



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, August 1, 2019 – 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](mailto: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 June 27, 2019 Board Meeting
- \*Item #4**ACTION**..... Consider for Approval Minutes from July 18, 2019 Board QA Meeting
- \*Item #5(**Informational**) ..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Americans with Disabilities Act
  - b) Attendance
  - c) Customer Service
  - d) Family & Medical Leave
  - e) HIPAA Security Manual
- \*Item #6**ACTION**..... Consider for Approval Quarterly Investment Report
- Item #7**ACTION**..... Executive Report
- Item #8**ACTION** ..... Consider for Approval June 2019 Financial Report
- Item #9**ACTION** ..... Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients
- Item #10**ACTION**..... Consider for Approval Purchase of a Pump System for Galveston Dental Clinic
- Item #11**ACTION**..... Consider for Approval the Coastal Health & Wellness 2019-2020 Performance Improvement Plan
- Item #12**ACTION**..... Consider for Approval Quarterly Compliance Report
- Item #13**ACTION**..... Consider for Approval Quarterly Report of UDS Measures Relative to 2020 Goals
- Item #14**ACTION** ..... Consider for Approval Quarterly Access to Care Report
- Item #15**ACTION** ..... Consider for Approval Quarterly Patient Satisfaction Survey Report

- Item #16 **ACTION**..... Consider for Approval Privileging Rights for Haley McCabe, PA-C
- Item #17 **ACTION**..... Consider for Approval Privileging Rights for Yaa Cheremateng, PA-C
- Item #18 **ACTION**..... Consider for Approval Privileging Rights for the following UTMB Residents:
  - a. Travis Livingston, DO

**Adjournment**

*Tentative Next Meeting: August 29, 2019*

**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.

**Governing Board  
July 2019  
Item #2  
Excused Absence(s)**

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #3**

**Consider for Approval Minutes from  
June 27, 2019 Board Meeting**

**Coastal Health & Wellness  
Governing Board  
June 27, 2019**

**Board Members**

**Present:**

David Delac  
Jay Holland  
Victoria Dougharty  
Virginia Valentino  
Dorothy Goodman  
Aaron Akins  
Elizabeth Williams  
Miroslava Bustamante

**Staff:**

Kathy Barroso, Executive Director  
Hanna Lindskog, DDS  
Cheryl Golla  
Mary Orange  
Tiffany Carlson  
Ashley Tompkins  
Michelle Peacock  
Debra Howey

Cynthia Ripsin, MD  
Andrea Cortinas  
Richard Mosquera  
Dina Driskill  
Pisa Ring  
Tyler Tipton  
Amanda Wolff  
Tikeshia Thompson Rollins

**Excused Absence:** Dr. Howard, Samantha Robinson and Dr. Thompson

**Unexcused:** Mario Hernandez

**\*Items 1-6 Consent Agenda**

A motion was made by Virginia Valentino to approve the consent agenda items one through six. Victoria Dougharty seconded the motion and the Board unanimously approved the consent agenda.

**Item #7 Executive Reports**

Kathy Barroso, Executive Director, presented the June 2019 Executive Report to the Board.

**Item #8 Consider for Approval May 2019 Financial Report**

Mary Orange, Business Office Manager, presented the May 2019 financial report to the Board. A motion to accept the financial report as presented was made by Miroslava Bustamante. Dorothy Goodman seconded the motion and the Board unanimously approved.

**Item #9 Consider for Approval Revisions to Medical Fee Schedule and Dental Contract Fee Schedule**

Mary Orange, Business Office Manager, presented the revisions to the medical fee schedule and dental contract fee schedule. A motion to accept the fee schedules as presented was made by Jay Holland. Aaron Akins seconded the motion and the Board unanimously approved.

**Item #10 Consider for Approval Privileging Rights for Ojo Opeyemi, FNP**

Kathy Barroso, Executive Director, asked the Board to consider for approval privileging rights for Ojo Opeyemi, FNP, as recommended by Dr. Cynthia Ripsin, Medical Director. A motion to approve privileging rights for Ojo Opeyemi, FNP, was made by Miroslava Bustamante and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #11 Consider for Approval Privileging Rights for the following UTMB Residents**

Kathy Barroso, Executive Director asked the Board to consider for approval privileging rights for UTMB resident Beau Kirkwood, as recommended by Dr. Cynthia Ripsin, Medical Director. A motion to approve privileging rights for the UTMB resident was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board unanimously approved the motion.

**Item #12 Consider for Approval the Reappointment of Dorothy Goodman, as a Consumer Representative to the Coastal Health & Wellness Governing Board for a 3-year Term Expiring June 2022**

David Delac, Board Chair, asked the Board to consider for approval the reappointment of Dorothy Goodman, as a consumer representative to the Coastal Health & Wellness Governing Board for a 3-year term expiring June 2022. A motion to accept the reappointment of Dorothy Goodman to the Board was made by Virginia Valentino and seconded by Aaron Akins. The Board unanimously approved the motion.

**Item #13 Review of Galveston County Health District and Coastal Health & Wellness Organizational Structure**

Kathy Barroso, Executive Director, presented the Galveston County Health District and Coastal Health & Wellness Organizational Structure to the Board. The presentation defined shared staff and responsibilities among both groups as well as organizational charts which outlined the organizational structures of each.

Adjournment

A motion to adjourn was made by Virginia Valentino and seconded by Miroslava Bustamante. The Board adjourned at 12:46 p.m.

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Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Governing Board  
July 2019  
Item #4  
Consider for Approval Minutes from  
July 18, 2019 Board QA Meeting**

**Coastal Health & Wellness  
Governing Board  
Quality Assurance Committee  
Meeting  
July 18, 2019**

**BOARD QA COMMITTEE MEMBERS PRESENT:**

David Delac – Chair  
Milton Howard, DDS – Vice Chair  
Samantha Robinson

**BOARD QA COMMITTEE MEMBERS ABSENT:**

**EMPLOYEES PRESENT:**

Kathy Barroso (Executive Director), Eileen Dawley (Chief Nursing Officer), Cynthia Ripsin (Medical Director), Hanna Lindskog (Dental Director), Richard Mosquera (Chief Compliance Officer), Jason Borillo (Lead Midlevel), Debra Howey (Infection Control Nurse), Tiffany Carlson (Nursing Director), Pisa Ring (Patient Information Manager) Kristina Garcia (Patient Services Manager), Tyler Tipton (Public Health Emergency Preparedness Manager) Tikeshia Thompson Rollins (Executive Assistant III)

(Minutes recorded by Tikeshia Thompson Rollins)

| ITEM   | ACTION  |
|--|---|
| Quarterly Access to Care Report  | <ul style="list-style-type: none"> <li>Reviewed No Action</li> </ul>  |
| Patient Satisfaction Report  | <ul style="list-style-type: none"> <li>David Delac requested that we continue to include previous quarter results on this report.</li> </ul>  |
| Infection Control/Environment of Care/Joint Commission Survey Committee Report | <p><b><u>Culture of Safety Survey</u></b></p> <ul style="list-style-type: none"> <li>Samantha Robinson suggested developing an action plan for quarterly assurance and for reporting results quarterly to this Committee and the Board.</li> <li>Samantha suggested discussing with staff at each in-service and in managers' meetings.</li> </ul>            |
|  | <p><b><u>Hand Hygiene Audits</u></b></p> <ul style="list-style-type: none"> <li>Eileen Dawley and Debra Howey reviewed the results of the quarterly hand hygiene audits.</li> </ul>   |
|  | <p><b><u>Infection Control Audits</u></b></p> <ul style="list-style-type: none"> <li>Eileen Dawley and Debra Howey reviewed the results of the quarterly infection control audits.</li> </ul>   |
|  | <p><b><u>2019-2020 Infection Prevention and Control Program Goals &amp; Responsibilities</u></b></p> <ul style="list-style-type: none"> <li>Eileen Dawley will present the progress for 2019 to the QA Board Committee at the January 2020 meeting.</li> </ul>  |
|  | <p><b><u>Environment of Care Report</u></b></p> <ul style="list-style-type: none"> <li>Samantha Robinson suggested presenting the Environment of Care Plan to all committees including the Governing Board.</li> <li>Samantha Robinson requested that Human Trafficking be documented in the Environment of Care Plan and reviewed with all staff.</li> </ul> |
|  |   |



|  |   |
|--|---|
| <b>Dental Water Quality Reports and Assessment</b> | <ul style="list-style-type: none"> <li>• Dr. Lindskog informed the QA Board Committee that the water testing result for Galveston Room 3 is now within an acceptable range. Testing will be performed on that unit monthly until we have three consecutive months with acceptable results.</li> </ul> |
| <b>Performance Improvement Plan</b>                | <ul style="list-style-type: none"> <li>• Eileen Dawley reviewed the Plan with the Committee.</li> <li>• Kathy informed the Committee that the PIP will be going to the Governing Board at their next scheduled meeting on August 1, 2019 for review and approval.</li> </ul>                          |
| <b>Emergency Management Report</b>                 | <ul style="list-style-type: none"> <li>• Tyler Tipton reviewed the Emergency Management Report and gave an update on trainings and drills that had occurred during the quarter.</li> </ul>  |
| <b>UDS Measures Progress Report</b>                | <ul style="list-style-type: none"> <li>• Kathy Barroso reviewed the quarterly progress report of UDS measures in comparison to 2020 goals.</li> <li>• Will continue to monitor and provide updates to the Committee quarterly.</li> </ul>   |
| <b>Dental Sealant Report</b>                       | <ul style="list-style-type: none"> <li>• Dr. Lindskog reviewed the dental sealant audit from June 1, 2018 to July 8, 2019 and discussed future plans.</li> </ul>  |
| <b>TVFC Site Visit Summary</b>                     | <ul style="list-style-type: none"> <li>• The TVFC Site Visit Summary was discussed with the Committee as well as future plans to address deficiencies noted in the report.</li> <li>• Staff awareness and training will be the primary focus in order to address any missed opportunities.</li> </ul> |
| <b>Open Discussion</b>                             | <ul style="list-style-type: none"> <li>• No additional comments</li> </ul>  |

Next Meeting: October 17, 2019

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**Governing Board**

**July 2019**

**Item #5**

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

- a) Americans with Disabilities Act
- b) Attendance
- c) Customer Service
- d) Family & Medical Leave
- e) HIPAA Security Manual

# Reasonable Accommodations Under the Americans with Disabilities Act (ADA)

-Approved  
UBOH 06/26/19  
-Effective 05/28/04

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## Audience

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

## Policy

The District will comply with the Americans with Disabilities Act (“ADA”) and all federal and state laws concerning the employment of persons with disabilities. The District does not discriminate against persons with disabilities, persons with a record of disabilities, or persons regarded as having a disability. This policy applies to all aspects of the employment process including, but not limited to, employment application, testing, hiring, assignments, evaluation, disciplinary actions, training, promotion, medical examinations, layoffs, termination, compensation, leave and benefits, and employee interaction with GCHD customers.

## Accommodations

The District will make reasonable accommodations to enable qualified individuals with a disability to perform the essential functions of his or her job. To be eligible for a reasonable accommodation, an applicant or employee must be a “qualified person with a disability.” The ADA defines an “individual with a disability” as a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

The District will accommodate the functional limitations of a qualified employee or applicant unless to do so would cause an “undue hardship” upon the District. An “undue hardship” is defined by the ADA as “significant difficulty or expense incurred by a covered entity” with respect to the provision of an accommodation. If a current employee cannot be accommodated without undue hardship, or if the District concludes that a current employee, because of a disability, cannot perform the essential functions of his or her position, with or without reasonable accommodation, the District may determine whether a vacant position, which is scheduled to be filled, exists for which the employee is qualified and which the employee can perform with or without reasonable accommodation. If such a position exists, the District possesses the discretion to reassign the employee to the position with a salary concurrent to that position. The District will not create a new position for an employee with a disability, nor will the District “bump” another employee out of a position in order to find placement for an employee with a disability. The law does not require the District to lower performance or conduct standards to make an accommodation, nor is the District obligated to provide personal equipment (e.g. glasses or hearing aids) as accommodations.

The District may terminate or deny employment, transfer or promotion where an individual poses a “direct threat” to the health and safety of himself or herself or others as a result of the adverse effects rendered upon designated tasks as a result of his or her disability. Per the ADA, a “direct threat” is defined as a significant risk of substantial harm to the health or safety of that employee or others, which cannot be eliminated or reduced by a reasonable accommodation. An assessment of a “direct threat” will be based only on valid medical analyses and/or other objective evidence, and not on speculation.

### **Requesting an Accommodation**

The individual who wishes that a disability accommodation be made on his or her behalf must submit an accommodation request which should specify, amongst other elements: i) the employee's limitations; and ii) proposed accommodations to assist the employee in overcoming the limitations.

The Human Resources Director will evaluate the request, the employee's essential job functions, and review the case with the employee and his or her manager/supervisor for final determination of a possible accommodation plan.

### **Medical Documentation and Confidentiality**

If the disability is not obvious and there is no other medical information already on record for the employee, the District may require the employee to provide the *Health Care Provider Information-Authorization to Release Medical Records* form from a physician or other medical professional concerning the existence and extent of the disability or limitations.

The employee's medical information will be maintained in a confidential file. Any information regarding the employee's condition will be made available only on a need to know basis.

### **Policy Regarding Service Animals for Employees and Customers with Disabilities**

In compliance with the Americans with Disabilities Act, the District is committed to providing services for customers and employees with disabilities, including those accompanied by service animals. According to the policy, the District welcomes any service animal into its facilities.

### **What is a Service Animal?**

Per the Americans with Disabilities Act, service animals are defined as any animal (typically a dog) that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Service animals may be trained either by an organization or by an individual with a disability, need not be certified or licensed, and may provide a wide range of services to the individual that may or may not be readily identifiable, including but not limited to: i) assisting persons with mobility impairments by balancing, carrying, and recovering dropped or mislaid belongings, as well as other functions; ii) assisting people who are deaf or hard of hearing by alerting them to sounds, obstacles, and the presence of others; iii) assisting people who are blind or have poor vision by alerting them to danger, guiding them, and performing other related functions; and iv) assisting people susceptible to seizures by alerting them to the onset of a seizure, cushioning their fall, reviving them, keeping others at a safe distance, and mitigating any possible injury.

### **The District's Requirements Regarding Customers with Service Animals**

If an employee is uncertain whether a customer, visitor or fellow employee's animal is a service animal, the employee may ask the individual accompanying the animal if: i) the animal offers a service required because of a disability; and ii) what service the animal is trained to perform. However, an employee is prohibited from asking a customer for proof of his or her disability or for any information about his or her disability, nor may an employee request proof or certification of the animal's training or vaccination records. Service animals do not always have a sign or symbol indicating they are service animals, and it is the District's policy that employees, contractors, and volunteers are educated that it is illegal and against the District policy to:

- i) ask a customer or potential customer if he or she has a disability or is accompanied by a service animal before agreeing to provide service to that customer;
- ii) refuse provision of service to a customer or potential customer with a disability because the customer is accompanied by a service animal;
- iii) ask or require a customer or potential customer accompanied by a service animal to pay any charges not imposed on customers generally because that individual is accompanied by a service animal; or
- iv) require a customer or potential customer accompanied by a service animal to comply with any additional conditions of service not imposed on customers generally. Prohibited conditions of service include, but are not limited to, policies or practices suggesting that customers or potential customers accompanied by a service animal are any less welcome than are other customers.

### **Direct Threats to Health or Safety**

In the event that a particular service animal's behavior poses a direct threat to the health or safety of others, the District has the right to exclude the animal from its facilities at that time, but may not refuse service to the individual when he or she is not accompanied by the excluded animal. Moreover, the District will not deny services to a person with a disability accompanied by a service animal based upon fear of animals. Should an employee believe that he or she cannot provide adequate service to an individual accompanied by a service animal as a result of a fear of the animal, the employee shall immediately notify his or her supervisor of the situation so that suitable provisions can be rendered to the customer in a timely and appropriate fashion.

All decisions to exclude a service animal from the facility require consultation with the Chief Compliance Officer or Human Resources Director.

### **The District's Requirements regarding Employees with Service Animals**

The District views employees who require the use of a service animal as an accommodation under the ADA. Employees who require a service animal must complete the *Employee Request for Accommodation Under the Americans with Disabilities Act* form. The individual form will be evaluated by the Human Resources Director and/or Chief Compliance Officer to ensure compliance with applicable ADA provisions.

### **Complaints and Questions Regarding this Policy**

Please direct complaints or inquiries about this policy to the Chief Compliance Officer or the Human Resources Director.

### **Law**

It is the intent of this policy to be in compliance with the Americans with Disabilities Act of 1990 and the Department of Justice's 2010 revised regulations for Titles II and III of the Americans with Disabilities Act.

### **Forms:**

- Employee Request for Accommodation Under the Americans with Disabilities Act*
- Health Care Provider Information - Authorization to Release Medical Records*

# Attendance

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## Audience

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

## Policy

The purpose of this policy is to promote the efficient operation of the District and minimize unscheduled absences. Because the District depends heavily upon its employees, it is important that employees attend work as scheduled. Dependability, attendance, punctuality, and a commitment to do the job are essential at all times. As such, employees are expected to be at work on all scheduled workdays, during all scheduled work hours, and to report to work on time. Supervisors are responsible for maintaining attendance records for their assigned areas.

Employees are expected to maintain satisfactory attendance as defined by their program or service area standards. The consistent application of attendance standards is essential to promoting fair employment practices.

## **Employee Responsibilities**

With the exception of emergency situations, it is the employee’s responsibility to:

- demonstrate regular punctual attendance and work all scheduled hours;
- request supervisory approval per departmental guidelines for scheduled absences at least two weeks prior to use, when feasible; and,
- notify supervisor per departmental guidelines when tardy, ill or absent for any other reasons.

## **Supervisor Responsibilities**

It is the supervisor’s responsibility to:

- communicate the departmental expectations to all assigned employees;
- assure the attendance policy is administered in a consistent and fair manner;
- maintain current and accurate attendance records for all assigned employees;
- monitor time and attendance of employees on an ongoing basis;
- coach employees, when necessary, about their attendance patterns;
- refer employees to Human Resources to discuss leave options; and
- consider staffing and operational needs or frequency of absences when approving or rejecting requests for time off.

## **Non-Compliance**

The following are subject to corrective disciplinary action up to and including dismissal:

- not achieving program or service area attendance standards and procedures;
- reporting to work after the established starting time;
- failing to obtain prior supervisory approval for absences; and

- failing to report to work for three consecutive business days (or two consecutive shifts for GAAA field employees) without notifying supervisor.

Scheduled leave or non-illness related situations must be submitted for approval in advance and may be disapproved based on staffing needs, operational needs, or frequency of absences. Failure to report to work on a day for which approval of leave has been denied may result in corrective disciplinary action.

**Violation**

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

**Exceptions**

Absences related to the Family and Medical Leave Act and/or Workers' Compensation are not subject to corrective disciplinary action.

# Customer Service

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## **Audience**

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

## **Policy**

Public service is a public trust. As public servants, we will be fair, open, ethical, responsive, accountable, and dedicated to the public we serve. Employees will be committed to providing exceptional internal and external customer service. In addition, employees are expected to demonstrate courtesy, respect, and cultural competency. Customers are best served by being directed in the most immediate fashion to the program, service area, or individual who has the most knowledge about the issue, complaint, or service needed.

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 (including limited English proficiency), 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.

## **Customer Service Issues/Complaints**

It is the District’s policy that customer service issues/complaints are addressed and resolved at the lowest possible level. Each department manager is expected to ensure staff and systems are in place to promptly receive, track, and respond to customer inquiries and complaints.

Customer complaints or issues that come to the executive office will be tracked and assigned to the appropriate manager. The manager is responsible for addressing the issue and following up with an e-mail summary as soon as possible, unless specified otherwise.

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

## **Violation**

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

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# Family and Medical Leave

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## Audience

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

## Policy

An employee who meets the eligibility criteria for leave under the Family and Medical Leave Act of 1993 is entitled to 12 workweeks of job-protected leave per 12-month period pursuant to that Act for specific family and medical reasons and 26 workweeks of job-protected military caregiver leave in a “single 12-month period” to care for a covered service member (i.e. military) with a serious injury or illness. At the District, the 12-month period for FMLA will be measured backward from the date on which an employee uses any FMLA leave. This is referred to as a rolling 12-month period.

## Eligibility Criteria

To be eligible for FMLA, an employee must have been employed by the District:

- for at least 12 months (this time does not have to be consecutive or continuous and does not count employment periods prior to a break in service of seven years or more), and
- worked a minimum of 1,250 hours during the twelve (12) month period immediately preceding the commencement of the leave.

FMLA may be used for the following reasons:

- birth and care of a newborn child of the employee (*entitlement expires 12 months after birth of child*);
- placement with the employee of a child for adoption or foster care and to care for the newly placed child (*entitlement expires 12 months after placement of child*);
- to care for a spouse, child, or parent with a serious health condition (described below); or
- serious health condition of the employee that makes the employee unable to perform his or her essential job functions; or
- for qualifying exigencies arising out of the fact that the employee’s spouse, child, or parent is on active duty or call to active duty status as a member of the National Guard, Reserves, or Regular Armed Forces in support of a contingency operation.

A “**serious health condition**” is defined as an illness, injury, impairment, or physical or mental condition that involves either:

- 1) Inpatient care (i.e. overnight stay) in a hospital, hospice or residential medical-care facility, including any period of incapacity (defined as an inability to work, attend school or perform other regular daily activities), or any subsequent treatment in connection with such inpatient care; or
- 2) Continuing treatment by a health care provider, which includes:

- a) A period of incapacity of more than three consecutive calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that **also** includes:
  - i) treatment two or more times by or under the supervision of a health care provider (i.e., in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or
  - ii) one treatment by a health care provider (i.e., an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (e.g., prescription medication, physical therapy); or
- b) A period of incapacity due to pregnancy or for prenatal care; or
- c) Any period of incapacity or treatment for a “chronic” serious health condition which continues over an extended period of time, requires periodic visits for treatment by a health care provider (at least twice per year), and may involve episodic occasional episodes of incapacity; or
- d) A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member need not be receiving active treatment by a health care provider (i.e. Alzheimer’s Disease, severe stroke, terminal cancer); or
- e) Any absences to receive multiple treatments for restorative surgery or for a condition that would likely *result in a period of incapacity of more than three days if not treated.*

## **Military Family Leave Entitlements**

### Qualifying Exigencies

Eligible employees with a spouse, child, or parent on active duty or call to active duty status in the National Guard, Reserves, or Regular Armed Forces in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

### Military Caregiver Leave

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 workweeks of leave to care for a spouse, child, parent, or next of kin that is considered a covered service member during a single 12-month period. A next of kin is a the servicemembers nearest blood relative, other than the servicemembers spouse, parent or child. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty and active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retirement list; or a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and who was a

member of the Armed Forces (including a member of the National Guard or Reserves) at any time during the period of 5 years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy.

### **Medical Certification**

An employee must provide medical certification from a health care provider when FMLA is used for a serious health condition. Certification must be provided within 15 calendar days or as soon as possible if circumstances beyond the employee's control prevent him/her from providing the certification within 15 days. The *Certification of Health Care Provider* form may be used.

An updated medical certification may be required if an extension of the leave is needed or circumstances described by the original certification change significantly.

An employee returning to work following leave for his/her own serious health condition must provide certification from a health care provider stating the employee's ability to resume work (fitness-for-duty).

If the employee fails to provide the required medical certification, the Human Resource Director may delay the taking or continuation of leave or may delay the employee's restoration to duty.

The District may directly contact the employee's health care provider for verification or clarification purposes using a health care professional, or an HR professional, or management official. The District will not use the employee's direct supervisor for this contact. Before the District makes this direct contact with the health care provider, the employee will be given an opportunity to resolve any deficiencies in the medical certification. In compliance with HIPAA Medical Privacy Rules, the District will obtain the employee's permission for clarification of individually identifiable health information.

The District has the right to ask for a second opinion if it has reason to doubt the certification. The District will pay for the employee to get a certification from a second doctor, which the District will select.

The District may deny FMLA leave to an employee who refuses to release relevant medical records to the health care provider designated to provide a second or third opinion. If necessary to resolve a conflict between the original certification and the second opinion, the District will require the opinion of a third doctor. The District and the employee will mutually select the third doctor, and the District will pay for the opinion. This third opinion will be considered final. The employee will be provisionally entitled to leave and benefits under the FMLA pending the second and/or third opinion.

### **Use of Paid Leave**

The District requires employees to use and/or exhaust accrued leave (i.e. sick, vacation or compensatory time) for any situations covered by FMLA, with the exception for Workers' Compensation. Vacation and sick leave will continue to accrue during any paid portion of leave. Employees may not accrue additional vacation or sick leave while on the unpaid portion of FMLA leave. (Reference: *Workers' Compensation* policy)

Employees will not be paid for any holiday that falls during the leave unless the employee is supplementing FMLA leave with vacation or sick leave on the day before and the day after the holiday,

in which case the holiday may be paid. (*Reference: Hours Worked and Compensatory / Overtime and Attendance policy*)

### **Maintenance of Elective Health Insurance Benefits**

While on FMLA leave, the District must maintain the employee's coverage under any elective insurance plan on the same condition as coverage would have been provided if the employee had been continuously employed during the entire leave period.

Any share of elective insurance premiums which had been paid by the employee prior to the leave must continue to be paid by the employee during the leave period. If premiums are increased or decreased, the employee will be required to pay the new rates.

If an employee's FMLA leave is paid, the employee's portion of elective insurance premiums will be deducted from the employee's paycheck. However, if the employee has exhausted all leave while on FMLA and elective premiums cannot be withheld, it is the responsibility of the Employee to make arrangements with the Accounting Department for payment of the premiums.

If the employee's elective insurance premiums are more than 30 days late, the District will discontinue elective insurance coverage upon notice to the employee. The District will provide 15 days' notification prior to the employee's loss of coverage

The District will attempt to recover the employer portion of the premium costs if the employee fails to return to work following FMLA covered leave, unless the reason the employee does not return is due to a continuation of a serious health condition that entitled the employee to FMLA leave, or other circumstances beyond the employee's control.

### **Job Status / Reinstatement**

Upon return from FMLA, the employee is entitled to be restored to the same or equivalent position with equivalent pay, benefits, and other terms and conditions of employment held when the leave commenced.

The District reserves the right to deny reinstatement to salaried, eligible employees who are among the highest paid 10 percent of the District's employees employed within 75 miles of the work site ("key employees") if such denial is necessary to prevent substantial and grievous economic injury to the operations of the District.

### **Intermittent Leave / Reduced Work Schedule**

If medically necessary, leave covered by the FMLA may be taken intermittently or on a reduced work schedule. If needed, the employee must consult with the supervisor and Human Resources prior to the need for leave and make a reasonable effort to schedule such leave to minimize disruption at work. An employee may be placed in an equivalent position to better accommodate intermittent leave or a reduced work schedule.

Unless it meets the above criteria regarding medical necessity, leave covered by the FMLA may not be taken on an intermittent or reduced work schedule basis for the birth/placement of a child.

### **Husband and Wife Employed by the District**

A husband and wife who are eligible for FMLA and are employed by the District may be limited to a combined total of 12 workweeks\* of leave during any 12-month period if the leave is taken:

- birth and care of a newborn child of the employee;
- placement with the employee of a son/daughter for adoption or foster care; or
- to care for the employee's parent with a serious health condition.

\*Or 26 workweeks of military caregiver leave if leave is to care for a covered service member with a serious injury or illness.

If the husband and wife both use a portion of the total 12-week family and medical leave entitlement for one of the purposes listed above, the husband and wife would each be entitled to the difference between the amounts he or she has taken individually and 12 workweeks for FMLA leave for a purpose other than those purposes above. (For example, if each spouse took 6 workweeks of leave to care for a healthy, newborn child, each could use an additional 6 workweeks due to his or her own serious health condition or to care for a child with a serious health condition.)

### **Substance Abuse**

Treatment of substance abuse may be included under the FMLA. However, absences because of an employee's use of a substance without treatment do not qualify for the family and medical leave. The inclusion of substance abuse does not prevent the District from taking any employment action against an employee who is unable to perform the essential functions of the job, provided the District complies with the Americans with Disabilities Act (ADA) and does not take action against the employee because such employee exercises his/her rights under the Family and Medical Leave Act (1993).

