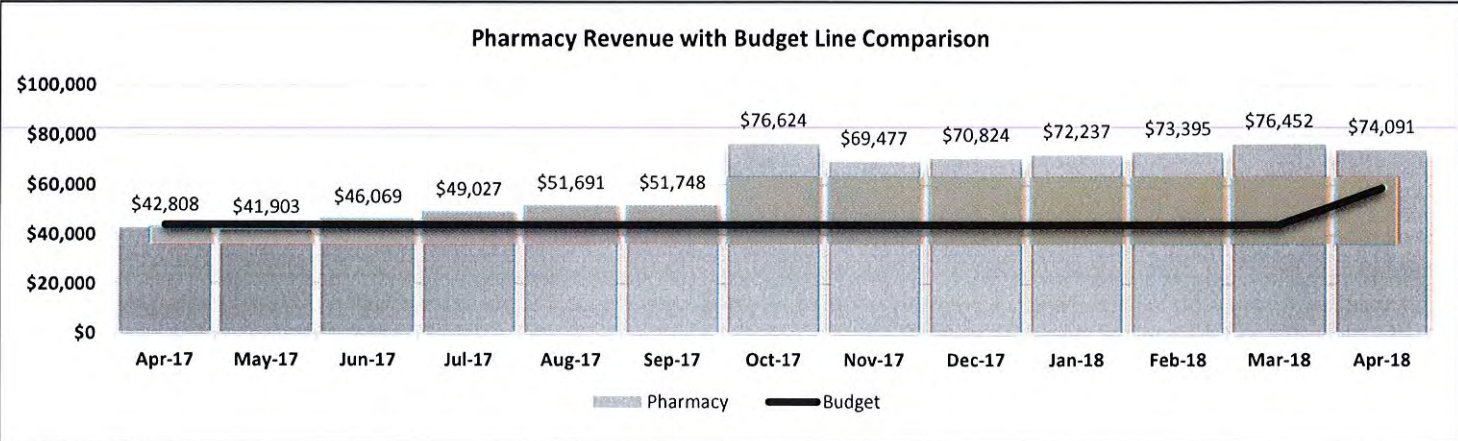
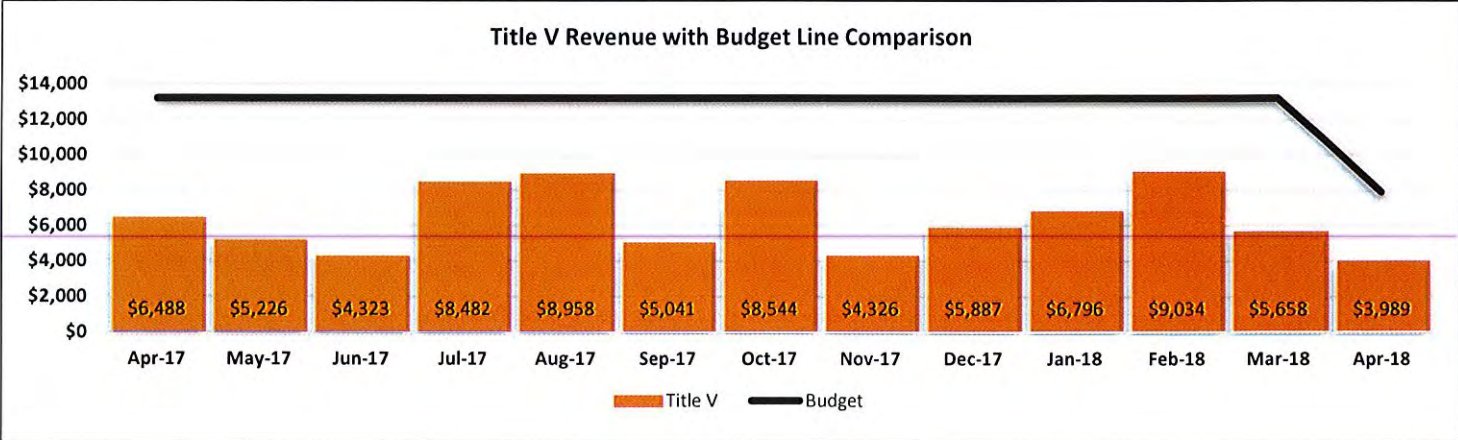
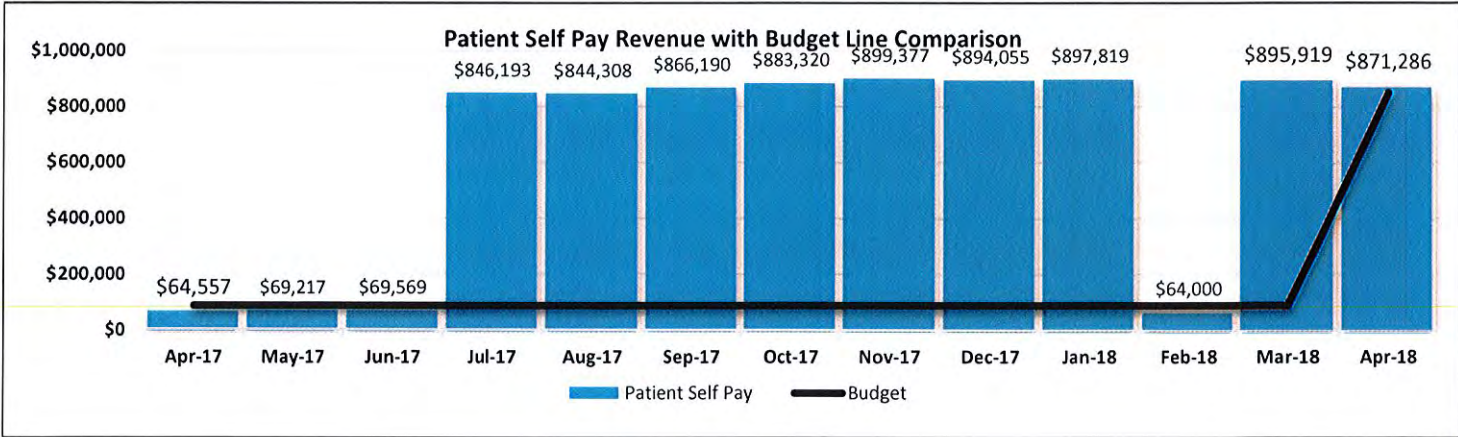
**HIGHLIGHTS**

- MTD increase in Fund Balance of \$22,514.
- Revenues were \$240,840 higher than budgeted this month. MTD/YTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted.
- Expenses were (\$218,327) higher MTD/YTD than budgeted. Bad Debt expense is recorded higher than budgeted. Also additional expenses in Professional Services, and Maintenance/Repair, Equipment.
- MTD/YTD increase in fund balance of \$22,514. Total fund balance \$6,283,026 as of 4/30/18.



