



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

AGENDA

Thursday, October 1, 2020 – 12:00 PM (September Meeting)

ON MARCH 16, 2020, GOVERNOR GREG ABBOTT TEMPORARILY SUSPENDED PART OF THE TEXAS OPEN MEETINGS ACT TO HELP MITIGATE THE SPREAD OF COVID-19. SPECIFICALLY, THIS AMENDMENT ALLOWS FOR LOCAL GOVERNMENTS TO CONVENE VIRTUALLY SO LONG AS MEMBERS OF THE PUBLIC ARE PROVIDED A MEANS BY WHICH THEY CAN HEAR AND PROVIDE COMMENT TO THE GOVERNING BODY.

The Coastal Health & Wellness Governing Board will convene for its regularly scheduled September meeting by utilizing Zoom, which will allow for Board members and the public alike to partake in and/or view the meeting either online or over the phone.

CONNECTING VIA INTERNET:

Access the URL: <https://us02web.zoom.us/j/477078265> Meeting Password: 442265

1. An automated prompt should appear on your screen; when it does, click “Open Zoom Meetings”
2. If you would prefer to use your computer for audio connection, please do the following:
 - a. When prompted, select “Join Audio”
 - b. Another popup box will appear, select the tab, “Computer Audio”
 - c. Now click the box stating, “Join with Computer Audio.” Your connection to the meeting will be automatically established upon doing so.
3. If you would prefer to utilize a phone for your audio connection, please do the following:
 - a. Mute your computer’s volume;
 - b. When prompted, select “Join Audio”
 - c. Another popup box will appear, select the tab, “Phone Call”
 - d. You will be presented with a Dial-In, Audio Code, and Participant ID. Call the Dial-In number from your phone and follow the subsequent voice prompts. Your connection to the meeting will be automatically established upon doing so.

CONNECTING VIA PHONE (AUDIO ONLY):

1. Dial 346-248-7799
2. You will be prompted to enter the Meeting ID, which is 477 078 265 # Meeting Password: 442265
3. Finally, you will be instructed to enter your Participant ID. When this occurs, merely select the pound (hashtag) key without entering any numbers. Your connection to the meeting will be automatically established upon doing so.

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.

REGULARLY SCHEDULED MEETING

Meeting Called to Order

- *Item #1ACTION.....Agenda
- *Item #2ACTION.....Excused Absence(s)
- *Item #3ACTION.....Consider for Approval Minutes from September 3, 2020 Governing Board Special Meeting
- *Item #4ACTION.....Policies Approved by United Board of Health as Authorized Under the Shared Services Agreement

- a) Fiscal Management Policy
- b) Anti-Fraud Policy
- c) Drug-Free Workplace Policy
- d) Employee Assistance Program Policy
- e) Employee Corrective Action Policy
- f) Employee and Pre-Hire Immunizations
- g) Performance Evaluation Policy
- h) Separation of Employment Policy
- i) Sexual Harassment Policy
- j) Vehicular Accidents/Incidents Policy
- k) Volunteer Policy

- *Item #5Informational Reports
 - (a) Letter of Support to UT MD Anderson Cancer Center for their Colorectal Cancer Screening Program
- *Item #6Consider for Approval FY20 Audit Engagement with Bankole, Okoye, & Associates, PC
- Item #7Executive Reports
 - (b) Executive Director
 - (c) Medical Director
 - (d) Dental Director
- Item #8**ACTION**.....Consider for Approval August 2020 Financial Report
- Item #9**ACTION**.....Consider for Approval the Coastal Health & Wellness After Hours Coverage Policy
- Item #10**ACTION**.....Consider for Approval the Coastal Health & Wellness Medication Management Policy
- Item #11**ACTION**.....Consider for Approval the Coastal Health & Wellness Medical Referral Tracking and Care Management Policy
- Item #12**ACTION**.....Consider for Approval the 2020-2021 Risk Management Training Plan
- Item #13**ACTION**.....Consider for Approval Annual Report on Strategic Health Plan
- Item #14**ACTION**.....Consider for Approval Privileging Rights for the following UTMB Residents:
 - a) Nicole Azuogu, MD
 - b) Prava Karki, MD

Next Regular Scheduled Meeting: October 29, 2020

Appearances before the Coastal Health & Wellness Governing Board

The Coastal Health & Wellness Governing Board meetings are conducted under the provisions of the Texas Open Meetings Act, and members of the public that wish to address the Board about an item presented on the agenda shall be offered three minutes to do so. The Board cordially requests that individuals desiring to make a such a statement notify the Board of their intention by writing their name on the sign-in sheet located at the Boardroom’s main entrance.

A citizen desiring to make comment to the Board regarding an item not listed on the agenda shall submit a written request to the Executive Director by noon on the Thursday immediately preceding the Thursday of the Board meeting. A statement of the nature of the matter to be considered shall accompany the request. The Executive Director shall include the requested

appearance on the agenda, and the person shall be heard if he or she appears.

Executive Sessions

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

**Governing Board
September 2020
Item#2
Excused Absence(s)**

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#3

**Consider for Approval Minutes from September 3, 2020 Governing
Board Special Meeting**

**Coastal Health & Wellness
Governing Board
September 3, 2020 (Special Meeting)**

Board Members

Conference Call:

Milton Howard, DDS,
Samantha Robinson
Virginia Valentino
Flecia Charles
Victoria Dougharty
Jay Holland,
Aaron Akins
Elizabeth Williams
Barbara Thompson, MD
Miroslava Bustamante

Staff:

Kathy Barroso, Executive Director
Cynthia Ripsin, MD
Hanna Lindskog, DDS
Eileen Dawley
Andrea Cortinas

Richard Mosquera
Mary Orange (phone)
Anthony Hernandez
Tikeshia Thompson Rollins (phone)

Unexcused Absence: Dorothy Goodman

Items 1-5 Consent Agenda

A motion was made by Dr. Howard to approve the consent agenda items one through five. Virginia Valentino seconded the motion and the Board unanimously approved the consent agenda.

Item #6 Executive Reports

Kathy Barroso, Executive Director, presented the August 2020 Executive Report to the Board. Kathy updated the Board on utilization and no-show rates through the end of July. Patient satisfaction survey data was also reviewed with the Board for the month of July. Kathy also informed the Board that since HRSA site visits were postponed due to COVID-19 HRSA is reaching out to health centers to see if they would be able to participate in a virtual site review. Kathy will keep the Board updated if we are selected for a virtual site review.

Dr. Ripsin, Medical Director, provided the Board with the following updates:

- A new nurse practitioner for management of respiratory conditions/COVID has been hired and is currently working 24 hours a week.
- A total of 268 COVID-19 tests have been administered to CHW patients to date with a positivity rate of 25%.

Element	N	Positive (%)
Total tests to date	268	66 (25%)
August	29	6 (21%)
July	102	25 (25%)

Dr. Ripsin also shared with the Board plans for the upcoming influenza season which included the following:

- Proactive recommendation for influenza vaccine
- Management of flu-like symptoms in the setting of COVID without a vaccine

- Developing a plan to dual test appropriate patients without bringing them into the clinic but still providing a thorough assessment:
- Phone/telehealth assessment with provider
- Testing in testing bay by provider
- Follow up management via provider/nurse phone call

Dr. Ripsin also provided the Board with an update on the SUD-MH program as shown below:

Element	N(%)	Active in program
Total patients to date	41	
Primary substance of abuse:		
Alcohol	18 (44%)	11(13; 2 managed by me)
Opioids	16 (39%)	8
BZD	3	
Methamphetamines	2	
Cocaine	1	
Patients with dual diagnosis of SUD and serious mental health disorder	10	4

Dr. Lindskog, Dental Director, updated the Board on dental services in the Coastal Health & Wellness Clinic:

- We continue to use Batelle N95 decontamination program
- Receiving PPE from SETRAC
- We continue to follow all Dental State board requirements and CDC recommendations
- We continue to provide all dental services
- Galveston is open Tuesday and Thursday and Texas City is open Monday-Saturday. We plan on opening on Wednesday in Galveston soon.
- Dr. Lindskog, Debra, and Shonta attended the virtual OSAP Conference – topics presented included infection control, sterilization, water testing and COVID 19
- September is Dental Infection Control Awareness Month – promotional graphics have been shared with Ashley for social media posts
- We are still dealing with staffing shortages and adapting our schedule as needed

Item #7 Consider for Approval July 2020 Financial Report

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

Item #8 Consider for Approval Selection of FY 2020-2022 Independent Auditor

Andrea Cortinas, Chief Financial Officer, asked the Board to consider for approval selection of the FY 2020-2022 Independent Auditor. Andrea informed the Board that the previous contract with BKD for FY 2017-2019 had ended and based on bid responses, Bankole Okoye & Associates, PC was being recommended. A motion to accept Bankole Okoye & Associates, PC, as the FY 2020-2022 Independent Auditor was made by Virginia Valentino. Dr. Howard seconded the motion and the Board unanimously approved.

Item #9 Consider for Approval Annual Fee Schedule for Dentures, Crowns, and Root Canals Effective September 1, 2020

Mary Orange, Business Office Manager, presented the annual fee schedule for dentures, crowns, and root canals effective September 1, 2020. Mary informed the Board that the fee schedule presented included a 6% average increase in comparison to last year and that fees were based on the National Dental Advisory 2020 service pricing guide for the 50% percentile in our geographical area. Samantha Robinson, Board Chair, requested that the fee schedule information be updated in the patient guide provided to patients. A motion to accept the annual fee schedule for dentures, crowns, and root canals as presented was made by Dr. Howard and seconded by Elizabeth Williams. The Board unanimously approved the motion.

Item #10 Consider for Approval Revision to Annual Medical Fee Schedule Effective September 1, 2020

Mary Orange, Business Office Manager, presented revisions to the annual medical fee schedule effective September 1, 2020. Mary informed the Board that the fee schedule included an average decrease of 3% in comparison to last year, primarily due to a reduction in lab costs and associated fees. Samantha Robinson, Board Chair requested that the fee schedule information be updated in the patient guide provided to patients. A motion to accept the annual medical fee schedule as presented was made by Virginia Valentino. Flecia Charles seconded the motion and the Board unanimously approved.

Item #11 Consider for Approval Privileging Rights for Locum Tenens Monique Swan, FNP-C

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

The meeting was adjourned at 12:57p.m.

Vice Chair

Secretary/Treasure

Date

Date

[Back to Agenda](#)

Governing Board

September 2020

Item#4

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

- a) Fiscal Management Policy
- b) Anti-Fraud Policy
- c) Drug-Free Workplace Policy
- d) Employee Assistance Program Policy
- e) Employee Corrective Action Policy
- f) Employee and Pre-Hire Immunizations
- g) Performance Evaluation Policy
- h) Separation of Employment Policy
- i) Sexual Harassment Policy
- j) Vehicular Accidents/Incidents Policy
- k) Volunteer Policy

Fiscal Management Policy

-Last Approved
UBOH 09/02/2020
-Effective 10/29/2004

Audience

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

Purpose

The purpose of the District Fiscal Management Policy is to provide guidance on the accounting and administration of District local, federal and state funding and to establish accountability and provide adequate controls to effectively monitor revenue and expenditures as designated in the annual budget. This policy is intended to guide the District staff, as well as the United Board of Health and Coastal Health & Wellness Governing Board, in their responsibilities regarding fiscal management.

Internal Control Procedures

Each Board is responsible for the efficient, effective and financially sound operation of the organization that it oversees, and designates responsibility to designated District personnel to manage funds according to approved budgets, and to maintain the overall adequacy and effectiveness of the internal control system. An internal control system should provide reasonable assurance that an organization will accomplish effectiveness and efficiency of operations, provide reliability of financial reporting, and ensure compliance with applicable laws and regulations. Controls must ensure that assets are not exposed to unauthorized access and use. The designated District personnel have the responsibility to establish and maintain an adequate system of internal control and to furnish the Board(s), governmental agencies, District creditors, and other agencies reliable financial information on a timely basis.

To provide additional oversight, each Board will designate a group of Board members to function as a Finance Committee. The Finance Committee(s) will review monthly financial issues and/or reports of the organization for presentation to the entire Board(s). In addition, the Board(s) have the authority to approve and will incorporate into its own minutes such matters as (i) change of the organization’s name, (ii) adoption of the annual operating budget, (iii) selection or termination of the Chief Executive Officer, (iv) incurring debt, (v) investment policies (vi) designation of depository and investment banks purchase or sale of property, (viii) leasing of real property, (viii) institution, termination or settlement of any litigation, (x) opening up or closing checking or savings accounts, (xi) selection of the District’s public accountants, (xiii) signature authorities, and other such duties as detailed in the Board(s) by-laws. Annually, the Board(s), by its action, may designate such duties to District employees, as it deems appropriate.

Financial Management Procedures

It is the responsibility of the designated District personnel to assess financial operations and present the Board(s) with the information necessary to effect short-term management and long-term planning. Monthly financial statements should be available to the Finance Committee(s), for ultimate approval by the Board(s), no later than thirty days after the end of the month to which they relate. Monthly financial statements should include the balance sheet and summary of operations, and should compare actual results to budgeted results with variances explained by executive officers. The District's accounting system will be organized and operated on a fund basis. As such, the District will maintain a General Fund and such Special Funds as needed. The General Fund, along with the Galveston Area Ambulance Authority will operate on a fiscal year ending September 30th. Coastal Health & Wellness will operate on a fiscal year ending March 31st. A qualified independent public accountant, selected by the Board(s), will conduct an annual audit in compliance with the Single Audit Act and GASB 34 requirements. In addition, the District will have prepared, and kept up to date an annual operating budget of revenue and expenses by fund which has been approved by the appropriate Board(s), and will adhere to guidelines established by the Controller to assure compliance with other requirements such as, insurance and bonding, sub-recipient monitoring, and financial reporting.

Accounting for Assets, Liabilities & Fund Balance

The District holds numerous assets including cash, receivables, inventories, property and equipment. It is the responsibility of the designated District personnel along with the Board(s) and Finance Committee(s), to ensure that policies and procedures are in effect that provide for the appropriate handling and use of these assets, and that obligations are paid and accounted for in a timely manner.

The Board(s), along with District staff, should ensure the following:

1. That there is sufficient cash to meet financial obligations, both in the short-term and long-term.
2. The District has established and follows appropriate credit and collection policies to ensure that payments are pursued and collected.
3. Inventories, property, and equipment are sufficiently controlled to ensure that the assets are appropriately used to the benefit of the District.
4. Obligations to vendors are paid appropriately and timely, and that District staff attempt to secure goods and services of appropriate quality and cost.
5. Vendors are selected based on consistency with regulatory requirements.
6. Contracts with third-party payers reflect the nature and cost of the services provided.

In order to comply with GASB 34 requirements, fixed assets will be accounted for in a self-balancing group of accounts separate and distinct from the regular General Ledger

accounts called the *General Fixed Asset Account Group*, and Long-term Liabilities will be recorded in the *General Long Term Debt Account Group*.

Revenue Procedures

District staff along with the Board(s) and Finance Committee (s) assume responsibility for ensuring that District services are billed according to the Board approved fee schedule, and that billings support requirements of third-party payers, when applicable. Procedures should also be in place to assure compliance with reimbursement requirements of grantor organizations as specified. Unbudgeted or excess revenue will be presented to the appropriate Finance Committee(s) and Board(s) for review and recommendation related to the use of these funds.