### **Workers' Compensation**

FMLA leave may run in conjunction with Workers' Compensation resulting from a work-related injury or illness. (Reference: *Workers' Compensation* policy)

### **Employee Responsibilities**

It is the employee's responsibility to:

- provide 30 days' notice and obtain approval in advance of taking FMLA, if the need to use leave covered by FMLA is foreseeable;
- provide the supervisor and Human Resources with notice as soon as practicable for the situation, if FMLA is required because of a medical emergency or other unforeseeable event;
- while on FMLA, periodically update Human Resources on status and intent to return to work; if possible, provide Human Resources or the supervisor with reasonable notice (i.e. within two business days) regarding changed circumstances (i.e. the employee's ability to return to work earlier);
- consult with the supervisor prior to the need for intermittent FMLA and make a reasonable effort to schedule such leave to minimize disruption at work;
- if FMLA is unpaid, make arrangements with Accounting to pay elective insurance premiums; and
- complete all required forms with Human Resources.

### **Supervisor Responsibilities**

It is the supervisor's responsibility to:

- notify Human Resources as soon as possible of an employee's absence from work that may require designation of FMLA (including any absence from work for three (3) consecutive days due to injury or illness);
- forward any documentation relating to the employee's need for FMLA to Human Resources;
- notify Human Resources when the employee returns to work;
- forward original medical release to return to work (fitness-for-duty) to Human Resources; and
- keep FMLA related records and information confidential.

### **Human Resource Responsibilities**

It is Human Resources' responsibility to:

- notify an eligible employee of his/her eligibility to take leave and of his/her rights and responsibilities under the FMLA;
- designate if leave is to be counted toward an eligible employee's FMLA entitlement;
- provide notice, in writing, to the employee that the leave has been designated toward the FMLA entitlement within five business days;
- Notify the employee in writing at least 2-workweeks before FMLA is exhausted, informing them that their job-protected status is expiring;
- communicate with employee's supervisor;
- ensure required notices are posted in facilities; and
- ensure a copy of the FMLA policy is distributed to each employee upon hiring.

### **Accounting Responsibilities**

It is Accountings' responsibility to:

- Assist eligible employees with making arrangements to pay elective insurance premiums when FMLA is unpaid;
- Notify the employee in writing at least 15-days in advance that payment of premiums will discontinue, and elective insurance will be cancelled if payment is more than 30-days late; and
- Cancel the employee's elective insurance when payment of premiums is more than 30-days late and employee has been properly notified.

### **Record Keeping**

All original requests for FMLA and FMLA related documentation will be filed in a separate confidential file in Human Resources.

### **Law**

It is the intent of this policy to be in compliance with the Family and Medical Leave Act of 1993.

### **Forms**

GCHD will utilize forms provided by the Department of Labor.



GALVESTON COUNTY  
HEALTH DISTRICT

# HIPAA

SECURITY  
MANUAL



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# Galveston County Health District

## HIPAA Security Manual

### OVERVIEW

The purpose of this manual is to provide a framework for Galveston County Health District's (including Coastal Health & Wellness and Galveston Area Ambulance Authority) compliance with the Security Standards required under the Health Insurance Portability and Accountability Act (HIPAA) and state laws and regulations.

This manual is organized according to three safeguards: Administrative, Physical and Technical. Each safeguard consists of standards and implementation specifications. The specifications are divided into those that are required and those that are addressable.

GCHD will decide whether an addressable implementation specification is a reasonable and proper security measure to apply within the security framework. The decision will depend on several factors, such as, among others, GCHD's risk analysis, risk mitigation strategy, what security measures are already in place, and the cost of implementation.

The policies and procedures that make up this manual apply to all employees, volunteers, students, contractors and others who perform a service at GCHD. The policies and procedures are to ensure the confidentiality, integrity, and availability of electronic protected health information GCHD creates, receives, maintains, and transmit. GCHD will protect against reasonably anticipated threats or hazards to the security or integrity of our information systems and uses or disclosures to of such information that is not permitted.

**Section 2.1****Definitions****Effective Date:** 9/26/2013**Revised:** 06/14/2019**DEFINITIONS**

1. *Access* means the ability or the means necessary to read, write, modify, or communicate data or information, or otherwise use any system resource.
2. *Administrative safeguards* are administrative action, and policies and procedures to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information and to manage the conduct of the Covered Entity's workforce in relation to the protection of that information.
3. *Authentication* means the corroboration that a person is the one claimed.
4. *Availability* means the property that data or information is accessible and useable upon demand by an authorized person.
5. *Business associate* means a person or organization who performs a function or activity on behalf of a Covered Entity or who performs a specified service regardless of whether it involves performing a service on behalf of a Covered Entity. The specified services where disclosure personally identifiable health information is considered routine include legal, actuarial, accounting, consulting, management, administrative accreditation, data aggregation, and financial services. When a Covered Entity discloses protected health information to a business associate, a business associate agreement between the Covered Entity and the person or organization performing functions on behalf of the Covered Entity or specified services is required to protect the use and disclosure of protected health information.
6. *Confidentiality* means the property that data or information is not made available or disclosed to unauthorized persons or processes.
7. *Covered entities* are those entities covered by the HIPAA Privacy and Security Standards.
8. *Disclosure* means the release, transfer, provision of, access to, or divulging in any other manner of protected health information outside the entity holding the information.
9. *Electronic protected health information* means protected health information (see definition below) which is maintained in or transmitted by electronic media.
10. *Encryption* means the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key.
11. *Facility* means the physical premises and the interior and exterior of a building(s).

12. *Information system* means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
13. *Integrity* means the property that data or information has not been altered or destroyed in an unauthorized manner.
14. *Malicious software* means software, for example, a virus, designed to damage or disrupt a system.
15. *Minimum necessary* means a Covered Entity must make reasonable efforts to limit use and disclosure of protected health information to the minimum necessary to accomplish the intended purpose of the use or disclosure.
16. *Password* means confidential authentication information composed of a string of characters.
17. *Physical safeguards* mean physical measures, policies, and procedures to protect a Covered Entity's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.
18. *Protected health information* means individually identifying health information that is transmitted by or maintained in any form or medium.
19. *Security or Security measures* encompass all the administrative, physical, and technical safeguards in an information system.
20. *Security incident* means any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information, or interference with system operations in the information system.
21. *Technical safeguards* are the technology and the policy and procedures for its use that protect electronic protected health information and control access to it.
22. *User* means a person or entity with authorized access.
23. *User ID* means a unique identifier given to an individual allowing the individual access to a computer system. A user ID is usually accompanied by a password.
24. *Employee* means employees, volunteers, interns, and other persons whose conduct, in the performance of work for a Covered Entity, is under the direct control of such entity, whether they are paid by the Covered Entity.
25. *Workstation* means an electronic computing device, for example, a laptop or desktop computer, or any other device that performs similar functions, and electronic media stored in its immediate environment.

**Section 2.2****Hybrid Entity****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD is recognized to be a hybrid entity. GCHD will develop policies and procedures to ensure compliance with the requirements for hybrid entities. The health care components of GCHD must comply with the Security Standards and safeguarding electronic protected health information and non-covered components will be treated as if they were separate and distinct legal entities.

**PROCEDURE**

1. With rare exceptions, the following GCHD departments are not regulated under the Health Insurance Portability and Accountability Act (HIPAA): Environmental Health Programs, Vital Statistics, and Animal Services. The remaining services of GCHD are health care components, including Coastal Health & Wellness and the Galveston Area Ambulance Authority.
2. If one of the aforementioned departments creates, receives, maintains or transmits electronic protected health information on behalf of a health care component, the department must comply with the HIPAA Security Standards as set forth under this manual.

**REFERENCE**

45 C.F.R. § 164.105(a)

**Section 2.3**

**Affiliated Covered Entity**

**Effective Date:** 9/26/2013

**Revised:** 06/14/2019

**POLICY**

GCHD is a covered entity comprised of affiliated groups that utilize a shared staff system. GCHD will develop policies and procedures to ensure compliance with the requirements HIPAA Security Standards.

**PROCEDURE**

1. The following entities are legally separate entities which employ shared staff: Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness. These entities have been designated as a single affiliated covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA) and will be identified as “Galveston County Health District (GCHD).”
2. GCHD’s creation, receipt, maintenance, transmission, use and disclosure of electronic protected health information will comply with the HIPAA Security Standards.

**REFERENCE**

45 C.F.R. § 164.105(b)

**Section 2.4****Business Associate Agreement****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD follow appropriate procedures when sharing protected health information (“PHI”) with business associates who create, receive, maintain or transmit electronic protected health information on GCHD’s behalf to safeguard such information.

**PROCEDURE**

1. *Agreement.* Business associates must sign a Business Associates Agreement to safeguard protected health information. The agreement will meet the requirements of the HIPAA Security Standards and requires the business associate to:
  - a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of GCHD.
  - b. Ensure that any agent, including a subcontractor, to whom GCHD provides such information contractually agrees to implement reasonable and appropriate safeguards to protect it.
  - c. Report to GCHD any security incident of which it becomes aware of.
  - d. Terminate the contract and mandate that all shared PHI be returned or permanently discarded if GCHD discovers that the business associate has violated a material term of the contract.
2. *Material Breach.* If GCHD knows of a pattern of activity or practice of the business associate that constitutes a material breach or violation of the business associate’s obligation under the agreement, GCHD must take reasonable steps to cure the breach or end the violation. If these steps are unsuccessful, GCHD must terminate the agreement if feasible, or, if termination is not feasible, report the problem to the Office of the Inspector General.

**REFERENCE**

45 C.F.R. §164.314(a)

|                    |   |                                  |
|--------------------|---|----------------------------------|
| <b>Section 2.5</b> | <b>Maintenance of Policies and Procedures</b> | <b>Effective Date: 9/26/2013</b> |
|                    |   | <b>Revised: 06/14/2019</b>       |

## **POLICY**

GCHD will implement reasonable and appropriate policies and procedures to comply with standards, implementation specifications, or other requirements of the HIPAA Security Standards.

## **PROCEDURE**

1. Documentation. GCHD will document all policies and procedures. A written record will be maintained by the Security Officer if an action, activity or assessment that is required by this Security Manual or the HIPAA Security Standards.
2. Retention. GCHD will retain the documentation of the policies and procedures set forth in this Security Manual and any action, activity or assessments required by the HIPAA Security Standards for six (6) years from the date of its creation or the date when it last was in effect, whichever is later. This retention schedule will be a part of the GCHD retention guidelines.
3. Availability. GCHD will make documentation available to those persons responsible for implementing the procedures to which the documentation pertains.
4. Updates. Manager of Information Technology or Security Officer or their respective designees will review documentation periodically, and update as needed, in response to environmental or operational changes affecting the security of the electronic protected health information.

## **REFERENCE**

45 C.F.R. §164.316(a) and (b)



**Section 3.1****Security Management Process****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will protect the confidentiality, integrity, and availability of its information systems containing electronic protected health information. GCHD will implement reasonable and appropriate procedures and controls to prevent, detect, contain, and correct security violations.

**PROCEDURE**

1. Risk Analysis. Routinely, GCHD will conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by GCHD. The results of the risk assessment will be used to implement security measures sufficient to such to mitigate or eliminate unacceptable risks and vulnerabilities to a reasonable and appropriate level. A Risk Mitigation Proposal will document recommendations to management.
2. Risk Management. GCHD will monitor and manage the risks identified in the risk analysis process to ensure security measures are sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level.
  - a. *Controls*. GCHD will select appropriate controls that were identified in the risk analysis process to minimize risks to electronic protected health information. These controls will be based upon the feasibility and effectiveness after taking into consideration GCHD's structure and resources, and the results of a cost-benefit analysis. Technical, management, and operational security controls may be considered.
  - b. *Control examples include, but are not limited to, the following:*
    - i. Supportive controls: unique user IDs; system security; and system protections.
    - ii. Preventive controls: authentication controls (such as passwords, personal identification numbers); access control enforcement (such as data encryption methods, virtual private network).
    - iii. Detection controls: periodic system audits and ongoing risk management.
    - iv. Operational controls: physical access control; facility security; regular data and system backups; off-site storage; and environmental security.
3. Sanctions. Workforce personnel who violate GCHD's security policies and procedures or violate the HIPAA Security Rule will be disciplined in accordance GCHD personnel policies.

- a. *Employees.* GCHD employees who either intentionally or unintentionally violate the security policies and procedures are subject to appropriate corrective disciplinary action, up to and including suspension, probation, or dismissal. Managers or supervisors may also be disciplined if their lack of diligence or supervision contributed to the violation.
  - b. *Non-Employees.* Independent contractors and volunteers who are not who either intentionally or unintentionally violate the security policies and procedures are subject to appropriate corrective disciplinary action, up to and including suspension, probation, or dismissal. Similarly, GCHD's business associates will be contractually informed that they may lose any privileges or contractual rights if they violate security policies or the terms of the business associate agreement.
4. Information System Activity Review. GCHD will implement procedures to regularly review records of information system activity.
- a. *Audit Logs.* GCHD will create audit logs which will record activities related to access of the GCHD system by its users. Audit logs will be reviewed on an on-going basis by the Security Officer or designee.
  - b. *Access Reports.* GCHD will create access reports listing each actual or attempted access of the system by its users. Access reports will be reviewed on an on-going basis to identify any actual or attempted unauthorized access or security incidents.
  - c. *Tracking Reports.* Any actual or attempted unauthorized access or security incident event will be tracked and reported. GCHD will review on a routine basis unauthorized access and security incident tracking reports. Executive staff or assigned designee(s) will determine the mitigation, response and/or sanction, if any, required to respond to the events noted in the tracking report.
  - d. *Controls Audit.* GCHD will perform internal audits of operational and technical controls/procedures to prevent a HIPAA security breach.

## REFERENCES

AS 3.4.1, Access Authorization  
AS 3.5.1, Workforce Training  
AS 3.5.4, Log-in Monitoring  
AS 3.7.1, Data Backup  
AS 3.7.5, Applications and Data Criticality Analysis  
TS 5.2, Audit Controls  
OR 2.4, Business Associate Agreement  
45 C.F.R. §164.308 (a)(1)

**Section 3.2****Assigned Security Responsibility****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will perform the duties set forth in this policy. GCHD will designate an individual as the Security Officer who will be responsible for ensuring that GCHD complies with the security policies and procedures. The Security Officer shall report to the Manager of Information Technology and, in certain cases, the Chief Compliance Officer.

**PROCEDURE**

1. Security Officer. GCHD's Security Officer is responsible for protecting the confidentiality, integrity, and availability of GCHD's information systems containing electronic protected health information ("ePHI"), as well as to ensure compliance with applicable state and federal laws and regulations.
  - a. *Designation*: GCHD's Security Officer is the IT Network Security Engineer.
  - b. *Responsibilities*. The Security Officer's responsibilities include, but are not limited to, the following:
    - i. Consult with and advise the Manager of Information Technology, Chief Compliance Officer and Chief Executive Officer concerning security-related administrative decisions and the implementation of security-related policies and procedures.
    - ii. Develop, regularly update, and disseminate policies and procedures to assure compliance with the Security Standards.
    - iii. Initiate and conduct internal reviews of GCHD's internal security controls, prepare reports regarding GCHD's security program, and track security incidents and violations.
    - iv. Report to the Manager of Information Technology, Chief Compliance Officer and Chief Executive Officer concerning any issues regarding GCHD's compliance with the Security Standards.
    - v. Consult with and advise the Manager of Information Technology, Chief Compliance Officer and Chief Executive Officer concerning the occurrence of security incidents as appropriate and provide recommendations concerning potential or recommended corrective or remedial actions.

- vi. Serve as a resource for employees concerning security issues and GCHD's obligations under the Security Standards, this includes informing the workforce of threat and conducting needed trainings.
  - vii. The Security Officer shall coordinate with other GCHD directors and managers responsible for the protection of information systems to ensure that all aspects of information security are adequately addressed.
2. Covered Entity. GCHD will protect the confidentiality, integrity, and availability of GCHD's information systems containing electronic protected health information.
- a. *Responsibilities*. GCHD responsibilities include, but are not limited to, the following:
    - i. Designating a Security Officer.
    - ii. Implementing security policies and procedures overseen by the Security Officer and other management as deemed necessary.
    - iii. Designate additional executive staff members to oversee aspects of information management security outside of the Security Officer's responsibilities.
    - iv. Train all employees on the security policies and procedures.
    - v. Take appropriate sanctions against an employee who violates a security policy or procedures.
    - vi. If a security incident occurs, take any necessary corrective or remedial action.
    - vii. Refrain from harassing or subjecting to adverse employment action any employee who reports a security incident or violation of a security policy that he or she, in good faith, believes has occurred.
    - viii. Through the Contracts Analyst, maintain agreements with business associates that comply with the Security Standards.

## REFERENCES

OR 2.4. Business Associate Agreement  
AS 3.1.3, Sanctions  
AS 3.5, Awareness and Training  
As 3.6, Security Incident Procedures

45 C.F.R. § 164.308(a)(2)

**Section 3.3****Workforce Security****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will take reasonable and appropriate steps to ensure that employees who are allowed access to ePHI may be safely trusted with such access. GCHD will take the necessary steps to terminate physical or remote access to ePHI if an employee is no longer authorized to have access to such information.

**PROCEDURE**

1. Authorization and/or Supervision of Employees. No employee will be permitted access to ePHI unless access is determined to be necessary to perform the employee's job function, and the employee has followed GCHD's procedures for obtaining authorization for such access.
  - a. The Security Officer and GCHD management will ensure that each employee's access to ePHI is appropriate and consistent according to HIPAA privacy and security guidelines.
  - b. A employee may receive a password to access ePHI only with the authorization of his/her supervisor, Human Resources Department, or the Executive Management, in accordance with GCHD's policy. It is the responsibility of the Security Officer or designee and Human Resources:
    - i. To verify that access to ePHI is necessary to perform the job, and that the employee's access is limited to the minimum necessary ePHI;
    - ii. To ensure that the employee receives GCHD's training concerning the security and confidentiality of electronic protected health information;
    - iii. To ensure that the employee signs any confidentiality agreement to attest to the employee's commitment not to disclose his or her password and/or other sensitive information; and
    - iv. To address any instances of security misconduct by the employee.
  - c. GCHD will take steps to minimize the likelihood that employees who do not have authorized access to ePHI will gain access to such information because they perform their duties in areas in which such information is present. Steps may include, but are not necessarily limited to, the following:

- i. Ensuring computer users log off the computer system when they are not using the computer system;
  - ii. Providing immediate supervision in work areas containing ePHI; and
  - iii. Using automatic screen savers or privacy screens.
2. Clearance Procedures. All employees at GCHD are required to have an employment background check as required for their job position. Human Resources and the hiring supervisor will identify the information security responsibilities of the employee and the type of supervision and access required for the position. Each GCHD employee will sign a confidentiality statement to protect the confidentiality, integrity and availability of GCHD information systems.
3. Termination of Access Procedures. The Security Officer or designee, Human Resources and other designated staff will perform the following procedures for terminating access to ePHI when an employee's authorization or employment ends, or the position does not require the same level of access:
  - i. Ensure that such person no longer has physical or remote access to sensitive areas containing electronic protected health information.
  - ii. Recover or reprogram all keys, identification badges/cards, and any other object that allows physical access to property, buildings, and equipment.
  - iii. Recover any other information or property of GCHD that may be in such person's possession, such as uniforms, cell phones, equipment, etc.
  - iv. Deactivate and disable such person's user identification numbers, passwords, electronic codes, etc., and access to VPN service, and any other remote access systems.
  - v. Change combination locks, safe combinations, keypad codes etc., such person had access to.

## REFERENCES

AS 3.1.2, Risk Management  
AS 3.4.1, Access Authorization

AS 3.5, Awareness and Training

PS 4.1.2, Facility Security Plan

PS 4.1.3, Access Control and Validation Procedures

PS 4.4.1, Disposal

45 C.F.R. § 164.308(a)(3)

**Section 3.4****Information Access Management****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will grant access to ePHI to employees whose job responsibilities require such access and will document, review, and modify an employee's right of access to ePHI as provided in this policy.

**PROCEDURE**

1. Access Authorizations.
  - a. GCHD will document the employees who have access to electronic protected health information based on job responsibilities. Employees will have access to only that information required to perform their job responsibilities. Employees' access will be reviewed on a continual basis to ensure access continues to reflect the current need for electronic protected health information.
  - b. Employees must sign a current confidentiality statement to be granted access to ePHI.
  - c. All employees will attend trainings that will include security-related topics such as access control and documentation, maintenance of proper security measures, and the consequences of security incidents or deviations from GCHD policies and procedures.
  - d. All employees will adhere to GCHD's policies concerning remote access and workstation access and use.
  - e. Access to PHI in any form by individuals or entities other than employees, such as patients, law enforcement personnel, or public health officials, will be granted in accordance with GCHD's policies along with state and federal law, and, if applicable, stipulations set forth under business associate agreements entered into between GCHD and the third-party.
2. Access Establishment and Modification.
  - a. Potential employees shall undergo employment background checks and other measures deemed necessary by GCHD's management prior to hiring. Results of such measures shall be reviewed by GCHD's management before the employee is granted access to electronic protected health information.



- b. All employees who access ePHI will be given a user ID and be required to establish a password in accordance with GCHD's guidelines in order to gain such access.
- c. Physical access controls, such as keycards and combinations, will be used to restrict access to areas containing electronic protected health information to authorized users only, as appropriate.
- d. GCHD will develop and document an emergency access procedure to allow access to electronic protected health information by certain specified employees under unanticipated or urgent circumstances.
- e. GCHD will allow modification of an employee's access to ePHI where appropriate, such as where the employee has changed job function or status.
- f. GCHD will terminate an employee's access to the system upon the dismissal or separation of an employee from his/her position, in the event of a security incident involving the employee, if the employee violates GCHD's policies or procedures, or if access is no longer necessary to perform the employee's job responsibilities.

## REFERENCES

AS 3.5, Awareness and Training  
PS 4.1.3, Access Control and Validation Procedures  
TS 5.1.1, Unique User Identification  
TS 5.1.2, Emergency Access Procedure  
TS 5.4, Authentication of Entity or Person  
  
45 C.F.R. § 164.308(a)(4)

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**GALVESTON COUNTY HEALTH DISTRICT**

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**Section 3.5****Awareness and Training****Effective Date:** 9/26/2013**Revised:** 06/14/2019

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**POLICY**

GCHD employees will receive security awareness and training with respect to safeguarding ePHI.

**PROCEDURE**

1. Workforce Training Program. GCHD will implement a security awareness and training program for all employees, including management.
  - a. *General Orientation*. All employees will receive a general orientation covering the policies included in this manual and will be given the name of the Security Officer. For new employees, such information will be included in the orientation materials.
  - b. *Basic Security Training*. All employees will receive basic security training. Training will be updated on continuing basis. Basic security training will include a review of the policies that apply to all employees using the information system, such as:
    - i. Policies on proper password management and the necessity of maintaining the confidentiality of the employee's access code and password;
    - ii. Proper use of the computer system including e-mail and the Internet
    - iii. Procedures for saving data to network drives;
    - iv. Prohibition on attempting access to electronic protected health information without authorization;
    - v. Prohibition on improper copying of files and programs, or loading of unauthorized programs on the information system;
    - vi. Precautions against malicious software, and procedures to follow if the employee suspects that malicious software has been introduced;
    - vii. Reporting problems with access to the system; and
    - viii. Reporting security incidents.
  - c. *Additional Training*. Additional training will be provided periodically, but at a minimum annually, to employees in response to operational changes or security incidents. Training for these employees will include, but will not be limited to, the following:

- d. *Documentation.* GCHD will maintain documentation on security awareness and training of employees in the personnel files.
2. Security Reminders. GCHD will periodically provide security reminders to employees informing them of changes in policies and procedures, and to generally reinforce security awareness and training.
3. Protection from Malicious Software. GCHD will undertake strong measures to protect against the introduction of malicious software into its information system. Security training will educate employees on guarding against, protecting from and reporting of malicious software, which may include:
  - a. The danger of malicious software or any other agent that can destroy or alter data;
  - b. The use of ant-virus protection software;
  - c. Not opening or downloading files from an unknown or suspicious source; and
  - d. External files being loaded on to the computer through a USB drive or other source.
4. Log-In Monitoring. Security training will educate employees on monitoring log-in attempts and reporting discrepancies if the employee becomes aware of such discrepancies.
5. Password Management. Security training will educate employees on creating, changing and safeguarding passwords. GCHD will require any employee who has access to GCHD's information system(s) to use a unique password, keep the password confidential, change it according to GCHD's set timeframes, and utilize safeguards to prevent misappropriation of passwords.

## REFERENCES

AS 3.1.1, Risk Analysis  
AS 3.1.4, Information System Activity Review  
AS 3.6, Response and Reporting of Security Incidents

45 C.F.R. § 164.308(a)(5)

**Section 3.6****Security Incident Procedures****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD responds to suspected or known security incidents and violations of organizational security policies and procedures; mitigates harmful effects of security incidents that are known to GCHD, and documents security incidents and their outcomes.

**PROCEDURE**

1. All employees have a duty to promptly report any security incidents and violations of GCHD's security policies and procedures (including those involving business associates) to the Security Officer, Manager of Information Technology, Chief Compliance Officer, Executive Management or their respective designee.
2. Any employee who knowingly fails to report a security incident or violation of GCHD's security policies and procedures may be subject to discipline.
3. No retaliation shall be tolerated against an employee who has filed a report based on a good faith belief that another employee has committed an actual or suspected violation subject to the reporting requirements of this policy. Any employee who takes or attempts to take retaliatory action against an employee who reported an actual or suspected violation will be subject to discipline.
4. The Security Officer, Chief Compliance Officer, or their respective designee shall be responsible for investigating all security incidents and security policy violations to determine the potential causes, whether the security incident has resulted in any unauthorized disclosure of ePHI, corruption or unauthorized modification of data, or loss of data and, with Human Resources to recommend and implement appropriate measures, if any, to prevent further incidents.
5. Remedial measures will be taken to mitigate the effects of the security incident to the extent possible. If an unauthorized disclosure of protected health information has occurred, the Chief Compliance Officer and/or Human Resources Director shall be consulted, if appropriate, and GCHD's policies concerning mitigation of violations of privacy policies of shall be followed.
6. The Security Officer, Chief Compliance Officer, or their respective designee will document the investigation of the reported incident, whether the incident was determined to be a security incident, and any action taken in response to the incident.

**REFERENCES**

AS 3.1.3, Sanctions

AS 3.2.1, Security Officer

45 C.F.R. § 164.308(a)(6)

**Section 3.7****Contingency Plan****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will establish procedures for responding to an emergency or other occurrence that damages GCHD's information systems that contain electronic protected health information.

**PROCEDURE**

1. Data Backup Plan. GCHD will maintain backup copies of ePHI information so data can be retrieved if lost or corrupted.
  - a. *Data Backup*. The Security Officer and Manager of Information Technology will establish specific backup schedules and procedures for GCHD's networks and computer systems. All software, applications, files, data, and messages related to healthcare operations stored on GCHD's networks and other information systems will be backed up to appropriate storage area networks.
  - b. *Backup Validation*. Backup and restoration procedures will be reviewed periodically to ensure that procedures are appropriate and efficient, and that GCHD's ability to restore data remains intact and relevant
  - c. *Onsite Storage*. The storage media from the previous day or current week shall be stored onsite in a secured area.
  - d. *Offsite Storage*. Certain data backups will be stored in a secure, off-site location. Data backups must be maintained for a minimum of one year. The Security Officer shall maintain documentation of the location of the off-site storage site(s).
  - e. All data backups will be logged, and data backups will be disposed of in accordance with GCHD's record retention policies.
2. Disaster Recovery Plan. GCHD will follow written procedures to restore data lost through occurrence of a disaster.
  - a. *Disaster Assessment*. Once a disaster has occurred, GCHD will assess the effect of the disaster on GCHD's information systems and determine if there is any lost functionality and loss of data. If data has been lost the Disaster Recovery Plan will be implemented.
  - b. *Securing Facilities*. In the event of a catastrophic event, GCHD will immediately ensure that all facilities housing GCHD's information systems

remain secure under the circumstances. Access to the facilities will be limited to personnel assisting in the disaster recovery.