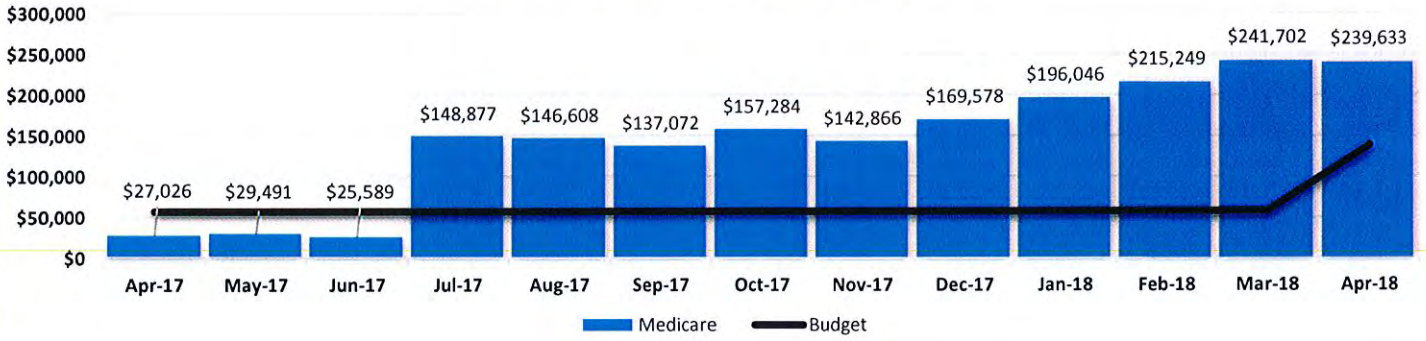




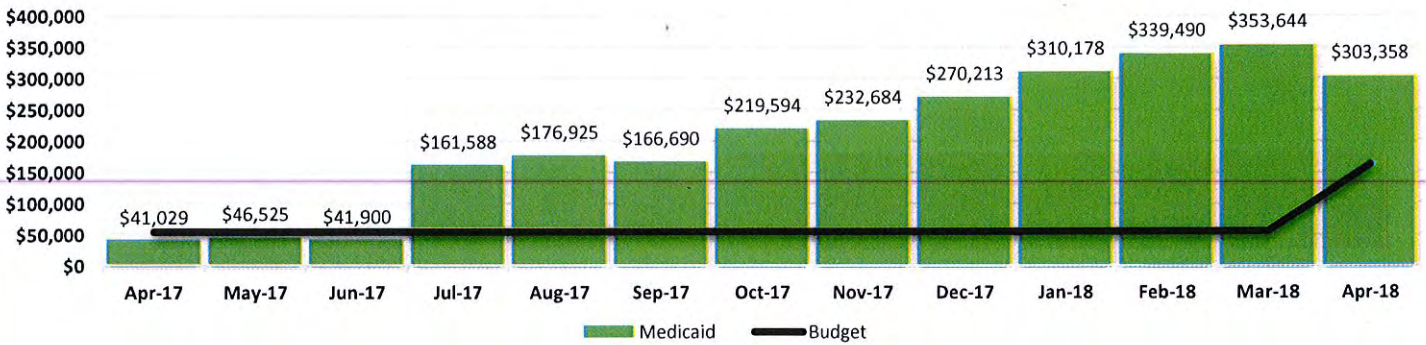




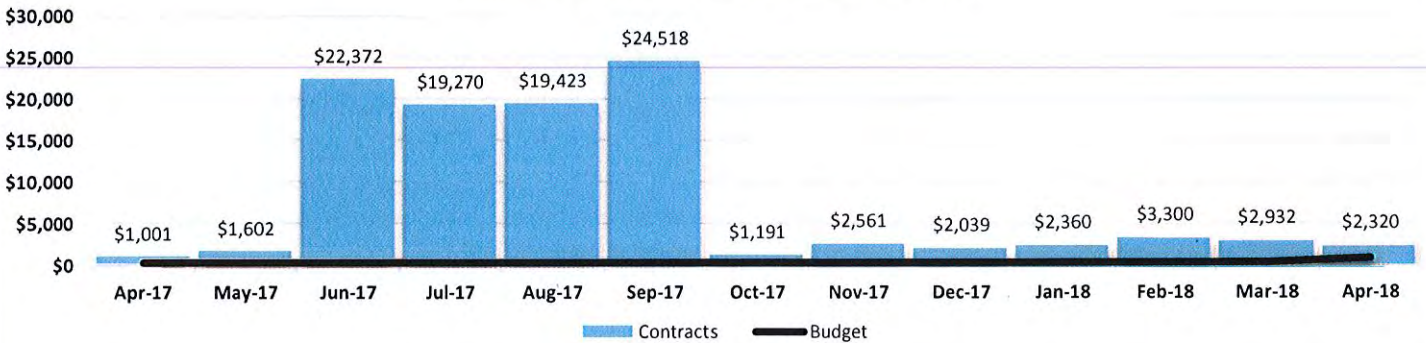
Medicare Revenue with Budget Line Comparison



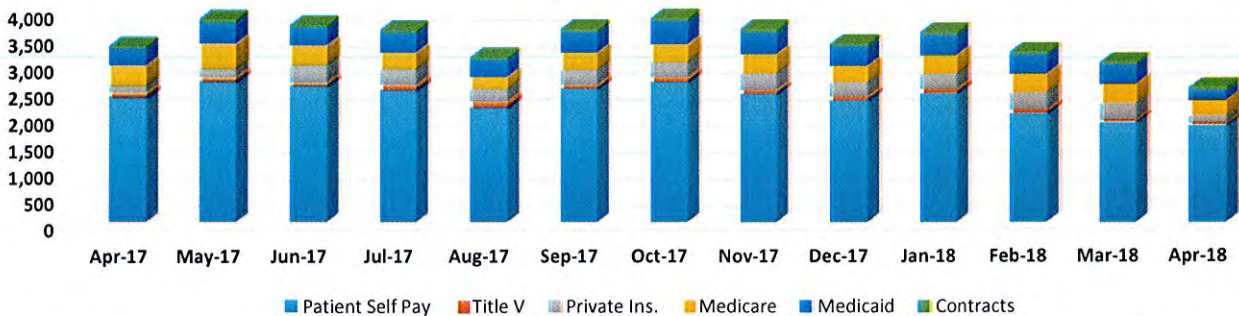
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits





**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending April 30, 2018**

		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	4/30/18	Budget	Variance	Actual	Budget	Variance	Budget
<b>Grouping</b>	<b>REVENUE</b>							
HRSA	HHS GRANT REVENUE - Federal	\$248,204	\$260,617	(\$12,412)	\$248,204	\$260,616.67	(\$12,412)	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$3,989	\$7,905	(\$3,915)	\$3,989	\$7,905	(\$3,915)	\$94,855
Patient Rev	PATIENT FEES	\$871,286	\$848,258	\$23,028	\$871,286	\$848,258	\$23,028	\$10,179,092
Patient Rev	PRIVATE INSURANCE	\$191,838	\$136,556	\$55,282	\$191,838	\$136,556	\$55,282	\$1,638,668
Patient Rev	PHARMACY REVENUE - 340b	\$74,091	\$58,750	\$15,341	\$74,091	\$58,750	\$15,341	\$705,000
Patient Rev	MEDICARE	\$239,633	\$137,727	\$101,906	\$239,633	\$137,727	\$101,906	\$1,652,723
Patient Rev	MEDICAID	\$303,358	\$162,421	\$140,937	\$303,358	\$162,421	\$140,937	\$1,949,049
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$2,701	\$2,701	(\$0)	\$2,701	\$2,701	(\$0)	\$32,416
Other Rev.	MEDICAL RECORD REVENUE	\$1,984	\$1,354	\$629	\$1,984	\$1,354	\$629	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
County	COUNTY REVENUE	\$324,070	\$324,070	(\$0)	\$324,070	\$324,070	(\$0)	\$3,888,844
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$0	\$79,167	(\$79,167)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$30	\$0	\$30	\$30	\$0	\$30	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$4,375	\$2,083	\$2,292	\$4,375	\$2,083	\$2,292	\$25,000
Patient Rev	CONTRACT REVENUE	\$2,320	\$833	\$1,487	\$2,320	\$833	\$1,487	\$10,000
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$450	\$0	\$450	\$450	\$0	\$450	\$0
Other Rev.	CONVENIENCE FEE	\$0	\$670	(\$670)	\$0	\$670	(\$670)	\$8,040
Other Rev.	Fund Balance	\$0	\$4,378	(\$4,378)	\$0	\$4,378	(\$4,378)	\$52,540
	<b>Total Revenue</b>	<b>\$2,268,330</b>	<b>\$2,027,490</b>	<b>\$240,840</b>	<b>\$2,268,330</b>	<b>\$2,027,490</b>	<b>\$240,840</b>	<b>\$24,329,877</b>
	<b>EXPENSES</b>							
Personnel	SALARIES	\$457,389	\$515,172	\$57,783	\$457,389	\$515,172	\$57,783	\$6,182,060
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$0	\$4,400	\$4,400	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$4,797	\$5,000	\$203	\$4,797	\$5,000	\$203	\$60,000.00
Personnel	SALARIES, PART-TIME	\$9,366	\$19,149	\$9,782	\$9,366	\$19,149	\$9,782	\$229,782.00
Personnel	Comp Pay	\$42	\$0	(\$42)	\$42	\$0	(\$42)	\$0.00
Personnel	FICA EXPENSE	\$34,956	\$41,595	\$6,638	\$34,956	\$41,595	\$6,638	\$499,135.00
Personnel	TEXAS UNEMPLOYMENT TAX	\$4,726	\$92	(\$4,634)	\$4,726	\$92	(\$4,634)	\$1,107.00
Personnel	LIFE INSURANCE	\$1,377	\$1,222	(\$155)	\$1,377	\$1,222	(\$155)	\$14,659.00
Personnel	LONG TERM DISABILITY INSURANCE	\$1,016	\$1,125	\$108	\$1,016	\$1,125	\$108	\$13,496.00
Personnel	GROUP HOSPITALIZATION INSURANC	\$29,104	\$48,838	\$19,734	\$29,104	\$48,838	\$19,734	\$586,055.00
Personnel	WORKER'S COMP INSURANCE	\$1,644	\$2,719	\$1,074	\$1,644	\$2,719	\$1,074	\$32,623.00
	EMPLOYER SPONSORED HEALTHCARE	\$6,544	\$0	(\$6,544)	\$6,544	\$0	(\$6,544)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$11,604	\$13,376	\$1,772	\$11,604	\$13,376	\$1,772	\$160,506.00
Contractual	OUTSIDE LAB CONTRACT	\$20,730	\$26,500	\$5,770	\$20,730	\$26,500	\$5,770	\$318,000.00
Contractual	OUTSIDE X-RAY CONTRACT	\$3,324	\$3,850	\$526	\$3,324	\$3,850	\$526	\$46,200.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$9,356	\$14,720	\$5,363	\$9,356	\$14,720	\$5,363	\$176,634.00
Personnel	TEMPORARY STAFFING	\$24,401	\$0	(\$24,401)	\$24,401	\$0	(\$24,401)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$6,069	\$8,400	\$2,331	\$6,069	\$8,400	\$2,331	\$100,800.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$0	\$37,500	\$37,500	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$2,672	\$2,800	\$128	\$2,672	\$2,800	\$128	\$33,600.00
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$80	\$80	(\$0)	\$960.00
Contractual	SECURITY	\$3,797	\$3,910	\$113	\$3,797	\$3,910	\$113	\$46,920.00
Supplies	OFFICE SUPPLIES	\$3,124	\$5,115	\$1,991	\$3,124	\$5,115	\$1,991	\$61,376.00
Supplies	OPERATING SUPPLIES	\$13,204	\$19,500	\$6,296	\$13,204	\$19,500	\$6,296	\$234,000.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$120	\$2,000	\$1,880	\$120	\$2,000	\$1,880	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$78,787	\$78,850	\$63	\$78,787	\$78,850	\$63	\$946,200.00
Supplies	JANITORIAL SUPPLIES	\$397	\$375	(\$22)	\$397	\$375	(\$22)	\$4,500.00
Supplies	PRINTING SUPPLIES	\$0	\$200	\$200	\$0	\$200	\$200	\$2,400.00
Supplies	UNIFORMS	\$0	\$400	\$400	\$0	\$400	\$400	\$4,800.00
Other	POSTAGE	\$645	\$667	\$22	\$645	\$667	\$22	\$8,000.00
Other	TELEPHONE	\$4,148	\$4,055	(\$93)	\$4,148	\$4,055	(\$93)	\$48,660.00
Other	WATER	\$31	\$31	\$1	\$31	\$31	\$1	\$372.00
Other	ELECTRICITY	\$2,060	\$2,083	\$23	\$2,060	\$2,083	\$23	\$25,000.00
Travel	TRAVEL, LOCAL	\$580	\$375	(\$205)	\$580	\$375	(\$205)	\$4,501.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$0	\$417	\$417	\$0	\$417	\$417	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$0	\$1,719	\$1,719	\$0	\$1,719	\$1,719	\$20,624.00
Other	RENTALS	\$3,166	\$3,044	(\$122)	\$3,166	\$3,044	(\$122)	\$36,528.00
Other	LEASES	\$43,702	\$43,702	\$0	\$43,702	\$43,702	\$0	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$9,244	\$6,609	(\$2,634)	\$9,244	\$6,609	(\$2,634)	\$79,310.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$42	\$42	\$500.00
Other	FUEL	\$0	\$42	\$42	\$0	\$42	\$42	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$41	\$417	\$376	\$41	\$417	\$376	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$42	\$42	\$500.00
Other	INSURANCE, AUTO/Truck	\$166	\$166	\$0	\$166	\$166	\$0	\$1,992.00
Other	INSURANCE, GENERAL LIABILITY	\$724	\$750	\$26	\$724	\$750	\$26	\$9,000.00
Other	INSURANCE, BLDG. CONTENTS	\$1,479	\$1,380	(\$99)	\$1,479	\$1,380	(\$99)	\$16,560.00
Other	COMPUTER EQUIPMENT	\$369	\$0	(\$369)	\$369	\$0	(\$369)	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$687	\$1,500	\$813	\$687	\$1,500	\$813	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	(\$226)	\$125	\$351	(\$226)	\$125	\$351	\$1,500.00
Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$2,667	\$2,883	\$216	\$34,592.00

