



# COASTAL HEALTH & WELLNESS

## GOVERNING BOARD

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

### AGENDA

Thursday, August 29, 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 August 1, 2019 Governing Board Meeting
- \*Item #4**ACTION**..... Consider for Approval Minutes from August 26, 2019 Governing Board Special Meeting
- \*Item #5(**Informational**) ..... Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement
  - a) Employee Complaint/Issues Resolution Policy
  - b) Hiring Policy
  - c) Communications Policy
  - d) Purchasing Policy
- Item #6 ..... Executive Report
- Item #7**ACTION** ..... Consider for Approval July 2019 Financial Report
- Item #8**ACTION** ..... Consider for Approval Submission of HRSA 2019-2020 Budget Revision
- Item #9**ACTION**..... Consider for Approval Update to the Coastal Health & Wellness Sliding Fee Schedule Policy
- Item #10**ACTION**..... Consider for Approval the Environment of Care Plans
  - a. Equipment Management Plan
  - b. Fire Safety Management Plan
  - c. Hazardous Materials and Waste Management Plan
  - d. Security Management Plan
  - e. Safety Management Plan
  - f. Utilities Management Plan
  - g. Emergency Operations Plan
- Item #11**ACTION**..... Consider for Approval Privileging Rights for Christiana Harris, DDS

Item #12**ACTION**.....Consider for Approval Privileging Rights for Juliet Wiseman, MSN, BSN, FNP-BC, RN

Item #13**ACTION**.....Consider for Approval Privileging Rights for Tokunbo Ibidapo-Obe, MD

**Adjournment**

*Tentative Next Meeting: September 26, 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.



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

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



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**August 2019**

**Item #3**

**Consider for Approval Minutes from August 1, 2019  
Governing Board Meeting**

**Coastal Health & Wellness  
Governing Board  
August 1, 2019**

**Board Members**

**Present:**

David Delac  
Milton Howard, DDS  
Jay Holland  
Victoria Dougharty  
Virginia Valentino  
Aaron Akins  
Elizabeth Williams  
Samantha Robinson  
Barbara Thompson, MD

**Staff:**

Kathy Barroso, Executive Director	Cynthia Ripsin, MD
Hanna Lindskog, DDS	Andrea Cortinas
Cheryl Golla	Richard Mosquera
Mary Orange	Pisa Ring
Tiffany Carlson	Amanda Wolff
Ashley Tompkins	
Debra Howey	

**Excused Absence:** Dorothy Goodman and Miroslava Bustamante

**Unexcused:** Mario Hernandez

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

A motion was made by Jay Holland to approve the consent agenda items one through six. David Delac requested removing action from item seven. Virginia Valentino seconded the motion and the Board unanimously approved the consent agenda.

**Item #7 Executive Reports**

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

**Item #8 Consider for Approval June 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 Virginia Valentino. Dr. Howard seconded the motion and the Board unanimously approved.

**Item #9 Consider for Approval Quarterly Visit and Analysis Report Including Breakdown of New Patients by Payor Source for Recent New Patients**

Mary Orange, Business Office Manager, presented the quarterly visit and collections report including the breakdown of new patient by payor source. Samantha Robinson suggested sending patients to Case Management for assistance with identifying programs for which patients may be eligible. A motion to accept this report as presented was made by Jay Holland and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #10 Consider for Approval Purchase of a Pump System for Galveston Dental Clinic**

Mary Orange, Business Office Manager, asked the Board to consider for approval the purchase of a Pump System for the Galveston Dental Clinic in an amount not to exceed \$6,050. A motion to approve the purchase was made by Virginia Valentino and seconded by Elizabeth Williams. The Board unanimously approved the motion.

**Item #11 Consider for Approval the Coastal Health & Wellness 2019-2020 Performance Improvement Plan**

Eileen Dawley, Chief Nursing Office asked the Board to consider for approval the Coastal Health & Wellness 2019-2020 Performance Improvement Plan. Suggestion was made to have data available to the public to promote high quality of care standards and explore applying for clinical awards that would also demonstrate the clinics commitment to these standards. A motion to approve the Plan was made by Virginia Valentino and seconded by Dr. Howard. The Board unanimously approved the motion.

**Item #12 Consider for Approval Quarterly Compliance Report**

Richard Mosquera, Chief Compliance Officer, presented the quarterly compliance report to the Board. A motion to accept the report as presented was made by Aaron Akins and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #13 Consider for Approval Quarterly Report of UDS Measures Relative to 2020 Goals**

Kathy Barroso, Executive Director, presented the quarterly UDS Measures relative to 2020 Goals. Most measures this quarter were in line with 2020 goals. A new approach in working towards continued improvement of these measures has recently been developed by Dr. Ripsin, utilizing provider led teams to work on performance improvement goals. A motion to accept the report as presented was made by Victoria Dougharty and seconded by Virginia Valentino. The Board unanimously approved the motion.

**Item #14 Consider for Approval Quarterly Access to Care Report**

Kathy Barroso, Executive Director, asked the Board to consider for approval the quarterly access to care report. Although this report reflected fewer available appointments and ultimately higher utilization than the previous quarter, it was reported that several provider vacancies had been filled which would allow for more appointment availability going forward. No show rates for medical appointments were higher than the previous quarter but both dental and counseling no show rates reported a decrease from the prior period. Staff will continue to explore additional methods (i.e. pilot programs) in an effort to decrease no-show rates. A motion to accept the report as presented was made by Virginia Valentino and seconded by Victoria Dougharty. The Board unanimously approved the motion.

**Item #15 Consider for Approval Quarterly Patient Satisfaction Survey Report**

Kathy Barroso, Executive Director, presented the results of the quarterly patient satisfaction survey from April 1, 2019 to June 30, 2019. Overall, the majority of comments were overwhelmingly favorable; however, the response rate was lower than the prior quarter. Ways to encourage participation were discussed, such as having patients fill out the survey on paper after their visit and possibly offering monthly drawings for those who complete a survey. A motion to accept the report as presented was made by Jay Holland and seconded by Dr. Howard. The Board unanimously approved the motion.

**Item #16 Consider for Approval Privileging Rights for Haley McCabe, PA-C**

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Haley McCabe, PA-C. A motion to accept privileging rights for Haley McCabe, PA-C was made by Aaron Akins and seconded by Virginia Valentino. The board unanimously approved the motion.

**Item #17 Consider for Approval Privileging Rights for Yaa Cheremateng, PA-C**

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for Yaa Cheremateng, PA-C. A motion to accept privileging rights for Yaa Cheremateng, PA-C was made by Victoria Dougharty and seconded by Elizabeth Williams. The Board unanimously approved the motion.

**Item #18 Consider for Approval Privileging Rights for the Following UTMB Residents**

Dr. Ripsin, Medical Director, asked the Board to consider for approval privileging rights for the following UTMB resident:

- Travis Livingston, DO

A motion to accept privileging rights for the UTMB resident was made by Virginia Valentino and seconded by Victoria Dougharty. The board unanimously approval the motion.

Adjournment

A motion to adjourn was made by Virginia Valentino and seconded by Aaron Akins. The Board adjourned at 1:00 p.m.

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Chair

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Date

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Secretary/Treasurer

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Date

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# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**August 2019**

**Item #4**

**Consider for Approval Minutes from August 26, 2019 Governing  
Board Special Meeting**



**Coastal Health & Wellness  
Governing Board  
Special Meeting  
August 26, 2019**

**Board Members**

**Present:**

David Delac  
Jay Holland  
Victoria Dougharty  
Virginia Valentino  
Aaron Akins  
Samantha Robinson  
Dorothy Goodman  
Miroslava Bustamante

**Staff:**

Kathy Barroso, Executive Director  
Dr. Ripsin, Medical Director  
Dr. Lindskog, Dental Director  
Andrea Cortinas, Chief Financial Officer  
Eileen Dawley, Chief Nursing Officer  
Richard Mosquera, Chief Compliance Officer  
Tiffany Carlson, Director of Nursing  
Ashley Tompkins, Director of Communications  
Tikeshia Thompson Rollins, Executive Assistant

**Excused Absence:** Elizabeth Williams, Dr. Barbara Thompson

**Items #1 Consider for Approval Contracting with Garfunkel Wild, PC to Provide Assistance with FTCA Program Requirements and Additional Documentation Requested for the CY 2020 Application**

Kathy Barroso, Executive Director, asked the Board to Consider for approval contracting with Garfunkel Wild, PC to provide assistance with FTCA program requirements and additional documentation requested for the CY 2020 application. David Delac, Board Chair, suggested contacting a couple of references who have used the services of Garfunkel Wild, PC in the past. Samantha Robinson requested that the Board QA Committee review the FTCA application closely and get a written action plan in place. David Delac requested that the Board be provided periodic updates related to the progress of submitting the additional documents requested. Jay Holland made a motion to move forward with the agreement with Garfunkel Wild, PC at a cost not to exceed \$30,000. The motion was seconded by Aaron Akins and the Board unanimously approved the motion.

**Item #2 Consider for Approval Enacting a Board procedure to conform with House Bill 2840**

Richard Mosquera, Chief Compliance Officer, asked the Board to consider for approval enacting a Board procedure to conform with House Bill 2840, which will be effective September 1, 2019. David Delac suggested that anyone from the public wishing to speak at a future Board meeting on a specific agenda item, sign-in and the Board will then allow up to three minutes to speak on the item. A motion was made by Virginia Valentino for the public to sign-in if they wish to speak on an agenda item and allow up to three minutes for their comments. The motion was seconded by Dorothy Goodman and the Board unanimously approved the motion.

Adjournment

A motion to adjourn was made by Virginia Valentino and seconded by Victoria Dougharty. The Board adjourned at 3:49 p.m.

\_\_\_\_\_  
Chair

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**Governing Board**

**August 2019**

**Item #5**

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

- a)** Employee Complaint/Issues Resolution Policy
- b)** Hiring Policy
- c)** Communications Policy
- d)** Purchasing Policy

# Employee Complaint/Issue Resolution

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

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

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

## Informal Complaint/Issue Resolution

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

## Supervisor and Employee Responsibilities

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

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

An *open door* policy promotes things such as:

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

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

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

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

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

### **Formal Complaint/Issue Resolution**

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

### **Employee Responsibilities**

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

### **Time Frames**

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

### **Confidentiality**

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

### **False Reporting**

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

### Investigation of Complaints

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

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

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

### Retaliation

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

### Appeals

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

### Forms

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

# Hiring

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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 and those seeking employment with the Health District.

## **Policy**

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

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

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

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

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

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

## **Violation**

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

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# Communication

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## Audience

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

## Policy

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

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

## Official Communication

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

### Elected Officials

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

### Media

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

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

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

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

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

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

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

### **E-mail**

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

### **Telephone and Voicemail**

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

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

### **Memorandum/Letter**

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

### **Internet**

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

### **Extranet**

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

### **Social Media**

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



## Background

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

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

## Establishing a Social Media Presence

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

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

## Posting Information

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

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

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

## Prohibited Content

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

- Potentially controversial issues;

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

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

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

#### Open Records Act

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

#### Personal Use of Social Media

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

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

Employees are prohibited from sharing confidential and sensitive information, particularly that is found within the District internal networks, to the outside online community. Divulging information that is financial, operational, related to clients and legal in nature is prohibited. This includes sharing information (text or photo) on social media platforms.

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

#### **Internal Emergency Situations Communications**

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

### **Employee Responsibilities**

Every employee is responsible for:

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

### **Supervisor Responsibilities**

Every supervisor is responsible for:

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

### **Violation**

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

## **Purchasing Policy**

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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.

### **PURPOSE**

The purpose of the District Purchasing Policy is to comply with the laws and procedures governing District purchasing in order to provide reasonably priced, high-quality goods and services to end users, while preserving organizational and financial accountability. This policy is applicable to all procurements regardless of funding source.

### **STATEMENT OF GENERAL POLICY**

It is the policy of the District that all purchasing shall be conducted strictly on the basis of economic and business merit. To avoid violation of or the appearance of violation of the policies, District officials and employees are prohibited from:

- Seeking or accepting, directly or indirectly, any loans, services, payments, entertainment, trips or gifts of merchandise or money in any amount from a business or an individual doing or seeking to do business with the District.
- Participating in the selection, award and administration of a contract if he or she has a real or apparent conflict of interest. A conflict of interest would arise when the employee, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other tangible personal benefit from a firm considered for a contract.

It is important to remember that the District Purchasing Department operates in full view of the public. The District intends to maintain a cost-effective purchasing system conforming to good management practices.

### **PURCHASING AUTHORITY**

Authority to make District purchases resides in the appropriate Board(s) or in Administration as delegated by the Board(s). The Purchasing Department is responsible for making purchases

of supplies, materials, equipment and for negotiating and making contracts for services and repairs to District owned and/or leased property. Purchases made using competitive bids shall be reviewed by the GCHD Chief Executive Officer or designee in accordance with the purchase contract.

## **GENERAL PURCHASING GUIDELINES**

- A. A central supply for the use of all departments will be maintained to warehouse generally used office and operating supplies. Departments may obtain items directly from Central Supply by requisition, without the necessity of a purchase order. If an item is not stocked in Central Supply, the purchasing department staff will use the appropriate purchasing method to obtain the item.
- B. Items not normally stocked in Central Supply and not requiring competitive bids will usually be purchased through the Purchasing Department.
- C. Competitive bidding is mandatory on any purchase or combination of purchases of like items and/or component purchases, separate purchases and sequential purchases which will equal or exceed \$50,000. This applies to all contractual agreements and/or services and purchases or annual accumulative purchase of \$50,000 or more. Any purchases made with vendors listed through the Texas Procurement and Support Services (TPASS) will satisfy the bid requirements, as will purchases which are purchased through legally constituted shared services agreements that have completed the competitive bid process including, but not limited to, HGAC, TACHC or TALHO.
- D. Competition

All procurement transactions must be conducted in a manner providing full and open competition. Some of the situations considered to be restrictive of competition include but are not limited to:

- Placing unreasonable requirements on firms in order for them to qualify to do business
- Requiring unnecessary experience and excessive bonding
- Noncompetitive pricing practices between firms or between affiliated companies
- Noncompetitive contracts to consultants that are on retainer contracts
- Organization conflicts of interest

- Specifying only a “brand name” product instead of allowing “an equal” product to be offered
- Any arbitrary action in the procurement process

The District prohibits the use of statutorily or administratively imposed state, local or tribal geographical preferences in the evaluation of bids or proposals, except in cases where applicable Federal statutes expressly mandate geographical preference.

Vendors will be selected with regard to dependability and service record, nature of guarantee and warranty of product (when applicable), price and quality. The District will utilize small businesses, minority-owned firms, women’s business enterprises and labor surplus area firms when possible, provided this involves no sacrifice in quality, service or price.

E. Pursuant to Texas House Bill 89 <https://capitol.texas.gov/tlodocs/85R/billtext/html/HB00089I.htm> and Senate Bill 252 <https://capitol.texas.gov/tlodocs/85R/billtext/html/SB00252I.htm>, the District must certify and verify that any business, parent company, company, affiliate, subsidiary, or “Vendor Companies” with which we have a contractual relationship:

1. Does not boycott Israel currently;
2. Will not boycott Israel during the contract term;
3. Is not identified on the Texas Comptroller’s list of companies known to have contracts with, engaged in business with, or provide supplies/services to, Iran, Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. (See Texas Government Code § 2270.808 and 2252.151-2252.154.

Contracting for-profit entities, providing goods and services, must submit a HB 89 Certification Form (see Appendix A) which provides written verification that the company/vendor does not and during the term of the contract will not boycott Israel.

The Purchase Order Terms and Conditions (see Appendix B) include a certification clause that the vendor certified that it is not a company identified on the Texas Comptroller’s list of companies known to have contracts with, or provide supplies or services to foreign organization designated as a Foreign Terrorist Organization by the US Secretary of State. The Vendor further certifies and verifies that neither Vendor, nor any affiliate, subsidiary, or parent company of Vendor, (if any the “Vendor Companies”) boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Purchase Order.

- F. Under Section 2252.908 of House Bill 1295, any business entity that enters into a contract with the District that requires Board approval must submit a “Disclosure of Interested Parties” form (see Appendix C) to the Purchasing Department. This form is mandated by the Texas Ethics Commission.
- [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm)
- G. All goods, supplies, equipment and services will be purchased with prior appropriate approval.
- H. The Purchasing department will maintain records sufficient to detail the history of procurement. These records will include rationale for the method of procurement, justification for the contractor selection/rejection, selection of contract type including justification when bids are not obtained, and the basis for the contract price.
- I. Special procedures are available for and applicable to the purchase of particular goods and services, summarized under *Special Purchases*.

## **PURCHASE REQUISITIONS**

Purchase requisitions prepared by the requesting department are required for all purchases. All purchase requisitions must be approved prior to issuing a purchase order. A purchase order is required prior to placing an order for supplies, goods, equipment and services unless pre-approved by the GCHD Chief Executive Officer or designee. Details for processing purchase requisitions are outlined in the *Purchasing Procedures Manual*.

## **PROCUREMENT METHODS**

Materials and supplies not available from Central Supply are acquired through the Purchasing Department. Additionally, contracts for maintenance and repairs to facilities and equipment used by the District are handled by the Purchasing Department. Procedures for acquisitions through the Purchasing Department are outlined in the *Purchasing Procedures Manual*.

The District will use one of the following methods of procurement depending on the specifications of the purchase. The procurement methods are based on federal regulations, but with lower dollar thresholds to better accommodate the District’s needs.

- A. MICRO-PURCHASES (Purchases less than \$3,000):

1. Procurement by micro-purchase is the acquisition of supplies or services in which the aggregate dollar amounts does not exceed \$3,000.00. To the extent practicable, the District will distribute micro-purchases equitably among qualified suppliers.
2. Open market purchases of less than \$500.00 do not require quotes. Such purchases require staff to use their best judgement and the most appropriate and cost-effective method of acquisition on each requisition.
3. Open market purchases of \$500.00 – \$2,999.99 may be made after obtaining three verbal quotes, with the exceptions referenced below in *Vehicle, Equipment and Facility Maintenance and Repair*.
4. Vehicle, Equipment and Facility Maintenance and Repair: Open market purchases for vehicle, equipment, and facility maintenance or repair do not require three verbal quotes if the service performed is less than \$3,000. Because of the administrative cost of requesting quotes would likely be more than the amount saved on quote comparison, considering personnel time, types of services needed, immediacy of the circumstances, etc., obtaining three verbal quotes is not required. Purchases must still be consistent with purchasing ethics and even though quotes are not required, purchases must still be in GCHD's best interest

B. SMALL PURCHASES (Purchases in excess of \$3,000 but less than \$50,000):

1. Small purchases are those relatively simple and informal procurement methods for securing services, supplies or other property that do not cost more than the Simplified Acquisition Threshold. For the District's purposes, this threshold has been lowered to \$50,000.
2. When using this method, open market purchases of \$3,000.00 - \$4,999.99 may be made after obtaining three properly documented verbal quotes.
3. Open market purchases of \$5,000.00 and less than \$50,000.00 may be made after obtaining three written quotes.



4. Waiver of Requirements: GCHD Chief Executive Officer or designee, at his/her discretion, may, depending on the circumstances surrounding a request, authorize a waiver of purchase requirements outlined in this policy for purchases less than \$5,000. It is anticipated that such authorization is granted on limited occasions due to the special circumstances such as an emergency or unforeseeable circumstance.

C. SEALED BIDS AND COMPETITIVE PROPOSALS (Purchases of \$50,000 or more)

1. If the capital expenditure is budgeted and the item is \$50,000 or more, it must be competitively bid or purchased through state approved vendors, such as TPASS, HGAC, or Buy Board. Such purchases will be made after obtaining sealed competitive bids or sealed Requests for Proposals.
2. A sealed bid is a procurement method in which competing contractors, suppliers, or vendors are invited by openly advertising the scope, specifications, and terms and conditions of the proposed contract as well as the criteria by which the bids will be evaluated. Competitive bidding aims at obtaining goods and services at the lowest prices by stimulating competition, and by preventing favoritism.
3. A request for proposal (RFP) is a procurement method in which a solicitation is made often through a bidding process, by an agency or company interested in procurement of a commodity, service or valuable asset, to potential suppliers to submit business proposals. Proposals seeks the most advantageous good or services considering the price and other factors. A proposal is handled the same way as a sealed bid with the exception of the negotiation with vendor after the opening and the bid sheet states name only, no dollar amount.
4. General Information – The Procurement Agent or designee will ensure publication of the legally required notice at least twice in one or more newspapers of general circulation in the county which the work is to be performed. No specifications or unreasonable requirements will be written with the intent to exclude a potential bidder. Competitive bidding can be either lump sum or on a unit price basis. If unit price bids are solicited, the needed quantities of each item are to be estimated in the bid specifications. These estimates are to be based on the best available information. The

successful bidder's compensation, however, will be based on the actual quantities supplied, furnished or contracted.

5. Bid or Proposal Opening – Bids/proposals will be received by the Procurement Agent or designee until the date and time specified in the bid/proposal advertisement. Bids/proposals may be submitted in hard-copy format or through electronic transmission ensuring the identification, security, and confidentiality of each response and the electronic bids/proposals remain effectively unopened until the assigned time. On the specified time, date and place, the Procurement Agent or designee will open all sealed bids/proposals. The bids/proposals will be opened in an open public forum. Anyone may attend. Bids will be read aloud and recorded on a bid receipt.
6. Emergency or Unanticipated Events – In case of an emergency or unanticipated event causing GCHD to close for business on the date of a Bid/Proposal submission deadline, the bid closing will automatically be extended to the same time of day specified in the provisions on the first business day in which normal GCHD processes resume. If conditions or any other unforeseen event causes delays in carrier service operations, GCHD may issue an addendum to all known Bidders interested in the project to extend the deadline. It will be the responsibility of the Bidder to notify GCHD of its interest in the Bid if these conditions are impacting their ability to turn in a submission within the stated deadline. GCHD reserves the right to make the final judgment call to extend any deadline.
7. Cost or Price Analysis – A cost or price analysis will be performed for procurements of \$50,000 or more, including contract modifications. The method and degree of the analysis will depend on the facts surrounding the procurement. In addition, GCHD will make independent estimates before receiving bids or proposals.
8. Evaluations – Evaluations will be based on a written method and applied to all bids and proposals received and for selecting recipients.
9. Recommendations – After examining all of the bids or proposals, the Procurement Agent or designee will make recommendation to award to a vendor. The final recommendation to award will then be forwarded to the

GCHD Chief Executive Officer or Chief Financial Officer for final approval.

10. Appeal – Any actual or prospective bidder who is allegedly aggrieved in connection with the solicitation or award of the contract may appeal. The appeal will be submitted in writing to the Chief Compliance Officer within ten (10) business days of the action or decision being appealed. The protester may appeal the decision of the Chief Compliance Officer to the GCHD Chief Executive Officer who will defer policy matters to the United Board of Health. Any such appeal shall be submitted in writing within ten (10) business days of the action or decision being appealed. The decision of the Board will be final. The Galveston County United Board of Health will not consider any protests unless this procedure is followed.
11. Exceptions To Bid – Any exception to the bid specifications must be submitted in writing and attached to the bid. The GCHD Chief Executive Officer or designee will have the final decision on accepting or rejecting any exceptions, alterations.
12. Award –In determining and evaluating the best bid/proposal, the District will award to those whose bid/proposal is most advantageous. Factors that will be considered may include, but not limited to, cost, quality, equality, efficiency, utility, general terms, delivery, suitability of the service offered, and the reputation of the service in general use will also be considered with any other relevant items. In addition, consideration will be given to such matters as contractor integrity, compliance with public policy, record of past performance, and financial and technical resources.
  - a. When the District only receives one bid/proposal, the bid/proposal may be accepted if such purchase is: recommended by the requesting Department and the Procurement Agent or designee; after reviewing the specifications to determine if they were restrictive; and the bid/proposal packets were sent to all known prospective bidders.
  - b. If two or more responsible bidders/proposers submit identical bids, the bid award may be made by drawing lots.
13. Bonds – A vendor who is awarded a contract may be required to post bond. If it is required, the requirements will be included in the advertisement.

Requirements of a bond will be in accordance with requirements of the funding source or state laws as applied to Local Governments, whichever is most stringent.

14. Acquisition of Item After Award – Following award of a contract, the requisition is processed in the manner described in the *Purchasing Procedures Manual*.
15. Change Orders – A change order may be required when it becomes necessary to make changes after commenced contract has been made. The GCHD Chief Executive Officer or designee is authorized to approve increases to the original contract price of \$5,000.00 or less. Change orders requiring increases to the contract price of more than \$5,000.00 must be approved by the appropriate Board. However, the original contract price may not be increased by 25% unless the change order is necessary to comply with a federal or state statute, rule, regulation, or judicial decision after the contract was made. The contract price may not be decreased by 18% or more without the contractor’s consent. All change orders must have the written consent of the District and the contractor.

### SPECIAL PURCHASES

- A. Unbudgeted Capital Expenditures – Purchases of \$5,000.00 or more not authorized in a Department’s current budget, or purchases necessitating an increase in Department’s current budget must be authorized by the appropriate Board and/or funding source prior to the purchase.
- B. Noncompetitive Proposals – Items otherwise required to be competitively bid may be exempted from the competitive bid process by the appropriate Board if:
  1. A prompt purchase is required, due to a public calamity, to meet a necessity of the citizens or preserve public property.
  2. The purchase is necessary to preserve public health or safety of Citizens.
  3. An After Hours Emergency – In such instances the Department must take the necessary action to obtain the needed goods or services. If, however, the Department is aware that the purchase involves an expenditure of \$5,000.00 or

more, a reasonable effort should be made to contact the Chief Executive Officer or Chief Financial Officer and/or Procurement Agent for notification that an emergency exists. The next working day, the Department should contact the Procurement Agent or designee for procedures to secure payment of the goods or services.

4. A Sole Source Item - An item available from only one source may be purchased without competitive bidding, with the approval of the GCHD Chief Executive Officer or designee. Typical items in this category include, but not limited to, patented or copyrighted material, secret processes, natural monopolies, utility services, captive replacement parts or components for equipment, and films, manuscripts or books. A Sole Source letter must be attached to the Purchase Order.

C. Work in Progress – This may be exempted by the appropriate Board and paid for by the day, after it is performed

D. Land and Right-Of-Way Acquisition – The District generally does not purchase land. In the case that it becomes necessary, the intent to purchase must be approved by the Board and/or funding source. This is exempted by the Board from competitive bidding

## **INSPECTING, TESTING AND RECEIVING**

Merchandise will be received at the receiving department before it is sent to or picked up by the ordering department. It is the responsibility of each Department to see that all purchased items conform to the specifications, quality and quantity on the order. Technical equipment, needing installation at that location, may be shipped directly to the department, per the direction of the IT Department. If the merchandise is not acceptable as determined by the requesting department or by receiving, the Procurement Agent or Buyer will then take action to obtain the correct merchandise.

## **PHARMACEUTICALS**

All pharmaceuticals purchased by the District or transferred to the District for patient use, may not be given away, loaned or sold to any individual or entity.

## **HEALTH DISTRICT PROPERTY**

- A. Receipt/Tagging of New Property – the Purchasing Department will attach a property tag to all property as defined in the *Fixed Asset Guidelines*. An Asset Record Form will be completed and forwarded to the Accounting Department along with a copy of the applicable Purchase Order.
- B. Disposal of Surplus or Salvage Property – An Asset Disposal Form will be completed for requests to dispose of equipment or property, with original being forwarded to the Accounting Department.
1. Surplus property (in excess of needs, but still useful) may be disposed by competitive bids, auction, donation, or transfer to another local government with the approval of the GCHD Chief Executive Officer or Chief Financial Officer. The Purchasing Department will attempt to realize the maximum benefit to the District in selling or disposing of surplus property. If efforts to sell or dispose of the property fail, property may be disposed of in the manner most advantageous for the District. Asset tags will be removed from property sold, disposed or transferred. District employees will be given the same opportunity afforded to other persons to bid on and purchase surplus property offered by competitive bids or auction.
  2. Salvage property (valueless property of no use) may be disposed of by the Procurement Agent or designee, with the approval of the GCHD Chief Executive Officer or Chief Financial Officer, in the manner most advantageous to the District.

