



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, August 30, 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 in order to participate in this proceeding should, within two (2) days prior to the proceeding, request necessary accommodations by contacting CHW’s Executive Assistant at 409-949-3406, or via email at trollins@gchd.org.

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 Minutes from July 26, 2018 Minutes
- *Item #4 **ACTION**..... Annual Policy/Plan Review
 - a) Medication Management Policy
 - b) Bloodborne Pathogen Exposure Plan
 - c) Emergency Operational Plan
- *Item #5 **ACTION**..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
 - a) Employee Complaint/Issues Resolution
 - b) Employee Pre-hire Immunization and Screening
 - c) Hiring Policy
 - d) Communications Policy
- *Item #6 **ACTION**..... Receive and File Amended Quarterly Compliance Report (approved at the Governing Board Meeting on July 26, 2018)
- Item #7 Executive Report
- Item #8 **ACTION** Consider for Approval July 2018 Financial Report
- Item #9 **ACTION** Consider for Approval Request to Purchase Dental Equipment and Install New Countertops in the Galveston Dental Clinic
- Item #10 **ACTION** Consider for Approval Quarterly Access to Care Report
- Item #11 **ACTION** Consider for Approval Consideration of Eliminating the Special Fee for Sports Physicals
- Item #12 **ACTION** Consider for Approval Updated Patient Satisfaction Survey
- Item #13 **ACTION**..... Consider for Approval the Reappointment of Victoria Dougharty as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3 Year Term Expiring August 2021

Item #14 **ACTION**..... Consider for Approval Privileging Rights for Katherine Billingsley, MD

Item #15 **ACTION**..... Consider for Approval Privileging Rights for Tuere Coulter, MD

Adjournment

Tentative Next Meeting: September 27, 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

GOVERNING BOARD

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

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

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

August 2018

Item #3

Consider for Approval Minutes from July 26, 2018 Minutes

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

Board Members

Present:

Dr. Howard
Jay Holland
David Delac
Mario Hernandez
Victoria Dougharty
Virginia Valentino
Dorothy Goodman
Miroslava Bustamante
Samantha Robinson
Dr. Barbara Thompson

Staff:

Kathy Barroso, Interim Executive Director	Sandra Cuellar
Dr. Nguyen, Interim Dental Director	Richard Mosquera
Sandra Cuellar- Wilson	Tyler Tipton
Mary Orange	Eileen Dawley
Kristina Garcia	Andrea Cortinas
Tiffany Carlson	Kenna Pruitt
Lea Williams	Tikeshia Thompson Rollins
Ashley Tompkins	Amanda Wolff
Tina Belmonte	

Excused Absence:

Unexcused Absence:

Guest:

***Items 1-7 Consent Agenda**

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

Item #8 Executive Report

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

Item #9 Consider for Approval June 2018 Financial Report

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

Item #10 Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source

Mary Orange, Business Office Manager, presented the quarterly visit and analysis report including the breakdown of new patients by payor source. A motion to accept this report as presented was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #11 Review and Approval of HRSA Application for the FY2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) Funding Opportunity

Mary Orange, Business Office Manager, presented the HRSA application for the FY2018 expanding access to quality substance use disorder and mental health service (SUB-MH) funding opportunity. Board member, Samantha Robinson, highly recommended that if funding provided for an FTE, it should be utilized to hire a Case Manager. A motion to accept this application as presented was made by Virginia Valentino and seconded by Dorothy Goodman. The Board unanimously approved the motion.

Item #12 Consider for Approval Quarterly Compliance Report

Lea Williams, Director of Contracts and General Counsel, presented the quarterly compliance report to the Board. Board member, Samantha Robinson, informed the Board that the incident involving the ear lavage performed on June 15, 2018 by the Medical Assistant was a preventable incident and recommended that the medical staff utilize eye protective wear such as goggles or glasses, when performing this procedure. Board member, Dr. Barbara Thompson, recommended that patients that are at high risk for falls be identified, such as a wristband, so that staff are aware of their condition while they are in the clinic. Lea Williams, Director of Contracts and General Counsel, will amend the report to include these comments. A motion to accept the quarterly compliance report with amendments was made by Jay Holland and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Item #13 Consider for Approval Renewal of Lease Agreement with the Galveston Housing Authority for Clinical Space in Galveston


Kathy Barroso, Interim Executive Director, asked the Board to consider for approval the renewal of a 2-year lease agreement at the current rental rate with the Galveston Housing Authority for clinical space in Galveston. The lease also provides that the Housing Authority will re-paint and retile the patient access areas of the clinic. A motion to accept the lease agreement with the Galveston Housing Authority as presented was made by Dorothy Goodman and seconded by Mario Hernandez. The Board unanimously approved the motion.

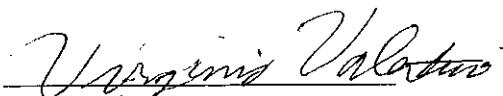
Item #14 Review of Current Board Member Composition and Discussion Regarding Recruitment for Vacant Board Positions

Kathy Barroso, Interim Executive Director, presented the Board with a list of the current Board member composition and discussed the recruitment process for vacant Board positions. The Board currently has two vacant positions, one consumer representative and one community representative. A motion was made by Dorothy Goodman to work to recruit Board members based on the board member assessment, focusing first on recruitment for the vacant consumer representative. The motion was seconded by Miroslava Bustamante. The Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Dorothy Goodman, seconded by Mario Hernandez. The Board adjourned at 12:59 p.m.


Chair
Date 8-30-2018


Secretary/Treasurer
Date 8-30-2018

[Back to Agenda](#)

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

- a) Medication Management Policy**
- b) Bloodborn Pathogen Exposure Plan**
- c) Emergency Operational Plan**



Origination: 08/30/2018
Effective: 08/30/2018
Last Approved: 08/30/2018
Expires: 08/30/2019
Author: Nursing Director
Department: CHW Medical & Dental Clinics

Coastal Health & Wellness Medication Management Policy

Purpose

To ensure the effectiveness and safety of the medications procured, processes of storage, orders and transcribing by licensed providers, preparing and dispensing, administering and monitoring by the appropriate medical and/or dental staff of Coastal Health & Wellness Clinic and in accordance to all applicable laws and regulations. This policy is applicable to sample medications.

Policy

It is the Coastal Health & Wellness policy that the organization:

- A. Plans its medication management processes
- B. Safely manages high alert and hazardous medications
- C. Addresses the safe use of look-alike/sound-alike medication
- D. Selects and procures medications
- E. Safely stores medications
- F. Safely manages emergency medications
- G. Safely controls medications brought into the organization by the patients, their families, or licensed independent practitioners
- H. Medication orders are clear and accurate
- I. Reviews the appropriateness of all medication orders for medications to be dispensed in the organization
- J. Safely prepares medications
- K. Medications are labeled
- L. Safely dispenses medication
- M. Obtains medications
- N. Follows a process to retrieve recalled or discontinued medications
- O. Manages returned medications
- P. Safely administers medications
- Q. Safely manages investigational medications
- R. Monitors patients to determine the effects of their medications
- S. Responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors
- T. Evaluates the effectiveness of its medication management system

Procedures

- A. Medication Management Processes
 - 1. In accordance with guidelines on patient assessment, the patient's medication history is requested during the initial visit to the Coastal Health & Wellness Clinic. In addition, prior to ordering any medication including sample medication, whether to be administered at the clinic or dispensed elsewhere, the licensed independent practitioners and staff who participate in the management of the patient's medications must have patient information available. Patient specific information is readily

accessible to those involved in the medication management system. This information, available in the patient record includes:

- a. Patient name
- b. Age
- c. Sex
- d. Diagnoses
- e. Co-morbidities
- f. Allergies
- g. Sensitivities
- h. Current medications
- i. Height and weight (when necessary)
- j. Laboratory results (when necessary)
- k. Pregnancy and lactation information (when necessary)
- l. Any additional information required for safe medication management

B. High-Alert and Hazardous Medications

1. Coastal Health and Wellness develops its own lists of high-alert medications and hazardous drugs based on the organization's unique utilization patterns, its own internal data about medication errors and sentinel events. Organization also refers to the Institute for Safe Medication Practices and National Institute for Occupational Safety and Health for guidance of listed medications. This is also applicable to sample medications. Please refer to the High-Alert Medication Guidelines for more in depth process.
 - a. High-alert medications are those medications that bear a heightened risk of causing significant patient harm and/or sentinel events when they are used in error and as a result require special safeguards
 - b. Hazardous drugs and medications are those in which studies in animals or humans indicate that exposure to them has a potential for causing cancer, developmental or reproductive toxicity, genotoxicity, or harm to organs.

C. Look-Alike/Sound-Alike Medications

1. Coastal Health and Wellness develops its own lists of look-alike/sound-alike medications based on the organization's unique utilization patterns, its own internal data about medication errors and sentinel events. Organization also refers to the Institute for Safe Medication Practices. This process will also include sample medications. The organization annually reviews and as necessary revises its list of look-alike/sound a-like medications. Please refer to the Look-Alike/Sound-Alike medication guidelines for more in depth process.

D. Selection and Procurement of Medications

1. Each selected drug must be available in a form in which adequate quality, including availability, can be assured; its stability under the anticipated conditions of storage and use must be established. Where two or more drugs appear to be similar in the above respects, the choice between them should be made on the basis of a careful evaluation of their relative efficacy, safe quality, price and availability.
2. Each medication that is selected is reviewed by the QA committee. During the review process the QA committee will include indications for use, effectiveness, risk, and cost of each medication.
3. Each patient's response to his/her medication is monitored according to the clinical needs of the patient and includes the patient's perceptions, relevant lab results and clinical reassessment. When a new medication is given in the clinic setting the patient is appropriately monitored by appropriate staff for response.
4. A written list of medications including strength and dosage for dispensing and administering is kept readily available to those involved in the medication management on the Employee Extranet.

5. Standardizing drug concentrations addresses a medication safety concern for both adult and pediatric patients. Through the QA committee it will be determined if more than one concentration of a medication is needed and the rationale for having more than one concentration of a medication in the clinic. This process will assist in reducing the risk of medication errors.
6. Individual providers are prohibited from bringing medications into the organization for patient use. Coastal Health & Wellness Providers may request that a medication be added to the formulary list by filling out a "Request for addition to Formulary Form" to the Medical Director/Dental Director to bring to QA for Review/Discussion.
7. Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.
8. Nursing Director/RDA Supervisor or designated staff will communicate medication shortages and outages to licensed independent practitioners and staff who participate in medication management via email.
9. Nursing Director/ RDA Supervisor or designee will inform the Medical Director or designee of the shortage or outage of a medication and as a team will work with the Procurement Agent to find an alternative substitution.
10. The Nursing Director/RDA Supervisor or designee will inform staff about the medication substitution via email.

E. Medication Storage

1. Medication storage is designed to assist in maintaining medication integrity, promote the availability of medication when needed, minimize the risk of medication diversion, and reduce potential dispensing errors. Law and regulations and manufacturer's guidelines further define our approach to medication storage. This is also applicable to sample medications.
2. Medications are stored according to the manufacturers' recommendations
3. Staff performs safe handling practices of medications between receipt by licensed independent practitioners or staff and administration of the medications
4. Medications are kept in a secure area to prevent unauthorized individuals from obtaining medications in accordance with laws and regulations
5. All stored medications and the components used in their preparation are labeled with the contents, expiration date, and any applicable warnings
6. All expired, damaged, and/or contaminated medications are removed and stored separately from medications available for administration
7. Periodic inspections of all medication storage areas are made

F. Management of Emergency Medications

1. Patient emergencies tend to occur in health care settings. Therefore, a plan on how it will address patient emergencies and what medications and supplies it will need should be addressed. Emergency medications should be treated with the same care for safety as it does with medications in nonemergency settings.
2. Leaders decide which, if any, emergency medications and their associated supplies will be readily accessible in the patient care areas based on the population served.
3. Emergency medications and their associated supplies are readily accessible.
4. When possible, emergency medications are available in unit-dose, age-specific, and ready to administer forms.
5. When emergency medications or supplies are used, the organization replaces them as soon as possible to maintain a full stock.

G. Medications brought into the clinic by patients, families, or licensed independent practitioners

1. Medications brought into the organization by patients, families, or licensed independent practitioners will not be administered to patients by our staff.
- H. Medication orders are clear and accurate
1. Medication errors may occur when staff are communicating or transcribing medication orders. Verbal and telephone orders are particularly susceptible to error. The organization is responsible for reducing the potential for medication errors and the misinterpretation of these medication orders. As part of this process, the organization determines the required elements of a medication order, the type of medication orders that are deemed acceptable for use, and the actions to take when medication orders are incomplete, illegible, or unclear. Clear understanding and communication between staff and licensed independent practitioners involved in the medication process are essential.
 2. Types of medication orders that are deemed acceptable for use:
 - a. Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances
 - b. Single Routine Order: Given only once
 3. A complete medication order will include the following information: patient name, date and time, medication name (generic or brand name), dose expressed using the metric system, route of administration, frequency of administration and/or dosing interval, concentration when applicable, titration or taper parameters when applicable, duration of therapy when applicable, indication for use on PRN orders that can be used to treat multiple symptoms, any other special instructions required to ensure the proper preparation, dispensing and administration of the medication, and the authorized prescriber's signature.
 4. PRN medications that can be used to treat multiple symptoms must have the indication for use be included as part of the medication order.
 5. Prescribers are also encouraged to provide an indication for use when ordering Look-alike/Sound-alike medications.
 6. Incomplete, illegible, or unclear orders will be clarified with the prescriber prior to preparing or dispensing medications.
 7. Coastal Health & Wellness prohibits summary blanket orders to resume previous medications
- I. Dispensed Medication Order Review
1. A licensed independent practitioner can review medication orders or prescriptions for dispensed medications controls the ordering preparation and administration of the medication or when a delay would harm the patient in an urgent situation in accordance with law and regulation
 2. All medication orders are reviewed for patient allergies or potential sensitivities, existing or potential interactions between the medication ordered and food and medications the patient is currently taking, appropriateness of the medication, dose, frequency, and route of administration, current or potential impact as indicated by laboratory values, therapeutic duplication, and other contraindications.
 3. After the medication order has been reviewed, all concerns, issues, or questions are clarified with the individual prescriber before dispensing.
- J. Medication Preparation
1. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.
 2. During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity.
- K. Labeling Medications

1. A label on every medication and medication container has long been a standard of practice by the pharmacy profession and is required by law and regulation. A standardized method to label medications and containers promotes medication safety.
2. Medication containers are labeled whenever medications are prepared but not immediately administered.
3. An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
4. Information on medication labels are displayed in a standardized format, in accordance with law and regulation and standards of practice.
5. All medications prepared in the organization are correctly labeled with the following: Medication name, strength, and amount (if not apparent from the container), expiration date when not used within 24 hours, expiration time when expiration occurs in less than 24 hours, the date prepared and the diluent.
6. When preparing individualized medications for multiple patients, the label also includes the following: The patient's name, the location where the medication is to be delivered, directions for use and applicable accessory and cautionary instructions.
7. When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: The patient's name, the location where the medication is to be delivered, directions for use and applicable accessory and cautionary instructions.

L. Dispensing Medications

1. The organization dispenses medications and maintains clinical records in accordance with law and regulation, licensure, and professional standards of practice.
2. Dispensing practices and recordkeeping include anti-diversion strategies.

M. Obtaining Medications

1. Our organization does not operate a pharmacy; therefore, Coastal Health & Wellness obtains medications through a licensed pharmaceutical supplier to meet patient needs.
 - a. A in-house medication formulary is kept available
 - b. If a medication from the formulary needs to be ordered, the Charge Nurse/Dental Assistant Supervisor will email the Procurement Agent of medications needed.
 - c. The Procurement Agent will then place an order through a licensed pharmaceutical supplier and will have the medications shipped to our facility
 - d. If the Provider is prescribing medications to the patient, the medications are electronically sent through the patient's electronic health record to a pharmacy of patient's choice.

N. Recalled or Discontinued Medications

1. The organization will retrieve and handle medications within the organization that are recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA).
 - a. Pharmaceutical recalls are forwarded to Risk and Safety via email or by mail.
 - b. Risk and Safety emails the Procurement Agent requesting information if the medication has been purchased and if so by what department.
 - c. Risk and Safety emails departments and Executive Management to inform of the Recall or Safety Alert.
 - d. The email details:
 - 1) Name of Pharmaceutical Company
 - 2) Name of product either recalled or safety alert has been issued also listing the details of the medication by lot, quantity, NDC and any other details made available
 - 3) State the problem
 - 4) State what actions need to be taken

- 5) Provide instructions on what to do with product if any is found
 - 6) Request communication to either affirm or deny the presence of the medication in stock.
 - 7) Provide instructions on what to do with the medication if found.
 - 8) A copy of the recall is attached to the email communication.
 - 9) All responses are printed and kept in the Incident file for the month the recall was received.
 - 10) If product is on hand, Risk and Safety works with the Procurement Agent to respond to the Pharmaceutical Company.
 - 11) Recalled medications shall be immediately removed from service and returned to Central Supply, unless instructed otherwise by the manufacturer
 - 12) The Procurement Agent shall work in conjunction with the Medical Director or designee to replenish the recalled medication via a next day order from contracted vendor
 - 13) Should the need for same-day medication arise, the Procurement Agent will convene with CHW's 340B representative and attempt to acquire the medication(s) through its contractual agreement with contracted supplier
2. When a medication is recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA), the organization notifies the prescribers and those who dispense or administer the medication.
 3. When required by law and regulation or organization policy, the organization informs patients that their medication has been recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA).

O. Returned Medications

1. Medications may be returned to the organization when allowed by law or regulation and organization policy. Previously dispensed but unused, expired, or returned medications in the organization must be accounted for, controlled, and disposed of in order to keep patients safe and prevent diversion.
2. Any unused, expired, or returned medications will be managed by CHW.
3. Process for Returning medications is as follows:
 - a. A medication inventory form will be filled out.
 - b. The completed form will need to be taken to Purchasing with the medications that are listed on the form without diversion.
 - c. Upon delivery to the purchasing department, the list and medications will be verified by person delivering the medications and designee in purchasing department.
 - d. Immediately after verification, box will be sealed and initialed and dated by both verifiers
 - e. The Inventory list will then be submitted to contracted company.
 - f. If medications are accepted a return number will be issued. If medications are not accepted, they will be stored and taken to the quarterly National Drug Take Back Day location
 - g. A requisition will need to be entered at this time.
 - h. The same box that was initialed and dated will then be mailed via FedEx, referencing the return number.
 - i. If not provided by the contracted company, a request for received receipt of medications will be ordered
 - j. When the company disposes received medications, a certificate will be issued and forwarded to the purchasing department.
4. Coastal Health & Wellness will use an outside source for destruction of all unused, wasted, and expired medications.

P. Medication Administration

1. The organization defines that licensed independent practitioners and the clinical staff disciplines that have been deemed competent through training and competency are authorized to administer medication, with or without supervision, in accordance with law and regulation. Medical staff who have not been checked of and are still training may administer medication under the supervision of a licensed medical staff member.
2. Only authorized licensed independent practitioners and clinical staff administer medications.
3. Before administration, the individual administering the medication does the following: Verifies that the medication selected matches the medication order and product label, visually inspects the medication for particulates, discoloration, or other loss of integrity, Verifies that the medication has not expired, Verifies that no contraindications exist, Verifies that the medication is being administered at the proper time, in the prescribed dose, and by the correct route, discusses any unresolved concerns about the medication with the patient's licensed independent practitioner, prescriber (if different from the licensed independent practitioner), and/or staff involved with the patient's care, treatment, or services.
4. Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication.

Q. Investigational Medications

1. Coastal Health & Wellness does not participate in the use of investigational or clinical medication studies.

R. Monitoring Patient's Response to Medications

1. The organization monitors the patient's perception of side effects and the effectiveness of his or her medication(s).
2. Appropriate staff monitors the patient's response to medication(s) by taking into account clinical information from the clinical record, relevant lab values, clinical response, and medication profile.
3. Monitoring the patient's response to medications is an important assessment activity for nurses, physicians, and pharmacists. In particular, monitoring the patient's response to the first dose of a new medication is essential to the safety of the patient because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the patient.

S. Adverse Drug Events, Significant Adverse Drug Reactions, and Medication Errors

1. Adverse drug reactions and medication errors place patients at considerable risk. For safe, quality care, Coastal Health & Wellness has systems in place to respond to and monitor a patient in the event of an adverse drug reaction or medication error as follows:
2. Observe for signs and symptoms of adverse reaction.
 - a. Central Nervous System: headache, tremors dizziness, muscle spasms, confusion
 - b. Gastrointestinal: nausea, vomiting, diarrhea, cramps, abdominal pain
 - c. Skin: rash, flushing, swelling of eyelids and lips, erythema, urticaria
 - d. Cardiovascular: dizziness, hypotension, arrhythmia, tachycardia, bradycardia
 - e. Respiratory: shortness of breath, wheezing, stridor, dyspnea on exertion, respiratory depression
3. Immediately notify provider and report signs and symptoms. If the patient is out of clinic staff will notify provider or designee via in person, telephone, or high priority patient communication.
4. Discontinue medication
5. Institute treatment/emergency measures as directed by Provider
6. Maintain airway, support breathing, and circulation
7. Activate emergency medical phone system as needed
8. Document in the clinical record:
 - a. Date, time, and nature of onset of symptoms

- b. Time of onset in relation to medication administration
 - c. Emergency actions taken and the patient's response
 - d. To whom and under what conditions responsibility for the patient was transferred to others (EMS, Family, Hospital)
 - e. Allergy/adverse reaction
 - f. Complete incident report form
 - g. Inform patient of reaction/suspected allergy and instruct on avoidance of specific medication
 - h. Note allergy on medication profile
9. Staff will comply with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors (i.e. VAERS, FAERS).

T. Medication Management System

1. The organization collects data on the performance of its medication management system.
2. The organization analyzes data on its medication management system.
3. The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system.
4. Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization identifies opportunities for improvement in its medication management system.
5. The organization takes action on improvement opportunities identified as priorities for its medication management system.
6. The organization evaluates its actions to confirm that they resulted in improvements for its medication management system.
7. The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained.

Bloodborne Pathogen Exposure Control Plan

TABLE OF CONTENTS

MINIMUM STANDARD.....	2
PURPOSE	2
GUIDANCE.....	2
POLICY	2
PROGRAM ADMINISTRATION.....	2
EMPLOYEE EXPOSURE DETERMINATION.....	2
PROCEDURE(S).....	3-8
METHODS OF IMPLEMENTATION AND CONTROL	3
<i>Universal Precautions</i>	3
<i>Exposure Control Plan</i>	3
<i>Engineering Controls and Work Practices</i>	3
<i>Hand Washing</i>	3-4
<i>Sharps Containers</i>	4
<i>General Practices</i>	4
<i>Employee Health Condition</i>	4-5
<i>Regulated Waste Handling and Storage Procedures</i>	5
<i>Sharps Handling Procedures</i>	5
<i>Collection of Specimens</i>	5
<i>Contaminated Equipment</i>	5-6
<i>Isolation Precautions</i>	6
USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)	6-7
HOUSEKEEPING, CLEANING, AND DISINFECTION.....	7-8
LAUNDRY PROCEDURES	8
ANIMAL ENCOUNTERS	8
COMMUNICATION OF HAZARDS	8-9
LABELS	8
INFORMATION AND TRAINING	8-9
HEPATITIS B VACCINATION.....	9
POST EXPOSURE, EVALUATION, AND FOLLOW UP	9
SEEK MEDICAL ATTENTION	9
<i>Emergency</i>	9
<i>Non-Emergency</i>	9
NOTIFICATION.....	9
<i>During Business Hours</i>	9
<i>After Business Hours</i>	9
RESPONSIBILITIES	9-10
<i>Injured Employee</i>	9
<i>Supervisors</i>	9-10
<i>Risk and Safety Coordinator</i>	10
<i>Clinical Compliance Specialist</i>	10
EVALUATIONS AND FOLLOW UP.....	10
<i>Process Flow Map</i>	11

Bloodborne Pathogen Exposure Control Plan

Purpose

The Bloodborne Pathogens Exposure Control Plan is to reduce or eliminate occupational exposure to bloodborne pathogens and other potential infectious material (OPIM).

Scope:

Coastal Health and Wellness is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Plan:

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

A. Program Administration:

1. Clinical Compliance Specialist is responsible for implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: (409) 938-2336
2. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP
3. Department Supervisors or designee will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. Procurement Agent supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: (409) 938 2274
4. Risk and Safety Coordinator in conjunction with the department supervisor will be responsible for ensuring that all medical actions required by the standard will be performed and that appropriate employee health and records will be maintained. Contact location/phone number: (409) 938 2425
5. Clinical Compliance Specialist will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: (409) 938-2336
6. GCHD Epidemiology will report all sharps injuries to Department of State Health Services and

- conduct investigations for patterns of exposures as directed by Health Authority
7. Health Authority: Fulfills Texas Health and Safety Code Health Authority responsibilities necessary to protect public and employee health

B. Employee Exposure Determination: The Bloodborne Pathogen Control Policy covers many types of employees including those in healthcare, non-healthcare, and permanent and temporary work sites. Examples of employees who are likely to be covered include the following:

JOB CLASSIFICATION	CATEGORY A Tasks involve exposure to blood and OPIM.	CATEGORY B Tasks involve no routine exposure to blood or OPIM, but may require unplanned Category A tasks.	Category C Tasks and Assignments Require No Exposure to Blood or OPIM.
Housekeeping/Janitorial Staff		x	
Nurses (RN/LVN)	x		
Providers (MD, PA, CRNA)	x		
Medical Assistants	x		
Phlebotomists	x		
Dentists	x		
Dental Hygienists	x		
Dental Assistants	x		
Administration			X

Procedure(s)

A. Methods of Implementation and Control

1. **Universal Precautions:** All employees will utilize universal precautions and treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogensⁱ
2. **Exposure Control Plan:** Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by logging into the employee extranet and access “Policies/Plans.” Clinical Compliance Specialist is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
3. **Engineering Controls and Work Practices:** Supervisors should institute methods or controls to eliminate or minimize exposure to blood or OPIM in the workplace. This can be accomplished by the use of intrinsically safe substances, procedures or devices; substitution for a hazardous procedure to device with one that is less risky or harmful and isolation or containment of the hazard. The following workplace practice controls shall be used to eliminate/reduce employee’s exposure to blood or OPIM:
 - a. **Hand washing**
 - i. Aseptic technique will be observed in the routine performance of all patient care procedures.
 - ii. Hand washing facilities shall be readily available to all employees.
 - iii. Employees must wash their hands with soap and water before and after each patient contact, after the removal of gloves and/or other protective

clothing and immediately, or as soon as possible, after any hand contact with blood or OPIM.