- c. *Restoring Backup Data.* GCHD will restore software, applications, information and data to appropriate information systems as soon as possible.
  - d. *Testing.* Backup systems are tested daily to ensure the network and computer systems are operating correctly.
3. Testing and Revision Procedure. GCHD will periodically test protocol and revise its information system contingency plan.
- a. The tests will be designed to simulate potential threats to the information system but will be conducted in a controlled environment.
  - b. The tests will evaluate adequacy of back-up and recovery systems, and time required to return the system to a normal operating environment.
  - c. If the tests reveal vulnerabilities or inadequacies of back-up and recovery systems, appropriate modifications will be made in the Data Backup Plan and the Disaster Recovery Plan.
  - d. The Security Officer shall be responsible for the oversight of and documentation of back-up testing procedures, and will notify the Manager of Information Technology immediately should flaws be detected.
4. Applications and Data Criticality Analysis. GCHD will assess the relative criticality of specific applications and data in formulating its contingency plan.
- a. GCHD will determine which applications and data are essential to maintain patient care, life safety, and other essential functions.
  - b. In evaluating the criticality of information, GCHD will consider, among other things, the difficulty of replicating the data if lost, sensitivity of the data, and consequences to patients if data is unavailable or corrupted.
  - c. Those applications and databases identified as critical to GCHD's patient care mission will be given priority in the contingency plan.
  - d. GCHD will devote appropriate resources to recovering critical functions in the event of a disaster.

## REFERENCES

AS 3.1.1, Risk Analysis

AS 3.1.2, Risk Management

PS 4.1.1, Contingency Operations

PS 4.4.4, Data Back-up and Storage

TS 5.1.2, Emergency Access Procedure

45 C.F.R. § 164.308(a)(7)



**Section 3.8****Evaluation****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will perform periodic technical and non-technical evaluations to establish the extent that GCHD's security policies and procedures meet the requirements of the Security Rule (*45 CFR Part 160 and Subparts A and C of Part 164*) based upon the standards implemented under the Security Rule and in response to environmental or operational changes affecting the security of electronic protected health information.

**PROCEDURE**

1. GCHD will perform periodic evaluations of its information system components to determine the level of security employed by GCHD. These evaluations may be conducted as part of GCHD's on-going risk analysis activities. Evaluations may be conducted through an external accreditation body or other outside entity.
2. The Security Officer or designee will document the outcome of the evaluation and make recommendations to management concerning any policy revisions or other changes needed to be in compliance.

**REFERENCES**

AS 3.1.1, Risk Analysis  
AS 3.1.2, Risk Management  
AS 3.7.4, Testing and Revision Procedures  
  
45 C.F.R. § 164.308(a)(8)

**Section 4.1****Facility Access Controls****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will implement policies and procedures to limit physical access to its electronic information systems and the facilities in which they are housed, while ensuring that properly authorized access is allowed.

**PROCEDURE**

1. Contingency Operations. In the event of an emergency, GCHD will implement as necessary, procedures to allow access to systems to support restoration of lost data. GCHD will establish operational contingencies to assist in the recovery of data and restoration of operations in the event of an emergency, including:
  - a. Applications and data criticality analysis;
  - b. Data Backup Plan;
  - c. Disaster Recovery Plan;
  - d. Emergency Mode Operation Plan;
  - e. Testing and revision procedure;
  
2. Facility Security Plan. GCHD shall establish a plan to safeguard all facilities and equipment from unauthorized physical access, tampering or theft.
  - a. GCHD will employ security personnel, security equipment, appropriate locking mechanisms, and/or alarms to protect all GCHD facilities during non-business hours.
  - b. All employees will wear GCHD issued identification.
  - c. Any sensitive equipment (servers, etc.) will be housed in a secure location and access to such equipment will be restricted to certain authorized personnel.
  - d. Off-site equipment or files will be maintained in a secure location by GCHD or by an approved contractor who will certify that adequate security is maintained.
  - e. Asset tags will be placed on all equipment and a log of all equipment shall be kept and updated quarterly by the department's designated asset custodian.

- f. Paper files containing sensitive or confidential information shall be securely retained in file cabinets, rooms, or off-site storage facilities.
  - g. Only authorized maintenance personnel will be allowed to service electronic equipment.
  - h. Appropriate documentation or logging protocols will be completed whenever hardware is transported.
  - i. Only hardware, software and equipment authorized by the Information Technology department shall be used within GCHD facilities.
  - j. Maintenance records on all equipment shall be kept and in accordance with record retention guidelines.
3. Access Control and Validation Procedures. GCHD will implement procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision.
- a. *Physical Safeguards.* GCHD will implement the following physical safeguard procedures regarding verification of access authorization before granting physical access.
    - i. Unattended exterior doors will be protected by locks or badge readers.
    - ii. Visitors shall be prohibited from accessing facility areas designated solely for employees. Contract workers or other individuals requiring access to these areas shall always be accompanied by an authorized GCHD employee and at no time will be issued their own key or badge to access restricted areas.
    - iii. Electronic information systems or devices containing ePHI, including computer screens and printers will be shielded from the view of patients or visitors.
  - b. *Technical Security.* GCHD will implement technical security mechanisms to limit access control to employees. Technical security mechanisms will include user-based access controls to protect sensitive communication transmissions, and will be made available solely to those employees who require such access to fulfill their professional responsibilities.
  - c. *Reporting Unauthorized Access.* Employees who observe a person attempting to enter GCHD facilities or systems by bypassing security measures in an unauthorized manner must report this information immediately to his/her supervisor, Manager of Information Technology, or Security Officer.

4. Maintenance Records. GCHD will document repairs and modifications to the physical components of GCHD's facilities which are related to security (for example, hardware, doors, and locks). These documents will be retained according to GCHD's record retention guidelines and procedures.

## **REFERENCES**

AS 3.1.4, Information Systems Activity Review  
AS 3.3, Workforce Security  
AS 3.5.4, Log-In Monitoring  
AS 3.6, Security Incident Procedure  
AS 3.7, Contingency Plan  
AS 3.8. Evaluation  
TS 5.1.2, Emergency Access Procedure  
TS 5.2, Audit Controls  
  
45 C.F.R. § 164.310(a)

**Section 4.2****Workstation Use****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will implement an adequate level of security procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the workstations that can access ePHI. This applies to all devices that have access to ePHI, including computers, laptops, tablets, smart phones, etc.

**PROCEDURE**

1. All employees will monitor their computers and report any potential threats to the computer and to the integrity and confidentiality of data contained in the computer system to the Manager of Information Technology, Security Officer or their immediate supervisor. All employees will take appropriate measures to protect computers and data from damage or destruction to the greatest possible extent. As part of every employee's orientation and, if appropriate, in ongoing security training sessions, all employees shall familiarize themselves with GCHD's emergency response plans and related policies and procedures as directed by management.
2. Employees will ensure that computer monitors are placed so the screen is not visible to unauthorized persons to prevent unauthorized persons from viewing electronic protected health information. Workstations displaying ePHI that may be visible to non-authorized individuals shall be equipped with screen protectors.
3. Workstations will have a password protected screensaver. Computer employees logging onto the system will ensure that no one observes entry of their password. Employees will neither log onto the system using another person's password nor permit another person to log onto the system with their password. Employees are responsible for all actions taken under their passwords.
4. Virus software will be installed on all computers as directed by the Manager of Information Technology or the Security Officer. Employees must ensure that the virus software is active at all times, unless directed to deactivate the software by the Manager of Information Technology or the Security Officer.
5. ePHI may only be accessed on a need to know basis. Employees will only have access to the information required to perform their job functions.
6. No employee will disclose ePHI unless authorized to do so in accordance with GCHD policies.

7. Employees will not leave printers unattended when PHI is being printed. PHI will be printed only when necessary and in accordance with the “minimum necessary” under GCHD’s HIPAA policy, and shall be promptly disposed of according to GCHD’s record retention guidelines (i.e., by shredding, secured disposal bins, etc.) when no longer needed for the purpose for which it was printed.
8. Employees must log off the system when leaving their computer or workstation unattended. Computers will be with a “time-out” feature that will activate after a certain period of idleness.
9. Employees are responsible for the accuracy of data input into systems and applications. Supervisors will monitor the processes used by employees for data entry.
10. Employees will not attempt to evade access rights granted or attempt to access networks, systems, applications, or data to which the employee has not been granted access.
11. Employees will not download data from the computer system onto diskette, CD, hard drive, fax, scanner, any network drive or any other hardware, software or paper without the express permission of the employee’s supervisor, the Manager of Information Technology, or the Security Officer.
12. Employees will not download software they’re unfamiliar with without first consulting their supervisor, the Manager of Information Technology, or Security Officer.
13. Employees violating this policy may be subject to disciplinary action up to and including termination.

## **REFERENCES**

AS 3.5.5, Password Management  
AS 3.6, Security Incident Procedures  
PS 4.3, Workstation Security  
  
45 C.F.R. § 164.310(b)

**Section 4.3****Workstation Security****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD shall implement physical safeguards for all workstations that access ePHI to restrict access to authorized users. This applies to all devices that provide access to ePHI, including computers, laptops, tablets, smart phones, etc.

**PROCEDURE**

1. Each employee's workstation shall be configured in such a way as to promote the confidentiality and security of ePHI.
2. Computer monitors should be placed so that the screen is not visible to unauthorized persons to prevent unauthorized persons from viewing electronic protected health information.
3. Printers should not be placed in a location where there is a risk of unauthorized individuals having access to printed materials. Information shall be printed only when necessary and shall be promptly stored and/or disposed of according to GCHD's record retention and/or disposal policies.
4. Computer users logging onto the system will ensure that no one observes entry of their password. Employees will neither log onto the system using another person's password nor permit another person to log onto the system with their password. Employees are responsible for all actions taken under their passwords.
5. ePHI may only be accessed on a need to know basis. Employees will only have access to the information required to perform their job functions.
6. Portable devices, including laptops, portable storage devices, smart phones, etc., will be secured when not in use.
7. If an employee accesses ePHI from a portable device, the device must be password protected and encrypted, and the ePHI cannot be viewable to others.
8. Computers will have a time-out feature after a certain period of inactivity and a password protected screensaver.
9. Employees violating this policy may be subject to disciplinary action, up to and including termination.

## REFERENCES

AS 3.5.1, Workforce Training  
AS 3.5.3, Protection from Malicious Software  
AS 3.5.5, Password Management  
AS 3.6, Security Incident Procedures  
AS 3.7, Contingency Plan  
PS 4.2, Workstation Use  
PS 4.4.1, Disposal  
TS 501, Integrity Controls

45 C.F.R. § 164.310(c)



**Section 4.4****Device and Media Controls****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will implement reasonable and appropriate controls that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility.

**PROCEDURE**

1. Disposal. ePHI will be disposed of in a proper and secure manner to prevent unauthorized or accidental disclosure of such information.
  - a. Disposal and/or destruction of items shall be conducted in accordance with GCHD's record retention, inventory and/or disposal guidelines.
  - b. *Retained Hardware or Electronic Media*. The Manager of Information Technology or designee is responsible for completely removing ePHI from hardware that will be reused within GCHD.
  - c. *Disposed Hardware or Electronic Media*. The Manager of Information Technology or designee is responsible for the final disposition of hardware that contains ePHI. All ePHI will be completely removed from the hardware before the hardware is sold or destroyed. Hardware will then be physically destroyed and rendered functionally unusable, and destruction certificates will be attained when appropriate.
2. Media Reuse. The Manager of Information Technology or designee will remove ePHI from electronic media before the media is made available for reuse. Employees may store ePHI solely in manners and on devices approved by the Manager of Information Technology or the Security Officer.
3. Accountability. GCHD will maintain a record of the transfer, disposal and other movement of hardware and electronic media. The organization shall also keep a record of the person currently in possession of such media.
  - a. *Hardware*. GCHD will use inventory controls and take a quarterly inventory of each piece of GCHD owned hardware. The inventory will track the equipment's location and department. Hardware may only be removed from a GCHD facility with authorization from Executive Management or Manager of Information Technology. Removal will be logged.
  - b. *Electronic Media*. Electronic media may only be removed from a GCHD facility with authorization from Executive Management or Manager of

Information Technology. Such removals or disposals will be appropriately logged.

4. Data Backup and Storage. Systems shall remain in-place to retrieve data, when needed, before the transfer of any equipment. The data backup procedures will be reviewed and tested periodically by the Manager of Information Technology of their designee. The backup data will then be stored in a secure location or restored on to equipment.

## **REFERENCES**

AS 3.1.1, Risk Analysis  
AS 3.7, Contingency Plan  
PS 4.1, Contingency Operations  
  
45 C.F.R. § 164.310(d)

**Section 5.1****Access****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will implement procedures for electronic information systems that maintain ePHI to allow access only to those persons or software programs that have been granted access rights.

**PROCEDURE**

1. Unique User Identification. All employees will be assigned a unique username and number for identifying and tracking user identity.
  - a. Each computer user shall be assigned a unique username and number (“user ID”). The user ID, as well as a password chosen by the employee in accordance with GCHD password policy, will be required to access any GCHD system. An individual may be assigned the same user ID for access to multiple systems.
  - b. The Manager of Information Technology or designee will provide the computer user with a user ID. A record of all user IDs will be maintained in a secure setting.
  - c. User IDs will be immediately deactivated, and user access will be revoked upon the resignation or termination of an employee.
2. Automatic Log off. GCHD will implement electronic procedures that terminate an electronic session after a predetermined period of time.
  - a. Password-protected screensavers will activate at all workstations if there is no activity at a workstation for a set period of time.
3. Encryption and Decryption. GCHD has determined that it is appropriate to implement encryption software on systems that contain ePHI.
  - a. All employees who transmit ePHI via email must encrypt the email before sending the information to a party outside of the GCHD network.
  - b. Employees are prohibited from sending ePHI over non-secured networks.

## REFERENCES

AS 3.3.3, Termination Procedure  
AS 3.5.5, Password Management  
AS 3.7, Contingency Plan  
PS 4.1.1, Contingency Operations  
PS 4.2, Workstation Use  
PS4.3, Workstation Security  
TS 5.2, Audit Controls  
TS 5.3, Integrity Controls  
TS 5.4, Authentication of Entity or Person  
TS5.5.2, Encryption

45 C.F.R. § 164.312(a)

**Section 5.2****Audit Controls****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will implement hardware, software, and/or procedural mechanisms that record and examine activity occurring on organizational information systems that contain or use ePHI.

**PROCEDURE**

1. *Audit Control Mechanism.* The Security Officer is responsible for conducting audits on information systems that track user access. The computer system will have hardware/software or another procedural mechanism in-place whereby individual employees can be tracked.
2. *Activities to be Tracked.* These audits, which shall occur if there's reason to believe an employee has impermissibly accessed ePHI or as directed by the Chief Compliance Officer or Chief Executive Officer, will examine specific tracking records created by employees accessing and documenting confidential information. Such activities will include, but are not limited to, unsuccessful log-in attempts and unauthorized access.
3. *Review and Response.* Audits will be conducted at least semi-annually. The audit results will be reported to the Chief Executive Officer, Chief Compliance Officer, Manager of Information Technology, and Human Resources to further assess potential security weakness or further investigation. Such audits will be conducted to:
  - a. Ensure integrity, confidentiality and availability of information and resources;
  - b. Investigate possible security incidents and ensure conformance with security policies; and to
  - c. Monitor user or system activity when appropriate.
4. *Audit Trails and Reports.* The Security Officer or their respective designee will be responsible for maintaining these audit trails and reports. These reports will be maintained in a secure location according to GCHD record retention guidelines.

## REFERENCES

Policy AS104, Information Systems Activity Review

Policy AS 3.4, Information Access Management

Policy AS 3.5.4, Log-in Monitoring

Policy AS 3.5.5, Password Management

Policy PS 4.1.3, Access Control and Validation

Policy TS 5.1, Access

45 C.F.R. § 164.312(b)

**Section 5.3**

**Integrity of Electronic PHI**

**Effective Date:** 9/26/2013

**Revised:** 06/14/2019

**POLICY**

GCHD will implement procedures to protect ePHI from improper alteration or destruction.

**PROCEDURE**

1. The Manager of Information Technology or designee will implement policies and procedures to protect ePHI from improper alteration or destruction.
2. The Security Officer, Manager of Information Technology and Chief Compliance Officer will review policies and procedures on an annual basis to determine whether there is a need to impose electronic mechanisms to corroborate that electronic protected health information has not been altered or destroyed in an unauthorized manner. Determination will be considered in light of the current threats, available solutions, and costs and given to the Chief Compliance Officer or Chief Executive Officer for review.

**REFERENCES**

AS 3.1.4, Information Systems Activity Review

TS 5.2, Audit Controls

45 C.F.R. § 164.312(c)

**Section 5.4****Authentication of Entity or Person****Effective Date: 9/26/2013****Revised: 06/14/2019****POLICY**

GCHD will implement procedures to verify that a person or entity seeking access to ePHI is the one claimed.

**PROCEDURE**1. *Person Authentication.*

- a. A user ID and appropriate password will be required to access GCHD's information system.
- b. Users will be responsible for keeping their user IDs and passwords confidential.
- c. If a user becomes aware that someone has improperly accessed his or her user ID and/or password, the user must immediately notify their supervisor, the Manager of Information Technology and/or the Security Officer.

2. *Entity Authentication.*

- a. The Manager of Information Technology or designee will assign each entity needing access to GCHD's electronic information systems containing protected health information a unique user ID. A unique user ID and password will only be assigned to those entity personnel on a "need to know basis" to perform the task or service required.
- b. Entities (e.g. UTMB) will be responsible for keeping their user IDs and passwords confidential. Entities will not make their user ID and password available companywide.
- c. Entities must follow GCHD policies and procedures, including those listed in this Security Manual.
- d. Entities must immediately notify the GCHD Manager of Information Technology and Security Officer if they become aware that someone has improperly accessed his or her user ID and/or password.



## REFERENCES

AS 3.4, Information Access Management

AS 3.5, Awareness and Training

TS 5.1.1, Unique User Identification

TS 5.2, Audit Controls

45 C.F.R. § 164.312(d)

**Section 5.5****Transmission Security****Effective Date:** 9/26/2013**Revised:** 06/14/2019**POLICY**

GCHD will implement technical security measures to guard against unauthorized access to electronic protected health information that is being transmitted over an electronic communications network.

**PROCEDURE**

1. Integrity Controls. GCHD will implement, where appropriate, security measures to ensure that ePHI is not modified by unauthorized users.
  - a. A user ID and appropriate password will be required to access GCHD's information system.
  - b. Audit controls will be established to track access to the system and any modifications to ePHI and tracking records will be reviewed by the Manager of Information Technology, the Security Officer, and the Chief Compliance Officer on at least an annual basis.
  - c. The ePHI will be protected from unauthorized Internet access through the use of firewalls and authentication devices.
2. Encryption. GCHD will implement, where appropriate, a mechanism to encrypt ePHI.
  - a. All employees who transmit protected health information via email must encrypt the email before sending the information outside GCHD.
3. *Security Protection*. The Security Officer or designee will implement procedures to protect ePHI that is transmitted over an electronic communications network.

**REFERENCES**

Policy PS 4.1.3, Access Control and Validation Procedures

Policy TS 5.1, Access

Policy TS 5.3, Integrity of Electronic PHI

Policy TS 5.4, Authentication of Entity or Person

45 C.F.R. § 164.312(e)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #6**

**Consider for Approval Quarterly Investment Report**

**Coastal Health & Wellness  
Investment Report  
For the period ending June 30, 2019**

| Coastal Health & Wellness                | Money Market Account |             |             |
|--|----------------------|-------------|-------------|
|  | April                | May         | June        |
| Beginning Balance                        | \$2,174,074          | \$1,966,281 | \$1,389,286 |
| Deposits                                 | 440,300              | 396,600     | 258,500     |
| Withdrawals                              | (650,000)            | (975,000)   | (300,000)   |
| Interest Earned                          | 1,907                | 1,406       | 1,467       |
| Ending Balance                           | \$1,966,281          | \$1,389,286 | \$1,349,254 |
| Current Annual Yield                     | 1.41%                | 1.41%       | 1.41%       |
| Previous Quarter Yield (1/2019 - 3/2019) | 1.41%                | 1.41%       | 1.41%       |

| Tex Pool Investments |             |             |             |
|----------------------|-------------|-------------|-------------|
|                      | April       | May         | June        |
|                      | \$3,077,968 | \$3,084,126 | \$3,591,366 |
|                      | 0           | 500,000     | 0           |
|                      | 0           | 0           | 0           |
|                      | 6,159       | 7,240       | 7,029       |
|                      | \$3,084,126 | \$3,591,366 | \$3,598,395 |
|                      | 2.43%       | 2.40%       | 2.38%       |
|                      | 2.39%       | 2.40%       | 2.42%       |

| FY19 Summary                         | Interest Earned | Avg Balance | Yield |
|--------------------------------------|-----------------|-------------|-------|
| October 1, 2018 to December 31, 2018 | \$22,372        | 4,793,793   | 0.47% |
| January 1, 2019 to March 31, 2019    | \$23,961        | 4,677,963   | 0.51% |
| April 1, 2019 to June 30, 2019       | \$25,207        | 4,784,295   | 0.47% |
| July 1, 2019 to September 30, 2019   |                 |             |       |
| YTD Totals                           | \$71,540        | \$4,752,017 | 1.45% |

| Coastal Health & Wellness              | Q1           | Q2           | Q3            | Q4            | YTD Comparison   |
|--|--------------|--------------|---------------|---------------|------------------|
| Interest Yield Year to Year Comparison | Oct 1-Dec 31 | Jan 1-Mar 31 | Apr 1-June 30 | Jul 1-Sept 30 | Total as of 9/30 |
| FY2016                                 | 0.13%        | 0.12%        | 0.12%         | 0.13%         | 0.50%            |
| FY2017                                 | 0.13%        | 0.12%        | 0.12%         | 0.13%         | 0.50%            |
| FY2018                                 | 0.14%        | 0.20%        | 0.30%         | 0.38%         | 1.02%            |
| FY2019 (Current year)                  | 0.47%        | 0.51%        | 0.47%         |               | 1.45%            |

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
July 2019  
Item #7  
Executive Report**



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

# CHW remains 'Rooted in Communities'

*Public invited to celebrate National Health Center Week with resource fair*

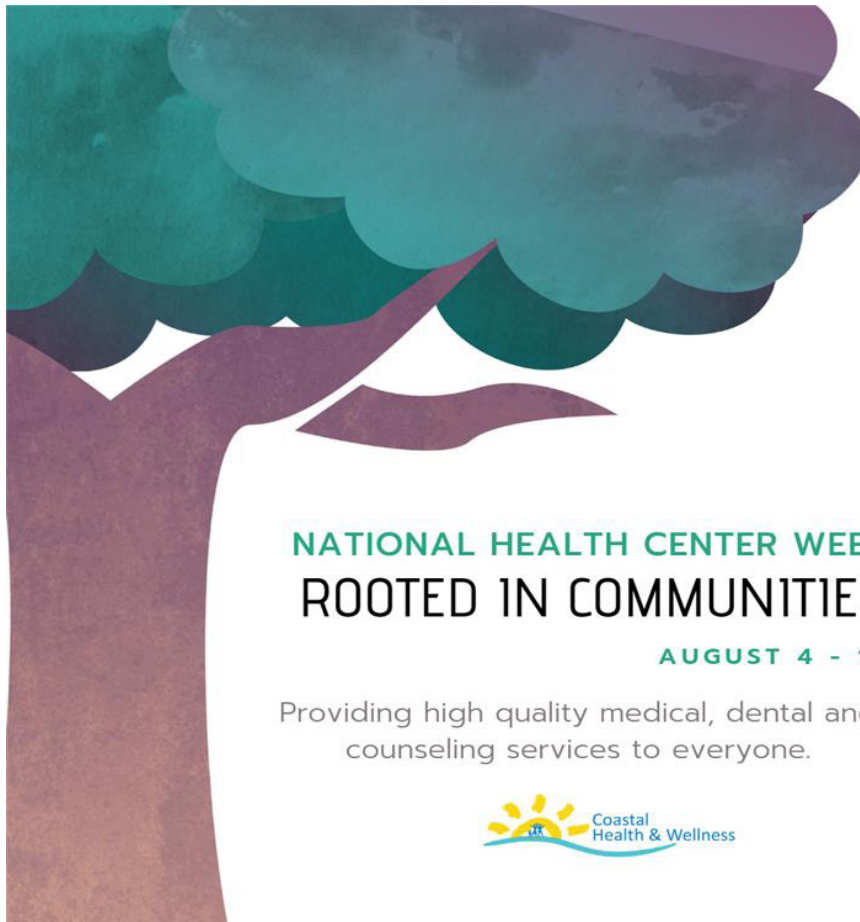
Coastal Health & Wellness (CHW) will celebrate National Health Center Week Aug. 4-10 and will host a Community Resource Fair, free to the public, on Friday, Aug. 9, 8:30 a.m.-noon.

This event is part of a national campaign to increase awareness of the ways in which health centers are providing affordable health care in communities. During this event, guests can learn more about CHW

services, American Cancer Society services and resources, back-to-school immunizations and the Healthy Concepts Clinic. Guests can also take advantage of free HIV, Hepatitis C and Syphilis testing as well as free blood pressure and vision screenings. In addition, Galveston County Animal Resource Center will be on hand to offer \$20 microchips for pets and will also have some animals available for adoption.

Plus, CHW is giving away free school supplies to children while they last.

CHW is part of a nationwide network of locally run health



centers that serve more than 28 million people nationwide.

"We are excited to celebrate National Health Center Week with our patients and the community," said CHW Executive Director Kathy Barroso.

CHW's clinics are recognized by the Joint Commission. Accreditation by the Joint Commission is considered the gold standard in health care. Health centers reduce unnec-

essary hospitalizations and visits to the emergency room. Community health centers treat patients for a fraction of the average cost of one emergency room visit and their success in managing chronic disease in medically vulnerable communities has helped reduce health care costs for American taxpayers.

### Medical Care

CHW's medical clinic offers high-quality primary care including well-child visits, women's health, family planning,

CHW page 6



COASTAL  
HEALTH &  
WELLNESS  
COMMUNITY  
RESOURCE  
FAIR

ROOTED IN  
COMMUNITIES

Friday, August 9

8:30 AM - Noon

9850-C

Emmett F. Lowry Expressway,  
Texas City

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Help us celebrate  
National Health Center Week  
with this FREE event!

**Learn more about:**

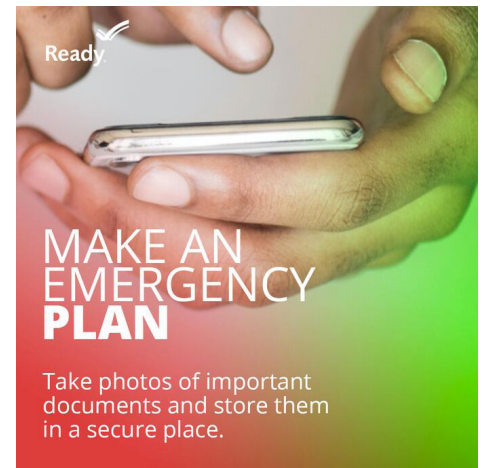
- Coastal Health & Wellness medical, dental and counseling services
- American Cancer Society services and resources
- Back-to-school immunization schedules
- Healthy Concepts Clinic
- Free HIV, Hepatitis C and Syphilis testing
- Free blood pressure screenings and vision screenings
- \$20 pet microchips from Galveston County Animal Resource Center
- ARC pets available for adoption

***Plus, we're giving away free school supplies – while they last!***  
Child must be present to take home supplies.



COASTALHW.ORG  
(409) 938-2234





# It's important to stay prepared this hurricane season

Being aware is not being prepared. Storm surge, high winds, tornadoes and flooding are all hazards related to hurricanes.

This season includes an expected 13 named storms with five hurricanes and two major hurricanes, according to the Colorado State University Tropical Meteorology Project.

“The first step you need to take is to determine if you’re at risk,” said Randy Valcin, director of public health surveillance programs. “Look at what you need to do to protect your home and family. You don’t want to be preparing for a storm when it’s on its way.”