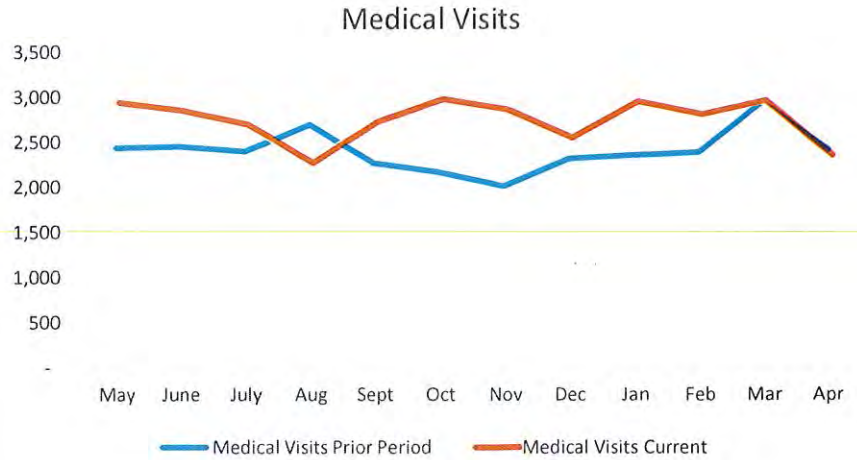


**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending April 30, 2018**

		<i>Period Ending</i>	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	<i>Description</i>	<i>4/30/18</i>	Budget	Variance	Actual	Budget	Variance	Budget
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$13,388	\$12,712	(\$677)	\$13,388	\$12,712	(\$677)	\$152,540.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$200	\$191	(\$9)	\$200	\$191	(\$9)	\$2,288.00
Other	PROFESSIONAL SERVICES	\$3,680	\$1,342	(\$2,338)	\$3,680	\$1,342	(\$2,338)	\$16,100.00
Other	MED/HAZARD WASTE DISPOSAL	\$520	\$483	(\$37)	\$520	\$483	(\$37)	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$385	\$650	\$265	\$385	\$650	\$265	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$0	\$29	\$29	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$599	\$685	\$86	\$599	\$685	\$86	\$8,220.00
Other	CASHIER OVER / SHORT	(\$15)	\$0	\$15	(\$15)	\$0	\$15	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$1,428,951	\$1,084,467	(\$344,484)	\$1,428,951	\$1,084,467	(\$344,484)	\$13,013,603.00
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
	<b>Total Expenses</b>	<b>\$2,245,817</b>	<b>\$2,027,490</b>	<b>(\$218,327)</b>	<b>\$2,245,817</b>	<b>\$2,027,490</b>	<b>(\$218,327)</b>	<b>\$24,329,877</b>
	<b>Net Change in Fund Balance</b>	<b>\$22,514</b>	<b>\$0</b>	<b>\$22,514</b>	<b>\$22,514</b>	<b>\$0</b>	<b>\$22,514</b>	<b>\$0</b>

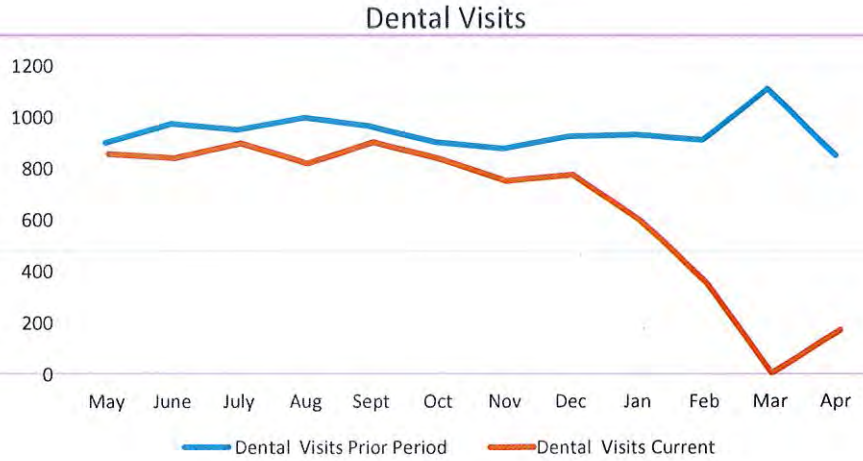
**Medical Visits**

	<u>Prior Period</u>	<u>Current</u>
May	2,435	2,939
June	2,450	2,850
July	2,395	2,696
Aug	2,693	2,267
Sept	2,265	2,720
Oct	2,164	2,974
Nov	2,012	2,857
Dec	2,316	2,542
Jan	2,353	2,939
Feb	2,390	2,798
Mar	2,943	2,946
Apr	2,417	2,334
	<u>21,083</u>	<u>24,784</u>



**Dental Visits**

	<u>Prior Period</u>	<u>Current</u>
May	900	858
June	974	841
July	950	899
Aug	998	820
Sept	964	903
Oct	903	838
Nov	878	749
Dec	926	772
Jan	931	597
Feb	913	354
Mar	1111	0
Apr	851	167
	<u>8,424</u>	<u>7,277</u>



**Counseling Visits**

	<u>Prior Period</u>	<u>Current</u>
May	68	46
June	64	41
July	51	45
Aug	80	38
Sept	66	32
Oct	76	48
Nov	57	52
Dec	65	60
Jan	66	62
Feb	63	66
Mar	40	83
Apr	66	54
	<u>593</u>	<u>424</u>



**Vists by Financial Class - Actual vs. Budget**  
**As of April 30, 2018 (Grant Year 4/1/18-3/31/19)**

	Annual HRSA Grant Budget	MTD Actual	MTD Budget	Over/(Under) MTD Budget	YTD Actual	YTD Budget	Over/(Under) YTD Budget	% Over/ (Under) YTD Budget
Medicaid	4,379	185	365	(180)	185	365	(180)	-49%
Medicare	3,703	292	309	(17)	292	309	(17)	-5%
Other Public (Title V, Contract)	1,064	102	89	13	102	89	13	15%
Private Insurance	3,417	142	285	(143)	142	285	(143)	-50%
Self Pay	30,379	1,834	2,532	(698)	1,834	2,532	(698)	-28%
	<b>42,942</b>	<b>2,555</b>	<b>3,579</b>	<b>(1,024)</b>	<b>2,555</b>	<b>3,579</b>	<b>(1,024)</b>	<b>-29%</b>

**Unduplicated Patients - Current vs. Prior Year**  
**UDS Data Calendar Year**  
**January through December**

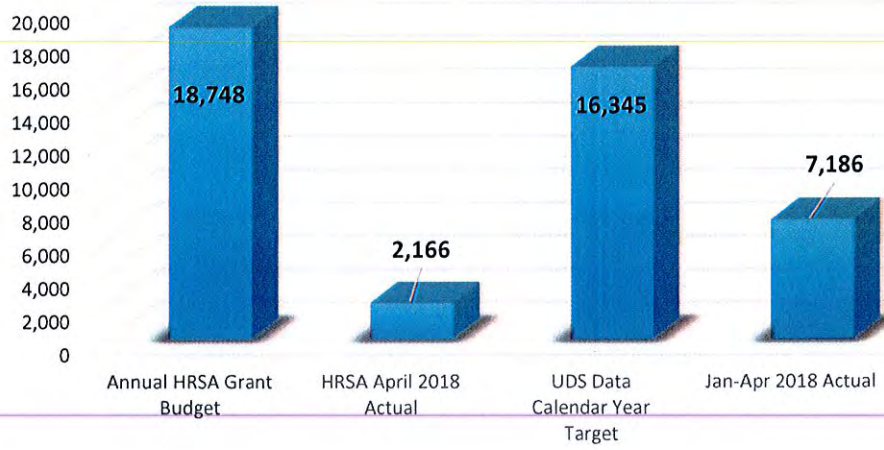
	Jan - Apr 2017 Actual	Jan - Apr 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	16,345	7,290	(104)	44%

**Unduplicated Patients - Current vs. Prior Year**  
**HRSA Grant Year**  
**April through March**

	Annual HRSA Grant Budget	April 2017 Actual	April 2018 Actual	Increase/ (Decrease) Prior Year	% of Annual Target
Unduplicated Patients	14,198	2,743	2,166	(577)	15%

\* The Dental Clinic reopened on April 16, 2018.