- iv. When the use of hand washing facilities is not feasible, employees shall either use an appropriate antiseptic cleanser or antiseptic towelette.
- v. Only non-petroleum based hand cream should be used when wearing protective gloves.

b. Sharps Containers:

- i. Sharps containers shall be closable, puncture resistant, labeled or color-coded in accordance with the OSHA Standard and leak proof on the sides and bottom.
- ii. During use, containers for contaminated sharps must be accessible to personnel and located close to the immediate area where sharps are used. Containers should be kept upright and replaced before they are completely filled.
- iii. Sharp containers must be closed when being moved.
- iv. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

c. General Practices:

- i. Eating, drinking, smoking, applying cosmetics or lip balm or handling contact lens are prohibited in all work areas where there is a reasonable likelihood of occupational exposures.
- ii. Food and drink shall not be kept in refrigerators, freezers, shelves, counters or bench tops where blood or OPIM are present.
- iii. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these substance.
- iv. Mouth pipetting/suctioning of blood or others potentially infectious materials is prohibited.
- v. Specimens of blood or OPIM shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping
- vi. Respiratory etiquette: employees are expected to contain respiratory secretions by covering the nose/mouth when coughing or sneezing, using tissues to contain respiratory secretions and dispose of used tissues in the nearest receptacle after use and to perform hand hygiene after contact with respiratory secretions. All staff should take the responsibility of identifying any person coughing and offering tissues so they may cover their mouth and nose when coughing.
- vii. Patients suspected of having an airborne communicable disease (for example with a cough, fever or fever and rash) should be placed in areas away from others, such as in an exam room

d. Employee's Health Condition:

- i. Cover cuts, abrasions or lacerations of skin with occlusive dressings. If compromised skin cannot be adequately protected, notify the supervisor, who will assure that the employee does not engage in tasks with exposure to blood or other potentially infectious materials.
- ii. Employees who are infected with a communicable disease transmitted

through airborne or casual contact may not return to work until released by their medical provider who deems them non-infectious. Supervisors who suspect that an employee has a communicable illness may require that the employee seek medical attention and a release to return to work.

- iii. All employees must be in compliance with the Employee Immunization Policy.
- e. **Regulated Waste Handling and Storage Procedures.** Containers for regulated waste shall be:
 - i. Closable, and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and shipping.
 - ii. Puncture resistant, labeled or color-coded in accordance with the OSHA Standard.
 - iii. Closed prior to removal or replacement. Containers shall be placed in a secondary container if leakage is possible or contamination of the outside container occurs
- f. **Sharps Handling Procedures:**
 - i. Sharps and needles shall be handled, stored, and disposed of in a manner that protects employees and other personnel from occupational exposure to bloodborne pathogens.
 - ii. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the department can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Shearing or breaking of contaminated needles is prohibited.
 - iii. Recapping or needle removal must be accomplished through the use of a mechanical device or a onehanded technique.
 - iv. Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom, and biohazard labeled or color-coded. During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely
- g. **Collection of Specimens:**
 - i. Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens.
 - ii. If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded.
 - iii. Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.
- h. **Contaminated Equipment:**
 - i. Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible.

- ii. Employers place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.
 - i. **Isolation Precautions:**
 - i. **Airborne Precautions:** For patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei. (TB, measles, chicken pox)
 - ii. **Droplet Precautions:** for a patient known or suspected to be infected with microorganisms transmitted by droplets (large- particle droplets that can be generated by the patient during coughing, sneezing, talking or the performance of procedures.)
 - iii. **Procedure:**
 - a. **Patient placement.** Place the patient in a private room. Keep the room door closed and the patient in the room.
 - b. **Respiratory Protection.** Wear respiratory protection (N95 respirator) when entering the room of a patient with known or suspected infectious pulmonary tuberculosis or other contagious condition as instructed by Health Authority. Only staff with written documentation of adequate vaccination or immunity will enter the room of patients known or suspected to have measles (rubella) or Varicella (chickenpox)ⁱⁱⁱⁱ.
 - c. **Patient Transport.** Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible and appropriate.
 - d. Additional Precautions for Preventing Transmission of Tuberculosis. Consult CDC "Guidelines for Preventing the Transmission of Tuberculosis in Healthcare Settings" for additional prevention strategies". See References
 - e. See "GCHD Plan for Pandemic Influenza and Highly Infectious Respiratory Diseases"
4. **Use of Personal Protective Equipment (PPE):** When there is identified potential occupational exposures, the department shall provide, at no cost to the employee, appropriate personal protective equipment, such as, but not limited to, gloves, gowns, face shields, laboratory coats, masks, eye protection, mouthpieces, resuscitation bags, etc.
 - a. Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
 - b. All personal protective equipment shall be cleaned, laundered or disposed of at no expense to the employee.
 - c. All personal protective equipment shall be repaired or replaced as needed to maintain its effectiveness, at no expense to the employee.
 - d. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
 - e. All personal protective clothing shall be removed prior to leaving the work area.

- f. When personal protective clothing is removed, it shall be placed in an appropriately designated area or container marked with a biohazard label. Removal should be performed in a manner to avoid contact with the outer cover.
- g. The use of masks and protective eyewear is required when contamination of mucosal membranes (eyes, mouth, or nose) with body fluids (such as splashes or aerosolization of such material) is likely to occur.
- h. They are not required for routine activities where splashes or aerosolization is extremely unlikely.
- i. The use of gowns or aprons is required when splashes to skin or clothing of body fluids are likely to occur. Gowns or aprons shall be made of, or lined with, impervious material.
- j. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can be reasonably anticipated.
- k. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, non-intact skin or when handling or touching contaminated surfaces.
- l. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.
- m. Disposable gloves shall not be washed or decontaminated for reuse.
- n. Utility gloves may be decontaminated for reuse if their integrity is not compromised. They must be discarded when their ability to function as a barrier is compromised.
- o. Gloves shall be of appropriate materials, intact latex or intact vinyl of appropriate quality for the procedures performed and of appropriate size for each wearer. Gloves shall not be washed or disinfected for re-use. Gloves are not a substitute for proper hand washing. Hands are to be washed using warm water and liquid soap immediately after removing gloves.
- p. No gloves shall be used if they are peeling, cracking or discolored or if they have punctures, tears or other evidence of deterioration.
- q. The use of disposable gloves is indicated for procedures where body fluids are handled. Wearing gloves is particularly important in the following situations:
 - i. If the individual handling the material has cuts, abraded skin, chapped hands, dermatitis or similar conditions;
 - ii. During instrumental examination which has the possibility of causing bleeding or release of other body fluids;
 - iii. When contacting abraded or non-intact skin of individuals with active bleeding or drainage;
 - iv. During invasive procedures; and
 - v. During all cleaning and documentation procedures.
- r. Gloves shall be worn when performing all phlebotomies.

5. Housekeeping, Cleaning, And Disinfection

- a. Disinfectants will be EPA-registered if available and used in accordance with the manufacturer's instructions^{iv} or a 1:10 ratio of bleach and water. ***Bleach is an irritant and corrosive and may not be used in all areas. Check with supervision.**
- b. All contaminated work surfaces are decontaminated after completion of procedures, immediately, or as soon as feasible after any spill of blood or other

- potentially infectious materials, and at the end of the work shift
- c. Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift.
- d. Personnel shall wear gloves and other PPE as appropriate at all time during the cleanup procedures
- e. Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling.
- f. All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

6. Laundry Procedures:

- a. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- b. Contaminated laundry shall be bagged or containerized where used without being sorted or rinsed.
- c. Whenever the contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage, the laundry shall be placed in a bag or container that prevents leakage of fluids to the exterior
- d. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriated PPE.
- e. Contaminated laundry shall be placed and transported in appropriate labeled bags

7. Animal Encounters:

- a. Minimize contact with animal saliva, dander, urine, and feces
- b. Practice hand hygiene after any animal contact

B. Communication of Hazards: The hazards of BBPs and OPIM must be communicated to employees through signs, labels and training

- 1. **Labels.** Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM.
 - a. Warning labels shall include the “biohazard” legend followed by the term “BIOHAZARD” and shall be fluorescent orange or orange-red with lettering and symbols in a contrasting color.
 - b. Labels shall be affixed as close as possible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
 - c. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempt from the labeling requirement.
 - d. Red bags or red containers may be substituted for labels.
- 2. **Information and Training.** Employers shall ensure that all employees with occupational exposure participate in a training program that must be provided at no cost to the employee during work hours.
 - a. Training shall be provided at the time of initial assignment and at least annually thereafter.
 - b. Additional training shall be provided when changes such as modification of tasks or procedures affect the employee’s occupational exposure.

- c. The training materials and content must be appropriate in content, language, and vocabulary to the educational, literacy, and language background of the employee(s).
- d. The person conducting the training shall be knowledgeable in the subject matter.
- e. Some elements of the training program include providing: an accessible copy of the regulatory text and explanation of its contents; an explanation of the modes of transmitting and epidemiology of HBV, HCV, and HIV; an explanation of the written exposure control plan and how to obtain a copy; an explanation of the use and limitations of engineering controls, work practices, and PPE.

C. Hepatitis B Vaccination

1. CHW employees identified in Category A and B are required to show proof of the Hepatitis B vaccine or a positive Hepatitis B titer as a condition of employment. Any injection due after employment begins, will be offered free of charge.
2. Titers are offered free of charge to current employees
3. Employees who experience a job-related exposure are required to follow post-exposure recommendations as instructed. Failure to follow recommendations may result in corrective disciplinary action up to and including dismissal

D. Post Exposure, Evaluation, and Follow Up (see image 1)

1. Seek Medical Attention

- a. **Emergency:** Seek immediate medical care at the nearest facility or **call 911**
- b. **Non-emergency:** find a provider within the *Alliance Directory* (<http://www.pswca.org>)
- c. Provide treating provider with the following: GCHD Workers' Compensation Insurance Billing Information:

Texas Municipal League
P.O. Box 149194
Austin, TX 78714-9194
Tel: 800-537-6655
Fax: 512-491-3315

2. Notification:

- a. **During Business Hours:** Contact Risk and Safety Coordinator by phone (409) 938-2425 or email, and to the employee's supervisor or designee before the end of your work shift
- b. **After Business Hours:** It is the employee's responsibility to seek immediate medical attention at a local emergency room for blood borne pathogen exposures, which may be high risk for HIV transmission. Notify your supervisor or designee prior to the end of your work shift

3. Responsibilities:

a. Injured Employee:

- i. Get a prescription "First Fill Card" if necessary
- ii. Complete an *Employee Incident/Injury Report* even if no medical treatment
- iii. Exposures require testing and a notarized affidavit within 10 days
- iv. If medical treatment was sought, obtain a Work Status Report from your doctor and submit to the Risk and Safety Coordinator or HR before returning to work

b. Supervisors:

- i. Assist employees in obtaining medical attention

- ii. Ensure notification to Risk and Safety Coordinator
- iii. Ensure an Employee Incident/Injury Report is completed and sent to Risk and Safety Coordinator
- iv. If a worker sustains several occupational exposures, the direct supervisor and the worker should review the duties and procedures of the job. Modifications of procedures and appropriate corrective action should be taken in accordance with policy and circumstances.
- v. Work with HR on the employee returning to work

c. Risk and Safety Coordinator

- i. If applicable, coordinates reports of employee injury to the workers' compensation insurance carrier,
- ii. Notifies the Clinical Compliance Specialist, the applicable department head, CNO, and the Director of Epidemiology of the incident; and
- iii. Tracks and trends employee exposures.

d. Clinical Compliance Specialist

- i. Maintains sharps injury log
- ii. If applicable, advises the employee of treatment to be sought; and
- iii. Review and or revise exposure control plan yearly and as needed

4. Evaluation and Follow-up:

a. Direct Supervisor, or designee, will provide to Risk and Safety Coordinator:

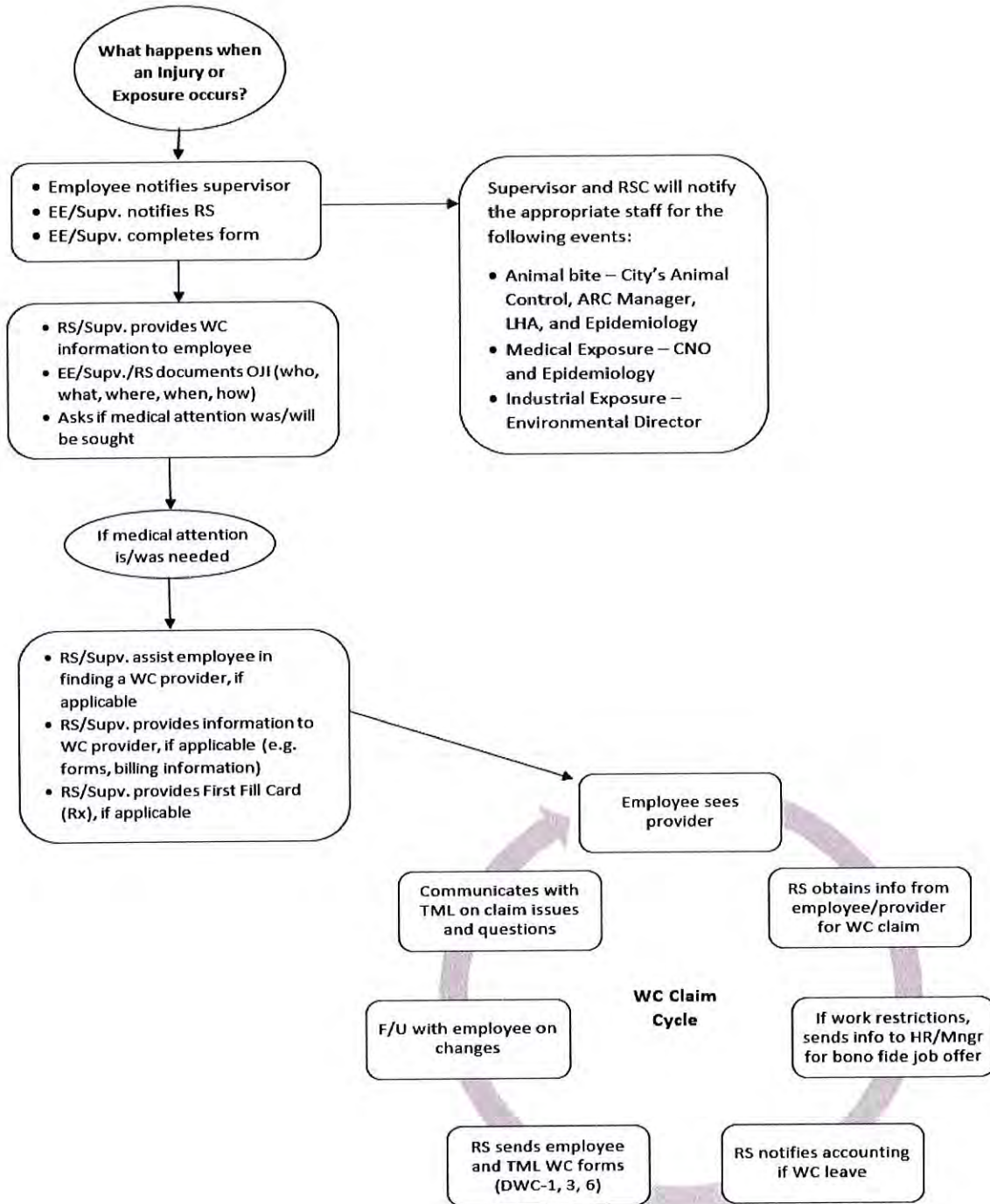
- i. A description of the employees job duties relevant to the exposure incident
- ii. Route of exposure
- iii. Circumstances of exposure
- iv. If possible, results of the source individual's blood test
- v. Relevant employee medical records, including vaccination status

b. Risk and Safety Coordinator will gather and review the circumstances with Quality Assurance of all exposure incidents to determine:

- i. A description of the incident to include relevant facts, which may entail:
 - a. Engineering controls in use
 - b. Work practices followed
 - c. Description of the device being used
 - d. PPE used at the time of incident
 - e. Location of the incident
 - f. Procedure being performed when the incident occurred
- ii. Any action plans conceived in relation to the event will be shared with appropriate contingents to implement

c. Clinical Compliance Specialist:

- i. Record all percutaneous injuries from contaminated sharps in a Sharps Injury Log
- ii. Reports exposure to Infection Control Committee



ⁱ Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions

ⁱⁱ Measles (Rubeola). (2018, May 08). Retrieved from <https://www.cdc.gov/measles/hcp/index.html>

ⁱⁱⁱ Chickenpox (Varicella). (2016, July 01). Retrieved from <https://www.cdc.gov/chickenpox/hcp/healthcare-setting.html>

^{iv} Schulster LM, Chinn RYW, Arduino MJ, Carpenter J, Donlan R, Ashford D, Besser R, Fields B, McNeil MM, Whitney C, Wong S, Juranek D, Cleveland J. Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Chicago IL; American Society for Healthcare Engineering/American Hospital Association; 2004.

Coastal Health and Wellness

EMERGENCY OPERATIONS PLAN

Table of Review and Approval

Change Number	Change Entered By	Date Reviewed	Date Approved
1	Tyler Tipton	8/8/18	

The Emergency Plan (EP) was originally written and approved on 8/2018.

As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

Contents

- I. INTRODUCTION TO THE PLAN..... 6
 - Purpose..... 6
 - Policy 6
 - Scope..... 7
 - Demographics 7
- II. EMERGENCY PLAN 8
 - Risk Assessment 8
 - Command and Control 8
 - Coordination..... 9
 - Plan Activation..... 9
 - Demobilization and Transition to Recovery 10
 - Maintenance 10
- III. POLICIES AND PROCEDURES 11
 - Facility Lockdown 11
 - Shelter in Place (SIP) 11
 - Evacuation Plan..... 12
 - Suspension of Services..... 12
 - Continuity of Operations..... 12
 - Documentation 13
 - Security 14
 - Volunteers 14
- IV. COMMUNICATIONS 14
 - Internal 14
 - External 15
 - Communications with Patients and Visitors 15
 - Communications with Healthcare Providers..... 15
 - Surge Capacity and Resources 15
 - Requesting Assistance..... 16
- V. TRAINING 16
- VI. TESTING..... 16
- TAB 1- Facility Location Plan..... 17
- TAB 2 - Facility Floor Plan 18

TAB 3 - HVA.....	20
TAB 4 – Delegations of Authority & Organizational Chart.....	21
Delegations of Authority.....	21
Organizational Chart.....	21
Activation of Disaster Organization Chart.....	22
TAB 5 – Orders of Succession.....	24
TAB 6 – Receiving Facilities.....	25
TAB 7 - State and Local Government Contacts	26
TAB 8 - Vendor Contacts	27
TAB 9 – <i>EOP Tracking Form (ICS 214)</i>	28
TAB 10 - Notification Call List	30
TAB 11 – Communication Systems/Equipment.....	31
TAB 12 - <i>Message Log (ICS 213)</i>	32
TAB 13 – After Action Review and Improvement Plan.....	33
ANNEX A – Fire	35
ANNEX B - Bomb Threat	36
ANNEX C - Active Shooter.....	37
ANNEX D - Loss of Water/Sewerage	38
ANNEX E - Electrical Power Outages	39
ANNEX F - Extreme Temperatures.....	40
ANNEX G - Severe Weather	41
ANNEX H - Hurricane	42
ANNEX I - Winter Storms.....	43
ANNEX J - External Hazmat Incident.....	44
ANNEX K - Radiological Incident.....	45
ANNEX L - Bioterrorism Threat	46
Annex M – Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE).....	47

Coastal Health and Wellness Information

Facility: Coastal Health and Wellness

Address: 9850 Emmett F Lowry Expy

City: Texas City **State:** TX **Zip Code:** 77591

Phone Number: 409-938-2234

Executive Director: Kathy Barroso (Interim)

Office Address: 9850 Emmett F Lowry Expy

City: Texas City **State:** TX **Zip Code:** 77591

Phone Number: 409-938-2257 **Email:** kbarroso@gchd.org

I. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology and other emerging issues, this plan will be reviewed and updated annually, and after the occurrence of incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016. Updates to the EOP will be completed by the Emergency Preparedness Manager, predicated upon input from the Coastal Health & Wellness Governing Board, and Coastal Health & Wellness's executive staff.

Purpose: The purpose of the Coastal Health and Wellness (CHW) EOP is to set forth action plans designed to mitigate potential harms incurred by patients, staff and visitors of CHW facilities during times of emergency. The safety and wellbeing of these parties are, and shall remain, prioritized over all other considerations. In accordance with this objective, the EOP establishes a basic emergency preparedness program to provide timely, integrated and coordinated responses to the wide range of both natural and manmade disasters that may disrupt normal operations.

Policy: It is the intent for CHW to adequately prepare, mitigate, respond and recover from a natural or manmade disaster, or other plausible emergency. These processes shall be designed in a manner that aims to safeguard CHW patients, visitors and staff, and to coordinate such processes to coincide or assist with community-wide responses in the event of related large-scale disasters.

CHW executive management recognizes that families of CHW employees will be among one of the primary concerns to these individuals during a disaster or emergency, and employees will therefore be supported by executive management to ensure the safety of their families by encouraging employees to create personal preparedness plans tailored to the individual needs of their families. It is expected that all CHW employees will be prepared and ready to fulfill their duties and responsibilities to provide the best possible emergency care to CHW patients, along with the community at-large, during emergencies. Each supervisor will ensure that employees are aware of their responsibilities.

CHW will work in close coordination with the Galveston County Health District, Galveston County Local Health Authority, and other local emergency officials, agencies and healthcare providers to ensure that community-wide responses to disasters are facilitated appropriately.

CHW has been an active participant in local, regional, state and federal emergency response planning and has signed a Memorandum of Agreement with the South East Texas Regional

Advisory Council (SETRAC) to become a member of the Regional Healthcare Preparedness Coalition (RHPC), to collaborate in planning relief efforts that affect the greater Houston-Galveston area. CHW has dedicated an experienced emergency response provider as its Emergency Preparedness Manager, charged with representing the facility and unique needs of the CHW population at local, regional, and state committees. This individual also serves as the Catastrophic Medical Operations Center point of contact.

Scope: Within the context of this EOP, a disaster is any emergency event which exceeds or threatens to exceed the routine capabilities of the clinic. This EOP describes the policies and procedures CHW will follow to prepare for, respond to, mitigate and recover from the effects of emergencies. This plan applies to both CHW locations (Texas City and Galveston) and delineates duties and procedures for all employees, patients, contractors and volunteers. Development and implementation of this plan complies with relevant sections of The Joint Commission (TJC) standards and CMS standards.

Demographics:

- A. CHW operates two facilities, respectively located in Texas City, TX, and Galveston, TX.

CHW- Texas City

Mid-County Annex

9850-C Emmett F. Lowry Expy

Texas City, TX 77591

CHW - Galveston

Island Community Center

4700 Broadway F100

Galveston, TX 77551

A map showing the location of the aforementioned facilities is attached to this document as **TAB 1**.

The Texas City clinic is located in Suite C of the Mid-County Annex building, situated off of Emmett F. Lowry Expressway in the Mainland Crossing Shopping Center. The Galveston clinic is located within the Island Community Center, at 4700 Broadway Street.

- B. Each of the facilities are located in single suites, housed in one-story buildings. Floor plans of the respective facilities are attached herein (**TAB 2**). CHW's administrative offices are located at the Texas City site.
- C. The buildings have appropriate placement of "Exit" signs which stand readily identifiable in-person, and which are clearly marked on the attached floorplans.

Coastal Health & Wellness serves as Galveston County's sole federally qualified health center, and the County's largest community health center. CHW clinics provide a wide array of ambulatory medical, prenatal, dental, mental health and counseling services to the community. Changes in the scope of services offered by the clinics must be approved by the Coastal Health

& Wellness Governing Board and the Health Resources and Services Administration (HRSA). During an emergency, patient population may fluctuate or include patients not typically seen or treated by CHW during normal operations.

II. EMERGENCY PLAN

Risk Assessment

CHW completes an annual Hazard Vulnerability Assessment (HVA), which takes an all hazards approach. **(TAB 3)**. This EOP is based upon the outcomes of this risk assessment. Changes or additions to the EOP will be made after conducting annual risk assessments, when identifying gaps during exercises or real events or when changes to TJC, CMS or other regulatory requirements are implemented. A copy of the annual HVA will be kept with the EOP.

- A. A copy of the EOP will be retained in the CHW executive offices and the plan will be prominently posted on the CHW employee extranet.

- C. The major hazards that could affect the CHW facilities as determined by the HVA are listed in the Annex portion of this EOP.

Command and Control

- A. The facility shall develop and document an organizational chart, **(TAB 4)**, which will include a Delegation of Authority to be followed in the event of an emergency. The Delegation of Authority identifies who is authorized to activate the EOP, and illustrates the chain of command to be followed during an emergency. Should an emergency occur, the Executive Director will assume the role of Incident Commander and shall be informed of the emergency immediately (via phone, email, or word of mouth). In the event the Executive Director cannot be contacted, the next individual designated by the Delegation of Authority will assume the position of Incident Commander. Command staff positions have been outlined in the organizational chart. During an emergency, staff will report to their direct supervisor (operational director for their area). With the Incident Command System (ICS) being scalable and subject to fluctuations, and based upon the specific situation and needs of the operation, staff may be asked to fill essential roles which they're not typically assigned to do. Prior to activation, the Incident Management Team (IMT) will convene to determine if activation is necessary, and if so, what roles shall be fulfilled. The IMT consists of Executive Director, Chief Compliance Officer, Emergency Preparedness Manager and, if deemed necessary, other applicable parties.

- B. Depending upon the type of emergency, the Incident Commander will enact the Orders of Succession **(TAB 5)** for the appropriate emergency policy and procedure.

The Incident Commander shall ensure safety captains, designated by department, record and retain documentation of all staff members and contractors present in the safety captains' area of oversight. Patients shall be accounted for by the check-in clerks. The patient check-in list should be printed during the declaration of an emergency in the event that electricity is lost or evacuation is required. Staff members are identified by CHW issued ID badges during both normal operations and emergencies.