Cost Accounting & Estimating Procedures

The District will adhere to standards established in Statements of Federal Financial Accounting Standards (SFFAS) No. 4 which include: (1) accumulating and reporting costs of activities on a regular basis for management information purposes, (2) establishing responsibility segments to match costs with outputs, (3) determining the full cost of government goods and services, (4) recognizing the costs of goods and services provided by one federal entity to another, and (5) using appropriate costing methodologies to accumulate and assign costs to outputs. Practices used by District in accumulating and reporting actual costs will be consistent with its practices used in estimating costs for all programs. The District accounting system will accumulate and report related costs, distinguishing between District paid, donated services, space or equipment, and any program income authorized to be treated as match.

Property Management Procedures

The Board(s) have designated the responsibility to designated District personnel to ensure that an appropriate system is in place that adequately records, safeguards, and maintains property according to local, federal, and state standards. The District will maintain detailed records of all property and equipment, which include the description, location, serial number, vendor, acquisition cost, depreciation, and disposition as designated in the *District Fixed Asset Guidelines*. As requested, the District will provide such reports to the granting agency to which the District is accountable and will abide by disposition instructions of the funding agency when the useful life of the asset has been met. A fixed asset inventory will be conducted annually and reconciled to equipment records. All financial and programmatic records, supporting documents, statistical records and other required or pertinent records of the District will be retained as indicated in the *Records Management Guidelines*.

Compensation Procedures

The District follows compensation guidelines established by the FLSA (Fair Labor Standards Act). The Board(s), along with designated District personnel are responsible for (1) providing reasonable assurance that employees are paid at comparable rates for similar types of services in the local geographical area, and (2) that employee benefit programs are those of importance to employees, comparable to other competitors, and within the financial capabilities of the District. Normal work hours and payday schedules will be established by the Board(s). Currently, the District maintains a number of wage/salary structures utilizing a grade/step structure in each. The wage/salary structure used for a particular employee depends on their primary funding source. Employees are compensated

on a bi-weekly basis with the pay period beginning on Thursday and ending on Wednesday. For all paid positions, District will maintain an up-to-date and complete job description. Reimbursement for salary and wages will be based on documented timesheets submitted by the employee and approved by a responsible supervisory official. All employees are required to use the District's authorized time sheet for reporting work week hours.

Travel

Employees traveling on District business will be compensated based on criteria established in the *District Travel Procedures*.

Purchasing Procedures

It is the policy of the District to adhere to the guidelines established in OMB Circular A-110 and the *District Purchasing Policy* when procuring items or services for District business. These guidelines establish procedures that include, but are not limited to the following requirements (1) procure only those items, which are required to perform the mission and/or fill a bona fide need of the District, and (2) procurement will be made with complete impartiality based strictly on the merits of supplier proposals and applicable related considerations such as delivery, quantity, etc. In addition, the Board(s) and designated District personnel are responsible for adhering to the following standards of conduct as follows: (1) No employee, officer, member of the United Board of Health, the Coastal Health & Wellness Governing Board or agent of the District will participate in the selection or award or administration of a contract if a conflict of interest, real or apparent, would be involved, and (2) Members of the Board of Health or Coastal Health & Wellness Governing Board, officers, employees, or agents of the District will neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors or parties to sub-agreements.

Investment Procedures

It is the policy of the District to invest public funds in a manner which will provide the highest investment return with the maximum security while meeting the daily cash flow demands of the entity and conforming to all state and local statutes governing the investment of public funds. Investment of Health District funds will follow procedures outlined in *District Investment Guidelines*.

Anti-Fraud Policy

-Last Approved
UBOH 09/02/2020
-Effective 06/24/2009

Audience

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

Purpose

The purpose of this policy is to provide guidelines and controls to aid in the prevention, deterrence, and detection of fraud, theft, waste, or abuse against the District. This policy expands upon the District’s “Employee Ethics, Standards of Conduct, & Conflict of Interest Policy,” and outlines more specific responsibilities and expectations related to fraud. In addition, it is the intent of this policy to comply with federal whistleblower protection rights and remedies under 41 U.S.C. § 4712, and the *Texas Whistleblower Act* as codified under §554.001 of the *Texas Government Code*.

Definitions and Examples of Fraud, Theft, Waste, and Abuse

Fraud is defined as an intentional deception designed to obtain a benefit or advantage, or to cause some benefit that is due to be denied. Examples of fraud include, but are not limited to:

- Any dishonest or fraudulent act;
- Impropriety in the handling or reporting of money or financial transactions;
- Forgery or alteration of any document or account belonging to the District (e.g. checks, timesheets, invoices, contractor agreements, bid documents, purchase orders, electronic files, and other financial documents);
- Misrepresentation of financial reports;
- Misappropriation of funds, securities, supplies, inventory, or any other asset including furniture, computers, fixtures or equipment;
- Authorizing or receiving payments for hours not worked;
- Disclosing confidential and proprietary information to outside parties;
- Accepting or seeking anything of material value from contractors, vendors, or persons providing services/materials to the District that may be construed to be an attempt to influence the performance of an employee’s official duty in the scope of employment for the District; and
- Destruction, removal, or inappropriate use of records, furniture, fixtures and equipment.

Theft is defined as the act of taking something from someone unlawfully. An example of theft is taking home a printer belonging to the District and retaining it for personal use.

Waste is the loss or misuse of District resources that results from deficient practices, system controls, or decisions. An example of waste is incurring a late fee when registering for a conference due to an oversight or lack of attention.

Abuse is the intentional, wrongful, or improper use of resources, or misuse of rank, position, or authority which causes the loss or misuse of resources, such as tools, vehicles, computers, copy machines, etc. An example of abuse would be using District equipment or supplies to conduct personal business.

Policy

The District's Anti-Fraud policy is designed to promote consistent, legal, and ethical organizational behavior by:

- Assigning responsibility for reporting fraud, theft, waste and/or abuse;
- Providing guidelines to conduct investigations of suspected fraudulent behavior; and
- Making anti-fraud awareness training available annually.

Whistleblowing

The District firmly stands behind its policy declaring that employees will not be discharged, demoted or otherwise discriminated against in retaliation for whistleblowing, so long as it is performed in good faith. In addition, whistleblower rights and remedies cannot be waived by any agreement, policy, form, or condition of employment.

Whistleblowing is disclosing information that the employee reasonably believes in good faith is evidence of the following:

- Gross mismanagement of a federal or state issued contract or grant;
- Gross waste of federal, state or county funds;
- Abuse of authority relating to a federal or state issued contract or grant;
- Substantial and specific danger to public health or safety; and/or
- Violation of a law, rule, or regulation related to a federal or state issued contract or grant (including the competition for, or negation of the contract or grant).

In accordance with state or federal law, a District employee may be required to disclose the fraud, waste, or abuse to one of the following individuals:

- A member of Congress or a representative of a congressional committee;
- An inspector general;
- A government accountability office;
- A federal, state or county employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor or grantee who has responsibility to investigate, discover or address misconduct.

Responsibility to Report Suspected Fraud

Each employee is required to report any suspected fraud, theft, waste, abuse or other dishonest conduct to the Chief Compliance Officer and/or the Human Resources Director. Supervisors are required to report suspected fraud, theft, waste, abuse or other dishonest conduct, including reports from employees or other individuals, to the Chief Compliance Officer and/or the Human Resources Director.

The identity of an employee or complainant who, in good faith, reports suspected fraud will be protected to the fullest extent allowed by law. Suspected improprieties and/or misconduct concerning an

employee's ethical conduct should be reported to the Chief Compliance Officer and/or Human Resources Director. All employees are responsible for the detection and prevention of fraud, misappropriations, and other irregularities. Each administrator shall be familiar with the types of improprieties that might occur within his or her designated area of responsibility, and shall remain alert for any indication of fraud. Any fraud that is detected or suspected must be reported immediately to the Chief Compliance Officer and/or Human Resources Director, and an internal investigation may subsequently commence. All employees will be held accountable to act within the District's official "Code of Conduct," which maintains that no form of fraud, theft, waste or abuse shall be tolerated.

A whistleblower who believes he/she is being retaliated against for making a report of suspected fraud should contact the Chief Compliance Officer or Human Resources Director immediately. A whistleblower who believes that he/she is being retaliated against may additionally contact an authoritative official or manager of the external oversight agency involved.

Employees suspicious of fraud, theft, waste or abuse occurring either within the organization or to the detriment of a third-party (e.g. Medicare fraud), may also report the suspected violation anonymously by visiting www.fraudhl.com (Company ID: GCHD), or via phone at 1-855-FRAUD-HL.

Guidelines for Handling a Report of Suspected Fraud, Theft, Waste, or Abuse

Whether the initial report is made to an employee's supervisor, the Chief Compliance Officer, and/or Human Resources Director, the reporting employee/individual should immediately be instructed to:

- Not contact the suspected individual in an effort to determine facts or demand restitution;
- Refrain from further investigating the allegations;
- Observe strict confidentiality by not discussing the case, facts, suspicions, or allegations with anyone unless specifically asked to do so by the Chief Compliance Officer and/or Human Resources Director;
- Report any form of retaliation against him/her concerning report of the suspected fraudulent activity; and
- Understand that the identity of an employee or other individual who reports a suspected act of fraud will be protected as provided by this policy.

Investigation of Complaints

The Chief Compliance Officer and/or Human Resources Director will promptly initiate an investigation into any allegation of fraud, theft, waste or abuse. The Chief Compliance Officer and/or Human Resources Director will make every reasonable effort to determine the facts pertinent to the complaint.

The investigation may include, but is not limited to, interviews with witnesses and discussions with involved parties. During the course of the investigation, the alleged perpetrator may be placed on paid administrative leave to allow for the investigator to work unimpeded. All investigations of fraud, theft, waste or abuse complaints shall be conducted as discreetly as possible. Upon conclusion of the investigation, the Chief Compliance Officer, the Human Resources Director and the employee's supervisor will convene to discuss the investigation's results and next steps.

The Chief Compliance Officer, Human Resources Director or other designated investigator shall make every effort to protect the rights and the reputations of everyone involved in a report of suspected fraud,

including the individual who in good faith alleges perceived misconduct, as well as the alleged violator(s).

If findings support the accused employee was in violation of this policy, that employee shall be subject to disciplinary action up to and including termination.

Whistleblower Remedies

In accordance with federal and state law, if a good faith whistleblower is subjected to retaliation, any of the following remedies on behalf of the whistleblower may be enacted (or done so by his/her representative):

- Action to stop the reprisal;
- Action to reinstate the whistleblower to the position held prior to the reprisal, together with compensatory damages (including back-pay), employment benefits, and other terms and conditions of employment that would apply to the person in that position if the reprisal had not been taken; and/or
- The provision of monetary compensation issued to the whistleblower in an amount equal to the total amount of all costs and expenses (including attorneys' fees and expert witnesses' fees) that were reasonably incurred by the whistleblower for bringing forth the complaint regarding the reprisal.

If relief is denied, the employee has the right to file a complaint in state or federal court (whichever venue is applicable under the circumstances) against the District for compensatory damages and other available relief.

Quarterly Compliance Report

Investigated incidents of suspected fraud shall be reported to District boards on a quarterly basis. The Compliance Report may include information including, but not limited to, the circumstances that triggered the investigation, the outcome of the investigation, and subsequent corrective action(s) enacted.

Violations and Corrective Actions

Employees who violate the "Anti-Fraud Policy" and/or related procedures will be subjected to corrective action up to and including termination, in accordance with the District's "Corrective Action Policy."

An employee who has engaged in any form of fraud, waste, or abuse; suspects or discovers fraudulent activity and fails to report his or her suspicions as required by this policy; or who intentionally reports false or misleading information is subject to such corrective action, up to and including termination.

Anti-Fraud Awareness Training

The Chief Compliance Officer and/or designee will conduct employee training and/or provide training materials to District managers during in-services and/or staff meetings on an annual basis.

Drug-Free Workplace Policy

Audience

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

Policy

The District shall provide a drug-free workplace in compliance with the Drug-Free Workplace Act of 1988.

It is a violation of the *Drug-Free Workplace Policy* to be under the influence of, or manufacture, use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs, or intoxicants while representing the District, conducting District related business, during all working hours, while on District property, operating any vehicle owned by the District, and/or while present at District sponsored events.

Drug/Alcohol Testing

Prospective District employees shall be required to take a drug test AFTER a pending offer of employment. If the test returns a positive result, the pending offer shall be revoked, and the candidate will receive notification of this revocation in the form of an Adverse Action letter. Prospective employees wishing to dispute a positive result may have the same sample retested at their own expense.

Employees may be required to take a “for cause” drug or alcohol test if approved by the Chief Executive Officer or designee. The Chief Executive Officer or designee may approve “for cause” drug testing on an employee if a significant complaint from the public or a coworker is received and/or if the employee’s supervisor witnesses a behavioral change in the employee which has a negative effect on the work environment.

Supervisors are responsible for contacting Human Resources immediately if it is suspected that an employee is under the influence of drugs and/or alcohol while carrying out duties of their employment.

Any employee who is operating a company owned vehicle and is involved in a vehicle accident or incident that results in damage or injury to any vehicle, personal or private property, or person, regardless of fault, will be drug and alcohol tested immediately after the incident.

To assure compliance, District executives may initiate, as needed, random drug/alcohol testing in service areas where indicated (*Reference: Vehicle Accident/Incident policy*).

Consequences

Any employee who tests positive for illegal substances, including prescription drugs without a valid prescription, will be terminated immediately. An employee will be subject to the same consequences of a positive drug test if he/she refuses the screening or the test, adulterates or dilutes the specimen, substitutes the specimen with that from another person, refuses to sign required forms or refuses to cooperate in the testing process in such a way that prevents accurate completion of the test.

One of the goals of the *Drug Free Workplace Policy* is to encourage employees to voluntarily seek help with alcohol and/or drug related problems. Disciplinary action will not be taken against an employee who proactively voluntarily identifies him/herself as a user of illegal drugs or an abuser of alcohol prior to being identified through other means, and who obtains official documented counseling and/or rehabilitation through the District's employee assistance program (EAP), and thereafter refrains from using illegal drugs and/or abusing alcohol in accordance with the provisions of this policy.

Reporting to Outside Agencies

Should an employee hold a license or certification from a state or federal agency (e.g. RN, paramedic, M.D., D.D.O., registered sanitarian, etc.), the District shall report the positive test result to the applicable agency in accordance with rules and regulations set forth by the licensing agency.

Tobacco Use

The District is dedicated to improving the health and well-being of the communities it serves. As part of this mission, all persons including employees, volunteers, students, patients, visitors, vendors, contractors and others who appear at facilities designated for District business are prohibited from using tobacco products inside or within fifty (50) feet of any District buildings, facilities and vehicles. Tobacco products include, but are not limited to, cigarettes, cigars, pipes, and other smoking products; dip, chew, snuff and any other smokeless tobacco products; and electronic products that deliver nicotine or other substances, such as electronic cigarettes or vaporizers.

The District strongly encourages tobacco users interested in quitting to learn more about free smoking cessation support by calling 1-877-YES-QUIT, or visiting www.yesquit.org.

Assistance/Information

Employees are encouraged to make use of the District's employee assistance program if they are concerned that they or a family member may have a drug and/or alcohol problem. Employees proactively seeking treatment through the employee assistance program will receive no sanction for seeking such assistance.