### Number of Unduplicated Patients





**Grant #H80CS00344 Tracking #00222879**

**QI Expenditure List**

**Awarded**

**8/11/2017**

**Total Award**

**\$26,612**

OC3 Registration for 2017-2019 year	1,500.00	* OC3 registration
OC3 Travel to meeting - January	1,874.50	* registration/hotel/travel
Henry Schein Easy Clave Printer	1,497.44	* Purchased 3/1/18 received 3/8/18
Migali G-25 Refrigerator	4,510.00	Migali G-2R refrigerator \$3,950 + \$560 shipping
Pharmacy grade freezer - Galveston	3,000.00	
2 Printers for Spirometer Laptop computer	200.00	
3 small refrigerators	360.00	For sample medications and controls
Cryogenic Gloves	361.81	elbow length water resistant cryogenic gloves for liquid nitrogen - around \$200
OC3 Travel - May	2,750.00	meeting in Houston
EHR Interface	4,000.00	Software to integrate Nextgen to Houston Connect for meaningful use
	4,150.00	Services to integrate software above
NextGen Libraries upgrade	<u>2,408.25</u>	Allows patient information to be printed out in various languages
<b>Total</b>	<b>\$ 26,612.00</b>	

\* Already expended.

We will be requesting to carry over \$21,740.06 as unobligated funds for the 2018-2019 funding period.

[Back to Agenda](#)





# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**May 2018**

**Item #8**

**Consider for Quarterly Access to Care**

## 2018 1st Quarter Access To Care Report

Dental Closed 2/14 -4/13/18

No Medical Procedures since 2/14

Galveston	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show	Texas City	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show
<b>Counseling</b>							<b>Counseling</b>						
Bailey	120	13	24%	76%	45%	55%	Bailey	489	60	24%	76%	51%	49%
Tigrett	511	67	21%	79%	63%	37%	Tigrett	701	147	37%	63%	57%	43%
<b>Counseling Total</b>	<b>631</b>	<b>80</b>	<b>23%</b>	<b>78%</b>	<b>54%</b>	<b>46%</b>	<b>Counseling Total</b>	<b>1190</b>	<b>207</b>	<b>31%</b>	<b>69%</b>	<b>54%</b>	<b>46%</b>
<b>Dental</b>							<b>Dental</b>						
Foster	65	40	100%	0%	62%	38%	Foster	358	229	100%	0%	64%	36%
Nguyen	247	157	100%	0%	64%	36%	Keiser	70	57	100%	0%	81%	19%
Trinh	56	25	79%	21%	64%	36%	Nguyen	38	30	100%	0%	80%	20%
<b>Dental Total</b>	<b>368</b>	<b>222</b>	<b>93%</b>	<b>7%</b>	<b>64%</b>	<b>37%</b>	Shetty	538	371	100%	0%	69%	31%
							Trinh	357	160	64%	36%	70%	30%
<b>Medical</b>							<b>Dental Total</b>	<b>1361</b>	<b>874</b>	<b>93%</b>	<b>7%</b>	<b>73%</b>	<b>27%</b>
Alhassan	311	276	100%	0%	89%	11%	<b>Medical</b>						
Baggett	375	276	87%	13%	84%	16%	Alhassan	600	481	100%	0%	80%	20%
Borillo	349	163	58%	42%	81%	19%	Baggett	344	284	100%	0%	83%	17%
Khan	200	113	68%	32%	83%	17%	Borillo	924	624	84%	16%	80%	20%
McGray-Garrison	365	230	82%	18%	77%	23%	Khan	1099	745	90%	10%	75%	25%
Morgan	296	177	75%	25%	79%	21%	McGray-Garrison	915	544	77%	23%	77%	23%
Nagorski	237	119	68%	32%	74%	26%	Morgan	1040	704	89%	11%	76%	24%
Ninova	13	10	77%	23%	100%	0%	Nagorski	1182	726	85%	15%	73%	27%
Ogundiran	271	155	76%	24%	75%	25%	Ninova	173	143	100%	0%	83%	17%
Olson	214	131	85%	15%	72%	28%	Ogundiran	967	632	86%	14%	76%	24%
Riggs	470	298	87%	13%	73%	27%	Olson	941	622	89%	11%	74%	26%
Varghese	329	207	75%	25%	84%	16%	Riggs	810	554	90%	10%	76%	24%
<b>Medical Total</b>	<b>3430</b>	<b>2145</b>	<b>78%</b>	<b>22%</b>	<b>81%</b>	<b>29%</b>	Short (OB)	13	8	69%	31%	89%	11%
							Varghese	1034	670	87%	13%	75%	25%
							<b>Medical Total</b>	<b>10,042</b>	<b>6737</b>	<b>88%</b>	<b>12%</b>	<b>78%</b>	<b>22%</b>

Monthly Provider Productivity						
	Jan	Feb	Mar	April	May	June
Counseling	0.4	0.4	0.5			
Dental	1.6	1.7	0.0			
Hygienist	1.5	1.6	0.0			
Medical	2	2.2	2.3			

Monthly Provider Productivity						
	July	Aug	Sept	Oct	Nov	Dec
Counseling						
Dental						
Hygienist						
Medical						

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City


**Governing Board**

**May 2018**

**Item #9**

**Consider for Approval Re-Privileging Right for  
Rispba Garrison, MD**



Date: May 31, 2018  
To: CHW Governing Board  
From: Abdul-Aziz Alhassan, MD   
Medical Director  
Re: Re-Privileging

---

After preparation of the credentialing file, the Coastal Health & Wellness Medical Director has reviewed the complete file and recommends that the Governing Board approve re-privileging as follow:

- Rispba McCray-Garrison, MD is a Licensed Medical Physician who will practice full time at both clinics sites. Rispba McCray-Garrison, MD graduated from Pennsylvania State University. Dr. Garrison is request re-privileging.

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**Governing Board**

**May 2018**

**Item #10**

**Consider for Approval First Amendment of the Co-Applicant and Shared Services Agreement  
Between the Galveston County Health District United Board of Health and the  
Coastal Health & Wellness Governing Board**



**FIRST AMENDMENT OF THE CO-APPLICANT AND SHARED SERVICES AGREEMENT  
BETWEEN  
THE COASTAL HEALTH & WELLNESS GOVERNING BOARD  
AND  
THE GALVESTON COUNTY HEALTH DISTRICT'S UNITED BOARD OF HEALTH**

This First Amendment of the Co-Applicant Agreement (“First Amendment”) is entered into effective May 31, 2018 by and between the Coastal Health & Wellness Governing Board (“CHWGB”), and the Galveston County United Board of Health (“UBOH”) (hereinafter collectively referred to as “the Parties”).

**WHEREAS**, the Parties entered into the Co-Applicant and Shared Services Agreement (“Agreement”) effective March 29, 2017, for services as more specifically described in the Agreement;

**WHEREAS**, the Parties now wish to enter into this First Amendment to: (a) include emergency preparedness in the Shared Services Personnel definition in order to satisfy Center for Medicare and Medicaid Services (“CMS”) Regulatory Requirements, under the Department of Health and Human Services; and (b) to ratify the terms of the Agreement and enter into this First Amendment to evidence the amendment of the Agreement as provided herein.

**AGREEMENT**

For and in consideration of the terms and conditions set forth herein, the Parties hereby agree to amend the Agreement as follows:

1. **Increased Shared Responsibilities:** Section 6.is amended to include emergency preparedness within the defined “Shared Services Personnel.” The addition to the Shared Services Personnel is required to satisfy CMS Regulatory Requirements for healthcare facilities to provide risk assessment and emergency planning; policies and procedures; communication plan; and emergency preparedness training and testing (see 42 CFR § 403-494). Thus, the Shared Services Personnel will now include staff engaged in accounting and financial reporting; credentialing services; purchasing and inventory services; facility management; human resources; information technology; communications; and compliance, risk and safety, and emergency preparedness. The Parties agree that the execution of this First Amendment, by all Parties, is effective to include the addition of emergency preparedness to the Shared Responsibilities, and any other terms and conditions associated with Shared Responsibilities contained in the Agreement.
2. **Ratification and Defined Terms.** Except as amended or modified by this First Amendment, the Agreement shall continue in full force and effect. The Parties each hereby ratify, affirm, and agree that he Agreement, as herein modified, represents the valid, binding, and enforceable obligations of the respective Parties. In the event of any conflict or inconsistency between the provisions of the Agreement and the First Amendment, the provisions of the First Amendment shall control and govern. Except as otherwise defined in this First Amendment, each of the terms used herein shall have the same meaning assigned to such terms in the Agreement.



**THE CO-APPLICANT AND SHARED SERVICES AGREEMENT BETWEEN THE  
COASTAL HEALTH & WELLNESS GOVERNING BOARD AND  
THE GALVESTON COUNTY HEALTH DISTRICT'S UNITED BOARD OF HEALTH**

This Co-Applicant Agreement ("Agreement") is entered into effective March 29, 2017 by and between the Coastal Health & Wellness Governing Board ("CHWGB"), and the Galveston County United Board of Health ("UBOH") (hereinafter collectively referred to as "the Parties").