# GALVESTON COUNTY HEALTH DISTRICT

*Protecting and Promoting the Optimal Health and Well-Being of Galveston County*

**Ben G. Raimer, MD**  
Chair, United Board of Health



**Kathy Barroso, CPA**  
Chief Executive Officer

**Philip Keiser, MD**  
Local Health Authority

## Appendix A

### HOUSE BILL 89 AND SENATE BILL 252 CERTIFICATION AND VERIFICATION FORM:

I \_\_\_\_\_ (Authorized Representative's Name), the undersigned representative of

(Vendor / Company Name) \_\_\_\_\_ (Hereafter referred to as Company). Being an adult over 18 years of age, after being duly signed by the undersigned notary, do hereby certify and verify under oath that the company named above, under the provisions of Government Code 808.51c and 2252 that the Company or any affiliate, subsidiary, or parent of the Company, or "Vendor Companies":

1. Does not boycott Israel currently;
2. Will not boycott Israel during the contract term;
3. Is not identified on the Texas Comptroller's list of companies known to have contracts with, engaged in business with, or provide supplies/services to, Iran, Sudan, or a foreign organization designated as a Foreign Terrorist Organization by the U.S. Secretary of State. (See Texas Government Code § 2270.808 and 2252.151-2252.154.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with or otherwise taking any action that is intended to penalize, inflict economic harm on or limit commercial relations with Israel or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and
2. "Company" means a for-profit sole proprietorship organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership or any limited liability company, including a wholly owned subsidiary, majority owned subsidiary, parent company or affiliate of those entities of those entities or business associations that exist to make a profit.

By accepting this contractual offer, I hereby consent that the entity which I represent is not barred from contracting with the Galveston County Health District or any of its affiliated entities, collectively known as "The District", as a result of these stipulations. Furthermore, I acknowledge that should the entity become disqualified from working with The District at any point during the duration of this contractual agreement due to these terms, a representative of the entity shall immediately notify the District's Procurement Officer, at which point the District attains the right to immediately void this agreement (as well as any other agreement the District and the entity are engaged in).

DATE

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

Public Health Services • Coastal Health & Wellness • Emergency Medical Services • Animal Resource Center  
The Galveston County Health District (GCHD) is the local public health agency for Galveston County, Texas.  
GCHD provides services and programs that protect the everyday health and well-being of Galveston County.  
P.O. Box 939 La Marque, Texas 77568 • (409) 938-7221

[www.gchd.org](http://www.gchd.org)

## TERMS AND CONDITIONS

### Appendix B

- 1. COMPLETE AGREEMENT:** This Purchase Order, which consists of these terms and conditions, the conditions contained within the referenced bid number, the contract entered into between Galveston County Health District ("GCHD") and Vendor (if any) and any other attached terms, conditions, and specifications of GCHD, is a binding contract which is the sole and exclusive agreement between the parties. It supersedes all other writings and is expressly conditioned upon Vendor's agreement to the conditions hereof. In addition, nothing herein shall be construed to be an acceptance of any terms of Vendor. In the event of any conflict between the term and conditions of this Purchase Order and any Contract entered into between the GCHD and the Vendor, the terms of the Contract shall prevail.
- 2. MODIFICATION:** No modification of this Purchase Order shall be effective without GCHD's prior written consent. No course of prior dealings, no usage of the trade and no course of performance shall be used to modify, supplement, or explain any terms used in this Purchase Order. GCHD will not be bound by any oral statement, verbal agreement, or other representation contrary to the written specifications, terms, and conditions of this Purchase Order.
- 3. CANCELLATION:** GCHD reserves the right to cancel this Purchase Order anytime or for default in all or any part of this Purchase Order, if Vendor breaches any of the terms, conditions, or requirements hereof, or if the Vendor becomes insolvent or commits acts of bankruptcy, or at any time for any reason or no reason prior to acceptance of delivery by GCHD. If this Purchase Order is cancelled pursuant to Vendor's default, then GCHD may obtain similar goods or services elsewhere, and charge the Vendor for any damages incurred. Such right of cancellation is in addition to and not in lieu of any other remedies which GCHD may have in law or equity.
- 4. TERMINATION:** The performance of work under this Purchase Order may be terminated in whole or in part by GCHD in accordance with this provision. Termination of work hereunder shall be affected by the delivery to the Vendor of a "Notice of Termination" specifying the extent to which performance of work under the Purchase Order is terminated and the date upon which such termination becomes effective. Such right of termination is in addition to, and not in lieu of rights of GCHD set forth in Paragraph 3 above.
- 5. DELIVERY:** Time is of the essence in this Purchase Order and if delivery of conforming goods or performance of services is not completed by the time(s) promised, GCHD reserves the right, in addition to its other rights and remedies, to cancel this Purchase Order to reject nonconforming goods or services in whole or in part on reasonable notice to Vendor, and/or purchase substitute goods or services elsewhere and charge Vendor with any loss incurred. If delay in promised delivery is foreseen, Vendor will give written notice to GCHD, and the delivery date may be extended by GCHD for valid reasons. Vendor must keep GCHD advised at all times of status of Purchase Order. No substitutions or cancellations will be permitted without prior written approval of GCHD's Purchasing Department. Delivery shall be made only on weekdays from 8:00 A.M. to 5:00 P.M., unless prior approval for other delivery times has been obtained. Any provisions herein for delivery of goods or performance of services by installments shall not be construed as making the obligation of Vendor severable. C.O.D. shipments will not be accepted.



# GALVESTON COUNTY HEALTH DISTRICT

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Chair, United Board of Health



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Chief Executive Officer

**Philip Keiser, MD**  
Local Health Authority

## Appendix C

### **Business Entity: Disclosure of Interested Parties – Texas Government Code § 2252.908**

The Texas Legislature adopted House Bill 1295 in 2015. HB 1295 added Section 2252.908 to the Government Code. Under this law, A governmental entity or state agency may not enter into certain contracts with a business entity unless the business entity submits a disclosure of interested parties to the governmental entity or state agency.

Specifically, any business entity that enters into a contract with Galveston County Health District (“GCHD”) or Coastal Health and Wellness (“CHW”) that:

- 1) requires an action or vote by the United Board of Health and Governing Board before the contract may be signed; or
- (2) has a value of at least \$1 million,

must submit a “Disclosure of Interested Parties” form to the GCHD/CHW Purchasing Department prior to contract execution.

The following contracts are exempt from the Disclosure requirement:

- a sponsored research contract of an institution of higher education;
- an interagency contract of a state agency or an institution of higher education;
- a contract related to health and human services if:
  - the value of the contract cannot be determined at the time the contract is executed; and
  - any qualified vendor is eligible for the contract;
- a contract with a publicly traded business entity, including a wholly owned subsidiary of the business entity;\*
- a contract with an electric utility, as that term is defined by Section 31.002, Utilities Code;\* or
- a contract with a gas utility, as that term is defined by Section 121.001, Utilities Code.\*

Texas Ethics Commission mandates the “Disclosure of Interested Parties” form (**Form 1295**) must be filed electronically. Form 1295 is filed through the Texas Ethics Commission’s online reporting system (handwritten forms are not allowed).

The Texas Ethics Commission’s website is: [www.ethics.state.tx.us](http://www.ethics.state.tx.us). The area of the website pertaining to Form 1295 is: [www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](http://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm).

Once the business entity has completed the electronic filing of Form 1295, then the business entity must print out, and sign the form. The person completing the filing must also complete an “unsworn declaration.” Once Form 1295 is signed and unsworn declaration completed, the business entity must submit the completed Form 1295 and unsworn declaration to the GCHD/CHW Purchasing Department.

Please mail all required documents to:  
**Mailing Address:**

**Galveston County Health District/ Coastal Health & Wellness Clinics**  
**Attn: Purchasing**  
**P.O. Box 939**  
**La Marque, Texas 77568**

**The above process must be completed *before* the contract can be executed.** No portion of the Form 1295 process commits GCHD or CHW to any type of award of contract.

After the Purchasing Department receives the completed, signed Form 1295 and unsworn declaration, the Department will, within 30 days, go the Texas Ethics Commission website to submit the electronic confirmation of the County's receipt of the completed 1295 process. We hope this summary information is helpful to you. However, this information is not exhaustive, and all business entities are encouraged to visit the Texas Ethics Commission website, which contains Frequently Asked Questions, instructional videos, and much more information on HB1295/Section 2252.908 requirements and/or to consult with their own counsel.

**Public Health Services · Coastal Health & Wellness · Emergency Medical Services · Animal Resource Center**

*The Galveston County Health District (GCHD) is the local public health agency for Galveston County, Texas.*

*GCHD provides services and programs that protect the everyday health and well-being of Galveston County.*

P.O. Box 939 La Marque, Texas 77568 • (409) 938-7221

[www.gchd.org](http://www.gchd.org)



## TERMS AND CONDITIONS

6. **ACCEPTANCE OF PRODUCTS AND SERVICES:** All products furnished and all services performed under this Purchase Order shall be to the satisfaction of GCHD and in accordance with the specifications, terms, and conditions of the Purchase Order and any applicable contract. GCHD reserves the right to inspect the products furnished or the services performed, and to determine the quality, acceptability, and fitness of such products or services.
7. **INVOICING AND PAYMENT:** Vendor shall submit an itemized invoice showing GCHD Purchase Order number. Invoices must agree in all respects with this Purchase Order. Payment will normally be remitted within thirty (30) days after receipt of a properly submitted invoice. Failure to submit invoices in accordance with the requirements herein may delay payment. All cash discounts offered will be taken if earned. Cash discount will be calculated from date of receipt for properly submitted invoice at the Invoice Address specified on the face of this Purchase Order.
8. **TITLE & RISK OF LOSS:** The title and risk of loss of the goods shall not pass to GCHD until GCHD receives and takes possession of the goods at the point or points of delivery.
9. **ASSIGNMENT/DELEGATION:** The rights and responsibilities of the Vendor to furnish the goods and/or services specified herein shall not be subcontracted, assigned, transferred, mortgaged, pledged, delegated, or otherwise disposed of or encumbered in any way by the Vendor. Any such assignment or delegation by Vendor shall be wholly void and totally ineffective for all purposes.
10. **INDEPENDENT CONTRACTOR:** In performing any services hereunder, Vendor is, and undertakes performance thereof as, an independent contractor, with sole responsibility for all persons employed in connection therewith, including without limitation, exclusive liability for the payment of all Federal, State, and local Unemployment and Disability Insurance and all Social Security and/or other taxes and contributions payable in respect of such persons, from and against which liability Vendor agrees to indemnify, exonerate, and hold harmless GCHD.
11. **INSURANCE:** If this Purchase Order requires the presence on GCHD premises of Vendor's employees, subcontractors or others under Vendor's control, Vendor agrees, prior to commencement of any services hereunder, to transmit to GCHD certificates of insurance as specified in the contract between parties.
12. **INDEMNIFICATION:** Vendor shall indemnify, exonerate, hold harmless and defend GCHD from and against any actions or suits and any claims, liability, damage, loss, cost or expense as a result of bodily injury or death and/or property damage arising out of, or in connection with this Purchase Order, unless caused by the sole negligence of GCHD.
13. **WARRANTES:** In addition to all warranties established by law, Vendor hereby warrants and agrees that:
  - (a) All goods and services covered by this Purchase Order shall conform to the specifications, drawings, samples, other descriptions set forth herein or otherwise furnished or adopted by GCHD, and shall be merchantable, fit for the purpose intended, of best quality and workmanship, and free from all defects. GCHD shall have the right of inspection and approval, and may, at Vendor's expense, reject and return non-conforming goods or require re-

## TERMS AND CONDITIONS

performance of services, which are not in compliance with the requirements of this Purchase Order. Defects shall not be deemed waived by GCHD's failure to notify Vendor upon receipt of goods or completion of services, or by payment of invoice.

(b) All articles and/or services provided hereunder meet or exceed the Safety Standards established and promulgated under the Federal Occupational Safety and Health Administration (Public Law 91-596) and its regulations in effect or proposed as of the date of this Purchase Order.

(c) All goods delivered pursuant to this Purchase Order shall conform to standards established for such goods in accordance with any applicable Federal, State, or local laws and regulations, unless otherwise indicated herein.

(d) The use or sale of any goods delivered hereunder, or any part thereof, does not infringe any adverse existing patent, trademark, copyright, or other intellectual property right.

Vendor shall indemnify, exonerate, and save harmless GCHD, its customers, users of its products, and its and their successors and assigns. or any of them, from and against any and all liability, damage, loss, cost or expense incurred in connection with any claim, suit or action for actual or alleged infringement of any such rights, and Vendor shall defend, at its expense, any such claim suit or action brought against GCHD, its customers, users of its products and its and their successors and assigns, or any of them.

The foregoing warranties shall survive acceptance of goods and performance of services hereunder.

14. **NON-DISCLOSURE:** Unless required by law or consented to in writing by GCHD, no disclosure, description, or other communication of any sort shall be made by Vendor to any third party regarding GCHD's purchase of goods or services hereunder, or of the details and characteristics thereof. Anything furnished to Vendor by GCHD pursuant to this Purchase Order, including and without limitation, samples, drawings, patterns, and materials shall remain the property of GCHD, shall be held at Vendor's risk, and shall be returned upon completion of the work. No disclosure or reproduction thereof in any form shall be made without GCHD's prior written consent.
15. **FORCE MAJEURE:** Neither party hereto shall be liable for delays or failure to perform any term, condition, or covenant of this Purchase Order due to causes beyond its reasonable control including, but not limited to, acts of God, strikes, epidemics, war, riots, flood, fire, sabotage, material or labor restrictions by any government authority, any other natural disaster, or any other circumstances of like character which are beyond the reasonable control of either party. In the event of such delay or failure to perform, the period specified for performance hereunder may be extended for a period equal to the time lost by reasons of the delay, or the total Purchase Order may be reduced by the performance (or portions thereof) omitted during such delay. The provisions of this paragraph shall be effective notwithstanding that such circumstances shall have been operative at the date of this Purchase Order.
16. **GOVERNING LAW:** This Purchase Order shall be governed in accordance with the laws of the State of Texas. Venue shall lie in Galveston County.

## TERMS AND CONDITIONS

17. **COMPLIANCE WITH LAW AND CERTIFICATIONS:** Vendor shall comply with all applicable federal, state, and local laws, statutes, ordinances, standards, orders, rules, and regulations, including, as applicable, workers' compensations laws, minimum and maximum salary and wage statutes and regulations, prompt payment and licensing laws and regulations. Vendor certifies that Vendor is fully informed about and in regulation with Title VI of the Civil Rights Act of 1964, as amended (42 USC 2000(D)), Executive Order 11246, as amended (41 CFR 60-1 and 60-2), Vietnam Era Veterans Readjustment Act of 1974, as amended (41 CFR 60-250), Rehabilitation Act of 1973, as amended (41 CFR 60-741), Age Discrimination Act (42 USC 6101 et seq.), Non-segregated Facilities (41 CFR 60-74 1), Omnibus Budget Reconciliation Provision, Section 952, Fair Labor Standards Act of 1938, Sections 6, 7, and 12, as amended, Immigration Reform and Control Act of 1986, and Utilization of Small Business Concerns and Small Business Concern Owned and Controlled by Socially and Economically Disadvantaged Individuals (pl96-507), the Americans with Disabilities Act of 1990 (42 USC .12101 et seq.) and all federal laws and regulations, executive orders, state laws, and local laws as are applicable.

Vendor also understands that Vendor is ineligible to receive a purchasing award with the GCHD if Vendor or its principals are listed in the government wide exclusions in the System for Award Management (Debarment and Suspension Orders Executive Orders 12549 and 12689).

As applicable, Vendor hereby certifies that it is not a company identified on the Texas Comptroller's list of companies known to have contracts with, or provide supplies or services to a foreign organization designation as a Foreign Terrorist Organization by the United States Secretary of State. Vendor further certifies and verifies that neither Vendor nor any affiliate, subsidiary or partner company of Vendor, if any (the "Vendor Companies"):

- i) boycotts Israel, and Vendor agrees that Vendor and Vendor Companies will not boycott Israel during the term of this Purchase Order. For purposes of this Purchase Order, the term "boycott" shall mean and include terminating business activities or otherwise taking any action that is intended to penalize, inflict economic harm on or limit commercial relations with Israel or with a person or entity doing business in Israel or in an Israeli-controlled territory.
- ii) Has not engaged in business with Iran, Sudan, or a foreign terrorist organization identified on a list prepared by the Texas Comptroller (See Texas Government Code § 2270.808 and 2252.151-2252.154.

18. **BUYER'S PREMISES RULES:** If this Purchase Order requires presence on GCHD'S premises of Vendor's employees subcontractors or others under Vendor's control, Vendor shall comply with all applicable rules of such premises, including without limitation those relative to environmental quality, safety, fire prevention, no smoking, traffic, and parking.

19. **ASSIGNMENT OF OVERCHARGE CLAIMS:** Vendor hereby assigns to GCHD any and all claims for overcharges associated with this Purchase Order arising under the antitrust laws of the United States, 15 U.S.C.A., Sec. 1 et seq. (1973), or arising under the antitrust laws of the State of Texas. Texas Business and Commerce Code Annotated, Sec.15.0 I , et seq. (1967).

## TERMS AND CONDITIONS

20. **VENDOR 'S AFFTRMATIONS:** By acceptance of this Purchase Order and/or furnishing any of the products or services specified. herein, Vendor affirms the following:
- (a) That Vendor has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, t rip favor, or service to a public servant in connect ion with this Purchase Order.
  - (b) That Vendor has not violated the antitrust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws.
  - (c) That no relationship, whether by relative, business associate, capital funding agreement, or any ot11er such kinship, exists between Vendor and any current GCHD employee, or any person previously employed by GCHD within the immediate twelve (12) months prior to this award. If such relationship does exist, full disclosure must be made to the GCHD Purchasing Agent prior to acceptance of Purchase Order for appropriate administrative review and approval.
  - (d) If Vendor is a corporation, that its Texas franchise taxes are current, or that the corporation is exempt from the payment of the franchise tax, or that the corporation is an out-of-state corporation that is not subject to Texas franchise t ax, whichever is applicable.
21. **OPEN RECORDS:** All information, documentation, and other material submitted by Vendor in response to any solicitations or under any resulting contract thereof may be subject to public disclosure under the Texas Public Information Act (TX Gov't Code, Chapter 552). Vendors are hereby notified that GCHD strictly adheres to this statute and the interpretations thereof rendered by the Courts and/or Texas Attorney General's office. Vendor shall be deemed to have knowledge of this law and how to protect their interest under it. Exceptions to disclosure of information as provided by this statute are intended to protect legitimate interests of the GCHD or Vendor, and are not intended to serve as a means to withhold or delay disclosure of information not covered by these exceptions.
22. **NON-WAIVER OF DEFAULTS:** Any failure of GCHD, at any time or from time to time, to enforce or require the strict keeping and performance of any of the terms and conditions of this Purchase Order, or to exercise a right hereunder, shall not constitute a waiver of such terms, conditions, or rights, and shall not affect or impair same, or the right of GCHD at any time to avail itself of same.
23. **SEVERABILITY:** In the event that any provision of this Purchase Order, or the application thereof to any person or circumstance, is determined by a competent Court of Law to be invalid, unlawful, or unenforceable to any extent, the remainder of this Purchase Order, and the application of such provision to persons or circumstances other than those to which it is determined to be unlawful, unenforceable, or invalid to any extent, shall continue to be valid and may be enforced to the fullest extent permitted by law.

[Back to Agenda](#)



# COASTAL HEALTH & WELLNESS

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**GOVERNING BOARD**

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

**Governing Board  
August 2019  
Item #6  
Executive Report**



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

# Serious health risks tied to childhood obesity

About one in five children in the United States is considered obese. While there is no simple solution to this public health problem, there are ways to support children on their journey to good health.

September marks National Childhood Obesity Awareness Month and provides a chance to learn more about this serious health condition.

Children who are obese are at a higher risk for having other chronic health conditions and diseases, according to the Centers for Disease Control and Prevention (CDC).

Those include asthma, sleep apnea, bone and joint problems and type 2 diabetes. They also have more risk factors for heart disease like high blood pressure and high cholesterol than their normal weight peers.

Children who are overweight or obese as preschoolers are five times as likely as normal-weight children to be overweight or obese as adults.

“Obesity in the United States is a problem. Specifically, the rate of obesity in children is alarming, and it’s growing,” said Eileen Dawley, RN, chief nursing officer. “Adults who are obese have a higher risk for diseases like type 2 diabetes, heart disease and many types of cancer.”

There are several factors that may lead to childhood obesity: too much time spent being inactive; lack of sleep; lack of places to go to get physical activity; easy access to inexpensive, high calorie foods and sugary beverages; and lack of

access to affordable, healthier foods.

“Parents can help and set an example for their children. Choose nutritious meals with fruits and veggies and encourage your children to drink more water as a no-calorie alternative,” Dawley said.

Provide vegetables, fruits and whole-grain products and choose lean meats like poultry, fish, lentils and beans for protein.

And, remember portion size. Make sure drinking water is always available as a no-calorie alternative to sugary beverages and limit juice intake.

The idea is to balance calories from foods and beverages with the calories children use through physical activity and growth.

“Get active with your children. Find activities you enjoy as a family,” Dawley said.

It’s important that children get the recommended amount of physical activity every day.”

Children age 2 and older should get at least 60 minutes of enjoyable, varied, moderate-intensity physical activity every day.

Being active helps you prevent chronic diseases, improve heart and lung health, build strong bones and muscles, reduce fat, improve sleep, decrease stress, fight depression and increase your confidence and self-esteem.

“Small changes can make a difference. Together, we can all do our part to prevent childhood obesity,” Dawley said.



## Food for Thought

30 years ago, kids ate just **one snack a day**. Today, they’re trending toward three snacks a day.

That adds up to an extra 200 calories a day! Encourage children 2 and older to eat at least **five servings of fruits and veggies a day**.





# CHW celebrates National Health Center Week



Aug. 4-10 marked National Health Center Week and in celebration, CHW hosted a Community Resource Fair on Aug. 9. Guests enjoyed learning more about: CHW 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 and vision screenings; pet microchipping; adoptions through the Animal Resource Center and more!






# CHW celebrates National Health Center Week



SUBJECTIVE COGNITIVE  
DECLINE IN ADULTS

**1 IN 9** ADULTS AGE **45** OR OLDER REPORT CONFUSION OR MEMORY LOSS

**50%** REPORT ACTIVITY LIMITATIONS:

-  COOKING
-  CLEANING
-  TAKING MEDICATION

MEMORY LOSS IS NOT  
A NORMAL PART OF AGING

**MORE THAN 1/2** OF PEOPLE WITH MEMORY LOSS HAVE NOT TALKED TO A HEALTHCARE PROVIDER

TALK TO A HEALTHCARE  
PROVIDER ABOUT

- ✔ POSSIBLE TREATMENT
- ✔ CARE PLANNING
- ✔ MANAGEMENT OF CHRONIC CONDITIONS
- ✔ CAREGIVING NEEDS



## Healthy lifestyle helps seniors as they age

Americans are living longer, in great numbers, and are enjoying active lives. In fact, 10,000 people are turning 65 a day.

With that comes challenges in aging.

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

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

Aging can lead to an increase in chronic diseases including hypertension, diabetes, arthritis and dementia. Alzheimer's disease,

the most common type of dementia, is the fifth leading cause of death among older Americans. Older adults also face more challenges with everyday living activities like preparing meals and housekeeping.

It's never too late to take control of your health, whether it's improving eating habits, being more active, re-connecting with friends and building social networks, or making those important doctor appointments you've been putting off.

Thanks to advances in science and technology, many can expect to live long lives, well into their 80s and possibly older. Living longer carries with it a greater chance of developing chronic diseases like Alzheimer's,

heart disease or cancer. So, it's important to stay in good health to live longer and have healthier lives.

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

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

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

- Stay active – Regular exercise can reduce your risk

for heart disease, diabetes, arthritis pain and even anxiety and depression.

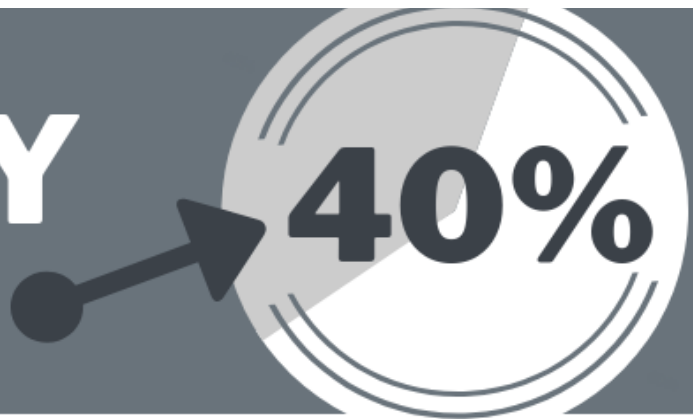
Aerobic activities get your heart pumping and blood circulating. Strengthening exercises prevents muscle loss. Stretching keeps the body flexible and limber while balancing exercises may help prevent falls as you get older. Find something you love to do and keep with it.

- Walk like you mean it – Walking is great for your health. Be vibrant and healthy. Do you walk slowly because you've become lazy or are you afraid you might fall? Make a conscious effort to take big strides, walk with your heel first and wear comfortable shoes. And, remember to stand up straight. Hold

Aging page 9

# OBESITY

Did you know nearly 40% of Americans are considered obese?



## IN GALVESTON COUNTY



**32%**  
of adults  
are obese



**only 24%**  
are physically  
active

## OBESITY CAN LEAD TO



Heart Disease



Type 2  
Diabetes



Stroke



Cancer or  
Death

Those who are obese pay **\$1,429 more** in medical costs **EACH YEAR** than those who are not obese.

And, this isn't just an issue in America. Worldwide, there are currently more than 41 million infants and children who are overweight. At this rate, the number will reach 70 million by 2025.



**2.8 million people die each year from being overweight or obese.**

**But, the good news is we can change all that!**

Obesity and obesity-related illnesses can be prevented.

**How much does your health mean to you?**



[GCHD.ORG/HEAL](http://GCHD.ORG/HEAL)

# Protect yourself, family from falling ill

## September marks National Food Safety Education Month

Each year, an estimated one in six Americans – that's 48 million people – get sick from food poisoning.

Anyone can get sick from food poisoning. The good news is there are ways to protect yourself and your family from falling ill.

As you prepare and handle food, the Centers for Disease Control and Prevention (CDC) suggests you follow these four tips: wash your hands, utensils and surfaces often when cooking; separate cooked food from raw meat, poultry, seafood and eggs, which can spread germs; use a food thermometer to make sure foods are cooked to an internal temperature that kills germs; and refrigerate perishable foods and leftovers within two hours and chill within one hour if it's above 90°F.

September marks National Food Safety Education Month. Below are some areas to pay attention to when dining out.

### Look for a valid permit

All properly permitted and inspected food service establishments are required to display their food service permit where customers can see it. The permit is bright yellow and contains the GCHD logo at the top and a seal at the bottom. Locate the permit and verify it's not expired.

"A permit confirms the establishment you're visiting is in our system to be routinely inspected and that it has met proper safety requirements to prepare and serve food," said Martin Entringer, GCHD consumer health services manager.

### Check inspection scores

Most food service establishments are inspected at least

twice annually based on criteria established in the Texas Food Establishment Rules. Low-risk facilities require one inspection per year. Inspections may occur more frequently based on an establishment's risk level, violations and complaints.

GCHD performs approximately 5,500 food service inspections annually. Inspection results, scored as demerits, are posted online at [www.gchd.org/restaurantcores](http://www.gchd.org/restaurantcores).

"Demerit scores reflect conditions at the time of the inspection. They may not indicate current conditions," Entringer added. "We suggest reviewing demerit scores over a period of time for the best representation of an establishment's overall conditions."

### Check for cleanliness

The first indication of a restaurant's overall cleanliness is the exterior. Look around to see if the building and grounds are well maintained. Once inside, make sure the tables,

silverware and dishware are clean. Servers should be well-groomed and wearing clean uniforms. Restroom cleanliness also offers insight into a restaurant's overall sanitation.

### Be cautious with raw or undercooked food

Raw meat, poultry, eggs and seafood may carry bacteria that can cause illness, especially with those who have medical conditions. Proper thorough cooking kills potentially harmful bacteria.

### Be careful with leftovers

Taking food to go is perfectly safe. Remember to refrigerate within two hours or one hour if the weather is over 90°F. Left-

Food Safety page 9

**DID YOU KNOW?**

**Galveston County Health District Consumer Health Services**  
investigates food-borne illnesses.

Sick from eating at a restaurant?  
**Call (409) 938-2208 or (409) 978-2215.**

**GCHD.ORG/CONSUMER**

**GALVESTON COUNTY HEALTH DISTRICT**

# Back-to-School FOOD SAFETY TIPS



Chances are you worry more about whether your children will eat the food in their lunch boxes than about whether that food will be safe to eat. But children are the most vulnerable to food poisoning, so it makes sense to take extra precautions when preparing the lunches they take to school.