- C. Based upon the emergency and other relevant conditions, the Incident Commander will determine whether to lockdown the facility, shelter in-place or evacuate. If the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in the designated receiving facilities list (**TAB 6**). The policy for tracking patients evacuated/transported to a receiving facility is on the employee extranet.
- D. Only the Incident Commander can issue an "all clear" for the facility, indicating that the facility is ready to resume normal operations.

Coordination

- A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats (i.e. fire or threat of violence) staff should call 9-1-1 from a safe area.
- B. During activation for an incident or exercise, communications with state, regional and local authorities can be made by contacting the appropriate authorities (see **TAB 7**).
- C. CHW will determine what role, if any, it will have in a community-wide response, as deemed appropriate by the Incident Commander in conjunction with city, county, region, or state response plans.

Plan Activation

Once warning of an actual or potential event has occurred, the person receiving the notification will inform the Executive Director. The Executive Director, in consultation with the IMT, will determine what level of plan activation is appropriate for incident response. CHW follows a four-level incident activation system, depicted as follows:

- **Level 4:** Everyday conditions with self-limiting events (events that resolve spontaneously or without response activations, such as a fire alarm or patient requiring medical assistance).

- **Level 3:** A disaster is foreseen, or a significant event is occurring. The event may or may not pose an immediate physical threat to CHW, but the consequences of the event could cause disruption to CHW's normal environments.
- **Level 2:** A heightened state of readiness during which time proactive plans such as perimeter control, staffing and supply analysis, and potential increase in spontaneous patient load are activated. A Level 2 event is deemed one that is imminent and which will have an adverse future impact on CHW.
- **Level 1:** When CHW develops incident action plans and carries out operational actions required to accomplish the aforementioned plans. Actions such as cancellation of scheduled appointments, adjusted operating hours, or collective suspension of services altogether may be implemented during this phase.

Demobilization and Transition to Recovery

The Incident Commander, or designated authority in consultation with the Emergency Preparedness Manager, will determine when the emergency has stabilized sufficiently to scale back EOP activation and begin demobilization. The Incident Commander shall assign appropriate individuals to carry-out demobilization efforts and normal day-to-day operations.

Assessing remaining hazards and protecting staff and patients, while evaluating the extent of damage and disruption to continuity of operations, will take place during this phase.

The Incident Command Staff will compile and maintain detailed records of damaged-related costs through documentation, photography, and video technology. Recovery actions will be executed per previously established operational business services plans.

Depending on the emergency's impact to the facility, recovery may require extensive resources and extended timeframes. The recovery phase entails activities taken to assess, manage, and coordinate the recovery which include, but are not limited to:

- The Incident Commander deactivating the EOP and determining when the clinic should return to normal operations;
- The establishment/bolstering of an employee support systems;
- Inventorying damages and losses;
- Assessing and documenting property damage, direct operating costs, consequential losses, damaged or destroyed equipment, and construction related expenses; and
- The completion of an After Action Report (AAR), to be finalized within 60-days upon the facility returning to normal operations.

Maintenance

The CHW EOP will be maintained by the Emergency Preparedness Manager. The plan includes an all hazards approach to implementation and response to incidents and event specific

guidelines. CHW will review and, if necessary, update this plan at least annually. Revisions will reflect changes in procedures, improved methods, identified “best practices,” changes in availability of resources, and corrections of any deficiencies or omissions.

III. POLICIES AND PROCEDURES

Facility Lockdown

- A. Facility lockdown means that staff, patients and visitors of the facility will remain in the facility’s building(s) with all doors and windows locked.
- B. Facility lockdowns may be called during emergencies such as those involving an active shooter, escaped prisoner, police chase, a threat made by a significant other or other unknown person, or any other event deemed to threaten the safety of the staff, patients and/or visitors.
- C. The facility shall remain on lockdown until the Incident Commander or applicable governmental authority issues an “all clear.”
- D. Each facility should review this plan carefully and ensure that doors are strong and have the ability to prevent an individual from gaining access to the facility. It is recommended that staff, patients and visitors be secured behind at least two locked doors under such circumstances (main entrance door and interior room door).

Shelter in Place (SIP)

- A. Shelter in Place means that the staff, patients and/or visitors will remain in the facility’s building(s). Sheltering can be called due to severe storms, tornados, and violence/terrorism or hazard material exposure conditions in nearby areas.
- B. During a SIP, windows and doors shall be firmly closed. Storm shutters, if available, should also be closed. If weather conditions pose a threat to the integrity of exterior windows, staff, patients and/or visitors will be moved to interior rooms and hallways.
- C. In the event of a tornado warning, staff, patients and visitors will move to interior hallways, away from all glass and windows.
- D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditioners and ventilators will be turned off where appropriate (and where possible). Cloths or comparable material (i.e. t-shirts) will be stuffed around gaps at the bottom of doors.

- E. The facility shall remain sheltered until designated authorities provide an “all-clear” or until the emergency threat has ended as determined by the Incident Commander.

Evacuation Plan

- A. There are a variety of hazards that could result in an evacuation. The most common would be a fire in or near the facility, rising floodwaters or an evacuation order issued by the police, fire department or other governmental authority.
- B. The Incident Commander will have the authority to order an evacuation.
- C. If the emergency is limited to a single building or area, staff, patients and visitors will move to a safe distance from the area (in the designated parking lot).
- D. If the entire facility is forced to be evacuated, staff, patients and visitors will move to a predestinated evacuation site listed in Receiving Facilities at **TAB 6**.
- E. Safety captains will verify that all staff, patients, contractors and visitors are accounted for at the evacuation site. **It is the responsibility of the contractor or his/her employer to furnish the names and schedules of the contracted employees to CHW Administrative Assistants.**
- F. Notification of evacuations to proper authorities shall be the responsibility of the Incident Commander or designee.

Suspension of Services

- A. In the event an emergency results in the inability of the facility to continue providing services in a safe manner, the facility has will initiate its plan for continuity of services.
- B. During such circumstances. patients will be notified the facility will not be able to provide services via communication of staff, as well as through announcements made over the PA system.
- C. Preidentified facilities that can serve as temporary destinations for care of services have been denoted in **TAB 6**.

Continuity of Operations

It is the policy of Coastal Health and Wellness to maintain continuity of service and to restore healthcare services as rapidly as possible following an emergency that disrupts such services.

As soon as the safety of patients, visitors, and staff has been assured, CHW will give priority to providing or ensuring patient access to health care.

In the aftermath of an emergency, the Incident Commander will determine whether restoration of CHW operations is better suited at an auxiliary site, or at the current location. Should operations resume at the current location, the following actions will be taken to promptly resume essential services.

- A. Ensuring patient, visitor and personnel safety;
- B. Expeditiously reinstating CHW's essential services after an emergency;
- C. Restoring utilities
- D. Protecting medical records, vital records, data and sensitive information; and
- E. Protecting medical and business equipment.

Documentation

Emergency/Disaster response is documented and tracked on the *EOP Tracking Form* (ICS 214) **(Tab 9)**. This report will be initiated and completed by command and field staff on duty at the time of incident. The *EOP Tracking Form* is considered a dynamic document and is updated by the Incident Commander throughout the emergency management process, and the following protocol will be followed while completing this documentation:

- A. During an emergency, documentation should continue for all patients in the process of treatment.
- B. During an emergency, it should be determined whether to start treatment for patients at the facility when treatment has not yet been initiated. Decisions and plan of care based on patient's condition and the facility's ability to provide treatment during the emergency will be recorded.
- C. All rules pertaining to the protection of and access to patient information, including all HIPAA provisions, must remain in effect during an emergency.
- D. During an emergency, all staff members beginning and ending their shifts are required to sign-in and sign-out on an employee tracking log to ensure tracking of on-duty staff is documented.
- E. On-duty staff will be given an *EOP Tracking Log*, to track their activities for all emergencies.
- F. Whenever possible, emergency documentation shall be logged using pencil and paper to avoid potential losses caused by power failures.

Security

In normal operations, CHW - Texas City has one full time contracted security officer. The Galveston County Housing Authority staffs one full-time security guard at the Island Community Center at which the CHW – Galveston suite is located. Should a need for additional security arise, more security personnel may be requested at either location through the existing contracted service. The Safety Officer is responsible for coordinating security and safety throughout the operation.

Volunteers

CHW will not utilize volunteers during emergency operations.

IV. COMMUNICATIONS

Internal

- A. A list of all employees, including their contact number(s) and a party designated as the employee’s emergency contact is located in the Human Resources department and online through i-Info (digitally).
- B. In the event of an emergency or activation of the EOP, notification of staff is achieved through email, text, and phone calls by the Emergency Preparedness Manager, or designee. The PA system is also utilized for immediate notification to staff, patients, and visitors. A list of Emergency Phone Protocols for the Texas City site and Galveston site can be found on the employee extranet.

In the event of an emergency that requires notification to patients expected to arrive at the facility when it is not operational, notification will automatically be sent to patients via phone, text and/or email (patient’s predetermined preference) by using the NextGen auto-communication system (**TAB 10**). Vendors (**TAB 8**) scheduled to arrive at the facility will be notified via telephone and/or email of extraneous circumstances by the Procurement Agent.

- C. In the event phone services are rendered unusable, redundant communications are available. The communication system equipment is listed in **TAB 11** with its location. All redundant communication systems are tested monthly. Communication systems include email, PA system, and radio.

External

- A. Staff is consistently instructed to call 9-1-1 for any emergency that arises which threatens the safety or life of staff, patients or visitors.
- B. This EOP contains a list of all county and local emergency management persons that should be notified (via phone or email) at **TAB 6**. Contact with emergency personnel is documented via the *Message Log (ICS 213)*(**Tab 12**), and *EOP Tracking Log* by the individual making contact (Emergency Preparedness Manager or designee). Notification and updates will be given to emergency management personnel when there is any change with operations, including: i) transitions from normal operations; ii) activation of the EOP; iii) employment of response actions and/or recovery actions; and iv) when resuming normal operations.
- C. This EOP contains a listing of contact information for other facilities that can provide required services for patients in the case CHW is unable to do so, and a listing of nearby hospitals that can provide emergency services (**TAB 6**).
- D. The Public Information Officer will handle any and all media inquiries.

Communications with Patients and Visitors

- A. During an emergency, the Patient Services Manager, unless designated otherwise by the Incident Commander, is responsible for notifying patients and visitors of the emergency and what actions to take. Communications will be facilitated via the emergency phone-chain, PA system, safety captain announcements (word of mouth), and through the NextGen communication system.

Communications with Healthcare Providers

- A. Only the Incident Commander or their designee is authorized to release information on the location or condition of patients; however, Information may be released to other healthcare providers in accordance with HIPAA regulations.

Surge Capacity and Resources

- A. Based on staffing and community needs, CHW may be available to accept patients from other ambulatory care centers requiring like services. The South East Texas Regional Advisory Council (SETRAC) will be notified of surge capabilities by the Emergency Preparedness Manager via phone and/or email.
- B. As requested by local and regional ESF 8 governmental representatives, the facility will provide excess supplies and/or equipment when it's not needed for CHW's use.

Requesting Assistance

- A. Should the facility need resources (medical and/or nonmedical) to shelter in place, evacuate or return to service, assistance should be requested from the following parties:
 - 1. The local health department (Galveston County Health District);
 - 2. The ESF 8 regional representative(s). The ESF 8 regional representatives are the local health department and SETRAC. These representatives are listed on **TAB 7**;
 - 3. If assistance is not readily available, normal purchasing procedures may be followed to replenish medications, medical supplies, and nonmedical supplies that are required in response to an emergency.

V. TRAINING

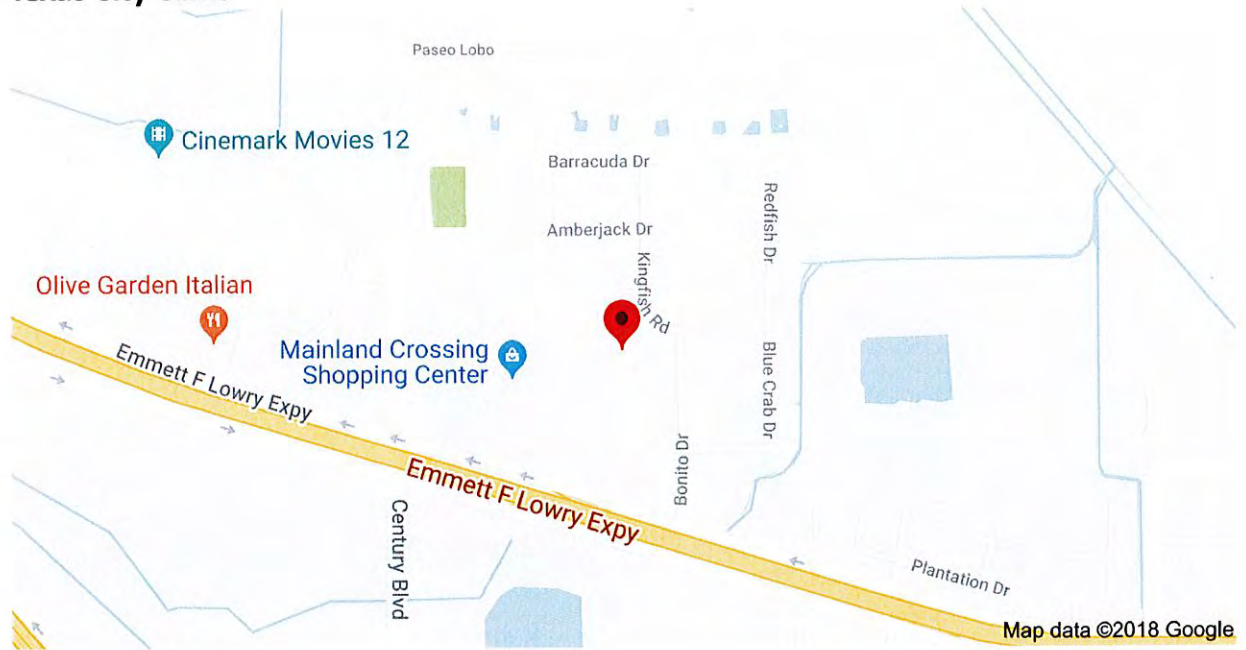
- A. Current CHW staff (including contractors) will be trained on the new or updated EOP at the time of its publication and revisions.
- B. All new CHW staff will be informed of and trained on the EOP during their initial thirty-day orientation period.
- C. Emergency preparedness training will be conducted annually.
- D. Documented EOP training and annual emergency preparedness training shall be stored in each employee's personnel file, as maintained by Human Resources.

VI. TESTING

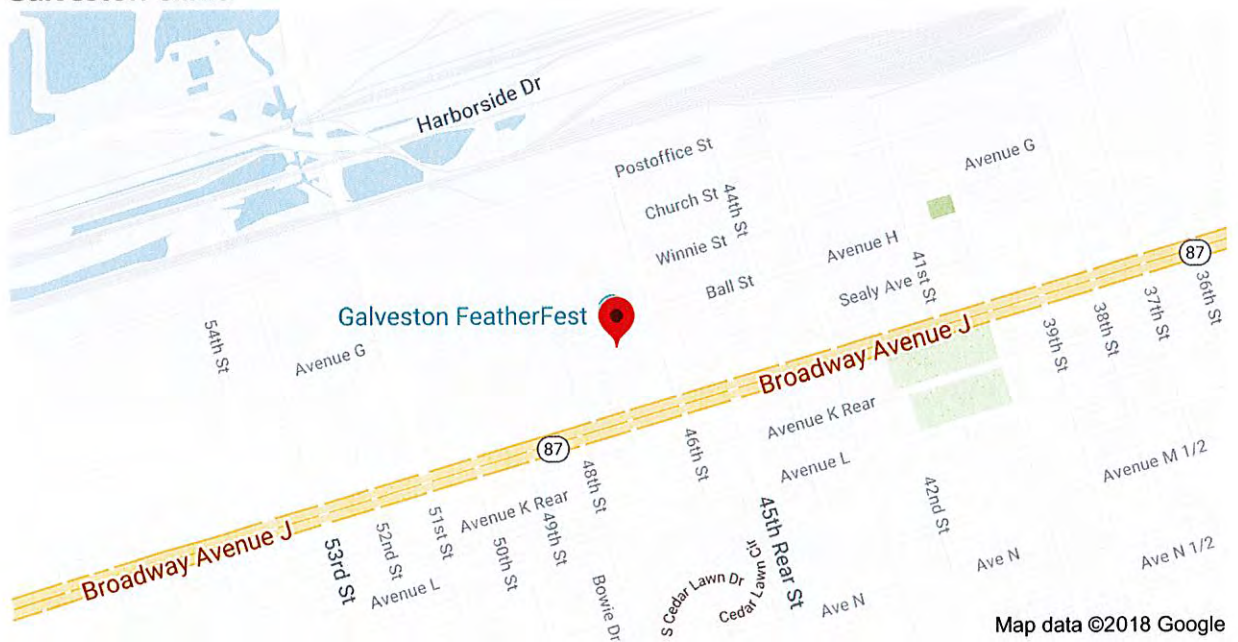
- A. Facility based full-scale exercises shall be facilitated annually by the Emergency Preparedness Manager.
- B. After full scale exercises, tabletops or actual events, CHW will analyze the response, identify areas for improvement and update the EOP, if necessary. A template for review is found at **TAB 13**.
- C. Emergency response exercises will incorporate hazards identified from a HVA and encompass communications, resources and assets, security, staff, utilities, and patients.

TAB 1- Facility Location Plan

Texas City Clinic

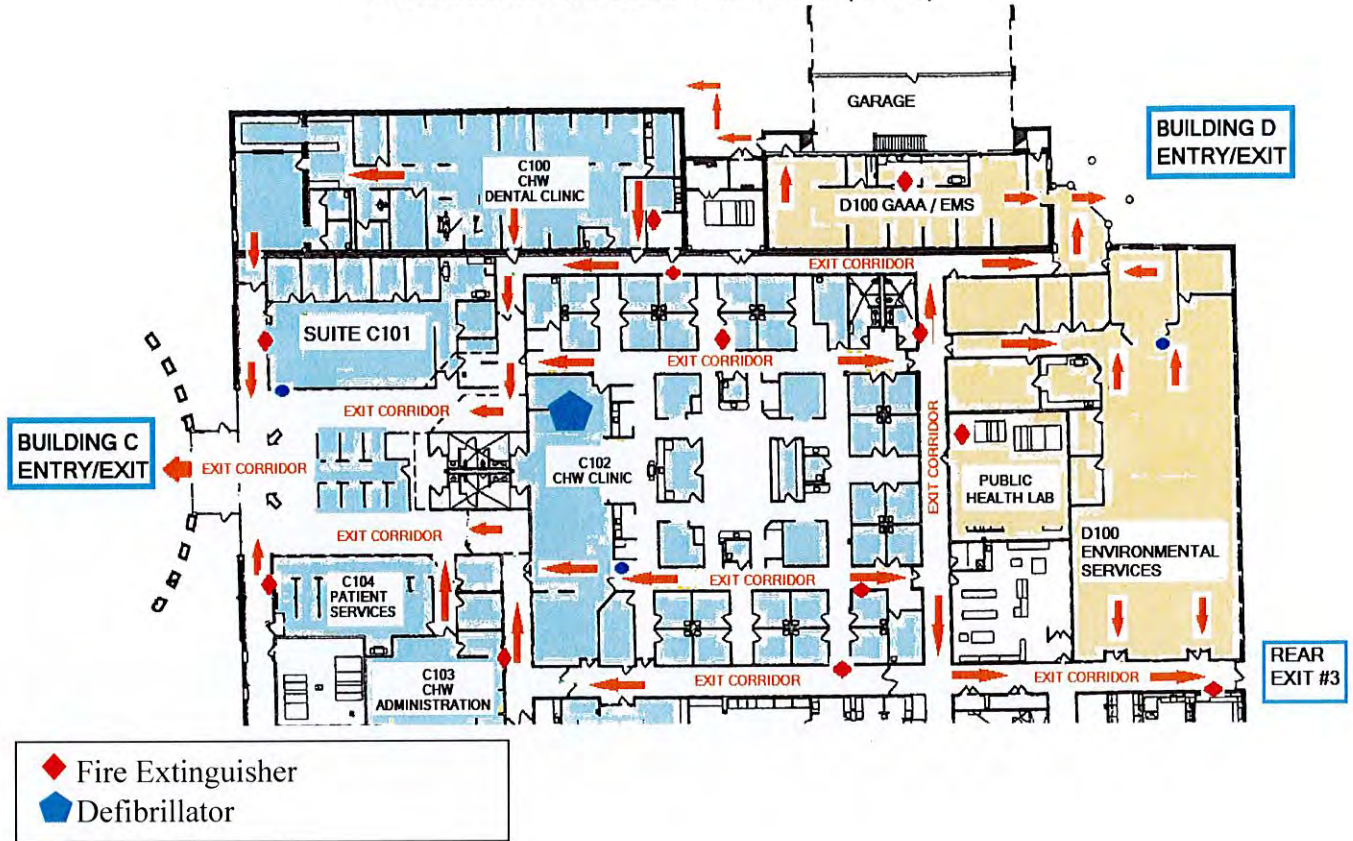


Galveston Clinic

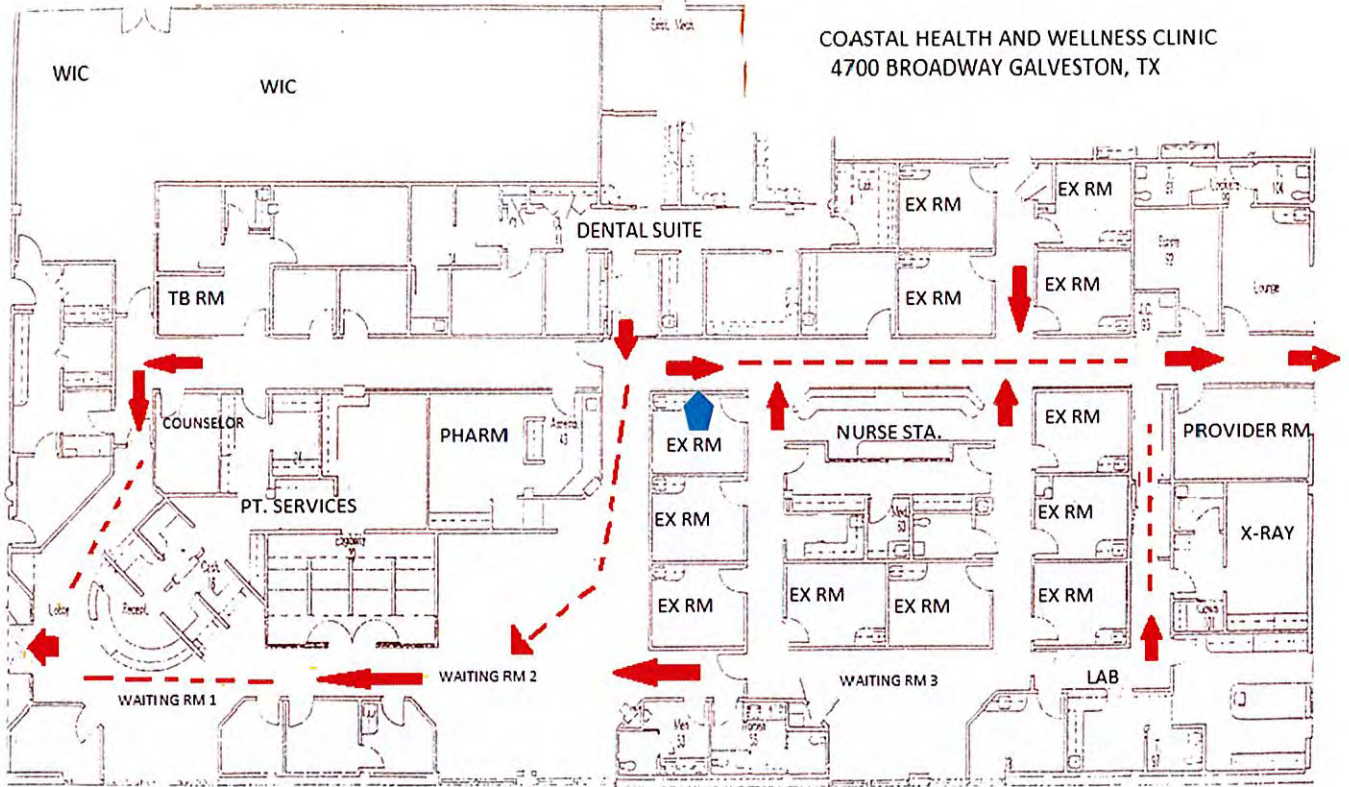


TAB 2 - Facility Floor Plan

MID COUNTY ANNEX EVAUCATION ROUTE BUILDING C (CHW)



GALVESTON COUNTY COASTAL HEALTH AND WELLNESS CLINIC
ISLAND COMMUNITY CENTER GALVESTON



*Arrows denote pathway to fire exits
■ Defibrillator

TAB 3 - HVA

TOP 10 HVA	RANK
Hazmat Incident	1
Tornado	2
Hurricane	3
Seasonal Influenza	4
Evacuation	5
Explosion	6
Inclement Weather	7
Hazmat Incident with Mass Casualties	8
Infectious Disease Outbreak	9
Epidemic	10