Confidentiality

Information received by the District regarding drug test results and/or an employee's mandatory or self-referral to the employee assistance program is confidential, and such information shall be made solely to those individuals on a need-to-know basis.

Violation

Any violation of this policy may result in appropriate corrective disciplinary action, up to and including suspension, with or without loss of pay, or termination. It is the intent of this policy to be in compliance with the Drug-Free Workplace Act of 1988.

Employee Assistance Program Policy

Audience/Eligibility

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

Policy

It is the District’s policy to provide an Employee Assistance Program (EAP) that provides confidential, professional assistance to help employees and/or their immediate family members to resolve problems that affect their personal lives and/or performance on the job.

Self-Referrals

Employees are encouraged to seek assistance for a personal problem by contacting the EAP before job performance is impaired. Self-referrals are confidential, and no contact is made between the EAP and supervisors. Vacation, Sick, or Personal leave is to be used for any time missed from work due to a self-referral to the EAP. It is the employee’s responsibility to request supervisory approval for scheduled absences. (*Reference: Attendance policy*)

Mandatory Referrals

Supervisors may refer employees to the EAP based on documented deteriorating or unsatisfactory job performance. Employees with a mandatory referral to the EAP will use Administrative Leave for those appointments that occur during business hours (*Reference: Employee Leave policy*).

If an employee is given a mandatory referral to the EAP and does not make contact with the EAP within the allotted timeframe, or does not complete the recommended treatment plan, the employee will be terminated from the employment of the District. (*Reference: Corrective Action and Employee Leave policies*)

Regardless of whether the employee is referred to the EAP, the usual disciplinary procedures for poor job performance will be followed if an employee's job performance continues to be unsatisfactory.

Mandatory referrals may also apply when an employee discloses substance abuse. (*Reference: Drug-free Workplace policy*)

Confidentiality

Contact between the EAP and an employee or his/her immediate family member is confidential. In the case of a mandatory referral, the *Release of Information* signed by the employee allows Human Resources to receive a report of attendance or absence from a session. The *Release of Information* does not allow Human Resources to receive information regarding the nature of the visit unless, in the judgment of EAP staff, an employee represents a threat to himself or others or unless otherwise required by law. Mandatory referrals to the EAP shall be kept confidential and maintained by Human Resources separate from other personnel records.

Employee Corrective Action Policy

Audience

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

Policy

When it is determined that an employee is not meeting expectations, the most directly accountable manager is expected to take fair, consistent, appropriate, and timely corrective action.

These important factors will be considered in all applications of corrective action:

- the seriousness of the offense;
- the employee's past record; and
- the circumstances surrounding the particular case.

The procedures below may be **used or skipped at any time** at the approval of Human Resources and/or the Chief Executive Officer or designee.

Initial Employment Period

It is *recommended* that corrective action situations involving employees who are in their initial employment period be dealt with by progressive corrective action. However, an employee in their initial employment period may be immediately dismissed based on the recommendation of the supervisor and/or program director and review and approval by the Human Resources Director, Chief Executive Officer or designee.

Regular Employees

Progressive corrective action may be skipped at any time for those situations warranting immediate action, up to termination, depending on the severity of the infraction and the consequences to the public and/or organization and at the approval of Human Resources, the Chief Executive Officer or designee.

Written corrective actions are expected to be issued to the employee within one business day of the infraction and/or after the conclusion of the investigation.

Supervisors at all levels are expected to utilize the *GCHD Investigation Form* whenever possible to document any issue(s), 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.

Four types of corrective action are recognized. These are: *verbal clarification*, *written warning*, *suspension*, and *dismissal*.

Progressive Corrective Action

Step 1: Verbal Clarification

When a performance problem is first identified, the supervisor is expected to thoroughly discuss the problem with the employee within one business day of the incident and/or after the conclusion of the investigation. Bringing the problem to the attention of the employee is often enough to prompt him/her to correct it willingly. The “verbal clarification” should be given to the employee in private, out of earshot of other employees.

The offending employee will be given a verbal clarification by his/her supervisor. The supervisor, for purposes of letting the employee know that it is an official warning, will state, "**This is a verbal clarification.**" The supervisor is expected to document the verbal clarification on the *District Official Discipline Notice* to maintain documentation for future reference. This documentation should be forwarded to Human Resources for filing in the employee’s personnel file.

Step 2: Written Warning Corrective Action

If satisfactory performance is not achieved by issuing the employee a verbal clarification, the supervisor and/or the next level of management is expected to:

- (a) Promptly notify the employee that corrective action may occur immediately after an incident occurs. Let the employee know that as soon as the investigation is complete, and all relevant facts are gathered that you will meet with them to inform them of the outcome and any actions to be taken.
- (b) Promptly notify the Human Resources Director of the incident and seek any guidance about facts needed.
- (c) Investigate the incident by gathering all relevant facts, including the employee’s side of the incident.
- (d) Within one workday of finishing the investigation:
 - a. prepare a draft corrective action for review by the Human Resources Director, and
 - b. issue the approved corrective action to the employee in private allowing time for the employee to write comments.
- (e) Forward the corrective action along with any supporting documentation to Human Resources for filing in the employee’s personnel file.

Written corrective actions must include the following:

- (a) Complete form (or memo in some cases)
- (b) Copy of the verbal clarification attached (if applicable)
- (c) Statement of the policy or procedure violated or in some circumstances the job description can be attached if the employee has done something that is not on his/her approved job description (attach copy).
- (d) Statement of consequences of actions (i.e. adverse impact to district, disruption of workplace, impact on GCHD credibility, adverse impact on public member(s), etc.)
- (e) Clear detailed plan to correct infraction – training by whom, by when, review policy by when, etc.
- (f) Statement of what will happen if the same or similar infraction occurs in the future.

Step 3: Suspension

If a formal discussion and written corrective action with the employee have not resulted in corrective action, the next step based on the seriousness of the offense, is suspension without pay. A suspension is time off -not to exceed 10 working days- without pay for misconduct that is not serious enough to warrant immediate dismissal. Time periods for suspensions are based on FLSA status (salary/exempt vs. hourly/non-exempt), the seriousness of the infraction, and Department of Labor guidelines and regulations.

The supervisor and/or next level of management is expected to:

- (a) Complete the steps above for investigating and writing a corrective action.
- (b) Work with the Human Resources Director to determine length of time employee will be suspended.
- (c) Obtain all approval signatures prior to meeting with the employee.
- (d) Meet in private with the employee to review the areas of concern and issue the suspension (ensure that employee is aware of when to return to work and that the suspension is without pay).
- (e) Inform the employee that his/her job is in jeopardy and that failure to correct the problem will result in further action which may include termination of employment.
- (f) Meet with the employee upon his/her return to review the corrective action plan.
- (g) Forward the corrective action along with any supporting documentation to Human Resources for filing in the employee's personnel file.

Step 4: Dismissal

Based on the seriousness of the offense, the employee's past record, and the circumstances surrounding the particular case, the supervisor can initiate the termination process by documenting, in writing, the reasons for dismissal and the steps that have been taken to correct the problem.

The supervisor and/or next level of management is expected to:

- (a) Schedule a meeting with the Human Resources Director to discuss if dismissal is appropriate.
- (b) Assist the Human Resources Director in developing a chronology of the employee's personnel file (to include verbal clarifications, corrective actions, personnel evaluations, etc.).
- (c) Upon approval to proceed with the termination process from the Human Resources Director, Chief Executive Officer or designee, assist the Human Resources Director in drafting a termination notice for the signature of the Director level manager. The termination notice will include:
 - the reason(s) for the action,
 - the effective date, and
 - signature of the Director level manager
- (d) Meet with the employee in private to issue the termination notice.

Situations Warranting Immediate Dismissal

Serious problems of behavior that threaten or disrupt district operations or the work of other employees will result in immediate action to stop the behavior. This action may range from removal of the employee from the work site, suspension, or immediate dismissal.

Where an employee threatens or significantly disrupts operations or the work of other employees, the progressive corrective action plan need not be followed.

Violation of any of the following rules will be considered adequate justification for immediate dismissal:

- use, sale, possession, transfer, manufacture, distribution, dispensation, purchase or reporting to work under the influence or effects of alcohol, illegal narcotics, or any non-medically prescribed controlled drug or substance on company property;
- testing positive for any amount of illegal drugs, prescription drugs without a valid prescription, or alcohol;
- failure to complete an ordered drug and/or alcohol test;
- stealing or attempting to steal property from any individual on District premises, or stealing or attempting to steal property from the District;
- bodily assault upon any person, or fighting on District property;
- indecent conduct on District premises;
- Unlawful possession or reckless use of firearms or any dangerous weapons on District property.;
- threatening, intimidating, coercing, or interfering with other employees;
- insubordination to supervisor, refusal to perform supervisor's assignments (unless assignment violates the law), or directing abusive or threatening language toward any District supervisor, employee, or representative;
- disclosing business information of a confidential nature to unauthorized persons, or any action by an employee that would create poor public relations;
- fraud committed by knowingly accepting pay for time not worked;
- acts of sabotage, or other interference with District projects;
- conviction of a felony that shows relationship between the position and reason for conviction;
- job abandonment (absence for three consecutive working days without notifying supervisor);
- unsafe operation of equipment in a negligent manner or destruction of District material or property or the property of fellow employees (the purpose of this provision is to impress upon each employee the need to observe responsible, intelligent, and safe working practices for his own and his co-workers' safety as well as the protection of valuable District property);
- abusive language directed toward employees, management, the District, customers, patients, or vendors;
- falsification of documents; or
- violation of rules of licensure or certification board.

Other inappropriate behavior may be determined to be of equal seriousness with those listed and an employee may be given corrective action/dismissal based on those additional types of behaviors.

Forms

- *District Official Discipline Notice*
- *GCHD Investigation Form*

Employee and Pre-hire Immunizations and Screenings

Audience

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

Policy

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

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

Required Immunizations

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

Tuberculosis (TB) Screening

All new employees will be required to provide a current (less than 12 months from date of hire) TST or IGRA prior to their start date. In the event a new hire employee is a prior positive reactor, a chest X-ray (less than 12 months from date of hire) will suffice for clearance. Any

employee exposed to TB will undergo post-exposure repeat screening.

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

Responsibilities

Each employee is responsible for:

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

All supervisors are responsible for:

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

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

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

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

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

TB Program Manager

- Evaluates all positive Reactions of Pre-hires and employees

Violation

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

Forms

Employee Immunization Category

Performance Evaluation Policy

Audience

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

Policy

It is the District’s policy that each employee’s performance be evaluated at the conclusion of the initial six-month period of employment; six-months after the employee has been transferred, promoted, or demoted; with a significant change in job responsibilities; and at least annually.

Objective

The objective of the employee performance evaluation is to:

- obtain an official, objective and comprehensive summary of an employee's performance for reference in employment matters
- Assess job-related strengths and competencies;
- Encourage effective communication between the employee and the supervisor(s);
- Identify and document individual contributions to the District’s mission and Strategic Health Plan;
- Evaluate whether or not goals/expectations from the prior review period were accomplished and set new goals for the new review period;
- Allow supervisors to identify, recognize, and appreciate employee instances of exceptional performance as well as identify performance problems requiring an improvement plan or other future corrective measures.

General Objectives during Performance Evaluation Period:

- review and update job descriptions to ensure they meet the mission and business needs of the District and reflects actual work performed;
- review and summarize reports and performance measures that assess employee job performance over the entire review period;
- ensure that each employee understands their supervisor's evaluation of their essential job expectations and has the opportunity to seek clarification and direction;
- assure each employee is evaluated based on essential job functions and categories of expectations to include strategic requirements of the District as a whole, as well as that specific to their service area;
- provide each employee a summary of their job-related strengths, weaknesses, SMART goals and future expectations, and a plan for development/improvement based on any corrective actions taken during the current review period;

Violation

Corrective disciplinary action up to and including, suspension, or dismissal will be taken against any supervisor willfully violating this policy.

Exceptions Any deviations from the performance evaluation process or timeline must be reviewed and approved by the Chief Executive Officer or designee. If an employee is on Family and Medical Leave (FMLA) or another leave of absence at the normally scheduled time for a performance evaluation, the performance review may be deferred until the employee returns to work.

Forms

-Confidential Performance Evaluation

Separation of Employment Policy

-Last Approved
UBOH 09/02/2020
-Effective 07/06/2005

Audience

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

Policy

Employees wishing to resign are to submit a written notice of resignation prior to the effective date of resignation. The notice must be submitted to the employee’s supervisor(s) for forwarding to Human Resources.

In order to meet public service commitments, it is the District’s policy that employees who choose to resign their employment with the District will give at least two weeks notice prior to his/her last day of employment. Furthermore, District management and Coastal Health & Wellness medical and dental providers are expected to give four weeks advance notice due to business commitments and advanced patient appointment schedules. Requests for exceptions to advance notice requirements must be submitted, in writing, to the Chief Executive Officer or designee. Only legitimate, unavoidable circumstances will be considered.

Upon separation, employees are expected to comply with the requirements of the District’s employee retirement plan.

Accrued Leave Payouts

If an employee is involuntarily separated from employment due to a reduction in force, or as a result of corrective action, the employee will receive the full balance of accrued, unused vacation leave and compensatory time.

If an employee voluntarily resigns from employment with at least two weeks’ advance written notice (with the exception of District management and providers who must give four weeks’ advance written notice), the employee will receive the full balance of accrued, unused vacation leave and compensatory time.

Unless an exception is granted by the Chief Executive Officer or designee, if an employee voluntarily resigns from employment with less than two weeks’ advance written notice (with the exception of District management and providers who must give four weeks’ advance written notice), the employee will not receive payment for accrued or unused vacation leave. (*Reference: Employee Leave policy*)

Sick leave and Personal leave are not compensable upon separation of employment.

Checkout Interview

Human Resources shall meet with the exiting employee on or just prior to the employee’s last day of work to determine the final disposition of the following:

- verify the employee's forwarding address (for W-2 purposes);

- complete benefit paperwork;
- discuss insurance conversions;
- assure the employee returns all District property (keys, id badge, etc.);
- assure all travel advances and expense reports are balanced;
- determine method of delivery for final paycheck; and
- assess any other separation of employment matters.

Exit Survey

Human Resources shall provide the departing employee the GCHD Exit Survey one week prior to the employee's last day of work if the employee voluntarily separates from the organization. The purpose of the survey is for the organization to obtain feedback from employees who decide to end their employment with GCHD. The feedback on both favorable and unfavorable employment matters will be combined with feedback received by others. The written results of the survey will be forwarded to the Human Resource Director, Chief Executive Officer and the employee's respective manager and/or director.

Laws

It is the intent of this policy to be in compliance with the Fair Labor Standards Act and the Texas Payday Law.

Violation

Violation of this policy will be noted in the employee's personnel file and may result in loss of accrued, unused vacation leave as outlined above.

Sexual Harassment Policy

-Last Approved
UBOH 09/02/2020
-Effective 07/02/2004

Audience

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

Policy

The District is committed to maintaining a workplace free of sexual harassment. Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 (as amended) and, as an employer, the District can be held responsible for sexual harassment committed by its employees and agents.