**1 IN 6** Approximate number of Americans stricken with food poisoning each year



**128,000**

Estimated annual hospitalizations from foodborne illnesses



**42,000**

Estimated annual reports of salmonella infections, the most frequent cause of foodborne illnesses

Of the estimated 42,000 annual salmonella infections, almost



of those are infants and school-age children.

Because many milder cases are not diagnosed or reported, the actual number of salmonella infections may be 29 or more times greater. That's more than

**1.2 MILLION**

estimated cases annually.



## Tips to keep your kids healthy

**CLEAN**



If you're making lunch the night before, be sure to wash your hands and use clean cutting boards, utensils and countertops. Making lunch on the same surfaces you used to prepare raw meat or poultry for dinner may result in cross-contamination and lead to salmonella-related illness.



**SEPARATE**



Use one cutting board for fresh produce and a separate one for meat and poultry.



**COOK**



Cook foods to the right temperature using a food thermometer.



**CHILL**



If the lunch contains perishable food items like luncheon meats, eggs, and yogurt, make sure to pack it with at least two cold sources (e.g., freezer packs and frozen water bottles).



## Pack a Safe Lunch

Send your kids back to school with safe and satisfying lunches by following these simple tips:

**Tip 1**



Frozen juice boxes can also be used as freezer packs. By lunchtime, the juice should be thawed and ready to drink!

**Tip 2**



Perishable food can be unsafe to eat by lunchtime if packed in a paper bag. Use an insulated box or bag instead.

**Tip 3**



Children should wash their hands for 20 seconds with warm soapy water before eating. Have them sing the ABCs twice while washing if they sometimes finish early.

**Tip 4**



If possible, your child's lunch should be stored in a refrigerator. But leave the lid of the lunchbox or an insulated, soft-sided bag open in the fridge so that cold air can circulate and keep the food cold.

**Tip 5**



If you're packing a hot lunch, like soup, chili or stew, use an insulated container to keep it hot. Fill the container with boiling water, let stand for a few minutes, empty, and then put in the piping hot food. Tell your child to keep the insulated container closed until lunchtime to keep the food hot — 140°F or above.

**Tip 6**



After lunch, discard all leftover food, used food packaging, and paper bags. Do not reuse packaging because it could contaminate other food.

Additional source: CDC



For more Back to School Food Safety Tips go to

**FoodSafety.gov**

Disasters happen, prepare now

## September marks National Preparedness Month



**Randy Valcin**  
Director of Public Health  
Surveillance Programs,  
Galveston County  
Health District

Galveston County is no stranger to disasters. While the type may range from hurricane to tropical storm, floods or fires, one thing re-

mains the same. When faced with a disaster, preparing ahead of time is vital to protect your family and property.

September marks National Preparedness Month and the Galveston County Health District (GCHD) encourages you to take time now to prepare for the wide variety of disasters you may face.

This year's theme is "Prepared, Not Scared. Be Ready for Disasters." Being prepared can be the difference between life and death.

Most homeowner and renter insurance policies do not cover flood damage. If you add flood insurance, keep in mind most policies take 30 days to go into effect, so

don't wait until it's too late.

Take photos of important documents and personal belongings. Include birth and marriage certificates, immunization records for children and adults, driver license and other photo IDs and Social Security Cards. You also want photo documentation of valuables. It will help you quickly file an insurance claim after a flood, if necessary.

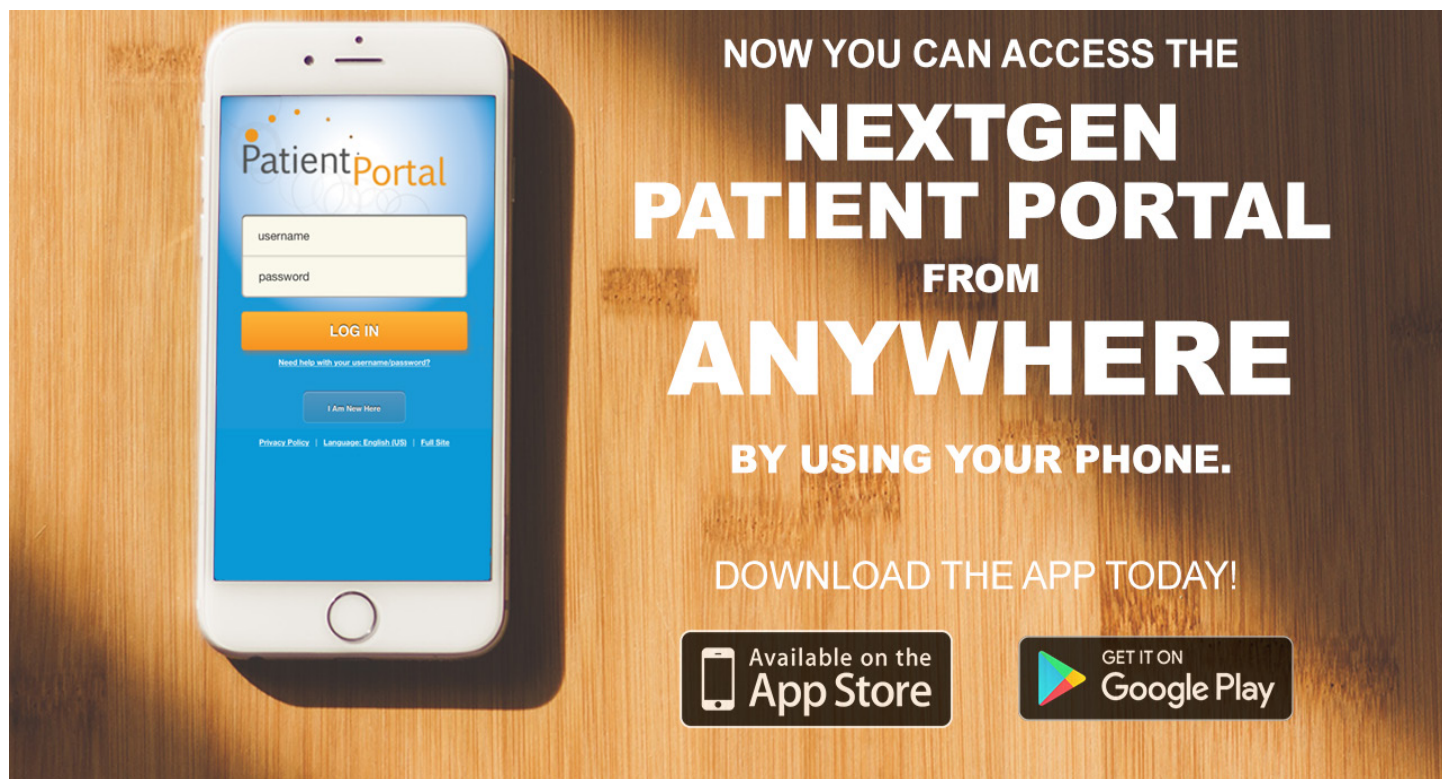
Disasters can be costly. Start now and set aside a small amount of each paycheck to go into a savings account. Also, keep cash on hand since ATMs and credit card readers may not be available. Cash can help pay

for immediate expenses like lodging, food and gas.

And, be sure you put your emergency plan in writing. If evacuating, know where you plan to go. Having a plan in place lets you know everyone in the home is on the same page and prepared.

Develop a family emergency communication plan. It is possible family members may become separated from one another during a disaster, especially during the day when adults are at work and children are at school. Plan for touching base and getting back together. Practice fire escape plans by having a home drill at least twice a

Preparedness page 9



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**

overs should be eaten within three to four days.

Some groups of people are more likely to get sick and have a more serious illness including children younger than 5, adults aged 65 and older, people with health problems or who take medicines that lower the body's ability to fight germs and sickness and pregnant women.

According to the CDC, those who are more likely to get food poisoning should not eat: undercooked or raw animal products including meat, poultry, eggs or seafood; raw or slightly cooked sprouts; unpasteurized (raw) milk and juices; and soft cheese unless it is labeled as made with pasteurized milk.

Food poisoning signs include high fever higher than 102°F, bloody diarrhea, frequent vomiting, diarrhea for more than three days and dehydration.

GCHD sanitarians routinely inspect more than 1,800 food service establishments for compliance with state regulations designed to protect the health and well-being of customers. GCHD investigates sanitation complaints related to food service establishments. Complaints may be filed by filling out the form at [www.gchd.org/complaints](http://www.gchd.org/complaints) or by calling 409-938-2241. Please provide contact information to allow GCHD to follow-up. Pictures may be submitted with complaints.

Food poisoning is a common, yet preventable public health problem. If someone believes they became ill from eating at a restaurant in Galveston County, it's important to quickly report it to GCHD. Prompt reporting gives GCHD epidemiologists the best chance at determining the source.

Callers should be prepared to offer information about symptoms, what and where they recently ate and if they've seen a doctor.

Suspected food poisoning may be reported to 409-938-2208 or 409-938-2215 during business hours or 1-888-241-0442 after hours.

## Aging

in your stomach, shoulders back and chin up!

- Regular checkups – Now is a good time to set annual physical and health screenings. This is the best way to catch an illness or disease before it even starts. Doctors will look at your age, family history, personal medical history and lifestyle habits to determine which tests and screenings are needed. This includes going to the dentist regularly. Your oral health is just as important as taking care of your body.

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

year with everyone in the home.

When it comes to medicine, put prescriptions, emergency contact information for family and doctors, insurance cards and identification together in a plastic bag.

If you haven't already, sign up for alerts and warnings in your area so that you can stay on top of changing conditions.

Now that school has started, update school records and make sure your children know who to contact in an emergency. Including favorite stuffed animals, board games, books or music in the emergency kit can help comfort children in a disaster.

In the hustle of dealing with a disaster, pets sometimes fall to the end of the list. Plan for 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. You may also want to learn life-saving skills such as CPR and first aid. For more information, visit [www.ready.gov/September](http://www.ready.gov/September) and <http://www.gchd.org/public-health-services/public-health-preparedness/natural-disasters>.

## “Tell me something good...”

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

*“(Lisa Tigrett LBSW, E Ed, LPC) is always helpful and I love seeing her because she fully understands me.” (Counseling services)*

*“(Premal Patel, MD, MSc, FACP) First time receiving comprehensive, interventive programming for discovery and future treatment/guidance.” (Medical services)*

*“(Leonard Nagorski, MD) is an excellent pediatric doctor, very friendly and patient. Very good human being.” (Medical services)*

*“(Unsil Keiser, DDS) did an excellent job. I would highly recommend Dr. Keiser and Coastal Health & Wellness.” (Dental services)*



## **Coastal Health & Wellness Updates**

### **Insurance Contract Updates –**

#### **Dental**

- MCNA-Pending (Contract signed & renewed 08/13/2019 Shetty packet submitted: submitting Lindskog, Keiser, Nguyen, Harris this week)
- Dr. Harris Pending (Currently working to get provider added to all accepted insurance plans)

#### **Behavioral Health**

- Texas Children's Health Plan- Pending- Submitted letter per request from TMHP this week to get apps processing. (Tigrett & Bailey)

#### **Medical**

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

#### **Pending New Contracts:**

- Superior Health Plan- Dental Services

#### **Other Insurance Updates:**

- On July 23, 2019, Amerigroup provided written notice of their intent to terminate their agreement with Coastal Health & Wellness. The notice provided an opportunity to appeal and we are working with TACHC to assist us in gathering additional data.
- In an effort to obtain insurance verification information in a timelier manner, we are reviewing current processes, especially as related to pre-authorization of certain dental services.

### **Committees –**

- *Quality Assurance (QA)/Performance Improvement (PI)* – The monthly meeting of the QA/PI Committee was held on August 7<sup>th</sup>. Appointment utilization rates for medical and dental appointments were reviewed and were within goal of 90%; however, in comparison, counseling appointment utilization rates were lower. Upon further review, it was determined to reevaluate how the counseling utilization rates were being calculated.

Patient satisfaction survey data was also reviewed and participation rates continue to be low. Staff discussed ways in which to encourage participation such as giveaways and offering paper surveys at checkout.

- *Infection Control / Environment of Care /Joint Commission Committee (IEJ)*– The monthly meeting of the Joint Commission/Infection Control/Environment of Care Committee was held on August 21st. Topics discussed included next steps related to the Culture of Safety survey; review of infection control audit reports and safety and compliance reports. The Leadership Team is participating in The Joint Commission’s 12-part Ambulatory Breakfast Briefing series again this year. This series, which runs from August 28th to November 13th is designed to provide an overview of the new and revised 2020 standards and assist in preparation for the next Joint Commission site survey.
- *Patient Centered Medical Home (PCMH) Committee* – The Coastal PCMH Team continues to meet to evaluate and develop processes related to this initiative. Recent activities include the addition of provider bio information 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.

#### **HRSA Deliverables / Updates –**

- Substance Use Disorder-Mental Health (SUD-MH) grant – The SUD-MH program is going well and currently a total of 13 patients are enrolled in the program, with an additional 7 patients awaiting evaluation. Initial grant projections for program enrollment were based on a maximum of 50 patients. The SUD-MH Expanded Services Tri-Annual Progress report is due on Monday, September 16.
- We were recently notified by HRSA that Coastal Health & Wellness was awarded additional grant funds of \$23,172. This one-time grant supplement is to support health centers that displayed high levels of quality performance in calendar year 2018 UDS reporting and is intended to be used to continue to strengthen quality improvement activities.
- We continue to acquire equipment and supplies budgeted through the Capital Assistance for Hurricane Response and Recovery Efforts (CARE) grant. We have currently spent \$209,279 of the \$337,012 initially awarded. All grant funds must be spent by August 31, 2020.
- The application for Oral Health Infrastructure funding submitted to HRSA on 5/21/19 continues to be shown as under a screening review in the electronic handbook. 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.
- We continue to work on the request for supplemental information related to the FTCA application. A call with Garfunkel Wild, PC is scheduled for Friday 8/30/19 to discuss the project timeline. All information is due to HRSA by September 14, 2019.

**Miscellaneous Updates –**

- We are continuing to monitor the number of patients enrolled in the patient portal and explore ways in which we can continue to promote the benefits of utilizing the portal. Plans are underway to hold a series of monthly patient portal registration days in the coming months to encourage enrollment.
- A contract with Texas City Headstart to provide medical and dental checkups for kids enrolled in the Headstart program is currently being reviewed and a tentative date of Tuesday, October 15<sup>th</sup> has been set to provide these services.
- In an effort to improve no-show rates, we are reviewing how patients are receiving appointment reminders and exploring ways in which we can improve confirmation of appointments to avoid no-shows. A pilot program is being developed to help educate patients about the importance of confirming their appointments and possible action if they have a pattern of no-shows. A meeting has been set for Thursday, September 5<sup>th</sup> to draft a plan which will be presented to the Board at the September meeting.

**Communications –**

- **News Releases/ Website News Posts**
  - National Health Center Week press release
  - National Immunizations Awareness Month press release
  - National Immunizations Awareness Month guest column
- **Social Media**
  - Community Resource Fair
  - Back-to-school immunizations
  - National Health Center Week
  - Diabetes awareness and education
  - Healthy Eating, Active Living
  - Medical services offered
  - Patient Portal registration
  - Dental services offered
  - Photo album – National Health Center Week highlighting CHW employees
  - Community Resource Fair photo album
  - #WorkWednesday
  - Norovirus education
  - Extended counseling services
  - Counseling services offered
  - Texting and Driving safety education
  - Handwashing importance and education
  - HEAL, grocery shopping on a budget
  - Back-to-school food safety tips
  - Labor Day closure

**CHW Career Opportunities:**

July 25-Aug. 21, 2019

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
  - Amber Gomez – Unit Receptionist I – Dental
  - Naola Hernandez – Patient Services Specialist I (Bilingual)
  - Virginia Lyle – CHW Lab & X-Ray Supervisor
  - Yaa Cheremateng, PA – Physician Assistant II
  - Haley McCabe, PA – Physician Assistant IV
  - Juliet Wiseman, NP – Nurse Practitioner II
  - Christiana Harris, DDS – Dentist III
  - Elizabeth Fuentes – Dental Assistant I (Bilingual)
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
  - Jasmine Tello – Medical Aide (Bilingual)
- **Current Vacancies:**
  - CHW Vacancies:
    - Dental
      - Dental Assistant full-time
      - Dental Hygienist part-time
    - Medical
      - Physician
    - Nursing
      - Registered Nurse (Charge Nurse)
    - Patient Services
      - Patient Services Specialist I

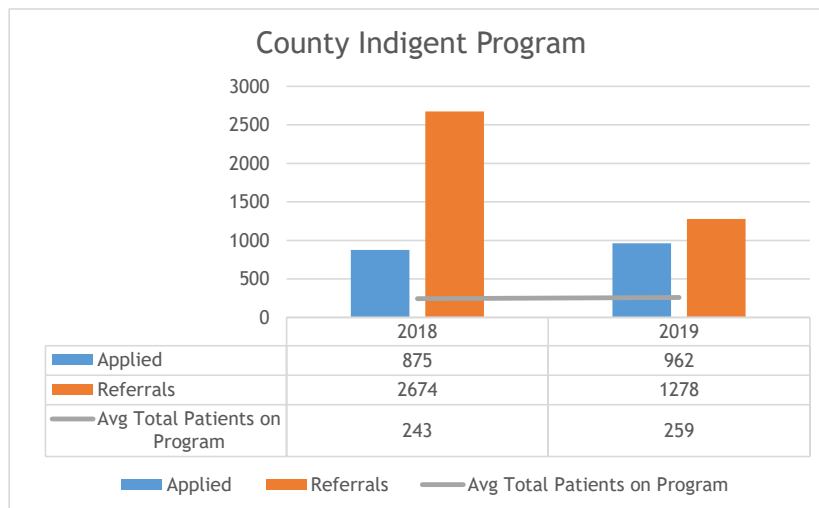
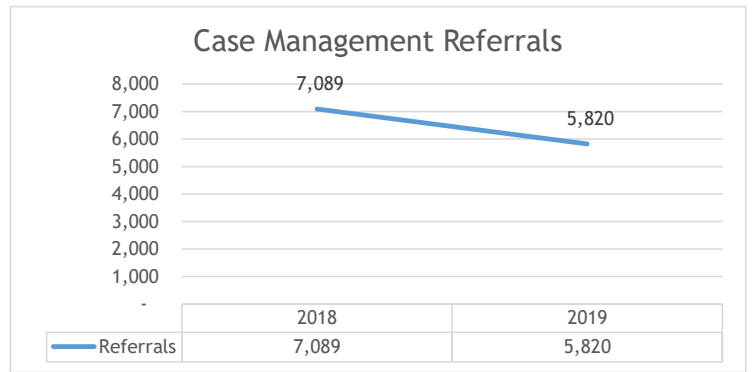
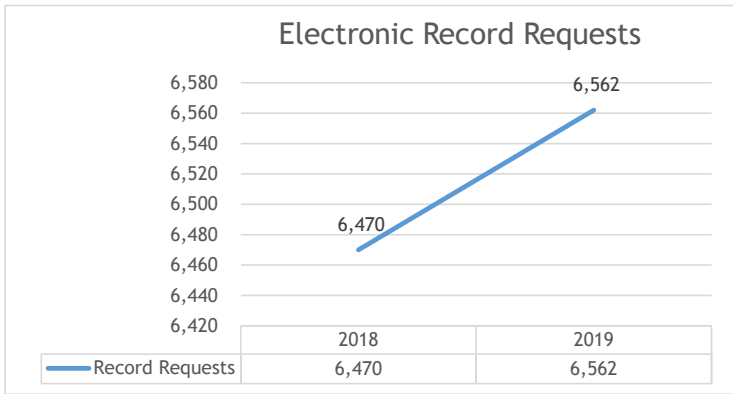
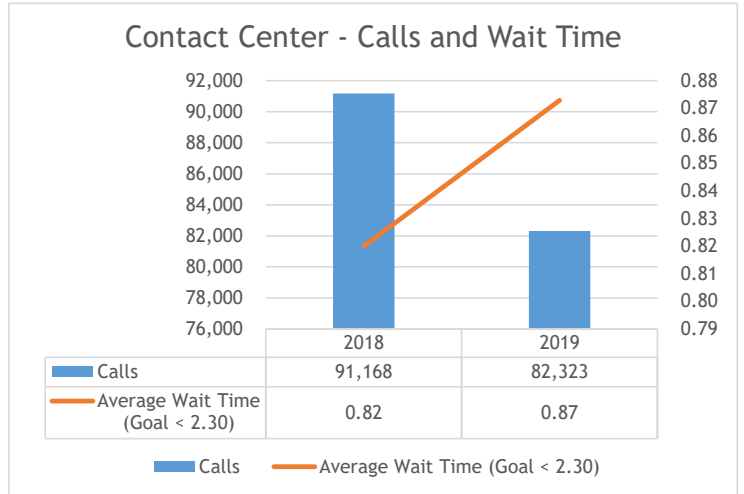
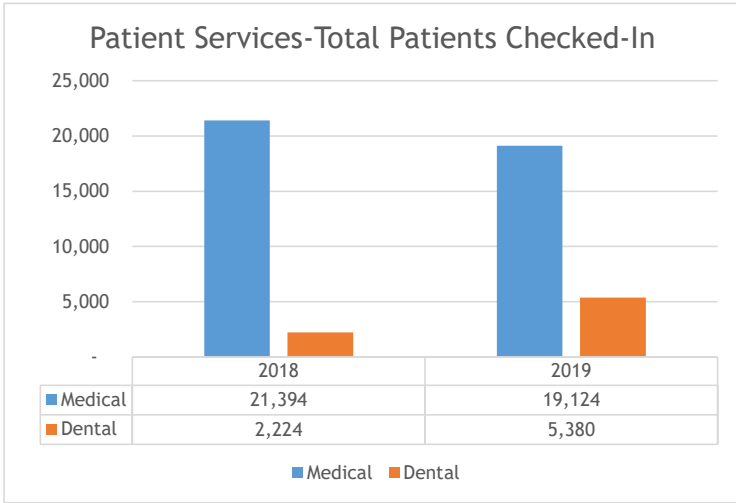
**CHW Executive Contract Report: August 2019**

1. Coastal Health & Wellness entered into a Memorandum of Understanding with Gulf Coast Center's Recovery Services, through which the parties will collaborate to offer a full continuum of care to individuals undergoing substance abuse recovery. Specifically, CHW patients in need of rehabilitation will be referred to opportunities coordinated by Gulf Coast Center to include detoxification services, hospitalization placement, inpatient residential placement, outpatient addiction care, and facilitation of and referral to support groups.
2. The Gulf Coast Center's ("GCC") Department for Outreach, Screening, Assessment and Referrals entered into a Memorandum of Understanding with Coastal Health & Wellness for the provision of follow-up medical services to Gulf Coast patients in the process of or having recently completed substance abuse rehabilitation. Per the Memorandum, Coastal Health & Wellness shall accept designated referrals from GCC, exchange patient information with GCC relevant for optimal care, tender GCC with explicit policies outlining Coastal's intake procedures and scope of offerings and prescreen the financial eligibility of referred GCC patients.

3. Coastal Health and Wellness and the Galveston Housing Authority entered into a two (2) year lease for the space currently occupied by Coastal Health and Wellness in the Island Community Center located at 4700 Broadway, Galveston, Texas 77551 transitioning it from a month-to-month lease. The leased space includes 11,796 square feet and the rent will be at the price of \$1.18 per square foot, totaling \$13,919.00 per month, which is less than half the average price per square foot in the area. This lease also includes an auto-renew provision which extends the term of the lease for an additional two-year term with the requirement of 90-day notice of intent to extend the lease.
4. On August 1, 2019 Coastal Health and Wellness entered into a Professional Services Agreement with UTMB for family and prenatal practitioner services. CHW shall pay UTMB One Hundred and Forty Dollars (\$140.00) per hour for UTMB Services, with a minimum of four (4) hours per date.
5. A revised Referral Agreement was signed with Bay Area Recovery Center reflecting a slight price increase for cost of services provided by CHW and the introduction of a new method to inform CHW of a referred patient by use of a fillable PDF form emailed directly to designated individuals at CHW.

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

<b>Patient Services - Patients Checked-In</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Medical	21,394	19,124	-11%
Dental	2,224	5,380	142%
<b>Contact Center</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Calls	91,168	82,323	-9.7%
Average Wait Time (Goal < 2.30)	0.82	0.87	6%
<b>Electronic Records</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Record Requests	6,470	6,562	1%
<b>County Indigent Program</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Applied	875	962	10%
Referrals	2674	1278	-52%
Avg Total Patients on Program	243	259	7%
<b>Case Management</b>	<b>2018</b>	<b>2019</b>	<b>% Change</b>
Referrals	7,089	5,820	-18%



[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board  
August 2019  
Item #7  
Consider for Approval July 2019  
Financial Report**



# COASTAL HEALTH & WELLNESS

Governing Board



## FINANCIAL SUMMARY

For the Period Ending July 31, 2019

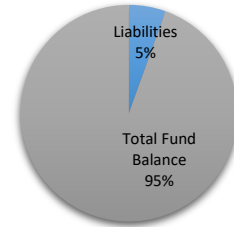
August 29, 2019

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

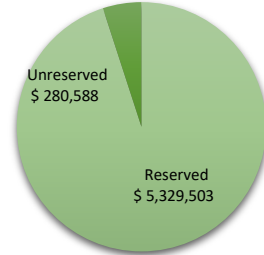
**CHW - BALANCE SHEET** as of July 31, 2019

	Current Month Jul-19	Prior Month Jun-19	Increase (Decrease)
<b>ASSETS</b>			
Cash & Cash Equivalents	\$5,044,995	\$5,312,119	(\$267,124)
Accounts Receivable	1,980,562	1,800,804	179,757
Allowance For Bad Debt	(1,251,749)	(1,208,772)	(42,977)
Pre-Paid Expenses	119,211	168,123	(48,912)
Due To / From	43,469	(25,174)	68,643
<b>Total Assets</b>	<b>\$5,936,488</b>	<b>\$6,047,100</b>	<b>(\$110,613)</b>
<b>LIABILITIES</b>			
Accounts Payable	\$129,641	\$101,991	\$27,650
Accrued Salaries	186,978	385,958	(198,980)
Deferred Revenues	9,778	13,252	(3,474)
<b>Total Liabilities</b>	<b>\$326,397</b>	<b>\$501,201</b>	<b>(\$174,804)</b>
<b>FUND BALANCE</b>			
Fund Balance	\$5,813,682	\$5,813,682	\$0
Current Change	(203,591)	(267,783)	64,191
<b>Total Fund Balance</b>	<b>\$5,610,091</b>	<b>\$5,545,900</b>	<b>\$64,191</b>
<b>TOTAL LIABILITIES &amp; FUND BALANCE</b>	<b>\$5,936,488</b>	<b>\$6,047,100</b>	<b>(\$110,613)</b>

Current Period Assets



Total Fund Balance



**CHW - REVENUE & EXPENSES** as of July 31, 2019

	Actual Jul-19	Budgeted Jul-19	PTD Budget Variance	YTD Budget Variance
<b>REVENUE</b>				
County Revenue	\$324,071	\$324,070	\$1	\$3
DSRIP Revenue	0	79,167	(79,167)	(316,667)
HHS Grant Revenue	360,421	260,617	99,805	148,717
Patient Revenue	245,447	751,002	(505,555)	(1,999,717)
Other Revenue	13,622	23,635	(10,013)	(43,973)
<b>Total Revenue</b>	<b>\$943,561</b>	<b>\$1,438,490</b>	<b>(\$494,929)</b>	<b>(\$2,211,637)</b>
<b>EXPENSES</b>				
Personnel	\$601,031	\$680,896	\$79,866	\$300,504
Contractual	68,304	85,808	17,503	94,429
IGT Reimbursement	0	37,500	37,500	150,000
Supplies	79,006	121,986	42,980	28,989
Travel	1,056	2,519	1,463	(3,326)
Bad Debt Expense	42,977	417,493	374,516	1,506,239
Other	86,996	92,289	5,293	(135,794)
<b>Total Expenses</b>	<b>\$879,370</b>	<b>\$1,438,490</b>	<b>\$559,120</b>	<b>\$1,941,041</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$64,191</b>	<b>\$0</b>	<b>\$64,191</b>	<b>(\$270,596)</b>

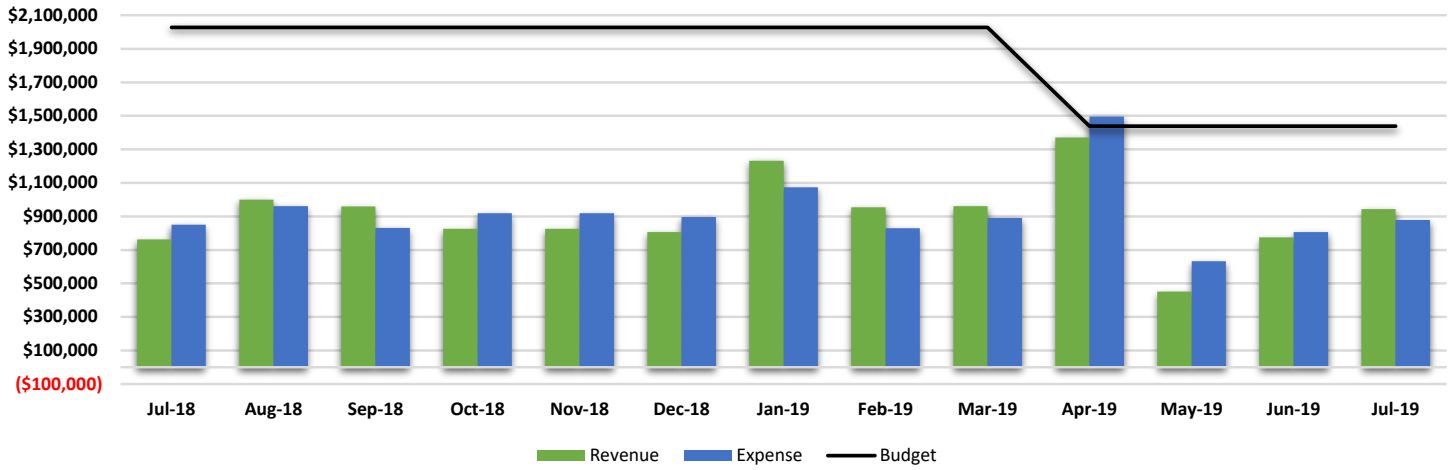
Current Month Revenue & Expenses Actual



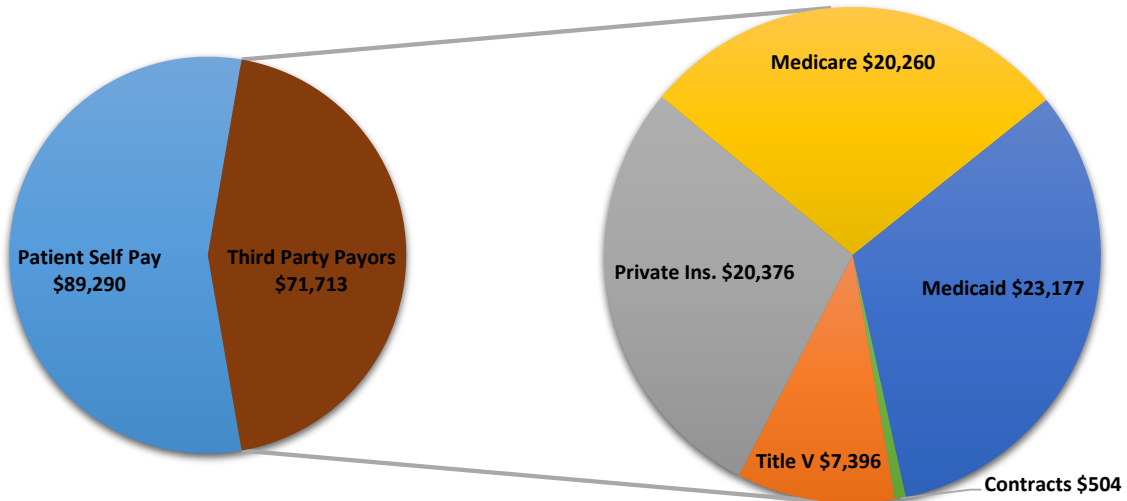
**HIGHLIGHTS**

- MTD increase in Fund Balance of \$64,191 and YTD decrease of (\$203,591).
- MTD revenues were underbudget by \$494,929 due to change in recording Self Pay Revenue, and lower revenues in Private Insurance, Medicare and Medicaid revenues. HHS grant expenses were reconciled thru June, resulting in an increase of \$99,805 for the draw down.
- MTD expenses were \$559,120 underbudget due to change in reporting Self Pay Bad Debt expense. All other expense categories were under budget for the month of July as well.
- Total Fund balance is \$5,610,091 as of 7/31/19.