**WHEREAS**, the Coastal Health & Wellness Governing Board, through the Galveston County Health District ("District") has applied for and received a grant from the United States Department of Health and Human Services Health Resources and Services Administration ("HRSA"), pursuant to Section 330 of the Public Health Services Act to support the planning and delivery of services to medically underserved populations;

**WHEREAS**, these grant funds are earmarked and used exclusively to support the operations and services of the Coastal Health & Wellness clinic ("Clinic");

**WHEREAS**, as a condition of the receipt of the Section 330 grant funds, the Clinic must have a governance structure that complies with HRSA requirements, including establishment of a governing board with sole oversight powers relating to the Clinic;

**WHEREAS**, the UBOH established the CHWGB to serve as this governing board over the Clinic, and the Parties have agreed that the CHWGB will serve as the Section 330 public entity grantee and in doing so will operate as the "Co-applicant" governing board consistent with the requirements of Section 330, the law's implementing regulations and the policies of HRSA;

**WHEREAS**, in order to accomplish their joint interests, the UBOH and the CHWGB through this Co-Applicant Agreement wish to clearly define their responsibilities with respect to the governance and operation of the Clinic consistent with Section 330 rules and regulations, as well as the terms and conditions set forth in HRSA policies regarding co-applicants;

**WHEREAS**, the CHWGB establishes policies and procedures designed to ensure the Clinic's provision of preventive, primary and supplemental health care services (including health education and enabling services) to the residents of Galveston County and surrounding counties, regardless of an individual's or family's ability to pay;

**NOW THEREFORE**, in consideration of the promises and the mutual covenants set forth in this Agreement, the receipt and adequacy of which are acknowledged by the Parties to this Agreement, the UBOH and the CHWGB hereby agree as follows:

**Section 1. Establishment of Co-Applicant Board:**

*Section 12* of the United Board of Health Bylaws establishes the authority and rightful autonomy of the Coastal Health and Wellness Governing Board. In accordance with this provision, "A separate Board, referred to as the Coastal Health & Wellness Governing Board, shall have complete authority of oversight and policy-making for Coastal Health & Wellness, a clinic operated by the Galveston County Health District but independent of the United Board of Health. The United Board of Health herein grants exclusive authority to the Governing Board to set policies for and operate Coastal Health & Wellness in accordance with the Governing Board's Bylaws."



**Section 2. Purpose:**

The CHWGB shall oversee the implementation of the Section 330 grant and operation of the Clinic in accordance with the terms of this Agreement and the Bylaws as adopted by CHWGB. The CHWGB shall set priorities and goals for the Clinic, monitor, provide input and feedback to the District's administrators regarding the Clinic's operations, and evaluate the Clinic, and act as the governing board of the Clinic in a manner consistent with Section 330 rules and regulations as set forth by HRSA.

**Section 3. Membership and Appointment:**

**A. Membership**

As set forth in the CHWGB Bylaws, membership in the CHWGB will comply with Section 330 requirements. The CHWGB shall consist of no less than nine (9) and no more than fifteen (15) persons collectively representing the community at large and accurately reflecting the ethnic and socioeconomic distribution of the region's population. A majority of the Governing Board's membership (at least 51%) will be comprised of persons served by Coastal Health & Wellness, as delineated within the CHWGB Bylaws. The remaining Governing Board members will be representatives of the community served by Coastal Health & Wellness, and shall be selected for their expertise in health care delivery, community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community ("non-consumer representatives"). No voting member of the CHWGB shall be an employee of Coastal Health & Wellness, the Galveston County Health District, the United Board of Health, or a spouse, child, parent, brother, or sister, by blood, marriage or adoption, of a member within the aforementioned groups. Furthermore, no more than two of the non-consumer representatives may receive more than 10% of their income from the healthcare industry as required by HRSA.

**B. Appointment**

All voting members of the CHWGB are elected by a majority of the seated Governing Board members, upon consideration of a slate of recommended nominees presented to the CHWGB. Either the CHWGB or the UBOH may recommend one or more qualified nominees for each vacancy to be included on the slate of recommended nominees presented to the Governing Board.

**Section 4. Meetings:**

**A. Regular Meetings**

The CHWGB shall hold regular meetings typically on the final Thursday of every month at 12:00 p.m. CST in the Galveston County Health District Boardroom, located at 9850-A Emmett F. Lowry Expressway, Texas City, TX 77591.

**B. Quorum**

A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the voting membership. A majority vote of a quorum is required to take any action.



**Section 5. Roles and Responsibilities of the CHWGB:**

The CHWGB shall have the following authority as required by HRSA and consistent with state and local law:

- A. To hold monthly meetings and maintain records/minutes that verify and document the CHWGB's functioning.
- B. To periodically review, recommend and approve expenditures pertaining to the Clinic's annual budget.
- C. To review and approve the annual audit of the Clinic.
- D. To approve applications and renewals related to the Health Center Program Statute: Section 330 of the Public Health Service Act (42 U.S.C. §254b). The annual budget and application will be approved by the CHWGB for each fiscal period.
- E. To participate in the selection, evaluation, and dismissal of the Clinic's Executive Director.
- F. To establish general policies necessary and proper for the efficient and effective operation of the Clinic, and to review and approve the scope and availability of services, location and hours of services offered by the Clinic.
- G. To provide periodic evaluation of the effectiveness of the Clinic in making services accessible to community residents through a review of its long term strategic planning goals, which are specifically set forth within the Clinic's five-year strategic health plan.
- H. To develop and implement a procedure for hearing and resolving patient grievances regarding the Clinic.
- I. To evaluate the Clinic's activities, including client satisfaction and achievement of quality improvement measures, and achievement of project objectives.
- J. To review and evaluate compliance with the quality assurance programs.
- K. To maintain compliance with applicable federal, state and local laws, rules and regulations.
- L. In conjunction with the CHW Executive Director and District administration, develop and approve policies for billing and collections activities, including policies regarding determinations of eligibility for services, charge structure, and criteria for sliding fee discount schedules



**Section 6. Shared Responsibilities:**

The UBOH shall retain authority to establish any fiscal and personnel policies for both the Galveston County Health District and Coastal Health & Wellness. The CHWGB possesses the sole authority to appoint, terminate, and ascribe professional duties to the CHW Executive Director, and to approve, modify or abolish any policy exclusive to Clinic operations. Staff engaged in accounting and financial reporting; credentialing services; purchasing and inventory services; facility management; human resources; information technology; communications; and compliance, risk and safety shall be classified as "Shared Services Personnel." Shared Services Personnel shall work in conjunction with the CHW Executive Director and/or designee when undertaking assigned responsibilities associated with Clinic operations; however, the employment status of Shared Services Personnel shall ultimately lie within the control of the District's Chief Executive Officer. Compensation for Shared Services Personnel shall be split amongst the Parties and justly budgeted for in accordance with the amount of time individuals categorized as Shared Services Personnel respectively allot to tasks chiefly undertaken for the ultimate advancement of directives ordered by the CHWGB and/or the UBOH. The process by which this compensatory apportionment shall be regulated is delineated in *Section 8. Cost Allocation for Shared Services*, of this Agreement.

The Parties shall coordinate efforts to meet their respective obligations under this Agreement and shall cooperate to communicate and resolve any issues between the Parties. Should a conflict amongst the Parties arise which cannot be amicably settled, the Parties shall abide by the stipulations set forth under *Section 11. Dispute and Conflict Resolution*, of this Agreement.

**Section 7. District Support of CHWGB:**

In addition to providing the location for regularly scheduled meetings of the CHWGB, the District shall provide support for the Clinic, such as equipment for taking minutes of meetings, providing notice of meetings of the CHWGB, and maintaining archives of CHWGB documents as required by law.

**Section 8. Cost Allocation for Shared Services:**

Shared personnel and administrative services offer a way to organize administrative functions and optimize the delivery of cost-effective, flexible, reliable services to all "customers." The United States Department of Health and Human Services recently published the following vision statement regarding the benefits derived from the implementation of shared services business models as a means to mitigate the challenges faced by federal agencies of meeting growing mission necessities while dealing with declining resources.

*"Maximize the Economic, Architectural, and Operational Value of HHS's Shared Services in Support of Promoting the Advancement of the Health, Safety, and Well-Being of the American People."*

The CHWGB and UBOH recognize the need to reasonably and fairly allocate the costs associated with these shared services between the Clinic and other divisions operated by the District in a manner that complies with local governmental rules, as well as federal regulations applicable to HRSA and Section 330 mandates. Accordingly, the CHWGB and UBOH have developed a cost allocation plan attached hereto as *Exhibit A*, which identifies the costs of shared resources which are to be allocated among the Clinic and other District operations. Thus, the



District agrees every six (6) months to review the cost allocation plan in comparison to the actual expenditure of time by Shared Services Personnel in order to assess the general accuracy of the cost allocation plan and present said findings to the CHWGB and the UBOH during a respective meeting of each board. Furthermore, District executives agree to meet and confer annually prior to the submission of the Clinic's annual budget to HRSA to determine whether any modifications to the cost allocation plan are warranted based on experience or to otherwise ensure compliance with applicable law, including that set forth in 45 C.F.R. Part 75.

**Section 9. Term:**

This Agreement shall begin on March 29, 2017 and shall remain in effect during the project period of any and all Section 330 grant awards the Galveston County Health District receives with the CHWGB as its co-applicant, unless terminated at an earlier date. Subject to any federal and/or state regulatory approval which might be required to terminate the operation of the Clinic, this Agreement is intended to require that the Clinic remain in operation, and that the District through the continuous and implied consent of the UBOH apply for any required grant funding, including continued Section 330 funding, for the Clinic.

**Section 10. Modification of the Co-Applicant Agreement:**

Notwithstanding any other provision in this Agreement to the contrary, if the Clinic no longer receives funding under Section 330 of the Public Health Services Act or any successor to or substitute Act(s), this Agreement shall terminate.

Modifications, amendments or waivers of any provision of this Agreement may be made only by written mutual consent of the Parties, signed by their duly authorized representatives.


**Section 11. Dispute and Conflict Resolution:**

The Parties will use their best efforts to carry out the terms of this Agreement in the spirit of ensuring the provision of access to high-quality primary care to members of the community, and will resolve through a mutually agreed upon mediator in Galveston County any disputes or conflicts occurring hereunder.

-----DOCUMENT TO BE EXECUTED ON THE FOLLOWING PAGE-----

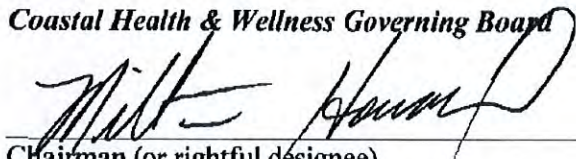
IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized representatives.