Sexual harassment is any unwelcome sexual advance, request for sexual favor and/or other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of employment (quid pro quo);
- Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Behaviors such as (but not limited to) verbal or physical advances, requests for sexual favors, making sexually explicit derogatory or suggestive remarks, making inappropriate statements or gestures based on gender, or displaying of sexually oriented books, magazines, photos, cartoons, or objects that are offensive or objectionable are common to claims of sexual harassment.

The legal definition of sexual harassment, as developed by the courts, includes different types of sexual conduct, such as:

- **Quid pro quo** - the Latin phrase meaning "something for something." This type of harassment occurs when, for example, a supervisor makes unwelcome sexual advances at a subordinate employee and submission to the advances is an expressed or implied condition of employment for receiving job benefits; or, refusal to submit to the demands results in a loss of a job benefit or in termination of employment.
- **Hostile environment** - relentless and continuing unwelcome sexual conduct that interferes with an employee's work performance or that creates an intimidating, hostile, abusive or offensive work environment.
- **Harassment by non-employees** - the agency may be liable for the sexual harassment of employees by customers, or other third parties, if the District was made aware of the improper behavior but failed to attempt to mitigate the issue.

Sexual harassment may occur in a variety of situations and circumstances. Although it is not possible to catalog every situation or conduct that constitutes sexual harassment, the following circumstances may all be applicable.

- The victim, as well as the harasser, may be a male or female.
- The victim does not have to be of the opposite gender.
- The harasser can be the victim's supervisor, a supervisor from another area, a co-worker, customer, vendor, volunteer, or contractor.
- The victim does not have to be the person who is harassed, but can be anyone adversely affected by the offensive conduct.
- The harasser's conduct is unwelcome.

Employees who experience sexual harassment should make it known to the harasser that their actions are not welcomed. The employee should indicate that they do not want the behavior to continue and that their actions make them uncomfortable. Any employee who feels that he/she is a victim of sexual harassment must immediately report the matter to their supervisor, manager, director, Human Resources Director or the Chief Compliance Officer.

Confidentiality

Information related to the complaint 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 sexual harassment is subject to corrective disciplinary action up to and including termination.

Investigation of Complaints

The Chief Compliance Officer and/or Human Resources Director will promptly initiate an investigation into any allegation of sexual harassment. The Chief Compliance Officer and/or Human Resources Director will make every reasonable effort to determine the facts pertinent to the complaint.

The investigation may include, but is not limited to, interviews with witnesses and discussions with involved parties. During the course of the investigation, the alleged harasser may be placed on paid administrative leave to allow for the investigator to work unimpeded. All investigations of sexual harassment complaints shall be conducted as discreetly as possible. Upon conclusion of the investigation, the Chief Compliance Officer, and the Human Resources Director will convene to discuss the investigation's results and the appropriate disciplinary action, if any, to be imposed.

If findings support the charge of sexual harassment against the accused employee, that employee shall be subject to disciplinary action up to and including termination.

Accusation of Sexual Harassment

Retaliation against or disciplining any person for reporting an allegation of sexual harassment is strictly prohibited. Any employee who makes an intentionally false accusation of sexual harassment shall be subject to disciplinary action, which may include, but is not limited to, suspension, probation, or dismissal.

Training

All employees must receive training on the District's policy and procedures related to sexual harassment. Training will be provided for new employees during orientation and for existing employees on an annual basis. Human Resources will ensure the District's compliance with this requirement.

Law

It is the intent of this policy to be in compliance with Title VII of the Civil Rights Act of 1964 (as amended).

Vehicular Accidents/Incidents Policy

-Last Approved
UBOH 09/02/2020
-Effective 06/30/2006

Audience

This policy applies to all Galveston County Health District, Galveston Area Ambulance Authority, and Coastal Health & Wellness (collectively “District”) employees who operate vehicles owned or leased by the District.

Policy

The District is committed to maintaining a safe and productive work environment for all employees, and for ensuring that safe and efficient services are rendered to citizens of Galveston County.

Post-Accident/Incident Drug and Alcohol Testing

Any employee involved in a vehicular accident or incident, regardless of fault, is required to immediately report the accident/incident to his/her supervisor. The supervisor is responsible for removing the employee who was operating the vehicle from active duty and immediately coordinating a drug and alcohol test to be performed on the employee.

If the accident/incident occurs during regular business hours, the supervisor is responsible for picking the employee up on location of the incident and transporting the employee to a District approved drug and alcohol testing center. If the accident/incident occurs after regular business hours, the supervisor is responsible for contacting a drug testing company and requesting that a representative from the company arrive on location and perform a field drug and sobriety test on the employee. The supervisor is required to stay with the employee until the testing is complete and results are provided. In the event the accident occurs out of town and the supervisor is unable to be with the employee, the supervisor is expected to stay in constant communication with the employee until testing is complete and results have been provided.

The supervisor is responsible for contacting the applicable department’s manager or director to discuss the circumstances of the accident or incident, and may recommend that the employee be placed on paid administrative leave pending the outcome of the drug and alcohol test.

No later than the following business day after the event’s occurrence, the supervisor is responsible for notifying Human Resources and the Risk and Safety Coordinator of the event by completing and submitting an *Employee Incident or Injury Report* form to these parties. Human Resources will consult with the supervisor and departmental director regarding next steps.

Failure of an employee to complete the ordered drug and alcohol test will result in immediate termination. Any employee who tests positive for any amount of illegal drugs or prescription drugs without a valid prescription and/or alcohol will be terminated (Reference: Drug-Free Workplace Policy).

Mandatory Defensive Driving

Any employee involved in an accident/incident for which they were deemed at fault or who receives a citation will be required to complete an approved defensive driving and/or emergency vehicle operation course. The course will be taken at the employee’s expense and completed on the employee’s own time, and a certificate of completion must be presented to the employee’s supervisor and Human Resources within sixty (60) calendar days from the date on which the course was assigned. The employee is

responsible for submitting documentation to Human Resources within the designated timeframe. Failure to complete a mandated defensive driving and/or emergency vehicle operation course within the required time period may result in suspension or termination.

Preventable Accidents/Incidents

All vehicular accidents and incidents will be reviewed by the Risk and Safety Committee to determine the cause(s) of the accident or incident, to assess whether the accident or incident was preventable, and to discuss the implementation of policies or procedures to prevent similar recurrences.

It shall be at the discretion of the employee's supervisor to work with the Human Resources Director to determine the disciplinary measure, if any, an employee engaged in a preventable incident shall be subjected to.

Violation

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

Forms

Employee Incident or Injury Report.

Volunteer Policy

Audience

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

Policy

The Galveston County Health District is committed to providing the best programs and services to its clients and to the community. Volunteers help to improve community awareness of public health issues and services. Using volunteers helps educate and train potential future employees and is a cost-effective means of addressing workforce shortages.

Generally, volunteers 18 years of age and above are accepted at the Health District; however, with the approval of the Chief Executive Officer or designee, program-specific volunteer programs may be approved for an age exception as long as operational, legal, and risk reduction concerns are properly assessed.

Types of Volunteers

A volunteer is considered an individual who, beyond the confines of paid employment or contract responsibilities, contributes time and service to assist in the accomplishment of a mission. Volunteers include:

- General public
- Those associated with community-based organizations including faith-based institutions
- Health Professionals
- Students - supervised by a faculty
- Licensed Professionals
 - those that do not go through the Health District’s LIP credentialing process (RNs, LVNs, EMTs, Non-certified X-Ray Technicians, Registered Dental Assistants, Dental Hygienists, etc.)
 - those that go through the Health District’s LIP credentialing process (MDs, Mid Levels, Dentists, etc.)
- Those legally required to do community service
- Public Health Emergency Preparedness volunteers

In accordance with the Fair Labor Standards Act, employees of the Health District may “volunteer” time to the District as long as they perform a duty that is distinctly different from their ordinary work activities and they volunteer their services for “civic, charitable, or humanitarian reasons”. If an employee volunteers time performing duties distinctly different than their ordinary duties this time is not compensable.

Orientation / Training

Volunteers will be trained on appropriate and required topics related to their area(s) of service.

Human Resources will notify the volunteer of the specific date and time of the orientation and coordinate with a program area point of contact for assignment times and dates. Volunteers will be oriented / trained by the supervisor on matters specific to the area where they will work.

Immunization Requirements

Volunteers are required to receive the same vaccinations as employees and at their own expense. Exceptions will be made on a case by case basis by the Chief Nursing Officer depending on areas worked, type of vaccine/communicable disease, types of exposure risk(s), mode of transmission, period of volunteerism, types of volunteer duties, local epidemiological information, etc.

Insurance

All volunteers at the Health District are expected to stay within their discipline, scope of services and activities, approved privileges and established clinical practice guidelines. All students from professional schools are expected to have a memorandum of understanding in place prior to volunteering.

Volunteers are not covered under the Health District's Workers' Compensation insurance. Those Public Health Emergency Preparedness volunteers assisting in an emergency situation are protected under various state and federal laws.

Extenuating circumstances require volunteer activities and coverage to receive advanced review and approval from the Human Resources Director prior to volunteering.

Students who provide healthcare services in the Coastal Health & Wellness Clinic or within the Immunization Services area will be assigned a preceptor or a faculty.

- "preceptor" is the GCHD staff person assigned to supervise the volunteer
- "faculty" is the person associated with student's teaching institution.

Violation

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

Forms

- Volunteer Registration
- Volunteer Timesheet
- Confidentiality Agreement
- Volunteer Program Orientation Acknowledgement

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

**Governing Board
September 2020
Item#5
Informational Reports**

- a) Letter of Support to UT MD Anderson Cancer Center for their Colorectal Cancer Screening Program



September 8, 2020

Lewis Foxhall, M.D.
Vice President, Health Policy
Office of the Chief Medical Officer
University of Texas MD Anderson Cancer Center
1515 Holcombe Blvd., Unit 1677
Houston, TX 77030

Dear Dr. Foxhall,

On behalf of Coastal Health & Wellness, I enthusiastically support the University of Texas MD Anderson Cancer Center's grant proposal to expand its screening program to increase colorectal cancer (CRC) screenings among low-income and uninsured/underinsured patients. Several factors serve as barriers to screening for this population, including screening costs, lack of information and training of primary care personnel.

Coastal Health & Wellness, a Federally Qualified Health Center (FQHC), promotes the well-being of our community by providing a full range of affordable quality primary and preventative health care in a caring environment. Coastal Health & Wellness serves primarily low-income and medically underserved communities. MD Anderson's CRC screening program distributes free, take-home fecal immunochemical test (FIT) kits to this population and offers free colonoscopy to those testing positive to increase CRC screening among our patients 45 – 75 years of age. MD Anderson also works with our clinic staff to train them in the program's procedures, promote the program among eligible patients and address any concerns.

The MD Anderson CRC screening program has proven to be a great resource for Coastal Health & Wellness patients, many of which would go without this vital screening if it were not for this program. FIT test kits made available to Coastal Health & Wellness patients have provided a way to effectively test and if necessary, treat a segment of the population that often times lacks accessible healthcare screenings. In the absence of this program, potential problems could go undetected and become more serious and even life-threatening.

We envision that this added service to our patients will promote better health in the local community and strengthen collaborative relationships between large institutions and community clinics working toward a common goal. We look forward to partnering with you to reduce the burden of cancer in Texas.

Sincerely,

A handwritten signature in blue ink that reads "Kathy Barroso".

Kathy Barroso, CPA
Executive Director
Coastal Health & Wellness

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#6

**Consider for Approval FY20 Audit Engagement with Bankole, Okoye,
& Associates, PC**

September 16, 2020

To the Galveston County United Board of Health and
the Coastal Health & Wellness Governing Board and
the Management of
Galveston County Health District
Mid-County Annex
9850-A Emmett F. Lowry Expressway
Texas City, TX 77591

We are pleased to confirm our understanding of the services we are to provide Galveston County Health District (the “District”) for the fiscal year ending September 30, 2020. We will audit the financial statements of the District, which comprise the following that collectively comprise the basic financial statements:

- Statement of net position as of September 30, 2020
- Statement of activities for the fiscal year ending September 30, 2020
- Balance Sheet – Governmental Funds as of September 30, 2020
- Reconciliation of the Balance Sheet of Governmental Funds to the Statement of Net Position
- Statement of Revenues, Expenditures and Changes in Fund Balances – Governmental Funds for the fiscal year ending September 30, 2020
- Reconciliation of the Statement of Revenues, Expenditures and Changes in Fund Balances – Governmental Funds to the Statement of Activities for the fiscal year ending September 30, 2020
- The related Notes to the financial statements.

U.S. generally accepted accounting principles provide for certain required supplementary information (“RSI”), such as Management’s Discussion and Analysis, to supplement the District’s basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the District’s RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI are required by U.S. generally accepted accounting principles (“GAAP”) and will be subjected to certain limited procedures, but will not be audited:

- 1) Management’s Discussion and Analysis.

- 2) Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual, General Fund
- 3) Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual, Coastal Health & Wellness Fund
- 4) Schedule of Revenues, Expenditures and Changes in Fund Balance – Budget and Actual, Galveston Area Ambulance Authority Fund
- 5) Notes to Required Supplementary Information
- 6) Texas County and District Retirement System – Schedule of Changes in Net Pension Liability (Assets) and Related Ratios
- 7) Texas County and District Retirement System – Schedule of Employer Contributions
- 8) Notes to the Schedule of Contributions

We have also been engaged to report on supplementary information other than RSI that accompanies the District’s financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America, and we will provide an opinion on it in relation to the financial statements as a whole, in a report combined with our auditor’s report on the financial statements:

- 1) Schedule of Revenues – Budget and Actual, General Fund.
- 2) Schedule of Expenditures – Budget and Actual, General Fund
- 3) Schedule of Revenues – Budget and Actual, GAAP Basis to Financial Status Report Basis Comparison – Coastal Health & Wellness Fund

Our opinion on the District’s following supplementary information, in relation to the financial statements as a whole, will be in a separate written report accompanying our report on the financial statements:

- 1) Schedule of Expenditures of Federal Awards

Engagement Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles and to report on the fairness of the supplementary information referred to in the third and fourth paragraphs when considered in relation to the financial statements as a whole. The objective also includes reporting on—

- Internal control over financial reporting and compliance with provisions of laws, regulations, contracts, and award agreements, noncompliance with which could have a material effect on the financial statements in accordance with *Government Auditing Standards*.
- Internal control over compliance related to major programs and an opinion (or disclaimer of opinion) on compliance with federal statutes, regulations, and the terms and conditions of federal

awards that could have a direct and material effect on each major program in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (the “Uniform Guidance”).

The *Government Auditing Standards* report on internal control over financial reporting and on compliance and other matters will include a paragraph that states that (1) the purpose of the report is solely to describe the scope of testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance, and (2) the report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. The Uniform Guidance report on internal control over compliance will include a paragraph that states that the purpose of the report on internal control over compliance is solely to describe the scope of testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Both reports will state that the report is not suitable for any other purpose.

Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America; the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; the Single Audit Act Amendments of 1996; and the provisions of the Uniform Guidance, and will include tests of accounting records, a determination of major program(s) in accordance with the Uniform Guidance, and other procedures we consider necessary to enable us to express such opinions. We will issue written reports upon completion of our Single Audit. Our reports will be addressed to the Galveston County United Board of Health and Coastal Health & Wellness Governing Board and the Management of the District. We cannot provide assurance that unmodified opinions will be expressed. Circumstances may arise in which it is necessary for us to modify our opinions or add emphasis-of-matter or other-matter paragraphs. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issue reports, or we may withdraw from this engagement.