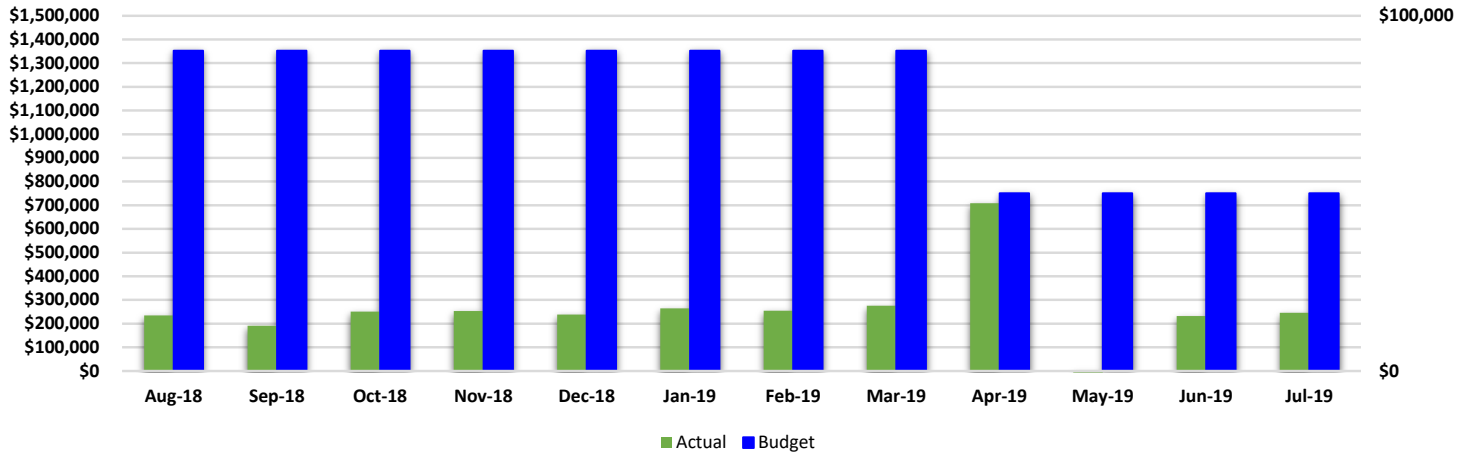
### Actual Revenue & Expenses in Comparison to Budget

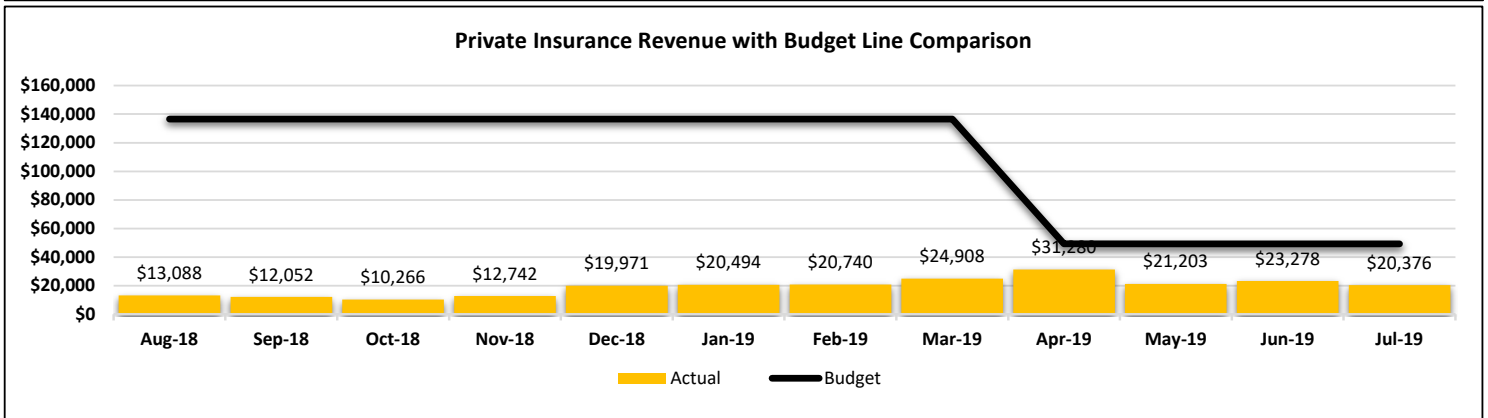
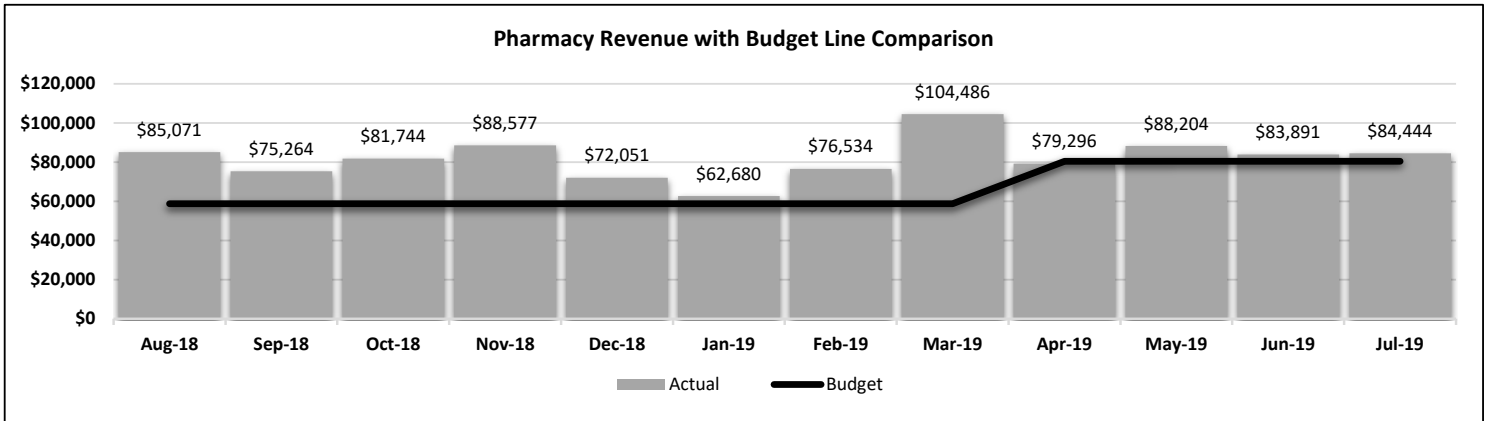
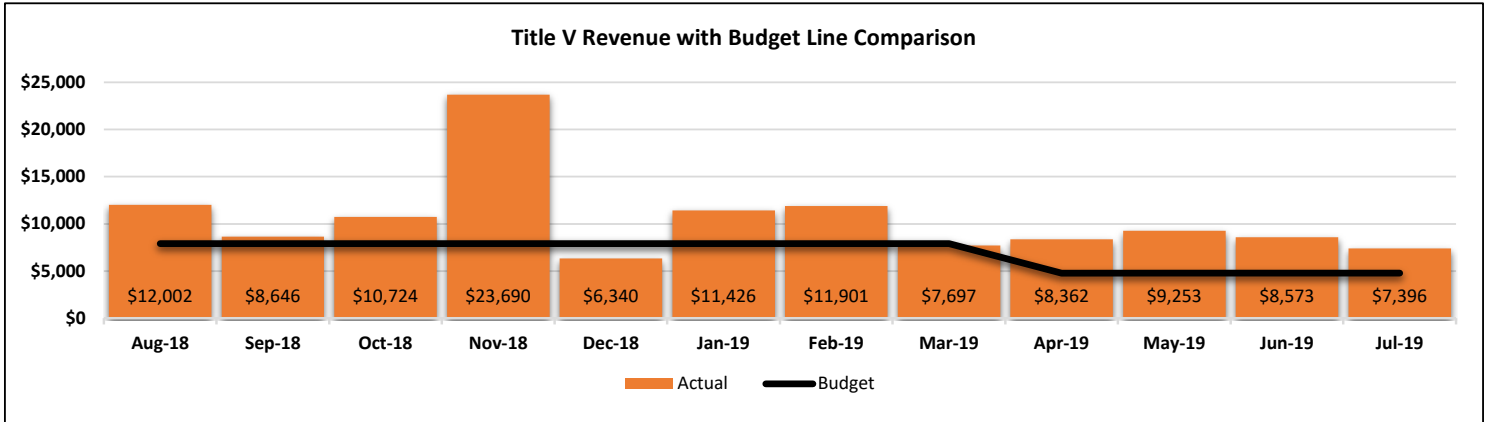
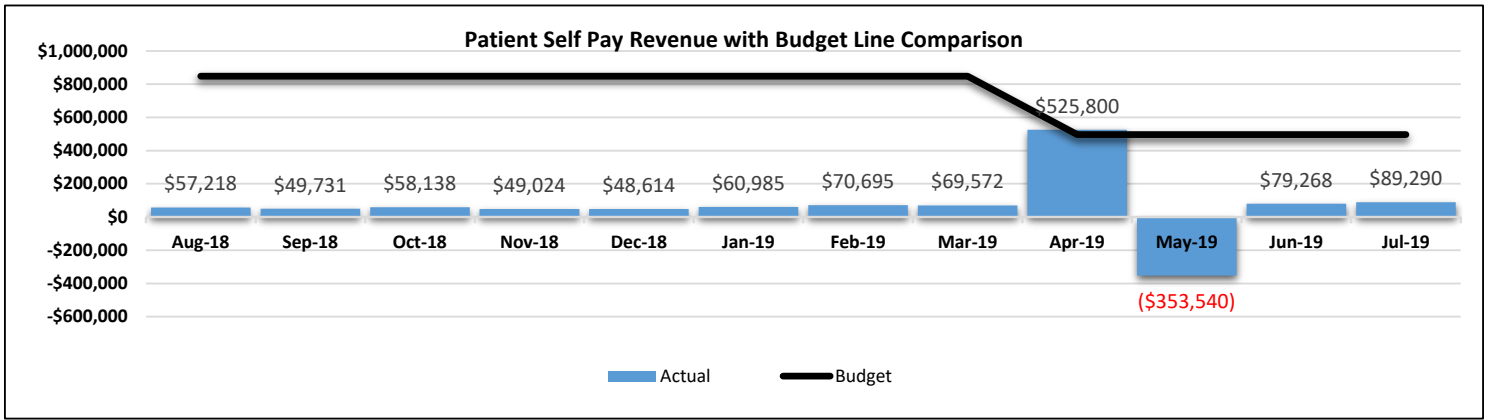


### Current Period Patient Revenue with Third Party Payor Contributions Identified

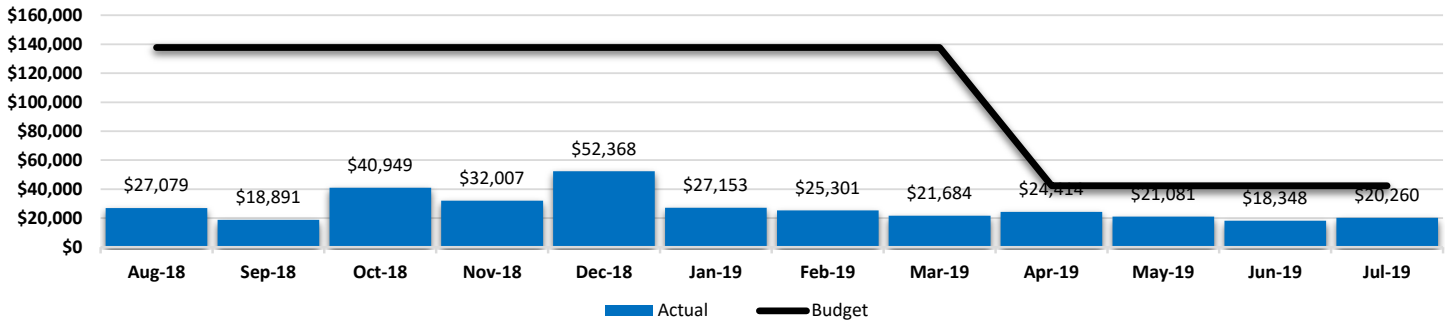


### Actual Patient Revenue Rec'd vs Budget

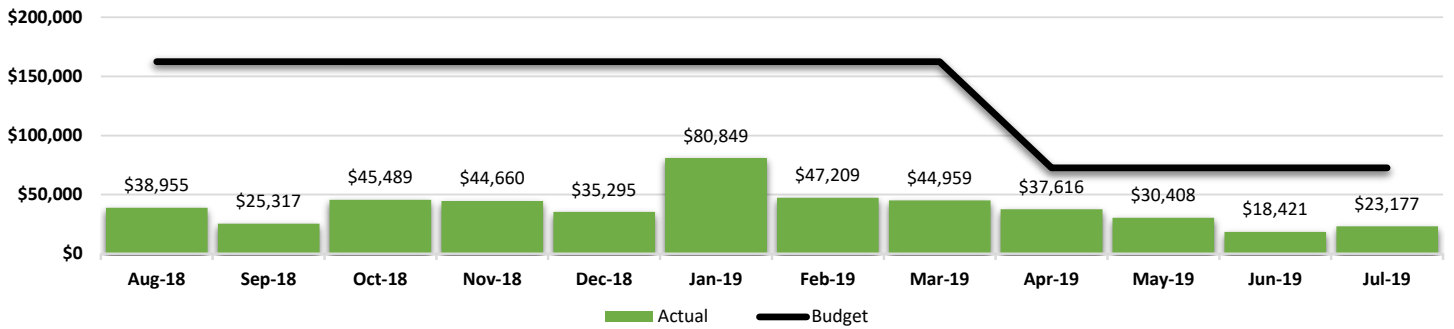




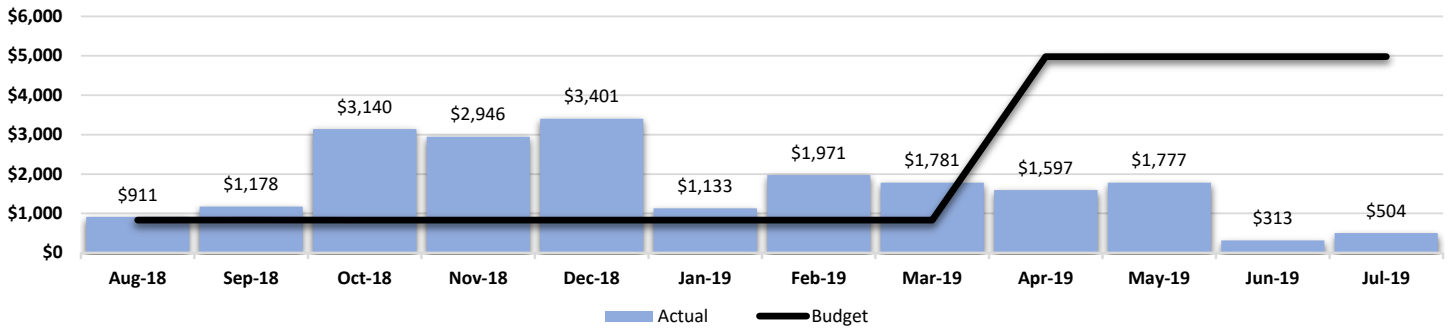
**Medicare Revenue with Budget Line Comparison**



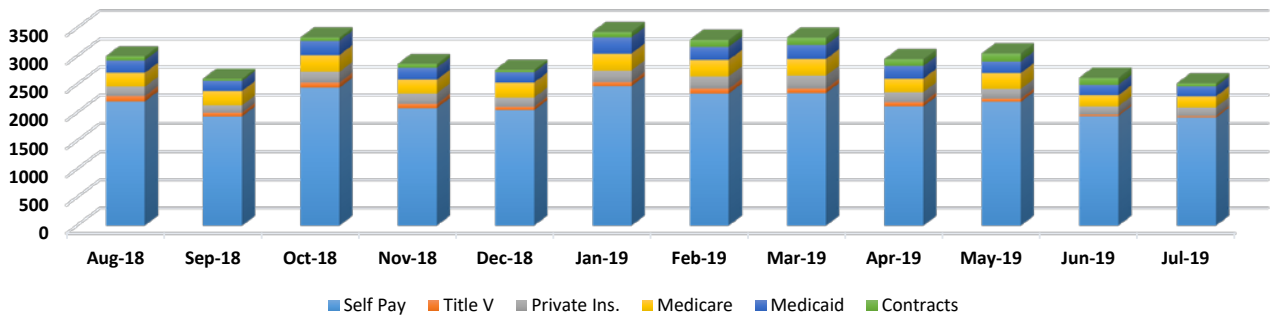
**Medicaid Revenue with Budget Line Comparison**



**Contract Revenue with Budget Line Comparison**



**Total Number of Patient Visits**



Coastal Health & Wellness								
Statement of Revenue and Expenses for the Period ending Jul 31, 2019								
		Period Ending	MTD	MTD Budget	YTD	YTD	YTD Budget	Annual
	Description	7/31/2019	Budget	Variance	Actual	Budget	Variance	Budget
<b>Grouping</b>	<b>REVENUE</b>							
HRSA	HHS GRANT REVENUE - Federal	\$360,421	\$260,617	\$99,805	\$1,191,184	\$1,042,466.67	\$148,717	\$3,127,400
Patient Rev	GRANT REVENUE - Title V	\$7,396	\$4,780	\$2,617	\$33,584	\$19,118	\$14,466	\$57,355
Patient Rev	PATIENT FEES	\$89,290	\$496,551	(\$407,261)	\$340,818	\$1,986,203	(\$1,645,385)	\$5,958,608
Patient Rev	PRIVATE INSURANCE	\$20,376	\$49,289	(\$28,913)	\$96,138	\$197,157	(\$101,020)	\$591,472
Patient Rev	PHARMACY REVENUE - 340b	\$84,444	\$80,417	\$4,027	\$335,835	\$321,667	\$14,169	\$965,000
Patient Rev	MEDICARE	\$20,260	\$42,380	(\$22,120)	\$84,103	\$169,519	(\$85,416)	\$508,558
Patient Rev	MEDICAID	\$23,177	\$72,608	(\$49,431)	\$109,621	\$290,432	(\$180,811)	\$871,296
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$1,351	\$1,351	\$0	\$5,403	\$5,403	\$0	\$16,208
Other Rev.	MEDICAL RECORD REVENUE	\$1,996	\$1,354	\$642	\$7,096	\$5,417	\$1,680	\$16,250
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
County	COUNTY REVENUE	\$324,071	\$324,070	\$1	\$1,296,285	\$1,296,282	\$3	\$3,888,845
DSRIP	DSRIP REVENUE	\$0	\$79,167	(\$79,167)	\$0	\$316,667	(\$316,667)	\$950,000
Other Rev.	MISCELLANEOUS REVENUE	\$982	\$0	\$982	\$1,012	\$0	\$1,012	\$0
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	INTEREST INCOME	\$8,911	\$5,750	\$3,161	\$35,216	\$23,000	\$12,216	\$69,000
Patient Rev	CONTRACT REVENUE	\$504	\$4,978	(\$4,474)	\$4,191	\$19,911	(\$15,720)	\$59,733
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$381	\$0	\$381	\$1,839	\$0	\$1,839	\$0
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Rev.	Fund Balance	\$0	\$0	\$0	\$83,766	\$83,766	\$0	\$182,160
	<b>Total Revenue</b>	<b>\$943,561</b>	<b>\$1,423,310</b>	<b>(\$479,749)</b>	<b>\$3,626,090</b>	<b>\$5,777,008</b>	<b>(\$2,150,917)</b>	<b>\$17,261,885</b>
	<b>EXPENSES</b>							
Personnel	SALARIES	\$492,387	\$526,677	\$34,290	\$1,956,752	\$2,106,708	\$149,956	\$6,320,124
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$4,400	\$4,400	\$3,652	\$17,600	\$13,948	\$52,800.00
	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	SALARIES, O/T	\$2,398	\$5,000	\$2,602	\$8,615	\$20,000	\$11,385	\$60,000.00
Personnel	SALARIES, PART-TIME	\$13,240	\$36,141	\$22,902	\$46,397	\$144,565	\$98,168	\$433,694.00
Personnel	Comp Pay	\$0	\$0	\$0	\$189	\$0	(\$189)	\$0.00
Personnel	FICA EXPENSE	\$37,505	\$43,775	\$6,270	\$149,503	\$175,099	\$25,596	\$525,296.33
Personnel	TEXAS UNEMPLOYMENT TAX	\$26	\$1,215	\$1,189	(\$512)	\$4,861	\$5,373	\$14,584.05
Personnel	LIFE INSURANCE	\$1,412	\$1,380	(\$32)	\$5,772	\$5,519	(\$253)	\$16,557.68
Personnel	LONG TERM DISABILITY INSURANCE	\$1,016	\$1,284	\$268	\$4,187	\$5,137	\$950	\$15,411.28
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$46,032	\$46,032	\$0	\$184,128	\$184,128	\$552,383.31
Personnel	WORKER'S COMP INSURANCE	\$1,246	\$2,861	\$1,615	\$4,866	\$11,444	\$6,578	\$34,333.12
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$39,882	\$0	(\$39,882)	\$160,950	\$0	(\$160,950)	\$0.00
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Personnel	PENSION / RETIREMENT	\$10,783	\$12,131	\$1,349	\$42,744	\$48,524	\$5,780	\$145,572.38
Contractual	OUTSIDE LAB CONTRACT	\$20,933	\$30,475	\$9,542	\$73,884	\$121,900	\$48,016	\$365,700.00
Contractual	OUTSIDE X-RAY CONTRACT	\$2,136	\$4,428	\$2,292	\$8,316	\$17,710	\$9,394	\$53,130.00
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$22,596	\$23,990	\$1,394	\$74,140	\$95,958	\$21,818	\$287,874.00
Personnel	TEMPORARY STAFFING	\$1,138	\$0	(\$1,138)	\$39,966	\$0	(\$39,966)	\$0.00
Contractual	CHW CONTRACT BILLING SERVICE	\$5,888	\$9,000	\$3,112	\$26,062	\$36,000	\$9,938	\$108,000.00
IGT	IGT REIMBURSEMENT	\$0	\$37,500	\$37,500	\$0	\$150,000	\$150,000	\$450,000.00
Contractual	JANITORIAL CONTRACT	\$13,832	\$13,926	\$94	\$55,057	\$55,703	\$646	\$167,109.24
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$320	\$320	(\$0)	\$960.00
Contractual	SECURITY	\$2,840	\$3,910	\$1,070	\$11,022	\$15,640	\$4,618	\$46,920.00
Supplies	OFFICE SUPPLIES	\$6,255	\$5,115	(\$1,141)	\$144,166	\$20,459	(\$123,707)	\$61,376.00
Supplies	OPERATING SUPPLIES	\$28,653	\$24,032	(\$4,621)	\$138,525	\$96,127	(\$42,397)	\$288,382.00
Supplies	OUTSIDE DENTAL SUPPLIES	\$3,986	\$2,000	(\$1,986)	\$11,914	\$8,000	(\$3,914)	\$24,000.00
Supplies	PHARMACEUTICAL SUPPLIES	\$38,897	\$89,889	\$50,992	\$161,251	\$359,556	\$198,305	\$1,078,668.00
Supplies	JANITORIAL SUPPLIES	\$0	\$333	\$333	\$0	\$1,333	\$1,333	\$4,000.00
Supplies	PRINTING SUPPLIES	\$17	\$200	\$183	\$1,899	\$800	(\$1,099)	\$2,400.00
Supplies	UNIFORMS	\$1,198	\$417	(\$781)	\$1,198	\$1,667	\$469	\$5,000.00
Other	POSTAGE	\$592	\$667	\$75	\$2,985	\$2,667	(\$318)	\$8,000.00
Other	TELEPHONE	\$2,905	\$4,066	\$1,161	\$13,521	\$16,263	\$2,743	\$48,790.00
Other	WATER	\$31	\$31	\$1	\$122	\$125	\$3	\$375.00
Other	ELECTRICITY	\$1,513	\$2,083	\$570	\$6,073	\$8,333	\$2,260	\$25,000.00
Travel	TRAVEL, LOCAL	\$221	\$383	\$163	\$1,435	\$1,533	\$98	\$4,600.00
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Travel	LOCAL TRAINING	\$86	\$417	\$331	\$2,428	\$1,667	(\$761)	\$5,000.00
Travel	TRAINING, OUT OF TOWN	\$749	\$1,719	\$970	\$9,537	\$6,875	(\$2,663)	\$20,624.00
Other	RENTALS	\$2,929	\$3,290	\$361	\$12,598	\$13,160	\$562	\$39,480.00
Other	LEASES	\$43,121	\$43,702	\$581	\$172,483	\$174,808	\$2,325	\$524,424.00
Other	MAINTENANCE / REPAIR, EQUIP.	\$6,566	\$6,977	\$411	\$27,648	\$27,907	\$259	\$83,720.00
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$42	\$42	\$0	\$167	\$167	\$500.00
Other	FUEL	\$0	\$42	\$42	\$0	\$167	\$167	\$500.00
Other	MAINTENANCE / REPAIR, BLDG.	\$300	\$417	\$117	\$1,426	\$1,667	\$241	\$5,000.00
Other	MAINT/REPAIR, IT Equip.	\$359	\$1,273	\$913	\$359	\$5,092	\$4,732	\$15,275.00
Other	MAINTENANCE / Preventative, AUTO	\$0	\$42	\$42	\$0	\$167	\$167	\$500.00
Other	INSURANCE, AUTO/Truck	\$200	\$208	\$9	\$799	\$833	\$34	\$2,500.00
Other	INSURANCE, GENERAL LIABILITY	\$1,026	\$1,029	\$3	\$4,105	\$4,117	\$12	\$12,350.00
Other	INSURANCE, BLDG. CONTENTS	\$1,451	\$1,633	\$182	\$5,806	\$6,532	\$726	\$19,595.00
Other	Settlements	\$0	\$0	\$0	\$87,500	\$0	(\$87,500)	\$0.00