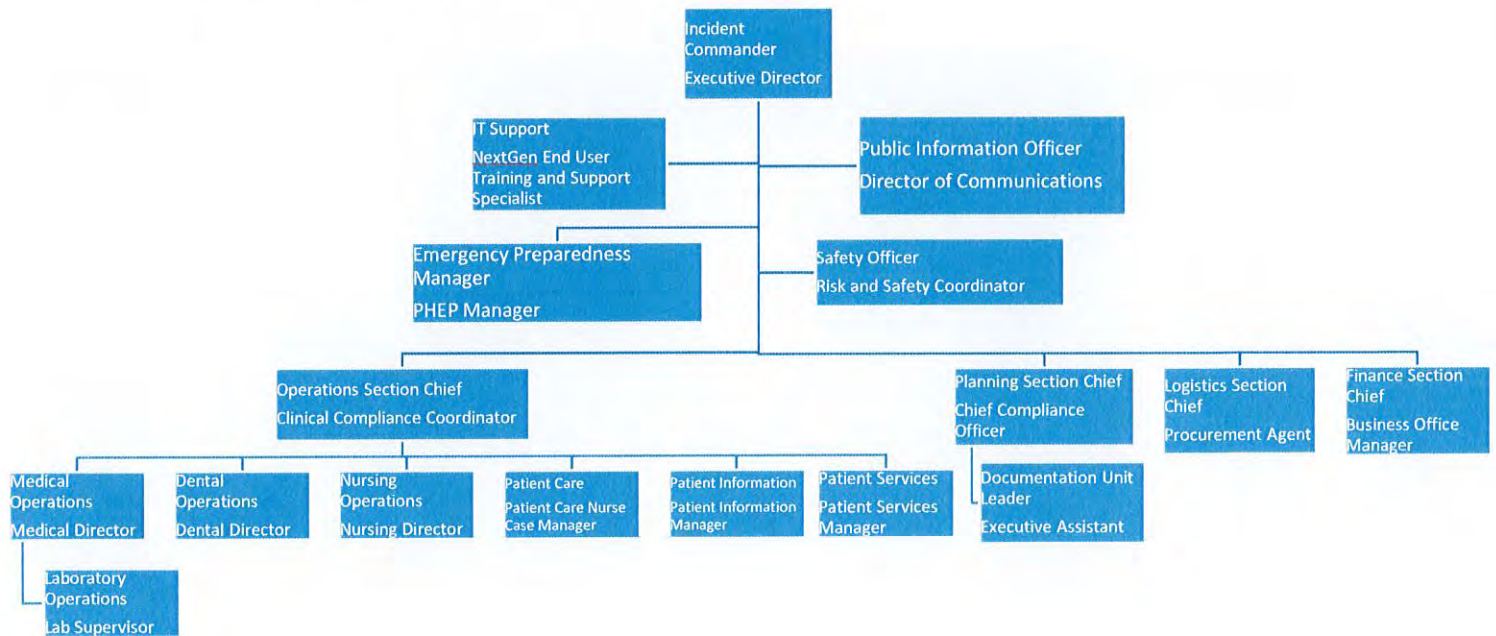
**Listed are the top 10 Hazards beginning with the highest risk*

TAB 4 – Delegations of Authority & Organizational Chart

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Incident Commander	Executive Director		
Operations Section Chief	Clinical Compliance Coor.		
Planning Section Chief	Chief Compliance Officer		
Logistics Section Chief	Procurement Agent		
Finance Section Chief	Business Office Manager		

Organizational Chart



Activation of Disaster Organization Chart

During the mobilization stage of an emergency response, CHW will transition from the normal organization chart to the disaster organizational chart. This organization chart is based on the Incident Command Structure (ICS) platform, which follows the framework of both the NIMS and regional/local government response agencies. The following chart organizes response functions into five areas and the incident commander designates key staff to act as support commanders:

Incident Commander (IC)

- Direct and facilitate on-scene response
- Appoint incident command positions and responsibilities
- Plan situational briefs
- Determine the incident objectives and strategy; determine mission-critical information, facilitate planning/strategy meetings
- Identify priorities and activities; provide impact assessment for business continuity and crisis communications
- Review and approve resource requests
- Terminate the response and demobilize resources

IT Support

- Assist operation with technical support
- Provides expertise before, during, and after activation as directed by the IC

Public Information Officer

- Develops communication material internally and externally as directed by the IC
- Handles all media inquiries and questions from the general public
- Assist command staff with communication materials needed for operational response

Safety Officer

- Ensures operations and staff are acting in accordance to all safety rules, laws, and regulations
- Inspects sites of operation for vulnerable areas and hazards
- Handles any accidents or injury claims for the operation
- Responsible for coordinating security and safety measures

Emergency Preparedness Manager

- Ensures response measures adhere to EOP
- Provides expertise (SME) for emergency operations (NIMS, ICS)

Logistics

- Provide resources for support personnel, systems, and equipment:
 - Meeting space
 - Media briefing center
 - Transportation
 - Communications equipment
 - Food, water, shelter, and first aid
- Facilitate communications between staff/local officials/licensing and emergency agencies
- Provide logistics input at planning meetings and updates on resources (availability, response time, deployment)

Planning

- Schedule and facilitate planning meetings
- Supervise development of action plans
- Ascertain need for subject-matter experts to support response efforts
- Coordinate business continuity
- Assess current and potential impacts on facility

Finance

- Manage financial aspects of incident
- Provide cost analysis as needed
- Track staff time and incident-related costs
- Document claims for damage, liability, and injuries
- Notify insurance carriers
- Provide incurred and forecasted costs at planning meetings
- Monitor financial expenditures, new leases, contracts, and agreements in compliance with CMS conditions-of-participation

Operations

- Manage tactical operations
- Develop operation plan
- Ensure safe tactical operations for emergency responders
- Request resources to support tactical operations
- Expedite changes in operations plan as necessary
- Assign operational division managers to their respective role and ensure staffing is sufficient for their operational period

TAB 5 – Orders of Succession

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2
Incident Commander	Executive Director	Medical Director	Chief Compliance Officer
Operations Section Chief	Clinical Compliance Coordinator	Chief Compliance Officer	Risk and Safety Coordinator
Planning Section Chief	Chief Compliance Officer	Clinical Compliance Coordinator	Risk and Safety Coordinator
Logistics Section Chief	Procurement Agent	Controller	Assistant Procurement Agent
Finance Section Chief	Business Office Manager	Controller	Budget and Grant Manager

TAB 6 – Receiving Facilities

Temporary Evacuation site for Office:

Texas City
Mid- County Annex
9850-C Emmett F. Lowry Expy
Texas City, TX 77591

Galveston
Island Community Center
4700 Broadway F100
Galveston, TX 77551

Long Term Evacuation Site for Office:

Texas City
Mid- County Annex
9850-C Emmett F. Lowry Expy
Texas City, TX 77591

Galveston
Island Community Center
4700 Broadway F100
Galveston, TX 77551

Receiving Hospitals and Contact Numbers:

Mainland Medical Center
6801 Emmett F Lowry Expy, Texas City, TX 77591
409-938-5000

The University of Texas Medical Branch at Galveston
301 University Blvd
409-772-1011

UTMB Health League City Campus Hospital
2240 Gulf Fwy S, League City, TX 77573
409-772-1011

TAB 7 - State and Local Government Contacts

Emergency Management Contact List

Name	City	Email	Phone
Gillane, Jimmy	Bayou Vista		409-935-8348
Cook, Kenneth	Clear Lake Shores	kcook@clearlakeshores-tx.gov	281-334-2799
Trantham, Gregory	Dickinson	gtrantham@ci.dickinson.tx.us	281-337-4700
Morales, Ron	Dickinson PD Admin	rmorales@ci.dickinson.tx.us	
Mansfield, Brian	Friendswood	bmansfield@ci.friendswood.tx.us	281-996-3335
Byrd, Terry	Friendswood	tbyrd@friendswood.com	281-996-3335
Simmons, Steven	Friendswood	ssimmons@ci.friendswood.tx.us	281-996-3335
Norman, Laura	Galveston County	Laura.Norman@co.galveston.tx.us	281-309-5002
Morgan, Mark	Galveston Island	mmorgan@galvestontx.gov	281-309-5002
Wisko, Mike	Galveston Island	mwisko@galvestontx.gov	409-765-3710
Bender, Niki	Galveston Island	NBender@GalvestonTX.gov	409-765-3710
Hamm, John	Hickcock PD	jhamm@hitchcockpd.com	409-986-5559
Brick, John	Jamaica Beach	jbrick@ci.jamaicabeach.tx.us	409-737-1142
Hahn, Brent	Kemah	brent.hahn@kemahfire.com	281-538-5727
Todaro, Charlene	La Marque	c.todaro@cityoflamarque.org	409-938-9225
Hunter, Kyle	La Marque	k.hunter@cityoflamarque.org	
Jones, Chanel	League City	Chanel.Jones@leaguecity.com	281-554-1302
Edghill, Ryan	League City	ryan.edghill@leaguecity.com	281-554-1302
Meadows, Philip	Santa Fe	philip@ci.santa-fe.tx.us	409-925-3092
Munoz, Thomas	Texas City	tmunoz@texas-city-tx.org	409-739-4799
Springer, Bryan	Tiki Island	b@bryanspringer.com	409-692-6880
Foskit, Garrett	Galveston County	GARRET.FOSKIT@CO.GALVESTON.TX.US	281-309-5003

ESF 8 Partners

Name	Organization	Email	Phone
Salami, Hilal	SETRAC	Hilal.salami@setrac.org	281-822-4443
Valcin, Randy	GCHD	rvalcin@gchd.org	409-938-2322

TAB 8 - Vendor Contacts

VENDOR/COMPANY	LAST NAME	FIRST NAME	EMAIL ADDRESS	TELEPHONE	SERVICES PROVIDED
American Dental Lab	Davila	Frank	americandentalhouston@gmail.com	713-923-4544	Dental Lab Services
AMI Dental	Chew	Joy	amidental@yahoo.com	713-777-3422	Dental Supply/Equipment
Bosworth	Mire	Ryan	rmire@bosworthpapers.com	713-460-5060	Paper/Envelopes
CDW	Burgh	Michael	MICBURG@cdwg.com	312-547-2663	Electronics
Darby Dental	DiBella	Joe	joedibella@darby.com	800-645-2310	Dental Supply/Equipment
Dream Ranch	de Wet	Sheila	sheri@dreamranchtx.com	940-591-6565	Cartridges/Toner
GHA Technologies	Matheson	AJ	aj.matheson@gha-associates.com	405-241-4209	Electronics
Henry Schein	Keen	Elaine	Elaine.Keen@henryschein.com	800-845-3550	Medical/Lab Supplies
LD Products	Athey	Diana	dianaa@ldproducts.com	888-375-6648	Cartridges/Toner
McKesson	Johnson	Doug	douglas.johnson@mckesson.com	800-545-5097	Medical/Lab Supplies
Migali Industries	Rappaport	Jerry	jerry@migaliscientific.com	855-464-4254	Refrigerator/Freezer
Moore Medical	Samsel	Bozena	bozena.samsel@mooremedical.com	800-234-1464	Medical Supplies
Patterson Dental	Wilde	Melody	melody.wilde@pattersondental.com	713-853-6828	Dental Supply/Equipment
Quill	Jevremovic	Vee	vee.jevremovic@quill.com	800-789-7020	Office Supplies
School Specialty	White	John	john.white@schoolspecialty.com	800-545-5097	Office Supplies
Southern Computer	Reardon	Josh	joshreardon@scw.com	877-468-6729	Electronics
Sparklettes	Amaya	Bladimire		800-4-waters	Drinking/Distilled Water
Stargel				713-461-5382	Copier Supplies & Repair
Stericycle				866-783-7422	Biohazard Pick-Up
VWR	Clark	Gordon	gordon.clark@vwr.com	210-360-9076	Test Tube Racks/Lab Supplies
X-Ray Compliance	Freeman	Randy	randyfreeman1@comcast.net	281-844-5226	X-Ray Equipment Repair

TAB 9 – EOP Tracking Form (ICS 214)

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TAB 10 - Notification Call List

Staff Notification

Ensure that call lists include 24-hour contact information for all key staff including home telephones, pagers, mobile phones, and electronic mail. A list of telephone numbers of staff for emergency contact is located in the Human Resources department, and on i-Info. During an emergency the Executive Director or designee is responsible for contacting staff to report for duty. The alternate contact is the Emergency Planning Manager. Notification of staff is completed through phone, text, and email via i-Info communication.

Patient Notification

A list of telephone numbers and email addresses of patients is located within NextGen and the patient portal.

During an emergency the Patient Information Manager, or designee, is responsible for contacting patients.

Community Resources Call Protocol

During an emergency the Emergency Preparedness Manager, or designee, is responsible for contacting resources (i.e., Red Cross, Galveston County Health District, South East Texas Regional Advisory Council).

TAB 11 – Communication Systems/Equipment

Emergency Communication Equipment	Location
APX 6000 Radio	Executive Director's Office
Laptop	Executive Offices Cabinet (under sink)

This list is updated annually to reflect any changes in equipment utilized by CHW in the event of an emergency and primary means of communication are compromised or no longer available

TAB 12 - Message Log (ICS 213)

GENERAL MESSAGE (ICS 213)

Print Only

INCIDENT NAME: _____

OPERATOR NAME: _____

Date: _____ Time: _____

Name of Caller: _____

Phone #: _____

URGENT

Address (if applicable): _____

ROUTINE

ISSUE:

ACTION TAKEN:

FOLLOW UP

CLOSED

Time: _____

Date: _____

FOLLOWED UP BY: _____

POSITION/TITLE: _____

SIGNATURE: _____

RECEIVED MESSAGE
DATE/TIME: _____

ICS 213

TAB 13 – After Action Review and Improvement Plan

Incident/Event title:

Start Date:

Start Time:

End Date:

End Time:

Type (check one):

- Actual non-planned
- Actual planned
- Exercise
- Evaluator(s)

Clinical Evaluator(s):

Other Evaluator(s):

Retesting of Change to Emergency Operations Plan?

Participants:

Community Partners:

Objectives set by Incident Command: (Samples Below – Each exercise may include these high level objects in addition to any specific objectives for the scenario)

1. Protect human and animal life
2. Protect the facilities (including all campuses and clinic sites)
3. Continue critical missions

Narrative:

Exercise Scenario

Improvement Plan Matrix

Improvement Needed:	Responsibility	Complete Status

Shared with Environment of Care Committee? No Yes
Was the Emergency Operations Plan modified as a result of this event/exercise? No
 Yes

Analysis of Six Critical Components

- Communications EM.02.02.01
- :
- Resources and Assets EM.02.02.03
- :
- Safety and Security EM.02.02.05
- :
- Staff Roles and Responsibilities EM.02.02.07
- :
- Utilities EM.02.02.09
- :
- Patient Care Activities EM.02.02.11
- :

ANNEX A – Fire

POLICY: The primary purpose of the Fire Policy and Procedure is to provide a course of action for all staff to follow in the event of a fire.

PROCEDURE:

R - Rescue anyone in immediate danger.

A - Alert contact the fire department by calling 911.

C - Contain the fire. Close all doors and windows adjacent to the fire. Close all fire doors. Shut off all fans, ventilators and air conditioners, as these will feed the fire and spread smoke throughout the building.

E - Extinguish if the fire is small. If an extinguisher is available, it should be aimed low at the base of the fire, and move slowly upward with a sweeping motion.

Special Note: The most common cause of death in a fire is smoke, and not the flames. Keep low to the floor and avoid inhaling too much smoke.

1. Call the fire department at 9-1-1. Give exact location of the fire and its extent.
2. Call your immediate supervisor.
3. Assist with patients and visitors if evacuation is necessary.
4. Assign a staff member (Executive Director or designee) to meet the fire department in order to direct them to the fire. Safety captains shall keep a roster of patient, staff, contractors and visitors if evacuation is necessary.

ANNEX B - Bomb Threat

Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of patients, staff and visitors.

Procedure: If there is a bomb threat received over the phone, follow these procedures:

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.
2. Ask the caller his/her name.
3. Ask the caller where the bomb is located.
4. Record every word spoken by the person making the call.
5. Record time the call was received and terminated.
6. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.

If possible, during the call:

1. Call the Police Department at 9-1-1.
2. Call the Executive Director if not present.
3. Organize staff/patient to evacuate premises upon police or administrative order (**Tab 2**).

Once the Police have arrived:

- Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
- If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

ANNEX C - Active Shooter

When there is an active shooter in the vicinity, personnel have three options: RUN, HIDE or FIGHT. The following precautions need to be taken for the safety of patients and staff.

Procedure:

Run

1. Have an escape route in mind.
2. Leave belongings (purse, book bags, computer, etc.) behind.
3. Evacuate regardless whether others follow.
4. Help others to escape, if possible.
5. Do not stop to help or move wounded.
6. Stop others from entering area.
7. Call 9-1-1 when safe.

Hide

1. Hide out of shooter's view.
2. Lock door or block entry.
3. Silent your cell phone, including vibrate.

Fight

1. Fight as a last resort, if your life is in danger.
2. Improvise weapon or throw items at the active shooter.
3. Act with as much aggression as possible. Your life depends on it.

Once the police have arrived, keep hands visible and raise over your head. Provide information about the shooter's location, the description of shooter, and whereabouts and conditions of wounded persons (if known).

ANNEX D - Loss of Water/Sewerage

Procedure: If water supply is suddenly disrupted for any reason, the following steps will be taken by staff on-duty during the time of the discontinuation of water supply.

1. All attempts will be made to determine the cause for water disruption and the probable length of shutdown and if a Boil Water Notice (BWN) has been issued.
2. Obtain a copy of the BWN procedures from the GCHD Environmental Department.
3. Use bottled water and canned juices and other fluids, based on dietary restrictions for consumption by patient.
4. Disposable dishes and utensils may be used during emergencies (if applicable).
5. If necessary, water can be brought in and dispensed as needed.
6. If it becomes apparent that a water shortage will last for an undetermined length of time, emergency measures may be issued by GCHD.
7. Determine if suspension of services is needed.
8. Determine if transfer of patients is necessary.

ANNEX E - Electrical Power Outages

Procedure: In the event of a power outage, the following steps should be followed:

1. Determine:
 - a. Amount of time that power is expected to be out; and
 - b. Whether the power company will take immediate steps to restore power.
2. Check if back-up generator is working and supplying power.
3. Determine if secession of services is necessary.
4. Determine if transfer of patients is necessary.

ANNEX F - Extreme Temperatures

The purpose of this policy is to provide precautionary and preventative measures for staff and patients during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders.

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body's heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness, and may be fatal in extreme cases.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds and curtains in rooms exposed to direct sunlight.
3. Have ample fluids, and provide as many fluids as needed.
4. Turn on fans or air conditioner to increase circulation.
5. Assess patients arriving for services for signs and symptoms.

If symptoms of heat exhaustion is experienced by staff, symptoms should be immediately reported to the supervisor, and medical assistance be sought.

ANNEX G - Severe Weather

It is the responsibility of CHW to keep the patients and staff safe at all times. If severe weather strikes, precautions need to be taken to ensure safety.

Definitions:

Watch -- Means conditions are favorable for a thunderstorm or tornado to develop. Flash flooding may occur as a result of these storms.

Warning -- Means a thunderstorm or tornado has been sighted. If a siren sounds, personnel should stay inside and take cover.

Procedure:

1. Account for all patients, staff and contractors on duty (safety captains). Make sure everyone is inside.
2. Make sure that windows are locked and secured.
3. Keep all patients, staff and visitors away from windows.
4. Notify patients if services will be canceled.

If there is a tornado warning, further precautions need to be taken:

1. Move patients, staff and visitors to interior room without windows or in the bathroom.
2. Gather flash lights and communication device (cell phone/radio). Be sure to listen to weather reports for updates. Do not leave the area until the storm has passed, and the warning has lifted.
3. Stay calm and provide reassurance to the patient.
4. In the event that flooding occurs, notify GCHD to determine if evacuation of patient(s) is necessary.

ANNEX H - Hurricane

It is the responsibility of the entire community to keep the residents and staff safe at all times. If a hurricane is approaching, precautions need to be taken to ensure their safety.

Definitions:

Watch – Issued for a coastal area when there is a threat of hurricane conditions within 48 hours.

Warning – Issued when hurricane conditions are expected in the coastal area in 36 hours or less.

Procedure:

1. Notify all patients and physicians that services will be suspended when a warning is issued.
2. Notify GCHD if evacuation of patients is necessary.
3. Notify GCHD that services have been suspended.
4. Provide patients with a call-in number to verify that services have resumed.
5. Notify staff that services will resume on stated day and time.
6. If applicable, notify staff that surge patients may be accepted.

ANNEX I - Winter Storms

The purpose of the winter storm safety precautions is to inform staff and patients of measures that should be taken during severe winter weather.

The following winter storm safety precautions have been established for all personnel to follow during blizzards, heavy snow, freezing rain, ice storms, or sleet.

Precautions:

1. Contact all patients at start of event and during, if event lasts an extended time.
2. Notify staff if evacuation of patient is necessary.
3. Notify patients if facility will be closed.
4. Keep posted on all area weather bulletins and relay to others.
5. Verify adequate staff is available to reopen facility when deemed safe.

ANNEX J - External Hazmat Incident

Procedure: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

1. Notify the patients that a hazmat incident has occurred.
2. Shut down outside intake ventilation (if applicable).
3. Close all doors to the outside and close and lock all windows.
4. Turn off all heating systems. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap (if applicable).
5. Turn off all exhaust fans in kitchens and bathrooms.
6. Close as many internal doors as possible in the building.
7. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
9. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from external windows to prevent injury from flying glass.
10. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
11. Call 9-1-1 if a person experiences difficulty breathing or experiences other serious symptoms.
12. Notify staff and other relevant personnel if evacuation of patient is necessary.

ANNEX K - Radiological Incident

Procedure: The following is the procedure to be followed in the case of a radiological accident.

In the case of an accident at a nuclear power plant or other exposure, the local/state office of emergency services will use the following alert systems:

- Emergency siren system
- Emergency scanner system

The community will receive a notice from the Emergency Broadcast System on radio and television.

1. Tune into the Emergency Broadcasting System on the radio or television for further information and guidance.
2. Stay inside of facility.
3. Instruct patients that a radiological incident has occurred that may impact their home.
4. Shut down outside intake ventilation.
5. Close all doors to the outside and close and lock all windows.
6. Turn off all heating systems.
7. Turn off all air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap (if applicable).
8. Turn off all exhaust fans in kitchens and bathrooms.
9. Close as many internal doors as possible in the building.
10. Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
11. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
12. Notify staff if evacuation is needed.

ANNEX L - Bioterrorism Threat

A bioterrorism threat is the accidental exposure or deliberate release of viruses, bacteria and other agents that cause illness or death in people, animals or plants. Biological agents can be spread through the air, water or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents like smallpox can spread from person to person. Other agents like anthrax are not spread person to person

Procedure: The following is the procedure to be followed in the case of a biological threat.

1. Notice of a biological event usually comes from GCHD or state health officials.
2. GCHD would be notified when a biological event occurs.
3. Directions for the clinic will be received from GCHD on how to proceed.
4. Patients with symptoms that may be the result of the biological exposure will be reported directly to GCHD. The report is confidential.
5. Agencies may be directed by GCHD to give information to their patients regarding the biological threat.

Annex M – Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE)

Chemical, biological, radiological, nuclear and explosive (CBRNE) events refer to the uncontrolled release of chemicals, biological agents or radioactive contamination into the environment or explosions that cause widespread damage. CBRNE events can be caused by accidents or by terrorist acts.

In the event a patient self presents to CHW, claiming to have been exposed to a CBRNE event, the following actions need to be taken:

1. Call 911 and inform your immediate supervisor
2. Don proper PPE (gown, mask, gloves)
3. Isolate patient away from all other patrons and employees
4. Collect their personal information and document the encounter
5. Once EMS arrives, follow proper procedures outlined in the Emergency Department / Hospital Admission Care Transition, Tracking, and Follow Up Policy listed on the employee extranet
6. As deemed necessary by the Executive Director, decontaminate the room/office utilized while isolating the CBRNE exposed patron following recommended guidelines

[Back to Agenda](#)

Governing Board

August 2018

Item #5

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

- a)** Employee Complaint/Issues Resolution
- b)** Employee Pre-hire Immunization and Screening
- c)** Hiring Policy
- d)** Communications Policy

Employee Complaint/Issue Resolution

Audience

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

Policy

The District, in compliance with applicable federal and state laws and regulations, does not discriminate against individuals on the basis of race, color, national origin, sex, age, religion, disability, sexual orientation, veteran status, or genetic information. This includes, but is not limited to, employment and access to District programs, facilities, and services. In some circumstances, the District may be required to notify state and federal offices of discrimination allegations and/or complaints.

The District recognizes that individuals may have differences that require prompt and appropriate resolution. The District is committed to the establishment and operation of an internal complaint/issue resolution process that allows for resolution of work-related issues at the lowest appropriate level of supervision.

Use of the complaint/issue resolution processes will not affect an employee's at-will status and is not intended to interfere with the ability of supervisors to process corrective actions according to the *Corrective Action* policy.

Informal Complaint/Issue Resolution

The informal complaint/issue resolution process is available to provide employees an opportunity to present work-related complaints or issues that do not involve illegal activities such as discrimination, sexual harassment, or theft.

Supervisor and Employee Responsibilities

Problems and misunderstandings are expected to be worked out when possible between employees. If the employees have attempted to discuss the problem and do not feel the problem is resolved, either employee may go to the next lowest appropriate level of supervision to discuss and try to resolve the issues.

To this end, the District endorses an “open door” policy. Supervisors are instructed to be available to employees under their span of management and if an employee requests an appointment to discuss work-related issues. It is the supervisor and employee’s responsibility to try and resolve work-related issues as they arise.

An *open door* policy promotes things such as:

- early on-site problem solving;
- timely answers to questions;
- flexibility; and
- the sharing of information on options available to the employee.

Since employees and supervisors are usually closer to the situation, they may already be aware of the problem(s) and can provide new facts or a different perspective that may be helpful.

Employees are expected to follow the chain of command when utilizing the informal complaint/issue resolution process.

The supervisor(s) to whom the informal complaint or issue is directed must investigate the matter, meet with the employee, and respond to the employee's complaint or issue in a timely manner. Supervisors at all levels are expected to utilize the GCHD Investigation Form whenever possible to document any complaint or issue, investigation notes and other pertinent information to ensure conformity and consistency in the resolution of documentation. Upon resolution, the Investigation Form shall be given to Human Resources for appropriate archiving. If an employee is not satisfied with the supervisor's response and wants to talk to someone else, he/she may take the concern/issue to the next higher level of supervision.

Human Resources is available to provide counseling and/or technical assistance to supervisors and employees in an attempt to resolve work-related issues at the lowest possible level.

Formal Complaint/Issue Resolution

The formal complaint/issue resolution process is available for addressing complaints involving illegal activities such as discrimination, sexual harassment, theft, retaliation/intimidation, other alleged violations of employment law, or violations of policy and/or procedure.

Employee Responsibilities

The employee is to complete the *Employee Formal Complaint* form and submit it directly to the Human Resources Director, or the Chief Compliance Officer.

Time Frames

An employee may file a complaint in a timely manner from the date of the occurrence that caused the issue in dispute or when the employee becomes aware of the issue in dispute. The filing date will be the date the complaint is received by the Human Resources Director or Chief Compliance Officer. The Human Resources Director and/or Chief Compliance Officer will review the information and a determination will be made as to whether the complaint is substantiated or unsubstantiated within ten (10) business days from the date on which the complaint is received.

Confidentiality

Information related to the complaint resolution process and issues discussed with the Human Resources Director and/or Chief Compliance Officer will be treated as confidential. However, the ability to maintain such confidentiality may be limited by law or by the best interests of the District, the employee or other employees.