Audit Procedures—General

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government. Because the determination of waste and abuse is subjective, *Government Auditing Standards* do not expect auditors to perform specific procedures to detect waste or abuse in financial audits nor do they expect auditors to provide reasonable assurance of detecting waste or abuse.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, an unavoidable risk exists that some material misstatements or noncompliance may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing

standards and *Government Auditing Standards*. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements or on major programs. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, funding sources, creditors, and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will require certain written representations from you about your responsibilities for the financial statements; schedule of expenditures of federal awards; federal award programs; compliance with laws, regulations, contracts, and grant agreements; and other responsibilities required by generally accepted auditing standards.

Audit Procedures—Internal Control

Our audit will include obtaining an understanding of the District and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to *Government Auditing Standards*.

As required by the Uniform Guidance, we will perform tests of controls over compliance to evaluate the effectiveness of the design and operation of controls that we consider relevant to preventing or detecting material noncompliance with compliance requirements applicable to each major federal award program. However, our tests will be less in scope than would be necessary to render an opinion on those controls and, accordingly, no opinion will be expressed in our report on internal control issued pursuant to the Uniform Guidance.

An audit is not designed to provide assurance on internal control or to identify significant deficiencies or material weaknesses. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards, *Government Auditing Standards*, and the Uniform Guidance.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of the District's compliance with provisions of applicable laws, regulations, contracts, and agreements, including grant agreements. However, the objective of those procedures will not be to provide an opinion on overall compliance and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.

The Uniform Guidance requires that we also plan and perform the audit to obtain reasonable assurance about whether the auditee (i.e., the District) has complied with federal statutes, regulations, and the terms and conditions of federal awards applicable to major programs. Our procedures will consist of tests of

transactions and other applicable procedures described in the *OMB Compliance Supplement* for the types of compliance requirements that could have a direct and material effect on each of the District's major programs. For federal programs that are included in the Compliance Supplement, our compliance and internal control procedures will relate to the compliance requirements that the Compliance Supplement identifies as being subject to audit. The purpose of these procedures will be to express an opinion on the District's compliance with requirements applicable to each of its major programs in our report on compliance issued pursuant to the Uniform Guidance.

Other Services

Management is responsible for the preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information of the District in conformity with U.S. generally accepted accounting principles. However, we will assist in preparing the financial statements, schedule of expenditures of federal awards, and related notes of the District in conformity with U.S. generally accepted accounting principles and the Uniform Guidance based on information provided by you. These nonaudit services do not constitute an audit under *Government Auditing Standards* and such services will not be conducted in accordance with *Government Auditing Standards*. We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statements, schedule of expenditures of federal awards, and related notes services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Management Responsibilities

Management is responsible for

- 1) Designing, implementing, establishing, and maintaining effective internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including internal controls over federal awards, and for evaluating and monitoring ongoing activities to help ensure that appropriate goals and objectives are met.
- 2) Following applicable laws and regulations.
- 3) Ensuring that there is reasonable assurance that government programs are administered in compliance with compliance requirements.
- 4) Ensuring that management and financial information is reliable and properly reported.
- 5) Implementing systems designed to achieve compliance with applicable laws, regulations, contracts, and grant agreements.
- 6) The selection and application of accounting principles.
- 7) The preparation and fair presentation of the financial statements, schedule of expenditures of federal awards, and all accompanying information in conformity with U.S. generally accepted accounting principles.
- 8) Compliance with applicable laws and regulations (including federal statutes) and the provisions of contracts and grant agreements (including award agreements).
- 9) Identifying significant contractor relationships in which the contractor has responsibility for program compliance and for the accuracy and completeness of that information.

- 10) Making all financial records and related information available to us and for the accuracy and completeness of that information.
- 11) Providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, including identification of all related parties and all related-party relationships and transactions, (2) access to personnel, accounts, books, records, supporting documentation, and other information as needed to perform an audit under the Uniform Guidance, (3) additional information that we may request for the purpose of the audit, and (4) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence.

Management's responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws, regulations, contracts, agreements, and grants. Management is also responsible for taking timely and appropriate steps to remedy fraud and noncompliance with provisions of laws, regulations, contracts, and grant agreements that we report. Additionally, as required by the Uniform Guidance, it is management's responsibility to evaluate and monitor noncompliance with federal statutes, regulations, and the terms and conditions of federal awards; take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings; promptly follow up and take corrective action on reported audit findings; and prepare a summary schedule of prior audit findings and a separate corrective action plan. The summary schedule of prior audit findings should be available for our review by or before November 30, 2020.

Management is also responsible for identifying all federal awards received and understanding and complying with the compliance requirements and for the preparation of the schedule of expenditures of federal awards (including notes and noncash assistance received) in conformity with the Uniform Guidance. You agree to include our report on the schedule of expenditures of federal awards in any document that contains and indicates that we have reported on the schedule of expenditures of federal awards. You also agree to make the audited financial statements readily available to intended users of the schedule of expenditures of federal awards no later than the date the schedule of expenditures of federal awards is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the schedule of expenditures of federal awards in accordance with the Uniform Guidance; (2) you believe the schedule of expenditures of federal awards, including its form and content, is stated fairly in accordance with the Uniform Guidance; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the schedule of expenditures of federal awards.

You are also responsible for the preparation of the other supplementary information, which we have been engaged to report on, in conformity with U.S. generally accepted accounting principles. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the written representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Management is responsible for establishing and maintaining a process for tracking the status of audit findings and recommendations. Management is also responsible for identifying and providing report copies of previous financial audits, attestation engagements, performance audits, or other studies related to the objectives discussed in the Audit Objectives section of this letter. This responsibility includes relaying to us corrective actions taken to address significant findings and recommendations resulting from those audits, attestation engagements, performance audits, or studies. You are also responsible for providing management's views on our current findings if any, conclusions, and recommendations if any, as well as your planned corrective actions, for the report, and for the timing and format for providing that information.

You agree to assume all management responsibilities relating to the financial statements, schedule of expenditures of federal awards, and related notes, and any other nonaudit services we provide. You will be required to acknowledge in the management representation letter our assistance with preparation of the financial statements, schedule of expenditures of federal awards, and related notes and that you have reviewed and approved the financial statements, schedule of expenditures of federal awards, and related notes prior to their issuance and have accepted responsibility for them. Further, you agree to oversee the nonaudit services by designating an individual, preferably from senior management, with suitable skill, knowledge, or experience; evaluate the adequacy and results of those services; and accept responsibility for them.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained in these sites or to consider the consistency of other information in the electronic site with the original document.

HIPAA Business Associate Agreement

We agree not to use or disclose Protected Health Information of your (patients/employees) (hereinafter referred to as "PHI") obtained or produced in any form of media during the course of our work in a manner prohibited by HIPAA, as amended. We may use or disclose PHI for purposes of (a) performing our engagement, (b) management and administration of Bankole, Okoye & Associates PC, or (c) carrying out legal responsibilities of Bankole, Okoye & Associates PC. We will not further disclose information except as permitted or required by this contract or as required by law. When using or disclosing PHI in relation to this engagement, we will limit disclosures as required by HIPAA. We will not use PHI in any

marketing activities in a manner that would violate HIPAA. We represent to you that we have implemented what we consider to be appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of your PHI as required for us as a business associate to comply with HIPAA.

With respect to your PHI, we will report to you any breach (as defined in 45 CFR 164.402), material security incident or use or disclosure not authorized by this agreement and, to the extent practical, assist you in mitigating any harmful effects caused by breaches, material security incidents or unauthorized uses or disclosures of which we become aware. To assist you in fulfilling your responsibility to notify impacted individuals and others of a breach involving unsecured PHI (as required under 45 CFR 164.400 et seq.), in this report we will identify to you, to the extent reasonably possible:

- 1) Each individual whose unsecured PHI was subject to the breach.
- 2) Any other available information you are required to include in your notification to such individual(s) or others under 45 CFR 164.404(c).

We agree that any material violation of these confidentiality provisions by us entitles you to terminate this engagement. Similarly, if we become aware of a violation of HIPAA by you that cannot be or is not timely cured, we may be obligated to terminate this engagement.

Bankole, Okoye & Associates PC agrees to:

- 1) Upon their request, make available to the Secretary of the U.S. Department of Health and Human Services (“HHS”) our internal practices and books and records relating to the use and disclosure of PHI for purposes of determining your compliance with the Security and Privacy Rule, subject to any applicable legal privileges.
- 2) Make available information necessary for you to make an accounting of disclosures of PHI about an individual.
- 3) To the extent we maintain information that is part of a Designated Record Set, make available information necessary for you to respond to requests by individuals for access to PHI that is not in your possession but is considered part of a Designated Record Set.
- 4) Upon receipt of a written request from you, incorporate any amendments or corrections to PHI contained in our workpapers in accordance with the Security and Privacy Rule to the extent such PHI is considered part of a Designated Record Set.

For purposes of this agreement, the term “Security and Privacy Rule” refers to the final rules published to implement the Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996*, specifically 45 CFR Parts 160 and 164. The terms “Protected Health Information” and “Designated Record Set” have the same meaning as defined in the Security and Privacy Rule.

At the conclusion or termination of this engagement, any PHI retained by us will be subject to the same safeguards as for active engagements.

We will obtain from any agents, including subcontractors, to whom we provide PHI received from you, or created or received by us on behalf of you, an agreement to the same restrictions and conditions that apply to us with respect to such PHI.

To the extent that any relevant provision of HIPAA is eliminated or held to be invalid by a court of competent jurisdiction, the corresponding portion of this agreement shall be deemed of no force and effect for any purpose. To the extent that any relevant provision of HIPAA is materially amended in a manner that changes the obligations of business associates or covered entities that are embodied in term(s) of this engagement, the Parties agree to negotiate in good faith appropriate amendment(s) to this engagement to give effect to such revised obligations. In addition, the terms of this engagement should be construed in light of any interpretation and/or guidance on HIPAA issued by HHS from time to time.

As required by Chapter 2270, Texas Government Code, we represent that we do not boycott Israel and will not boycott Israel through the term of this engagement. For purposes of this representation, “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 specifically 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.

Engagement Administration, Fees, and Other

In connection with this engagement, we may communicate with you or others via email transmission. As emails can be intercepted and read, disclosed, or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that emails from us will be properly delivered and read only by the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of emails transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from the use of email transmissions, including any consequential, incidental, direct, indirect, or special damages, such as loss of revenues or anticipated profits, or disclosure or communication of confidential or proprietary information.

We may from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider.

We understand that your employees will prepare all cash, accounts receivable, or other confirmations and schedules we request and will locate any documents selected by us for testing.

At the conclusion of the engagement, we will complete the appropriate sections of the Data Collection Form that summarizes our audit findings. It is management’s responsibility to electronically submit the reporting package (including financial statements, schedule of expenditures of federal awards, summary schedule of prior audit findings, auditor’s reports, and corrective action plan) along with the Data Collection Form to the federal audit clearinghouse. We will coordinate with you the electronic submission and certification. The Data Collection Form and the reporting package must be submitted within the earlier of 30 calendar days after receipt of the auditor’s reports or nine months after the end of the audit period.

We will provide copies of our reports to the District; however, management is responsible for distribution of the reports and the financial statements. Unless restricted by law or regulation, or containing privileged and confidential information, copies of our reports are to be made available for public inspection.

The audit documentation for this engagement is the property of Bankole, Okoye & Associates PC and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to HHS or its designee, a federal agency providing direct or indirect funding, or the U.S. Government Accountability Office for purposes of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Bankole, Okoye & Associates PC personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties. These parties may intend, or decide, to distribute the copies or information contained therein to others, including other governmental agencies.

The audit documentation for this engagement will be retained for a minimum of five years after the report release date or for any additional period requested by the HHS, Oversight Agency for Audit, or Pass-through Entity. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the audit documentation.

We expect to begin our audit on approximately November 2, 2020 and anticipate issuing our reports by January 29, 2021. Godwin Okoye, CPA, is the engagement partner and is responsible for supervising the engagement and signing the reports or authorizing another individual to sign them.

Our fee for these services is estimated at \$37,015. This fee estimate is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary due to circumstances beyond our control, we will discuss it with you and arrive at a new fee estimate.

Based on the projected timeline for the audit, we anticipate that our invoices for the audit services fees will be rendered as follows and are payable on presentation:

<u>Amount</u>	<u>Approximate Billing Date</u>
\$20,000	December 15, 2020
\$17,015	January 29, 2021

In accordance with our firm policies, work may be suspended if your account becomes 30 days or more overdue and will not be resumed until your account is paid in full. If we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination.

Government Auditing Standards require that we provide you a copy of our most recent external peer review report and any subsequent review reports received during the contract period. Our current peer review report dated May 20, 2019, has been provided to the District in a separate communication on July 31, 2020.

Our audit engagement ends on delivery of our audit report. Any follow-up services that might be required will be a separate, new engagement. The terms and conditions of that new engagement will be governed by a new, specific engagement letter for that service.

We appreciate the opportunity to be of service to the Galveston County Health District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign and return a copy of this letter to us.

Very truly yours,

Bankole, Okoye & Associates PC

Bankole, Okoye & Associates PC
Certified Public Accountants + Business Advisors

RESPONSE:

Acknowledged and agreed to on behalf of:

GALVESTON COUNTY HEALTH DISTRICT

Authorized Signature: _____

Title: _____

Date: _____

GALVESTON COUNTY UNITED BOARD OF HEALTH

Authorized Signature: _____

Title: _____

Date: _____

COASTAL HEALTH & WELLNESS

Authorized Signature: _____

Title: _____

Date: _____

COASTAL HEALTH & WELLNESS GOVERNING BOARD

Authorized Signature: _____

Title: _____

Date: _____

[Back to Agenda](#)

**Governing Board
September 2020
Item#7
Executive Reports**

- a) Executive Director
- b) Medical Director
- c) Dental Director



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



Wear a face cover to slow spread



Wash hands with soap or hand sanitizer



Avoid touching your face



Stay home if you're sick



Cover coughs and sneezes with a tissue



Clean objects and surfaces frequently

Flu vaccine especially important this year

Protect yourself, others and help reduce strain on health care systems

Getting a flu vaccine this year is more important than ever to protect yourself and the people around you from flu, and to help reduce the strain on health care systems responding to the COVID-19 pandemic.

Residents should get the flu vaccine before the virus begins spreading in the community. It takes about two weeks after vaccination for antibodies that protect against the flu to develop in the body. The Centers for Disease Control and Prevention (CDC) suggests getting the vaccine before the end of October.

Children who need two doses of vaccine to protect against the flu should start the vaccination process sooner as the two doses must be given at least four weeks apart. People 6 months and older should be vaccinated for the flu. Vaccination is especially important for certain high-risk groups including those age 65 and older, pregnant women, young children and those with chronic health conditions who are at higher risk for complications or even death if they get the flu.

Vaccination is also important for health care workers and others who live with or care for high risk people to keep from spreading the flu to them.

Flu vaccines are important this year during the COVID-19 pandemic. The CDC believes it is likely that flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter.