Do you live in a hurricane evacuation zone or a home that would be unsafe during a hurricane? Find out now.

“If so, plan where you’ll go and how you will get there,” Valcin said. “You

need to prepare to leave immediately if ordered to evacuate. Identify a city, friend, relative who doesn’t live in an evacuation zone and see if you can go and stay there in the case of a hurricane.”

Check in with your insurance agent before hurricane season. Remember, flood insurance must be purchased separately.

“Have supplies on hand not just for the storm, but also for the recovery period,” Valcin said. “Be sure to have enough food and water for each person for at least one week. Plan on one gallon of water per day per person.”

For more information on putting together a disaster kit, visit <http://www.gchd.org/public-health-services/public-health-preparedness/natural-disasters>.

Trim trees on property, shop for approved window coverings, collect loose outdoor items, secure all doors on property and find a safe location for vehicles well ahead of an upcoming storm.

Also, put your plan in writing. It will help you prepare for if and when a hurricane is headed your way and give you a game plan to reference if under pressure.

Plan for your pets now. Have copies of vaccination records, a current photo of your pet, an ample supply of food and water, a carrier or cage, medication, muzzle, collar and leash.

For more information when planning for hurricane season and natural disasters, visit <http://www.gchd.org/public-health-services/public-health-preparedness/natural-disasters> and [www.ready.gov](http://www.ready.gov).



# Add immunizations to your back-to-school list

Back-to-school season is once again here. While most supply lists include pencils, notebooks, crayons and other classroom necessities, parents need to be sure their children have the most important supply on hand – protection against vaccine-preventable diseases.

August marks National Immunization Awareness Month, a time to highlight the importance of vaccination at all ages.

Vaccines are the best way for parents to protect their children – and themselves – from 16 potentially harmful diseases that can often be extremely serious, especially in infants and young children. These diseases include measles, whooping cough, chickenpox and some cancers.

“Whether you have a baby starting a new childcare facility, a toddler headed to preschool or a child going back to school or even college, you need to check their vaccination records,” said Eileen Dawley, RN, Galveston County Health District chief nursing officer. “Illnesses are easily spread from one child to another in schools

Immunizations page 7



## Galveston Island Beach Patrol Flag Warning System

Headed to the beach this summer? It's important to recognize, and understand, the Flag Warning System, used to advise beachgoers of current water conditions and any applicable environment warnings.

The flag colors described below are part of a national system employed to help beachgoers understand the current conditions in the always dynamic

environment of open water.

On Galveston Island, informational signs and warning flags are posted each day along Seawall Blvd. at 61st St., 53rd St., 37th St., 29th St. and 10th St. During the summer months, each guarded lifeguard tower flies the appropriate flags for the day. All Park Board operated parks, including East Beach, Stewart Beach and the West End Pock-

et Parks, also display the warning signs when the parks are open.

Galveston Island Beach Patrol employs a notification system that displays the day's warning flags, along with any specific advisories for the day on its website, [www.galvestonislandbeachpatrol.com](http://www.galvestonislandbeachpatrol.com). You can also sign up to receive notifications via email and/ or text message daily.



**Green:** Conditions are calm. Swim with care.



**Yellow:** Indicates caution should be used when entering any body of water. This flag is flown for normal conditions to remind swimmers to stay alert.



**Red:** Flown when conditions are determined to be out of the ordinary, such as the presence of strong wind, strong current or large surf. Adult swimmers should stay in water no more than waist deep and non-swimmers and children should be kept along the surf line.



**Purple:** Indicates a potential problem with jellyfish, Portuguese man-o-war, stingrays or other marine life that could be a hazard for swimmers. Purple flags will be used in combination with other flags.



**Orange:** Indicates there is an environmental warning for air and/ or water quality. Ask the lifeguard for more details. Orange pennant flags will be used in combination with other flags.

Courtesy Galveston Island Beach Patrol

# Beat the heat this summer with these tips

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

Extreme heat occurs when temperatures reach very high levels, or when the combination of heat and humidity causes the air to become oppressive, according to the Centers for Disease Control and Prevention (CDC).

Extreme heat causes more deaths each year than hurricanes, lightning, tornadoes, earthquakes and floods, all combined.

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

It's important to stay cool and find an air-conditioned shelter.

If the AC is out in your home, go to a movie theater, a mall, somewhere that you can spend some time and take a break from the heat.

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

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

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

Choose a sunscreen with a SPF of 30 or higher that is water resistant and provides broad-spectrum coverage that offers protection from UVA and UVB rays. Apply sunscreen liberally before going outdoors. It takes about 15 minutes for

skin to absorb the sunscreen.

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

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

## Heat exhaustion vs. heat stroke

Heat exhaustion and heat stroke are often confused.

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

Symptoms of heat exhaustion includes headaches, dizziness or lightheadedness, weakness, mood changes including irritability, confusion, upset stomach, vomiting, decreased or dark colored urine, fainting and pale clammy skin.

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

For both heat exhaustion and heat stroke, move the victim to a cool shaded area.

Do not leave the person alone. Loosen clothing and remove heavy clothing. Fan the person's body to help cool them and apply a wet cloth to the skin.

If the person is able to drink, give them cool water, unless they are sick to their stomach.

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



## “Tell me something good...”

Below are comments from Coastal Health & Wellness patients following their visit at our clinics.

“Great experience with (Dr. Leonard Nagorski).” (Medical services)

“The lab was fantastic at their job. Everyone communicated well.” (Medical services)

“Every employee was helpful and nice. They have a friendly staff. Love this place.” (Medical services)

“(Bang Nguyen, DDS) is an exceptional professional.” (Dental services)

“(Dental Hygienist Jamie Trinh, RDH) was kind. I give her 5 stars. She was great.” (Dental services)

“(Unsil Keiser, DDS) is good and very good with patients.” (Dental services)

“Everyone here is friendly and helpful.” (Counseling services)

## CHW

annual physicals, chronic disease management, sick care and more. X-ray, laboratory, prescription and referral services are available.

Early prenatal care for low-risk pregnancies is also available.

### Dental Care

CHW offers basic dental services for all ages, from cleanings to tooth extractions. Dental providers pride themselves on not only meeting patient dental needs, but also contributing to their overall health and well-being.

In need of dentures, root canals or a crown? Be sure to ask about CHW’s affordable options.

### Counseling Care

Licensed professional counselors provide confidential one-on-one talk therapy sessions for mild to moderate mental health conditions including depression and anxiety. Services are available for adults and children. Evening appointments are also available.

### Substance Use Disorder – Mental Health (SUD-MH) Program

CHW now offers a Substance Use Disorder-Mental Health (SUD-MH) program to patients who establish primary care at CHW. This program is intended to help those who struggle with opioid addiction and other substance use disorders.

### Insurance

Insurance is an important part of health care. CHW accepts Medicaid, Medicare and most major insurance plans and is constantly striving to add more. CHW has a dedicated team committed to helping patients understand their coverage.

### Discounts

The primary goal of community health centers across the country is to provide care to those with limited access to health care. That’s why CHW is proud to offer discounts for uninsured or under-insured patients.

### Patient Portal

CHW patients can now access the NextGen Patient Portal from the comfort of their cell phones.

The Patient Portal allows you to: send a message to your medical provider, nurse or the billing department; request and view appointments; request a prescription refill; view a summary of your health record and lab results; look up information about health topics; and view and pay your statement online.

Download the app today from the App Store or Google Play.

CHW clinics are located at the Mid-County Annex, 9850-C Emmett F. Lowry Expressway in Texas City and the Island Community Center, 4700 Broadway, F100 in Galveston. Same-day appointments are available at both clinic locations. For more information, call 409-938-2234 or visit [www.coastalhw.org](http://www.coastalhw.org).

## #FIGHTTHEBITE



**DEFEND**



**DRESS**



**DRAIN**

IT'S THAT SIMPLE. FIGHT THE BITE AGAINST ZIKA.

## PROTECT WHAT MATTERS MOST

The Zika virus can cause birth defects in unborn and newly born babies.



LEARN MORE AT [GCHD.ORG/ZIKA](http://GCHD.ORG/ZIKA)



when students may not properly wash their hands or cover their coughs and sneezes.”

While vaccination rates in Texas line up with the national average, there is always room for improvement.

“Specifically, improvement when it comes to the Human Papillomavirus (HPV) vaccine,” Dawley said. “Each year about 14 million people, including teens, are infected with the virus. Odds are your child will eventually encounter it. Every year in the United States, HPV causes 30,700 cancers in men and women.”

The Centers for Disease Control and Prevention (CDC) estimates roughly 80 million people have HPV – that’s one in four. The HPV vaccine can prevent most cancers – about 28,000 – from occurring. CDC recommends all children who are 11 and 12 years old get two shots of HPV vaccine six months apart. Adolescents who receive their two shots less than five months apart will require a third dose. The vaccine is recommended through age 26. Teen boys and girls who did not start or finish the HPV vaccine series when they were younger should get it now.

Parents should check with their child’s doctor, school or local health department to learn about vaccine requirements.

“It’s important to vaccinate on time. Receiving vaccines on the recommended schedule is the best way to protect against these illnesses,” Dawley said.

Vaccines are not just limited to children. Healthy adults may also become ill and pass diseases on to others and should check their vaccine records. Vaccines are recommended for adults based on age, health conditions, jobs and other factors. Diabetes, even if well managed, may make it harder for some to fight infections. Those with diabetes may be at a greater risk of more serious problems from an illness compared to those without diabetes.

Women who are expecting should check with their prenatal care provider to be sure they are up to date on vaccines.

“When mothers get vaccinated during pregnancy, they pass some protection on to their baby,” Dawley said. “Some women may need to receive certain vaccines after giving birth. And, some vaccines need to be given before a woman becomes pregnant, like the measles-mumps-rubella (MMR) vaccine.”

Pregnant women should get the pertussis vaccine, commonly called whooping cough, during their pregnancy. They also need to get the influenza vaccine.

“All adults should get an influenza vaccine each year to protect against the seasonal flu,” Dawley said. “Some people are at high risk, like adults 65 years old and older, children younger than 5, pregnant women and those with long-term medical conditions like asthma, heart disease and diabetes.”



## DENTAL

Coastal Health & Wellness offers basic dental services for all ages from cleanings to tooth extractions.

Ask about affordable dentures, root canals and crowns.



## COUNSELING

Licensed professional counselors provide confidential one-on-one talk therapy sessions for mild to moderate mental health conditions including depression and anxiety.

Services are available for adults and children and extended counseling services are now available.



## MEDICAL

Primary care for all ages including well-child visits, women’s health, family planning, annual physicals, chronic disease management, sick care and more is provided.

X-ray, laboratory, prescription and referral services are also available at Coastal Health & Wellness.



## PRENATAL

Early prenatal care for low-risk pregnancies is available.

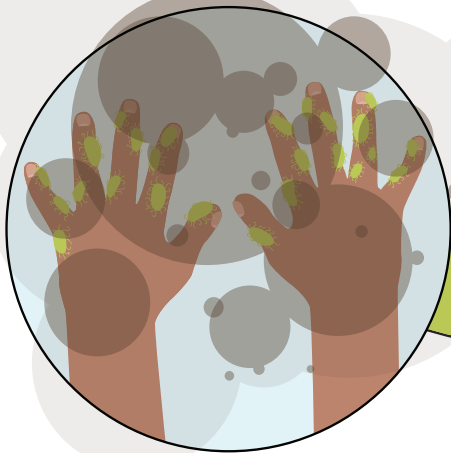


## SUBSTANCE USE DISORDER - MENTAL HEALTH (SUD-MH) PROGRAM

**Coastal Health & Wellness now offers a Substance Use Disorder-Mental Health (SUD-MH) program, serving those who struggle with opioid addiction and other substance use disorders.**

Patients who establish primary care at Coastal Health & Wellness and have a substance use disorder-mental health disorder will be screened, and if accepted into the program will receive tele-psychiatry services through a board-certified psychiatrist who is also board certified in addiction medicine.

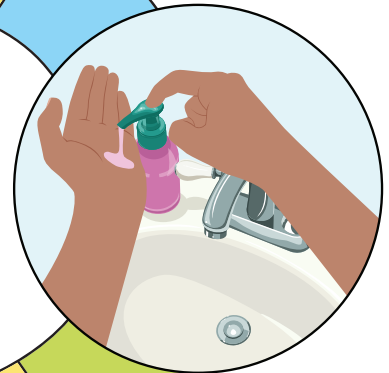
# Wash Your Hands!



Dirty!



Wet



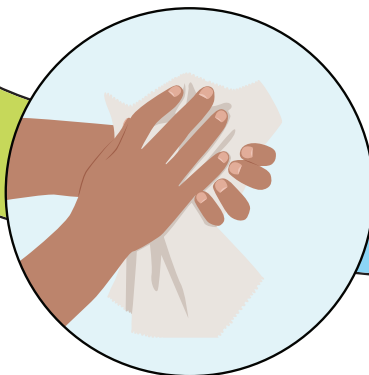
Get Soap



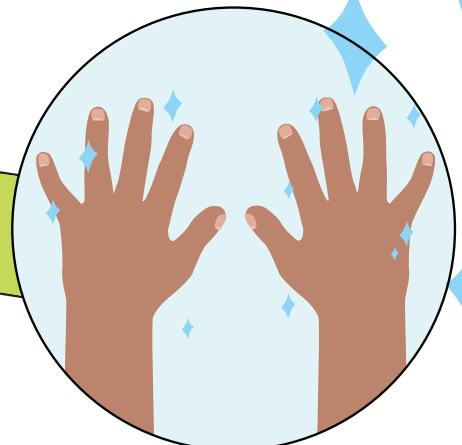
Scrub



Rinse



Dry



Clean!



Centers for Disease Control and Prevention  
National Center for Emerging and Zoonotic Infectious Diseases

[www.cdc.gov/handwashing](http://www.cdc.gov/handwashing)

CS267057-A

# Patients can access Patient Portal from anywhere

Have you registered for the Coastal Health & Wellness (CHW) Patient Portal?

It would be so much more convenient if patients could simply send CHW an electronic message, right? Well, register for the Patient Portal and do just that!

The Patient Portal is an easy-to-use secure internet application that allows patients to:

- Send a message to their medical provider, nurse or the billing department;
- Request and view appointments;
- Request a prescription refill;
- View a summary of health record and lab results;
- Look up information about health topics; and
- View and pay statements online.

Be sure to ask about the Patient Portal on your next visit and we'll walk you through registration.

## Patient Portal FAQs

- How can I get a Patient Portal account?

*All you need is an email address. At your next appointment, ask a check-out team member to enroll you in the Patient Portal. Please call the IT Help Desk at (409) 938-2210 for assistance.*

- What kind of questions can I ask on the Patient Portal?

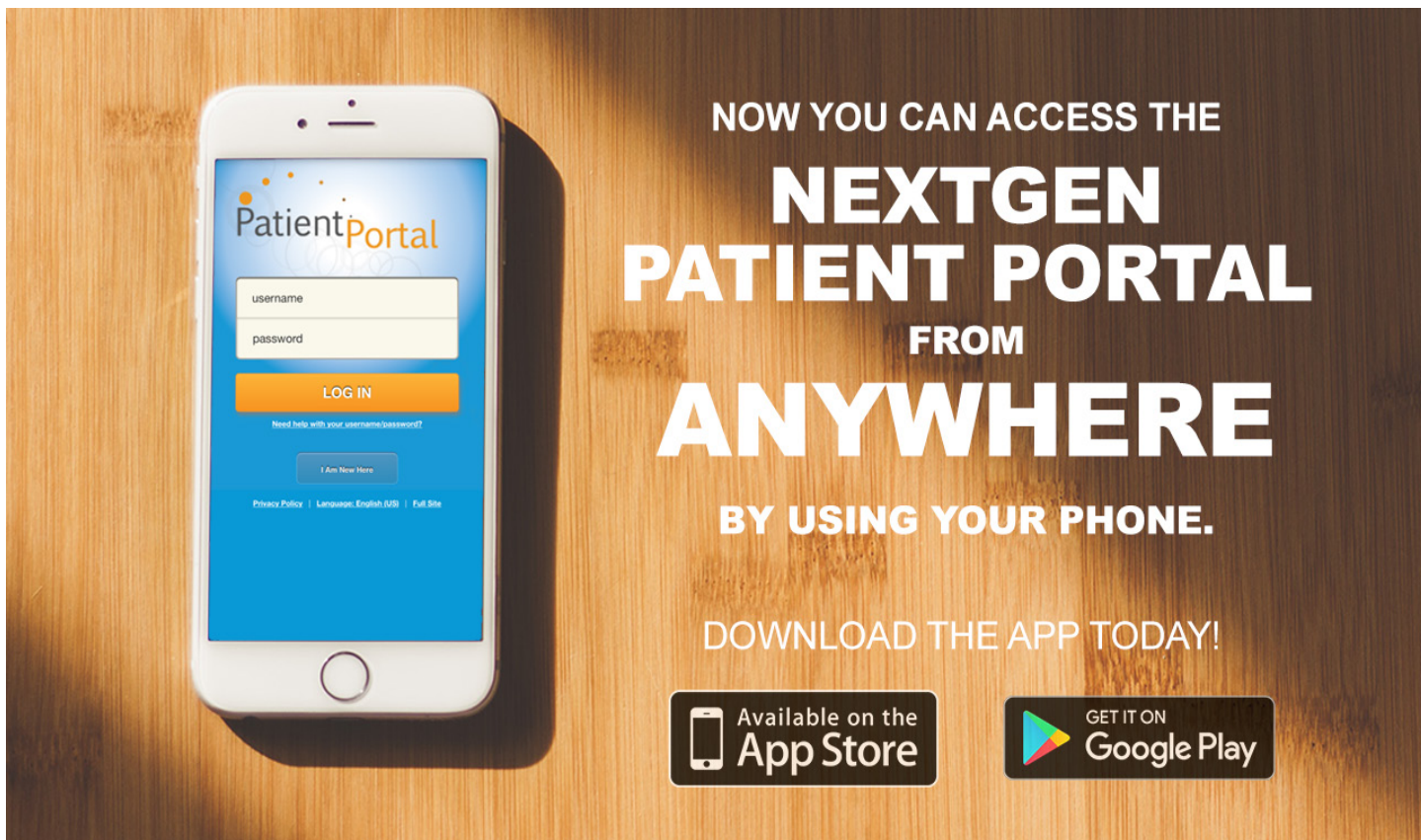
*You can ask your medical provider or nurse any non-urgent medical questions about lab results, your medicines or your health. You can ask billing questions as well.*

- How do I know my health information is secure?

*Coastal Health & Wellness has made significant investments to ensure your information is secure. We meet all regulatory requirements for security.*

- Can I request or view my upcoming appointments on the Patient Portal?

*Yes, patients can see and request appointments.*



NOW YOU CAN ACCESS THE


# NEXTGEN PATIENT PORTAL


FROM

# ANYWHERE

BY USING YOUR PHONE.

DOWNLOAD THE APP TODAY!

Available on the  App Store

 GET IT ON Google Play

## **Coastal Health & Wellness Updates**

### **Insurance Contract Updates –**

#### **Dental**

- MCNA-Rec credentialing all providers

#### **Behavioral Health**

- Texas Children’s Health Plan- Pending (Tigrett & Bailey)

#### **Medical**

- Opeyemi Ojo, NP, Haley McCabe, PA-C, Yaa Cheremateng’s, PA-C, Dr. Tirado, Dr. Werchan - Pending (Currently working to get providers added to all accepted insurance plans)

### **Committees –**

- *Quality Assurance (QA)/Performance Improvement (PI)* – The quarterly meeting of the Governing Board Quality Assurance Committee was held on July 18<sup>th</sup>. Committee board members and staff reviewed infection control and environment of care reports as well as the status of various quality control measures.
- *Infection Control / Environment of Care / Joint Commission Committee (IEJ)*– Monthly meetings continue to be held to review infection control audits and environment of care compliance. Results from a recent “Culture of Safety” survey were presented to staff at the July in-service. Staff was then asked to participate in break-out sessions to discuss how recent changes and redesigns have impacted the current culture of safety. Several improvements were noted and areas that still needed improvement were also identified. The same survey will be administered to all staff at the end of 2019 to compare results and identify ongoing needs for development. In order to remain up to date with Joint Commission changes, we will be participating in The Joint Commission’s 12-part Ambulatory Breakfast Briefing series again this year. This series, which runs from August 28<sup>th</sup> to November 13<sup>th</sup> is designed to provide an overview of the new and revised 2020 standards, chapter by chapter.
- *Patient Centered Medical Home (PCMH) Committee* – The Coastal PCMH Team continues to meet to evaluate and develop processes related to this initiative. Activities this month included the following: gathering provider bio information to add to the Coastal website; review of provider empanelment data in order to determine an appropriate provider panel size; collecting information for a welcome packet for patients that would include useful information about clinic services and functions; and working towards continuity of care policy and procedures. Luz Amaro, End-User Support & Training Specialist, is acting as the coordinator for this project and is working with staff to gather documentation to support the various PCMH components.

**HRSA Deliverables / Updates –**

- Substance Use Disorder-Mental Health (SUD-MH) grant – The SUD-MH program is going well and currently has a total of 12 patients enrolled in the program.
- The biannual progress report for the Capital Assistance for Hurricane Response and Recovery Efforts (CARE) Grant was submitted on 7/15/19. We continue to acquire equipment and supplies budgeted through this grant and are currently working to deploy laptops that were purchased through this funding.
- An application for Oral Health Infrastructure funding was submitted to HRSA on 5/21/19 and is currently under a screening review. The application included \$300,000 in one-time requests for dental equipment and supplies which would be used to enhance and expand dental services currently being provided. HRSA anticipates awarding funds on or around September 1, 2019. Funds would need to be utilized within a 2-year period.
- The annual FTCA deeming application was due 7/1/19 and was submitted on 6/27/19.
- The Federal Financial Report (FFR) for the grant period ending 3/31/19 was due and submitted on 7/30/19.

**Miscellaneous Updates –**

- In celebration of National Community Health Center Week (August 4-10), Coastal Health & Wellness will be holding a community resource fair on Friday, August 9<sup>th</sup> from 8:30 to noon. The theme for this year is “Rooted in Communities” so the fair will highlight the various services available in our community and we will also be giving away free school supplies to children.
- Board training with J2 Strategic Solutions was held on Friday, June 28<sup>th</sup> for the United Board of Health and Saturday, June 29<sup>th</sup> for the Coastal Governing Board. In addition to Board training, we have contracted with J2 to review our sliding fee scale policy and scales and our subcontracts and awards in preparation of the next HRSA operational site visit (OSV).
- We are continuing to monitor the number of patients enrolled on the patient portal and explore ways in which we can continue to promote the benefits of utilizing the portal.

**Communications –**

- **News Releases/ Website News Posts**
  - National UV Safety Month press release
  - National UV Safety Month guest column
- **Social Media**
  - National UV Safety Month
  - July 4 office closure
  - Heat safety – stay hydrated, cool and remember pets
  - Disaster preparedness
  - #WorkWednesday
  - Back-to-school immunizations
  - Texting and Driving safety education
  - Diabetes awareness and education
  - Heat safety – heat stress, stroke, exhaustion and cramps
  - Extended counseling services
  - CHW to host Community Resource Fair
  - Patient Portal registration



- CHW back-to-school supply drive
- Dental services offered
- Medical services offered
- Counseling services offered
- Norovirus education

**CHW Career Opportunities:**

June 9-July 24, 2019

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Opeyemi Ojo – Nurse Practitioner
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Naoli Hernandez – Patient Services Specialist
  - Haley McCabe – Physician Assistant
  - Yaa Cherematent – Physician Assistant
  - Virginia Lyles – Lab Supervisor
- **Current Vacancies:**
  - CHW Vacancies:
    - Dental
      - Dental Hygienist part time
      - Dental Assistant
    - Electronic Records
      - Unit Receptionist I - Dental
    - Nursing
      - Charge Nurse
    - Providers
      - Physician
  - CHW Vacancies – recommendations received and in pre-employment checking
    - Midlevel
    - Medical aide I (bilingual)
    - Dentist

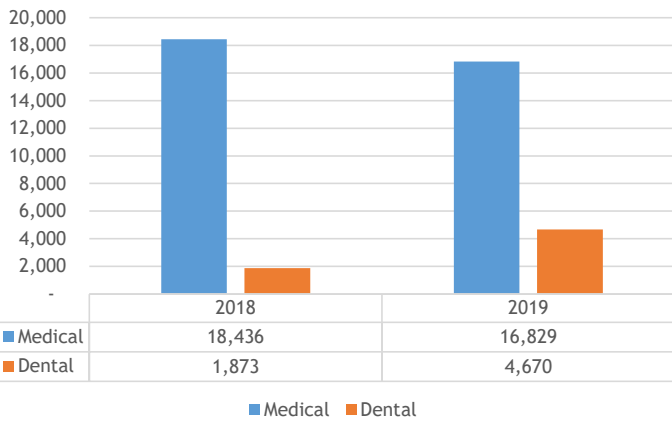
**CHW Executive Contract Report: July 2019**

1. Coastal Health & Wellness (“CHW”) entered into a Memorandum of Understanding with the Texas Health & Human Services Commission to provide online community-based application assistance services through [yourtexasbenefits.com](http://yourtexasbenefits.com) for the Temporary Assistance for Needy Families (TANF) program, Children's Health Insurance Program (CHIP), Long-Term Care Services program and Supplemental Nutrition Assistance Program (SNAP) recipients.
2. Coastal Health & Wellness signed a License Agreement with the American Cancer Society (ACS) for a limited, non-exclusive, non-transferable, non-assignable, royalty-free license to use ACS works and marks, including co-branded and template materials for use in connection with CHW.
3. Three new Service Agreements were executed between Coastal Health and Wellness and XEC Medical Imaging Specialists for preventative maintenance, labor, services, and parts for Medical and Dental X-Ray Equipment.