False Reporting

Any employee who makes an intentionally false accusation of harassment or discrimination is subject to corrective disciplinary action up to and including suspension or dismissal.

Investigation of Complaints

All investigations of formal complaints will be conducted as discreetly as possible. Investigations will be conducted by the Human Resources Director and/or the Chief Compliance Officer. The investigation may include, but is not limited to, interviews with witnesses and discussions with the involved parties.

After the investigation is completed, if necessary, immediate and appropriate corrective measures will be taken based on the GCHD *Corrective Action Policy*.

If findings support the charge against the accused employee, that employee will be subject to corrective disciplinary action up to and including suspension or dismissal.

Retaliation

An employee will not be retaliated against for using the complaint resolution process. Any District employee who retaliates against another employee for this reason will be in violation of District policy and subject to corrective disciplinary action up to and including suspension or dismissal.

Appeals

Since the District complaint process is an internal process, final actions are not subject to appeal and employees may not file multiple complaints based upon the same set of facts.

Forms

- *Employee Formal Complaint*
- *GCHD Investigation Form*

Employee and Pre-hire Immunizations and Screenings

Audience

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

Policy

As a condition of employment, each pre-hire and current employee must provide proof of meeting the recommended minimal immunizations requirements listed below. Any vaccine that is given in a series, the pre-hire must show proof of getting the initial dosage prior to being employed, but can get the final dosages provided by GCHD as an employee. Volunteers and students are required to receive the same vaccinations as employees and at their own expense. *(Reference: Volunteer policy)*

Employees who experience a job-related exposure are required to follow post-exposure recommendations (including follow-up blood tests) as instructed by the Chief Nursing Officer or designee. Failure to follow post-exposure recommendations may result in corrective disciplinary action up to and including dismissal.

Required Immunizations

Category	Employee Group	Vaccine Requirement	Vaccine Responsibility
1	All employees	MMR, Tdap, Varicella	Proof must be shown prior to hire date.
2	Health Care Employees performing tasks involving exposure to blood or blood-contaminated body fluids. For example, nurses, medical aides, providers, lab technicians, dentists, dental assistants, EMS employees and WIC staff.	All Category 1 requirements and Hepatitis B	Hepatitis B vaccine is required for state licensing. Pre-hire must show proof of beginning series, GCHD will provide remaining dosages after hire date.
3	Employees performing tasks involving exposure to animals that may have rabies.	All Category 1 requirements and Rabies	Pre-hires and Employees will be provided the vaccine by GCHD after hire date.

Tuberculosis (TB) Screening

All new employees will be required to begin TB two-step (TST) prior to their hire date. All employees will complete an annual TB screening questionnaire based upon the results of annual TB Risk Assessment. Any employee exposed to TB will undergo post-exposure repeat screening.

Positive reactors will be evaluated by the TB Program Manager. Any employee found to have active pulmonary tuberculosis will be excluded from the workplace while contagious.

Responsibilities

Each employee is responsible for:

- providing the Immunization Program Manager a copy of their immunization record (if available) or proof of immunity, prior to their start date; and
- keeping immunizations up-to-date in accordance with this policy.

All supervisors are responsible for:

- working with the Immunization Program Manager to identify the category of immunization requirements for each position;
- ensuring employees follow this policy;
- reporting non-compliance to the Chief Nursing Officer or designee; and
- taking appropriate corrective action against any employee who fails to follow this policy.

The Human Resources Director, or designee, is responsible for:

- incorporating vaccine requirements into individual job descriptions, and
- notifying pre-hires of requirements based on national guidelines adopted by the Health District.

The Immunization Program Manager, or designee, is responsible for:

- working with the supervisor to identify the category of immunization requirements for each position;
- screening pre-hires for compliance with vaccine requirements;
- establishing a system for tracking employee immunization records and assuring ongoing compliance;
- notifying the employee and supervisor of requirements, need for vaccination, and follow-up dates; and
- following protocols established by the Local Health Authority.

TB Program Manager

- Evaluates all positive Reactions of Pre-hires and employees

Violation

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

Forms

Employee Immunization Category

Hiring

Audience

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

Policy

The District will recruit and select qualified applicants for each position in compliance with applicable federal and state laws and regulations and will not discriminate against individuals on the basis of race, color, national origin, sex, age, religion, disability, sexual orientation, veteran status or genetic information. This includes employment policies, practices, and procedures, including, but not limited to, hiring and firing; compensation, assignment, or classification of employees; transfer, promotion, layoff, or recall; job advertisements; recruitment; testing; use of company facilities; training and apprenticeship programs; fringe benefits; pay, retirement plans, and disability leave; or other terms and conditions of employment.

In some circumstances, the District may be required to notify state and federal offices of discrimination allegations and/or complaints.

The District believes that hiring competent and qualified employees is a fundamental business need that must be met in order to effectively perform its mission. Nothing in this policy alters the District’s status as an at-will employer, or the status of all District employees as at-will employees.

Vacant positions will be marketed as extensively as possible and financially feasible. Vacant position notices will be posted for a minimum of a one-week period (5 business days). Exceptions to the posting requirements may include, but are not limited to internal positions that are specific to the District and will be approved by the Human Resources Director based on business requirements.

All selected candidates will receive a contingent offer of employment, pending background checks and pre-hire drug/alcohol testing. Background checks will be conducted by the Human Resources department and may include criminal history, credit history, and motor vehicle driving record, depending on the position. Formal offers of employment will be made by the Human Resources Director, or designee upon satisfactory completion of required background checks and testing.

Applications and resumes received for vacant positions posted will be kept on-site for the remainder of the calendar year in which they are received. Human Resources will follow all state record retention laws for applications and resumes.

Violation

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

Communications

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, Coastal Health & Wellness and Animal Resource Center (collectively "the District") employees, volunteers, students and contractors (business associates).

Policy

Employees are expected to communicate accurately and appropriately and to address their work-related complaints and issues at the lowest possible level and through the District's supervisory chain. (Reference: Employee Complaint/Issue Resolution policy)

This policy refers to communication in the workplace by employees in their official employee capacity. Employees should realize that when they articulate their opinions, while not on official duty at the District, these opinions might be construed as official opinions of the District.

Official Communication

The District maintains an open environment in which employees can feel comfortable communicating unofficially throughout the organization. However, *formal and official business and administrative issues* should be communicated accurately and appropriately through official channels.

Elected Officials

Those employees/managers who receive calls from elected/county officials or board members, etc., are required to document the call by writing a brief summary of the call and then forwarding this information to the Chief Executive Officer (CEO) or designee.

Media

The Director of Communications serves as the official District spokesperson and conveys the official District position on issues of significance or a controversial or sensitive nature.

Management may receive and respond directly to media inquiries of routine nature, including, but not limited to:

- General questions about a department's function;
- Meeting times and locations;
- Special events planned by a department; or
- Questions about a particular program offered by a department

Following the interview, the department manager shall provide the Director of Communications a brief written summary of the interaction via e-mail.

In cases of critical significance to the District, the Director of Communications will work with department managers to develop a "fact sheet" to detail the known facts of the situation and summarize the District's position. (Reference: Risk Communication Guidelines)

In the event of a crisis or emergency situation, the CEO may designate the Director of Communications to handle all contacts with the media, which will coordinate the information flow from the District to the

public. In such situations, all departments should refer calls from the media to the Director of Communications.

E-mail

E-mail is considered an official means of routing communications among internal and external parties that have access to e-mail. Those employees without access to e-mail will receive communications through their supervisor. Confidential personnel or patient information must be marked confidential and/or a confidentiality statement must be included in the body of the e-mail. In addition, all employees with the designated encryption functionality must encrypt all emails that are sent to external recipients outside the organization that may include confidential, sensitive or protected information. An out of office message may be set up on e-mail to inform customers/employees when an employee is out of the office for an extended period of time. The message should also state who to contact in case of an emergency. (Reference: Computer and Digital Communications Usage policy and HIPAA policy)

Telephone and Voicemail

The District's telephone and voicemail systems are used for both internal and external communications. Unless other notification measures are taken, an out of office message may be recorded on voicemail to inform customers/employees when an employee is out of the office for an extended period of time. The message should also state who to contact in case of an emergency. (Reference: GCHD Voicemail: Standard Voicemail Procedures)

District issued cellular phones and pagers are issued to assist those employees with a job related need and should only be used for business purposes only. Those employees are expected to respond to public health disasters and emergencies and are expected to keep their cell phones on and batteries charged at all times to respond to calls. (Reference: Computer and Digital Communications Usage policy)

Memorandum/Letter

Official letterhead is considered an official means of communication among internal and external parties. The official letterhead is created for use by the Executive Office and can only be changed by the Executive Office. It can be located on the District's extranet site.

Internet

The District's Internet site consists of factual, accurate, public information to assist the public in getting answers to their questions. The Internet is updated as needed. Employees are encouraged to review the District's Internet site periodically for updates.

Extranet

The District's extranet site consists of useful information for employees to assist them in carrying out their jobs. The extranet site is for employee use only and is updated as needed. Employees are encouraged to review the District's Extranet site periodically for updates.

Social Media

Use of social media for official District purposes raises legal issues that are unique to public agencies and generally do not affect private persons or entities. Therefore, all District use of social media shall be in accordance with: this policy and all applicable local, state and federal laws; policies of the District pertaining to the use of computers, electronic communications and respectful workplace; and all other applicable District policies and procedures.

Background

Social media refers to media designed to disseminate content (information, images, audio or video) through social interaction, created using highly accessible web-publishing techniques. The term includes social network sites that allow individuals and organizations to construct a profile and create and share content with others. Examples of social media include, but are not limited to:

- video-sharing sites, such as YouTube;
- blogs;
- photo-sharing sites, such as Flickr, Instagram;
- podcasting;
- social networks, such as Facebook, MySpace, LinkedIn;
- microblogging and short messaging, such as Twitter; and
- online discussion groups

Establishing a Social Media Presence

Use of social media shall support the objectives of the District and present the District in a positive and professional manner. The Director of Communications is responsible for overall management of District social media presence and strategies for engagement. To ensure consistent and appropriate use, departments that wish to establish a presence in social media must request approval from the Chief Executive Officer (CEO) through the Director of Communications. Information to be provided includes:

- Goals and objectives for the social media platform;
- Intended audiences;
- Social networks or social media venues to be used;
- How the social media presence supports the District's social media goal;
- Personnel assigned to implementation and ongoing support (posting, monitoring, etc.); and
- Department heads must read and ensure compliance with all terms of use for any social media site or service prior to establishing a presence.

Posting Information

Only the Director of Communications and employees authorized by the CEO, ARC Director, CHW Executive Director or designee are authorized to post content on a social media venue on behalf of the District. Staff posting content may only post content that has been approved for public dissemination and is within that staff member's areas of expertise and departmental role. Staff using social media on behalf of the District must be truthful at all times about who they are and their role with the District.

The tone of social media content is often informal, however staff is encouraged to adhere to a professional writing style whenever possible. Linking to related District web pages is strongly encouraged whenever practical and appropriate.

The District must either own the copyright to or have a valid license (written permission) to use content, including images, videos, sound records, etc., posted to its social media sites.

Prohibited Content

All content posted by District staff to social media sites shall support the District's social media goals described in this Policy. Staff is prohibited from posting content about:

- Potentially controversial issues;

- Actual or potential legal claims, lawsuits or other legal issues;
- Personnel matters;
- Budget planning and priorities;
- Personal opinion on public health issues or any other issue;
- Political issues, including opinions about elected officials or candidates for elective office and issues appearing on an election ballot;
- What a board member might think about an issue or speculation about a potential decision they might make; or
- Emergency situations (unless the person authorized to post content represents public health preparedness or emergency medical services)

District posted content may not include content that promotes religious beliefs or philosophies, is illegal under federal, state or local laws, or is defamatory (i.e. slander or libel) or indecent, or promotes hate, tobacco, alcohol, profanity, obscenity or pornography.

District staff may not make disparaging remarks about municipal staff or officials nor post content that would tend to discredit municipalities or officials.

Open Records Act

All content posted on social media sites may be subject to the Texas Open Records Act.

Personal Use of Social Media

Employees are reminded that information posted on personal websites or social media venues can be viewed by members of the public, by others in the District, by taxpayers, and customers or clients of the District. Employees are encouraged to be respectful and avoid disparaging remarks or images about these individuals, the District or co-workers. Employees who use personal websites or social media are expected to refrain from presenting themselves as representatives of the District or from portraying the District in a negative manner. Employees are encouraged to show a duty of loyalty and respect to the District and co-workers. Excessive personal use of social media during work hours is prohibited.

The District is not responsible for any repercussions the employees' content may generate.

Content pertaining to sensitive information, particularly that found within the District internal networks, should not be shared to the outside online community. Divulging information that is financial, operational, related to clients and legal in nature is prohibited.

Dishonorable content such as racial, ethnic, sexual, religious and physical disability slurs are not tolerated.

Internal Emergency Situations Communications

In the event of an emergency situation, information about District delayed openings or closures will be disseminated to employees using any of the following methods: E-mail, employee inclement weather phone line (409) 938-2489 or automated phone calls. Employees should tune into local media, including KTRH 740 AM, for information regarding disaster conditions, etc. (Reference: [All Hazards Plan](#))

Employee Responsibilities

Every employee is responsible for:

- understanding and following this policy;
- adhering to and signing a confidentiality agreement; and
- consulting with his/her supervisor for guidance on the information addressed in this policy.

Supervisor Responsibilities

Every supervisor is responsible for:

- understanding and following this policy;
- ensuring that this policy is carried out in a uniform manner;
- counseling an employee who needs guidance or redirection in these areas;
- assuring that all employees under his/her supervision sign a confidentiality agreement; and
- taking or recommending appropriate corrective action when necessary.

Violation

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

[**Back to Agenda**](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

August 2018

Item #6

**Receive and File Amended Quarterly Compliance Report
(approved at the Governing Board Meeting on July 26, 2018)**

Coastal Health & Wellness Governing Board

Quarter 3, 2018 – Compliance Report

(The information presented in this Report covers April, May, and June of 2018)

INTERNAL AUDITS		
DATE CONDUCTED	TYPE OF AUDIT & FINDINGS	ACTION TAKEN
<u><i>April 2018, May 2018, and June 2018</i></u>	<p><u>Financial Screening Audit-Patient Services Manager:</u></p> <ul style="list-style-type: none"> • Financial Screening audits were performed by randomly pulling ten application charts monthly to establish accuracy and chart completeness. • An inclusive application requires CHW intake specialists to ensure the accurate completion of nine different elements within each application, all of which are reviewed during the Financial Screening audit. • We had 100 percent compliance. 	No action taken. We will continue operating under our current protocol. However, we did note that the internal notes of the number of individuals in the household was not on the front page. We instructed our Staff to correct.
<u><i>Completed in April, May, and June 2018</i></u>	<p><u>Title V Eligibility Audit -- Patient Services Manager</u></p> <ul style="list-style-type: none"> • Title V Eligibility Audit was performed on every title V application • We had the following findings: <u>April 2018</u> – One minor Finding; child photo needs to be re-taken in the patient’s chart (poor quality- too light) <u>May 2018</u> – Five Findings – 4 NextGen data errors, 1-box on application was left blank <u>June 2018</u> –Four Findings – 3 NextGen data errors, 1-Title V Application was not scanned into the patient’s chart. 	These issues were rectified. Corrective action ensued for the error of failing to include the Title V Application into the patient’s chart. Title V guidelines were reissued to all employees as reminder of proper protocol.

Coastal Health & Wellness Governing Board

Quarter 3, 2018 – Compliance Report

(The information presented in this Report covers April, May, and June of 2018)

INCIDENT REPORTS		
DATE OF INCIDENT	COMPLIANCE/REPORTABLE ISSUES	ACTION TAKEN
<u>4/12/2018</u>	<p>An employee sat on a chair with a missing arm rest covering—exposing a metal protruding structure. The Employee cut her left forearm on the metal arm rest. Employee self-treated her injuries and did not seek a medical evaluation. The Risk and Safety Coordinator instructed the Patient Service Manager to request that staff tag the chair as broken and remove the chair from service.</p> <ul style="list-style-type: none"> • Preventable Incident 	Removed broken chair. Replaced with proper chair.
<u>06/09/2018</u>	<p>A Patient lost his footing when instructed to proceed to the X-Ray table for a left foot X-Ray. Staff immediately assisted the patient into a chair. Patient later informed Staff that he suffers from Neuropathy, resulting in an infrequent lack of stability.</p> <ul style="list-style-type: none"> • Preventable Incident 	<p>The Staff assisted Patient to a seated position and informed the referring Medical Provider of the incident. The Medical provider request that the Lab check patient. Patient insisted he was fine, after recovering and receiving an x-ray. The Patient left without complaint. Board recommended implementing pre-screening measures to identify patients who are at risk of falling. Board also recommended Medical Staff complete an assessment.</p>
<u>06/13/2018</u>	<p>Patient attempted to move from a seated position to her walker. Patient fell forward to the ground during the transition. Staff assisted Patient to seated position and notified Medical Provider of fall. Patient did not have complaint, insisted she was ok. Patient left clinic under own strength and without assistance.</p> <ul style="list-style-type: none"> • Preventable Incident 	<p>Nursing staff notified Supervisor and Medical provider of incident. Medical Provider responded and spoke with patient, no complaints. Board recommended implementing pre-screening measures to identify patients who are at risk of falling.</p>

Coastal Health & Wellness Governing Board

Quarter 3, 2018 – Compliance Report

(The information presented in this Report covers April, May, and June of 2018)

<u>06/15/2018</u>	<p>Medical Assistant performed ear lavage on a Patient with a water peroxide mixture. During cleaning, the mixture splashed out of patient's ear and into Medical Assistant's eyes. Employee reported some burning sensation to her eyes. The Employee reported the incident to the Nurse as she exited the patient's room. There was no harm to the employee.</p> <ul style="list-style-type: none">• <i>Preventable Incident</i>	<p>Per CHW policy, the Medical Assistant rinsed her eyes in the eye wash station and rinsed eyes under nurse supervision. Following the incident, the Risk and Safety Coordinator spoke to the Employee who reported that she was fine. Board recommended goggles or protective eye wear.</p>
<u>6/19/2018</u>	<p>While serving one Patient, a Patient Services Employee was suddenly called to relieve a front desk staff member. When the Employee returned to the desk to serve another Patient, the Patient Services Employee did not fully exit the first Patient's file. The Employee printed an invoice with protected health and confidential information and inadvertently issued the invoice to the wrong patient. The error was immediately discovered by the Patient who received the wrong invoice information and the invoice was retracted immediately.</p> <ul style="list-style-type: none">• <i>Preventable Incident</i>	<p>The Employee received additional HIPAA Training. Since this was the Employee's second HIPAA violation, she received corrective action (documented in her HR File.). We reported the incident to the Office of Civil Rights and notified the Patient of the brief information breach.</p>

[Back to Agenda](#)

Coastal Health & Wellness Governing Board

Quarter 3, 2018 – Compliance Report

(The information presented in this Report covers April, May, and June of 2018)

BAD DEBT WARNING AND SUSPENSION LETTERS	
REASON	TYPE OF LETTER
Debt Collection Policy	Suspensions: 277 Reinstatements: 105
Behavior Letters Issued	Warnings: 1
NOTE: Various issues were discussed in peer review. Incidents involving quality of care issues, In accordance with Section 161 et seq., Health and Safety Code, are reviewed such that proceedings and records of the quality program and committee reviews are privileged and confidential.	



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
August 2018
Item #7
Executive Report**

A monthly newsletter about Galveston County's Community Health Center, Coastal Health & Wellness.

Building friendship vital to overall health

Physician uses fox to tell story of acceptance

One of the most basic facets of life is learning to establish valuable, meaningful and genuine friendships and relationships.

Dr. Rispha McCray-Garrison, who practices family medicine at Coastal Health & Wellness (CHW), is offering fun insight into that process, and its importance, in her new children's book, "Sylvander Finds a Gift of True Happiness."

Sylvander is a wealthy and highly respected fox in Foxville. And although he appears to have everything he'd ever need, Sylvander is searching for happiness.

"Children are still learn-



Above, Dr. Rispha McCray-Garrison shows off her first children's book, "Sylvander Finds a Gift of True Happiness", which published last month. At right is an image from the book.



ing what is important in life. And, I wanted them to learn about and start understand-

ing that material things are not important. Those come Sylvander, page 2

Healthy lifestyle helps seniors as they age

Eating healthy, staying active and keeping up regular doctor checkups are just a few ways seniors can maintain their health as they age.

Coastal Health & Wellness (CHW) celebrates September as Healthy Aging Month, designed to highlight the positive aspects of growing older and the importance of improving physical and mental well-being.

It's never too late to take control of your health, wheth-

Seniors, page 4

Parents should be informed before head lice outbreaks occur

Parents naturally put their children first, constantly seeking information to keep their families nurtured and safe. But when it comes to head lice, they're often confronted with conflicting guidance and misinformation—leading them to make potentially risky and ineffec-

tive treatment decisions.

Among the hazards are serious health effects from repeated exposure to various pesticide remedies, treatment failures, lice resistance and chronic infestations that make parents and children feel desperate and

Lice, page 3

and go," McCray-Garrison said. "A person can have a lot of things, but if they don't have relationships with people they can share it with, there is no fulfillment."

McCray-Garrison purposefully built her first children's book around animals so that everyone may relate to the story.

In the book, Sylvander's ordinary days takes an unexpected turn that challenges his beliefs and changes his view on what is important in life. He meets a new friend who shows him grace and kindness, unexpectedly giving Sylvander exactly what he is looking for.

Throughout his adventures, Sylvander learns that sometimes the little things in life make the biggest difference. Sylvander finds himself in a new environment and the only character able to help him is a rabbit.

McCray-Garrison self-published the book in July 2018. She began writing Sylvander's story nearly 25 years ago after traveling to France, Russia and Australia as an exchange student.

The physician attended medical school at UTMB, served in the United States Air Force and started her medical career, all while the book sat aside over the years. Small changes were made here and there as she searched for an illustrator who could put on paper how she envisioned her characters.

"I picked the book back up about six years ago when my first son was born. Taking care of my son brought my

attention back to the book. He was my muse," McCray-Garrison said. "He was the inspiration to go back and work to bring this book to completion."

She stumbled on illustrator Marvin Alonso about two years ago. The match was perfect, and Alonso brought life to her characters. McCray-Garrison tested out the book, and illustrations, on her son, who loved both.

By day, she treated patients at CHW and by night, and weekend, she edited and polished her first book.

Her love for children runs deep, both as an author and physician. The same is true now as she works with a music artist on an audio book. The mother of two plans to develop an audio/ visual digital version that allows readers to flip through the book on their cellphones, tablets and computers. And, she plans to create more stories featuring Sylvander.



After looking in the mirror, Sylvander gave a big sigh and began to prepare himself for the day. After he was dressed he sat down at the breakfast table, and gazed at his distorted reflection in the bowl that held his rabbit cereal. "Why do I feel so sad inside?" he said. "I'm not a bad looking fox. I have a great home. Foxes of the village respect me, and I have just about everything that any fox would want. Yet I feel like I'm a nobody.....an outcast." Sadly, Sylvander ate his breakfast and left for work.



With a tear in his eye, Sylvander gazed out the window of his office while the sun hid behind the hills of the Sharewood Forest. As the sky slowly turned color from gold to magenta, he thought of Lucky and how he saved Sylvander's life. "Thank you my dear friend," he whispered with a sigh "...thank you."

Need to talk? CHW can help

Life can be stressful and sometimes, that stress can be overwhelming. That's where the licensed professional counselors at Coastal Health & Wellness (CHW) can help.

One-on-one talk therapy sessions for adults and children are available at CHW clinics. These sessions can help patients deal with depression, anxiety and other life stressors.

Counselors can teach coping skills and other tools to help manage stressful life situations.

CHW's professional and caring team is dedicated to helping patients improve their overall health and well-being.

As with all CHW services, many major insurance plans are accepted and discounts are offered for eligible patients.

To learn more about talk therapy, call (409) 938-2330 or (409) 978-4216. Patient confidentiality will be protected.

NEED TO TALK?

Our licensed professional counselors are available to listen and help you deal with:

- depression
- anxiety
- other life stressors

For an appointment, call:

(409) 938 - 2330

(409) 978 - 4216



All sessions are confidential. Multiple insurance plans are accepted, and discounts may be available for eligible patients.



Lice

overwhelmed.

September is National Head Lice Prevention Month, the beginning of a month-long awareness campaign by the National Pediculosis Association (NPA).

NPA is urging parents to know what to look for before outbreaks occur, and to screen regularly and detect head lice and their eggs (nits) when there are fewer of them to remove – which can be done successfully with a quality lice comb.

Routine screening and early detection are consistent with traditional communicable disease prevention methods.

Acknowledging that head lice is a public health problem for children is a critical first step in participating in the prevention campaign. This along with proactive community education can empower parents and encourage entire communities to work cooperatively on safe, respectful and effective control measures.



Texas City - Medical and Dental Clinics

Monday 8 a.m.- 5 p.m.
Appointment Only

Saturday, Medical Clinic
8 a.m.-noon
Appointment and Walk-in,
excluding holidays

Monday 5-8 p.m.
Walk-in and Appointment, Medical
Walk-in Only, Dental

Saturday, Dental Clinic
8 a.m.-noon

Tuesday-Friday 8 a.m.- 5 p.m.
Appointment Only

Walk-in Only, excluding
holidays

Galveston - Medical Clinic

Monday-Friday 8 a.m.- 5 p.m.
Appointment Only

Thursday, 5-8 p.m.
Appointment and Walk-in

Medical Clinic closed Saturday, Dental Clinic currently closed



Texas City
9850-C Emmett F. Lowry Expy.
Texas City, Texas 77591
409-938-2234 or 281-309-0255

Galveston
Island Community Center
4700 Broadway F100
Galveston, Texas 77551
409-938-2234 or 281-309-0255

er it's improving eating habits, being more active, reconnecting with friends and building social networks, or making those important doctor appointments you've been putting off.

Thanks to advances in science and technology, many can expect to live long lives, well into their 80s and possibly older. Living longer carries with it a greater chance of developing chronic diseases like Alzheimer's, heart disease or cancer. So, it's important to stay in good health to live longer and have healthier lives.

Below are tips on living a healthier lifestyle as you age:

- Eat healthy – Consume a diet of low-fat protein and dairy, whole grains, fresh fruits and vegetables. Cut down on unhealthy foods that are processed and high in sugar and fat like cookies, soda and chips, which can lead to serious health problems.