Some symptoms of flu and COVID-19 are similar, making it hard to tell the difference between them based on symptoms alone. Flu-like symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people, especially children, may have vomiting and diarrhea. People may also be infected with flu and have respiratory symptoms without a fever.

Diagnostic testing can help determine if you are sick with the flu or COVID-19. It is possible to have flu, as well as other respiratory illnesses, and COVID-19 at the same time, although it's unknown how common this may be, according to the CDC.

While the flu vaccine does not protect against COVID-19, it does help reduce flu illness and flu-related hospitalizations. Flu vaccinations can reduce doctor visits, missed days at work and missed days at school. Getting a flu vaccine this fall is important, not only to reduce your risk from flu, but also to help conserve potentially scarce health care resources.

When going to get a flu vaccine, practice everyday preventive action and follow CDC recommendations for running essential errands.

Take everyday preventive actions to stop the spread of flu, COVID-19 and other respiratory illnesses.

- Wear a face cover to slow the spread.
- Wash hands often with soap and water. If soap and water

Flu page 6

LET'S STOP SICKNESS IN ITS TRACKS!



KEEP IT CLEAN.

- Wash your hands frequently. Wet your hands with clean, running water and apply soap. Lather your hands - front, back, between fingers and under nails. Scrub your hands for at least 20 seconds. Rinse your hands under clean, running water.
- Don't have access to water and soap? Use hand sanitizer. It gets rid of some germs, but not all types.
- Clean and disinfect surfaces and objects that may be contaminated with germs.



COVER COUGHS AND SNEEZES CORRECTLY.

- Use your elbow to cover coughs and sneezes!
- Keep plenty of tissues around.
- Avoid touching your eyes, nose and mouth. Germs spread this way.



STAY HOME!

Resting at home is the fastest way to get better. This also lowers the chance of spreading sickness to others.



Healthy oral habits help prevent gum disease, tooth decay

Fresh breath, strong teeth and healthy gums are all vital when it comes to good oral health.

October marks National Dental Hygiene Month and is a chance to highlight important steps that could lead to improved oral health.

Coastal Health & Wellness (CHW) offers basic dental services for all ages from cleanings to tooth extractions as well as affordable dentures, root canals and crowns.

Healthy oral habits can prevent gum disease and tooth decay, which can both lead to pain and tooth loss. Follow these healthy habits from the U.S. Department of Health and Human Services (HHS) for good oral health.

Brush

Brush your teeth two times a day, for about two minutes each time, with fluoride toothpaste. Fluoride is a mineral that helps protect teeth from decay. Also, try to use a toothbrush with soft bristles.

“Don’t just brush back and forth horizontally on your teeth. Use short, back and forth strokes while brushing in circles. Don’t forget to gently brush along the gum line,” said Dr. Hanna Lindskog, CHW dental director. “Healthy gums are just as important as healthy teeth.”

Also, brush your tongue to remove bacteria. This will also help to keep breath fresh.

Floss

Floss between your teeth every day. Flossing removes plaque and any food between teeth that the toothbrush may have missed. Plaque is a sticky substance that can form between your teeth. If it stays too long, it can lead to tooth decay and gum disease. Rinse your mouth with water after flossing.

“You may not know how to floss. That’s OK,” Lindskog said. “Talk to your dentist about what to do and any



tips they may have if you’re nervous about starting. Flossing is incredibly important to oral health.”

Visit the dentist

Visit a dentist regularly for a checkup and cleaning. Regular checkups mean visiting a dentist once or twice a year.

“You still need to have regular visits even if you have den-

tures,” Lindskog said. “It’s OK to be nervous about going to the dentist, especially if you’re in pain. Just know we are here to help. If you’re feeling anxious, talk to your dentist. Take headphones and listen to music.”

CHW is committed to keeping patients safe during the COVID-19 pandemic. The clinic follows infection control recommendations made by the American Dental Association (ADA), the U.S. Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA).

“We’re asking patients COVID-19 related screening questions prior to your visit and when you arrive,” Lindskog said. “You’re also asked to wear a face covering.”

Healthy habits

The HHS suggests cutting down on sugary food and drinks and not smoking or chewing tobacco. Also, if you drink alcohol, do so in moderation.

Taking care of your teeth is especially important if you have diabetes, cancer, are an older adult or pregnant.

CHW accepts Medicaid, Medicare and most major dental insurance plans and offers discounted health services for the indigent, uninsured and underinsured who qualify. To be considered for the uninsured program, patients need to apply for discounted services and be financially screened by patient services staff.

For more information on services, accepted insurance and the uninsured program, visit www.coastalhw.org.

GCHD launches new COVID-19 dashboard

Galveston County Health District (GCHD) this month launched a new COVID-19 dashboard to give residents a better visual of the virus in Galveston County.

“We are excited to launch this new reporting system. It provides more in-depth data with filter options so that the public can focus on what is most important to them,” said GCHD CEO Kathy Barroso.

The new dashboard is located at gchd.org/covid-dashboard and updates at 12 p.m. Monday-Saturday.

“The health district has been reporting data based on the date the positive COVID-19 test was reported to us. With this new dashboard, the public

is now able to view data based on the date the test was collected,” Barroso said. “This will give us a more accurate picture of what the positivity rate is based on current cases.”

The new dashboard includes a county overview that reports the breakdown of cases by positive, active and recovered, as well as deaths, total and current hospitalizations.

This data is reflected for city of residence, gender, race and age range.

Data can also be viewed based on trends by city, trends by race and weekly trends.

The weekly trends page shows data for new positive cases and positivity rates by week, running Sunday-Saturday.



More than 10K COVID-19 recoveries reported

The number of new COVID-19 cases being reported in Galveston County continues to decrease with 102 new cases reported Sept. 20-26.

As of the Sept. 28 report, there were a total of 11,636 COVID-19 positive cases, 1,025 active cases, 10,468 recovered cases and 161,110 total tests administered.

There have been 143 deaths reported through Sept. 28.

Epidemiology and Public Health Emergency Preparedness (PHEP) staff continue to investigate cases of COVID-19 and conduct contact trac-

ing. Galveston County continues to partner with UTMB to offer free COVID-19.

Galveston County residents may call 832.632.6731 to make an appointment. A government issued form of identification will be required at the time of testing to verify residency.

Residents are also encouraged to contact their primary care physician for COVID-19 testing if they have come in contact with someone who is COVID-19 positive or are experiencing symptoms including cough, short-

ness of breath, difficulty breathing or at least two of the following symptoms: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell.

Those who do not have a primary care provider and want to establish care through Coastal Health & Wellness can call 409.938.2234.

For more information on COVID-19, please visit gchd.org/coronavirus or contact the health district's information line at 409.938.7221, open Monday-Friday, 8 a.m.-5 p.m.

Breast cancer diagnoses expected to top 276K this year

On average, every two minutes, a woman is diagnosed with breast cancer in the United States.

This year alone, an estimated 276,480 new cases of invasive breast cancer will be diagnosed in women and 2,620 in men in the United States.

October marks National Breast Cancer Awareness Month and Galveston County Health District (GCHD) is encouraging women and men to practice early detection and treatment.

Other than skin cancer, breast cancer is the most common for women in the United States.

Did you know the two most common risk factors for breast cancer are being a woman and getting older?

Most women who are diagnosed with breast cancer have no known risk factors and no history of the disease in their families.

Women ages 50-74 are recommended to have a screening mammogram every two years.

If you're 40-49, talk with your doctor about when to start and how often to get a screening mammogram.

Risk factors

The risk of getting breast cancer has not changed for women, overall, in the last decade, but the risk has increased for black, Asian and Pacific Islander women. Black women have a higher risk of death from breast cancer than

white women, according to the Centers for Disease Control and Prevention (CDC).

Risk factors you cannot change include age, genetic mutations, reproductive history, personal medical history and family medical history.

There are risk factors you can control. Those include not being physically active, being overweight or obese after menopause, taking hormones, reproductive history and drinking alcohol.

Symptoms

and signs

Symptoms and signs include: swelling of all or part of a breast (even if no lump is felt); skin dimpling (sometimes looking like an orange peel); breast or nipple pain; nipple retraction (turning inward); nipple or breast skin that is red, dry, flaking or thickened; nipple discharge (other than breast milk); and swollen lymph nodes.

Although any of these symptoms can be caused by things other than breast cancer, if you have them, they should be reported to a health care professional so the cause can be found.

Breast cancer is sometimes found after symptoms appear, but many women with breast cancer have no symptoms. This is why regular breast cancer screening is so important.

Breast Cancer Prevention Checklist

- Learn your family history of breast cancer.
- Tell your doctor about your family history.
- Ask if you should work with a genetic counselor.
- Build healthy habits to lower your risk.



Physical activity still important while social distancing

Getting physical activity can be a challenge while staying at home. However, it's possible - and important - to be physically active while social distancing.

Physical activity reduces blood pressure and anxiety and helps you sleep better. It can also help to improve mood and energy level.

Children ages 3-5 years need physical activity throughout the day, every day for growth and development. Children and adolescents ages 6-17 years need at least 60 minutes of moderate-to-vigorous intensity physical activity daily.

Adults need 150 minutes a week of moderate intensity activity such as brisk walking for health benefits. Regardless of your age, some physical activity is better than none.

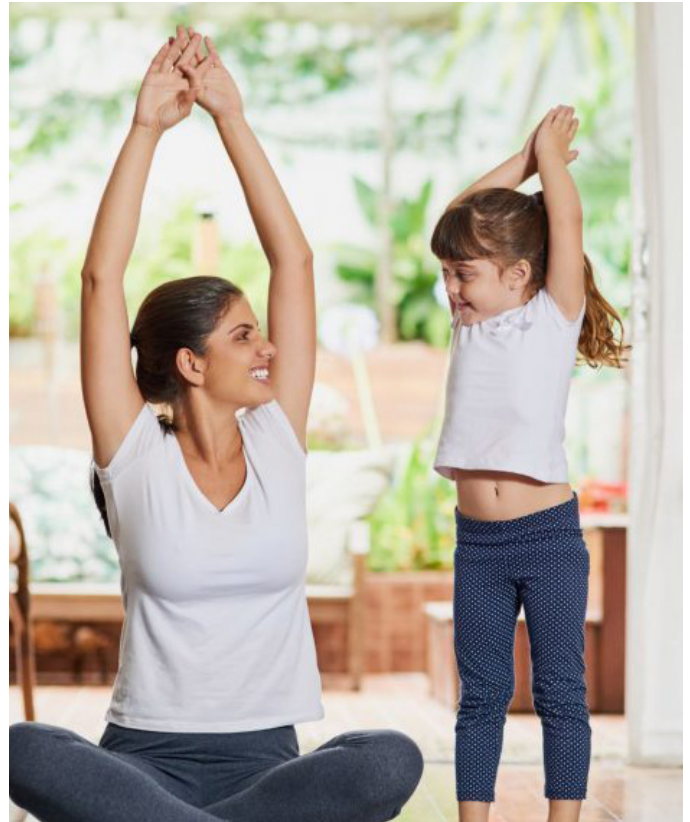
Here are ideas for staying active close to home:

- Engage in active family play time. Any game that gets everyone up and moving counts!
- Catch up on household chores such as cleaning out the closet. Vacuuming is also a physical activity.
- Get outside. Mow the grass, go for a walk or take a bike ride. Remember to maintain a safe distance between yourself and other active neighbors.
- Make television watching more active by doing jumping jacks or push-ups during the commercials.

Regular physical activity is one of the most important things you can do for your health.

Some benefits of physical activity on brain health happen right after a session of moderate-to-vigorous physical activity.

Benefits include improved thinking or cognition for children 6-13 years of age and reduced short-term feelings of anxiety for adults.



Regular physical activity can help keep your thinking, learning and judgment skills sharp as you age.

It can also reduce your risk of depression and anxiety and help you sleep better.

Other benefits include managing weight, reducing your health risk, strengthening your bones and muscles, improving your ability to do daily activities and prevent falls and increasing your chances of living longer.

This article is courtesy of the Centers for Disease Control and Prevention (CDC).

Flu

are not available, use an alcohol-based hand sanitizer.

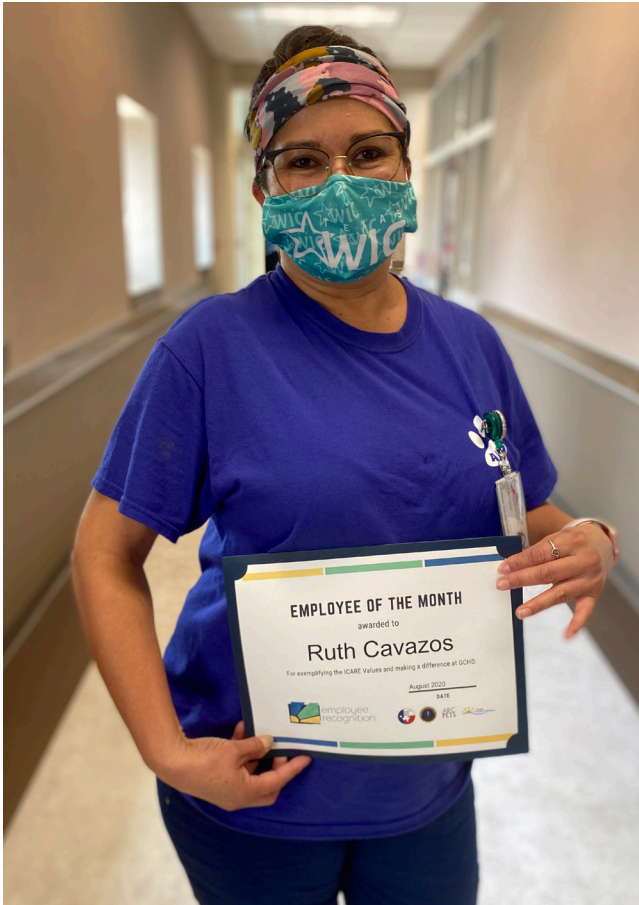
- Avoid touching eyes, nose and mouth. Germs spread this way.
- Stay home if you are sick.
- Cover your nose and mouth with a tissue when coughing or sneezing. Throw the tissue away after use and wash hands.
- Clean and disinfect frequently touched surfaces and objects.

- Avoid contact with those who are sick.

While the flu spreads every year, the timing and length of the season varies from one year to another, as do the flu viruses that will circulate. There are many different flu viruses and they are constantly changing. Composition of the U.S. flu vaccines is reviewed annually as needed to match circulating flu viruses.

The flu is a potentially serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and flu infection can affect people differently. The exact timing and duration of flu seasons can vary, but flu activity often begins to increase in October. Most of the time flu activity peaks between December and February, although activity can last as late as May.

GCHD names Employee of the Month



Congratulations , Ruth Cavazos, on being named the August Employee of the Month!

Ruth, who works at Women, Infants and Children (WIC), was nominated for her dedication to Galveston County Health District's (GCHD) values, Integrity, Customer Service, Accountability, Respect, Equality (ICARE).

“Ruth has been with the WIC program for many years!

Although she is a quiet presence in our offices, she is such an amazing addition. I can't really narrow it down to just one thing she does to make WIC a better place for both our external and internal clients. She is always kind and positive to everybody, volunteers for extra duties when needed, knows her job inside and out, and is able to make things run quite efficiently. She is amazing at calming children who come into our office nervous or scared and really makes them feel comforted. She also acts as one of our interpreters and is so patient and thorough in that role. In any down time she is always cleaning or restocking to ensure things run smoothly for all. Super dependable and always performs above expectations. I am proud to work with her and she is truly representative of the kind of employee we want at WIC. On a side note she also makes the most delicious food which she generously shares with her co-workers, we all look forward to her amazing Tres Leches cake!!!” reads Cavazos’ nomination.