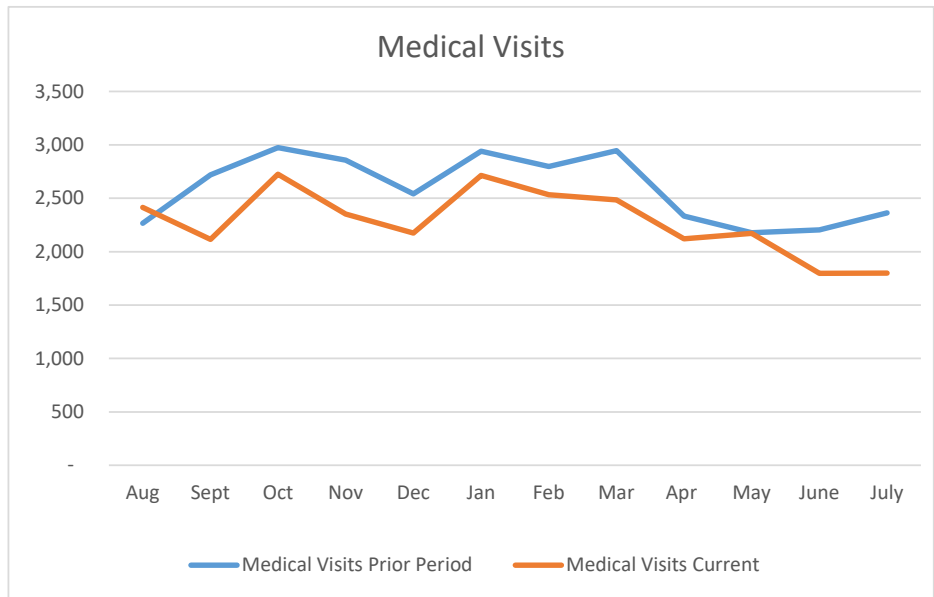
**Coastal Health & Wellness**

**Statement of Revenue and Expenses for the Period ending Jul 31, 2019**

		<b>Period Ending</b>	<b>MTD</b>	<b>MTD Budget</b>	<b>YTD</b>	<b>YTD</b>	<b>YTD Budget</b>	<b>Annual</b>
	<b>Description</b>	<b>7/31/2019</b>	<b>Budget</b>	<b>Variance</b>	<b>Actual</b>	<b>Budget</b>	<b>Variance</b>	<b>Budget</b>
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	OPERATING EQUIPMENT	\$0	\$0	\$0	\$18,500	\$0	(\$18,500)	\$0.00
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	NEWSPAPER ADS	\$1,438	\$1,500	\$62	\$4,734	\$6,000	\$1,266	\$18,000.00
Other	SUBSCRIPTIONS, BOOKS, ETC	\$0	\$125	\$125	\$150	\$500	\$350	\$1,500.00
Other	ASSOCIATION DUES	\$2,667	\$2,883	\$216	\$10,667	\$11,531	\$864	\$34,592.00
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$17,199	\$18,355	\$1,157	\$108,959	\$73,422	(\$35,538)	\$220,265.00
Other	PROF FEES/LICENSE/INSPECTIONS	\$50	\$203	\$153	\$125	\$810	\$685	\$2,430.00
Other	PROFESSIONAL SERVICES	\$390	\$1,875	\$1,485	\$15,865	\$7,500	(\$8,365)	\$22,500.00
Other	MED/HAZARD WASTE DISPOSAL	\$524	\$483	(\$41)	\$2,027	\$1,933	(\$94)	\$5,800.00
Other	TRANSPORTATION CONTRACT	\$263	\$650	\$387	\$1,549	\$2,600	\$1,051	\$7,800.00
Other	BOARD MEETING OPERATIONS	\$1,885	\$29	(\$1,856)	\$1,930	\$117	(\$1,814)	\$350.00
Other	SERVICE CHG - CREDIT CARDS	\$499	\$685	\$186	\$3,072	\$2,740	(\$332)	\$8,220.00
Other	CASHIER OVER / SHORT	\$0	\$0	\$0	(\$0)	\$0	\$0	\$0.00
Other	LATE CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00
Other	BAD DEBT EXPENSE	\$42,977	\$417,493	\$374,516	\$163,735	\$1,669,973	\$1,506,239	\$5,009,920.00
Other	MISCELLANEOUS EXPENSE	\$1,088	\$0	(\$1,088)	\$1,946	\$0	(\$1,946)	\$0.00
	<b>Total Expenses</b>	<b>\$879,370</b>	<b>\$1,438,490</b>	<b>\$559,120</b>	<b>\$3,812,920</b>	<b>\$5,753,962</b>	<b>\$1,941,041</b>	<b>\$17,261,885</b>
	<b>Net Change in Fund Balance</b>	<b>\$64,191</b>	<b>(\$15,180)</b>	<b>\$79,371</b>	<b>(\$186,830)</b>	<b>\$23,046</b>	<b>(\$209,876)</b>	<b>(\$0)</b>
				Expenses Fund Bal. Reserve	(\$83,766)			
					(\$270,596)			

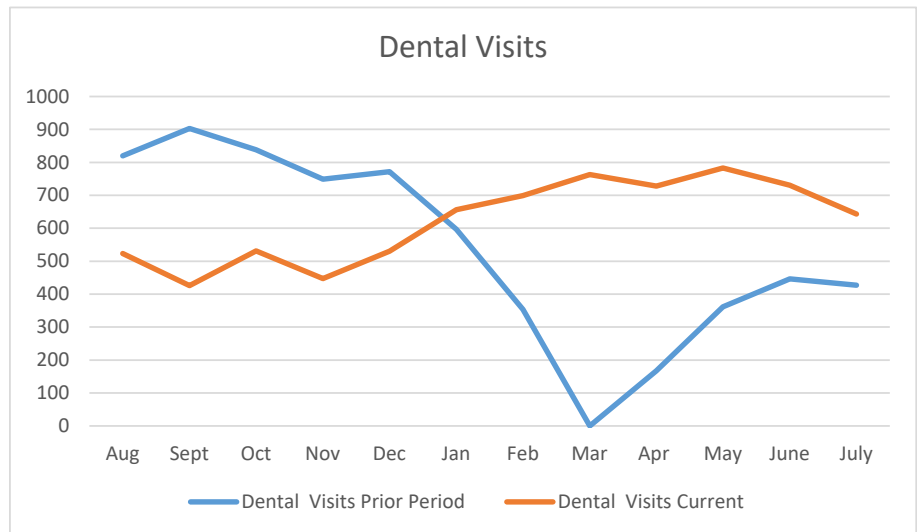
### Medical Visits

	<u>Prior Period</u>	<u>Current</u>
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
July	2,363	1,798
	<u>31,122</u>	<u>27,396</u>



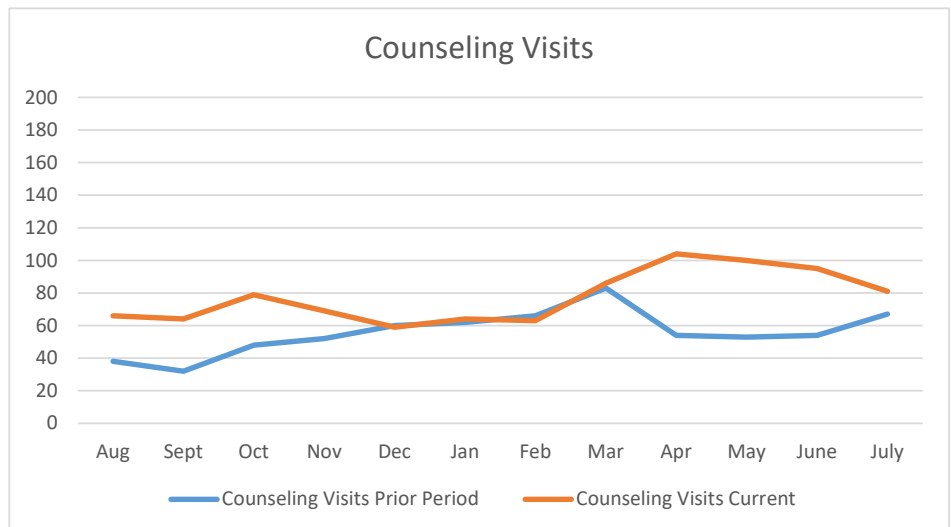
### Dental Visits

	<u>Prior Period</u>	<u>Current</u>
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
July	427	643
	<u>6,435</u>	<u>7,460</u>



### Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
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
July	67	81
	<u>669</u>	<u>930</u>





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

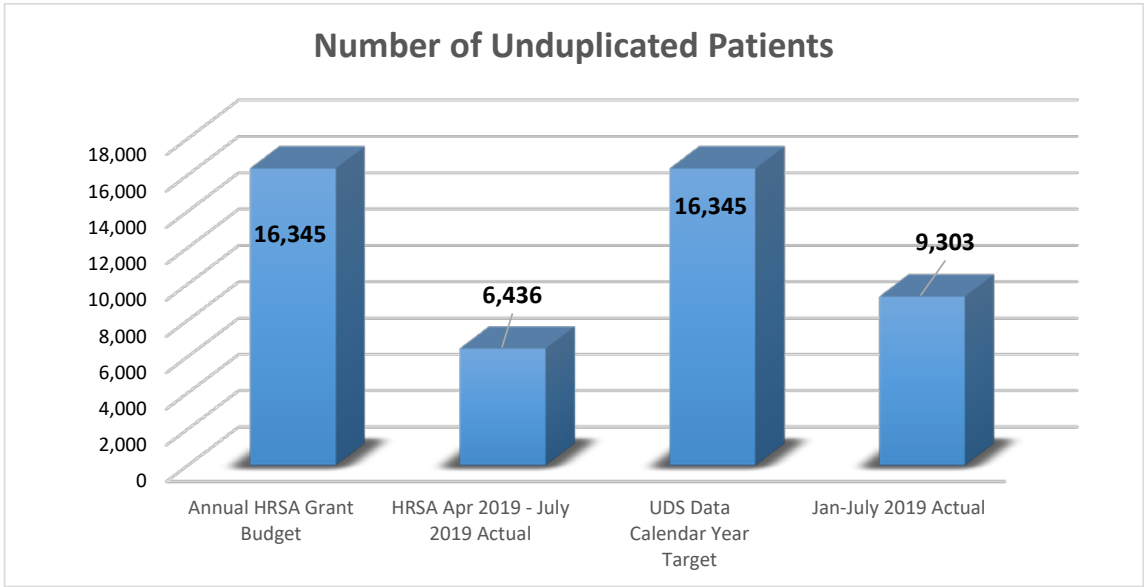
	Annual HRSA		Over/(Under)		YTD	Over/(Under)	% Over/ (Under)	
	Grant Budget	MTD Actual	MTD Budget	MTD Budget				YTD Actual
Medicaid	5,442	175	454	(279)	799	1,814	(1,015)	-56%
Medicare	3,640	194	303	(109)	912	1,213	(301)	-25%
Other Public (Title V, Contract)	1,728	87	144	(57)	376	576	(200)	-35%
Private Insurance	4,718	151	393	(242)	652	1,573	(921)	-59%
Self Pay	31,361	1,915	2,613	(698)	9,410	10,454	(1,044)	-10%
	<b>46,889</b>	<b>2,522</b>	<b>3,907</b>	<b>(1,385)</b>	<b>12,149</b>	<b>15,630</b>	<b>(3,481)</b>	<b>-22%</b>

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

	Current Year Annual Target	Jan-July 2018 Actual	Jan-July 2019 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	9,402	9,303	(99)	57%

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

	Annual HRSA Grant Budget	Apr 2018 - July 2018 Actual	Apr 2019 - July 2019 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,345	5,983	6,436	453	39%



[Back to Agenda](#)



# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**August 2019**

**Item #8**

**Consider for Approval Submission of HRSA 2019-2020**

**Budget Revision**

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						OMB No.: 0915-0285 Expiration Date: 9/30/2016	
<b>Department of Health and Human Services</b>			<b>For HRSA Use Only</b>				
<b>Health Services and Resources Administration</b>							
<b>Form 3: Income Analysis</b>			<b>Applicant Name:</b>		COASTAL HEALTH & WELLNESS		
<b>Support Year 20</b>			<b>Grant Number:</b>		H80CS00344		
			<b>Application Tracking Number:</b>				
<b>Part 1: Patient Service Revenue - Program Income</b>							
Line #	Payer Category	Patients	Billable Visits	Income Per Visit	Projected Income	Prior FY Income Mo/Yr: March 2018	
		(a)	(b)	(c)	(d)	(e)	
1	Medicaid	1,894	5,442	160.11	871,296.34	2,360,459.00	
2	Medicare	1,267	3,640	139.70	508,557.99	1,637,388.00	
3	Other Public	627	1,728	68.31	117,087.51	78,764.00	
4	Private	1,642	4,718	125.37	591,472.06	1,779,177.00	
5	Self Pay	10,915	31,361	43.66	1,369,225.35	7,294,525.00	
6	Pharmacy Revenue				965,000.00		
7	Total (lines 1-5)	16,345	46,889	94.32	4,422,639.25	13,150,313.00	
<b>Part 2: Other Income - Other Federal, State, Local and Other Income</b>							
8	Other Federal				-	-	
9	State Government				950,000.00	1,455,620.00	
10	Local Government				3,888,845.00	3,959,695.00	
11	Private Grants/Contracts				16,208.00	754,671.00	
12	Contributions				-	-	
13	Other				85,250.00	70,414.00	
14	Applicant (Retained Earnings)				-	-	
15	Total Other (lines 7-13)				4,940,303.00	6,240,400.00	
<b>Total Non-Federal (Non-section 330) Income (Program Income Plus Other)</b>							
16	Total Non-Federal (lines 6 + 14)				9,362,942.25	19,390,713.00	
<b>Comments/Explanatory Notes (if applicable)</b>							

**COASTAL HEALTH & WELLNESS**

*Proposed Budget Revision for the fiscal year ending March 31, 2020*

**Operating Budget**

	Original Submitted Budget FY 20	Proposed Revised Budget FY 20	Variance
<b>REVENUE:</b>			
<i>Program Income (fees, third party reimbursements, and payments generated from the projected delivery of service)</i>	8,047,022	4,422,639	(3,624,383) *
<i>Local Funding</i>	3,888,845	3,888,845	-
<i>Other Local Funding</i>	16,208	16,208	-
<i>State Funds (Projected revenue from 1115 Waiver Project)</i>	950,000	950,000	-
<i>Other Revenues (DSRIP, Medical Record Fees, Interest, Fund Balance):</i>	1,232,410	85,250	(1,147,160) **
<i>Federal BPHC 330 Grant</i>	3,127,400	3,127,400	-
<b>TOTAL REVENUE</b>	<b>\$ 17,261,885</b>	<b>\$ 12,490,342</b>	<b>\$ (4,771,543)</b>

<b>EXPENSES:</b>			
<b>Personnel:</b>			
<i>Administration</i>	1,869,736	1,869,736	-
<i>Medical Staff</i>	2,872,650	2,872,650	-
<i>Dental Staff</i>	982,744	982,744	-
<i>Behavioral Health Staff (Mental Health/Substance Abuse)</i>	117,132	117,132	-
<i>Enabling Staff (Case Management, Outreach &amp; Education)</i>	911,557	911,557	-
<i>Salaries, Overtime</i>	60,000	60,000	-
<i>Salaries, Provider Incentives</i>	52,800	1,524	(51,276)
<b>Total Personnel:</b>	<b>6,866,618</b>	<b>6,815,342</b>	<b>(51,276)</b>
<b>Fringe Benefits:</b>			
<i>FICA @ 7.65%</i>	525,296	525,296	-
<i>State Unemployment Tax @ 1.90%</i>	14,584	14,584	-
<i>Life ADD @ 0.20%/Dependent Life @ \$1.71 Per Eligible employee</i>	16,558	16,558	-
<i>Long Term Disability Insurance @ 0.22%</i>	15,411	15,411	-
<i>Medical Insurance @ \$380.96/month (per eligible employee)</i>	552,383	552,383	-
<i>Worker's Comp Insurance @ 0.50%</i>	34,333	34,333	-
<i>Pension / Retirement @ 2.41%</i>	145,572	145,572	-
<b>Total Fringe Benefits:</b>	<b>1,304,138</b>	<b>1,304,138</b>	<b>-</b>
<b>Total Personnel and Fringe Benefits</b>	<b>8,170,756</b>	<b>8,119,480</b>	<b>(51,276)</b>
<b>Travel:</b>			
<i>Non-Local Travel - related to staff trainings/CME, etc. (37,874 x 54.5 cents/mile)</i>	20,624	20,624	-
<i>Local Travel - Staff travel b/t clinic sites, meetings, etc. (8,440 x 54.5 cents/mile)</i>	4,600	4,600	-
<b>Total Travel</b>	<b>25,224</b>	<b>25,224</b>	<b>-</b>
<b>Supplies:</b>			
<i>Medical supplies (68% of total visits - \$3.64/visit x 31,941 visits)</i>	116,266	116,266	-
<i>Lab / X-ray (\$5,700/month x 12 months)</i>	68,400	68,400	-
<i>Pharmaceuticals (\$89,889/month x 12 months)</i>	1,078,668	1,078,668	-
<i>Dental (Based on 29% of total visits - \$5.36/visit x 13,597 visits)</i>	72,960	72,960	-
<i>Outside Dental (Restorative \$2,000/month x 12 months)</i>	24,000	24,000	-
<i>Office, Administrative, &amp; Printing Supplies</i>	94,532	63,776	(30,756)
<i>Janitorial (\$333/month x 12 months)</i>	4,000	4,000	-
<b>Total Supplies</b>	<b>1,458,826</b>	<b>1,428,070</b>	<b>(30,756)</b>
<b>Contractual:</b>			
<b>Patient Care Contracts:</b>			
<i>Outside Lab Contract (LabCorp services for 2 sites)</i>	365,700	365,700	-
<i>Outside X-Ray Contract (Xray reading services for 2 sites)</i>	53,130	53,130	-
<i>Patient Transportation Contract (transport provided to TC location)</i>	7,800	7,800	-
<i>Contract Ob/Gyn &amp; Primary Care Services (OB - \$140/hr x 16hrs/month x 12 months; Primary Care \$1,145/day x 2 days/wk x 45 weeks)</i>	129,930	129,930	-
<i>Contract software CIHCP Services (LexusNexis \$558.33/month)</i>	6,700	6,700	-
<i>Translation &amp; Interpretation Services (\$700/month x 12 months)</i>	8,400	8,400	-
<b>Subtotal Patient Care Contracts</b>	<b>571,660</b>	<b>571,660</b>	<b>-</b>

<b>Non-Patient Contracts:</b>			
Janitorial Contract (\$13,925.75/month x 12 months)	167,109	167,109	-
Security (Security services at 2 sites \$3,910/month x 12 months)	46,920	46,920	-
Pest Control (pest control services @ 1 site \$80/month x 12 months)	960	960	-
Claim Processing (\$1,265/month x 12 months)	15,180	15,180	-
Statement Processing / Appointment Reminders (\$5,000/month x 12 months)	60,000	60,000	-
Contract Management System (MediTract \$700/month x 12 months)	8,400	8,400	-
IT Consulting (Creager, Accufund \$4,491/months x 12 months)	53,900	27,200	(26,700)
Interface EAP (\$447/month x 12 months)	5,364	5,364	-
Billing Contract Service (5% of gross collections \$9,000/month x 12 months)	108,000	108,000	-
<b>Subtotal Non-Patient Contracts</b>	<b>465,833</b>	<b>439,133</b>	<b>(26,700)</b>
<b>Total Contractual</b>	<b>1,037,493</b>	<b>1,010,793</b>	<b>(26,700)</b>
<b>Equipment:</b>			
None	-	-	-
<b>Total Equipment</b>	-	-	-
<b>Other:</b>			
Training - CME and other types of continuing education (\$417/month x 12 months)	5,000	5,000	-
Uniforms (scrubs for providers/nurses, dentists, etc. \$417/month x 12 months)	5,000	5,000	-
Postage (\$666.66/month x 12 months)	8,000	8,000	-
Telecommunications (\$4,065/month x 12 months)	48,790	48,790	-
Utilities (Water & Electricity) (\$2,114/month x 12 months)	25,375	25,375	-
Rentals (Copiers, Water, Comcast Circuits, Records Storage \$3,290/month x 12 months)	39,480	39,480	-
Leases - (Facility Texas City & Galveston \$43,702/month x 12 months)	524,424	524,424	-
<b>Maint &amp; Repair:</b>			
Equipment (Calibration and repairs \$6,976/month x 12 months)	83,720	83,720	-
Auto Maintenance & Fuel (Mobile clinic operations \$125/month x 12 months)	1,500	1,500	-
Computer (hardware/software agreements & repairs \$1,272/month x 12 months)	15,275	-	(15,275)
Building (\$417/month x 12 months)	5,000	5,000	-
<b>Insurance:</b>			
General Liability (\$1,029/month x 12 months)	12,350	12,350	-
Building Contents (\$1,632/month x 12 months)	19,595	19,595	-
Auto Insurance Mobile Clinic (\$208/month x 12 months)	2,500	2,500	-
IGT Reimbursement	450,000	450,000	-
Newspaper Ads (staff recruitment/advertising costs for outreach and education program during open enrollment)	18,000	18,000	-
Subscriptions, Books, etc. (\$125/month x 12 months)	1,500	1,500	-
Organizational Memberships (TACHC \$12K and NACHC \$20K)	34,592	34,592	-
IT Software, Licensing & Usage Fees (\$18,355/month x 12 months)	220,265	162,112	(58,153)
Professional Fees/License/Inspections	2,430	2,430	-
Professional Services - Accounting Services (Year end annual audit)	22,500	22,500	-
Med/Hazard Waste Disposal (\$483/month x 12 months)	5,800	5,800	-
Board Meeting Operations	350	350	-
Service Charge - Credit Cards (processing fees for patients who pay with credit cards \$685/month x 12 months)	8,220	8,220	-
Bad Debt	5,009,920	420,537	(4,589,383)
<b>Total Other</b>	<b>6,569,586</b>	<b>1,906,775</b>	<b>(4,662,811)</b>
<b>TOTAL EXPENSES</b>	<b>\$ 17,261,885</b>	<b>\$ 12,490,342</b>	<b>\$ (4,771,543)</b>

Changes are:

**(4,589,383)** Reduction to Self Pay Revenue  
 Pharmacy revenue moved from Other  
**965,000** Revenues to Program Income  
**(3,624,383)** Change to Program Income

Pharmacy revenue moved from Other  
**(965,000)** Revenues to Program Income  
 Removed Fund Balance Reserve  
**(182,160)** expenditures and revenue

**(1,147,160)** Change to Other Revenues

**(4,771,543)** Total Change

Reduction in each line item in expenses where it was previously budgeted.

**BUDGET INFORMATION - Non-Construction Programs**

OMB Approval No. 0348-0044

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY			Total (5)
	(1)	(2)	(3)	
a. Personnel	\$	\$	\$	\$
b. Fringe Benefits				
c. Travel				
d. Equipment				
e. Supplies				
f. Contractual				
g. Construction				
h. Other				
i. Total Direct Charges (sum of 6a-6h)				
j. Indirect Charges				
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$

7. Program Income	\$	\$	\$	\$	\$
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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16.	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges:		22. Indirect Charges:			
23. Remarks:					





# **COASTAL HEALTH & WELLNESS**

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**GOVERNING BOARD**

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

**Governing Board**

**August 2019**

**Item #9**

**Consider for Approval Update to the Coastal Health & Wellness  
Sliding Fee Schedule Policy**



-Approved 2/28/19  
By: CHW Governing Board  
-Effective 08/28/2015  
-Reviewed 2/28/19

## Coastal Health & Wellness Sliding Fee Schedule Policy

### Purpose

This policy applies to operations in the Coastal Health & Wellness (CH&W) Clinics and all Coastal Health & Wellness employees.

### Definitions

- FPG – Federal Poverty Guidelines
- SFDS – Sliding Fee Discount Schedule
- Family Member (size) - Family members who are considered for the eligibility criteria for Sliding fee program include the following individuals who live in the same household:
  - Patient
  - Spouse (including same sex marriage recognized by U.S. Jurisdiction)
  - Children up to age 18 or up to age 21 if a high school or college student
  - Elderly patients that are dependent on their children for support and are claimed as a dependent on their income taxes will be placed on a sliding fee level based on the income of their children.
  - Court-Ordered Guardianships of Incapacitated Adults and/or Minors living in the household.
  - Minors living in the household which have been Court-Ordered or placed in the household through Child Protective Services (CPS) in custody orders.
- Income - It is CH&W’s policy to use the Census Bureau’s standard definition of income which can be found at <https://www.census.gov/topics/income-poverty/income/about.html>. Income includes but is not limited to the following: ~~is as follows:~~
- ~~Includes e~~arnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Income is calculated before taxes and does not include noncash benefits (such as food stamps and housing subsidies). Capital gains or losses are excluded from the income calculation. When determining family income, add up the income of all family members. (Non-relatives, such as housemates, do not count).

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- ~~Noncash benefits (such as food stamps and housing subsidies) do not count.~~
- ~~Before taxes.~~
- ~~Excludes capital gains or losses.~~
- ~~If a person lives with a family, add up the income of all family members. (Non-relatives, such as housemates, do not count.)~~

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## Policy

It is the policy of Coastal Health & Wellness (CH&W) to assure that no patient will be denied health care services due to an individual's inability to pay for such services. To accomplish this goal CH&W has developed a Sliding Fee Program (SFP) in accordance with the guidelines and requirements of HRSA [Policy Information Notice \(PIN\) 2014-02 Compliance Manual](#).

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## Procedure

### A. Sliding Fee Program

CH&W will offer to all eligible patients a sliding fee discount based on income and family size and no other factor. The definition of income and family size will be based on the established current Federal Poverty Guidelines (FPG). The Federal Poverty Guidelines are a version of the income thresholds used by the U.S. Census Bureau to estimate the number of people living in poverty. Individuals and families with annual income above two hundred percent (200%) of the FPG are not eligible for sliding fee discount program. The Sliding Fee Schedule Policy is reviewed and approved annually by the Governing Board.

### B. Sliding Fee Discount Schedule (SFDS)

The FPG will be updated annually (typically published in January or early February in the Federal Register) and approved at the next month's board meeting with an effective date of the subsequent month in order to allow time to train staff and update systems. See Appendix A the current year's sliding fee scale.

### C. Sliding Fee Notification

The Sliding Fee Program will be made known to patients, at a minimum, through one of these formats:

- 1) Notices/signage in waiting room and/or reception and/or service areas,
- 2) Staff discussions/notification,
- 3) CH&W published patient brochures
- 4) Promotional materials.
- 5) As part of the patient's registration process (assessment for income) unless the patient declines/refuses to be assessed)

The communication to patients will be provided in the appropriate language and literacy levels for CH&W's patient population (at a minimum English and Spanish).

### D. Application

The patients will be required to complete a sliding fee application in addition to the income verification documentation. At such time, the staff will process the sliding fee application and income verification documentation directly into CH&W's computer system (NextGen) and determine the patient's eligibility and pay category for the Sliding Fee Program based on the following information on the application form and proof of income documentation:

- 1) Patient's income - It is CH&W's policy to use the Census Bureau's standard definition of income ([See Definition Above](#)):

[Income Used to Compute Poverty Status \(Money Income\) by the Census Bureau \(1\)](#)

2) Patient family size (dependents only) - Family members who are considered for the eligibility criteria for [the Sliding fee program](#) include the following individuals who live in the same household ([See Definition Above](#)):

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Based on these two factors the patient will be notified of their eligibility and sliding fee discount classification (pay category). ~~Proof Eligibility~~ is valid for 1 year. This eligibility determination process will be conducted in an efficient, respectful and culturally appropriate manner to assure that the administrative operating procedures for such determination do not themselves present a barrier to care.