As you age, your body needs less energy and extra fiber in your diet, which can lower risk of heart disease, type 2 diabetes and cancer, and may help keep your colon working the way it should.

- Stay active – Regular exercise can reduce your risk for heart disease, diabetes, arthritis pain and even anxiety and depression.

Aerobic activities get your heart pumping and blood circulating. Strengthening exercises prevents muscle loss. Stretching keeps the body flexible and limber while balancing exercises may help prevent falls as you get older. Find something you love to do and keep with it.

- Walk like you mean it – Walking is great for your health. Be vibrant and healthy. Do you walk slowly because you've become lazy or are you afraid you might fall? Make a con-



scious effort to take big strides, walk with your heel first and wear comfortable shoes. And, remember to stand up straight. Hold in your stomach, shoulders back and chin up!

- Regular checkups – Now is a good time to set annual physical and health screenings. This is the best way to catch an illness or disease before it even starts. Doctors will look at your age, family history,

personal medical history and lifestyle habits to determine which tests and screenings are needed. This includes going to the dentist regularly. Your oral health is just as important as taking care of your body.

- Be positive – Complaining? Check yourself right there and change the conversation to something positive. Stay positive in your daily conversations and actions.

PATIENT PORTAL

with this internet application you can:

- Request a prescription refill
- View and pay your statements
- Send a message to your medical provider, nurse, or billing department
- ...And more!



Coastal Health & Wellness
Galveston County's Community Health Center

Ask Coastal Health & Wellness staff

for more details!
www.nextmd.com
www.coastalhw.org

DEFEND
DRESS
DRAIN



GCHD.ORG/ZIKA



Coastal Health & Wellness Updates

Insurance Contract Updates –

- Ameritas (Dental Only) – In Review
- Blue Cross Blue Shield (Dental Only) – Waiting on paperwork to fill out for providers.
- United Health Care (UHC) – CHW passed facility inspection in June. New contract was submitted and approved with an effective date of 9/15/18. United Healthcare agreed to waive the 24 month re-admission requirement. The re-credentialing of providers is currently in process.

Committees –

- *Joint Commission Survey Committee* – continues to meet to track and review compliance with Joint Commission standards and identify gaps and develop plans to address any areas of non-compliance.
 - In order to keep abreast of current and new Joint Commission requirements, CHW has registered for an 11-part webinar series, *Ambulatory Care Breakfast Briefings*. The first webinar in this series was held on Wednesday, August 29th and focused on the Patient Safety Systems Chapter. Over the course of these briefings, information will be provided on the 2018 standards and a complete overview of the new and revised 2019 standards, chapter by chapter. This series will focus on the many significant changes from the Joint Commission that have occurred or will shortly go into effect, including *Project REFRESH and the 2012 Life Safety Code*® for 2019. Sessions will be weekly and will start on August 29th and end on November 7th and will include the following topics:

2018 Live Sessions: 9:00am - 10:30am Central Standard Time (Wednesdays)

Dates	Topic
08/29/18	<i>Patient Safety Systems Chapter</i>
09/05/18	Environment of Care Chapter
09/12/18	Emergency Management
09/19/18	Human Resources, Nursing
09/26/18	Infection Prevention and Control
10/03/18	Information Management, Record of Care, Treatment and Services
10/10/18	Leadership, Performance Improvement
10/17/18	Life Safety Chapter
10/24/18	Medication Management
10/31/18	Provision of Care, Treatment and Services
11/07/18	Rights and Responsibilities, Transplant Safety, Waived Testing

On-demand recordings will be available after each live session.

- *Optimized Comprehensive Clinical Care (OC3) Committee* – In addition to working towards objectives related to improving clinical outcomes, this committee is also working with a consultant, contracted through the Texas Association of Community Health Centers (TACHC), to

provide assistance in seeking the Patient Centered Medical Home (PCMH) designation. Meetings, focused on this initiative, are held two times a month to map out a plan to evaluate our current processes and explore areas for improvement. An exercise was recently conducted to gather information from clinical staff regarding duties performed throughout a three-day period. This information will be tabulated and presented to our PCMH coach next week for further review and feedback.

Galveston Dental Clinic –

- The Housing Authority has completed painting and installing new flooring in the Galveston Dental area and we are currently in the process of selecting the vendor to install new countertops. Once the countertops are completed, exam rooms can be setup and an opening date determined. The initial schedule will provide dental services in Galveston 2 days a week.

UTMB OB/GYN Agreement –

- The agreement with UTMB Department of Family Medicine to provide for (2) rotating family practice physicians to provide prenatal, family planning and family medicine services to CHW patients has been finalized.
- The agreement allows for services to be provided on-site weekly (4 hours each week). Services will begin on Monday, September 10th.
- This agreement also provides for residents to rotate through the clinic under the supervision of the UTMB physician once credentialing has been completed.

Crucial Catch –

- Discussions are currently in progress to plan activities to promote breast cancer screenings funded through the Crucial Catch grant. An open house is being planned for Saturday, October 27th, with times yet to be determined.

HRSA Updates –

- Awaiting response on HRSA Capital Assistance for Hurricane Response & Recovery Efforts (CARE) application that was submitted on 6/14/18 for \$280,000. If awarded, the funding would be available 9/1/18.
- Awaiting response on HRSA application submitted for expanding access to Quality Substance Use Disorder and Mental Health Services (SUD-MH0). Total funding requested was \$150,800 in year one and \$114,811 in year two. If awarded, funding would be available 9/1/18.
- We are currently in the process of gathering documents requested by J2 Strategic Solutions in preparation of the HRSA Services Area Competition (SAC) grant. The SAC is due to HRSA by 10/17/18.
- Received notice of award from HRSA in the amount of \$28,316. The award provides one-time funding to continue to strengthen quality improvement activities, including achieving new and/or maintaining existing patient centered medical home recognition. Funds will need to be utilized within 12 months of receipt (by 8/2/19).

Communications –

- **News Releases/ Website News Posts**
 - National Health Center Week

- **Social Media**
 - National Health Center Week graphic
 - National Health Center Week videos (medical, dental)
 - Heat Safety 101
 - #WorkWednesday
 - Sports physicals
 - E-cigarette education

CHW Career Opportunities:

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
 - Michelle Evans, MRT – Lab & X-Ray Technician
 - Amber Gomez – Patient Services Specialist
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - Lilliana Salazar – Dental Assistant
 - Maci Rodriguez – Dental Assistant
- **Current Vacancies:**
 - CHW Vacancies:
 - CHW Administration – CHW Clinical Director, CHW Dental Director, CHW Medical Director
 - Dental – Dental Assistant, Dental Assistant Supervisor
 - Lab & X-Ray – Lab & X-Ray Technician (2)
 - Nursing – LVN, Medical Aide (4)
 - Patient Services – Patient Services Specialist

**3 Midlevels On Hold Pending review of Business Needs*

CHW Contract Reports: August 2018

1. The University of Texas Medical Branch and Coastal Health & Wellness entered into a Memorandum of Understanding for the provision of obstetrics and gynecology (OBGYN) services. Per this Agreement, UTMB physicians will provide weekly prenatal services to pregnant Coastal patients, who will subsequently be referred to and treated at UTMB through the latter stages of the pregnancy, up to and through delivery. Subsequent to birth, UTMB and Coastal will work jointly to ensure these patients and newborns return to Coastal for appropriate post-birth care.
2. Coastal Health & Wellness and MD Anderson renewed their Alliance for Colorectal Testing (ACT) Program agreement through February of 2021. Through this collaboration, which is funded by the Cancer Prevention and Research Institute of Texas, Coastal will offer take-home Fecal Immunochemical Tests to uninsured and low-income patients deemed by providers to be at-risk of colorectal cancer. The program sponsors participating patients by covering payment for all costs related to the test, along with follow-up colonoscopies and, if need be, polypectomies.
3. The Texas Health & Human Services Commission opted to extend the Title V Child Health and Dental Services Contract with Coastal Health & Wellness (via a pass-through of the Galveston County Health District) for the 2019 fiscal year. Through the scope of this contract, Coastal Health & Wellness will be awarded \$57,355.00 to assure the provision of child health and/or child dental services that include screening and eligibility determination, direct clinical and/or dental services, laboratory services, Title V Children and Pregnant Women (Title V CPW) case management and

appropriate referrals. Per the agreement's terms, at least 210 unduplicated children shall be provided healthcare services, and at least 165 unduplicated children shall be afforded dental services.

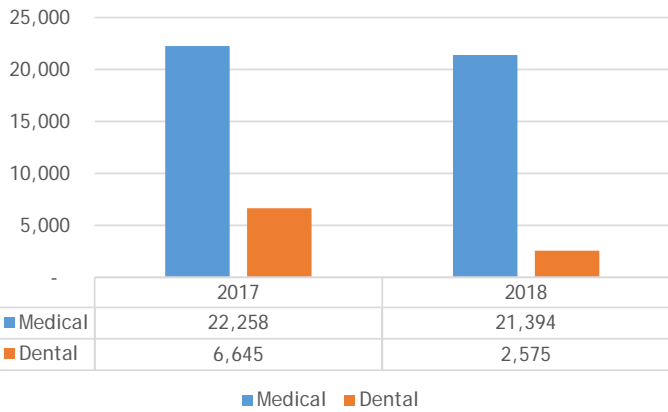
4. Coastal Health & Wellness contracted with the Greater Houston Transportation Company to provide transportation for Coastal patients seeking mammography services offered by Coastal's mobile mammography partners, which facilitate these services in the Coastal Health & Wellness parking lot. Per the contract, round-trip transportation will be offered to qualifying Coastal patients at no-cost to the patient; vouchers for transportation will be subsidized by the American Cancer Society and the National Football League through the jointly facilitated "Crucial Catch: Intercept Cancer" program.

July 2018

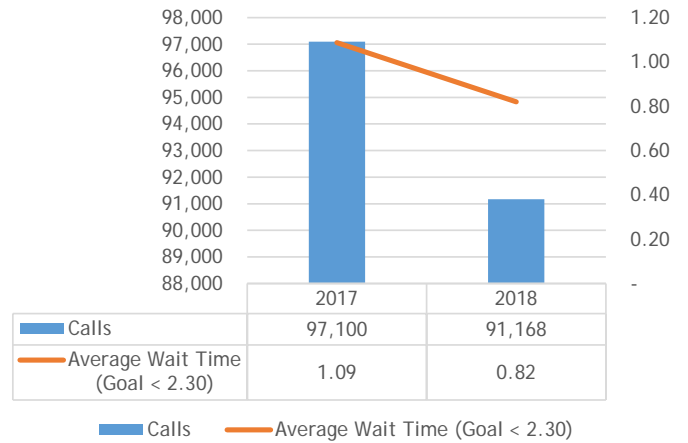
YTD Comparison Report - January through July

Patient Services - Patients Checked-In	2017	2018	% Change
Medical	22,258	21,394	-4%
Dental	6,645	2,575	-61%
Contact Center	2017	2018	% Change
Calls	97,100	91,168	-6.1%
Average Wait Time (Goal < 2.30)	1.09	0.82	-25%
Electronic Records	2017	2018	% Change
Record Requests	6,125	6,470	6%
County Indigent Program	2017	2018	% Change
Applied	901	875	-3%
Referrals	2389	2674	12%
Avg Total Patients on Program	255	243	-4%
Case Management	2017	2018	% Change
Referrals	6,959	7,089	2%

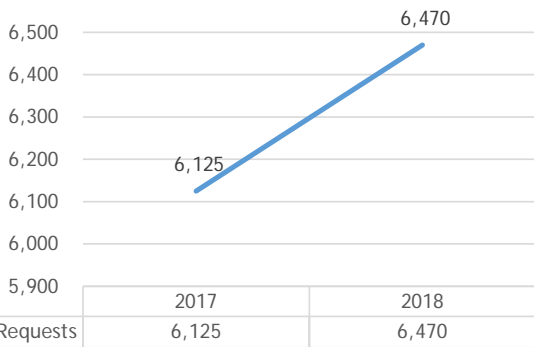
Patient Services - Total Patients Checked-In



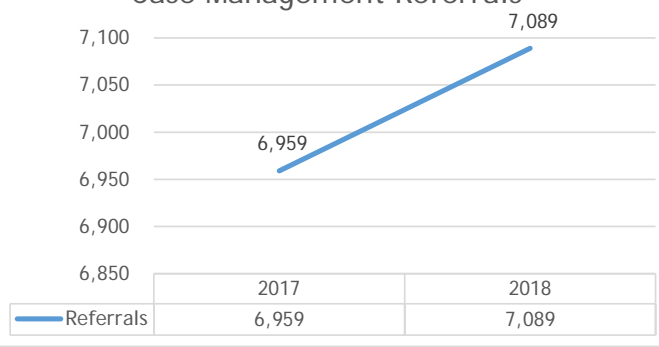
Contact Center - Calls and Wait Time



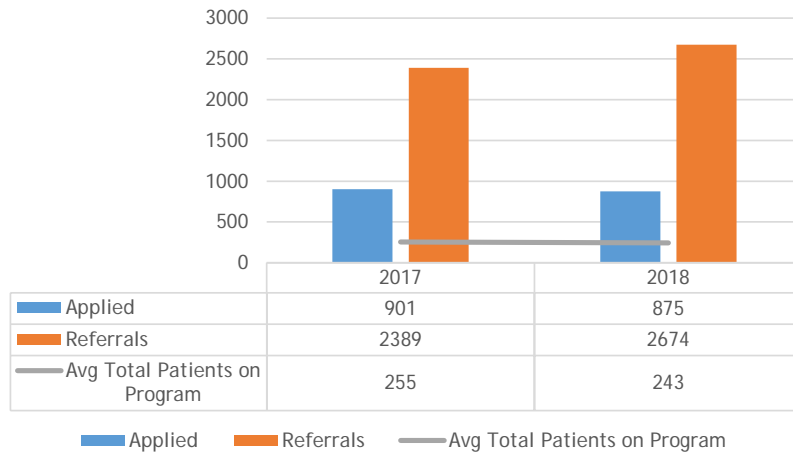
Electronic Record Requests



Case Management Referrals



County Indigent Program





COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
August 2018
Item #8
Consider for Approval July 2018
Financial Report**

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending July 31, 2018

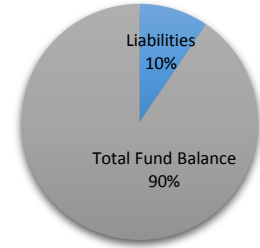
August 30, 2018

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

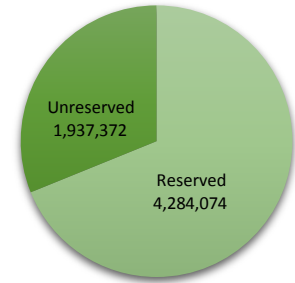
CHW - BALANCE SHEET as of July 31, 2018

	Current Month Jul-18	Prior Month Jun-18	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,490,830	\$5,569,789	(\$78,959)
Accounts Receivable	15,858,426	\$14,481,991	1,376,435
Allowance For Bad Debt	(14,660,830)	(\$13,350,772)	(1,310,058)
Pre-Paid Expenses	216,412	\$138,564	77,848
Due To / From	(29,880)	(\$28,338)	(1,542)
Total Assets	\$6,874,958	\$6,811,234	\$63,724
LIABILITIES			
Accounts Payable	\$120,065	\$73,097	\$46,968
Accrued Salaries	426,808	371,409	55,399
Deferred Revenues	106,639	111,875	(5,236)
Total Liabilities	\$653,512	\$556,381	\$97,132
FUND BALANCE			
Fund Balance	6,260,512	6,260,512	\$0
Current Change	(39,066)	(5,659)	(\$33,407)
Total Fund Balance	\$6,221,446	\$6,254,853	(\$33,407)
TOTAL LIABILITIES & FUND BALANCE	\$6,874,958	\$6,811,234	\$63,724

Current Period Assets



Total Fund Balance



CHW - REVENUE & EXPENSES as of July 31, 2018

	Actual Jul-18	Budgeted Jul-18	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$324,070	\$324,070	(\$0)	(\$0)
DSRIP Revenue	0	79,167	(79,167)	(316,667)
HHS Grant Revenue	229,160	260,617	(31,457)	(87,079)
Patient Revenue	1,561,336	1,352,449	208,887	995,229
Other Revenue	12,709	11,187	1,522	(4,309)
Total Revenue	\$2,127,275	\$2,027,490	\$99,785	\$587,175
EXPENSES				
Personnel	\$596,684	\$652,685	\$56,002	\$274,619
Contractual	55,555	60,260	4,704	48,235
IGT Reimbursement	0	37,500	37,500	150,000
Supplies	115,136	106,440	(8,697)	22,111
Travel	2,153	2,510	357	1,415
Bad Debt Expense	1,310,058	1,084,467	(225,591)	(1,038,450)
Other	81,095	83,628	2,533	(84,174)
Total Expenses	\$2,160,682	\$2,027,490	(\$133,192)	(\$626,243)
CHANGE IN NET ASSETS	(\$33,407)	\$0	(\$33,407)	(\$39,068)

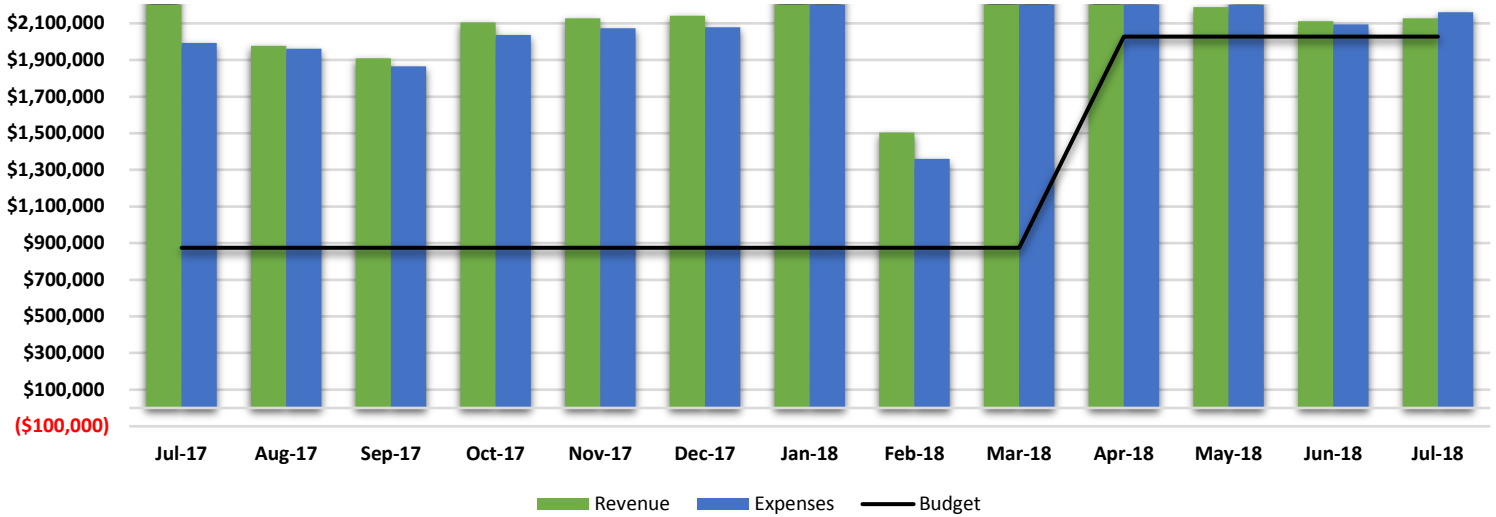
Current Month Revenue & Expenses Actual



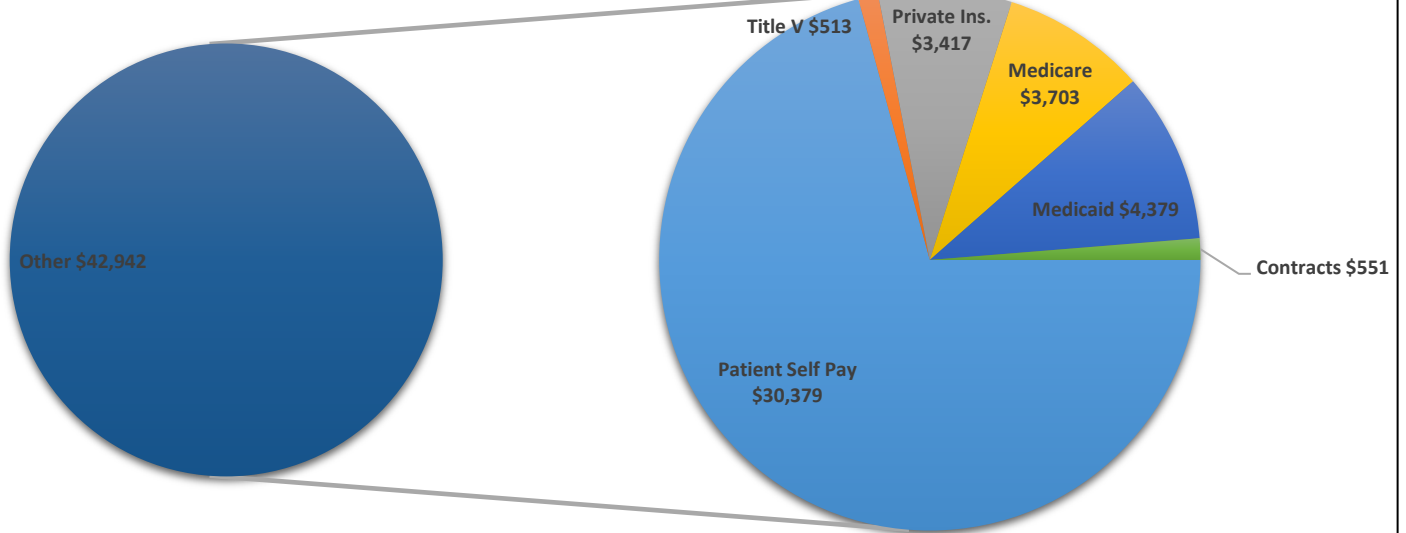
HIGHLIGHTS

- MTD decrease in Fund Balance of (\$33,407).
- Revenues were \$99,785 higher than budgeted this month. MTD/YTD revenues related to Private Insurance, Medicaid, Medicare and Contract Revenue were all higher than budgeted, and higher than prior month.
- Expenses were (\$133,192) higher MTD than budgeted. Bad Debt expense is recorded higher than budgeted.
- YTD decrease in fund balance of (\$39,066). Total fund balance \$6,221,446 as of 7/31/18.

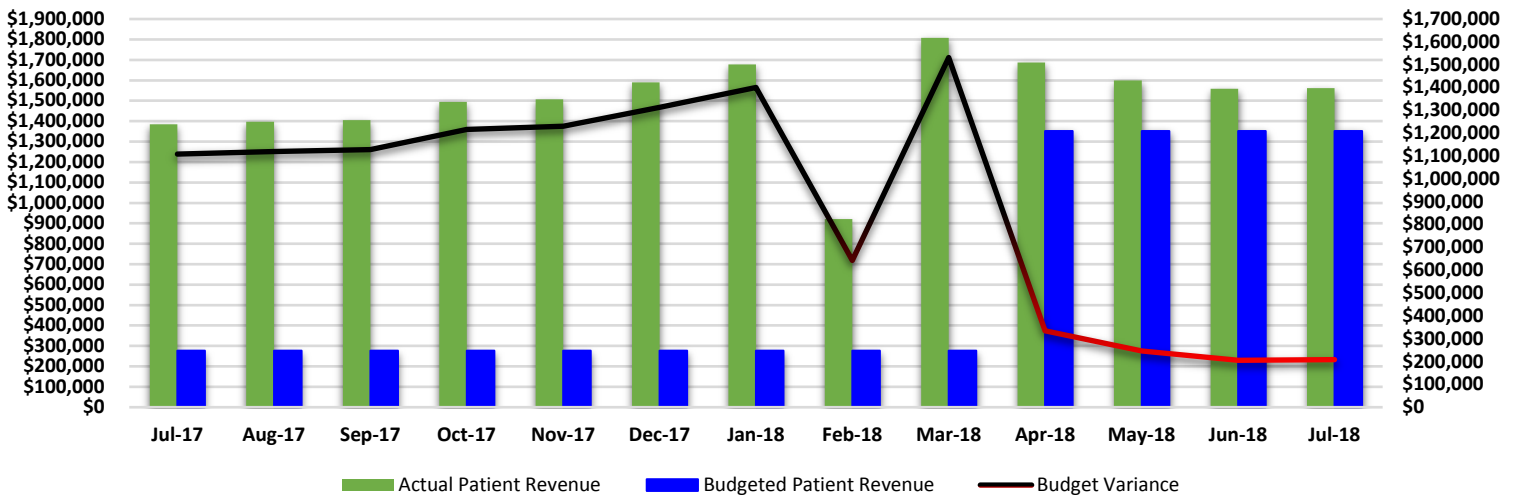
Actual Revenue & Expenses in Comparison to Budget