World Mental Health Day Oct. 10



Often
FACING
stigma

Often
LOSING
hope

We need
to make a
change

Coastal Health & Wellness Updates

Medical

- Dr. McDill (Pending Community Health Choice-queued to process by 10/15/2020)
- Monique Swan, NP (Pending adding to all current accepted insurances).

Pending New/Evaluating Contracts:

- HealthSmart Preferred Care- Requested contract information a 2nd time.
- Memorial Hermann Health Plan- Contract under review
- Liberty Dental (Texas City) – Contract under review
- Patient /Physician and Cooperatives (PPC)- Contract under review
- Oscar Health – Contract under review

Other Insurance Updates:

- We are continuing to review insurance contracts and associated HEDIS or quality measures to assure compliance with industry and healthcare standards.

Committees –

Quality Assurance/Risk Management Committee

The monthly meeting of the QA/Risk Management Committee was held on September 2, 2020.

- Standard monthly and quarterly reports were reviewed. Updated medical and nursing guidelines were presented and approved. Internal audits reviewed included dental root canal peer review; dental crown peer review; dental complete and removable partial denture peer review; and a dental caries risk assessment report. All audit results were favorable. Other items discussed included adding QuantiFERON to the lab formulary; report of the number of registration applications processed since COVID; and a discussion regarding the agreement with Greater Houston Health Connect to access data from other healthcare facilities.

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 September 16, 2020. The committee was provided information regarding a Joint Commission webinar that will be held on October 1st to address COVID-19 questions related to ambulatory healthcare. The Antimicrobial Stewardship Committee reported that a new UTI guideline will be brought to QA for approval. In addition, updates were provided on fit for duty testing; flu shots administered to staff; and the status of PPE and hand sanitizer. Other topics discussed included review of infection control audit reports and safety and compliance reports.

Patient Centered Medical Home (PCMH) Committee

- A notice of intent to request PCMH accreditation has been submitted to HRSA.
- Staff participated in a Joint Commission virtual conference on September 9th regarding the Primary Care Medical Home (PCMH) Certification Program. This conference provided strategies and insights to assist organizations in achieving PCMH certification.

HRSA Deliverables / Updates –

- Through 8/31/20, we have expended \$17,356 of the \$23,172 awarded to us by HRSA for one-time quality improvement (QI) funds.
- On 4/23/20, a budget was submitted to HRSA in response to funding awarded through the FY2020 Coronavirus Supplemental Funding for Health Centers. The award was issued 3/19/20 in the amount of \$79,990. As of 8/31/20, \$48,903 has been expended.
- On 5/8/20, a budget was submitted to HRSA in response to funding awarded through the Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding. The award was issued 4/3/20 in the amount of \$971,360. As of 8/31/20, \$385,565 has been expended.
- On 5/4/20, Coastal Health & Wellness received a notice of grant award from HRSA in the amount of \$280,624 for the FY2020 Expanding Capacity for Coronavirus Testing (ECT). As of 8/31/2020, \$4,562 has been expended.
- On 8/18/20, HRSA issued a notice of grant award to Coastal Health & Wellness in the amount of \$29,891. The purpose of the FY2020 Health Center Quality Improvement (QI) one-time grant supplement is to support health centers that displayed high levels of clinical quality measure performance in Calendar Year 2019 Uniform Data System reporting to continue to strengthen quality improvement activities, including maintaining or achieving patient centered medical home recognition. We are currently in the process of compiling a budget and will bring to the Board for approval next month.
- Quarterly progress reports for the CARES, ECT, and COVID-19 grant funding received earlier this year are due to be submitted to HRSA by October 12, 2020.
- The HRSA Noncompeting Continuation (NCC) Progress Report is due November 6, 2020. We are planning to present the budget to the Board at the October 29th meeting.
- HRSA has scheduled a virtual operational site review (OSV) for Coastal Health & Wellness for November 17-19, 2020. In the coming weeks, a pre-visit conference call will be scheduled and more information will be provided at that time.
- HRSA continues to request that health centers fill out a weekly survey to help track health center capacity and the impact of COVID-19 on health center operations, patients, and staff. HRSA will use the information collected to better understand training and technical assistance, funding, and other health center resource needs.

Miscellaneous Updates –

- In addition to the HRSA grant awards recently received for the COVID-19 response, Coastal Health & Wellness has received provider stimulus payments of \$164,871 to assist with future shortfalls or needs. As of 8/31/2020, we have used \$45,582 to cover COVID expenses related to supplies, leaving a balance of \$119,289.
- A total of 1,435 patients have registered in the new patient portal system (MedFusion) since it was implemented on 7/15/20. This number represents approximately 15% of those that had received invitations to register. Patients are using the new system to send messages; pay bills online; view or download their patient health summary; complete registration forms; and view messages from their provider.
- In order to try and immunize as many patients as possible against the flu, we have scheduled our first flu clinic on Saturday, October 10th.
- The contract to provide dental services to HIV patients under a Ryan White Grant has been signed. The next step will be to schedule training for staff and get procedures in place.
- The new Express Check-in signs and drop-off boxes have been installed at both the Texas City and Galveston clinics and are being utilized.
- CHW staff have been in communication with The Resource Group about entering into a contract to provide dental services to HIV/AIDS patients under the Ryan White grant. The contract in the amount of \$75,000 will be in effect until 3/31/21.
- The Galveston Housing Authority building is still not yet open to the public, but we are continuing to utilize the side entrance door to the clinic for patients to enter and exit for in-person services.
- TACHC continues to provide many resources to Health Centers in response to COVID-19. Conference calls/webinars have been very helpful in keeping health centers informed of funding and PPE opportunities to assist in our response efforts.
- The content on the CHW website is currently being reviewed as work begins on the refresh of the current website. This refresh will allow for increased flexibility in our communication with the public. A request for public and stakeholder feedback was recently solicited to aid in our redesign efforts.

Communications –

- GCHD launched a brand new COVID-19 dashboard Sept. 18. This new reporting system provides more in-depth data with filter options. Data can also now be viewed by the date a positive COVID-19 test was collected, or the date the test was reported to the health district. The communications department put together a tutorial video to walk the public through how data is now being reported. The new dashboard is published Monday-Saturday at noon. This is all shared with communication stakeholders at the county and cities, media and on the health district's website and social media channels.
- Communication continues to focus on COVID-19 with daily case updates, testing information, prevention and overall education on the ever-changing situation.
- The website continues to evolve with COVID-19 information being updated daily.
- Non-COVID-19 case update related social media posts include:

- Daily posts focused on stopping of spread COVID-19 through face coverings, social distancing, hand hygiene, etc.
- Various COVID-19 testing opportunities in the county
- Caring for someone sick with COVID-19
- National Childhood Obesity Awareness Month
- National Preparedness Month
- National Prostate Cancer Awareness Month
- Dental Infection Control Awareness Month
- World Alzheimer's Month
- Healthy Aging Month
- Suicide Prevention Awareness Month
- National HIV/AIDS and Aging Awareness Day
- GCHD Employees of the Month
- #ChewOnThis
- CHW is hiring
- Oral health care
- CHW services counseling
- CHW services dental
- CHW services medical
- Vaccines – now is the time to catch up
- Stress management
- Diabetes education and management tips
- Hurricane Preparedness
- Cholesterol health education
- Heart disease education
- National Health Center Week donation to Galveston County Food Bank
- Heat exhaustion vs. heat stroke

CHW Career Opportunities:

Aug. 19-Sept. 22, 2020

- **Employee Onboarding** – Human Resources conducted new employee orientation for the following employee(s):
 - None
- **Job Offers** – The following candidate(s) were extended job offers and have future start dates:
 - S. Lyons – LVN 10/1/20
 - E. Salazar – LVN Bilingual 10/1/20
 - Contingent Job offers have been extended for the following positions pending background checks and drug screenings
 - J. Garza – Midlevel Nurse Practitioner
 - L. Li – Midlevel Nurse Practitioner
 - Y. Scott – CIHCP Specialist 1
 - K. Macomb – Patient Services Specialist
- **Current Vacancies:**
 - CHW Vacancies:
 - Medical Unit Receptionist I Bilingual

- Nurse Case Manager/Asst Director of Nursing

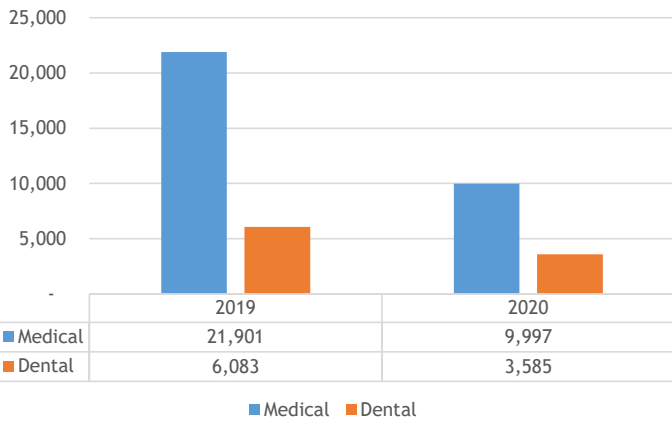
CHW Executive Contract Report: September 2020

1. Coastal Health & Wellness (“CHW”) and the University of Texas Medical Branch at Galveston (“UTMB”) entered into an Applause Curriculum Program Agreement. The contract, which in essence is an Affiliation Agreement, will permit students enrolled in UTMB’s Physician Assistant Program to undertake comprehensive externships at CHW under the supervision of designated Coastal providers.
2. The Dental Equipment Supply bid, approved for a one (1) year term beginning on September 9, 2020, was jointly awarded to Benco Dental and Darby Dental. This agreement permits Coastal Health & Wellness to receive discounted rates on all purchases made through these companies over the course of the next year. There was an approximate increase of 7% from last year due to manufacturer increases and new items added.
3. Coastal Health & Wellness (CHW) entered into an Agreement with the Centers for Medicare and Medicaid Services, with regards to Certified Application Counselors. This allows two CHW employees to act on behalf of CHW as Certified Application Counselors for individuals wishing to enroll in the marketplace.
4. Coastal Health & Wellness (“CHW”) terminated their current Security Service Agreement with Ranger Guard & Investigations and entered into a Security Service Agreement with International Guard Services (“IGS”). IGS will provide security personnel for CHW’s security needs, mainly stationed in the CHW parking lot. As a result of entering into the Service Agreement with IGS, CHW will save \$312.11/month on average, an annual savings of \$3,745.37.
5. Coastal Health & Wellness (“CHW”) entered into a Dental Services Rebate Agreement, funded by the Ryan White Program with the Houston Regional HIV/AIDS Resource Group, Inc. The Contract will allow CHW to bill the resource group for dental services rendered to qualified individuals, who are living with HIV/AIDS.

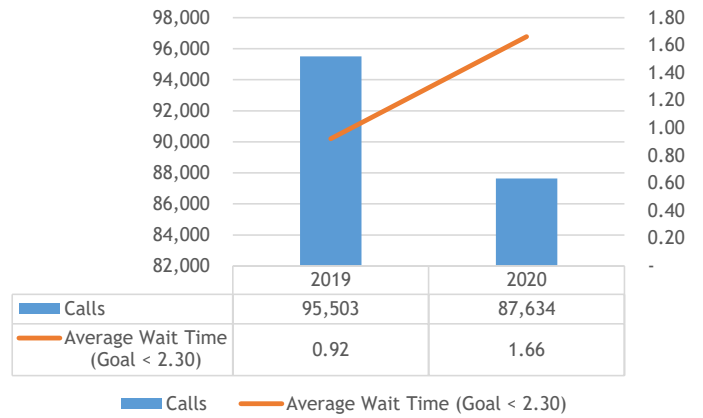
August 2020 Report
YTD Comparison Report (January - Aug 2020)

Patient Services - Patients Checked-In	2019	2020	% Change
Medical	21,901	9,997	-54%
Dental	6,083	3,585	-41%
Contact Center	2019	2020	% Change
Calls	95,503	87,634	-8.2%
Average Wait Time (Goal < 2.30)	0.92	1.66	80%
Electronic Records	2019	2020	% Change
Record Requests	7,464	7,174	-3.9%
County Indigent Program	2019	2020	% Change
Applied	1095	823	-25%
Referrals	1480	731	-51%
Avg Total Patients on Program	260	218	-16%
Case Management	2019	2020	% Change
Referrals	6623	3247	-51%

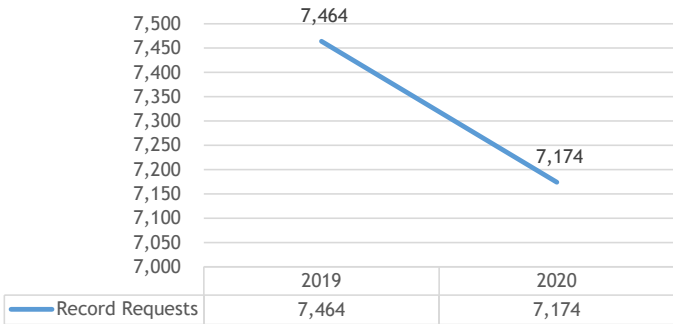
Patient Services-Total Patients Checked-In



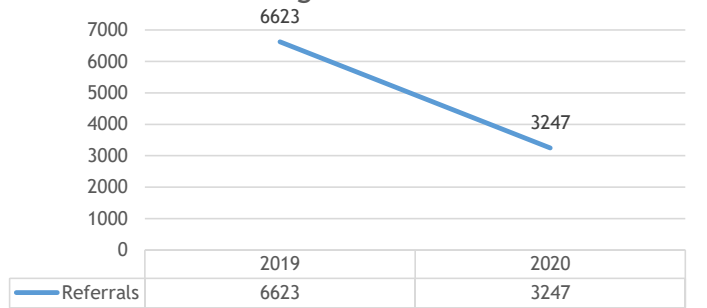
Contact Center - Calls and Wait Time



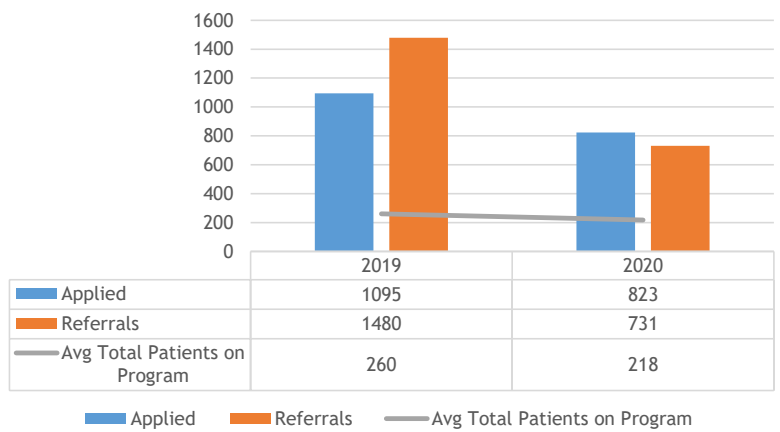
Electronic Record Requests



Case Management Referrals



County Indigent Program



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#8

Consider for Approval August 2020 Financial Report

COASTAL HEALTH & WELLNESS

Governing Board



FINANCIAL SUMMARY

For the Period Ending

August 31, 2020

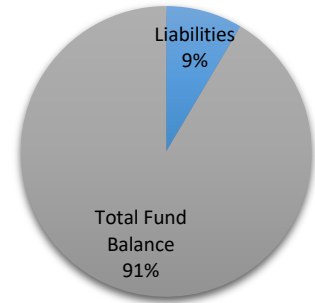
October 1, 2020

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

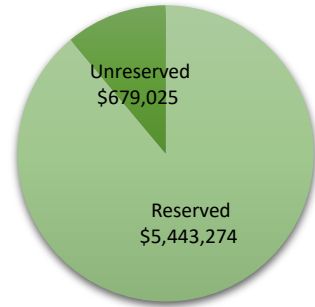
CHW - BALANCE SHEET as of August 31, 2020