**United Board of Health**

  
\_\_\_\_\_  
Chairman (or rightful designee)


3/29/17  
Date

**Coastal Health & Wellness Governing Board**

  
\_\_\_\_\_  
Chairman (or rightful designee)


3/30/17  
Date

**The Galveston County Health District**

  
\_\_\_\_\_  
Kathy Barros, CPA  
Chief Executive Officer

3/30/17  
Date

**Coastal Health & Wellness**

  
\_\_\_\_\_  
Mary McClure  
Interim Executive Director

3/30/17  
Date

## Attachment A

# Cost Allocation Tracker

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

Week 1 END: \_\_\_\_\_

Week 2 END: \_\_\_\_\_

Day	Date	Public Health Hours	CHW Hours	Total Hours	Percentage Allocation PH	Percentage Allocation CHW
Monday					#DIV/0!	#DIV/0!
Tuesday					#DIV/0!	#DIV/0!
Wednesday					#DIV/0!	#DIV/0!
Thursday					#DIV/0!	#DIV/0!
Friday					#DIV/0!	#DIV/0!
Monday					#DIV/0!	#DIV/0!
Tuesday					#DIV/0!	#DIV/0!
Wednesday					#DIV/0!	#DIV/0!
Thursday					#DIV/0!	#DIV/0!
Friday					#DIV/0!	#DIV/0!
<b>BIWEEKLY TOTALS</b>					#DIV/0!	#DIV/0!

**EMPLOYEE NOTES:**

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager signature

\_\_\_\_\_  
Date

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**Governing Board**

**May 2018**

**Item #11**

**Discussion Regarding Proposed Changes to Coastal Health &  
Wellness Bylaws Regarding Member Term Limits and Annual  
Rotation of Executive Officers**

# BYLAWS

## COASTAL HEALTH & WELLNESS GOVERNING BOARD

ADOPTED: May, 1985

REVISIONS APPROVED:

These policies were approved, as revised, by the Coastal Health & Wellness Governing Board at a regular meetings on Amended: May, 1986; Amended: May, 1988; Amended: Dec., 1988; Amended: Sep., 1995; Amended: Apr., 1996; Amended: Sep., 1996; Amended: Sep., 1998; Amended: July, 1999; Amended: Oct., 1999; Amended: Apr., 2000; Amended: Sep., 2000; Amended: Oct., 2001; Amended Aug., 2003; Amended: October, 2005, Amended: May, 2008; Amended Jan., 2012; Amended: Oct., 2015; Amended: Jan. 2017

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DEFINITIONS:

**Business Operations** – Are those essential internal functions necessary to effectively and efficiently manage a business. Such functions include, but are not limited to, human resources, purchasing, risk management, financial management, billing, material management, information technology, etc.

**Policy** – Written policy adopted by the Governing Board provides controlling authority and/or broad guidance to the executive managers of Coastal Health & Wellness who are directly responsible for developing business procedures that direct employee activities and job expectations.

**Policy development** - Refers to the process leading to the Governing Board adopting written expectations for Coastal Health & Wellness to accomplish goals and measurable objectives. The process of developing policies with controlling authority over Coastal Health & Wellness' jurisdiction will involve: (1) the use of inclusive stakeholder feedback (e.g., advisory or ad-hoc committees), and/or (2) a formal public hearing at a Governing Board meeting.

**Budgeted Revenue/Fees** – Fees that Coastal Health & Wellness anticipates collecting. These collected fees are included in the original Governing Board approved budget.

**Unbudgeted/Revenue/Fees-** In the event Coastal Health & Wellness collects funds in excess of budgeted revenue, the excess funds must be brought to the Governing Board for approval of recommended appropriations.



## **PURPOSE**

The purpose of the Bylaws is to outline the operational rules of Coastal Health & Wellness' Governing Board ("Governing Board"/"Board"), to include the responsibilities of the Board, controlling authority, function, composition of members, responsibilities of members and officers, meeting procedures, conflicts of interest and confidentiality, and responsibilities of the Executive Director.

## **GENERAL DESCRIPTION**

Coastal Health & Wellness is a federally qualified health center ("FQHC") grantee of the U.S. Department of Health and Human Services ("HHS") as codified under Section 330 of P.L. 94-63 Title V ("Section 330"), and is operated under the direction of the Coastal Health & Wellness Governing Board, which is established to provide broad policy direction and general community-based governance and guidance to the activities of Coastal Health & Wellness' programs as required of Section 330, funded FQHCs, to assure availability of health services to all residents of Galveston County. By Governing Board decisions and actions, operational policies are adopted. These adopted policies provide legal authority and/or guidance to the duties, functions and internal business operations of Coastal Health & Wellness.

In general the Governing Board will:

- Establish and monitor Coastal Health & Wellness' plan to measurably improve health services in Galveston County.
- Annually review and, as necessary, modify all existing policies and fee schedules pertinent to Coastal Health & Wellness.
- Consider adopting new policies based on changes in existing state/federal policies when there is an option on whether to adopt said policies. Some new and revised policies may be state or federally mandated and shall not allow for the implementation of the policy to be optional. State and/or federally mandated policies will be communicated to the Governing Board but will not require Governing Board action to become effective.
- Review and, as necessary, act on any new health services activities and associated fee schedules proposed by clinic staff.
- Review and, as necessary, act on any proposed changes in the level of health services (e.g., hours of operation, expanded services, new services, and/or a decrease in services) currently provided by Coastal Health & Wellness.
- Review and, as necessary, act on health service issues raised by Governing Board members, especially those of which are politically sensitive, have a potential fiscal impact on the citizens of Galveston County, or which may have a perceived adverse impact on Coastal Health & Wellness.
- Review and approve the annual operational budget for Coastal Health & Wellness in a manner consistent with those of which are set forth by the "*Specific Duties of Board*" section of these Bylaws.

**VISION, MISSION, & STATUTORY FUNCTIONS:**

The Governing Board will adopt policies that are consistent with the Vision and Mission of Coastal Health & Wellness, and protect the values of FQHCs as outlined in Section 330 of P.L. 94-63 Title V.

**Vision**

*“Healthy people in healthy communities with local access to health care.”*

**Mission**

*“Provide access to high quality primary care to any Galveston County resident.”*

**Values**

1. We believe in the inherent dignity of and have respect for all people.
2. We believe that we must work together with mutual trust to provide quality care.
3. We believe our clinics should provide comfort, through courtesy and hospitality.
4. We believe that honest, unbiased communication is the basis for understanding.
5. We respect the diversity of the cultures that we serve.
6. We believe that people have free will, the ability to understand and select among choices.
7. We believe that wellness is the responsibility of the individual, the health care system, and the community.
8. We believe that we must work efficiently to conserve our resources.
9. We believe in educating patients, family, staff and community.
10. We believe that each individual’s opinions are valuable.
11. We believe that each individual’s actions contribute to the quality of care.

**SPECIFIC DUTIES OF THE BOARD:**

The Governing Board shall provide the required community based governance and oversight of Coastal Health & Wellness, consistent with the Bylaws of the Galveston County United Board of Health which has delegated to the Governing Board the specific authorities and responsibilities over Coastal Health & Wellness, as set forth below. Per this delegation, the Governing Board shall have specific responsibility to:

- Act as supervisor to the Executive Director including responsibility for the selection, annual evaluation of performance, and, if necessary, dismissal of this position.
- Form a finance committee to review monthly financial reports of the appropriate budgets, and to subsequently recommend appropriate actions at Governing Board meetings.
- Approve the annual operating plan, operating budget, and capital budget for Coastal Health & Wellness.
- Periodically review and approve other financial policies including billing and collection activities, a fee schedule for services, the sliding fee scale discount program, and patient eligibility services including criteria for partial payment schedules.

## Coastal Health & Wellness Governing Board Bylaws

- Review and approve unbudgeted expenditures (i.e. unexpected expenditures that are not already accounted for in the planned budget process) and recommend allocations of unexpected increase in revenues (i.e., unbudgeted funds not tied to a specific use). Once the appropriate budgets are approved, the Governing Board will review any unbudgeted revenue for appropriate allocation. In the event Coastal Health & Wellness sees a need for using unbudgeted expenditures, review and, as applicable, approve use of any dollars in the restricted reserve.
- Perform an annual self-assessment of the effectiveness, efficiency and compliance with all requirements imposed upon Coastal Health & Wellness (as set forth in Section 330 of the Public Health Service Act) as a group, as well as its effectiveness in meeting the expectations of the Board.
- In conjunction with the Galveston County United Board of Health, adopt a Strategic Health Plan (“Plan”) every five years to include priorities, goals, and objectives that Coastal Health & Wellness will be expected to accomplish. The Plan will be developed in an inclusive participatory process involving public feedback and comment. The Plan will also identify key health partners who contribute to the goals and objectives in coordination with Coastal Health & Wellness.
- Review and approve an annual report analyzing the progress of Coastal Health & Wellness in accomplishing the goals and objectives set forth by the Plan.
- Evaluate Coastal Health & Wellness’ achievements at least annually and utilize the knowledge gained thereby to revise the clinic’s goals, objectives, operational plan and budget as necessary and appropriate, including providing advice regarding the establishment of linkages with other health care providers and/or health care programs.
- Review and approve emergency/disaster plans and procedures on an annual basis.
- Review and approve any proposed single item purchased in excess of \$5,000.00 or greater which has not been budgeted.
- Review and approve any proposed single purchase with a bid of \$50,000.00 or greater.
- Review, periodically update, and adopt Coastal Health & Wellness’ operational policies on an annual basis.
- Annually evaluate Coastal Health & Wellness activities including service utilization patterns, productivity, patient satisfaction, and achievement of project objectives, and develop a process for hearing and resolving patient grievances.
- Assure that Coastal Health & Wellness is operated in compliance with applicable federal, state and local laws and regulations, including those regarding professional practice of all health care providers.
- Develop, adopt and periodically update the Coastal Health & Wellness’ health care policies including scope and availability of services, location and hours of services, patient confidentiality and notice of privacy practices, and quality-of-care audit procedures.
- Elect officers (see *Governing Board Operational Procedures*).
- Annually contract, in concert with the Galveston County United Board of Health, with an outside auditor to perform a single agency audit, and officially adopt the annual audit report.
- Approve the annual Section 330 grant application and project and plan any applications for subsequent grants under Section 330, and any changes to Coastal

- Health & Wellness' scope of service in conformance with the project.
- Exercise all other authorities and responsibilities required by Section 330, and implement regulations and policies to be vested in a Section 330 compliant manner.
  - Attend to any matters the Governing Board determines are in the best interest of, and are within the purposes and objectives of, Coastal Health & Wellness.