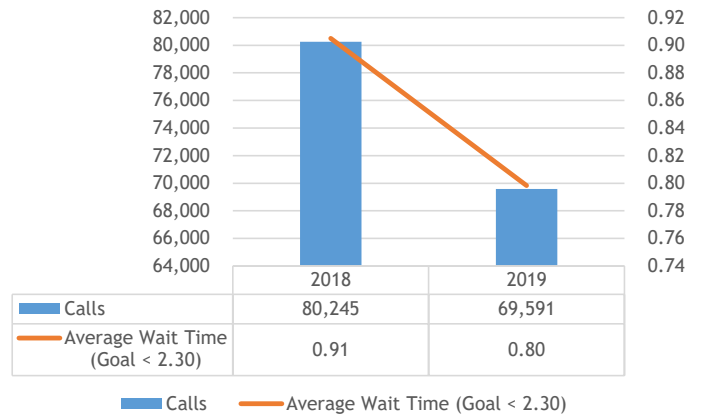
**July 2019**  
**YTD Comparison Report (January to June)**

| <b>Patient Services - Patients Checked-In</b> | <b>2018</b> | <b>2019</b> | <b>% Change</b> |
|---|-------------|-------------|-----------------|
| Medical                                       | 18,436      | 16,829      | -9%             |
| Dental  | 1,873       | 4,670       | 149%            |
| <b>Contact Center</b>                         | <b>2018</b> | <b>2019</b> | <b>% Change</b> |
| Calls   | 80,245      | 69,591      | -13.3%          |
| Average Wait Time (Goal < 2.30)               | 0.91        | 0.80        | -12%            |
| <b>Electronic Records</b>                     | <b>2018</b> | <b>2019</b> | <b>% Change</b> |
| Record Requests                               | 5,483       | 5,606       | 2%              |
| <b>County Indigent Program</b>                | <b>2018</b> | <b>2019</b> | <b>% Change</b> |
| Applied                                       | 749         | 853         | 14%             |
| Referrals                                     | 2299        | 1108        | -52%            |
| Avg Total Patients on Program                 | 242         | 260         | 7%              |
| <b>Case Management</b>                        | <b>2018</b> | <b>2019</b> | <b>% Change</b> |
| Referrals                                     | 6,232       | 5,081       | -18%            |

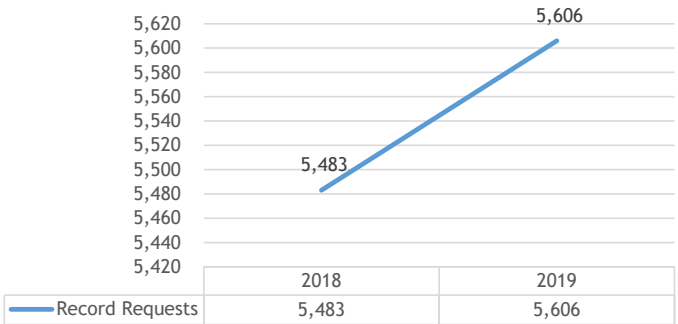
### Patient Services-Total Patients Checked-In



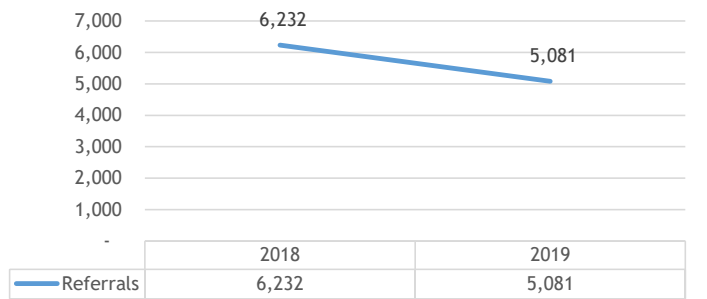
### Contact Center - Calls and Wait Time



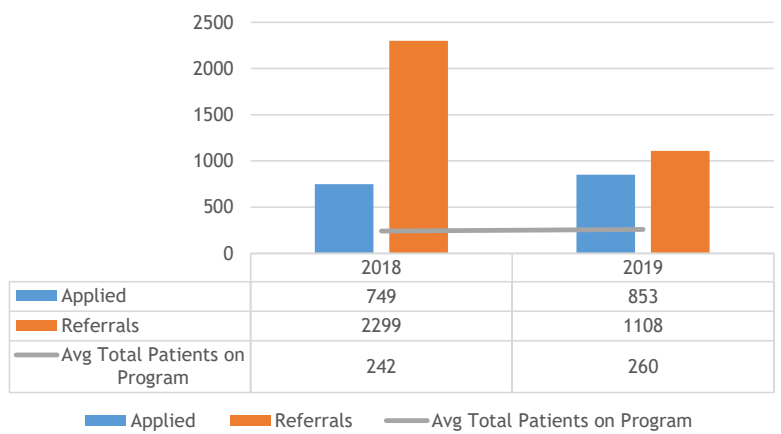
### Electronic Record Requests



### Case Management Referrals



### County Indigent Program





# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board  
July 2019  
Item #8  
Consider for Approval June 2019  
Financial Report**

# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending June 30, 2019

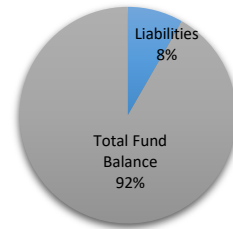
August 1, 2019

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

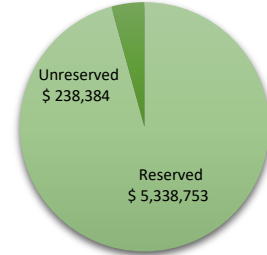
**CHW - BALANCE SHEET** as of June 30, 2019

|   | Current Month<br>Jun-19 | Prior Month<br>May-19 | Increase<br>(Decrease) |
|---|-------------------------|-----------------------|------------------------|
| <b>ASSETS</b>                               |                         |                       |                        |
| Cash & Cash Equivalents                     | \$5,312,119             | \$5,339,944           | (\$27,826)             |
| Accounts Receivable                         | 1,800,804               | 1,860,771             | (59,966)               |
| Allowance For Bad Debt                      | (1,208,772)             | (1,170,684)           | (38,087)               |
| Pre-Paid Expenses                           | 168,123                 | 66,643                | 101,480                |
| Due To / From                               | (25,174)                | (18,121)              | (7,053)                |
| <b>Total Assets</b>                         | <b>\$6,047,100</b>      | <b>\$6,078,553</b>    | <b>(\$31,453)</b>      |
| <b>LIABILITIES</b>                          |                         |                       |                        |
| Accounts Payable                            | \$101,991               | \$134,329             | (\$32,339)             |
| Accrued Salaries                            | 385,958                 | 348,397               | 37,561                 |
| Deferred Revenues                           | 13,252                  | 18,689                | (5,437)                |
| <b>Total Liabilities</b>                    | <b>\$501,201</b>        | <b>\$501,416</b>      | <b>(\$215)</b>         |
| <b>FUND BALANCE</b>                         |                         |                       |                        |
| Fund Balance                                | \$5,813,682             | \$5,813,682           | \$0                    |
| Current Change                              | (267,783)               | (236,545)             | (31,239)               |
| <b>Total Fund Balance</b>                   | <b>\$5,545,900</b>      | <b>\$5,577,137</b>    | <b>(\$31,239)</b>      |
| <b>TOTAL LIABILITIES &amp; FUND BALANCE</b> | <b>\$6,047,100</b>      | <b>\$6,078,553</b>    | <b>(\$31,454)</b>      |

Current Period Assets



Total Fund Balance



**CHW - REVENUE & EXPENSES** as of June 30, 2019

|                             | Actual<br>Jun-19  | Budgeted<br>Jun-19 | PTD Budget<br>Variance | YTD Budget<br>Variance |
|-----------------------------|-------------------|--------------------|------------------------|------------------------|
| <b>REVENUE</b>              |                   |                    |                        |                        |
| County Revenue              | \$324,071         | \$324,070          | \$1                    | \$2                    |
| DSRIP Revenue               | 0                 | 79,167             | (79,167)               | (237,500)              |
| HHS Grant Revenue           | 207,197           | 260,617            | (53,419)               | 48,912                 |
| Patient Revenue             | 232,093           | 751,002            | (518,909)              | (1,494,163)            |
| Other Revenue               | 11,865            | 23,635             | (11,770)               | (33,960)               |
| <b>Total Revenue</b>        | <b>\$775,226</b>  | <b>\$1,438,490</b> | <b>(\$663,265)</b>     | <b>(\$1,716,708)</b>   |
| <b>EXPENSES</b>             |                   |                    |                        |                        |
| Personnel                   | \$549,963         | \$680,896          | \$130,933              | \$220,638              |
| Contractual                 | 52,727            | 85,808             | 33,081                 | 76,926                 |
| IGT Reimbursement           | 0                 | 37,500             | 37,500                 | 112,500                |
| Supplies                    | 66,623            | 121,986            | 55,363                 | (13,990)               |
| Travel                      | 3,709             | 2,519              | (1,191)                | (4,789)                |
| Bad Debt Expense            | 38,072            | 417,493            | 379,421                | 1,131,723              |
| Other                       | 95,370            | 92,289             | (3,081)                | (141,087)              |
| <b>Total Expenses</b>       | <b>\$806,464</b>  | <b>\$1,438,490</b> | <b>\$632,026</b>       | <b>\$1,381,921</b>     |
| <b>CHANGE IN NET ASSETS</b> | <b>(\$31,239)</b> | <b>\$0</b>         | <b>(\$31,239)</b>      | <b>(\$334,787)</b>     |

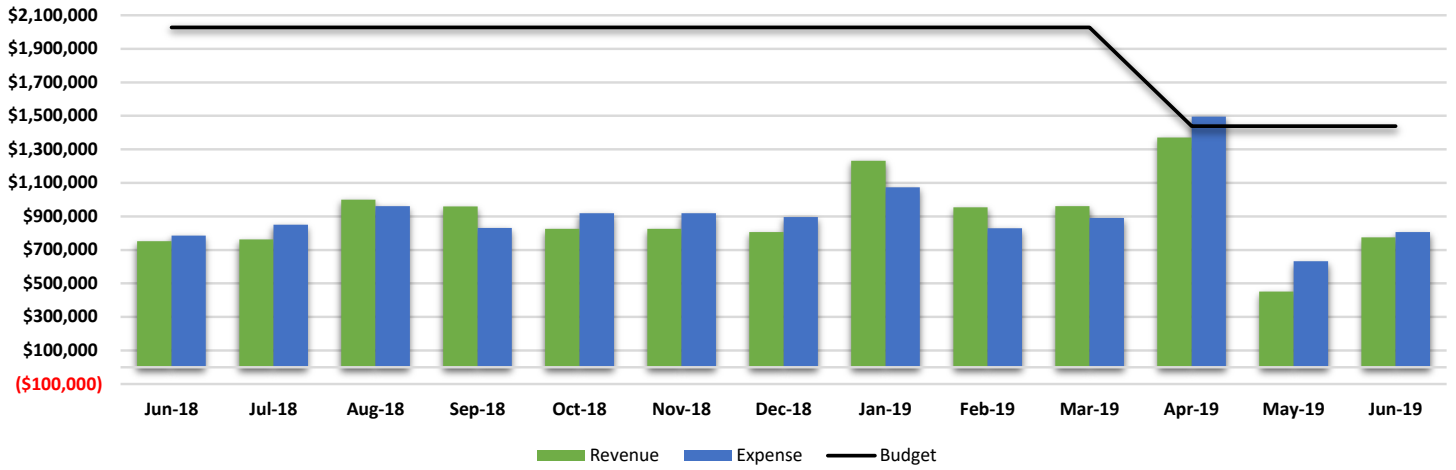
Current Month Revenue & Expenses Actual



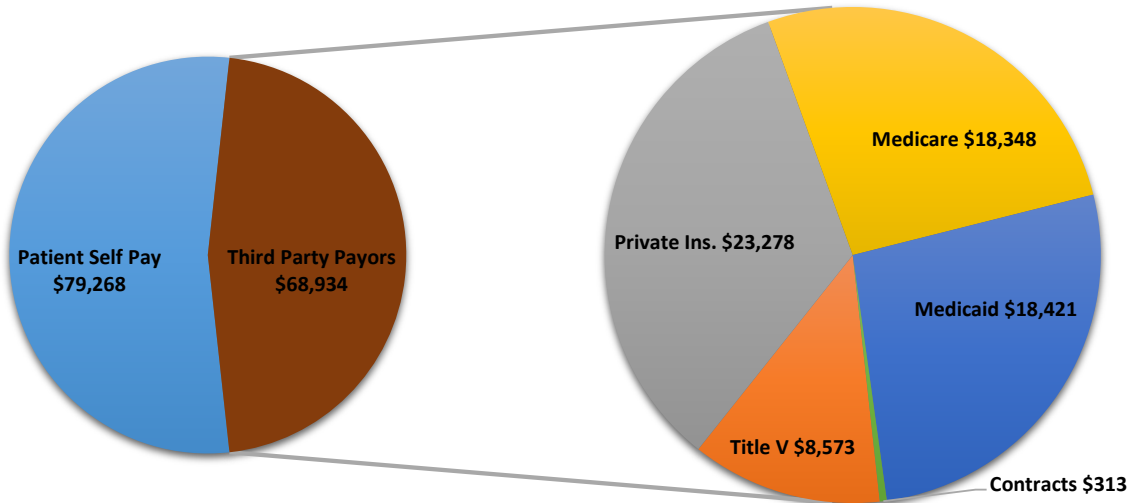
**HIGHLIGHTS**

- MTD decrease in Fund Balance of (\$31,239) and YTD decrease of (\$267,783).
- MTD revenues were underbudget by \$663,265 due to change in recording Self Pay Revenue, and lower revenues in Private Insurance, Medicare and Medicaid revenues as well as lower revenues for HHS expenses.
- MTD expenses were \$632,026 underbudget due to change in reporting Self Pay Bad Debt expense. Supplies were underbudget \$55,363, while Other expenses were overbudget by (\$3,081). Other expenses included \$9,250 from Fund Balance Reserve for final payment for XEC Medical Imaging. This was offset by savings in Personnel and Contractual expenses. Travel was overbudget by (\$1,191) for travel expenses to SUD-MH conference, which will be reimbursed by SUD-MH Grant. Total YTD SUD-MH expenses total \$8,439.18. These funds will be drawn after carry-over approval is received from HRSA.
- Total Fund balance is \$5,545,900 as of 6/30/19.

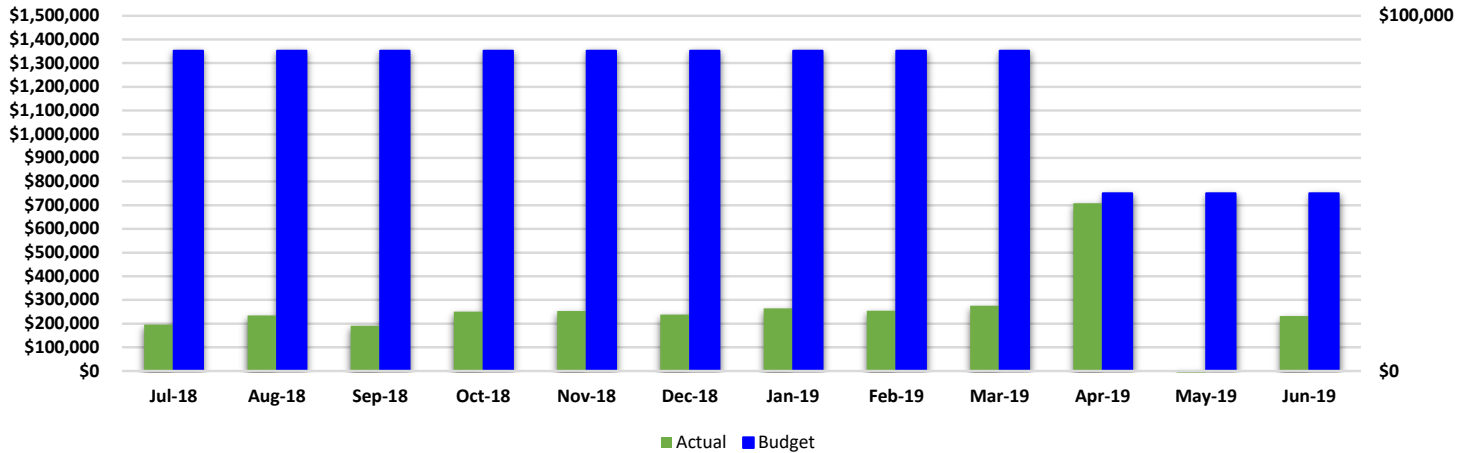
### Actual Revenue & Expenses in Comparison to Budget

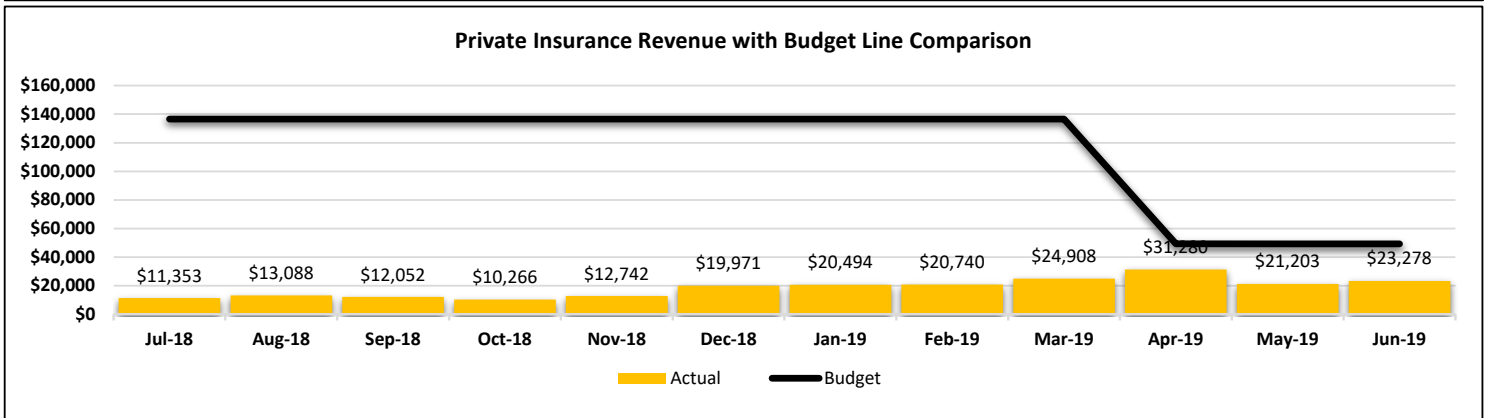
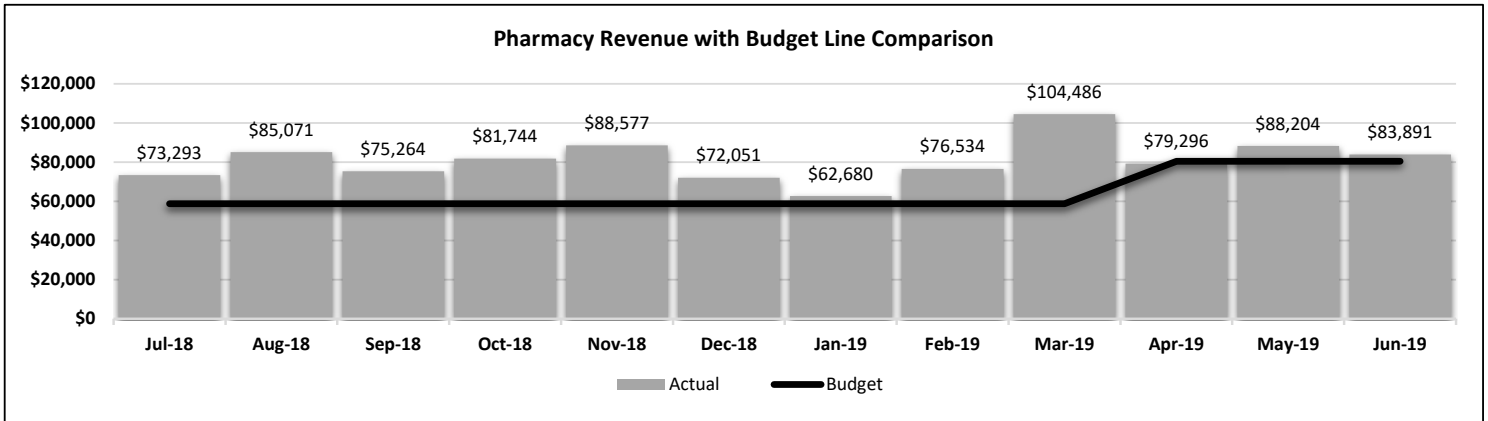
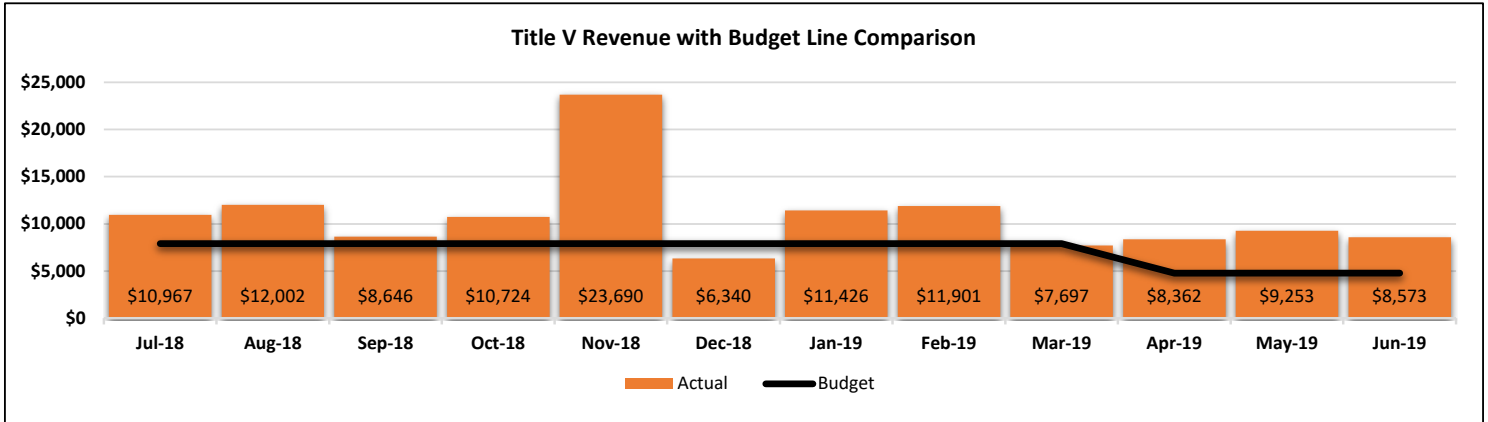
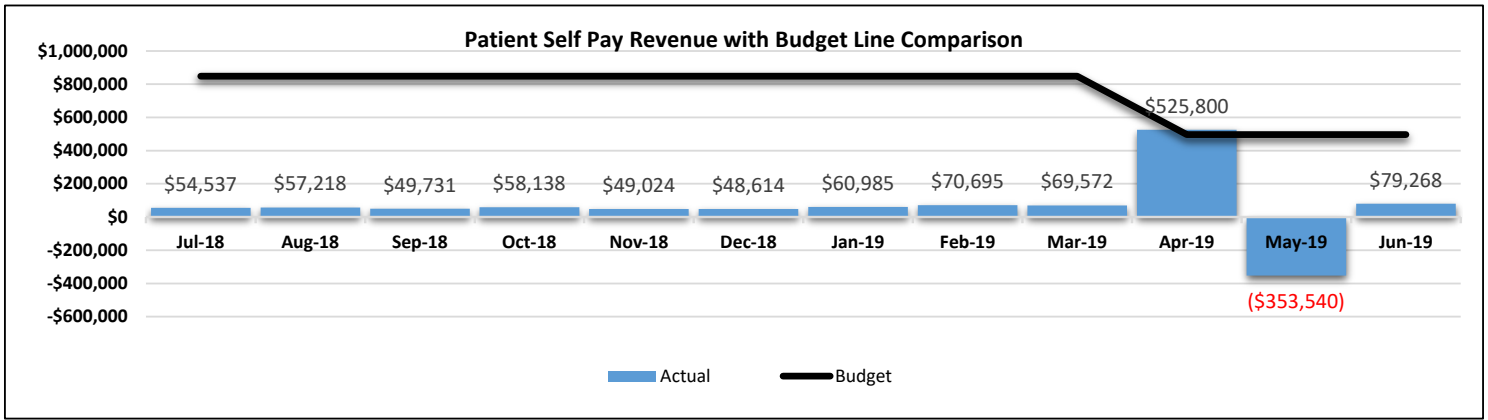


### Current Period Patient Revenue with Third Party Payor Contributions Identified



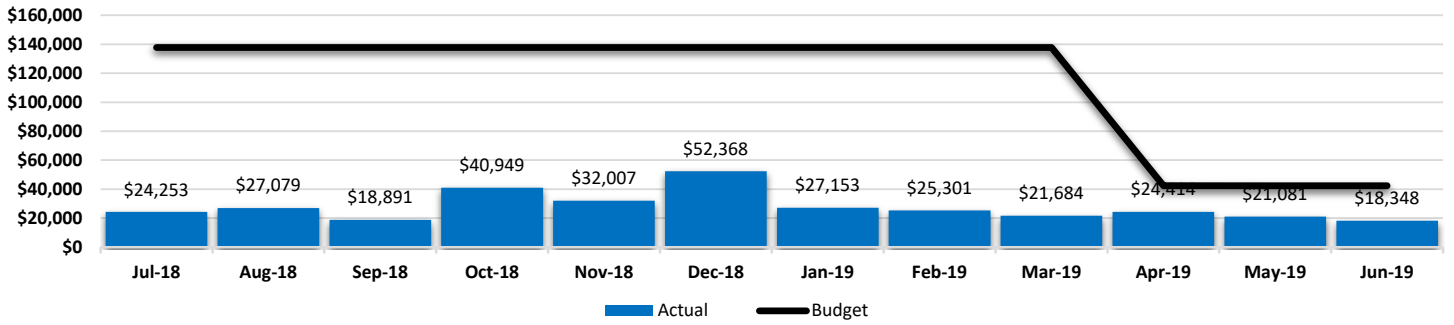
### Actual Patient Revenue Rec'd vs Budget



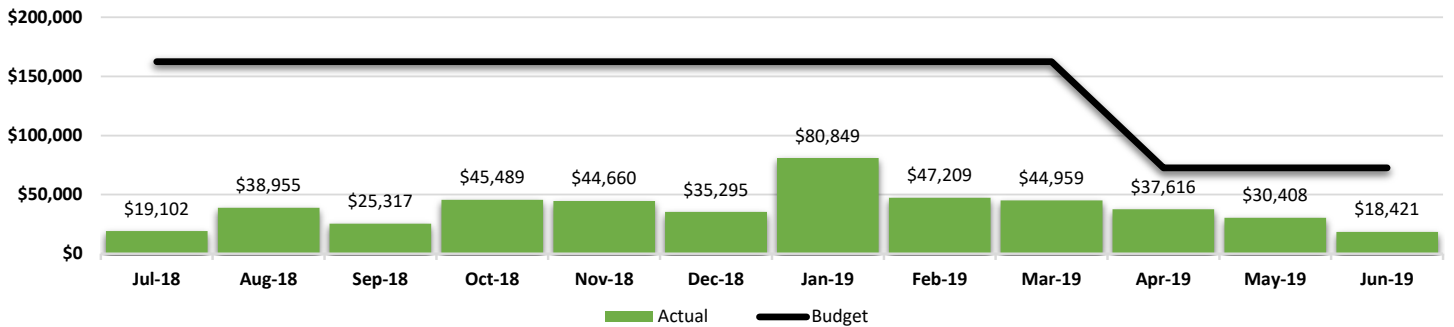




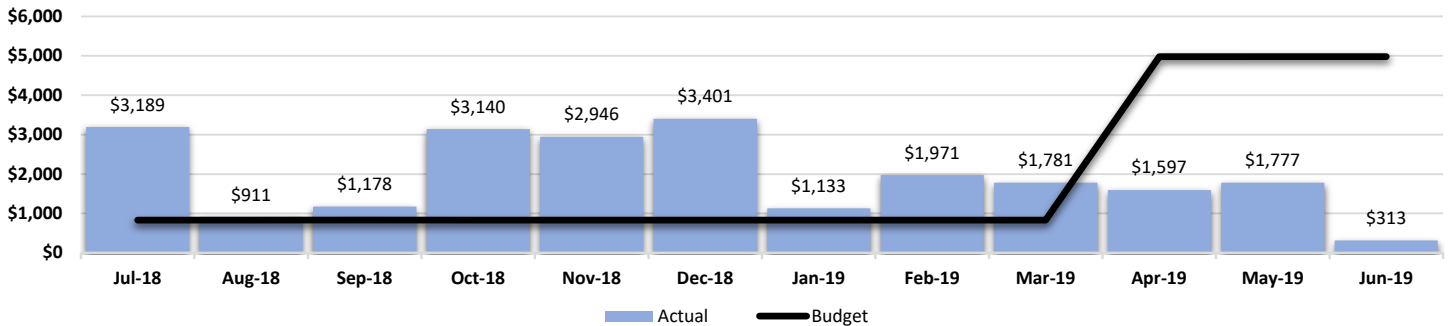
**Medicare Revenue with Budget Line Comparison**



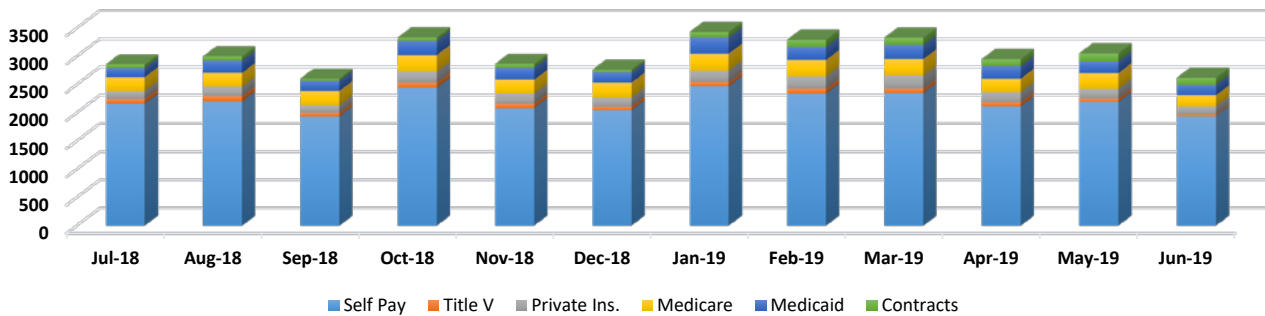
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**