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### E. Proof of Income

The Sliding Fee Program Proof of Income documentation to determine eligibility will require the patient to provide one of the following:

- 1) Most current tax returns modified adjusted gross income (MAGI) amount,
- 2) Last payroll check stub(s) (gross income), one month's worth of pay (consecutively last 30 days of check stubs)
- 3) Social security earnings,
- 4) Letter from Employer may be accepted as proof of income if a patient does not file income tax returns and does not get paid with a check,
- 5) Self declaration\*

\* The patient may self-declare his/her income if proof of income is unavailable. However, management review and approval ~~is~~are required.

If applicant appears to be eligible for Medicaid, a written denial of coverage by Medicaid may also be required.

Some patients may choose not to provide information that the health center requires for assessing income and family size, even after being informed that they may qualify for sliding fee discount. These patients are considered by CH&W as declining to be assessed for eligibility for sliding fee discounts. As long as CH&W has followed its policies and procedures and the patient declines to be considered for the SFDS, CH&W may consider the patient ineligible for such discounts.

### F. Eligibility Period

The patient's eligibility will be valid for one (1) year. The eligibility period is also automatically programmed into CH&W's computer system once eligibility is confirmed. Proof of income and the application is scanned and maintained directly in the NextGen system. This [process](#) will allow Management to perform QA reviews for compliance and evaluate the effectiveness of the sliding fee program.

### G. Services Covered

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The sliding fee discount will apply to all services within the CHW approved scope of project, whether required or additional for all ~~of~~ CH&W locations. CH&W ~~does have~~has multiple SFDS's based on services/mode of delivery (see below).

**H. Schedule of Fees**

CH&W maintains one schedule of fees (charge master) for all patients and this fee schedule is designed to cover reasonable costs of providing services in the approved scope of project using ~~a~~Relative Value Units (RVU's) and adjusting as needed for consistency with locally prevailing rates. This fee schedule is approved by the Governing Board and evaluated annually to ensure it is consistent with locally prevailing rates and CH&W's cost structure. See also Fee schedule/charge master formula in the billing and collections policy.

**I. Structure of Sliding Fee Discount Schedule (SFDS)**

The Sliding Fee Discount Schedule is designed by CH&W in a manner that adjusts based on ability to pay. To accomplish this, CH&W has designed five discount pay classes above 100% and at or below 200% of the FPG. Only a nominal charge will be charged for individuals and families with annual income at or below 100% of the FPG. This nominal fee is a fixed amount, and does not reflect the true value or cover costs of the services but is rather applied in order for patients to invest in their care and to minimize the potential for inappropriate utilization of services. This nominal charge is also less than the fee paid by a patient in the first "sliding fee discount pay class" beginning above 100% of the FPG.

<b>All Services (except <u>DentureDental Contract Services</u>)</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Income Threshold for Sliding Fee (FPG)</b>	<= 100%	101%-125%	126%-150%	151%-175%	176%-200%
Nominal Fee	\$20.00				
% of Charges Paid		20%	40%	60%	80%
% of Discount		80%	60%	40%	20%
Deposit Amount		\$25.00	\$30.00	\$35.00	\$45.00

<b><u>Dentures OnlyDental Contract Services</u></b>						
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Income Threshold for Sliding Fee (FPG)</b>	100%	101-125%	126-150%	151-175%	176-200%	Over 200%
Must be Paid in Full						

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The above SFDS is applied to all services CH&W provides for which we have established charges, regardless of service type (required or additional) or the mode of delivery (directly or through contract) for which we are financially liable (Form 5A, Columns I & II HRSA Grant). For services that we do not provide directly but that CH&W has a formal written referral arrangement (as specified in our Form 5A, Column III HRSA Grant), it is our policy to ensure the formal agreement includes language the entity/provider being referred to offers our patients a sliding fee discount that is equal or better than ours and complies with the criteria requirements outlined in [PIN-2014-02 on page 12 the HRSA Compliance Manual](#). All formal agreements will be amended to include such language and all new referral agreements will automatically include the language to ensure compliance. The organization will also monitor this through a combination of patient inquiries as referrals are made and or through annual certification by the referral provider. For referring providers that offer a discount that is better than the one provided by CH&W, compliance with [PIN-2014-02 the HRSA Compliance manual](#) is not required.

#### **J. Evaluating the Sliding Fee Schedule**

This sliding fee discount schedule is evaluated annually to ensure it is not a barrier to care from the patient's prospective. This is accomplished by CH&W using one or more of these methods:

- 1) Meeting with a user group of the board and discussing from the consumers prospective the amounts being charged.
- 2) Evaluating the amount of paid debt CH&W has in comparison to the established base line and if the amount has increased significantly doing further analysis to determine if this factor is causing any barrier to care due to the patients inability to pay.
- 3) Obtaining feedback from the Staff on their observations of CH&W's effectiveness in addressing financial barriers to care for the patients.
- 4) Performing a patient survey.
- 5) Input from patient focused groups.
- 6) Reviewing patient complaints.
- 7) Number of nursing visits\*\*
- 8) Perform blind or random tests of referring providers sliding fee program to ensure compliance and determine if barrier to care for CH&W patients.

The method(s) used to evaluate the effectiveness of CH&W's sliding fee program from the perspective of reducing patient financial barriers to care will be shared with the Governing Board in order to assist them in determining the appropriateness of CH&W's sliding fee policy. This will occur annually in conjunction with the update of the FPG.

\*\*There is no charge for nurse visits in order to further ensure finances are not barriers to care.

#### **K. Patients with Third party coverage who are eligible for SFDS**

CH&W sliding fee policy is based on income and family size only, so there may be patients with third party insurance that does not cover, or only partially covers, fees for certain health center services that may be eligible for CH&W's sliding fee program. In such cases, subject only to potentially legal and contractual limitations, the charge for each SFDS pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service, regardless of insurance status.

### **L. Applying the Policy and Training Staff**

These policies and procedures will be uniformly applied across all CH&W patient population. ~~and~~ Staff will be trained to assist with the uniform implementation of the process and systems will be updated as the policy is updated, to assist with compliance. Staff will be trained when hired and each time the policy is updated.

(+) <https://www.census.gov/topics/income-poverty/income/about.html><http://www.census.gov/hhes/www/poverty/about/overview/measure.html>

**APPENDIX A**

Coastal Health & Wellness  
 9850-C Suite C 103 E. F. Lowry Expressway  
 Texas City, Texas 77591  
 H80CS00344

I. CHW's DISCOUNT ELIGIBILITY SCHEDULE 2019/2020

% OF POVERTY PAY CODE:	GROSS ANNUAL INCOME													
	0	100%	20	125%	40	150%	60	175%	80	200%	100	Over		
	From	To	From	To	From	To	From	To	From	To	Over			
FAMILY SIZE	1	0	12,490	12,491	15,613	15,614	18,735	18,736	21,858	21,859	24,980	24,980 +	3123	12490
	2	0	16,910	16,911	21,138	21,139	25,365	25,366	29,593	29,594	33,820	33,820 +	4228	16910
	3	0	21,330	21,331	26,663	26,664	31,995	31,996	37,328	37,329	42,660	42,660 +	5333	21330
	4	0	25,750	25,751	32,188	32,189	38,625	38,626	45,063	45,064	51,500	51,500 +	6438	25750
	5	0	30,170	30,171	37,713	37,714	45,255	45,256	52,798	52,799	60,340	60,340 +	7543	30170
	6	0	34,590	34,591	43,238	43,239	51,885	51,886	60,533	60,534	69,180	69,180 +	8648	34590
	7	0	39,010	39,011	48,763	48,764	58,515	58,516	68,268	68,269	78,020	78,020 +	9753	39010
	8	0	43,430	43,431	54,288	54,289	65,145	65,146	76,003	76,004	86,860	86,860 +	10858	43430
For each added family member add: (to max. income)			4,420		5,525		6,630		7,735		8,840			
							Effective Date	3/1/2019						

[Back to Agenda](#)



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### Governing Board

August 2019

Item #10

### Consider for Approval the Environment of Care Plan

- a) Equipment Management Plan
- b) Fire Safety Management Plan
- c) Hazardous Materials and Waste Management Plan
- d) Security Management Plan
- e) Safety Management Plan
- f) Utilities Management Plan
- g) Emergency Operations Plan

## ENVIRONMENT OF CARE Equipment Management Plan - 20198

### I. PURPOSE

The Equipment Management Plan is structured to provide a safe and secure environment for all patients, staff, and other individuals. The Equipment Management Plan describes the framework used to manage all medical, dental and laboratory equipment used by Coastal Health & Wellness providers and staff. This plan applies to all ~~facilities and~~ employees trained and qualified in the use of such equipment.

### II. OBJECTIVES

- a. To promote safe and effective use of medical equipment used for the diagnosis, treatment, and monitoring of patient care;
- b. To ensure that designated medical equipment is being monitored and serviced in accordance with Joint Commission standards accordingly, as set forth by EC.02.04.01 and EC.02.04.03; and
- c. To proactively manage/mitigate risk through ~~prompt/timely~~ preventive maintenance checks, servicing and calibration.

### III. RESPONSIBILITIES

- a. The Quality Assurance Committee (QAC) Infection Control and Environment of Care Committee (“Committee”) shall:
  1. Review sentinel events related to any aspect outlined in the Equipment Management Plan and, as necessary, propose and implement follow-up regulations which shall be no less stringent than those ~~set forth by the manufacturer/designated by the manufacturer~~;
  2. When applicable, develop new procedures and guidelines for medical equipment deemed necessary to ensure optimal levels of patient safety and care, and remain consistent with ~~changes in the Coastal Health & Wellness approved Emergency Operations Plan~~ Joint Commission Environment of Care standards, along with relevant regulatory updates established by other applicable authoritative agencies and/or the equipment’s manufacturer;
  - ~~3. Implement, train, and monitor approved policies, procedures, guidelines and recommendations in accordance with the Equipment Management Plan;~~
  - 4.3. Select and implement procedures and controls to achieve ~~plan~~ objectives of the Equipment Management Plan; and

~~4.~~ Review the Equipment Management Plan as deemed necessary, and no less than once annually (see *Section V. Annual Evaluation*).

~~5.~~

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b. The Procurement Agent shall:

1. Assist in maintaining a current Equipment Inventory Log, to be retained in a protected shared drive accessible solely by pertinent staff, of selected items which shall include, amongst other elements, each piece of equipment's Equipment Management Assessment Score ("EMAS") risk rating (if applicable);
2. Coordinate the acquisition of equipment in conjunction with the Medical Director, Dental Director, Laboratory Director, Director of Dental Assistants, or the Nursing Director ("Department Directors") and/or designees;
3. When requested, assist the Department Directors or designees prior to the purchase of equipment to determine if said equipment meets all requisite safety requirements and includes appropriate warranties, satisfies manufacturers' suggestions for inspection, etc.;
- ~~4.1. Arrange for the inspection of new equipment to be performed with the appropriate Department Director or designee;~~
- ~~5.4. Ensure that all received equipment classified as high-risk, or of which requires any form of maintenance or inspection, or that has an electrical cord, is asset tagged upon its delivery inspected and approved upon delivery;~~
- ~~6.5. Update the Equipment Inventory Log to include new equipment;~~
- ~~7.6. When applicable, remove discarded or decommissioned equipment from the Equipment Inventory Log; and~~
- ~~8.7. In accordance with manufacturers' suggested maintenance schedules for all equipment on the inventory log, work in conjunction with Department Directors to monitor, track and arrange for appropriate servicing.~~

c. The Medical Director, Dental Director, Laboratory Director, Dental Assistant Supervisor or the Nursing Director (the "Department Directors") shall:

1. Assist the Procurement Agent during the selection and acquisition of equipment, and advise the Procurement Agent regarding pertinent specifications for acquisitions;
- ~~2. Complete an EMAS the Clinical Equipment Rating form for all equipment which poses ANY form of risk, and furnish a completed copy of the form to the Procurement Agent Risk and Safety Coordinator;~~
- ~~3.2. In conjunction with the Procurement Agent, maintain the current Equipment Inventory Log for their respective department to ensure the completion of all fields, particularly that of the equipment's risk rating and manufacturer-suggested servicing standards;~~

- ~~4.3.~~ Monitor equipment within their respective department and notify the Procurement Agent of all third-party maintenance, inspection and servicing required to be performed on applicable equipment; and
- ~~5.4.~~ Notify and work in conjunction with the Risk and Safety Officer in producing equipment malfunction reports and, if necessary, appropriate follow-up procedures.

d. The Risk and Safety Coordinator shall:

- 1. Document and track any and all incidents, such as equipment failures or user errors;
- 2. In conjunction with the Procurement Agent, coordinate hazard notices and recalls;
- 3. Work with the Procurement Agent to maintain an updated Equipment Inventory Log;
- 4. Assist the Procurement Agent in ensuring that all received equipment classified as high-risk, or of which requires any form of maintenance or inspection, or that has an electrical cord, is inspected and approved upon delivery  
Arrange for the inspection of new equipment to be performed with the appropriate Department Director or designee  
During monthly Environmental Safety Assessments, verify that equipment requiring certain inspection or maintenance is not overdue;
- ~~2.~~
- ~~5.~~
- ~~3.6.~~ Oversee compliance with the Equipment Assessment Plan and ensure a valid EMAS is retained for each piece of applicable equipment;  
~~Ensure that all equipment classified as high risk, or of which requires any form of maintenance or inspection, or that has an electrical cord, is asset tagged; and~~
- 4.7. With the Chief Compliance Officer, report all significant findings, discrepancies, observations, and noted opportunities for improvement and recommendations to the QAC-Committee for review and consideration.

e. All staff, personnel, and volunteers shall:

- 1. Follow the policies, procedures, and guidelines approved by the QAC-Committee and the Coastal Health & Wellness Governing Board; and
- 2. Immediately submit an Incident Report to his/her supervisor and the Risk and Safety Coordinator for any event related to equipment malfunction.

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f. Incoming Equipment Inspection Procedure:

The ~~Department Directors~~ Procurement Agent shall:

1. Work with the ~~Procurement Agent~~ Department Directors to ensure facilitation of equipment inspections before equipment is commissioned for use; ~~and~~
- ~~2.~~ Notify the manufacturer and/or distributor, via the Procurement Agent, of any encountered issue, and supply the Procurement Agent, manufacturer and Risk and Safety Coordinator with documentation explaining the problem.

The Department Directors shall:

- ~~2.~~ 3. If applicable, complete and provide the Risk and Safety Coordinator with a EMAS form.

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g. Equipment Inventory Log

1. The Equipment Inventory Log shall identify equipment by type, serial number, location, department of oversight, frequency of recommended maintenance checks, and if applicable, comments related to equipment failure history. ~~(if applicable).~~
2. Items may be added to or removed from the Equipment Inventory Log by the Procurement Agent, ~~Department Directors~~ Risk and Safety Coordinator, or designees.

h. Regular Inspection, Testing, & Maintenance:

1. Inspections, testing and maintenance shall be completed in accordance with the manufacturer's suggestions for all equipment, unless specifically designated in a more stringent capacity by the applicable Department Director; and
2. When required to be performed by a third-party, shall be arranged by the Procurement Agent.

i. Documentation of Maintenance & Testing:

1. All maintenance, servicing and testing of equipment will be documented in the Equipment Inventory Log, which shall denote the activity performed and the required date of follow-up.
2. Equipment denoted in the Equipment Inventory Log classified as high-risk, or of which requires any form of maintenance or inspection, or that has an electrical cord shall be ~~assigned an individual asset number~~ denoted

~~accordingly to ensure appropriate to which~~ periodic maintenance and corrective work orders can be tracked.

3. The Procurement Agent, Risk and Safety Coordinator and Department Directors will be jointly responsible for ensuring such documentation is retained ~~accordingly~~.

j. Hazard Notices & Recalls:

1. Equipment recalls and hazard notices received must immediately be forwarded to the Risk and Safety Coordinator for proper handling and action.
2. Recalled equipment shall be immediately removed from service until certified safe via repair or replaced entirely.

k. Safe Medical Device Act of 1990 (amended in 1996):

1. The Safe Medical Device Act of 1990 requires that device user facilities report incidents to the device manufacturer when the facility determines a device's malfunction, at least in part, has or may have caused or contributed to the death or serious injury or illness of an individual. The facility must also send a copy of the report to the FDA in the case of death. Such reports will be drafted by the primary user and/or supervisor of the applicable machine, and shall provide detailed information on medical device failures that may have caused or are suspected of causing serious illness, injury or death.

~~2.~~ Such reporting measures will be conducted by the Chief Compliance Officer.

~~2.~~

1. Equipment Failures & User Errors:

The following steps will be followed in the event of an equipment failure:

1. Staff will follow written procedures when medical equipment fails, including using emergency clinical interventions and back-up equipment.
2. Any defective equipment will be removed from service immediately and will remain out of service until the equipment is commissioned by a certified party as having been returned to its proper operating condition or the piece of equipment has been replaced.
- ~~3.~~ All equipment failures will be reported as an Incident Report and sent to the Risk and Safety Coordinator on an Equipment Malfunction Report and sent to the Procurement Agent. The Risk and Safety Coordinator shall also be notified of any such incidents, via an Incident Report form, completed by the user and/or supervisor at the time of the equipment failure.
- ~~4.3.~~ Included in the report will be the error/failure date, location of the equipment, cause or affected area, resolution and follow-up. The report will be retained by the Risk and Safety Coordinator.

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4. The Procurement Agent and Risk and Safety Coordinator will work collaboratively to arrange to have all documented problems corrected.
- ~~5.~~ Once the problem is corrected, the equipment will be returned to service.
- ~~4.5.~~ Equipment that cannot be repaired will be disposed of in accordance with ~~the Health District's applicable policies and procedures.~~
6. In the event a problem was caused by user error, the user(s) will be retrained on the operation and use of the equipment by the ~~appropriate personnel~~ Department Director or otherwise qualified trainer.

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m. Orientation & Education:

1. As a part of initial employee orientation and periodic continuing education, as required, staff will be provided by their supervisors with training that addresses:
  - i. Capabilities, limitations and special applications of equipment;
  - ii. Basic operating and safety procedures for equipment use;
  - iii. Emergency procedures in the event of equipment failure;
  - iv. Information/skills necessary to perform assigned maintenance responsibilities; and
  - v. Processes for reporting equipment problems, failures and user errors.
2. Staff will periodically undergo competency assessments to determine if ~~competency proficiency~~ levels for operating equipment have been maintained. ~~For equipment that requires documented training, Staff may never not utilize the an item of equipment for which they do not have documentation of successful training has been produced documented, current and completed a competency, if applicable, has been completed.~~
- ~~3. Competency assessments and trainings and competency assessments are to be tracked and enforced are maintained by designated supervisors Department Directors, or their designee.~~
- 3.

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**IV. PERFORMANCE MONITORING**

The following processes may be used to identify, monitor, evaluate, report, and reduce safety risks identified by individuals or the organization. Such processes shall include, but not be limited to:

1. Reviewing Incident Reports and trends related to equipment issues;
2. Tracking any reportable equipment failures in accordance with the Safe Medical Devices Tracking Act; and
3. Documenting observed competence by medical equipment users.

**V. ANNUAL EVALUATION**

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.
- b. The QAC Committee keeps the Equipment Management Plan current by reviewing the plan at least annually (i.e.g. one year from the date of the last review, plus or minus 30 days) and making necessary modifications based on the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the QAC Committee shall utilize a variety of sources to improve inspection and audit results, accident/incident reports, and other forms of tracking reports. The Committee may also review and seek input from alternative sources of relevance including leadership, management, staff, personnel, volunteers and third-parties.
- d. The annual review will include assessment of the plan’s scope, objectives, performance, and effectiveness.

d.

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~~VI. PERFORMANCE MEASURES~~

<del>Performance Objective/Goal</del>	<del>Performance Measure/Indicator</del>
<del>Ensure documentation of observed-competence by medical equipment users.</del>	<del>90% staff received documented training on-equipment critical to job performance as-designated by supervisor.</del>
<del>Managing risk through prompt preventive-maintenance checks and calibration.</del>	<del>95% preventive maintenance and calibration-completed by due dates (100% for high-risk-equipment).</del>



<u>Performance Objective/Goal</u>	<u>Performance Measure/Indicator</u>

**VI. PERFORMANCE MEASURES**

<u>Performance Objective/Goal</u>	<u>Performance Measure/Indicator</u>
<u>Ensure documentation of observed competence by medical equipment users.</u>	<u>100% of staff received documented training on equipment critical to job performance as designated by supervisor.</u>
<u>Managing risk through prompt preventive maintenance checks and calibration.</u>	<u>95% preventive maintenance and calibration completed by due dates (100% for high-risk equipment).</u>

DRAFT



Effective: 08/15/2018  
Last Approved: 08/2016  
Expires: 08/14/2019

**ENVIRONMENT OF CARE**  
Fire Safety Management Plan - 2019

**I. PURPOSE**

The Fire Safety Management Plan (“the Plan”) has been implemented to maintain an environment free of physical hazards, prevent potential injuries and safeguard property from any and all fire related threats. This Plan describes the framework used to manage fire risks and improve safety performance, and applies to all Coastal Health & Wellness facilities, employees, patients, contractors, volunteers, students, and visitors. and conforms to all requirements set forth by EC.02.03.01.

**II. OBJECTIVES**

- a. To minimize ~~Minimizing~~ the chances of a fire;
- b. To minimize the ~~Minimizing~~ risk of injury in the occurrence of a fire; and
- c. To ensure ~~Ensuring~~ staff receives appropriate fire education and training.

**III. RESPONSIBILITIES**

The ~~Quality Assurance Committee (QAC)~~ Infection Control and Environment of Care Committee (the “Committee”) and the Risk and Safety Coordinator are responsible for developing, implementing, and monitoring this plan.

a. The ~~Quality Assurance Committee (QAC)~~ Committee shall:

- 1. Review sentinel events and make recommendations regarding fire hazards and threats;
- 2. Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board approved *Emergency Operations Plan* as they pertain to fire safety;
- ~~3. Implement and monitor approved policies, procedures, guidelines and recommendations in accordance with the *Fire Safety Management Plan*;~~
- ~~4. Select and implement procedures and controls to achieve the Plan’s objectives;~~
- ~~5.3. Educate staff on policies, procedures and rules pertinent to their respective worksites and job duties;~~
- ~~6.4. Respond appropriately when conditions involving potential fire hazards arise which may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and~~

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~~7.5.~~ Review the Fire Safety Management Plan as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).

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b. The Risk and Safety Coordinator shall:

1. Conduct monthly proactive risk assessments to monitor compliance with the Fire Safety Management Plan;
- ~~2.~~ Work with building landlords to conduct fire drills annually;
- ~~2-3.~~ Educate staff on policies, procedures and rules pertinent to their respective worksites and job duties
- ~~3-4.~~ Ensure exits are unobstructed and clearly marked;
- ~~4-5.~~ Search for deficiencies, hazards, unsafe practices and other conditions that could either cause a fire or impede egress;
- ~~5-6.~~ Investigate, track, and trend relevant incidents reports;
- ~~6-7.~~ Present ~~quarterly~~ monthly reports about significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations to the ~~QAC~~ Committee for review and consideration.

c. All staff, personnel, and volunteers shall:

1. Follow applicable policies, procedures, and guidelines as determined by the ~~CHW Governing Board or QAC~~ Committee;
2. Prohibit ~~tobacco usesmoking of any form in on~~ and around CHW facilities, in accordance with the *Drug-Free Workplace* policy;
3. In case of an emergency, follow steps set forth by the ~~Fire Response Plan~~ and Emergency Operations Plan;
4. Transfer patients and visitors to safe areas of refuge during building evacuations; and
5. Submit an Incident Report to his/her supervisor within 24 hours of any fire related event.

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d. Landlord/Contractor

1. Coastal Health & Wellness does not own either of the facilities at which it has a practice; rather, these buildings are both leased. The Texas City site is located in the Mid-County Annex, which is owned and operated by Galveston County. The Galveston site is located at the Island Community Center, which is owned and operated by the Galveston Housing Authority.
2. Landlords for these respective properties are responsible for inspecting, testing and documenting fire safety equipment, and maintaining facilities in accordance with applicable fire safety code. Additionally, landlords shall furnish the Risk & Safety Coordinator with documentation of any such inspections, maintenance activities, tests or certificates.

e. Unobstructed Egress:

All means of egress shall, at all times, remain free from obstructions or impediments to allow for unhindered use in the case of a fire or other emergency in which evacuation is required. The Risk and Safety Coordinator routinely monitors all means of egress and resolves non-compliant issues immediately.

f. Fire Drills:

1. The Risk and Safety Coordinator, with the assistance of facility landlords, conducts and documents fire drills on an annual basis;
2. Fire drills are conducted annually (one year from the date of the last drill, plus or minus 30 days);
3. All CHW staff is required to partake in fire drills; and
4. ~~Results of F~~ire drills are ~~analyzed~~~~critiqued~~ by the Risk and Safety Coordinator, who notifies the ~~Committee-QAC~~ of any deficiencies or opportunities for improvement.

g. Fire Extinguishers:

~~g.~~

1. The Risk and Safety Coordinator inspects and documents findings for all fire extinguishers located on CHW premises monthly.
2. A third-party inspects and conducts preventative maintenance on all fire extinguishers located on CHW premises annually.

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#### IV. PERFORMANCE MONITORING

The following processes may be used to identify, monitor, evaluate, report and reduce safety risks identified by individuals or the organization. This includes, but is not limited to:

- a. Documenting and evaluating fire drills and training;
- b. Ensuring that building and maintenance checks are being facilitated by landlords;
- c. Ensuring that ~~F~~ire ~~S~~afety ~~T~~raining is provided to all staff annually, and referring staff whenever possible to remain current with the *Fire Response Plan*; and
- d. Periodically inspecting the clinic facilities and grounds to determine if any safety risks are present.

#### V. ANNUAL EVALUATION

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.

~~b.~~—The ~~QAC-Committee~~ keeps the ~~P~~management plan current by reviewing ~~the plan~~ at least annually (i.e. one year from the date of the last review, plus or minus 30

days) and

b. making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.

e. In performing the annual review, the Risk and Safety Coordinator works with the QAC Committee uses a variety of sources such as review inspection and audit results, Incident Reports that could have potential fire implications/accident/incident reports, and other statistical information and tracking reports. The Committee/QAC may also use other forms of review

c. and input from relevant sources such as leadership, management, staff, personnel, and volunteers.

d. The annual review includes the assessment of the plan's scope, objectives, performance, and effectiveness.

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## VI. PERFORMANCE MEASURES 2019~~8~~

<u>Performance Objective/Goal</u>	<u>Performance Measurement/Indicator</u>
<u>Exit doors unobstructed.</u>	<u>Exit doors will be monitored and calculated monthly for obstructions. The goal is a compliance rate of 95% or greater.</u>
<u>Storage (boxes, etc.) not less than 18" below sprinkler heads</u>	<u>Storage not less than 18" below sprinkler heads will be monitored and calculated monthly. The goal is a compliance rate of 90% or greater.</u>
<u>Unobstructed fire extinguishers/cabinets.</u>	<u>Unobstructed fire extinguisher cabinets will be monitored and calculated monthly. The goal is a compliance rate of 95% or greater.</u>

**ENVIRONMENT OF CARE**  
**Hazardous Materials and Waste Management Plan - 20198**

**I. PURPOSE**

The Hazardous Material and Waste Management Plan (“the Plan”) describes the framework used to reduce dangers associated with hazardous materials and waste, and to manage activities to mitigate the risk of potential injuries and/or loss to property. This plan applies to all Coastal Health & Wellness (“CHW”) facilities, employees, patients, contractors, volunteers, students, and visitors, and conforms to all required measures as set forth by EC.02.02.01.-

**II. DEFINITIONS:**

a. **Biohazardous Waste:** Waste that has the risk of carrying infectious diseases.

~~b.~~ **Other Potentially Infectious Material (OPIM), which include:**

b.

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**III. OBJECTIVES**

- a. To manage critical information related to the safe use, storage, and disposal of hazardous chemicals retained in inventory; and
- b. To ensure staff is adequately knowledgeable regarding procedures which define the proper handling of hazardous materials and waste.

~~IV.~~ **RESPONSIBILITIES**

IV.