Other than as agreed upon with the Galveston County United Board of Health, no other party may be granted approval or veto rights regarding any of the aforementioned authorities.

### **GOVERNING BOARD OPERATIONAL PROCEDURES**

#### 1. Membership:

The membership of the Governing Board will consist of no less than nine (9) and no more than fifteen (15) persons collectively representing the community at large and accurately reflecting the ethnic and socioeconomic distribution of the region's population. A majority of the membership will be comprised of persons served by Coastal Health & Wellness, as described below.

- At a minimum, a majority of the Governing Board members shall be individuals who utilize Coastal Health & Wellness as their principal source of primary care and who, as a group, represent the individuals being served by Coastal Health & Wellness in terms of demographic factors such as race, ethnicity, gender and economic status ("consumer representatives"). To be considered a consumer representative, the individual must be a current, registered patient of Coastal Health & Wellness and must have accessed Coastal Health & Wellness in the past twenty-four (24) months to receive at least one or more in-scope services that generated a health center visit. Consumer representatives shall reside in the County of Galveston. A legal guardian of a dependent child or adult consumer, or a legal sponsor of an immigrant consumer, may also be considered a consumer representative for purposes of fulfilling the composition requirements set forth in this Section. Consumer representatives may be nominated by the United Board of Health or the Governing Board, in accordance with Paragraph Two (2) of this section.
- The remaining Governing Board members will be representatives of the community served by Coastal Health & Wellness, and shall be selected for their expertise in health care delivery, community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community ("non-consumer representatives"). To the extent possible, non-consumer representatives should live or work in Galveston County. No more than one-half of the non-consumer representatives shall derive more than ten percent (10%) of their annual income from the health care industry. Non-consumer representatives may be nominated by the United Board of Health or the Governing Board, in accordance with Paragraph Two (2) of this section.



Ex-Officio Member:

- The Chairperson of the Department of Family Medicine of The University of Texas Medical Branch, or designee, will be an ex-officio, non-voting member of the Governing Board.
- The Executive Director of Coastal Health & Wellness shall serve as an ex-officio, non-voting member.
- The Chief Executive Officer of the Galveston County Health District shall serve as an ex-officio, non-voting member.

Other qualifications

- No voting member of the Governing Board shall be an employee of Coastal Health & Wellness, the Galveston County Health District, the United Board of Health, or a spouse, child, parent, brother, or sister, by blood, marriage or adoption, of a member within the aforementioned groups.
- In no event shall Board members appointed by any third-party constitute a majority of the entire Governing Board or a majority of the non-consumer representatives, nor shall any third-party preclude the selection of Governing Board members not appointed by such third-party.

Each person elected will signify in writing to the Governing Board that he/she will accept appointment, will agree to attend all regular meetings, and, that if he/she has three (3) consecutive unexcused absences, he/she will be removed from membership, consistent with Paragraph Four (4) of this section.

2. Election of Membership:

All voting members of the Governing Board are elected by a majority of the seated Governing Board members, upon consideration of a slate of recommended nominees presented to the Governing Board. Either the Governing Board or the United Board of Health may recommend one or more qualified nominees for each vacancy to be included on the slate of recommended nominees presented to the Governing Board.

3. Terms of Membership

To ensure continuity and experience in the voting membership, the terms of not more than one-third of the Board members will expire at any one time. Reckoning from the adoption date of these bylaws, terms of one, two and three years will be established and will be assigned by lot, at the direction of the Chairperson, to these members and to any vacancies on the roll at that time. Upon the expiration of the terms of membership initially established by lot, the regular three (3) year terms will begin. These may be filled by new election or re-election procedures as identified in Paragraph Two (2) (above). The terms of the newly elected or re-elected Governing Board members shall commence immediately upon election. At the end of a member's term, the existing member shall continue to serve on the Governing Board until an individual is elected to replace him/her, or until he/she is

elected for an additional term.

4. Removal of Membership:

Any Governing Board member may be removed from office by a majority vote of the remaining Governing Board members present and voting at any regular meeting, or at any special meeting called for such purpose, at which a quorum exists, for neglect of duty, malfeasance, conduct detrimental to the interests of Coastal Health & Wellness, conviction of a felony, debarment or suspension from participation in federal health care programs, or whenever it is determined that the best interest of Coastal Health & Wellness would be served by such removal. Any allegation shall be presented in writing, by mail, to the Governing Board member in question at least ten (10) days in advance of the meeting. The allegation shall be noted on the agenda of the meeting. The Governing Board member in question shall be entitled to appear before and be heard at said meeting. In addition, any member who misses three (3) consecutive meetings without being excused by action of the Governing Board shall automatically be removed from office. The Chair shall declare when a vacancy exists, and the vacant seat will be filled as soon as possible.

In no event shall any third-party require the removal of any current Board members not appointed by such party.

5. Resignation and Vacancies:

A Governing Board member may resign at any time by giving written notice to the Chairperson or to the Secretary-Treasurer.

When a vacancy occurs, the Board will present a slate of nominations according to procedures outlined in Paragraph Two (2) above. The new Governing Board member shall be elected by a majority vote of the remaining Governing Board members present and voting at any regular meeting, or at any special meeting called for such purpose, at which a quorum exists, and shall complete the unexpired term of the seat filled.

6. Officers:

There will be elected by majority vote of the membership immediately following adoption of these Bylaws and annually thereafter at the first meeting of the Governing Board for each calendar year, at which a quorum is present, a Chairperson, a Vice-Chairperson and a Secretary-Treasurer. All officers shall be voting members of the Governing Board. In the absence of the Chairperson, the Vice-Chairperson will act; in the absence of the Vice-Chairperson, the Secretary-Treasurer will act; and in the absence of all three officers, a presiding officer will be named for that meeting by a majority of the remaining voting members present.

- Each officer shall serve for a term of one (1) year or until his or her successor is elected and qualified, and there shall be no limit to the number of terms an officer may be re-elected to the same position.
- Any officer, upon a two-thirds consenting majority of the voting membership, can

be removed from office. Removal from the Governing Board will automatically constitute removal from any office held by such member.

- An officer may resign at any time by giving written notice to the Chairperson or the Secretary-Treasurer.
- Upon the death, resignation or removal of an officer of the Governing Board, an interim replacement will be elected from the current voting membership by a majority vote of the members of the Governing Board present and voting at any regular meeting, or at any special meeting called for such purpose, at which a quorum exists, in order to serve out the unexpired term of that officer.

7. Responsibilities of the Officers:

The Chairperson (or the Vice-Chairperson, in the Chairperson's absence) shall:

- Conduct meeting business in accordance with Robert's Rules of Order.
- Review and sign official correspondences, including minutes, of the Governing Board, any document or instrument requiring the signature of an officer (unless expressly delegated by the Governing Board to another officer or agent), and the annual Section 330 grant application.
- Be responsible for naming the members of any Governing Board committee.
- Perform such other duties as may be required of him or her by the Governing Board.

In no event shall any Board member appointed by any third-party serve as Chairperson.

The Secretary-Treasurer shall:

- Keep and oversee an accurate record of the proceedings of all meetings of the Governing Board, and present such record to the Governing Board for approval and adoption.
- Give or cause to be given all notices in accordance with these Bylaws or as required by law.
- Function as Chairperson of the Finance Committee.
- Perform all duties customary of the office and such other duties as may be required of him or her by the Governing Board.

8. Committees:

Each standing committee shall have at least two (2) Governing Board members and a majority of each committee shall be comprised of members of the Governing Board. Each committee shall meet upon the call of the committee chairperson, or upon the call of the Chairperson of the Governing Board, which call shall indicate the date, time and place of such meeting. Unless otherwise specified, each committee shall make a report to the Governing Board at the Governing Board's regular meeting held subsequent to the meeting of the committee. Only the Executive Committee is authorized to act for the full Board where reasonable and necessary during the interim periods between meetings of the Governing Board; the recommendations of all other committees shall be subject to review and approval of the Governing Board prior to any action being taken.

- Executive Committee: The Chairperson, Vice-Chairperson, and Secretary-Treasurer will comprise the Executive Committee of the Board. The Executive Committee has the power to act for the Governing Board during the interim periods between meetings, consistent with established Board policies, under the direction of the full Board, and subject to ratification by the full Governing Board at its next meeting. In no event shall any Governing Board members appointed by any third-party constitute a majority of the Executive Committee.
- Finance Committee: The Finance Committee shall be responsible for monitoring and making recommendations regarding the financial status and viability of Coastal Health & Wellness, including fiscal planning, budgeting, financial management policy development, and financial performance; reviewing financial statements and recommending action to the Governing Board; reporting on the annual independent financial audit process (with the final annual audit report to be presented to the Governing Board); and working with any financial consultants and auditors.
- Quality Assurance Committee. The Quality Assurance Committee shall be responsible for monitoring and making recommendations to the Governing Board regarding the provision of health care services by Coastal Health & Wellness, including accessibility, utilization patterns, productivity and patient satisfaction, and making recommendations regarding Coastal Health & Wellness' quality assurance/quality improvement program of the clinic. In addition to Board member representatives, the Committee shall include appropriate staff clinicians and the Medical Director.
- Additional Standing or Temporary Committees: The Governing Board may designate and appoint standing or temporary committees in addition to those prescribed herein, each of which shall consist of two or more Board members. The activities of temporary committees shall be limited to those necessary to accomplish the specific task for which it was created and shall have no power to act for the Governing Board. Upon completion of the task for which appointed, such temporary committee shall be disbanded.