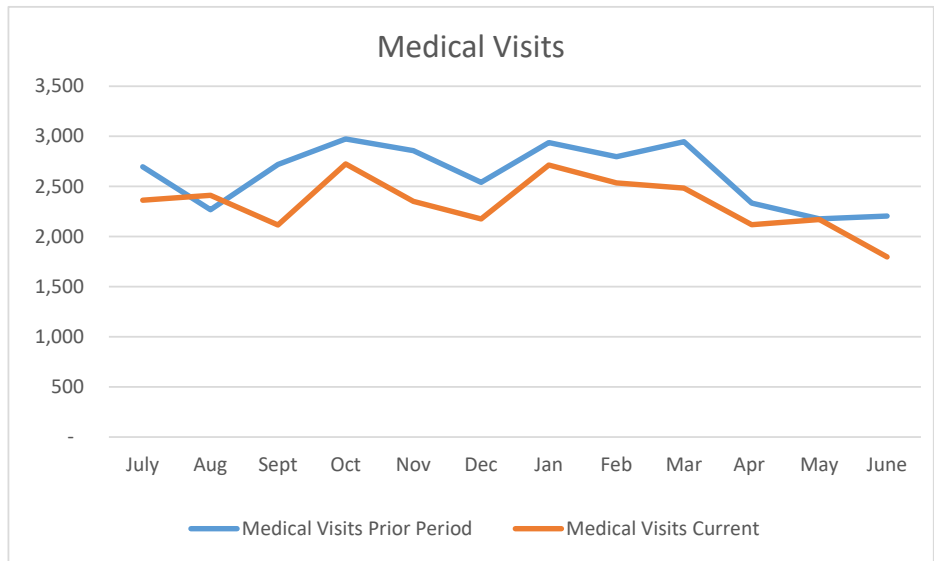
| Coastal Health & Wellness  |                                     |                  |                    |                    |                    |                    |                      |                     |
|--|-------------------------------------|------------------|--------------------|--------------------|--------------------|--------------------|----------------------|---------------------|
| Statement of Revenue and Expenses for the Period ending Jun 30, 2019 |                                     |                  |                    |                    |                    |                    |                      |                     |
|  |                                     | Period Ending    | MTD                | MTD Budget         | YTD                | YTD                | YTD Budget           | Annual              |
|  | Description                         | 6/30/19          | Budget             | Variance           | Actual             | Budget             | Variance             | Budget              |
| <b>Grouping</b>  | <b>REVENUE</b>                      |                  |                    |                    |                    |                    |                      |                     |
| HRSA   | HHS GRANT REVENUE - Federal         | \$207,197        | \$260,617          | (\$53,419)         | \$830,762          | \$781,850.00       | \$48,912             | \$3,127,400         |
| Patient Rev  | GRANT REVENUE - Title V             | \$8,573          | \$4,780            | \$3,793            | \$26,188           | \$14,339           | \$11,849             | \$57,355            |
| Patient Rev  | PATIENT FEES                        | \$79,268         | \$496,551          | (\$417,283)        | \$251,528          | \$1,489,652        | (\$1,238,124)        | \$5,958,608         |
| Patient Rev  | PRIVATE INSURANCE                   | \$23,278         | \$49,289           | (\$26,011)         | \$75,761           | \$147,868          | (\$72,107)           | \$591,472           |
| Patient Rev  | PHARMACY REVENUE - 340b             | \$83,891         | \$80,417           | \$3,475            | \$251,391          | \$241,250          | \$10,141             | \$965,000           |
| Patient Rev  | MEDICARE                            | \$18,348         | \$42,380           | (\$24,032)         | \$63,843           | \$127,140          | (\$63,297)           | \$508,558           |
| Patient Rev  | MEDICAID                            | \$18,421         | \$72,608           | (\$54,187)         | \$86,445           | \$217,824          | (\$131,380)          | \$871,296           |
| Other Rev.   | LOCAL GRANTS & FOUNDATIONS          | \$1,351          | \$1,351            | \$0                | \$4,052            | \$4,052            | \$0                  | \$16,208            |
| Other Rev.   | MEDICAL RECORD REVENUE              | \$1,326          | \$1,354            | (\$28)             | \$5,100            | \$4,063            | \$1,037              | \$16,250            |
| Other Rev.   | MEDICAID INCENTIVE PAYMENTS         | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| County   | COUNTY REVENUE                      | \$324,071        | \$324,070          | \$1                | \$972,214          | \$972,211          | \$2                  | \$3,888,845         |
| DS RIP   | DS RIP REVENUE                      | \$0              | \$79,167           | (\$79,167)         | \$0                | \$237,500          | (\$237,500)          | \$950,000           |
| Other Rev.   | MISCELLANEOUS REVENUE               | \$30             | \$0                | \$30               | \$30               | \$0                | \$30                 | \$0                 |
| Other Rev.   | OTHER REVENUE - SALE OF FIXED ASSET | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| Other Rev.   | INTEREST INCOME                     | \$8,782          | \$5,750            | \$3,032            | \$26,305           | \$17,250           | \$9,055              | \$69,000            |
| Patient Rev  | CONTRACT REVENUE                    | \$313            | \$4,978            | (\$4,665)          | \$3,687            | \$14,933           | (\$11,246)           | \$59,733            |
| Other Rev.   | LOCAL FUNDS / OTHER REVENUE         | \$376            | \$0                | \$376              | \$1,458            | \$0                | \$1,458              | \$0                 |
| Other Rev.   | CONVENIENCE FEE                     | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| Other Rev.   | Fund Balance                        | \$9,250          | \$9,250            | \$0                | \$93,016           | \$93,016           | \$0                  | \$182,160           |
|  | <b>Total Revenue</b>                | <b>\$784,476</b> | <b>\$1,432,560</b> | <b>(\$648,085)</b> | <b>\$2,691,779</b> | <b>\$4,362,947</b> | <b>(\$1,671,168)</b> | <b>\$17,261,885</b> |
|  | <b>EXPENSES</b>                     |                  |                    |                    |                    |                    |                      |                     |
| Personnel  | SALARIES                            | \$443,693        | \$526,677          | \$82,984           | \$1,464,365        | \$1,580,031        | \$115,666            | \$6,320,124         |
| Personnel  | SALARIES, Merit Compensation        | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| Personnel  | SALARIES, PROVIDER INCENTIVES       | \$3,652          | \$4,400            | \$748              | \$3,652            | \$13,200           | \$9,548              | \$52,800            |
| Personnel  | SALARIES, supplemental              | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| Personnel  | SALARIES, O/T                       | \$0              | \$5,000            | \$5,000            | \$6,217            | \$15,000           | \$8,783              | \$60,000            |
| Personnel  | SALARIES, PART-TIME                 | \$12,423         | \$36,141           | \$23,719           | \$33,157           | \$108,424          | \$75,266             | \$433,694           |
| Personnel  | Comp Pay                            | \$69             | \$0                | (\$69)             | \$189              | \$0                | (\$189)              | \$0                 |
| Personnel  | FICA EXPENSE                        | \$33,936         | \$43,775           | \$9,838            | \$111,998          | \$131,324          | \$19,326             | \$525,296           |
| Personnel  | TEXAS UNEMPLOYMENT TAX              | \$24             | \$1,215            | \$1,191            | (\$538)            | \$3,646            | \$4,184              | \$14,584            |
| Personnel  | LIFE INSURANCE                      | \$1,414          | \$1,380            | (\$34)             | \$4,361            | \$4,139            | (\$221)              | \$16,558            |
| Personnel  | LONG TERM DISABILITY INSURANCE      | \$1,026          | \$1,284            | \$258              | \$3,171            | \$3,853            | \$681                | \$15,411            |
| Personnel  | GROUP HOSPITALIZATION INSURANC      | \$0              | \$46,032           | \$46,032           | \$0                | \$138,096          | \$138,096            | \$552,383           |
| Personnel  | WORKER'S COMP INSURANCE             | \$1,111          | \$2,861            | \$1,750            | \$3,621            | \$8,583            | \$4,963              | \$34,333            |
| Personnel  | EMPLOYER SPONSORED HEALTHCARE       | \$38,525         | \$0                | (\$38,525)         | \$121,069          | \$0                | (\$121,069)          | \$0                 |
| Personnel  | HRA EXPENSE                         | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| Personnel  | PENSION / RETIREMENT                | \$9,733          | \$12,131           | \$2,398            | \$31,961           | \$36,393           | \$4,432              | \$145,572           |
| Contractual  | OUTSIDE LAB CONTRACT                | \$14,820         | \$30,475           | \$15,655           | \$52,951           | \$91,425           | \$38,474             | \$365,700           |
| Contractual  | OUTSIDE X-RAY CONTRACT              | \$1,824          | \$4,428            | \$2,604            | \$6,180            | \$13,283           | \$7,103              | \$53,130            |
| Contractual  | MISCELLANEOUS CONTRACT SERVICES     | \$13,961         | \$23,990           | \$10,028           | \$51,544           | \$71,969           | \$20,424             | \$287,874           |
| Personnel  | TEMPORARY STAFFING                  | \$4,357          | \$0                | (\$4,357)          | \$38,828           | \$0                | (\$38,828)           | \$0                 |
| Contractual  | CHW CONTRACT BILLING SERVICE        | \$5,371          | \$9,000            | \$3,629            | \$20,175           | \$27,000           | \$6,826              | \$108,000           |
| IGT  | IGT REIMBURSEMENT                   | \$0              | \$37,500           | \$37,500           | \$0                | \$112,500          | \$112,500            | \$450,000           |
| Contractual  | JANITORIAL CONTRACT                 | \$13,742         | \$13,926           | \$184              | \$41,226           | \$41,777           | \$552                | \$167,109           |
| Contractual  | PEST CONTROL                        | \$80             | \$80               | (\$0)              | \$240              | \$240              | (\$0)                | \$960               |
| Contractual  | SECURITY                            | \$2,928          | \$3,910            | \$982              | \$8,182            | \$11,730           | \$3,548              | \$46,920            |
| Supplies   | OFFICE SUPPLIES                     | \$5,404          | \$5,115            | (\$289)            | \$137,911          | \$15,344           | (\$122,567)          | \$61,376            |
| Supplies   | OPERATING SUPPLIES                  | \$21,322         | \$24,032           | \$2,710            | \$109,871          | \$72,096           | (\$37,776)           | \$288,382           |
| Supplies   | OUTSIDE DENTAL SUPPLIES             | \$1,847          | \$2,000            | \$154              | \$7,928            | \$6,000            | (\$1,928)            | \$24,000            |
| Supplies   | PHARMACEUTICAL SUPPLIES             | \$36,290         | \$89,889           | \$53,599           | \$122,354          | \$269,667          | \$147,313            | \$1,078,668         |
| Supplies   | JANITORIAL SUPPLIES                 | \$0              | \$333              | \$333              | \$0                | \$1,000            | \$1,000              | \$4,000             |
| Supplies   | PRINTING SUPPLIES                   | \$1,761          | \$200              | (\$1,561)          | \$1,883            | \$600              | (\$1,283)            | \$2,400             |
| Supplies   | UNIFORMS                            | \$0              | \$417              | \$417              | \$0                | \$1,250            | \$1,250              | \$5,000             |
| Other  | POSTAGE                             | \$729            | \$667              | (\$62)             | \$2,393            | \$2,000            | (\$393)              | \$8,000             |
| Other  | TELEPHONE                           | \$3,262          | \$4,066            | \$804              | \$10,615           | \$12,198           | \$1,582              | \$48,790            |
| Other  | WATER                               | \$31             | \$31               | \$1                | \$92               | \$94               | \$2                  | \$375               |
| Other  | ELECTRICITY                         | \$1,546          | \$2,083            | \$537              | \$4,560            | \$6,250            | \$1,690              | \$25,000            |
| Travel   | TRAVEL, LOCAL                       | \$349            | \$383              | \$34               | \$1,215            | \$1,150            | (\$65)               | \$4,600             |
| Travel   | TRAVEL, OUT OF TOWN                 | \$0              | \$0                | \$0                | \$0                | \$0                | \$0                  | \$0                 |
| Travel   | LOCAL TRAINING                      | \$225            | \$417              | \$192              | \$2,342            | \$1,250            | (\$1,092)            | \$5,000             |
| Travel   | TRAINING, OUT OF TOWN               | \$3,135          | \$1,719            | (\$1,416)          | \$8,788            | \$5,156            | (\$3,632)            | \$20,624            |
| Other  | RENTALS                             | \$3,022          | \$3,290            | \$268              | \$9,669            | \$9,870            | \$201                | \$39,480            |
| Other  | LEASES                              | \$43,121         | \$43,702           | \$581              | \$129,362          | \$131,106          | \$1,744              | \$524,424           |
| Other  | MAINTENANCE / REPAIR, EQUIP.        | \$8,328          | \$6,977            | (\$1,351)          | \$21,082           | \$20,930           | (\$152)              | \$83,720            |
| Other  | MAINTENANCE / REPAIR, AUTO          | \$0              | \$42               | \$42               | \$0                | \$125              | \$125                | \$500               |
| Other  | FUEL                                | \$0              | \$42               | \$42               | \$0                | \$125              | \$125                | \$500               |
| Other  | MAINTENANCE / REPAIR, BLDG.         | \$0              | \$417              | \$417              | \$1,126            | \$1,250            | \$124                | \$5,000             |
| Other  | MAINT/REPAIR, IT Equip.             | \$0              | \$1,273            | \$1,273            | \$0                | \$3,819            | \$3,819              | \$15,275            |
| Other  | MAINTENANCE / Preventative, AUTO    | \$0              | \$42               | \$42               | \$0                | \$125              | \$125                | \$500               |
| Other  | INSURANCE, AUTO/Truck               | \$200            | \$208              | \$9                | \$599              | \$625              | \$26                 | \$2,500             |
| Other  | INSURANCE, GENERAL LIABILITY        | \$1,026          | \$1,029            | \$3                | \$3,079            | \$3,088            | \$9                  | \$12,350            |
| Other  | INSURANCE, BLDG. CONTENTS           | \$1,451          | \$1,633            | \$182              | \$4,354            | \$4,899            | \$545                | \$19,595            |
| Other  | Settlements                         | \$0              | \$0                | \$0                | \$87,500           | \$0                | (\$87,500)           | \$0                 |

**Coastal Health & Wellness**  
**Statement of Revenue and Expenses for the Period ending Jun 30, 2019**

|       |                                    | <i>Period Ending</i> | <i>MTD</i>                 | <i>MTD Budget</i> | <i>YTD</i>         | <i>YTD</i>         | <i>YTD Budget</i>  | <i>Annual</i>       |
|-------|------------------------------------|----------------------|----------------------------|-------------------|--------------------|--------------------|--------------------|---------------------|
|       | <i>Description</i>                 | <i>6/30/19</i>       | <i>Budget</i>              | <i>Variance</i>   | <i>Actual</i>      | <i>Budget</i>      | <i>Variance</i>    | <i>Budget</i>       |
| Other | COMPUTER EQUIPMENT                 | \$0                  | \$0                        | \$0               | \$0                | \$0                | \$0                | \$0                 |
| Other | OPERATING EQUIPMENT                | \$9,250              | \$0                        | (\$9,250)         | \$18,500           | \$0                | (\$18,500)         | \$0                 |
| Other | BUILDING IMPROVEMENTS              | \$0                  | \$0                        | \$0               | \$0                | \$0                | \$0                | \$0                 |
| Other | NEWSPAPER ADS                      | \$894                | \$1,500                    | \$606             | \$3,295            | \$4,500            | \$1,205            | \$18,000            |
| Other | SUBSCRIPTIONS, BOOKS, ETC          | \$0                  | \$125                      | \$125             | \$150              | \$375              | \$225              | \$1,500             |
| Other | ASSOCIATION DUES                   | \$6,000              | \$2,883                    | (\$3,117)         | \$8,000            | \$8,648            | \$648              | \$34,592            |
| Other | IT SOFTWARE, LICENSES, INTANGIBLES | \$14,508             | \$18,355                   | \$3,848           | \$91,761           | \$55,066           | (\$36,695)         | \$220,265           |
| Other | PROF FEES/LICENSE/INSPECTIONS      | \$50                 | \$203                      | \$153             | \$75               | \$608              | \$533              | \$2,430             |
| Other | PROFESSIONAL SERVICES              | \$329                | \$1,875                    | \$1,546           | \$15,476           | \$5,625            | (\$9,851)          | \$22,500            |
| Other | MED/HAZARD WASTE DISPOSAL          | \$454                | \$483                      | \$29              | \$1,503            | \$1,450            | (\$53)             | \$5,800             |
| Other | TRANSPORTATION CONTRACT            | \$405                | \$650                      | \$245             | \$1,286            | \$1,950            | \$664              | \$7,800             |
| Other | BOARD MEETING OPERATIONS           | \$1                  | \$29                       | \$28              | \$45               | \$88               | \$42               | \$350               |
| Other | SERVICE CHG - CREDIT CARDS         | \$764                | \$685                      | (\$79)            | \$2,573            | \$2,055            | (\$518)            | \$8,220             |
| Other | CASHIER OVER / SHORT               | (\$0)                | \$0                        | \$0               | (\$0)              | \$0                | \$0                | \$0                 |
| Other | LATE CHARGES                       | \$0                  | \$0                        | \$0               | \$0                | \$0                | \$0                | \$0                 |
| Other | BAD DEBT EXPENSE                   | \$38,072             | \$417,493                  | \$379,421         | \$120,757          | \$1,252,480        | \$1,131,723        | \$5,009,920         |
| Other | MISCELLANEOUS EXPENSE              | \$0                  | \$0                        | \$0               | \$858              | \$0                | (\$858)            | \$0                 |
|       | <b>Total Expenses</b>              | <b>\$806,464</b>     | <b>\$1,438,490</b>         | <b>\$632,026</b>  | <b>\$2,933,550</b> | <b>\$4,315,471</b> | <b>\$1,381,921</b> | <b>\$17,261,885</b> |
|       | <b>Net Change in Fund Balance</b>  | <b>(\$21,989)</b>    | <b>(\$5,930)</b>           | <b>(\$16,059)</b> | <b>(\$241,771)</b> | <b>\$47,476</b>    | <b>(\$289,247)</b> | <b>(\$0)</b>        |
|       |                                    | (\$9,250)            | Expenses Fund Bal. Reserve |                   | (\$93,016)         |                    |                    |                     |
|       |                                    | (\$31,239)           |                            |                   | (\$334,787)        |                    |                    |                     |

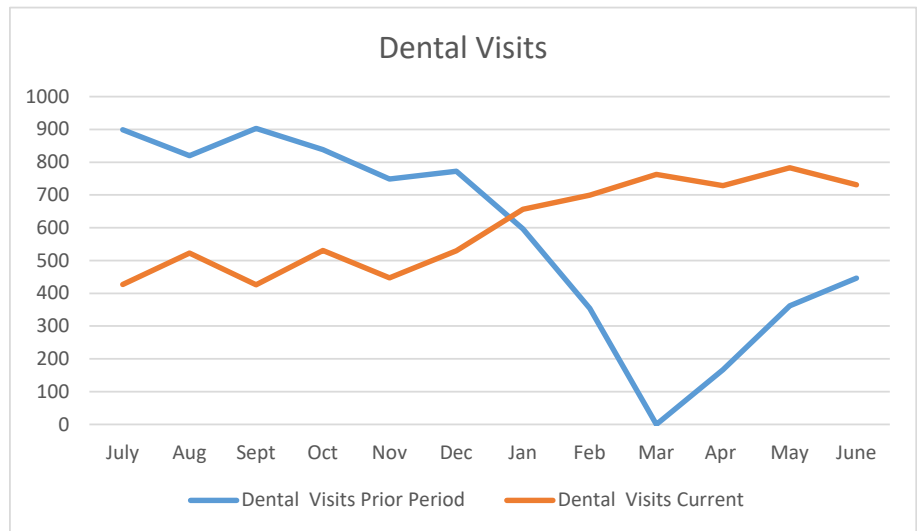
### Medical Visits

|      | <u>Prior Period</u> | <u>Current</u> |
|------|---------------------|----------------|
| July | 2,696               | 2,363          |
| Aug  | 2,267               | 2,413          |
| Sept | 2,720               | 2,115          |
| Oct  | 2,974               | 2,725          |
| Nov  | 2,857               | 2,351          |
| Dec  | 2,542               | 2,175          |
| Jan  | 2,939               | 2,714          |
| Feb  | 2,798               | 2,534          |
| Mar  | 2,946               | 2,484          |
| Apr  | 2,334               | 2,119          |
| May  | 2,177               | 2,171          |
| June | 2,205               | 1,797          |
|      | <u>31,455</u>       | <u>27,961</u>  |



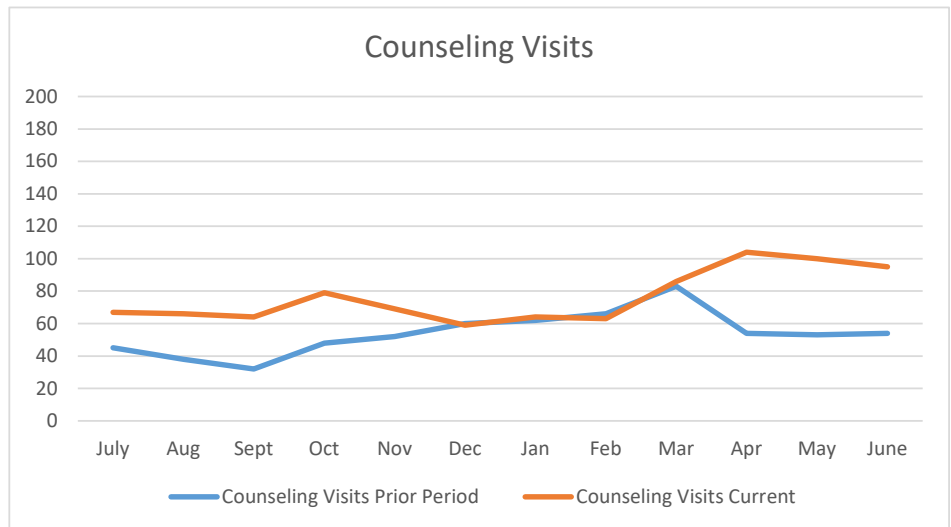
### Dental Visits

|      | <u>Prior Period</u> | <u>Current</u> |
|------|---------------------|----------------|
| July | 899                 | 427            |
| Aug  | 820                 | 523            |
| Sept | 903                 | 426            |
| Oct  | 838                 | 531            |
| Nov  | 749                 | 447            |
| Dec  | 772                 | 530            |
| Jan  | 597                 | 656            |
| Feb  | 354                 | 699            |
| Mar  | 0                   | 763            |
| Apr  | 167                 | 728            |
| May  | 362                 | 783            |
| June | 446                 | 731            |
|      | <u>6,907</u>        | <u>7,244</u>   |



### Counseling Visits

|      | <u>Prior Period</u> | <u>Current</u> |
|------|---------------------|----------------|
| July | 45                  | 67             |
| Aug  | 38                  | 66             |
| Sept | 32                  | 64             |
| Oct  | 48                  | 79             |
| Nov  | 52                  | 69             |
| Dec  | 60                  | 59             |
| Jan  | 62                  | 64             |
| Feb  | 66                  | 63             |
| Mar  | 83                  | 86             |
| Apr  | 54                  | 104            |
| May  | 53                  | 100            |
| June | 54                  | 95             |
|      | <u>647</u>          | <u>916</u>     |



**Vists by Financial Class - Actual vs. Budget**  
**As of June 30, 2019 (Grant Year 4/1/19-3/31/20)**

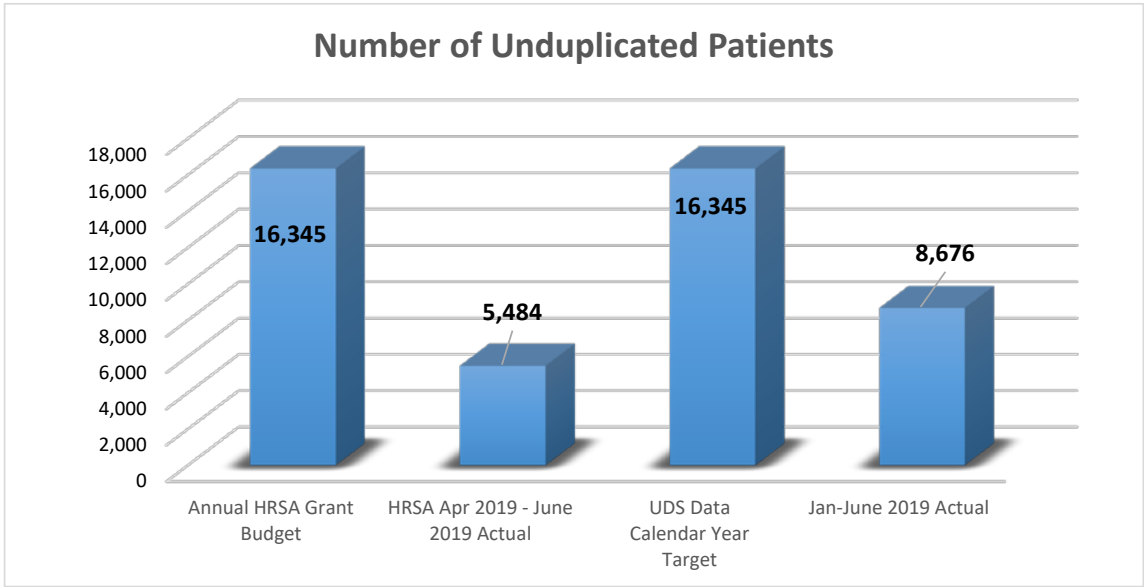
|                                  | Annual HRSA   |              | Over/(Under) |                | YTD          | Over/(Under)  |                | %<br>Over/ (Under) |
|----------------------------------|---------------|--------------|--------------|----------------|--------------|---------------|----------------|--------------------|
|                                  | Grant Budget  | MTD Actual   | MTD Budget   | MTD Budget     |              | YTD Actual    | Budget         |                    |
| Medicaid                         | 5,442         | 187          | 454          | (267)          | 617          | 1,361         | (744)          | -55%               |
| Medicare                         | 3,640         | 195          | 303          | (108)          | 718          | 910           | (192)          | -21%               |
| Other Public (Title V, Contract) | 1,728         | 153          | 144          | 9              | 546          | 432           | 114            | 26%                |
| Private Insurance                | 4,718         | 142          | 393          | (251)          | 494          | 1,180         | (686)          | -58%               |
| Self Pay                         | 31,361        | 1,946        | 2,613        | (667)          | 6,253        | 7,840         | (1,587)        | -20%               |
|                                  | <b>46,889</b> | <b>2,623</b> | <b>3,907</b> | <b>(1,284)</b> | <b>8,628</b> | <b>11,722</b> | <b>(3,094)</b> | <b>-26%</b>        |

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

|                       | Current Year<br>Annual Target | Jan-June<br>2018 Actual | Jan-June<br>2019 Actual | Increase/<br>(Decrease) Prior | %<br>of Annual Target |
|-----------------------|-------------------------------|-------------------------|-------------------------|-------------------------------|-----------------------|
|                       |                               |                         |                         | Year                          |                       |
| Unduplicated Patients | 16,345                        | 8,698                   | 8,676                   | (22)                          | 53%                   |

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

|                       | Annual HRSA<br>Grant Budget | Apr 2018 -<br>June 2018<br>Actual | Apr 2019 -<br>June 2019<br>Actual | Increase/<br>(Decrease) Prior | %<br>of Annual Target |
|-----------------------|-----------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------|
|                       |                             |                                   |                                   | Year                          |                       |
| Unduplicated Patients | 16,345                      | 4,901                             | 5,484                             | 583                           | 34%                   |



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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #9**

**Consider for Approval Quarterly Visit and Analysis Report Including  
Breakdown of New Patients by Payor Source for Recent New Patients**