- a. ~~The Quality Assurance Committee (QAC) shall~~ The Infection Control and

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Environment of Care Committee (“the Committee”) shall:

1. Review sentinel events and make pertinent recommendations related to any events involving or potentially involving hazardous materials and/or waste;
2. Develop procedures and guidelines pertinent to specific events consistent with those set forth ~~by relevant regulatory bodies (e.g. The Joint Commission, the Coastal Health & Wellness Emergency Operations Plan, and other relevant regulatory bodies;~~
3. Implement, train, and monitor approved policies, procedures, guidelines, and recommendations in accordance with the ~~Hazardous Material and Waste Management Plan;~~
- ~~4. Select and implement procedures and controls to achieve plan objectives;~~
- ~~5. Educate staff on policies, procedures and rules pertinent to their respective worksites and job duties;~~
- ~~6.4.~~ Respond appropriately when conditions involving hazardous material or waste arise which may pose an immediate threat to life, human health and/or Coastal Health & Wellness property; and
- ~~7.5.~~ Review the Hazardous Material and Waste Plan as deemed necessary, but no less than at least once annually (see Section V. Annual Evaluation).

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b. The Risk and Safety Coordinator shall:

1. Conduct monthly proactive risk assessments via the Environmental Risk and Safety Analysis (“ERSA”) to monitor compliance with the Hazardous Material and Waste Management Plan;
2. Identify deficiencies, hazards, unsafe practices, and potential adverse impacts of any potentially hazardous waste existing on or around Coastal Health & Wellness’s premises;
- ~~3. Educate staff on policies, procedures and rules pertinent to hazardous materials and waste that may affect their respective worksites and job duties;~~
- ~~2. Annually audit and, when necessary, update Safety Data Sheet (“SDS”) binders for all CHW department;~~
- ~~4.~~
3. Respond punctually and appropriately when observations pertaining to hazardous materials arise which may pose an immediate threat to life, health and/or Coastal Health & Wellness property; and
- ~~5.~~
- ~~4.6.~~ When applicable, rAt least quarterly, report significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations to the CommitteeQAC for review and consideration.

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c. Coastal Health & Wellness employs a certified Radiation Officer whose duties include The designated Radiation Safety Officer is the Lab Supervisor. In this role, the Radiation Safety Officer shall:

1. Annually reviewing and monitoring radiation safety procedures for

compliance in accordance with the rules and regulations set forth by the Texas Department of State Health Services and other ~~industry standards~~ regulatory bodies;

2. Reviewing ing and monitoring ing radiation safety procedures for compliance in accordance with the rules and regulations set forth by the Texas Department of State Health Services and other regulatory bodies immediately upon ~~industry standards immediately upon~~ Coastal's acquisition of any equipment with the ability to produce radiation, and in accordance with manufacturer's guidelines thereafter; and
3. Ensuring that radiation safety badges are consistently maintained by requisite personnel.

~~3.~~

d. All staff, personnel, and volunteers shall:

1. Follow the policies, procedures, and guidelines pertaining to any hazardous materials and/or waste as approved by the ~~QAC~~ Committee; and
2. Remain familiar with and, when applicable, adhere to all procedures delineated in the Coastal Health & Wellness Governing Board approved Emergency Operations Plan as they pertain to hazardous materials and waste.

e. Safety Data Sheets (SDS):

1. SDS manuals shall be stored in yellow and red binders conspicuously affixed to the wall in all ~~required~~ clinical areas, and will contain an accurate inventory of all chemicals used in the respective areas.
2. The chemicals listed in the SDS binders are reviewed by supervisors and department heads annually, or whenever items are added to or removed from the chemical inventory. A follow-up audit to verify SDS inventory is performed twice annually by the Risk and Safety Coordinator.
3. Employees shall receive orientation on the use of SDS and chemical safety training from their direct supervisor as part of mandatory employee training, which shall be completed within thirty-days of the employee beginning work. Employees shall be precluded from using hazardous materials until the mandatory training has been completed and documented.
4. Each department will develop and train employees regarding procedures for handling hazardous materials. These procedures shall include, but not be limited to, the proper use of personal protective equipment such as gloves and masks, and the proper means by which hazardous waste should be disposed of.

f. Oxygen and Gas Cylinders:

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1. All Oxygen and gas cylinders will be secured in a container in order to prevent the cylinder from falling over; and
2. Oxygen and gas cylinders shall NEVER be stored near heat or open flames.

g. Liquid Nitrogen:

1. Small amounts of liquid nitrogen are stored in well-ventilated areas of the clinics only in approved containers. To prevent formation of an oxygen-deficient atmosphere, liquid nitrogen should never be permitted to evaporate into a room.
2. Liquid nitrogen containers must have loose fitting lids and be covered when not in use.
3. When pouring or dumping liquid nitrogen, care must be taken, including but not limited employing the use of appropriate PPE. Cylinders and ~~dewars-~~ ~~dewars~~ should not be filled to more than 80% of their capacity, due to the expansion of gases. If liquid nitrogen contacts skin or eyes, the affected skin tissue should immediately be flooded or soaked with lukewarm water.
4. Liquid nitrogen ~~cannot be transported in wide-mouth glass dewars or dewars not protected with safety tape~~ can only be transported in containers designed for such use.

h. Eye Wash Stations:

1. Eyewash stations shall be maintained in readily accessible areas for all Coastal Health and Wellness personnel at both the Texas City and Galveston clinics.
2. Supervisors or designees will test the eyewash stations weekly by conducting a “bump test.” to ensure proper operation ~~and availability~~ of each station ~~ss functionality, and functionality and~~ will log the results of such tests accordingly.
3. Supervisors or designees will flush each eyewash station on a weekly basis.

i. Medical and Infectious Waste:

1. Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials must be discarded in an appropriate red biohazard bag or container.
  1. This includes, but is not limited to, used sharps, slides and slide covers contaminated with body fluids, vaccine ampoules and vials that have been used, and blood-soaked dressing or other blood-soaked materials.
  2. Urine is not considered OPIM unless it is contaminated with blood.

3. Needles, syringes, contaminated slides, blood-filled test tubes, and glass ampoules and vials are to be disposed in red plastic sharps containers. –
2. Sharps containers and used red bags must be placed in a red bag-lined transport box stored in a designated locked closet identified with the biohazard symbol (the Hazardous Waste Storage Room).
3. Dental amalgam is not considered infectious and is disposed of by being suctioned into traps, which are periodically replaced. No later than July 14, 2020, amalgam separators that meet EPA guidelines will be installed in both dental clinics-
4. Coastal Health & Wellness currently contracts with SteriCyle to remove and dispose of medical waste from its facilities.

j. Spill Procedures:

1. Standard precautions should be followed when a spill occurs, and the area should be blocked-off from public access until it is entirely cleaned and the affected area is deemed safe to return by the Risk and Safety Coordinator or department supervisor.
2. Staff should clean spills or leaks of most products in accordance with directions of the manufacturer of the spilled substance. In the absence of such directions, staff should immediately barricade the area and notify the department supervisor.
3. Blood should be cleaned using appropriate PPE and approved virucidal disinfecting agents.
4. Hazardous material incidents involving radiological, chemical or biological contaminants may require evacuation of the facility. Employees will follow procedures as outline in the Coastal Health & Wellness Emergency Operations Plan during such circumstances.

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## V. PERFORMANCE MONITORING

The following processes may be used to identify, monitor, evaluate, report, and reduce hazardous risks identified by individuals or the organization. This includes, but is not limited to:

- a. Investigating, identifying, and reporting incidents related to hazardous materials;
- b. Reviewing incident reports and implementing new policies and procedures to prevent future adverse incidents; and
- c. Periodically inspecting the clinic faculties and grounds to determine if any hazards are present.

## VI. ANNUAL EVALUATION

- a. The annual review, which includes the assessment of the Plan's scope, objectives, performance, and effectiveness is used as an opportunity to develop or modify

- programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.
- b. The QAC-Committee maintains the Hazardous Material and Waste Management Plan current by reviewing the plan at least annually (ie.eg. one year from the date of the last review, plus or minus 30 days) and making necessary modifications based on the results of the evaluation and changes to regulatory laws, policies and standards.
  - c. While performing the annual review, the QAC-Committee should use a variety of sources such as inspection and audit results, incident reports and other statistical information and tracking reports. The QAC-Committee may also use other forms of review and input from relevant sources such as management, staff, personnel, and volunteers.

## VII. PERFORMANCE MEASURES - 20198

Performance Objective/Goal	Performance Measure/Indicator
Manage critical information related to the safe use, storage, and disposal of hazardous chemicals available to staff.	<ul style="list-style-type: none"> <li>▪ 90% SDS correctly maintained at work areas</li> <li>▪ 90% Staff trained on correct usage of chemicals within their department</li> </ul>
Ensure staff knowledge on how to respond to a hazard.	<ul style="list-style-type: none"> <li>▪ 90% Staff trained on how to respond to a hazard</li> </ul>

## ENVIRONMENT OF CARE Security Management Plan - 20198

### I. PURPOSE

The Security Management Plan (the “Plan”) has been established to ensure that Coastal Health & Wellness (“CHW”) is providing the safest possible environments for all patients, staff, and other individuals ~~who present at its present within its~~ facilities. The Plan describes the framework for security management, which aims to: i) mitigate the occurrences of ~~security~~ incidents that may pose dangers or threats by others; and ii) mitigate physical, structural, and infrastructural damages in the event of a security breach. This plan applies to all facilities, employees, patients, contractors, volunteers, students, and visitors and conforms with the standards set forth by EC.02.01.01.-

### II. OBJECTIVES

- a. Ensuring staff is knowledgeable of security risks and procedures through effective ~~security~~ education and training;
- b. Ensuring ~~on duty~~ staff always has ~~ve~~ their CHW identification badge affixed to their person in a manner noticeable to patients and visitors; and
- c. When necessary, ~~ensuring proper updatinges~~ the Plan in accordance with changes or relevant implementations set forth in at coincide with the Coastal Health & Wellness approved Emergency Operations Plan or by applicable regulatory authorities. are implemented into this Plan.

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### III. RESPONSIBILITIES

~~The Quality Assurance Committee (QAC) and the Risk Infection Control and Environment of Care Committee (the “Committee”) is responsible and Safety Coordinator are responsible for developing and implementing this plan. The Risk and Safety Coordinator is responsible for, and monitoring this plan.~~

- a. ~~The Quality Assurance Committee (QAC)~~ Infection Control and Environment of Care Committee shall:
  1. Review sentinel events and make recommendations regarding security related incidents;
  - ~~2.~~ Develop procedures and guidelines consistent with the Coastal Health & Wellness Governing Board approved Emergency Operations Plan;-

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- 2.
- 3. Implement and monitor approved policies, procedures, guidelines, and recommendations in accordance with the *Security Management Plan*;
- 4. Select and implement procedures and controls to achieve plan objectives;
- ~~5.1. Educate staff on policies, procedures and rules pertinent to their respective worksites and job duties;~~
- 6.5. Respond appropriately when potential security issues may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and
- 7.6. Review the *Security Management Plan* as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).

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b. The Risk and Safety Coordinator shall:

- 1. Conduct proactive risk assessments on a monthly basis to monitor compliance with the *Security Management Plan*;
- 2. Identify deficiencies and unsafe practices within CHW facilities which may pose potentially adverse security circumstances, and present these findings to the *QAC Committee*;
- ~~2.~~ Educate staff on security procedures and practices pertinent to incidents which may occur within their respective departments~~policies, procedures and rules pertinent to their respective worksites and job duties;~~
- 3.
- 4. Immediately intervene and notify proper authorities when conditions that immediately threaten life or health, or damage to property are realized;
- 5. With the Chief Compliance Officer, Serve as a primary liaison between staff and law enforcement when security issues are reported; and
- 6. Report quarterly on significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations ~~to the QAC~~ for review and consideration to the Committee and Governing Board's Quality Assurance Committee.

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c. The Information Technology ("IT") Manager shall:

- 1. Remain knowledgeable about current IT trends and industry practices;
- 2. When applicable and at least annually, update and implement procedures and protocols set forth by the *GCHD Security Manual*; and
- 3. In the occurrence of a breach, take any and all actions to mitigate its effects and immediately report losses to the Chief Compliance Officer and Executive Director.

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e.d. Ancillary Security Measures

- 1. The Texas City clinic has a contracted full-time armed security guard on location during all times at which the clinic is open.

2. The Galveston Housing Authority, which houses the Galveston clinic, has one full-time ~~police officer~~~~security guard~~ present at its main entrance ~~during all times in which the Housing Authority~~ from 7:00 am – 4:00 pm daily
- ~~2.3.~~ During late clinic at the Galveston location (Thursday from 5:00 pm – 8:00 pm) an off-duty police officer is employed by and remains at the clinic for security. ~~and clinic are open.~~
- ~~3.4.~~ Each clinic has a security camera at its main entrance, which remains active at all times, and an alarm system on all exterior doors which, when activated, immediately sends notification to the police department with jurisdictional authority over the respective clinic's location via the security system's vendor.
- ~~4.5.~~ Numerous ingress doors at both locations remain locked at all times, and can be opened solely through badge access, which is restricted to CHW personnel deemed to have a professional need of entering the locked area. Additionally, several ingress doors which serve as barriers to vital items (i.e. specific medications) can only be accessed through use of a physical key, assigned only to personnel with reason to enter the rooms.

#### d.e. Security Sensitive Areas

1. Areas that contain sharps, medications, or dangerous chemicals will be locked when not attended by a staff member.
2. Keys and badges at no time will be shared amongst staff. Additionally, these items must be returned to Human Resources when ~~staff separates from employment~~employment is severed.
3. Lost badges are immediately deactivated upon notification from the employee that the badge was lost, and badges surrendered upon separation of employment and promptly shredded.
4. Locks opened with security codes supplant several badge restricted ingress doors. Employees are prohibited from sharing codes, and codes are changed promptly when an employee with knowledge of ~~a code~~s separates from CHW.
5. All spaces, rooms, or areas that may be considered hazardous must be clearly marked with the appropriate signage.
6. Warning signs denoting types of hazards must be placed in clear view of those attempting to enter a hazardous area.

#### e.f. Identification

1. All Coastal Health & Wellness staff are required to wear a CHW issued badge while present at work.
2. Badges contain the employee's picture and name and must be located on their person in a means easily visible to others.

#### f.g. Security Incidents

In the event of a security or potential security incident, staff members present at the site of the incident are required to:

1. Identify the nearest area deemed safe;
2. With patients and visitors, move to the safe area;
3. If possible, notify others in imminent danger of the threat; and
4. Call 9-1-1.

#### g-h. Patient Expulsion

Patients who potentially endanger staff, other patients, visitors or property, or who commit illegal activity on or around CHW property will be reported to the Coastal Health & Wellness ~~Clinic Director~~Medical Director, who will determine whether the patient is prohibited from receiving medical services at CHW facilities in the future.

#### IV. PERFORMANCE MONITORING

The following processes may be used to identify, monitor, evaluate, report, and reduce security risks identified by individuals or the organization. This includes, but is not limited to:

- a. Investigating, identifying, and reporting incidents and trends related to security to management, security personnel, and/or the Coastal Health & Wellness Governing Board.
- b. Reviewing and monitoring ~~i~~Incident ~~r~~Reports to create performance improvement activities; and
- c. Performing monthly inspections of the clinic facilities and grounds to determine if any security risks are present.

#### V. ANNUAL EVALUATION

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.
- b. The ~~QAC-Committee~~ keeps the *Security Management Plan* current by reviewing the plan at least annually (~~e.g.i.e.~~ one year from the date of the last review, plus or minus 30 days) and making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the ~~QAC-Committee~~ uses a variety of sources such as inspections and audit results, incident reports, and other statistical

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information and tracking reports. The ~~QAC~~ Committee may also use other forms of review and input from relevant sources such as leadership, management, staff, personnel, and volunteers.

- d. The annual review includes assessment of the plan’s scope, objectives, performance, and effectiveness.

**VI. PERFORMANCE IMPROVEMENTS - 201~~9~~8**

<b>Performance Objective/Goal</b>	<b>Performance Measure/Indicator</b>
Ensuring staff is knowledge of security procedures for displaying identification badges.	<5% staff observed not properly displaying their identification badges during random badge audits.
Ensuring staff <del>knowledge is aware of security risks and procedures through effective security education and training</del> how to react during potentially adverse circumstances.	<del>95% staff received</del> Facilitate at least three <u>non-required emergency documented security management education/training drills addressed in the <i>Emergency Operations Policy</i> (e.g. active shooter).</u>
<u>Ensure staff is knowledgeable about when and how to respond to suspected human trafficking situations.</u>	<u>Provide training to 100% of employees pertaining to detection and follow-up actions when dealing with suspected human trafficking victims.</u>

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Effective: 08/15/2018  
Last Approved: 08/2016  
Expires: 08/14/2019

**ENVIRONMENT OF CARE**  
Safety Management Plan - 20198

**I. PURPOSE**

The Coastal Health & Wellness (“CHW”) Safety Management Plan (“the Plan”) has been established to provide a safe, functional, and effective environment for all patients, staff, and other individuals in order to optimize the outcome of patient services. The Plan describes the framework used to reduce physical hazards, and to reduce the risk of injuries to individuals and loss to property. This plan applies to all CHW facilities, employees, patients, contractors, volunteers, students, and visitors, and conforms to all requirements set forth by EC.04.01.01.-

**II. OBJECTIVES**

- a. Ensuring staff awareness and performance of pertinent safety topics through safety through education and training; and
- b. Mitigating safety risks by promptly identifying and resolving perils.

**III. RESPONSIBILITIES**

- a. The Quality Assurance Committee Infection Control and Environment of Care - (the “Committee”) (QAC) shall:
  - 1. Review sentinel events pertaining to potential safety issues occurring at CHW facilities or elsewhere, and make recommendations for prevention or improvement;
  - 2. Develop procedures and guidelines related to safety management issues that are consistent with or integrate the Coastal Health & Wellness Governing Board approved Emergency Operations Plan;
  - 3. Implement and monitor approved policies, procedures, guidelines and recommendations in accordance with the Safety Management Plan;
  - ~~4. Select and implement procedures and controls to achieve the Plan’s objectives;~~  
Educate staff on safety related policies, procedures and rules pertinent to their respective worksites and job duties; Investigate and track incident reports and workers’ compensation claims to seek potentially trending safety issues;
  - ~~5.4.~~  
6.5. Respond appropriately when conditions involving potential safety risks

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arise which may pose a foreseeable threat to life, human health and/or Coastal Health & Wellness property; and

- 7.6. Review the *Safety Management Plan* as deemed necessary, but no less than at least once annually (see *Section V. Annual Evaluation*).

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b. The Risk and Safety Coordinator shall:

1. Conduct ~~a monthly proactive risk assessments~~ monthly proactive risk assessment, the Environmental Risk and Safety Audit, to monitor compliance with components of the Safety Management Plan;
2. Identify deficiencies, perils, unsafe practices, and practices potentially adverse to the promotion of safety in and around CHW facilities;
- 2.3. Educate staff on safety related policies, procedures and rules pertinent to their respective worksites and job duties;
- ~~3.1. Investigate and track incident reports and workers' compensation claims to seek potentially trending safety issues;~~
4. Intervene when conditions immediately threaten life or human health, or threaten damage to ~~equipment or buildings~~ CHW property;
5. Report ~~quarterly~~ monthly on significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations to the ~~QAC Committee~~ for review and consideration; and
6. Manage product and equipment safety recalls.

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c. All staff, personnel, and volunteers shall:

1. ~~Supervisors may~~ Immediately n-intervene notify appropriate personnel when environmental conditions pose a potential immediately ~~threat to~~ human life or health or damage to CHW property;
2. Follow the policies, procedures, and guidelines approved by the ~~QAC Committee~~; and
3. Submit an Incident Report Form to his/her supervisor within 24 hours of any event related to potential occupational ~~illness or injury~~ to any person(s) occurring on CHW premises and/or property loss or damage.

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#### IV. PERFORMANCE MONITORING

The following processes may be used to identify, monitor, evaluate, report, and reduce safety risks identified by individuals or the organization. This includes, but is not limited to:

- a. Investigating, identifying and reporting incidents and trends related to occupational illnesses or injury and/or property loss or damage.
- b. Reviewing and monitoring incident reports and workers' compensation claims to

create activities that limit perils, with a goal to reduce risk of occupational illness or injury and/or property loss or damage.

- c. Periodically inspecting clinic facilities and grounds to determine if any safety risks exist; and
- d. Constantly monitoring and reporting cleanliness of the facility.

## V. ANNUAL EVALUATION

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and enhance employee orientation and training.
- b. The QAC-Committee keeps the Plan current by reviewing it at least annually (ie.eg. one year from the date of the last review, plus or minus 30 days) and making necessary modifications based on the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the QAC-Committee shall use a variety of sources such as inspection and audit results, accident/incident reports, and other statistical information and tracking reports. The QAC-Committee may also use other forms of review and input from relevant sources such as leadership, management, staff, personnel, and volunteers.
- d. The annual review includes the assessment of the plan's scope, objectives, performance, and effectiveness.

⚡

## VI. PERFORMANCE MEASURES 20198

Performance Objective/Goal	Performance Measure/Indicator
Ensure staff performance through safety education and training.	95% of staff has documentation asserting their annual completion of safety and incident reporting training.
Manage safety risks by promptly identifying and resolving deviancies.	100% of safety deficiencies identified during monthly inspections are addressed within 24 hours of identification.

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Effective: 08/15/2018  
Last Approved: 08/2016  
Expires: 08/14/2019

**ENVIRONMENT OF CARE**  
Utilities Management Plan - 20198

**I. PURPOSE**

The Utilities Management Plan (the “Plan”) sets forth a means of warranting that Coastal Health & Wellness (“CHW”) offers a safe, functional, and effective healthcare environment to all patients, staff, and visitors for the assurance of optimal patient care outcomes. This plan applies to all CHW facilities, employees, patients, contractors, volunteers, students and visitors, and conforms to all requirements set forth by EC.02.05.01.-

**II. OBJECTIVES**

- a. To ensure optimal patient care and overall safety through stringent utility inspection~~maintenance~~; and
- b. To foster the most efficient measures of communication between applicable CHW staff and ~~landlords of~~ Coastal Health & Wellness facility landlords.

**III. RESPONSIBILITIES**

- a. The ~~Quality Assurance Committee (QAC)~~Infection Control and Environment of Care Committee (the “Committee”) shall:
  1. Review sentinel events related to any aspect outlined in the Utilities Management Plan and, as necessary, propose and implement new practices for utility improvements;
  2. When applicable, develop new procedures and guidelines for utility systems necessary to remain consistent with the Coastal Health & Wellness approved Emergency Operations Plan, along with relevant regulatory updates established by applicable authoritative agencies;
  - ~~3. Implement, train, and monitor approved policies, procedures, guidelines and recommendations in accordance with the Utilities Management Plan;~~
  - 4.3. Select and implement procedures and controls to achieve plan objectives; and
  - ~~5.4.~~ Review the Utilities Management Plan as deemed necessary, and no less than once annually (see Section V. Annual Evaluation).
- b. The Risk and Safety Coordinator shall:

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1. *When necessary, educate staff regarding aspects of the Utility Management Plan applicable to the staff member's scope of work;*
- ~~1.2. Work in conjunction with the building's landlords to ensure access to a utility system inventory which identifies equipment, location, ownership, emergency power shut-off valves, and a log related to utility failure history is retained;~~
- ~~2.3. Identify On a monthly basis, inspect facilities for deficiencies, hazards, unsafe practices, and/or potentially adverse impacts caused by utility mishaps;~~
- ~~3.4. Investigate, track and report utility related incidents; and~~
- ~~4.5. Present quarterly-monthly reports concerning significant findings, discrepancies, observations, noted opportunities for improvement, and recommendations regarding utility systems to the QACCommittee.~~

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c. The Fleet and Facilities Coordinator shall:

- ~~1. Maintain access to a utility system inventory which identifies equipment, location, ownership, emergency power shut-off valves, and a log related to utility failure history;~~
  1. When possible, update or restore utility maintenance systems to proper order;
  2. Contact the applicable landlord (or designee), or third-party service agent when a problem with a utility system at a CHW leased facility is realized; and
  - ~~2. Monitor approved policies, procedures, guidelines and recommendations in accordance with the Utilities Management Plan and when applicable, notify the Chief Compliance Officer of recommended procedural revisions.~~
  - ~~3. Contact the applicable landlord (or designee), or third-party service agent when a problem with a utility system at a CHW leased facility is realized; and~~
  - ~~4. Intervene and take appropriate precautionary measures when conditions arise that immediately threaten life or human health, or which threaten damage to equipment or buildings.~~

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~~3.~~  
d. The IT Manager shall:

- ~~1. In the case of an IT related system failure, resolve issues involving equipment, system access, telephones, internet access, email, etc.;~~
- ~~2. Ensure computer systems have sufficient backup systems in place to safeguard against data loss; and~~
- ~~3. Implement best practices for IT security protocol.~~

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~~3.~~  
e.d. All staff, personnel, and volunteers shall:

1. Follow the policies, procedures, and guidelines approved by the QACCommittee; and
2. Follow safety procedures in accordance with this Plan, the *Safety*

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*Management Plan, and anything directly or incidentally related to such matters as delineated in the Emergency Operations Plan.*

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f.e. Landlord/Contractor

1. Coastal Health & Wellness does not own either of the facilities at which it has a practice; rather, these buildings are both leased. The Texas City site is located in the Mid-County Annex, which is owned and operated by Galveston County. The Galveston site is located at the Island Community Center, which is owned and operated by the Galveston Housing Authority.
2. Landlords for these respective properties are responsible for inspecting, testing and retaining a list of utility systems, which include but may not be limited to: electrical power; heating, ventilation and air conditioning; plumbing; and gas. Landlords will provide requested documentation of any inspections, maintenance, or tests to the Risk and Safety Coordinator.

f.g. Battery-Powered Lights

1. ~~At 30-day intervals~~ Each month, the Risk and Safety Coordinator will test battery-powered lights required for egress at the Galveston ~~site~~ location. The test will be performed for a minimum of 30 seconds. The completion date will be documented.
2. Annually, the Risk and Safety Coordinator will test ~~battery-powered lights~~ required for egress for a duration of 1 ½ hours at the Galveston location. Results shall be documented and reported to the Committee and the CHW Governing Board's Quality Assurance group. ~~The completion date will be documented.~~
3. All tests performed at the Texas City site will be facilitated by the Galveston County Maintenance department. The Risk and Safety Coordinator will work with Galveston County Maintenance personnel to ensure required tests are conducted and subsequent documentation is received.

**IV. PERFORMANCE MONITORING**

The following processes may be used to identify, monitor, evaluate, report, and reduce utility related safety risks identified by individuals or the organization. This includes, but is not limited to:

- a. Investigating, identifying, and reporting incidents and trends related to utility system failures; and

- b. The performance of Environment, Safety and Compliance Assessments at both CHW facilities, which is conducted monthly by the Risk and Safety Coordinator.

**V. ANNUAL EVALUATION**

- a. The annual review is used as an opportunity to develop or modify programs, plans, and policies; identify and implement additional or more effective controls; and to enhance employee education.
- b. The ~~QAC-Committee~~ keeps the Utility Management Plan current by reviewing the plan at least annually (~~ie-g.e.~~ one year from the date of the last review, plus or minus 30 days) and making necessary modifications based upon the results of the evaluation and changes to policies, regulations, and standards.
- c. In performing the annual review, the ~~QAC-Committee~~ shall utilize a variety of sources to improve inspection and audit results, accident/incident reports, and other forms of tracking reports. The Committee may also review and seek input from alternative sources of relevance including leadership, management, staff, personnel, volunteers and third-parties.
- d. The annual review will include assessment of the plan’s scope, objectives, performance, and effectiveness.