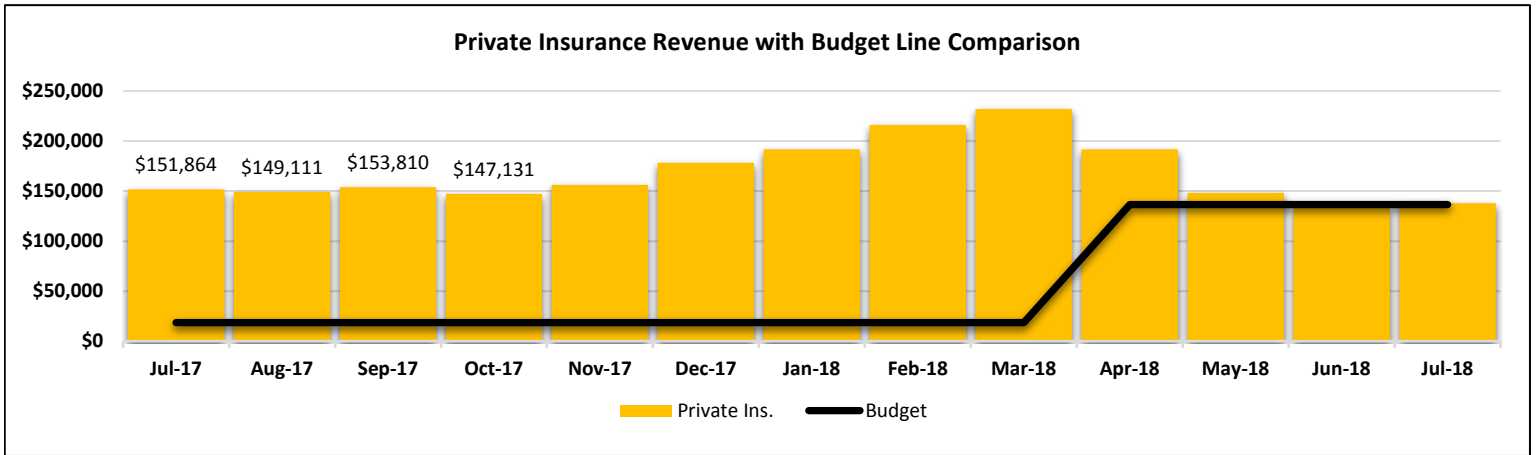
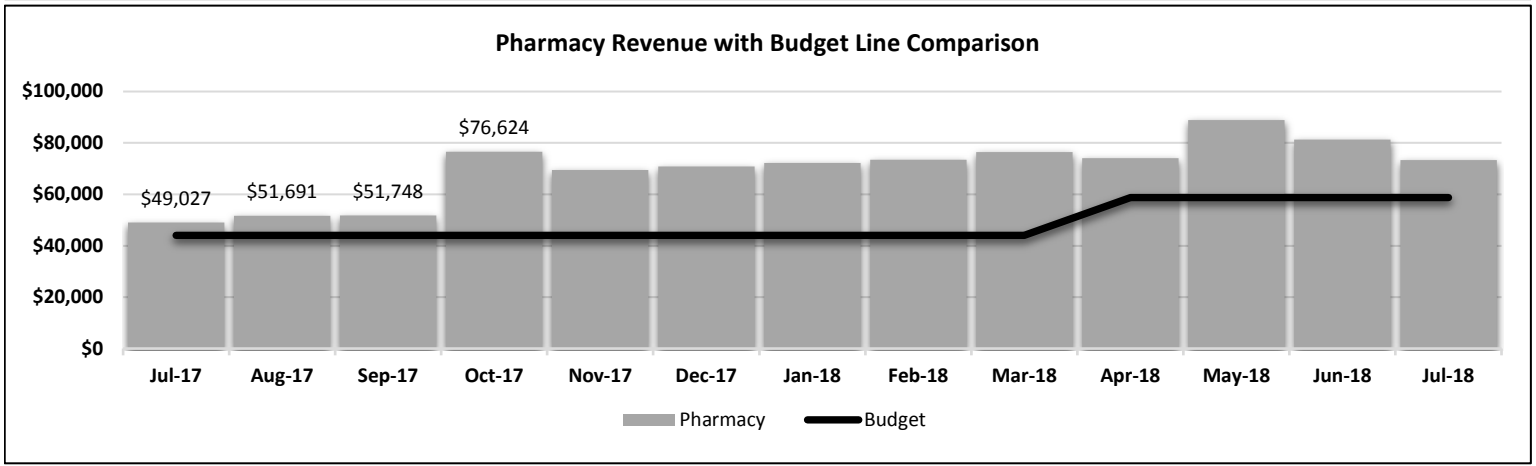
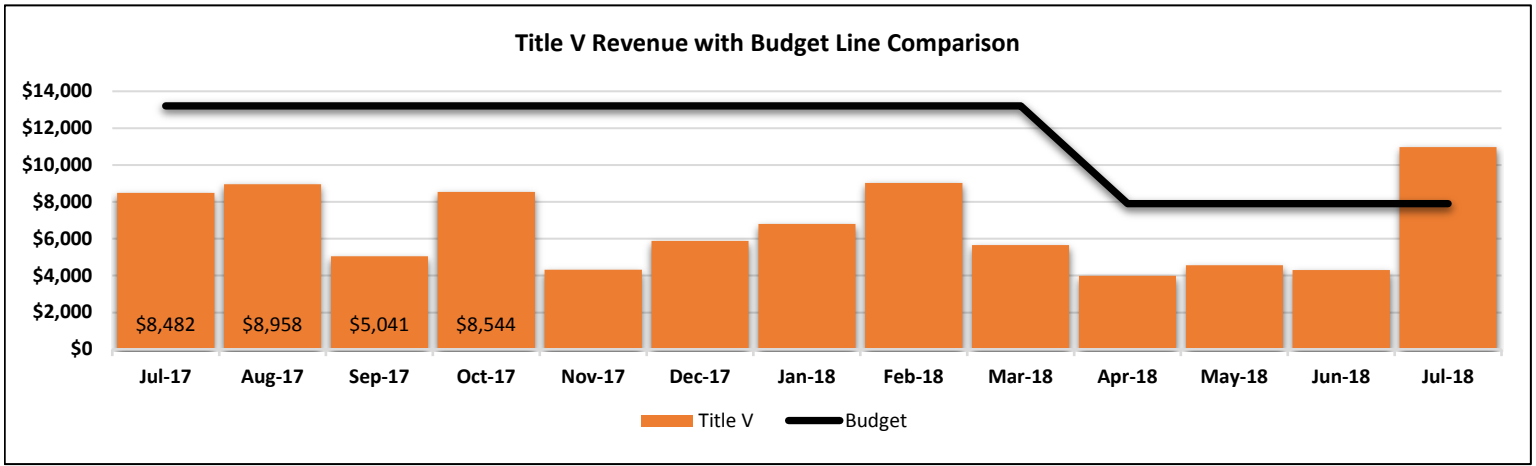
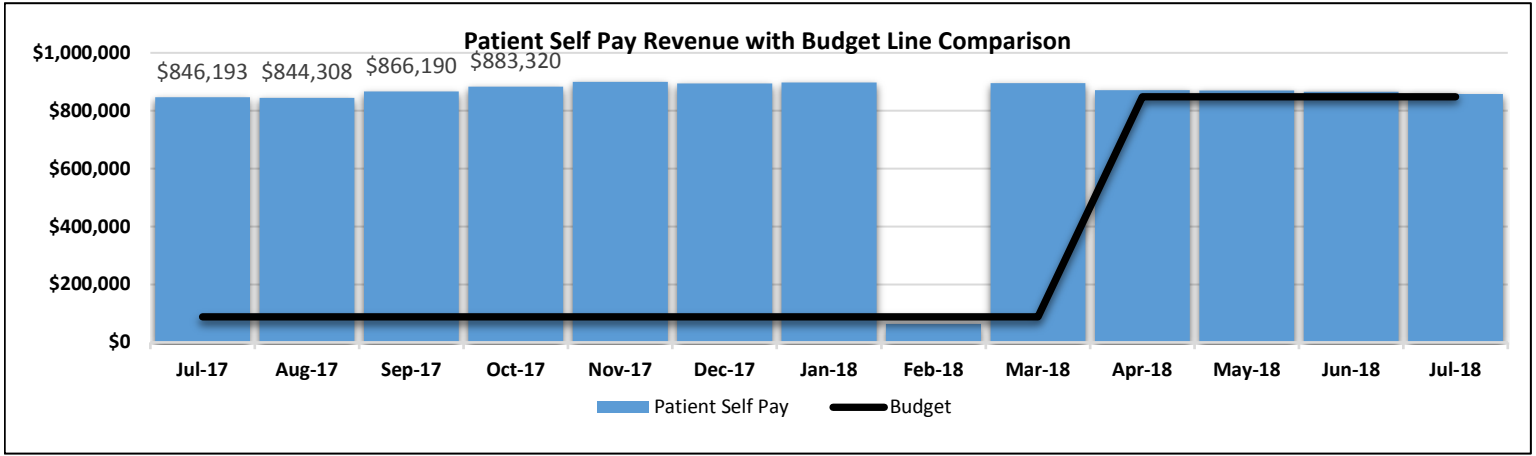


Current Period Patient Revenue with Third Party Payor Contributions Identified

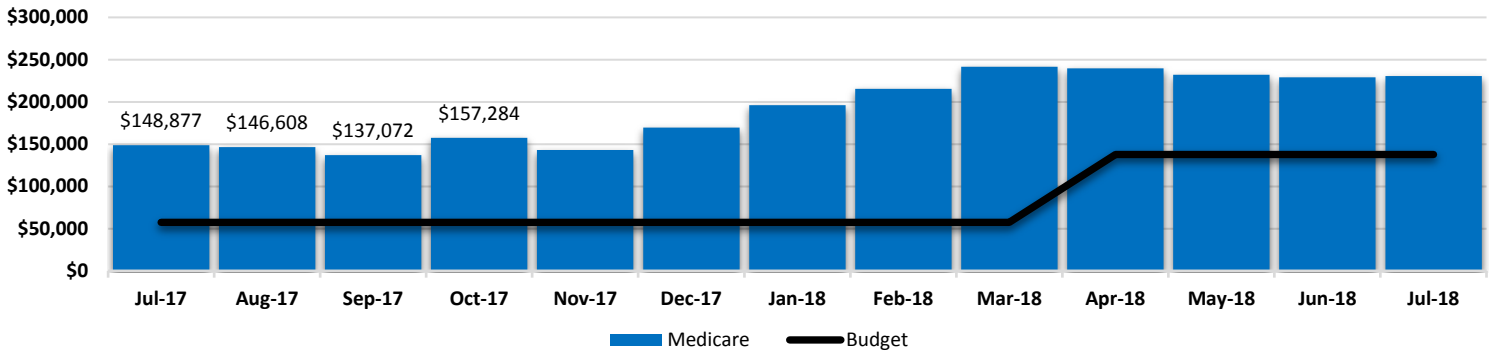


Actual Patient Revenue Rec'd vs Budget with Variance

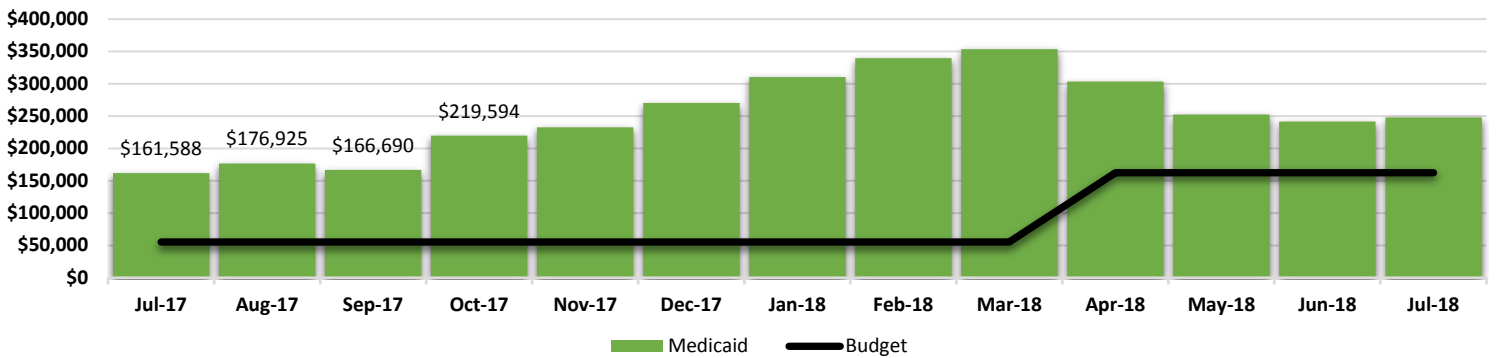




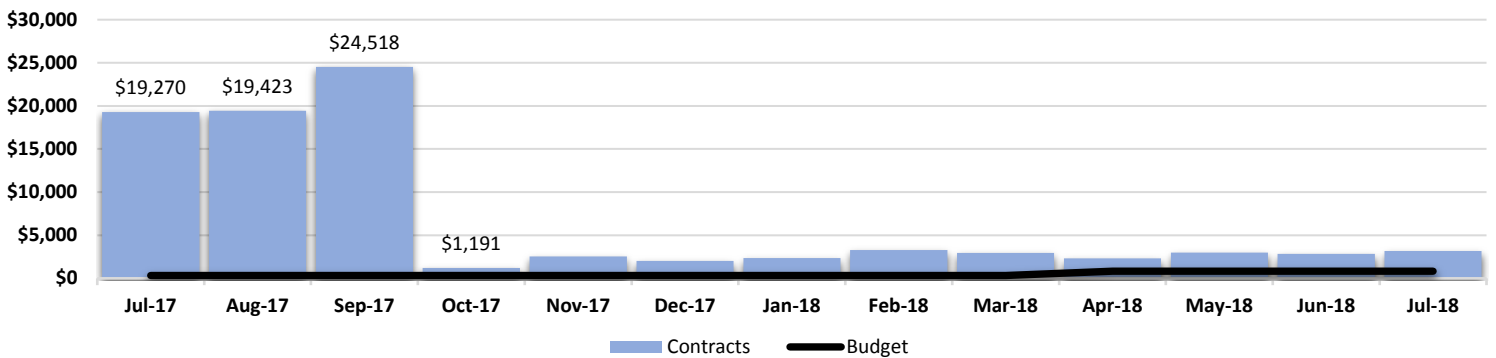
Medicare Revenue with Budget Line Comparison



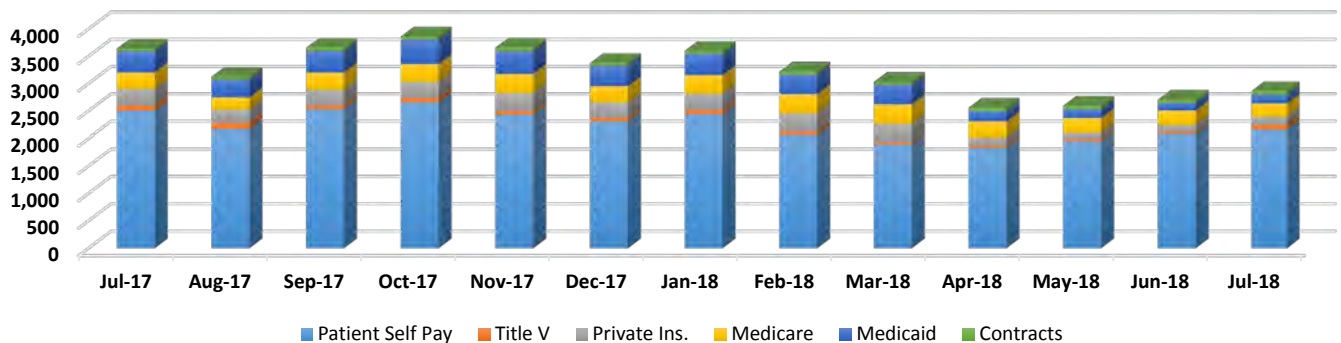
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending July 31, 2018

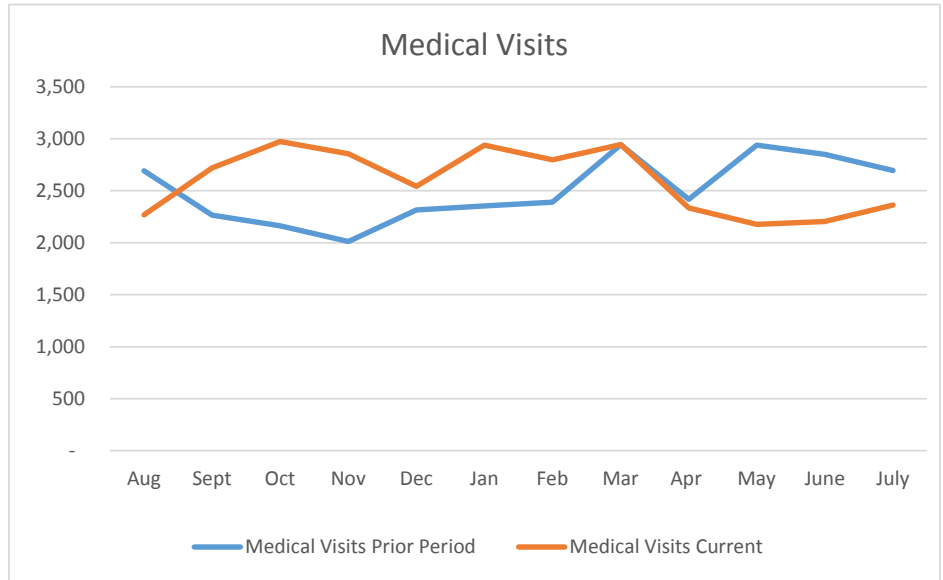
	B	C	G	P	Q	R	S	T	U	V	W	X
1												
2												
3												
4												
5												
6												
7												
8												
9	Grouping	REVENUE										
10	HRSA	HHS GRANT REVENUE - Federal	\$229,160	\$260,617	(\$31,457)	\$955,388	\$1,042,466.67	(\$87,079)				\$3,127,400
11	Patient Rev	GRANT REVENUE - Title V	\$10,967	\$7,905	\$3,063	\$23,825	\$31,618	(\$7,794)				\$94,855
12	Patient Rev	PATIENT FEES	\$857,579	\$848,258	\$9,321	\$3,464,775	\$3,393,031	\$71,745				\$10,179,092
13	Patient Rev	PRIVATE INSURANCE	\$137,880	\$136,556	\$1,325	\$611,381	\$546,223	\$65,158				\$1,638,668
14	Patient Rev	PHARMACY REVENUE - 340b	\$73,293	\$58,750	\$14,543	\$317,462	\$235,000	\$82,462				\$705,000
15	Patient Rev	MEDICARE	\$230,537	\$137,727	\$92,810	\$931,356	\$550,908	\$380,448				\$1,652,723
16	Patient Rev	MEDICAID	\$247,890	\$162,421	\$85,469	\$1,044,881	\$649,683	\$395,198				\$1,949,049
17	Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$2,701	(\$1,351)	\$5,403	\$10,805	(\$5,403)				\$32,416
18	Other Rev.	MEDICAL RECORD REVENUE	\$2,772	\$1,354	\$1,418	\$8,612	\$5,417	\$3,196				\$16,250
19	Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$1,870	\$0	\$1,870	\$1,870	\$0	\$1,870				\$0
20	County	COUNTY REVENUE	\$324,070	\$324,070	(\$0)	\$1,296,281	\$1,296,281	(\$0)				\$3,888,844
21	DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$0	\$316,667	(\$316,667)				\$950,000
22	Other Rev.	MISCELLANEOUS REVENUE	\$0	\$0	\$0	\$30	\$0	\$30				\$0
23	Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0				\$0
24	Other Rev.	INTEREST INCOME	\$6,270	\$2,083	\$4,187	\$22,407	\$8,333	\$14,073				\$25,000
25	Patient Rev	CONTRACT REVENUE	\$3,189	\$833	\$2,356	\$11,345	\$3,333	\$8,012				\$10,000
26	Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$447	\$0	\$447	\$2,118	\$0	\$2,118				\$0
27	Other Rev.	CONVENIENCE FEE	\$0	\$670	(\$670)	\$0	\$2,680	(\$2,680)				\$8,040
28	Other Rev.	Fund Balance	\$0	\$4,378	(\$4,378)	\$0	\$17,513	(\$17,513)				\$52,540
29		Total Revenue	\$2,127,275	\$2,027,490	\$99,785	\$8,697,134	\$8,109,959	\$587,175				\$24,329,877
31		EXPENSES										
32	Personnel	SALARIES	\$482,394	\$515,172	\$32,777	\$1,858,706	\$2,060,687	\$201,980				\$6,182,060
33	Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
34	Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$1,000	\$17,600	\$16,600				\$52,800.00
35	Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
36	Personnel	SALARIES, O/T	\$3,005	\$5,000	\$1,995	\$13,211	\$20,000	\$6,789				\$60,000.00
37	Personnel	SALARIES, PART-TIME	\$8,095	\$19,149	\$11,054	\$35,109	\$76,594	\$41,485				\$229,782.00
38	Personnel	Comp Pay	\$72	\$0	(\$72)	\$265	\$0	(\$265)				\$0.00
39	Personnel	FICA EXPENSE	\$36,313	\$41,595	\$5,281	\$141,475	\$166,378	\$24,903				\$499,135.00
40	Personnel	TEXAS UNEMPLOYMENT TAX	\$737	\$92	(\$644)	\$6,633	\$369	(\$6,264)				\$1,107.00
41	Personnel	LIFE INSURANCE	\$1,414	\$1,222	(\$193)	\$5,461	\$4,886	(\$574)				\$14,659.00
42	Personnel	LONG TERM DISABILITY INSURANCE	\$1,020	\$1,125	\$105	\$3,986	\$4,499	\$512				\$13,496.00
43	Personnel	GROUP HOSPITALIZATION INSURANCE	\$30,852	\$48,838	\$17,986	\$117,399	\$195,352	\$77,953				\$586,055.00
44	Personnel	WORKER'S COMP INSURANCE	\$1,764	\$2,719	\$954	\$6,739	\$10,874	\$4,136				\$32,623.00
45	Personnel	EMPLOYER SPONSORED HEALTHCARE	\$6,497	\$0	(\$6,497)	\$27,283	\$0	(\$27,283)				\$0.00
46	Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
47	Personnel	PENSION / RETIREMENT	\$12,161	\$13,376	\$1,214	\$46,957	\$53,502	\$6,545				\$160,506.00
48	Contractual	OUTSIDE LAB CONTRACT	\$20,929	\$26,500	\$5,571	\$90,921	\$106,000	\$15,079				\$318,000.00
49	Contractual	OUTSIDE X-RAY CONTRACT	\$2,040	\$3,850	\$1,810	\$10,476	\$15,400	\$4,924				\$46,200.00
50	Contractual	MISCELLANEOUS CONTRACT SERVICES	\$21,075	\$14,720	(\$6,355)	\$43,606	\$58,878	\$15,272				\$176,634.00
51	Personnel	TEMPORARY STAFFING	\$12,359	\$0	(\$12,359)	\$71,897	\$0	(\$71,897)				\$0.00
52	Contractual	CHW CONTRACT BILLING SERVICE	\$5,292	\$8,400	\$3,108	\$22,463	\$33,600	\$11,137				\$100,800.00
53	IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$0	\$150,000	\$150,000				\$450,000.00
54	Contractual	JANITORIAL CONTRACT	\$2,672	\$2,800	\$128	\$10,742	\$11,200	\$458				\$33,600.00
55	Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$320	\$320	(\$0)				\$960.00
56	Contractual	SECURITY	\$3,468	\$3,910	\$442	\$14,274	\$15,640	\$1,366				\$46,920.00
57	Supplies	OFFICE SUPPLIES	\$5,359	\$5,115	(\$245)	\$12,959	\$20,459	\$7,499				\$61,376.00
58	Supplies	OPERATING SUPPLIES	\$22,953	\$19,500	(\$3,453)	\$71,760	\$78,000	\$6,240				\$234,000.00
59	Supplies	OUTSIDE DENTAL SUPPLIES	\$360	\$2,000	\$1,640	\$1,790	\$8,000	\$6,210				\$24,000.00
60	Supplies	PHARMACEUTICAL SUPPLIES	\$86,320	\$78,850	(\$7,470)	\$316,320	\$315,400	(\$920)				\$946,200.00
61	Supplies	JANITORIAL SUPPLIES	\$131	\$375	\$244	\$805	\$1,500	\$695				\$4,500.00
62	Supplies	PRINTING SUPPLIES	\$13	\$200	\$187	\$13	\$800	\$787				\$2,400.00
63	Supplies	UNIFORMS	\$0	\$400	\$400	\$0	\$1,600	\$1,600				\$4,800.00
64	Other	POSTAGE	\$605	\$667	\$62	\$2,721	\$2,667	(\$54)				\$8,000.00
65	Other	TELEPHONE	\$3,990	\$4,055	\$65	\$16,744	\$16,220	(\$524)				\$48,660.00
66	Other	WATER	\$31	\$31	\$1	\$122	\$124	\$2				\$372.00
67	Other	ELECTRICITY	\$1,716	\$2,083	\$367	\$8,028	\$8,333	\$306				\$25,000.00
68	Travel	TRAVEL, LOCAL	\$396	\$375	(\$21)	\$1,718	\$1,500	(\$218)				\$4,501.00
69	Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
70	Travel	LOCAL TRAINING	\$1,757	\$417	(\$1,340)	\$3,788	\$1,667	(\$2,121)				\$5,000.00
71	Travel	TRAINING, OUT OF TOWN	\$0	\$1,719	\$1,719	\$3,120	\$6,875	\$3,754				\$20,624.00
72	Other	RENTALS	\$2,902	\$3,044	\$142	\$12,421	\$12,176	(\$245)				\$36,528.00
73	Other	LEASES	\$43,702	\$43,702	\$0	\$174,807	\$174,808	\$1				\$524,424.00
74	Other	MAINTENANCE / REPAIR, EQUIP.	\$5,703	\$6,609	\$906	\$27,353	\$26,437	(\$916)				\$79,310.00
75	Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$3,023	\$167	(\$2,856)				\$500.00
76	Other	FUEL	\$0	\$42	\$42	\$0	\$167	\$167				\$500.00
77	Other	MAINTENANCE / REPAIR, BLDG.	\$12	\$417	\$404	\$261	\$1,667	\$1,406				\$5,000.00
78	Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
79	Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$167	\$167				\$500.00
80	Other	INSURANCE, AUTO/Truck	\$166	\$166	\$0	\$664	\$664	\$0				\$1,992.00
81	Other	INSURANCE, GENERAL LIABILITY	\$724	\$750	\$26	\$2,896	\$3,000	\$104				\$9,000.00
82	Other	INSURANCE, BLDG. CONTENTS	\$1,479	\$1,380	(\$99)	\$5,916	\$5,520	(\$396)				\$16,560.00
83	Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$369	\$0	(\$369)				\$0.00
84	Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
85	Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0				\$0.00
86	Other	NEWSPAPER ADS	\$1,342	\$1,500	\$158	\$3,703	\$6,000	\$2,297				\$18,000.00
87	Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	(\$226)	\$500	\$726				\$1,500.00
88	Other	ASSOCIATION DUES	\$2,872	\$2,883	\$11	\$11,019	\$11,531	\$512				\$34,592.00
89	Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$14,407	\$12,712	(\$1,696)	\$132,126	\$50,847	(\$81,280)				\$152,540.00

Coastal Health & Wellness
Statement of Revenue and Expenses for the Period ending July 31, 2018