9. Meetings:

Subject to a good cause exception, the regular meeting of the Governing Board shall generally be held on the last Thursday of each month at a Governing Board determined time best suited to maintain a quorum to conduct business. All members will be notified of the time of the meeting at least 72 hours prior to the meeting.

- Texas Open Meetings Act - All meetings of the Coastal Health & Wellness Governing Board shall conform to the rules and requirements set forth in the Texas Open Meetings Act.
- Robert's Rule of Order - Meetings of the Governing Board shall be conducted under the latest version of Robert's Rules of Order, unless otherwise specified in these



## Coastal Health & Wellness Governing Board Bylaws

### Bylaws.

- Quorum – A majority of filled positions on the Governing Board shall constitute a quorum for the transaction of business. If a quorum is not present at a meeting, or a quorum is not present at the time business is to be transacted, a majority of the Governing Board members present may adjourn the meeting to another time and shall give absent Board members reasonable notice of the time and place of such adjourned meeting.
- Location/time – Meetings shall be held in the Galveston County Health District's Boardroom unless proper action is taken by the Governing Board to hold the meeting elsewhere, at which point location and time of the meeting shall be publicly announced. Majority vote can change the time and place of regular meetings.
- Special meetings – Special meetings may be called at any time by the Chairperson, or at the request of a majority of the Governing Board. The Coastal Health & Wellness Executive Director, or designee, prior to each meeting, shall notify all members. Any time the Governing Board needs to be called into special meeting by the Chairperson or a majority of Governing Board members, the Executive Director or designee will notify all members, at least seventy-two (72) hours prior to such meeting, of the time, date and purpose of the called meeting.
- Waiver of Notice – Notice of any meeting of the Governing Board need not be given to any Board member who submits a signed waiver of notice, either before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice.
- Voting – Except as otherwise provided by these Bylaws or as may be required by applicable law, all matters before the Governing Board shall be decided by an affirmative vote of the majority of the Board members present and voting at a meeting at which a quorum exists. Each Board member shall be entitled to one (1) vote.
- Telephonic or Electronic Meetings – Any or all Governing Board members may participate in a meeting of the Board by telephone or by any other means of communication so long as all Board members who are participating in the meeting can hear all other Board members. Participation in this nature shall constitute presence in person at the meeting.
- Agenda – At least seventy-two (72) hours before the scheduled time of the meetings, the agenda will be posted at the entrance of the Galveston County Health District's Boardroom, as well as at the entrance of each clinic site. Finally, the agenda and relevant handouts will be posted for the public on the Coastal Health & Wellness website.

## Coastal Health & Wellness Governing Board Bylaws

- Executive Session – The Governing Board may conduct all or any part of a meeting in Executive Session for such purposes as authorized by the Texas Open Meetings Act. The Chairperson of the Board may invite the Coastal Health & Wellness Executive Director and such other persons as he or she deems appropriate to attend an Executive Session. Public and staff shall be excluded from Executive Sessions except when invited to give testimony or advice, after which they will be excused.

### 10. Minutes:

The minutes of the Coastal Health & Wellness Governing Board shall be summary type minutes. Regular meetings shall be taped and filed until the minutes are approved. Tapes of meetings with items of special interest, to be determined by the Chairperson or the Executive Director, will be retained for a period of one (1) year. The minutes of the preceding meeting, including a record of attendance, will be distributed prior to, and approved at, the next regular monthly meeting and at that time, will be signed by the Secretary-Treasurer and Chairperson (or Vice- Chairperson, in absence of the Chairperson).

### 11. Persons Appearing Before the Board:

Persons wishing to appear before the Governing Board will have as their objective any of the following or combinations thereof: (1) to request information on Coastal Health & Wellness' affairs; (2) to comment on health service issues; and/or (3) to ask for specific action or change of policy. Under policies and procedures established by the Coastal Health & Wellness Executive Director, day-to-day citizen inquiries are addressed directly by clinic employees with issue-related job responsibilities. However, all shall be assured of their right to appear before the Governing Board if so desired. A citizen desiring to address the Governing Board shall submit a written request to the Coastal Health & Wellness Executive Director by noon on the Thursday preceding the Governing Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Coastal Health & Wellness Executive Director shall include the requested appearance on the agenda so long as the request is made in accordance with at least one of the aforementioned objectives, and the person shall be heard if he or she appears.

- At the discretion of the Board Chairperson, persons who have not submitted a written request may be permitted to comment on posted agenda items.

### 12. Adoption of Health Service Policies (local rules & regulations):

The Coastal Health & Wellness Governing Board will adopt health service policies that govern health service activities, consistent with all federal, state and local laws, regulations and policies.

13. Change in Board Bylaws:

Changes or new additions to Governing Board Bylaws may be adopted by the Governing Board during Governing Board meetings, as specified below. The Governing Board Chairperson may appoint a Bylaw committee comprised of selected Governing Board members with the responsibilities of developing and evaluating revisions, and submitting recommendations at a future Governing Board meeting for immediate adoption. Unless otherwise stated, upon Governing Board adoption, new Bylaws will become effective immediately.

- Bylaws will be enacted upon the affirmative vote of three-fourths of the Governing Board members present at a regular meeting of the Governing Board at which a quorum exists, each member having received a copy at least ten (10) days prior to the meeting at which they will be considered.
- Bylaws may be amended, altered or repealed upon the petition of two-thirds of the voting membership of the Governing Board and affirmed by two-thirds of the voting membership present at the next regular meeting at which a quorum exists, provided however, that the members receive a copy, in writing, of the proposed amendments ten (10) days prior to the meeting at which the vote will be taken.
- In no event shall the alteration, amendment or repeal of these Bylaws, or the adoption of new Bylaws, require approval of any third party.

14. Authority to Act:

No individual Governing Board member shall act for the Governing Board except as may be specifically authorized by the Board. The Governing Board may, by a majority vote, authorize the Chairperson of the Board to act on its behalf during an emergency.

**CONFLICTS OF INTEREST AND CONFIDENTIALITY**

Each Board member has a fiduciary duty to Coastal Health & Wellness and must give it his/her loyalty. The Governing Board shall establish and adopt a written policy, consistent with Texas Local Government Code Chapter 171.001 et seq. that establishes procedures for: (i) disclosing and addressing conflicts of interest or the appearance of conflicts of interest by Governing Board members, officers, employees, consultants, and/or agents who provide services or furnish goods to the Coastal Health & Wellness; and (ii) maintaining the confidentiality of information obtained by a Governing Board member, officer, employee, consultant and/or agent by virtue of his or her position as such. Such standards shall also establish policies and procedures regarding nepotism, bribery, and the offer of gratuities.

No Board member shall participate in the selection, award or administration of any contract or other affiliation relating to operations conducted by Coastal Health & Wellness or for the

furnishing of services or supplies to Coastal Health & Wellness, in which he/she or his/her immediate family or partner has a real or potential conflict of interest (financial or otherwise) or with whom he/she is negotiating or has any arrangement concerning employment, nor shall any Governing Board member divulge the subject or substance of such discussions, contracts or other affiliations to any person, institution, entity, company or other third-party. Notwithstanding the foregoing, such contract or affiliation may be approved or authorized by a majority of the disinterested Board members present at a meeting at which a quorum exists if the facts of any such interest by a Board member shall have been disclosed to the Board by the interested Board member prior to or at the meeting at which the contract or affiliation was approved or authorized and such interested Board member abstains from voting in that regard, provided that the contract or affiliation is otherwise fully consistent with Coastal Health & Wellness' procurement policies.

**PROHIBITION AGAINST POLITICAL ACTIVITIES AND LIMITATIONS ON LOBBYING**

Coastal Health & Wellness, and any individual Board member acting on behalf of the Coastal Health & Wellness Governing Board, shall not participate, or intervene, in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office. No substantial part of the activities of Coastal Health & Wellness shall consist of carrying on propaganda, or otherwise attempting to influence legislation, except to the extent permitted by law for nonprofit, tax-exempt organizations.

**AUTHORITY DELEGATED TO EXECUTIVE DIRECTOR** (who may in turn delegate authority to appropriate District personnel):

The Coastal Health & Wellness Executive Director shall be an agent of the Governing Board and shall be directly accountable to the Board. Subject to the control of the Governing Board, the Executive Director shall have responsibility for the general care, supervision, and direction of Coastal Health & Wellness' affairs in furtherance of the policies and programs established by the Governing Board, consistent with these Bylaws. Specifically, the Executive Director shall:

- Approve all new and/or revised operational policies not previously approved by the Governing Board for immediate implementation. As necessary, these policies will then be brought to the Coastal Health & Wellness' Governing Board at the next meeting for ratification.
- Sign contracts that commit the agency to receive or disburse any funds (local, state, or federal; public, private, and/or nonprofit) for new and existing and continuing clinic program activities.
- Provide an executive report of Coastal Health & Wellness' activities, to include a summary of new and renewed contracts/services signed by the Executive Director and/or designee.
- With accountability to the Governing Board, independently execute, direct, organize, monitor, assign and dismiss Coastal Health & Wellness staff as necessary to implement Governing Board policies, to support Governing Board meetings, to carry out policy development activities, to assure compliance with all



## Coastal Health & Wellness Governing Board Bylaws

- applicable laws, rules and regulations, and to provide services in accordance with their positions.
- Approve unbudgeted single item expenditures of less than \$5000.00 and subsequently report such approval in executive reports.

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

9850-A.106 Boardroom Emmett F. Lowry Expressway, Texas City

**Governing Board**

**May 2018**

**Item #12**

**Discussion Regarding Governing Board QA Meeting Dates and Members**

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