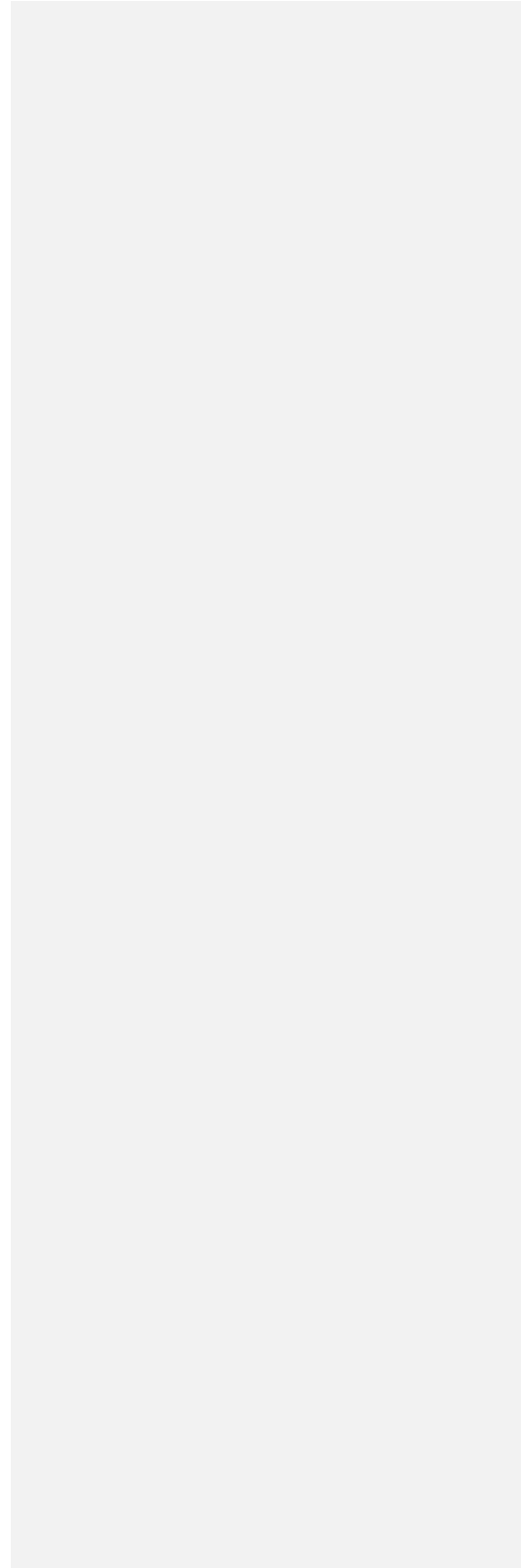
**VI. PERFORMANCE MEASURES – 201~~98~~**

Performance Objective/Goal	Performance Measure/Indicator
Ensuring optimal patient care through stringent utility maintenance	<del>Zero</del> preventable maintenance -related injuries <del>incurred occurred</del> by patients, visitors or staff
Effective communication between CHW staff and landlords	<del>100</del> 95% of problems requiring landlord attention reported by CHW staff to landlord within 24 hours of recognition.



*Coastal Health and Wellness*

**EMERGENCY OPERATIONS PLAN**



### Table of Review and Approval

Change Number	Change Entered By	Date Reviewed	Date Approved
1	Tyler Tipton	8/8/18	8/30/18
<u>2</u>	<u>Tyler Tipton</u>	<u>8/16/19</u>	

The Emergency Plan (EP) was originally written and approved on 8/30/2018.

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

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## Coastal Health and Wellness Information

**Facility:** Coastal Health and Wellness

**Address:** 9850 Emmett F Lowry Expy

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

**Phone Number:** 409-938-2234

**Executive Director:** Kathy Barroso (~~Interim~~)

**Office Address:** 9850 Emmett F Lowry Expy

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

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

## I. INTRODUCTION TO THE PLAN

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

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

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

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

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

CHW has been an active participant in local, regional, state and federal emergency response planning and has signed a Memorandum of Agreement with the South East Texas Regional Advisory Council (SETRAC) to become a member of the Regional Healthcare Preparedness Coalition (RHPC), to collaborate in planning relief efforts that affect the greater Houston-

Galveston area. CHW has dedicated an experienced emergency response provider as its Emergency Preparedness Manager, charged with representing the facility and unique needs of the CHW population at local, regional, and state committees. This individual also serves as the Catastrophic Medical Operations Center point of contact.

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

**Demographics:**

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

CHW- Texas City	CHW - Galveston
Mid-County Annex	Island Community Center
9850-C Emmett F. Lowry Expy	4700 Broadway F100
Texas City, TX 77591	Galveston, TX 77551

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

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

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

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

During an emergency, patient population may fluctuate or include patients not typically seen or treated by CHW during normal operations.

## II. EMERGENCY PLAN

### Risk Assessment

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

- A. A copy of the EOP will be retained in the CHW executive offices and the plan will be prominently posted on the CHW employee extranet.
- C. The major hazards that could affect the CHW facilities as determined by the HVA are listed in the Annex portion of this EOP.

### Command and Control

- A. The facility shall develop and document an organizational chart, (TAB 4), which will include a Delegation of Authority to be followed in the event of an emergency. The Delegation of Authority identifies who is authorized to activate the EOP, and illustrates the chain of command to be followed during an emergency. Should an emergency occur, the Executive Director will assume the role of Incident Commander and shall be informed of the emergency immediately (via phone, email, or word of mouth). In the event the Executive Director cannot be contacted, the next individual designated by the Delegation of Authority will assume the position of Incident Commander. Command staff positions have been outlined in the organizational chart. During an emergency, staff will report to their direct supervisor (operational director for their area). With the Incident Command System (ICS) being scalable and subject to fluctuations, and based upon the specific situation and needs of the operation, staff may be asked to fill essential roles which they're not typically assigned to do. Prior to activation, the Incident Management Team (IMT) will convene to determine if activation is necessary, and if so, what roles shall be fulfilled. The IMT consists of the Executive Director, Chief Compliance Officer, Chief Nursing Officer, Chief Financial Officer, Medical Director, Dental Director, Director of Human Resources, Director of Epidemiology and PHEP, IT Manager and Emergency Preparedness Manager and, if deemed necessary, other applicable parties.
- B. Depending upon the type of emergency, the Incident Commander will enact the Orders of Succession (TAB 5) for the appropriate emergency policy and procedure.



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

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

#### **Coordination**

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

#### **Plan Activation**

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

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

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

#### **Demobilization and Transition to Recovery**

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

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

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

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

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

#### **Maintenance**

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

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

### **III. POLICIES AND PROCEDURES**

#### **Facility Lockdown**

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

#### **Shelter in Place (SIP)**

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

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

#### **Evacuation Plan**

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

#### **Suspension of Services**

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

#### **Continuity of Operations**

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

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

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

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

### **Documentation**

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

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

## Security

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

## Volunteers

Coastal Health & Wellness routinely hosts students completing their medical residencies, or prospective physician assistants/nurse practitioners completing academically required internships. These students, all of whom possess extensive medical education and have been indoctrinated to Coastal Health & Wellness policies and procedures, may be requested to deviate from the traditional responsibilities set forth by the scope of their respective internship program during emergencies which result in a surge of patients requiring immediate care. Under such circumstances, these students may be asked to treat patients without provider oversight, so long as the Medical Director (or designee) deems such treatments to be necessary for emergent patient care and within the student's purview of competency.

Additionally, nurses and other qualified medical personnel staffed by the Galveston County Health District may be tasked by the Medical Director (or designee) under such circumstances to assist in the provision of patient care so long as the individual has successfully received and completed the formal educational requirements to perform the allotted task. CHW will not utilize volunteers during emergency operations.

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## IV. COMMUNICATIONS

### Internal

- A. A list of all employees, including their contact number(s) and a party designated as the employee's emergency contact is located in the Human Resources department and online through i-Info (digitally).
- B. In the event of an emergency or activation of the EOP, notification of staff is achieved through email, text, and phone calls by the Emergency Preparedness

Manager, or designee. The PA system is also utilized for immediate notification to staff, patients, and visitors. A list of Emergency Phone Protocols for the Texas City site and Galveston site can be found on the employee extranet.

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

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

#### External

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

#### Communications with Patients and Visitors

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

**Communications with Healthcare Providers**

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

**Surge Capacity and Resources**

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

**Requesting Assistance**

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

**V. TRAINING**

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



## VI. TESTING

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

**TAB 1- Facility Location Plan**

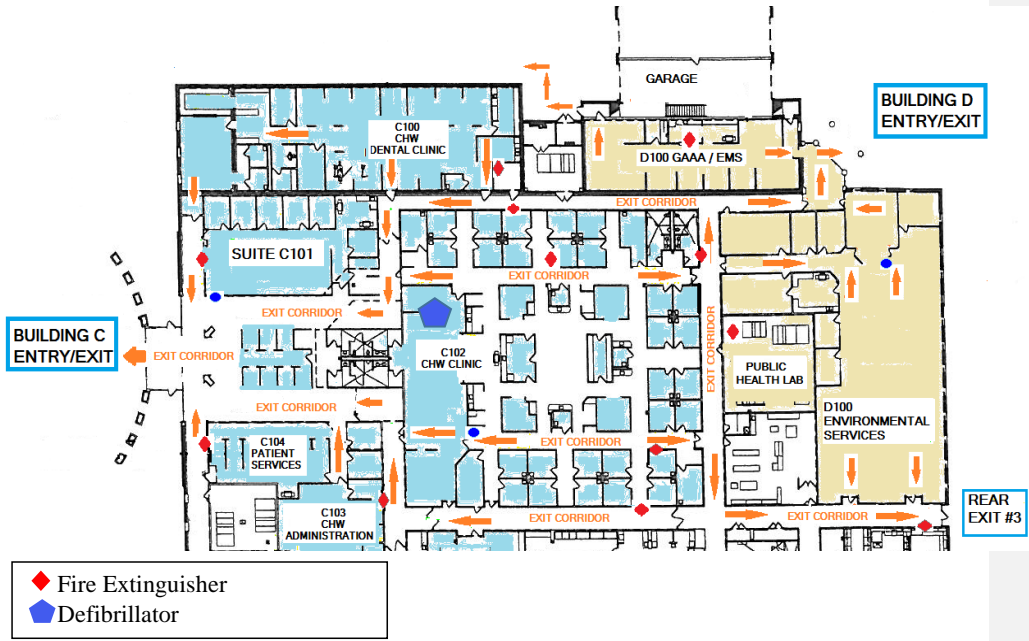
### Texas City Clinic



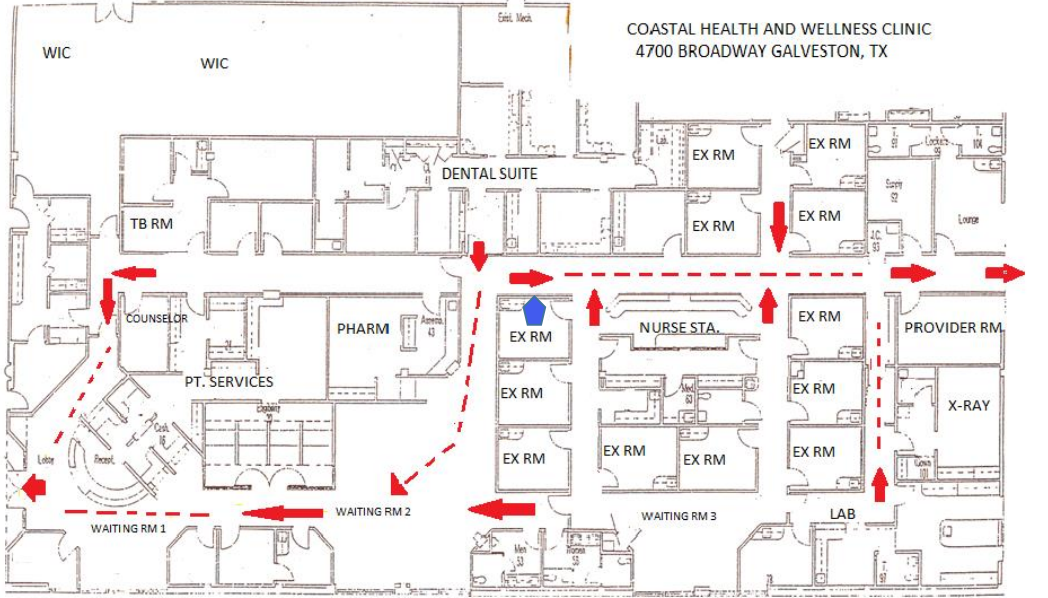
Galveston Clinic



**TAB 2 - Facility Floor Plan**  
MID COUNTY ANNEX  
EVAUCATION ROUTE BUILDING C (CHW)



GALVESTON COUNTY COASTAL HEALTH AND WELLNESS CLINIC  
ISLAND COMMUNITY CENTER GALVESTON



\*Arrows denote pathway to fire exits  
Defibrillator

**TAB 3 - HVA**

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

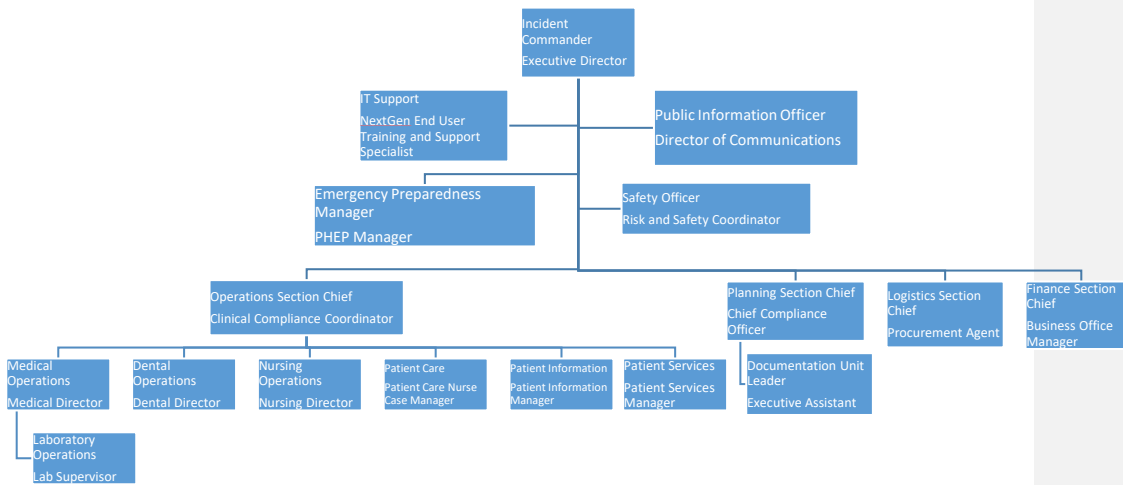
*\*Listed are the top 10 Hazards beginning with the highest risk*

**TAB 4 – Delegations of Authority & Organizational Chart**

**Delegations of Authority**

Task	Incumbent	Delegated Position	Limitations
Incident Commander	Executive Director		
Operations Section Chief	Chief Nursing Officer <del>Clinical Compliance Officer</del>		
Planning Section Chief	Chief Compliance Officer		
Logistics Section Chief	Procurement Agent		
Finance Section Chief	Business Office Manager		

**Organizational Chart**







### **Activation of Disaster Organization Chart**

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

#### **Incident Commander (IC)**

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

#### **IT Support**

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

#### **Public Information Officer**

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

#### **Safety Officer**

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

#### **Emergency Preparedness Manager**

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

## Logistics

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

## Planning

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

## Finance

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

## Operations

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

## TAB 5 – Orders of Succession

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

### Key Personnel and Orders of Succession

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

## TAB 6 – Receiving Facilities

### Temporary Evacuation site for Office:

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

Galveston  
Island Community Center  
4700 Broadway F100  
Galveston, TX 77551

### Long Term Evacuation Site for Office:

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

Galveston  
Island Community Center  
4700 Broadway F100  
Galveston, TX 77551

### Receiving Hospitals and Contact Numbers:

~~Mainland Medical Center~~ [HCA Houston Healthcare Mainland](#)  
6801 Emmett F Lowry Expy, Texas City, TX 77591  
409-938-5000

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

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

**TAB 7 - State and Local Government Contacts**

**Emergency Management Contact List**

[-----BEGINS ON THE FOLLOWING PAGE -----](#)

Jurisdiction	Emergency Manager	Email	Cell
<u>Bayou Vista</u>	<u>Chief Jimmy Gillane</u>	<u>ygillane@comcast.net</u>	<u>409-457-8945</u>
<u>Clear Lake Shores</u>	<u>Chief Brent Hahn</u>	<u>brent.hahn@kemahfire.com</u>	<u>281-709-7614</u>
<u>Dickinson</u>	<u>David Popoff</u>	<u>dpopoff@ci.dickinson.tx.us</u>	<u>713-448-9448</u>
<u>Friendswood</u>	<u>Brian Mansfield</u>	<u>bmansfield@ci.friendswood.tx.us</u>	<u>832-875-2365</u>
<u>Friendswood</u>	<u>Steven Simmons</u>	<u>ssimmons@ci.friendswood.tx.us</u>	<u>972-921-9606</u>
<u>Friendswood</u>	<u>Niki Bender</u>	<u>nbender@ci.friendswood.tx.us</u>	<u>281-352-6948</u>
<u>Friendswood</u>	<u>Steve Ruthstrom</u>	<u>sruthstrom@ci.friendswood.tx.us</u>	<u>281-709-5863</u>
<u>Friendswood</u>	<u>Chief Bryan Holmes</u>	<u>bholmes@friendswood.tx.us</u>	<u>713-254-1177</u>
<u>Galveston</u>	<u>Mark Morgan</u>	<u>MMorgan@galvestontx.gov</u>	<u>409-750-0881</u>
<u>Galveston County</u>	<u>Christopher Boyce</u>	<u>christopher.boyce@co.galveston.tx.us</u>	<u>409-526-2659</u>
<u>Galveston County</u>	<u>Scott Tafuri</u>	<u>scott.tafuri@co.galveston.tx.us</u>	<u>409-370-8592</u>
<u>Galveston County</u>	<u>Laura Norman</u>	<u>laura.norman@co.galveston.tx.us</u>	<u>832-278-9047</u>
<u>Galveston County</u>	<u>Alyssa Young</u>	<u>Alyssa.young@co.galveston.tx.us</u>	<u>409-682-3125</u>
<u>Hitchcock</u>	<u>Chief Wilmon Smith</u>	<u>wsmith@hitchcockpd.com</u>	<u>409 316-7245</u>
<u>Hitchcock</u>	<u>Tim Underwood</u>	<u>tunderwood@hitchcockpd.com</u>	<u>409-750-3469</u>
<u>Jamaica Beach</u>	<u>Sean Hutchison</u>	<u>shutchison@ci.jamaicabeach.tx.us</u>	<u>920-572-4073</u>
<u>Kemah/Clear Lake Shores</u>	<u>Chief Brent Hahn</u>	<u>brent.hahn@kemahfire.com</u>	<u>281-709-7614</u>
<u>Kemah</u>	<u>Joe Murray</u>	<u>joe.murray@kemahfire.com</u>	<u>281-773-1025</u>
<u>La Marque</u>	<u>Charlene Warren</u>	<u>c.todaro@cityoflamarque.org</u>	<u>409-457-7511</u>
<u>La Marque</u>	<u>Kyle Hunter</u>	<u>k.hunter@cityoflamarque.org</u>	<u>409-682-2157</u>
<u>League City</u>	<u>Ryan Edghill</u>	<u>ryan.edghill@leaguecity.com</u>	<u>979-450-5857</u>
<u>League City</u>	<u>Adam Lee</u>	<u>adam.lee@leaguecity.com</u>	<u>409-440-5105</u>
<u>Santa Fe</u>	<u>Chief Philip Meadows</u>	<u>philip@ci.santa-fe.tx.us</u>	<u>409-354-3330</u>
<u>Texas City</u>	<u>Tom Munoz</u>	<u>tmunoz@texascitytx.gov</u>	<u>409-739-4799</u>
<u>Texas City</u>	<u>Dio Gonzalez</u>	<u>dgonzalez@texascitytx.gov</u>	<u>409-939-3995</u>
<u>Texas City</u>	<u>Jesse Rubio</u>	<u>jrubio@texascitytx.gov</u>	<u>409-392-2858</u>
<u>Tiki Island</u>	<u>George Graham</u>	<u>tikiemc@comcast.net</u>	<u>832-444-0716</u>
<u>Baytown</u>	<u>Jamie Galloway</u>	<u>jamie.galloway@baytown.org</u>	<u>281-838-9169</u>
<u>Nassau Bay</u>	<u>Chief Tom George</u>	<u>tom.george@nassaubay.com</u>	<u>281-333-4211</u>
<u>Seabrook</u>	<u>Jeff Galyean</u>	<u>galyean@seabrooktx.gov</u>	<u>281-291-5700</u>
<u>Webster</u>	<u>Chief Patrick Shipp</u>	<u>pshipp@websterfd.com</u>	<u>281-316-3730</u>
<u>Pearland</u>	<u>Peter Martin</u>	<u>pmartin@pearlandtx.gov</u>	<u>281-997-4648</u>

**ESF 8 Partners**

<b>Name</b>	<b>Organization</b>	<b>Email</b>	<b>Phone</b>
Salami, Hilal	SETRAC	Hilal.salami@setrac.org	281-822-4443
Valcin, Randy	GCHD	<a href="mailto:rvalcin@gchd.org">rvalcin@gchd.org</a>	409-938-2322

**TAB 8 - Vendor Contacts**

<u>VENDOR/ COMPANY</u>	<u>CONTACT LAST NAME</u>	<u>CONTACT FIRST NAME</u>	<u>PHONE</u>	<u>EMAIL ADDRESS</u>	<u>SERVICES PROVIDED</u>
AMI Dental	Chew	Joy	713-777-3422	<a href="mailto:amidental@yahoo.com">amidental@yahoo.com</a>	Dental Supply/Equipment
Bosworth	Reyna	Amanda	713-460-5060	<a href="mailto:AREyna@bosworthpapers.com">AREyna@bosworthpapers.com</a> >	Paper/Envelopes
CDW	Diehl	Jen	312-547-2663	<a href="mailto:jendieh@cdwg.com">jendieh@cdwg.com</a> >	Electronics
Competitive Solutions	Shepherd	Fred	832-586-9000	<a href="mailto:fshepherd@competitive-solutions.com">fshepherd@competitive-solutions.com</a>	Electronics
Darby Dental	DiBella	Joe	800-645-2310	<a href="mailto:joedibella@darby.com">joedibella@darby.com</a>	Dental Supply/Equipment
Dream Ranch	de Wet	Sheila	940-591-6565	<a href="mailto:sheri@dreamranchtx.com">sheri@dreamranchtx.com</a>	Cartridges/Toner
GHA Technologies	Barany	Craig	405-241-4209	<a href="mailto:cbarany@gha-associates.com">cbarany@gha-associates.com</a> >	Electronics
Greater Houston Office Supply	Tidwell	Russell	281-724-1533	<a href="mailto:rtidwell@myghop.com">rtidwell@myghop.com</a>	Office Supplies

Henry Schein	Jefferies	Joe	800-845-3550	<a href="mailto:Joe.Jefferies@henryschein.com">Joe.Jefferies@henryschein.com</a>	Medical/Lab Supplies
Kleen Janitorial	O'Conner	Russell	409-762-0557	<a href="mailto:russelloconnor@att.net">russelloconnor@att.net</a>	Janitorial Supplies
McKesson	Johnson	Doug	800-545-5097	<a href="mailto:douglas.johnson@mckesson.com">douglas.johnson@mckesson.com</a>	Medical/Lab Supplies
Migali Industries	Rappaport	Jerry	855-464-4254	<a href="mailto:jerry@migaliscientific.com">jerry@migaliscientific.com</a>	Refrigerator/Freezer
Patterson Dental	Wilde	Melody	713-853-6828	<a href="mailto:melody.wilde@pattersondental.com">melody.wilde@pattersondental.com</a>	Dental Supply/Equipment
Quill	Jevremovic	Vee	800-789-7020	<a href="mailto:vee.jevremovic@quill.com">vee.jevremovic@quill.com</a>	Office Supplies
Southern Computer	Reardon	Josh	877-468-6729	<a href="mailto:joshreardon@scw.com">joshreardon@scw.com</a>	Electronics & Cartridges
Sparklettes	Amaya	Bladimire	800-4-waters		Drinking/Distilled Water
Stargel			713-461-5382		Copier Supplies & Repair
Stericycle			866-783-7422		Biohazard Pick-Up
X-Ray Compliance	Freeman	Randy	281-844-5226	<a href="mailto:randyfreeman1@comcast.net">randyfreeman1@comcast.net</a>	X-Ray Equipment Repair
Biochemical Diagnostics			631-595-9200	<a href="mailto:Support@biochemicaldiagnostics.com">Support@biochemicaldiagnostics.com</a>	Validity Control Product

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**TAB 9 – EOP Tracking Form (ICS 214)**

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## **TAB 10 - Notification Call List**

### **Staff Notification**

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

### **Patient Notification**

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

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

### **Community Resources Call Protocol**

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

**TAB 11 – Communication Systems/Equipment**

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

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

TAB 12 - Message Log (ICS 213)

<b>GENERAL MESSAGE (ICS 213)</b>		Print Only
INCIDENT NAME: _____		
OPERATOR NAME: _____		
Date: _____ Time: _____		
Name of Caller: _____		<input type="checkbox"/> URGENT
Phone #: _____		
Address (if applicable): _____		<input type="checkbox"/> ROUTINE
<b>ISSUE:</b> _____ _____ _____ _____ _____		
<b>ACTION TAKEN:</b>		
		<input type="checkbox"/> FOLLOW UP
		<input type="checkbox"/> CLOSED
		Time: _____
		Date: _____
FOLLOWED UP BY: _____		SIGNATURE: _____
POSITION/TITLE: _____		RECEIVED MESSAGE
ICS 213		DATE/TIME: _____

### TAB 13 – After Action Review and Improvement Plan

Incident/Event title:

Start Date:

Start Time:

End Date:

End Time:

**Type** (check one):

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

Clinical Evaluator(s):

Other Evaluator(s):

**Retesting of Change to Emergency Operations Plan?**

**Participants:**

Community Partners:

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

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

**Narrative:**

**Exercise Scenario**

**Improvement Plan Matrix**

Improvement Needed:	Responsibility	Complete Status

Shared with Environment of Care Committee?     No     Yes

Was the Emergency Operations Plan modified as a result of this event/exercise?     No  
 Yes

**Analysis of Six Critical Components**

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

## ANNEX A – Fire

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

### PROCEDURE:

**R - Rescue** anyone in immediate danger.

**A - Alert** contact the fire department by calling 911.

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

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

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

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



## ANNEX B - Bomb Threat

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

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

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

If possible, during the call:

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

Once the Police have arrived:

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

## **ANNEX C - Active Shooter**

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

### **Procedure:**

#### **Run**

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

#### **Hide**

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

#### **Fight**

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

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

## **ANNEX D - Loss of Water/Sewerage**

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

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

## **ANNEX E - Electrical Power Outages**

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

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

## ANNEX F - Extreme Temperatures

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

### Definitions:

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

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

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

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

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

### Precautionary Procedures:

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

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

## **ANNEX G - Severe Weather**

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

### **Definitions:**

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

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

### **Procedure:**

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

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

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

## ANNEX H - Hurricane

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

### Definitions:

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

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

### Procedure:

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

## **ANNEX I - Winter Storms**

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

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

### **Precautions:**

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



## ANNEX J - External Hazmat Incident

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

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

## ANNEX K - Radiological Incident

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

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

- Emergency siren system
- Emergency scanner system

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

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

## **ANNEX L - Bioterrorism Threat**

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

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

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

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

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

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

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

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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**

**August 2019**

**Item #11**

**Consider for Approval Privileging Rights for  
Christiana Harris, DDS**



Date: August 29, 2019

To: CHW Governing Board

Thru: Kathy Barroso, CPA  
Executive Director

*KB*

From: Hanna Lindskog, DDS  
Dental Director

*Hanna Lindskog DDS*

Re: Privileging

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Upon the review of the completed credentialing file of Christiana Harris DDS, by Judie Olivares, Human Resources Generalist, and myself (Hanna Lindskog, DDS), we would like to recommend that the Coastal Health & Wellness Governing Board approve privileging for Christiana Harris, DDS, based on the following information:

- Christiana Harris, DDS, is a general dentist who will practice full time at both the Texas City and Galveston Coastal Health & Wellness Dental Clinic. Christiana Harris graduated from Meharry Medical College School of Dentistry in 2013. Dr. Harris is requesting general dentistry 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**

**August 2019**

**Item #12**

**Consider for Approval Privileging Rights for  
Juliet Wiseman, MSN, BSN, FNP-BC, RN**



Date: August 29, 2019  
To: CHW Governing Board  
Thru: Kathy Barroso, CPA  
Executive Director  
From: Cynthia Ripsin, MS, MPH, MD  
Medical Director  
Re: Privileging

KB

CR

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Upon the review of the completed credentialing file of Juliet Wiseman, FNP, 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 Juliet Wiseman, FNP, based on the following information:

- Juliet Wiseman is a Family Nurse Practitioner who will practice full time at both the Texas City and Galveston Coastal Health & Wellness Medical Clinic. Juliet Wiseman graduated from Walden University in 2017. Juliet Wiseman 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**

**August 2019**

**Item #13**

**Consider for Approval Privileging Rights for  
Tokunbo Ibidapo-Obe, MD**