**Coastal Health & Wellness - Quarterly Visit & Analysis Report  
for the period ending June 30, 2019**

*\*based on UDS Reporting period (January 1 to December 31)*

| Total Visits by<br>Financial Class | June<br>2019 | June<br>2018 | %<br>Change  | * YTD Average |              | %<br>Change |  | * YTD Payor Mix |             | %<br>Change |
|------------------------------------|--------------|--------------|--------------|---------------|--------------|-------------|--|-----------------|-------------|-------------|
|                                    |              |              |              | 2019          | 2018         |             |  | 2019            | 2018        |             |
| Self Pay                           | 1,946        | 2,084        | -7%          | 2,233         | 2,043        | 9%          |  | 71.7%           | 69.1%       | 2.5%        |
| Medicare                           | 195          | 271          | -28%         | 267           | 319          | -16%        |  | 8.6%            | 10.8%       | -2.2%       |
| Medicaid                           | 187          | 140          | 34%          | 234           | 266          | -12%        |  | 7.5%            | 9.0%        | -1.5%       |
| Contract                           | 126          | 59           | 114%         | 164           | 57           | 186%        |  | 5.3%            | 1.9%        | 3.3%        |
| Private Insurance                  | 142          | 118          | 20%          | 193           | 221          | -13%        |  | 6.2%            | 7.5%        | -1.3%       |
| Title V                            | 27           | 33           | -18%         | 24            | 49           | -51%        |  | 0.8%            | 1.6%        | -0.9%       |
| <b>Total</b>                       | <b>2,623</b> | <b>2,705</b> | <b>-3.0%</b> | <b>3,115</b>  | <b>2,955</b> | <b>5%</b>   |  | <b>100%</b>     | <b>100%</b> | <b>0.0%</b> |

| Department   | * YTD Total Visits |               | %<br>Change |
|--------------|--------------------|---------------|-------------|
|              | 2019               | 2018          |             |
| Medical      | 13,818             | 15,431        | -10.5%      |
| Dental       | 4,361              | 1,926         | 126%        |
| Lab Only     |                    |               | 0%          |
| Nursing      |                    |               | 0%          |
| Counseling   | 510                | 372           | 37%         |
| <b>Total</b> | <b>18,689</b>      | <b>17,729</b> | <b>5%</b>   |

| Unduplicated<br>Visits | * YTD Total Users |              | %<br>Change  |
|------------------------|-------------------|--------------|--------------|
|                        | 2019              | 2018         |              |
| Medical                | 6,846             | 7,727        | -11.4%       |
| Dental                 | 1,723             | 885          | 95%          |
| Counseling             | 107               | 88           | 22%          |
| <b>Total</b>           | <b>8,676</b>      | <b>8,700</b> | <b>-0.3%</b> |



| NextGen / Crystal Reports - Summary Aging by Financial Class<br>for the period ending June 30, 2019 (based on encounter date) |                   |                  |                  |                 |                 |                  |                  |                    |             | Goal is 45-75 days |            |
|---|-------------------|------------------|------------------|-----------------|-----------------|------------------|------------------|--------------------|-------------|--------------------|------------|
|   |                   |                  |                  |                 |                 |                  |                  |                    |             | Days in A/R        |            |
|   | 0-30              | 31-60            | 61-90            | 91-120          | 121-150         | 151-180          | 181-up           | Total              | %           | Current<br>Period  | Last Qtr   |
| Self Pay  | \$14,576          | \$51,815         | \$62,813         | \$52,665        | \$52,371        | \$59,099         | \$559,415        | \$852,755          | 75%         | 295                | 277        |
| Medicare  | 12,257            | 18,868           | 11,611           | 9,522           | 9,095           | 4,483            | 19,034           | \$84,870           | 7%          | 61                 | 66         |
| Medicaid  | 6,149             | 17,366           | 8,537            | 6,692           | 7,280           | 4,846            | (20,005)         | \$30,865           | 3%          | 23                 | 1          |
| Contract  | 955               | 5,767            | 10,420           | 13,831          | 17,465          | 24,760           | 98,096           | \$171,294          | 15%         | 265                | 209        |
| Private Insurance   | 7,104             | 13,841           | 7,606            | 4,958           | 7,398           | 5,607            | 16,423           | \$62,936           | 6%          | 64                 | 63         |
| Title V   | 593               | 3,110            | 2,369            | 2,613           | 2,700           | 2,718            | 2,299            | \$16,402           | 1%          | 179                | 91         |
| Unapplied   | (75,538)          |                  |                  |                 |                 |                  |                  | (75,538)           | -7%         | -----              | -----      |
| <b>Totals</b>   | <b>(\$33,904)</b> | <b>\$110,768</b> | <b>\$103,356</b> | <b>\$90,280</b> | <b>\$96,310</b> | <b>\$101,512</b> | <b>\$675,262</b> | <b>\$1,143,584</b> | <b>100%</b> | <b>148</b>         | <b>118</b> |

| Previous Quarter<br>Balances | \$37,741 | \$98,550 | \$102,368 | \$96,535 | \$74,216 | \$51,380 | \$779,571 | \$1,240,361 |
|------------------------------|----------|----------|-----------|----------|----------|----------|-----------|-------------|
| % Change                     | -190%    | 12%      | 1%        | -6%      | 30%      | 98%      | -13%      | -8%         |

| Charges & Collections   | June<br>2019 | June<br>2018 | %<br>Change | * YTD<br>2019 | YTD<br>2018 | %<br>Change |
|-------------------------|--------------|--------------|-------------|---------------|-------------|-------------|
| Billed                  | \$722,774    | \$648,312    | 11%         | \$4,995,503   | \$4,326,316 | 15.47%      |
| Adjusted                | (534,349)    | (475,390)    | 12%         | (3,670,203)   | (3,050,173) | 20.33%      |
| Net Billed              | \$188,425    | \$172,922    | 9%          | \$1,325,300   | \$1,276,143 | 3.85%       |
| Collected               | \$148,201    | \$115,885    | 28%         | \$1,057,909   | \$839,313   | 26%         |
| % Net Charges collected | 79%          | 67%          | 17%         | 80%           | 66%         | 21%         |

Goal = > 70%

| Payor             | YTD Current Period |             |                             |                             | YTD Prior Year |             |                             |                                |
|-------------------|--------------------|-------------|-----------------------------|-----------------------------|----------------|-------------|-----------------------------|--------------------------------|
|                   | Visits             | Payor Mix   | Net<br>Revenue<br>per Visit | (Net Billed)<br>Net Revenue | Visits         | Payor Mix   | Net<br>Revenue<br>per Visit | (Net Billed)<br>Net<br>Revenue |
| Self Pay          | 15,392             | 70.6%       | \$33.98                     | \$522,958                   | 14,285         | 68.2%       | \$31.22                     | \$445,970                      |
| Medicare          | 1,815              | 8.3%        | \$138.29                    | 250,990                     | 2,154          | 10.3%       | \$145.41                    | 313,212                        |
| Medicaid          | 1,607              | 7.4%        | \$148.71                    | 238,978                     | 1,795          | 8.6%        | \$143.01                    | 256,709                        |
| Contract          | 1,441              | 6.6%        | \$81.24                     | 117,072                     | 829            | 4.0%        | \$51.88                     | 43,012                         |
| Private Insurance | 1,394              | 6.4%        | \$128.20                    | 178,717                     | 1,573          | 7.5%        | \$126.06                    | 198,296                        |
| Title V           | 149                | 0.7%        | \$111.31                    | 16,586                      | 320            | 1.5%        | \$59.20                     | 18,944                         |
| <b>Total</b>      | <b>21,798</b>      | <b>100%</b> | <b>\$60.80</b>              | <b>\$1,325,300</b>          | <b>20,956</b>  | <b>100%</b> | <b>\$60.90</b>              | <b>\$1,276,143</b>             |

| Item                                  | 2019        | 2018        |
|---------------------------------------|-------------|-------------|
| Self Pay - Gross<br>Charges           | \$3,289,690 | \$2,726,841 |
| Self Pay - Collections                | \$452,779   | \$323,670   |
| % Gross Self Pay<br>Charges Collected | 13.8%       | 11.9%       |
| % Net Self Pay<br>Charges Collected   | 86.6%       | 72.6%       |

Adjusted for Bad Debt Expense

**Coastal Health & Wellness**  
**New Patients By Financial Class**  
**From 1/1/2019 to 6/30/19**

| <b>Summary</b>    | <b>Current Period</b> |                  | <b>Prior Period 2018</b> |               |
|-------------------|-----------------------|------------------|--------------------------|---------------|
|                   | <b>New Patients</b>   | <b>Current %</b> | <b>New Patients</b>      | <b>%</b>      |
| Self Pay          | 1,495                 | 77.9%            | 1,252                    | <b>76.0%</b>  |
| Medicaid          | 121                   | 6.3%             | 101                      | <b>6.1%</b>   |
| Medicare          | 60                    | 3.1%             | 81                       | <b>4.9%</b>   |
| Private Insurance | 155                   | 8.1%             | 169                      | <b>10.3%</b>  |
| Title V           | 45                    | 2.3%             | 20                       | <b>1.2%</b>   |
| Contracts         | 42                    | 2.2%             | 25                       | <b>1.5%</b>   |
| <b>Total</b>      | <b>1,918</b>          | <b>100.0%</b>    | <b>1,648</b>             | <b>100.0%</b> |

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #10**

**Consider for Approval Purchase of a Pump System for Galveston  
Dental Clinic**

## **Consider for Approval Authorization to Purchase Pump for Dental in Galveston from Fund Balance Reserves**

One of the pumps which provides noise reduction, aids in eliminating smells, and helps provide the suction used in the Dental Clinics in Galveston is no longer working. This is a dual pump system which is currently running on one pump.

We have obtained three quotes for replacement. Dr. Lindskog is evaluating these systems.

We are requesting authorization to purchase the system that would be the best fit for our clinic needs, in an amount not to exceed \$6,050. Funding would come from Fund Balance Reserves – Medical/Dental Equipment Additions/Replacements, which has a current balance of \$242,937.

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #11**

**Consider for Approval the Coastal Health & Wellness 2019-2020  
Performance Improvement Plan**

# COASTAL HEALTH & WELLNESS PERFORMANCE IMPROVEMENT PLAN 2019-2020

## **Introduction**

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

## **Responsibilities**

### **Coastal Health & Wellness Governing Board**

The CHW Governing Board is the policy-making authority for CHW clinical operations. The Board approves CHW operational policies, ensures CHW's continuing alignment with its vision and mission, and tracks CHW's progress to achieve goals and objectives adopted by the organization and as set forth in accordance with the Healthy People 2020.

As outlined in the Governing Board's bylaws, execution and operational aspects of Board policies are delegated to the Executive Director or his/her designee. The Health Resources and Services Administration (HRSA) mandates that a Quality Assurance Committee (QAC), comprised of Governing Board members, oversee the progression and effectiveness of Coastal Health & Wellness's overarching initiatives. In doing so, the Governing Board's QAC will convene on a quarterly basis to review performance improvement data and priority indicators which shall include CHW's compliance with standards stipulated by CHW accrediting organizations including but not limited to HRSA and The Joint Commission (TJC).

The Governing Board's QAC is responsible, when necessary, for requesting that the Executive Director bring pertinent information from these meetings to the Governing Board in its entirety. The Governing Board is subsequently expected to offer feedback to CHW administration regarding these matters.

### **Coastal Health & Wellness Quality Assurance/Performance Improvement Committee**

The Coastal Health & Wellness Quality Assurance/Performance Improvement Committee includes the Executive Director, Chief Compliance Officer, Chief Nursing Officer, Chief Financial Officer, Medical Director, Nursing Director, Dental Director and all other clinic managers. The Quality Assurance/Performance Committee meets on the first Wednesday of each month to evaluate and improve upon current clinical processes as they pertain to patient care, customer service, administrative functions, and adherence to all goals and objectives subject to Governing Board oversight. Minutes from the Quality Assurance/Performance Improvement Committee are distributed to all members within five (5) business days after the meeting and reviewed with all members of the Quality Assurance/Performance Improvement Committee at the start of the subsequent meeting.

Members of the Quality Assurance/Performance Improvement Committee use data presented at these meetings to establish monthly, quarterly, and annual performance matrices. The Executive Director and other designated staff coordinate with the Governing Board's QAC to establish organizational responsibilities required to accomplish identified goals and objectives.

### **Coastal Health & Wellness Supervisors**

All Coastal Health & Wellness managers and supervisors are responsible for capturing and tracking data essential to monitoring and evaluating the progress and quality initiatives as they relate to each supervisors' departmental

purview, and ensure members of their respective staff are adequately educated about their individual roles and responsibilities, and how these roles and responsibilities fit into CHW's overall objectives. When instructed by the Executive Director, supervisors will coordinate the collection of data and its subsequent aggregation and analysis, including frequency, statistical tools, historical trends, etc.

### **Approach to Quality Assurance/Performance Improvement**

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

- a. Medical and dental productivity
- b. Access to care
- c. Patient satisfaction survey results
- d. Patient complaint data for unresolved complaints
- e. Patients with hypertension
- f. Patients with Type 2 diabetes
- g. Breast and colon cancer screening initiatives
- h. Insurance credentialing
- i. Chart audits for quality of care measures
- j. Other measures identified by HRSA (meaningful use and clinical measures), TJC, the Department of State Health Services and/or the QAC

The 2019-2020 Performance Improvement Plan will also mandate that CHW administration continue working to implement new information technology for Meaningful Use and collaborate with Texas Association of Community Health Centers (TACHC) to meet the requirements of the Patient Centered Medical Home credential. New technology will provide opportunities to improve data gathering and data accuracy for more efficient and safer patient care. Clinic staff will also continue to develop measures over the next year to meet the next level of Meaningful Use (of electronic records) as required by the Centers for Medicare and Medicaid Services ("CMS").

### **Measurements for 2020**

Coastal Health & Wellness is committed to achieving certain goals set forth by HRSA in its Healthy People 2020 initiative. Accordingly, CHW will strive to exceed the following specific measures, which will be reviewed quarterly by the Governing Board's Quality Assurance Committee.

#### Objectives

1. Implement the new Peer to Peer Clinical Education Initiative to replace the former Peer Review Process
2. Screen at least 50% of all children, adolescents and adults for diabetes and prediabetes with a single hemoglobin A1C using the diagnostic criterion of the American Diabetes Association
3. Provide verbal or written patient education for at least 50% of all children, adolescents and adults who have screened positive for prediabetes
4. Improve by at least 5% the proportion of patients with Type 2 Diabetes who have a hemoglobin A1C less than 9%
5. Increase by 10% the proportion of children, adolescents and adults who have weight screenings and counseling for overweight or obesity

### **Measures from the Bureau of Primary Health Care Review**

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

### **Dental Peer Review**

Dental Peer Review will continue to serve as a vehicle to evaluate and improve the quality of dental health services at Coastal Health & Wellness. Monthly measures for dental are reviewed by audit of individual records or data gathered through electronic reports generated from the system. Currently, Dental Peer Review measures are reviewed monthly by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee, and feedback from these meetings is presented to all providers by the CHW Dental Director at their department's monthly in-service meeting.

### **Medical Peer Review**

The CHW Medical Team has modified its peer review process and is implementing the peer to peer clinical education initiative for a more comprehensive approach to quality assurance.

### **Environment of Care and Infection Control Program**

The program has predetermined measures for the effectiveness of efforts in safety, life safety, security, hazardous materials, utilities, medical equipment, emergency preparedness and infection control. Improvements are driven by identification of opportunities for improvement through measurement and data analysis. These are reviewed and approved annually by the QAC and follow guidelines set forth by The Joint Commission and Occupational Safety and Health Administration.

### **Staff Competencies**

Licensed independent providers are credentialed and privileged in accordance with the *CHW Credentialing and Privileging Policy for Professional Provider Staff* (attached), which is reviewed and approved annually by the Coastal Health & Wellness Governing Board. Other licensed staff is periodically credentialed and works under the applicable supervision. Providers are subject to review in accordance with the *Clinical Peer/Midlevel Review* (attached). An assessment of all staff competency is made annually as a part of the Coastal Health and Wellness performance evaluation process.

### **Sentinel Events**

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

Sentinel events shall be reported as incidents and reviewed by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee. In the rare instance that a sentinel event should occur, a root cause analysis focusing on improving systems and processes will be undertaken by an appropriate multi-disciplinary group assigned by the Quality Assurance/Performance Improvement Committee. Should the event mandate reporting to an external agency, such reports will be prepared by the Chief Compliance Officer, unless directed otherwise by the Executive Director.



Incidents that do not rise to the level of a sentinel event are also thoroughly investigated, and corrective actions, when appropriate, are employed. Such incidents are considered to be important learning and improvement opportunities and are analyzed by the Quality Assurance/Performance Improvement Committee. Process improvements are made based upon Committee recommendations and established procedures for best practices.

**Attachments:**

- a. Patient Safety and Quality of Care Statement
- b. Coastal Health & Wellness Clinical Peer/Midlevel Review
- c. Galveston County Health District Coastal Health & Wellness Clinic Quality Management Program for DSHS and HHS Funded Programs
- d. Coastal Health & Wellness Credentialing and Privileging Policies for Professional Provider Staff

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David Delac, Chairman  
Coastal Health & Wellness Governing Board

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Date

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

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

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

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

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

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

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

Your health and safety are our biggest concern!

## **COASTAL HEALTH & WELLNESS CLINICAL PEER/MIDLEVEL REVIEW**

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

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

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

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

To qualify for the confidentiality and immunity protections afforded, all Peer/Midlevel Review activities must be carried out pursuant to these guidelines and must be performed at the direction of or on behalf of the Coastal Health & Wellness Quality Assurance Committee comprised of the Executive Director, Chief Nursing Officer, Chief Compliance Officer, Medical Director, Dental Director, Nursing Director, along with other business and clinical staff, as deemed necessary, based upon the issue being addressed.

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

#### **PEER TO PEER CLINICAL EDUCATIONAL INITIATIVE**

##### **Context**

Primary health care clinicians are responsible for partnering with our patients to work toward the goals of achieving and maintaining excellent health. This partnership for the purpose of successfully achieving measurable goals is known as value based care.

The evidence for successful prevention and management of health conditions continues to accumulate and the care we provide needs to evolve as new evidence is obtained. This necessitates a commitment to lifelong learning for primary care providers and requires ongoing, continuous review and mastery of accepted medical practice.

##### **Peer to Peer Clinical Education Initiative (formerly Peer Review)**

CHW is modifying its peer review process to ensure that every provider:

- Has access to up to date evidence for the most common and most impactful health conditions we manage in our clinics
- Is aware in a timely fashion of changes in the evidence and the application of evidence as it relates to patient care.
- Actively engages with other providers and the health care team as a whole to provide exemplary evidence-based care for our patients.

##### **Content**

Taken alone, UDS measures do not indicate whether we are or are not providing appropriate care. However, they are markers for conditions known to impact the health of communities so when followed over time they can help determine if we are on course to effectively manage the care of our patients.

To achieve our CHW goals of achieving and maintaining excellent health as well as the HRSA goals identified by UDS, each provider will be responsible for championing one or more health conditions (HC) and/or primary prevention screening tools (PST) on an ongoing basis

- UDS measures are embedded within the identified HC and PSTs
- Champions are not subject area experts but are responsible for updating colleagues on changes in practice guidelines for their subject.

Tasks for each champion:

- Identify evidence-based resources for managing the HC
- Review these resources on an ongoing basis
  - Provide an initial oral presentation during in service that reviews the acceptable practices for the comprehensive primary care of the HC
    - Provide brief updates at future in service sessions
  - Provide (a) written resource(s) that providers can access when performing clinical duties
    - Titles and links to evidence reviews and summaries that form the basis of acceptable practice
    - Lists/tables for surveillance markers and their frequency for the HC
  - Provide detailed but succinct recommendations for how to document care in NG
    - Work with IT to understand exactly how and where the documentation needs to be put in NG so it can be appropriately accessed for UDS and other statistical summaries and present this to colleagues
- Provide recommendations to improve the achievement of goals for the HC:
  - Specific suggestions to be used in the huddles for capturing data for the HC
  - Specific suggestions for education by nurses and medical assistants before and after the provider visit
    - Succinct, timely handouts
    - Call backs between visits
    - Extended education sessions with nurses
- Provide recommendations for tools for
  - shared decision-making
  - patient goal setting
  - patient education
- Perform focused chart reviews for all providers directed to the HC:
  - Develop in conjunction with the medical director the format for review for the HC that will measure whether providers are appropriately managing the HC
  - All champions will review five charts of every provider and their own once each quarter (four times annually when fully implemented)

The following table lists the health conditions and primary preventive services that will form the basis of our current peer to peer clinical education initiative. All UDS measures are represented and many are contained within more than one subject area.

| <b>Health Condition/Preventive Service</b>                               | <b>Associated UDS</b>                     |
|--|---|
| Asthma management for children and asthma and COPD management for adults | Use of appropriate medications for asthma |
|  | Tobacco use and cessation                 |
| Management of Type 2 Diabetes  | Hemoglobin A1C at or better than 9%       |
| Primary care management of Coronary Artery Disease and Other             | Lipid therapy                             |
|  | Aspirin or other thrombotics for IVD      |

|  |  |
|--|--|
| Ischemic Vascular Disease                                | Tobacco use and cessation                  |
| Primary care management of hypertension and dyslipidemia | Lipid therapy                              |
|  | Tobacco use and cessation                  |
|  | Hypertensive patients with BP < 140/90     |
| Preventive care for infants and children                 | Childhood immunization status              |
|  | Weight assessment and counseling           |
| Preventive care for adult women and adolescent females   | Cervical cancer screening                  |
|  | Linkage to care for HIV                    |
|  | Colorectal cancer screening                |
|  | Weight assessment (BMI) and counseling     |
|  | Screening and care for clinical depression |
|  | Screening for tobacco use                  |
| Preventive care for adult men and adolescent males       | Weight assessment (BMI) and counseling     |
|  | Screening and care for clinical depression |
|  | Screening for tobacco use                  |
|  | Colorectal cancer screening                |
|  | Linkage to care for HIV                    |

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## **GUIDELINES FOR TYPES OF REVIEWS**

### Patient Complaints, Adverse Occurrences and Sentinel Events

1. Quality of care concerns and patient complaints that are reported to CHW employees will be thoroughly investigated by the appropriate manager.
2. The appropriate manager will gather and review documentation regarding the incident/complaint including but not limited to, medical records, logs, electronic records, witness written statements, etc.
3. The appropriate manager will draft a chronological report of key findings based on documentation and present the findings to the Executive Director for review.
4. The Executive Director will review for completeness and appropriateness of the findings and formulate recommendations, including, but not limited to, staff and practice expectations, employee corrective actions, training needs, and procedures/guideline development.
5. Depending upon the nature of the infraction, the Chief Compliance Officer may report the incident to The Joint Commission, National Practitioner Databank, Texas Medical Board, Texas Board of Nursing and/or other appropriate professional licensing boards, as well as to law enforcement if necessary.
6. CHW administration will advise appropriate staff of the incident, and any related policies or procedures implemented as a result.

## **MIDLEVEL SUPERVISORY REVIEWS**

1. On a weekly basis, at least 10% of patient visits with mid-levels are electronically selected.
2. On a weekly basis, the Medical Director or qualified designee reviews these records for appropriate documentation of history, physical exam, diagnosis(es), and plan according to established clinical practice guidelines and evidence-based clinical standards of care.
3. When the Medical Director or designee finds a quality of care concern, he or she will document the concern and recommendation to the appropriate midlevel provider in an email marked "Privileged and Confidential Chart Review Findings." In urgent instances, the Medical Director or designee will consider appropriate clinical or corrective interventions.

4. For most frequent findings, it is expected that the Medical Director or designee provides a brief presentation on the topic during the monthly in-service. An alternative would be to arrange for a topic expert to present on the subject matter.
5. The Dental Director reviews 10% of the dental hygienist's records at least monthly according to an approved review form and gives feedback to the hygienist(s) at least monthly regarding expected improvements in care or documentation.

### **DENTAL PEER REVIEW PROCEDURE**

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

### **ABOUT CLINICAL PRACTICE GUIDELINES**

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

Recommended Clinical Practice Guidelines should reflect the most frequently addressed health and medical problems at Coastal Health & Wellness, as well as those for which care is delegated to midlevel practitioners (APN/PA) with prescriptive authority.

# GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS QUALITY MANAGEMENT PROGRAM FOR DSHS AND HHS FUNDED PROGRAMS

## **Purpose**

This guideline is designed to ensure clinic compliance with contract requirements of Department of State Health Services (DSHS), and Texas Health and Human Services (HHS) funded programs and to promote quality healthcare services for clinic patients.

## **Laws, Regulations and Policies:**

All GCHD/CHW programs abide by the *Civil Rights Act*, including Title VI regarding limited English proficiency, *the Americans with Disabilities Act*, including Section 504 – the *Rehabilitation Act*. Policies pertinent to these laws and their applicability at Coastal Health & Wellness and are posted on the employee extranet site. Employees are educated about these policies upon initial hire and annually thereafter.

Abortions: No federal or DSHS funds are used for abortion or for abortion-related activities. No abortion-related activities are conducted in the Coastal Health & Wellness Clinics. No members of the Coastal Health & Wellness Governing Board or administrative staff may sit on a board of an organization that performs or endorses abortions.

Child Abuse Screening, Documenting and Reporting Guidelines: Coastal Health & Wellness staff abides by the DSHS Child Abuse Screening, Documenting and Reporting Policy requirements and posts its internal procedures on the employee extranet.

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

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

Cultural and Linguistic Competency: Coastal Health & Wellness receives annual training about requirements for overcoming barriers presented by cultural and linguistic differences, and about best practices when handling such situations.

## **Clinic Operations**

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

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

Release of Information: The procedures and forms that guide release of patient health information (“PHI”) from Coastal Health & Wellness Clinic is posted on the employee extranet site. Fees for documented records are approved by the Governing Board annually, and coincide with the fee schedule stipulated by the Texas Medical Association.

Privacy and Confidentiality: Policies that address privacy include the *Work Environment Policy*, *HIPAA Policy*, *Computer and Electronics Usage Policy* and *Employee Ethics and Standards of Conduct Policy*. These policies can be found on the employee extranet.

Format Order Within the Record: Electronic records have specific formats within the medical and dental electronic programs, including templates and summary documents, which are adhered to by default EHR settings.

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

Infectious Disease Control: Coastal Health & Wellness has an *Infection Control Policy* for all staff that outlines responsibilities for using standard precautions, employee health practices, reporting contagious diseases and how employees are required to handle blood borne pathogen exposures. An *Immunization Policy* also exists for employees and volunteers. The Infection Control Nurse, with assistance from department supervisors, is responsible for the development of procedures for specific components of the infection control program. Coastal Health and Wellness outlines infection control program goals annually, identifies high risk procedures and describes monitoring activities in the *Infection Control Policy*.

#### **Personnel Policies Address:**

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

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

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

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

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

The agency has current Protocols for Physician Assistants (PAs) and Advanced Practice Nurses (APNS), which have been reviewed, agreed upon and signed annually by the physician, PAs and APNs: Well Child Protocols  
The agency has current SDOs which have been reviewed, agreed upon and signed annually by the physician that



delineates who is authorized to perform specific functions: Medical Director's SDOs for MAs that administer medications

### **Quality Assurance / Performance Improvement**

The agency has a written and implemented internal Performance Improvement Plan used to evaluate services, processes and operations within the agency. All Coastal Health and Wellness administrative policies and procedures pertinent to federal, state or regulatory stipulations will be reviewed and approved by the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee.

Evaluation of administrative policies and procedures and review of facilities: Approval of administrative policies is the responsibility of the Coastal Health and Wellness Governing Board when applicable, and is otherwise tasked to the Galveston County Health District United Board of Health. Policies are reviewed and approved annually by the Board.

### Facility Maintenance and Environmental Safety

Review of facilities is accomplished in accordance with the *Safety Manual and Risk Management Policy*, along with Joint Commission Environment of Care policies, *GCHD/CHW Safety Manual* and *Infection Control Plan*. Reports are provided monthly to the Coastal Health & Wellness Infection Control and Joint Commission Committee, and quarterly to the GB Quality Assurance Committee.