	B	C	G	P	Q	R	S	T	U	V	W	X
1	Coastal Health & Wellness											
2	Statement of Revenue and Expenses for the Period ending July 31, 2018											
3												
4												
5												
6												
7		<i>Description</i>	<i>Period Ending 7/31/2018</i>	<i>MTD Budget</i>	<i>MTD Budget Variance</i>	<i>YTD Actual</i>	<i>YTD Budget</i>	<i>YTD Budget Variance</i>	<i>Annual Budget</i>			
90	Other	PROF FEES/LICENSE/INSPECTIONS	\$0	\$191	\$191	\$996	\$763	(\$233)	\$2,288.00			
91	Other	PROFESSIONAL SERVICES	\$221	\$1,342	\$1,121	\$9,381	\$5,367	(\$4,015)	\$16,100.00			
92	Other	MED/HAZARD WASTE DISPOSAL	\$79	\$483	\$405	\$1,732	\$1,933	\$201	\$5,800.00			
93	Other	TRANSPORTATION CONTRACT	\$496	\$650	\$154	\$2,216	\$2,600	\$384	\$7,800.00			
94	Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29	\$71	\$117	\$46	\$350.00			
95	Other	SERVICE CHG - CREDIT CARDS	\$626	\$685	\$59	\$2,317	\$2,740	\$423	\$8,220.00			
96	Other	CASHIER OVER / SHORT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00			
97	Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00			
98	Other	BAD DEBT EXPENSE	\$1,310,058	\$1,084,467	(\$225,591)	\$5,376,317	\$4,337,868	(\$1,038,450)	\$13,013,603.00			
99	Other	MISCELLANEOUS EXPENSE	\$25	\$0	(\$25)	\$25	\$0	(\$25)	\$0.00			
100		Total Expenses	\$2,160,682	\$2,027,490	(\$133,192)	\$8,736,202	\$8,109,959	(\$626,243)	\$24,329,877			
102		Net Change in Fund Balance	(\$33,407)	\$0	\$22,514	\$22,514	\$0	\$22,514	\$0			

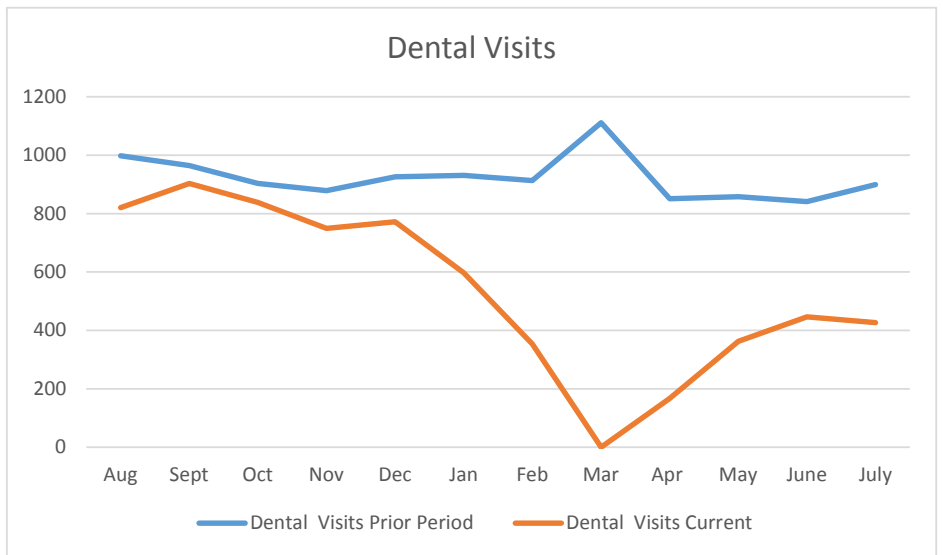
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	2,939	2,177
June	2,850	2,205
July	2,696	2,363
	<u>27,342</u>	<u>28,759</u>



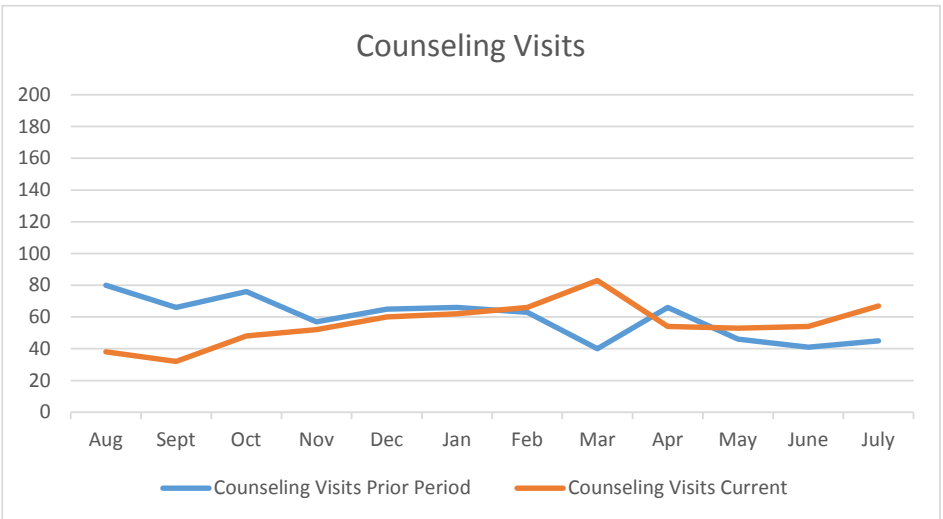
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	858	362
June	841	446
July	899	427
	<u>10,174</u>	<u>6,008</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
May	46	53
June	41	54
July	45	67
	<u>666</u>	<u>602</u>



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

	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under)
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	YTD Budget	
Medicaid	4,379	162	365	(203)	643	1,460	(817)	-56%
Medicare	3,703	248	309	(61)	1,087	1,234	(147)	-12%
Other Public (Title V, Contract)	1,064	148	89	59	445	355	90	25%
Private Insurance	3,417	139	285	(146)	511	1,139	(628)	-55%
Self Pay	30,379	2,160	2,532	(372)	8,023	10,126	(2,103)	-21%
	42,942	2,857	3,579	(722)	10,709	14,314	(3,605)	-25%

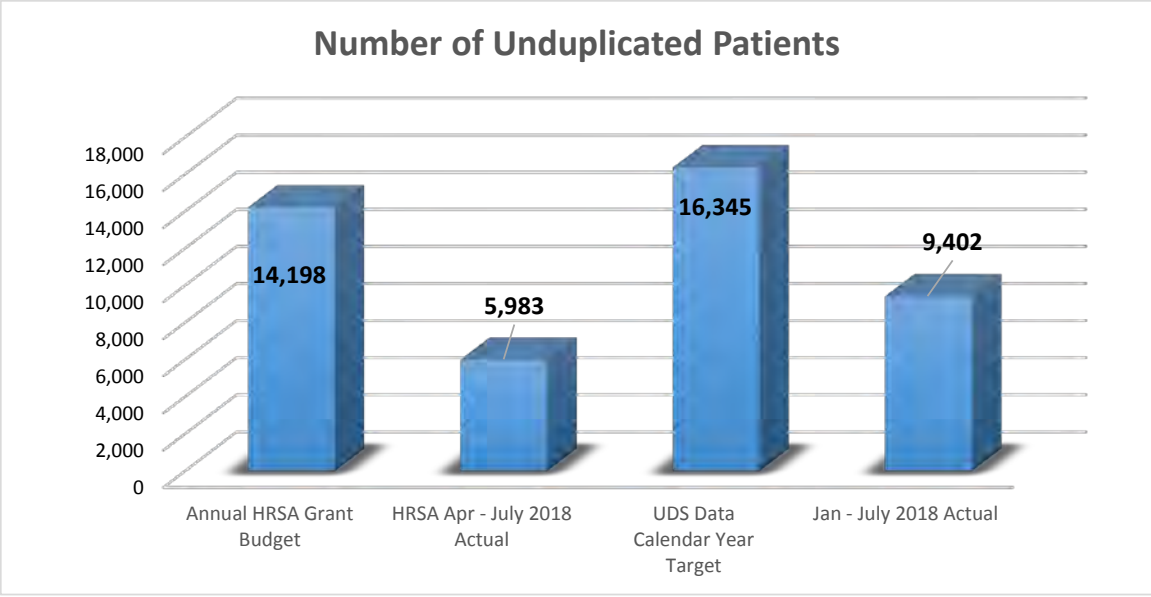
Unduplicated Patients - Current vs. Prior Year
UDS Data Calendar Year
January through December

	Current Year Annual Target	Jan - July 2017 Actual	Jan - July 2018 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	10,247	9,402	(845)	58%

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

	Annual HRSA Grant Budget	Apr - July 2017 Actual	Apr - July 2018 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	14,198	7,669	5,983	(1,686)	42%

* The Dental Clinic reopened on April 16, 2018.



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

August 2018

Item #9

**Consider for Approval Request to Purchase Dental Equipment and
Install New Countertops in the Galveston Dental Clinic**

Consider Approval to Expend Funds for CHW Clinic

Below are a list of items that are needed for CHW clinics.

Equipment

DryCurve Instrument Dryer			\$ 2,275.40
BioSonic UC300	2	\$ 1,702.92	\$ 3,405.84
Statmatic Maintenance Kit			\$ 2,140.11
Statim 5000 G4			<u>\$ 5,912.00</u>
	Total Equipment		\$ 13,733.35

Furniture

Contract Resource Group			\$ 7,700.00
Galveston clinic waiting room chairs			
40 chairs total			

Remodel/repair

Vendor to be selected			\$ 7,000.00
Installation of formica countertops in Galveston Dental Clinic			

All of the equipment listed is part of the continuing effort to maintain infection control standards in the dental clinic.

The waiting room chairs will replace the cloth chairs that are currently located in the Galveston Clinic waiting room.

Recommended Action: We are requesting approval to expend from equipment reserve \$13,733.35 for the equipment listed above. We are requesting to expend \$7,700 from reserve funds which were set aside for Texas City Furniture/Fixtures/Remodel. We are requesting to expend \$7,000 from Galveston Clinic Renovation reserve funds for the installation of formica countertops in the Galveston Dental Clinic.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
August 2018
Item #10
Consider for Approval Quarterly
Access to Care Report**

2018 2nd Quarter Access To Care Report

(April, May June)

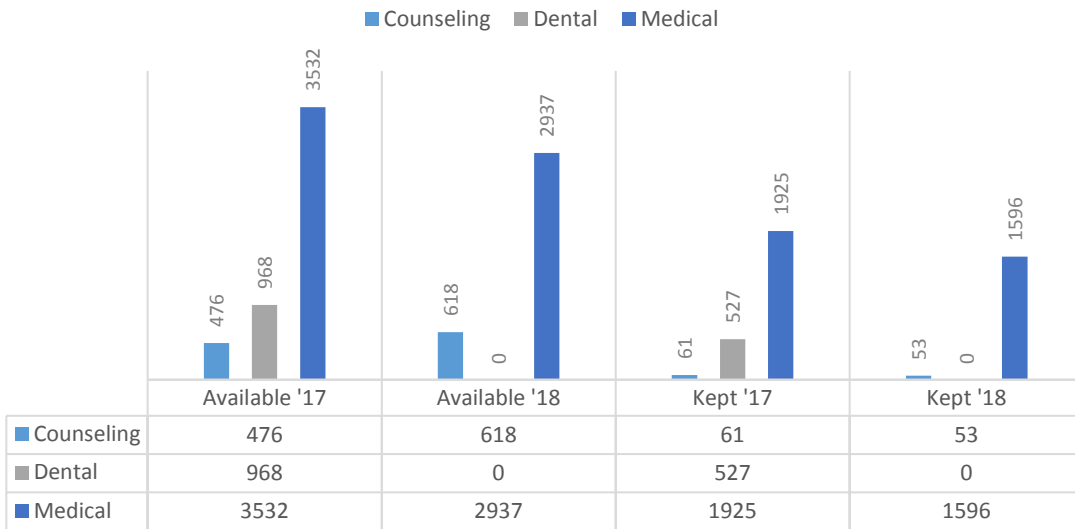
Galveston	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show	Texas City	# Available Appointments	# Kept	% Scheduled	% Unfilled	% Kept	% No Show
Counseling							Counseling						
Bailey	130	18	25%	75%	55%	45%	Bailey	532	72	23%	77%	60%	40%
Tigrett	488	35	11%	89%	65%	35%	Tigrett	748	99	26%	74%	52%	48%
Counseling Total	618	53	18%(87)	82%	60%	40%(34)	Counseling Total	1280	171	25%(312)	75%	56%	44%(141)
Dental	No Dental Services since 2/14/18						Dental	Services resumed 4/16/18					
Nguyen							Keiser	124	110	100%	0%	77%	23%
Trinh							Mosley	347	261	100%	0%	69%	31%
Dental Total							Nguyen	211	155	100%	0%	73%	27%
							Shetty	440	305	96%	4%	73%	27%
							Trinh	389	232	75%	25%	80%	20%
							Dental Total	1511	1063	94%(1438)	6%	74%	26%(375)
Medical							Medical						
Alhassan	222	189	100%	0%	85%	15%	Alhassan	564	467	100%	0%	83%	17%
Borillo	317	164	52%	48%	81%	19%	Borillo	1099	564	60%	40%	84%	16%
Khan	225	85	47%	53%	80%	20%	Khan	1039	590	76%	24%	74%	26%
McGray-Garrison	411	231	76%	24%	74%	26%	McGray-Garrison	965	511	68%	32%	78%	22%
Morgan	285	148	64%	26%	81%	19%	Morgan	1115	607	71%	29%	76%	24%
Nagorski	249	87	45%	55%	78%	22%	Nagorski	1070	451	55%	45%	77%	23%
Ogundiran	296	161	65%	35%	83%	17%	Ogundiran	1069	615	76%	24%	76%	24%
Olson	126	77	71%	29%	87%	13%	Olson	541	262	69%	31%	71%	29%
Riggs	483	260	72%	28%	75%	25%	Riggs	776	488	81%	19%	78%	22%
Varghese	323	194	80%	20%	75%	25%	Varghese	1061	625	77%	23%	76%	24%
Medical Total	2,937	1596	67%(2023)	33%	80%	20%(427)	Medical Total	9,299	5180	73%(6700)	27%	77%	23%(1520)

Monthly Provider Productivity						
	Jan	Feb	Mar	April	May	June
Counseling	0.4	0.4	0.5	0.4	0.4	0.4
Dental	1.6	1.7	0.0	0.7	0.7	0.8
Hygienist	1.5	1.6	0.0	0.4	0.6	0.6
Medical	2	2.2	2.3	1.5	1.4	1.7

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

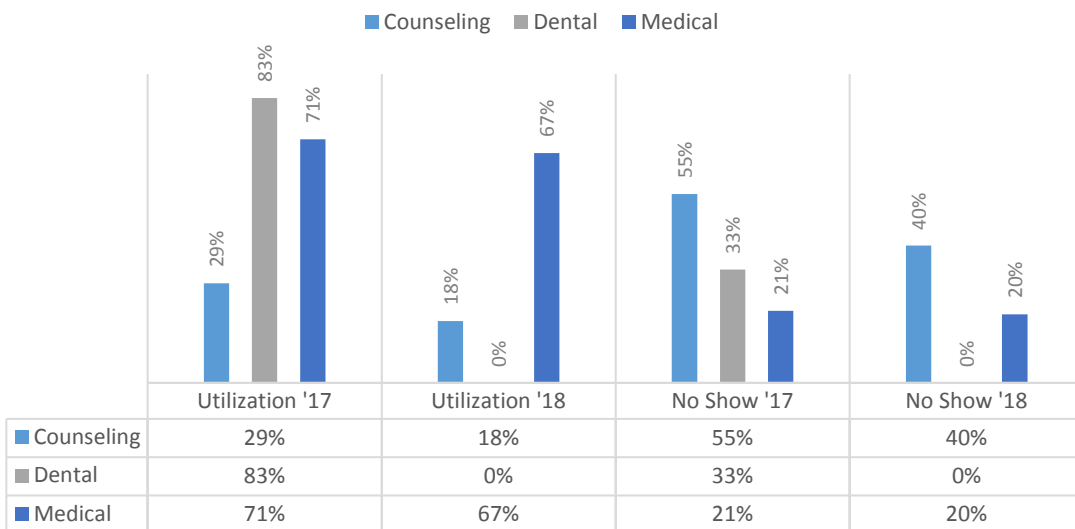
GALVESTON 2ND QUARTER 2017 VS. 2018

***DENTAL CLOSED 2/14/18-PRESENT**

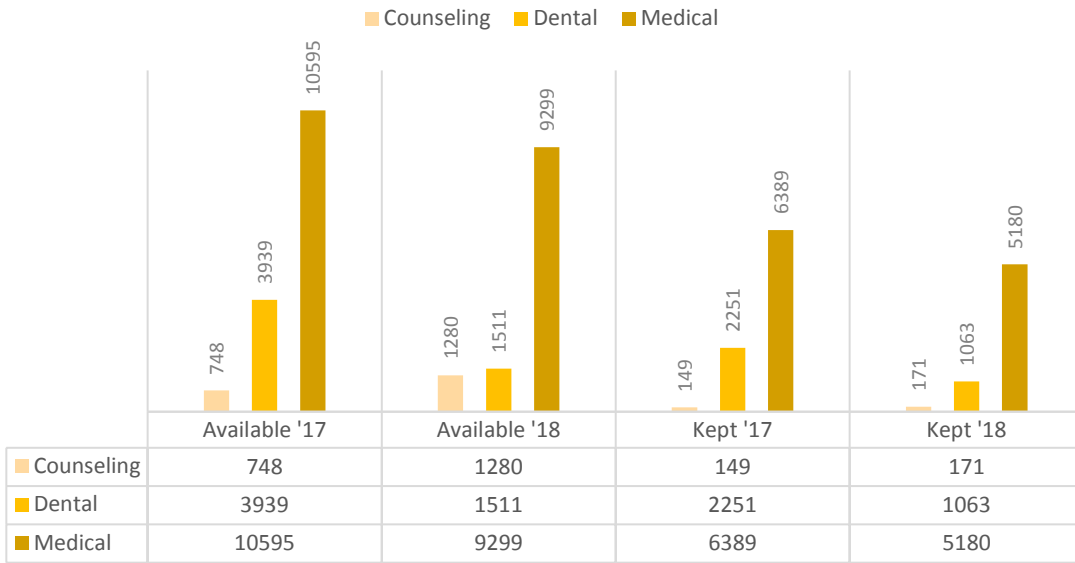


GALVESTON 2ND QUARTER 2017 VS. 2018

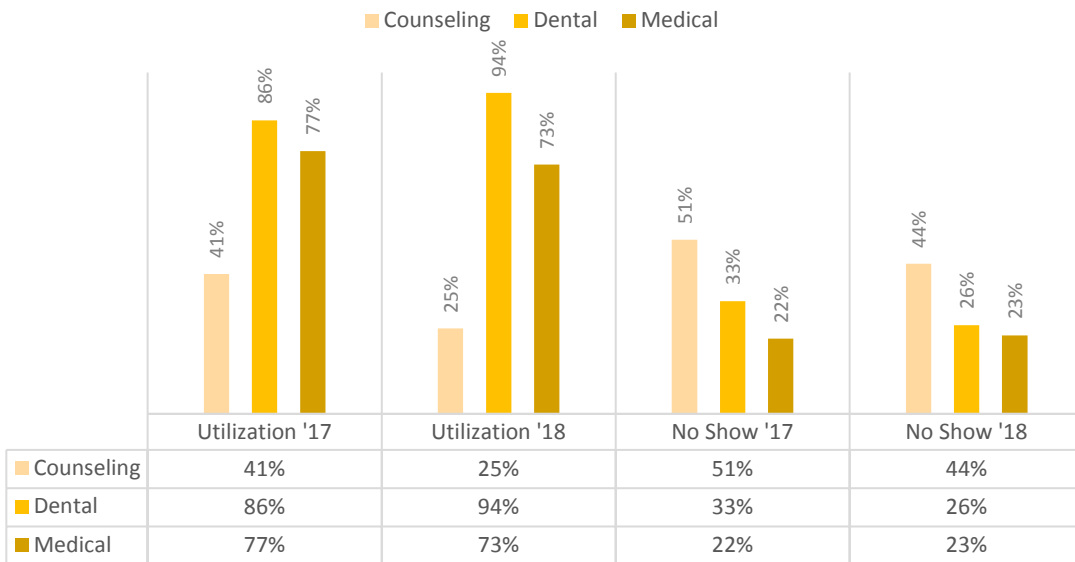
***DENTAL CLOSED 2/14/18-PRESENT**



TEXAS CITY 2ND QUARTER 2017 VS. 2018



TEXAS CITY 2ND QUARTER 2017 VS. 2018



[Back to Agenda](#)

Governing Board

August 2018

Item #11

**Consider for Approval Consideration of Eliminating the Special Fee for
Sports Physicals**

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

August 2018

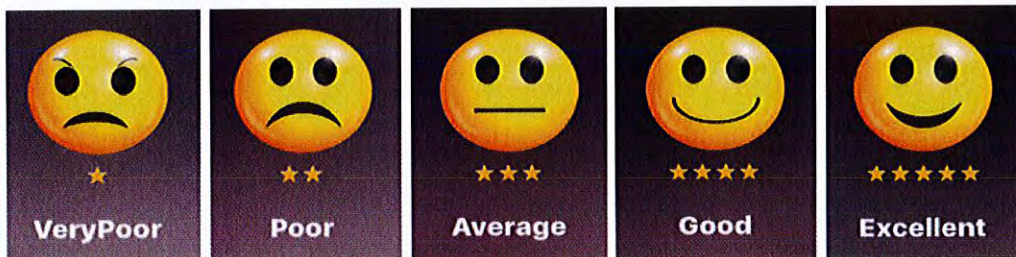
Item #12

**Consider for Approval Updated Patient
Satisfaction Survey**

Measuring (Access to Care)

Please rate

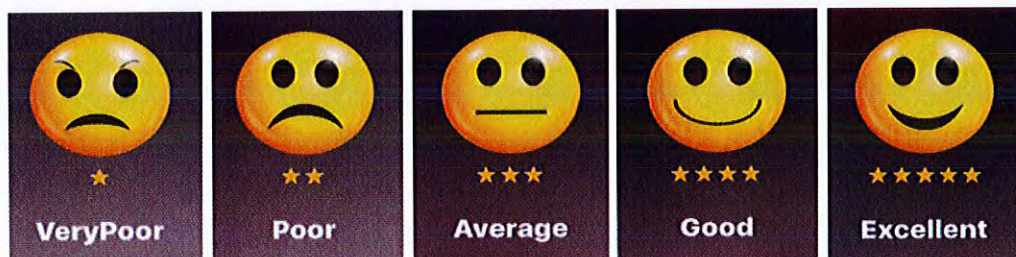
The appointment time based on your needs



(Office Efficiency)

Please rate

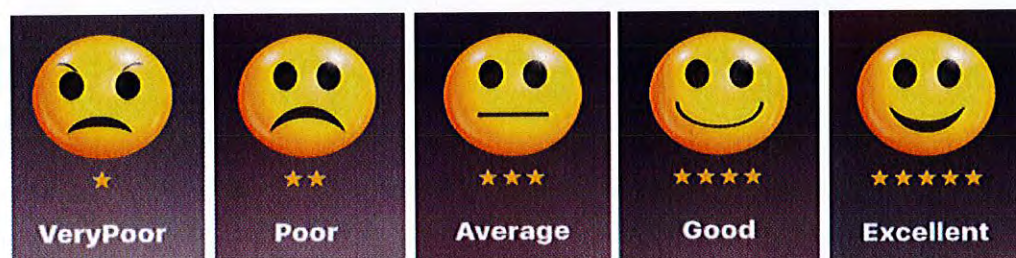
The appointment check-in process



(Customer Service)

Please rate

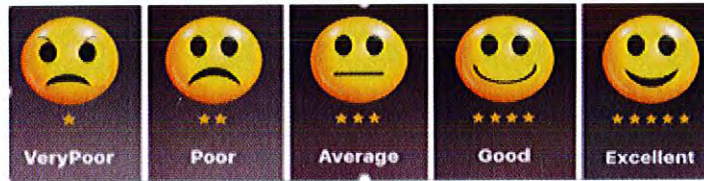
The staff on being friendly and helpful



(Communication)

Please rate

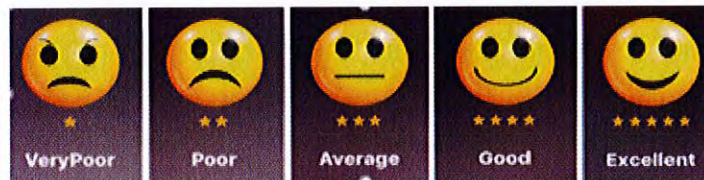
How well did staff explain things to you so you could understand



(Perceived Quality of Care)

Please rate

The quality of care you received today



(Environment)

Please rate

The clinic on being clean and sanitary



(Overall Satisfaction)

**What is the likelihood that you would recommend
Coastal Health & Wellness to a friend or family member?**



Thank you for your assistance.

**If you would like to provide additional details or comments,
Please type in the space provided below.**

[Back to Agenda](#)

Governing Board

August 2018

Item #13

**Consider for Approval the Reappointment of Victoria Dougharty as a
Consumer Representative to the Coastal Health & Wellness
Governing Board for a 3 Year Term Expiring August 2021**

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

August 2018

Item #14

**Consider for Approval Privileging Rights for
Katherine Billingsley, MD**



Date: August 30, 2018

To: CHW Governing Board

Thru: Kathy Barroso, CPA *KB*
CHW Interim Executive Director

From: Abdul-Aziz Alhassan, MD *AAA*
Medical Director

Re: Privileging

Upon the review of the completed credentialing file of Katherine Billingsley, MD by Sandra Cuellar, HR Manager, and myself (Abdul-Aziz Alhassan), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Katherine Billingsley, MD based on the following information:

- Katherine Billingsley, MD is a licensed Professional Doctor of Family Medicine who will practice part-time in the Texas City clinic. Katherine Billingsley, MD graduated from the University of Texas Medical Branch. Dr. Billingsley is requesting Medical privileges.

[Back to Agenda](#)

Governing Board

August 2018

Item #15

**Consider for Approval Privileging Rights for
Tuere Coulter, MD**



Date: August 30, 2018

To: CHW Governing Board

Thru: Kathy Barroso, CPA
CHW Interim Executive Director *KB*

From: Abdul-Aziz Alhassan, MD
Medical Director *AAA*

Re: Privileging

Upon the review of the completed credentialing file of Tuere Coulter, MD by Sandra Cuellar, HR Manager, and myself (Abdul-Aziz Alhassan), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Tuere Coulter, MD based on the following information:

- Tuere Coulter, MD is a licensed Professional Doctor of Family Medicine who will practice part-time in the Texas City clinic. Tuere Coulter, MD graduated from the University of Texas Medical Branch. Dr. Coulter is requesting Medical privileges.

[Back to Agenda](#)