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

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

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

Adverse outcomes are completely investigated by applicable supervisors as designated by the Executive Director or designee. Root causes are determined when possible, and improvement activities and follow up is completed. Outcomes may be discussed with relevant personnel in the appropriate venue. A discussion of adverse outcomes, to include improvement activities and follow-up, will be addressed in the CHW Quality Assurance/Performance

Improvement Committee meetings. If there are no adverse outcomes to report, the minutes will contain documentation of no adverse outcomes.

Client Satisfaction Surveys:—A Governing Board approved survey is given to patients to complete. Survey tallies are reported to the Coastal Health & Wellness Quality Assurance/Performance Improvement Committee on a monthly basis, and to the Governing Board on a quarterly basis.

Prepared for compliance with DSHS/HHS policies and approved by the Quality Assurance Committee on August 10, 2010. Revised per DSHS technical assistance September 3, 2010. Reviewed and approved September 21, 2011; June 14, 2012; July 23, 2013; August 20, 2014; October 21, 2015; December 07, 2017, May 22, 2018; May 18, 2019.

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Kathy Barroso, CPA  
Executive Director

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Date

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Cynthia Ripsin, MD  
Coastal Health & Wellness Medical Director

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Date

# COASTAL HEALTH & WELLNESS CLINIC CREDENTIALING AND PRIVILEGING POLICY FOR PROFESSIONAL PROVIDER STAFF

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

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

## **Responsibilities:**

**Coastal Health & Wellness Governing Board** is responsible for:

- a. Authorizing the credentialing and privileging of Coastal Health & Wellness Licensed Independent Practitioners and midlevel providers including Nurse Practitioners and Physician Assistants.

**CHW Executive Director** is responsible for:

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

**CHW Medical Director** is responsible for:

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

**CHW Dental Director** is responsible for:

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

**Human Resources** is responsible for:

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

**CHW Administration** is responsible for:

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

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

## **CREDENTIALING and PRIVILEGING GUIDELINES:**

### **Initial Credentialing:**

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

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

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

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

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

### **TEMPORARY PRIVILEGES:**

**Purpose:** To ensure a qualified and competent physician, midlevel provider including nurse practitioners and physician assistants, other LIPs, and dentist staff.

#### **Responsibilities:**

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

**CHW Executive Director or Designee:** Approves temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists in specific circumstances as outlined below.

Temporary privileges for physicians, midlevel providers including nurse practitioners and physician assistants, other LIPs, and dentists shall be granted under two different circumstances:

1. To fulfill an important patient care need, for example, in the event of unexpected provider absences due to illness or position vacancy.
  - a. In this circumstance, temporary privileges may be granted by the CHW Executive Director or designee on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. In these circumstances, temporary privileges may be granted by the Executive Director or designee upon recommendation of the Medical or Dental Director, provided there is verification of current licensure; relevant training or experience; results of the National Practitioner Data Bank query have been obtained and evaluated; any involuntary termination of medical staff membership at another organization has been evaluated; any voluntary or involuntary limitation, reduction, or loss of clinical privileges have been evaluated and current competence (as evidenced by at least two peer recommendations), In this case, temporary privileges will be approved for no more than ninety (90) days and will state the relevant patient care need.

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

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

- a. Current licensure;
- b. Relevant training or experience;
- c. Current competence (as evidenced by at least two peer recommendations);
- d. Ability to perform the privileges requested; and
- e. The results of the National Practitioner Data Bank query have been obtained and evaluated.

The Medical/Dental Director must verify the provider:

- a. Submits a complete application;
- b. Carries no current or previously successful challenge to his/her licensure or registration;
- c. Has been subject to involuntary termination of medical staff membership at another organization; and
- d. Has not been subject to involuntary limitation, reduction, or loss of clinical privileges.

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

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

**\*\*In the aforementioned situations, the provider precluding from issuing care in the facility until the reappointment process is complete.**

### **ADVERSE INFORMATION:**

If, during the credentialing process, substantive adverse information on the applicant is received, the Medical Director or Dental Director, in conjunction with the Director of Human Resources and the CHW Executive Director or designee, may recommend that the applicant not be hired or contracted.

### **Process for Medical or Dental Providers**

Coastal Health & Wellness' process is developed in accordance with its status as a governmental entity and employer and in accordance with policy and bylaws established by HRSA, the Texas Medical Board, the Texas Dental Board, the Texas Board of Nursing, and in accordance with approved Coastal Health & Wellness policies. If the matter involves a compliance or quality of care issue, a comprehensive investigation will be performed to gather factual data and statements from all involved parties. The investigation will be reviewed by the CHW Executive Director or designee and Medical or Dental Director to determine if patient harm or non-compliance were substantiated by the investigation. If harm or non-compliance is questionable, the investigation will be forwarded for review by a confidential peer review committee of clinical counterparts for recommendations. The recommendations will be recorded and forwarded by the Medical or Dental Director to the involved provider for review and comment. All documentation will be kept in the providers' file. If the matter involves a substantiated violation of laws, organizations policies, or applicable licensure board regulations, the CHW Executive Director or designee and Medical or Dental Director, in consultation with the Human Resources Designee, will determine a fair and consistent corrective action in accordance with the Health *District Corrective Action Policy*. In the case of written reprimand or the issuance of an intent to terminate notice, policy allows the employed provider to submit a written appeal to the CHW Executive Director or designee and/or request a hearing before the CHW Executive Director, or designee, Medical or Dental Director, and Human Resources Designee. In accordance

with current Coastal Health & Wellness Governing Board policies, the CHW Executive Director or designee will have the final decision on the outcome of the matter after consideration of the written appeal and/or fair hearing.

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

Attachment: Credentialing and Privileging Table

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Kathy Barroso, CPA  
CHW Executive Director

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Date

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David Delac, Chairman  
Coastal Health & Wellness Governing Board

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Date

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

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

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
July 2019  
Item #12  
Consider for Approval Quarterly  
Compliance Report**

## Coastal Health & Wellness Governing Board Quarter 1, FY20 – Compliance Report

| Internal Audits  |  |  |
|--|--|--|
| <i>DEPARTMENT-<br/>DATE CONDUCTED</i>                                  | <i>TYPE OF AUDIT &amp; FINDINGS</i>  | <i>ACTION TAKEN</i>  |
| <b>Patient Services Director -</b><br>April 1, 2019 –<br>June 30, 2019 | <b>Financial Screening Audit:</b> <ul style="list-style-type: none"> <li>• Financial screening audits were performed by randomly pulling ten applications monthly to establish the accuracy and completeness of said applications.</li> <li>• An inclusive application requires the CHW Patient Service Specialists to ensure the accurate completion of nine different fields within each application, all of which are reviewed during the audit.</li> <li>• Amongst the 30 applications reviewed, which collectively encompass 270 individual fields, there was one cited error – yielding a 99% rate of accuracy.</li> </ul>   | <ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>   |
| <b>Patient Services Director -</b><br>April 1, 2019 –<br>June 30, 2019 | <b>Title V Audit:</b> <ul style="list-style-type: none"> <li>• Title V audits were performed by randomly pulling Title V patient applications and charts during April and May to determine accuracy and inclusiveness of the documentation.</li> <li>• An inclusive Title V application and chart requires the CHW Patient Service Specialists to ensure the accurate completion of nine different fields contained within the documents, all of which are reviewed during the audit.</li> <li>• Amongst the 46 applications and charts reviewed, which collectively encompass 414 individual fields, there were six cited flaws – yielding a 98.5% rate of accuracy.</li> </ul> | <ul style="list-style-type: none"> <li>• Five of the six errors were a result of staff failing to populate a field within NextGen. The Patient Services Director has since counseled staff about the issue.</li> <li>• Title V funds have been expended for the current grant period. No new Title V patients will be registered until the next Title V grant is made available in September.</li> <li>• Continue operating under current protocol.</li> </ul> |

**Coastal Health & Wellness Governing Board  
Quarter 1, FY20 – Compliance Report**

|   |   |   |
|---|---|---|
| <p><b>Nursing Director/<br/>Business Office<br/>Manager -</b><br/>April 1, 2019 –<br/>June 30, 2019</p> | <p><b>340B Medication Audit:</b></p> <ul style="list-style-type: none"> <li>• The Nursing Director and Business Office Manager jointly performed a 340B medication audit to determine the comprehensiveness of charting 340B ordered meds, which requires documentation reflecting consistency in medication logs, NextGen and billing activities.</li> <li>• Of the 20 charts analyzed (ten at each of the two sites), there were no cited errors, yielding a 100% compliance rate.</li> </ul>   | <ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>                    |
| <p><b>Risk and Safety<br/>Coordinator –</b><br/>April 1, 2019 –<br/>June 30, 2019</p>                   | <p><b>Environmental, Risk and Safety Assessments (ERSAs):</b></p> <ul style="list-style-type: none"> <li>• ERSAs, each consisting of thirty elements stemming from The Joint Commission Environment of Care standards, were performed at both clinic locations during each month of the quarter.</li> <li>• Collectively there were 19 building issues, all of which were reported to the appropriate personnel within 24 hours (as mandated by CHW’s <i>Utilities Management Plan</i>).</li> <li>• All reported problems have since been corrected.</li> </ul> | <ul style="list-style-type: none"> <li>• No major findings; continue operating under current protocol.</li> </ul> |

**Coastal Health & Wellness Governing Board  
Quarter 1, FY20 – Compliance Report**

|  |   |  |
|--|---|--|
| <p><b>Risk and Safety Coordinator; Chief Compliance Officer; Fleet and Facilities Coordinator; PHEP Manager –</b><br/>April 10, 2019</p> | <p><b>Annual Fire Drill – Mid County Annex</b></p> <ul style="list-style-type: none"> <li>• Per EC.02.03.03 (EP.2) of The Joint Commission Standards, Coastal Health &amp; Wellness conducted its annual unannounced fire drill.</li> <li>• The last person was logged as exiting the building two minutes and forty-four seconds after the alarm initially sounded, well within the goal of five-minutes as set forth by CHW’s <i>Fire Safety Management Plan</i>.</li> </ul>  | <ul style="list-style-type: none"> <li>• No issues cited by fire captains or staff designated to observe evacuation procedures.</li> <li>• Continue operating under current protocol.</li> </ul> |
| <p><b>Risk and Safety Coordinator –</b><br/>April 23, 2018</p>   | <p><b>Biennial Badge Audit</b></p> <ul style="list-style-type: none"> <li>• The Risk and Safety Coordinator completed a badge audit, which is facilitated twice annually.</li> <li>• Per Section VI of the CHW <i>Security Management Plan</i>, the performance indicator states a successful audit consists of at least 95% of audited employees wearing their badge in a visible manner.</li> <li>• Of the 45 employees examined (collectively from each of the two CHW locations), all 45 complied with badge mandates.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue operating under current protocol.</li> </ul>   |

**Coastal Health & Wellness Governing Board  
Quarter 1, FY20 – Compliance Report**

| <b>HIPAA Breach Reports</b>            |   |  |
|--|---|--|
| <i>DEPARTMENT –<br/>DATE OCCURRED</i>  | <i>SUMMARY</i>  | <i>FOLLOW-UP</i>   |
| <b>Patient Services</b><br>May 3, 2019 | <ul style="list-style-type: none"> <li>A Patient Services representative inadvertently handed a patient's visit schedule to the wrong patient. The recipient patient immediately noticed the name on the schedule was incorrect and returned the document to the representative.</li> </ul> | <ul style="list-style-type: none"> <li>The staff member was counseled about the matter by the Patient Services Director, and all members of the Patient Services staff were reminded to always double-check documentation containing PHI before transferring the documentation.</li> <li>Per 45 C.F.R. § 164.408, a breach notification detailing the disclosure was submitted to the Secretary of Health &amp; Human Services.</li> </ul> |
| <b>External Audits</b>                 |   |  |
| <i>DEPARTMENT –<br/>DATE OCCURRED</i>  | <i>SUMMARY</i>  | <i>FOLLOW-UP</i>   |
| <b>X-Ray/Lab –</b><br>May 14, 2019     | <b>Texas Department of State Health Services</b><br>The Department of State Health Services conducted an unannounced site visit to review Coastal Health & Wellness' radiation policies and practices.  | <ul style="list-style-type: none"> <li>No deficiencies were cited; however, the Chief Nursing Officer met with the Radiation Safety Officer after the audit to make minor updates to the radiation safety manual.</li> </ul>   |

**Coastal Health & Wellness Governing Board  
Quarter 1, FY20 – Compliance Report**

|  |  |   |
|--|--|---|
| <p><b>CHW Dental -</b><br/>June 26, 2019</p>   | <p><b>Texas Department of Health and Human Services</b><br/>A representative from the Texas Department of Health &amp; Human Services performed a brief Medicaid audit of the Coastal Health &amp; Wellness Dental Clinic, during which time CHW had to exhibit proof that provider credentialing was being maintained in accordance with CHW policy and state mandates.</p> | <ul style="list-style-type: none"> <li>• The audit was clean and CHW will continue operating under the terms of its Credentialing and Privileging Policy.</li> </ul>  |
| <b>Incident Reports</b>                        |  |   |
| <i><b>DEPARTMENT –<br/>DATE OCCURRED</b></i>   | <i><b>SUMMARY</b></i>  | <i><b>FOLLOW-UP</b></i>   |
| <p><b>Dental (MCA)–</b><br/>April 16, 2019</p> | <p>A dental assistant stuck herself with a pigtail explorer while transferring equipment from the Ultrasonic to the Autoclave, despite wearing gloves and fingercots.</p> <ul style="list-style-type: none"> <li>• <b>Preventable Incident</b></li> </ul>  | <ul style="list-style-type: none"> <li>• A workers’ compensation claim was filed and the assistant was treated accordingly.</li> <li>• The Dental Director and Dental Assistant Supervisor continue reiterating to staff the importance of remaining constantly attentive while handling instruments and sharps.</li> </ul> |

## Coastal Health & Wellness Governing Board Quarter 1, FY20 – Compliance Report

|   |   |   |
|---|---|---|
| <b>Patient Services –<br/>(Texas City)</b><br>May 6, 2019 | A Patient Services employee discovered a missing cash bag during a morning audit. The bag was found moments later under the front desk, and all cash was accounted for. <ul style="list-style-type: none"> <li>• <b>Preventable Incident</b></li> </ul> | <ul style="list-style-type: none"> <li>• The cash bag was inadvertently left at the front desk as a result of personnel failing to adhere to established policies.</li> <li>• The situation was immediately reported to the Patient Services Director, and the employee at fault promptly admitted to the mistake. Staff was subsequently instructed to ensure policies are always precisely followed.</li> </ul> |
| <b>Warning and Termination Letters</b>                    |   |   |
| <b><i>REASON</i></b>                                      | <b><i>TYPE OF LETTER</i></b>  |   |
| Debt Collection Policy                                    | Suspensions: 267; Reinstatements: 194   |   |
| Behavioral Letters Issued                                 | Terminations: 2; Warnings: 7  |   |

**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**

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #13**

**Consider for Approval Quarterly Report of UDS  
Measures Relative to 2020 Goals**



|   | UDS<br>2015 | UDS<br>2016 | UDS<br>2017 | UDS<br>2018 | 2019<br>1Q | 2019<br>2Q    | 2020<br>Goal |
|---|-------------|-------------|-------------|-------------|------------|---------------|--------------|
| Cervical Cancer Screening   | 36.58%      | 36.79%      | 29.35%      | 33.71%      | 34.22%     | 35.70%        | 36%          |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | 35.19%      | 32.97%      | 2.91%       | 10.70%      | 14.78%     | <b>19.64%</b> | 35%          |
| Body Mass Index (BMI) Screening and Follow-Up   | 24.51%      | 30.21%      | 55.01%      | 83.31%      | 95.18%     | 95.51%        | 67%          |
| Adults Screened for Tobacco Use and Receiving Cessation Intervention                              | 64.48%      | 69.32%      | 79.29%      | 97.03%      | 98.17%     | 93.66%        | 82%          |
| Colorectal Cancer Screening   | 11.98%      | 6.63%       | 15.24%      | 15.41%      | 13.45%     | <b>17.20%</b> | 18%          |
| Childhood Immunization Status   | 50.00%      | 4.76%       | 3.92%       | 8.89%       | 33.33%     | 21.05%        | 20%          |
| Screening for Clinical Depression and Follow-Up Plan  | 16.87%      | 40.00%      | 86.65%      | 95.62%      | 96.70%     | 97.63%        | 89%          |
| Chronic Disease Management  |             |             |             |             |            |               |              |
| Use of Appropriate Medications for Asthma   | 68.57%      | 88.66%      | 75.84%      | 89.47%      | 83.87%     | 87.10%        | 85%          |
| Coronary Artery Disease (CAD): Lipid Therapy  | 77.27%      | 77.45%      | 86.54%      | 87.23%      | 86.21%     | <b>85.06%</b> | 88%          |
| Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic                         | 81.67%      | 79.47%      | 79.57%      | 85.53%      | 85.29%     | 83.96%        | 82%          |
| Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure < 140/90)              | 64.82%      | 63.35%      | 58.79%      | 59.95%      | 51.04%     | <b>49.69%</b> | 64%          |
| Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c > 9%) or No Test During Year  | 32.34%      | 41.96%      | 35.36%      | 36.45%      | 45.68%     | <b>38.24%</b> | 29%          |
| HIV Linkage to Care   | 100.00%     | 100.00%     | 100.00%     | 0%          | Pending    |               | 85%          |

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
July 2019  
Item #14  
Consider for Approval Quarterly  
Access to Care Report**

**Coastal Health & Wellness – Access to Care Report  
April, May, June 2019 (2<sup>nd</sup> Quarter)**

**Goals: Utilization % = 90% (minus Counseling); No Show % = 20%**

|                         | Available Appts | # Appts Scheduled | % Utilization | # Appts Kept | % Appts Kept | # No Shows | % No Shows |
|-------------------------|-----------------|-------------------|---------------|--------------|--------------|------------|------------|
| <b>Medical</b>          | 6,165           | 5,874             | 95%           | 4,415        | 75%          | 1,459      | 25%        |
| <b>Dental</b>           | 2,617           | 2,432             | 93%           | 1,781        | 73%          | 651        | 27%        |
| <b>Dental Hygienist</b> | 350             | 327               | 93%           | 273          | 83%          | 54         | 17%        |
| <b>Counseling</b>       | 901             | 415               | 46%           | 302          | 73%          | 113        | 27%        |
|                         |                 |                   |               |              |              |            |            |
|                         |                 |                   |               |              |              |            |            |
|                         | Available Appts | # Appts Scheduled | % Utilization | # Appts Kept | % Appts Kept | # No Shows | % No Shows |
| <b>Galveston</b>        |                 |                   |               |              |              |            |            |
| Medical                 | 2,486           | 2,251             | 91%           | 1,685        | 75%          | 566        | 25%        |
| Dental                  | 430             | 400               | 93%           | 290          | 73%          | 110        | 28%        |
| Dental Hygienist        | 96              | 92                | 96%           | 81           | 88%          | 11         | 12%        |
| Counseling              | 430             | 114               | 27%           | 71           | 62%          | 43         | 38%        |

**January, February, March 2019 (1<sup>st</sup> Quarter)**

|                   | Available Appts | # Appts Scheduled | % Utilization | # Appts Kept | % Appts Kept | # No Shows | % No Shows |
|-------------------|-----------------|-------------------|---------------|--------------|--------------|------------|------------|
| <b>Texas City</b> |                 |                   |               |              |              |            |            |
| Medical           | 7,915           | 7,039             | 89%           | 5,553        | 79%          | 1,486      | 21%        |
| Dental            | 2,429           | 2,388             | 98%           | 1,692        | 71%          | 696        | 29%        |
| Dental Hygienist  | 371             | 344               | 93%           | 268          | 78%          | 76         | 22%        |
| Counseling        | 915             | 346               | 38%           | 226          | 65%          | 120        | 35%        |
|                   |                 |                   |               |              |              |            |            |
|                   |                 |                   |               |              |              |            |            |
|                   | Available Appts | # Appts Scheduled | % Utilization | # Appts Kept | % Appts Kept | # No Shows | % No Shows |
| <b>Galveston</b>  |                 |                   |               |              |              |            |            |
| Medical           | 2,737           | 2,223             | 81%           | 1,769        | 80%          | 454        | 20%        |
| Dental            | 349             | 325               | 93%           | 250          | 77%          | 75         | 23%        |
| Dental Hygienist  | 48              | 47                | 98%           | 38           | 81%          | 9          | 19%        |
| Counseling        | 427             | 92                | 22%           | 56           | 61%          | 36         | 39%        |

### Change in Comparison to Prior Quarter

|                  | Available Appointments |           | Utilization Rate |           | No Show Rate |           |
|------------------|------------------------|-----------|------------------|-----------|--------------|-----------|
|                  | Texas City             | Galveston | Texas City       | Galveston | Texas City   | Galveston |
| Medical          | (1,750)                | (251)     | 6%               | 10%       | 4%           | 5%        |
| Dental           | 188                    | 81        | -5%              | 0%        | -2%          | 5%        |
| Dental Hygienist | (21)                   | 48        | 0%               | -2%       | -5%          | -7%       |
| Counseling       | (14)                   | 3         | 8%               | 5%        | -8%          | -1%       |

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# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #15**

**Consider for Approval Quarterly Patient  
Satisfaction Survey Report**

**Patient Satisfaction Survey Summary**  
**April 1, 2019 to June 30, 2019**

- 457 Total Responses – 5% Response Rate (14% last quarter)
  - Medical - (6%)
  - Dental - (3%)
  - Counseling - (3%)
  
- Majority of comments received were favorable:
  - Favorable (71%) Unfavorable (29%)
  
- Favorable Comments Included:
  - “Everyone was professional”
  - “Seemed very genuine of my health, as well as, spending time & not being rushed with me”
  - “I am grateful for your services”
  - Many responses were complimentary to the specific staff that assisted the patient
  
- Unfavorable Comments Included:
  - Long lead time to get medical and dental appointment
  - Not being able to get prescription requested
  - Feeling rushed by provider
  - Did not feel that problem was addressed

**Patient Satisfaction Survey Responses**  
**April 1, 2019 to June 30, 2019**

|                        |            |     |
|------------------------|------------|-----|
| <b>Total Responses</b> | <b>457</b> |     |
| Galveston              | 224        | 49% |
| Texas City             | 233        | 51% |

|                      |     |     |
|----------------------|-----|-----|
| <b>Type of Visit</b> |     |     |
| Medical              | 381 | 83% |
| Dental               | 64  | 14% |
| Counseling           | 12  | 3%  |

|                                       |                  |             |                |             |                  |                     |
|---------------------------------------|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>Appointment Time Based on Need</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical                               | 1.4%             | 2.2%        | 5.6%           | 17.6%       | 73.2%            | 4.59                |
| Dental                                | 1.9%             | 1.9%        | 5.7%           | 20.8%       | 69.8%            | 4.55                |
| Counseling                            | 0.0%             | 9.1%        | 0.0%           | 27.3%       | 63.6%            | 4.45                |

|   |                  |             |                |             |                  |                     |
|---|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>The Appointment Check-in Process</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical                                 | 0.3%             | 0.6%        | 3.9%           | 19.0%       | 76.3%            | 4.7                 |
| Dental                                  | 0.0%             | 0.0%        | 7.6%           | 20.8%       | 71.7%            | 4.64                |
| Counseling                              | 9.1%             | 0.0%        | 9.1%           | 27.3%       | 54.6%            | 4.18                |

|  |                  |             |                |             |                  |                     |
|--|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>The Staff on Being Friendly &amp; Helpful</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical  | 1.1%             | 0.8%        | 5.0%           | 12.9%       | 80.2%            | 4.7                 |
| Dental   | 0.0%             | 1.9%        | 7.6%           | 13.2%       | 77.4%            | 4.66                |
| Counseling                                       | 9.1%             | 0.0%        | 9.1%           | 27.3%       | 54.6%            | 4.18                |

|   |                  |             |                |             |                  |                     |
|---|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>How Well Did Staff Explain Things to You So You Could Understand</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical   | 1.1%             | 1.7%        | 6.2%           | 15.4%       | 75.7%            | 4.63                |
| Dental  | 1.9%             | 1.9%        | 3.8%           | 11.3%       | 81.1%            | 4.68                |
| Counseling  | 9.1%             | 0.0%        | 0.0%           | 36.4%       | 54.6%            | 4.27                |

|   |                  |             |                |             |                  |                     |
|---|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>The Quality of Care you Received Today</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical                                       | 3.6%             | 3.4%        | 5.9%           | 12.3%       | 74.9%            | 4.51                |
| Dental  | 1.9%             | 1.9%        | 5.7%           | 9.4%        | 81.1%            | 4.66                |
| Counseling                                    | 9.1%             | 0.0%        | 0.0%           | 45.5%       | 45.5%            | 4.18                |

|   |                  |             |                |             |                  |                     |
|---|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>The Clinic on Being Clean &amp; Sanitary</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical   | 0.3%             | 0.6%        | 5.9%           | 15.4%       | 77.9%            | 4.7                 |
| Dental  | 0.0%             | 0.0%        | 3.8%           | 13.2%       | 83.0%            | 4.79                |
| Counseling                                      | 0.0%             | 0.0%        | 0.0%           | 27.3%       | 72.7%            | 4.73                |

|   |                  |             |                |             |                  |                     |
|---|------------------|-------------|----------------|-------------|------------------|---------------------|
| <b>What is the Likelihood that you Would Recommend Coastal Health &amp; Wellness to a Friend or Family Member</b> | <b>Very Poor</b> | <b>Poor</b> | <b>Average</b> | <b>Good</b> | <b>Excellent</b> | <b>Weighted Avg</b> |
| Medical   | 3.4%             | 1.4%        | 5.3%           | 15.1%       | 74.9%            | 4.57                |
| Dental  | 5.7%             | 0.0%        | 0.0%           | 11.3%       | 83.0%            | 4.66                |
| Counseling  | 9.1%             | 0.0%        | 0.0%           | 27.3%       | 63.6%            | 4.36                |

|                                       |      |      |      |      |     |      |
|---------------------------------------|------|------|------|------|-----|------|
| Average All Categories - Current Qtr  | 3%   | 1%   | 4%   | 20%  | 71% | 4.54 |
| Average All Categories - Previous Qtr | 0.3% | 0.2% | 1.3% | 9.1% | 89% |      |



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board**

**July 2019**

**Item #16**

**Consider for Approval Privileging Rights for  
Haley McCabe, PA-C**





Date: August 1, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

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Upon the review of the completed credentialing file of Haley McCabe, PA-C, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Haley McCabe, PA-C, based on the following information:

- Haley McCabe, PA-C, is a Family Physician Assistant who will practice full time at both the Texas City and Galveston Coastal Health & Wellness Medical Clinic. Haley McCabe graduated from University of Texas Medical Branch in 2014. Haley McCabe is requesting Medical Privileges.

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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


**Governing Board**


**July 2019**

**Item #17**

**Consider for Approval Privileging Rights for  
Yaa Cheremateng, PA-C**



Date: August 1, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA   
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

A large, handwritten signature in black ink, which appears to be "Cynthia Ripsin".

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Upon the review of the completed credentialing file of Yaa Cheremateng, PA-C, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Yaa Cheremateng, PA-C, based on the following information:

- Yaa Cheremateng, PA-C, is a Family Physician Assistant who will practice full time at both the Texas City and Galveston Coastal Health & Wellness Medical Clinic. Yaa Cheremateng graduated from University of North Texas Health Science Center at Fort Worth in 2017. Yaa Cheremateng is requesting Medical Privileges.

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**Governing Board**


**July 2019**

**Item #18**

**Consider for Approval Privileging Rights for the following  
UTMB Residents:**

**a) Travis Livingston, DO**



Date: August 1, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA   
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

A large, stylized handwritten signature in black ink, which appears to be "Cynthia Ripsin".

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Upon the review of the completed credentialing file of Travis Livingston, DO, by Judie Olivares, Human Resources Generalist, and myself (Cynthia Ripsin, MD), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Travis Livingston, DO, based on the following information:

- Travis Livingston, DO, is a licensed Physician IN TRAINING who will practice and train part-time at the Texas City Coastal Health & Wellness Medical Clinic. Dr. Travis Livingston graduated from University of North Texas Health Science Center at Fort Worth in 2019. Dr. Travis Livingston, requests medical privileges on a part-time basis at the Texas City site.

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