	Current Month Aug-20	Prior Month Jul-20	Increase (Decrease)
ASSETS			
Cash & Cash Equivalents	\$5,945,748	\$5,280,795	\$664,953
Accounts Receivable	1,543,702	1,524,854	18,848
Allowance For Bad Debt	(1,012,407)	(993,736)	(18,671)
Pre-Paid Expenses	139,676	165,860	(26,185)
Due To / From	76,312	31,534	44,778
Total Assets	\$6,693,031	\$6,009,308	\$683,723
LIABILITIES			
Accounts Payable	\$92,378	\$84,196	\$8,182
Accrued Salaries	234,038	239,702	(5,663)
Deferred Revenues	244,315	176,692	67,623
Total Liabilities	\$570,731	\$500,590	\$70,142
FUND BALANCE			
Fund Balance	\$5,628,397	\$5,628,397	\$0
Current Change	493,902	(119,679)	613,582
Total Fund Balance	\$6,122,299	\$5,508,718	\$613,582
TOTAL LIABILITIES & FUND BALANCE	\$6,693,031	\$6,009,308	\$683,723

Current Period Assets



Total Fund Balance

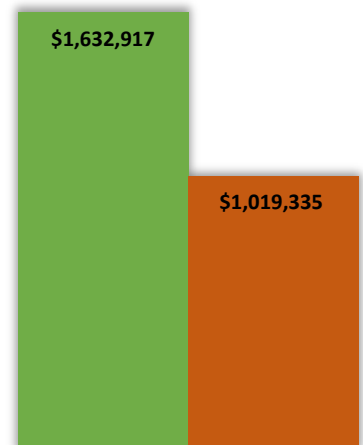


CHW - REVENUE & EXPENSES as of August 31, 2020

	Actual Aug-20	Budgeted Aug-20	PTD Budget Variance	YTD Budget Variance
REVENUE				
County Revenue	\$311,222	\$311,222	\$0	\$0
DSRIP Revenue	783,710	65,833	717,877	454,544
HHS Grant Revenue	313,101	260,617	52,484	411,780
Patient Revenue	203,755	317,112	(113,356)	(708,125)
Other Revenue	21,128	10,827	10,302	101,026
Total Revenue	\$1,632,917	\$965,611	\$667,306	\$259,225
EXPENSES				
Personnel	\$553,988	\$632,211	\$78,223	\$134,743
Contractual	58,271	70,723	12,452	129,906
IGT Reimbursement	235,095	25,747	(209,348)	(106,358)
Supplies	65,479	104,826	39,347	144,130
Travel	685	4,533	3,849	20,446
Bad Debt Expense	18,671	33,605	14,934	69,350
Other	87,147	93,966	6,818	(30,549)
Total Expenses	\$1,019,335	\$965,611	(\$53,725)	\$361,668
CHANGE IN NET ASSETS	\$613,582	\$0	\$613,582	\$620,892

Current Month Actuals

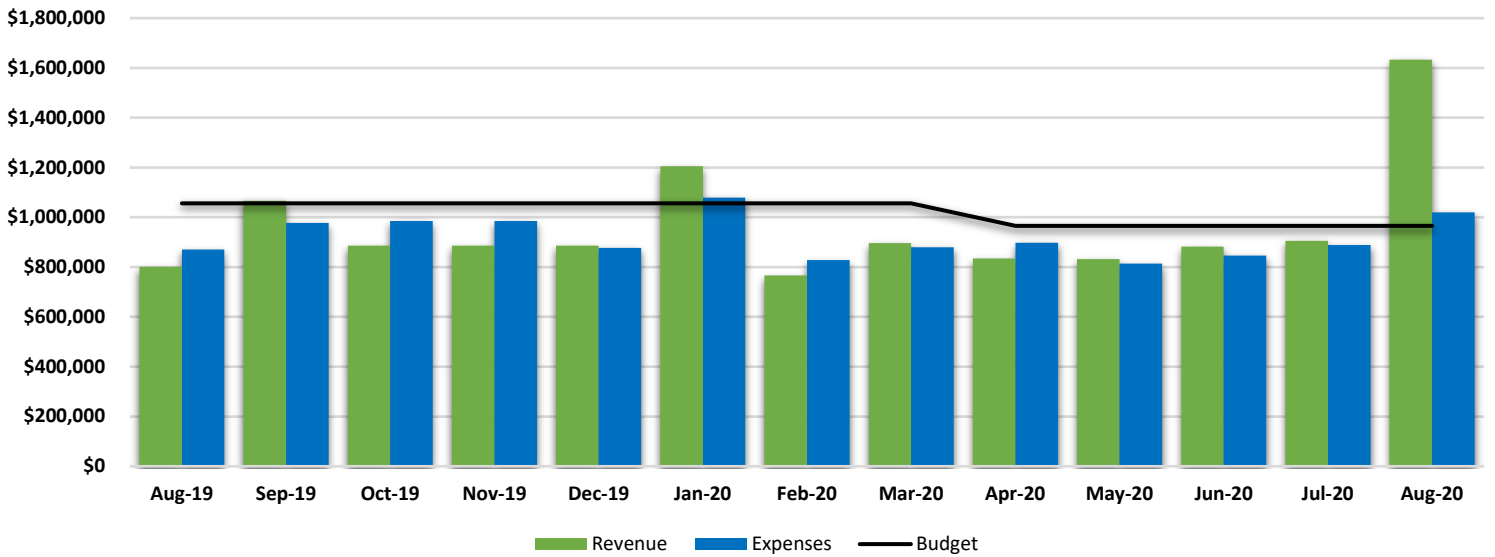
■ Revenue ■ Expenses



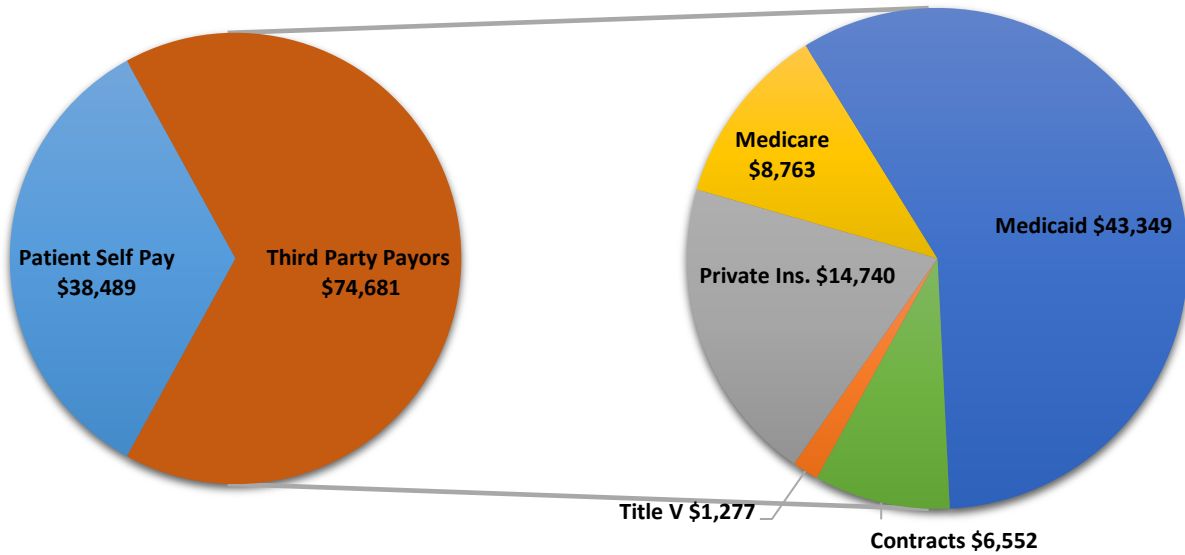
HIGHLIGHTS

- MTD Increase in Fund Balance of \$613,582.
- MTD revenues were \$667,306 higher than budget. Decrease in patient visit numbers due to COVID account for negative variance in patient revenues of (\$113,356). Additional funding from HRSA grants and HHS Stimulus funds accounted for increased variance of \$52,484 in HHS grant revenue. Increase in Other Revenue from Direct Relief funds to cover COVID expenses accounted for increased variance of \$10,302. DSRIP revenue received based on April 2020 reporting accounted for \$717,877 increased variance.
- YTD Revenues were \$259,225 higher than budget. Decreases in patient visits account for (\$708,125) variance, which was offset by higher HHS Grant Revenue variance of \$411,780, Other Revenue variance of \$101,026, and DSRIP revenue variance of \$454,544.
- MTD expenses were (\$53,725) over budget. Savings were realized across Personnel, Contractual, IGT, Supplies, Travel, Other and Bad Debt, which offset higher expenses in IGT Reimbursement causing a negative variance of (\$209,348). This expense was covered by DSRIP Revenue of \$783,710.
- YTD Expenses were \$361,668 under budget. Savings were realized across all categories except Other and IGT Reimbursement. IT equipment expenditures and dental equipment for COVID related equipment accounts for the Other category budget negative variance of (\$30,549). These expenses were offset by Direct Relief funding. IGT Reimbursement variance of (\$106,358) was offset by DSRIP Revenue received based on April 2020 reporting.
- YTD Increase in fund balance of \$493,902. Total Fund Balance of \$6,122,299 as of 8/31/2020.

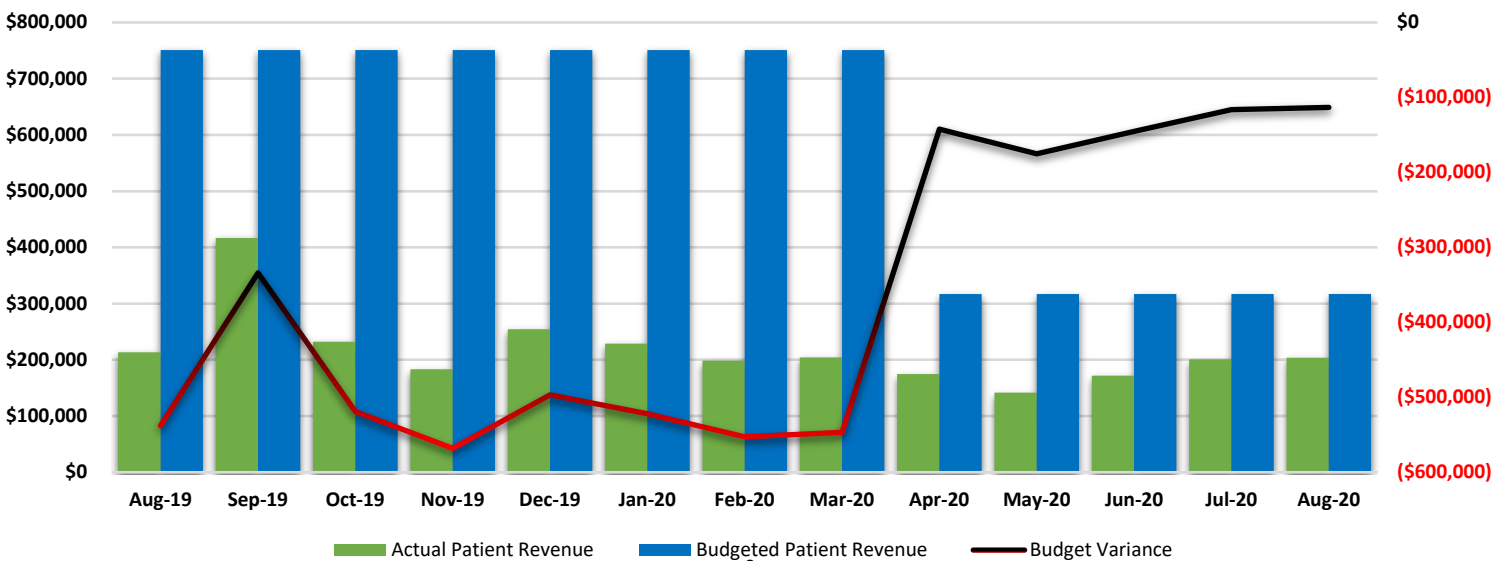
Actual Revenue & Expenses in Comparison to Budget

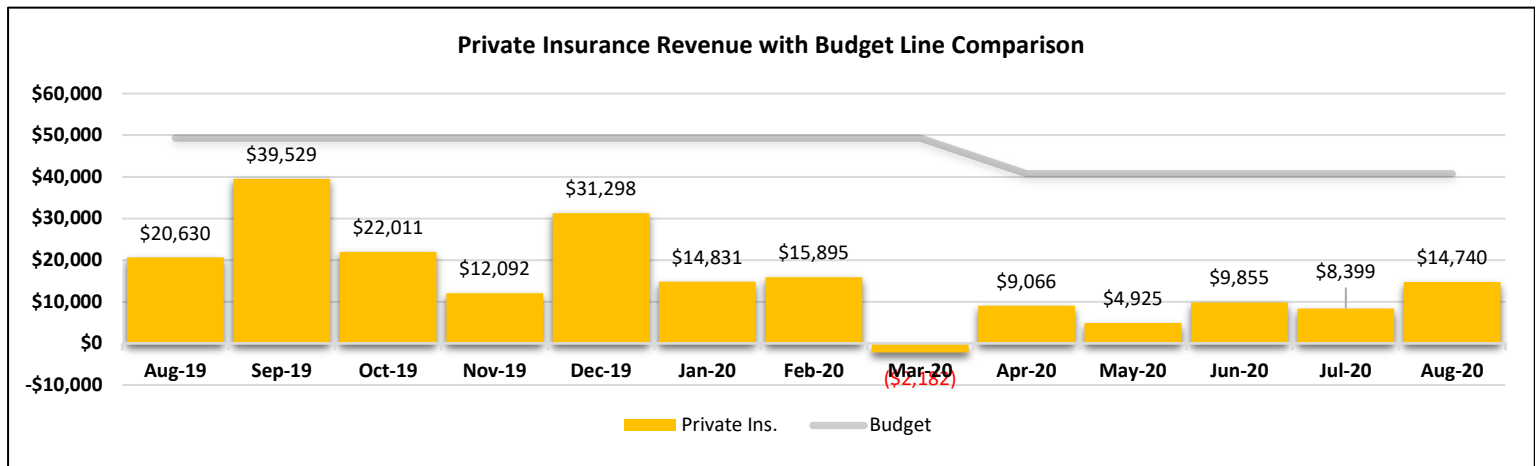
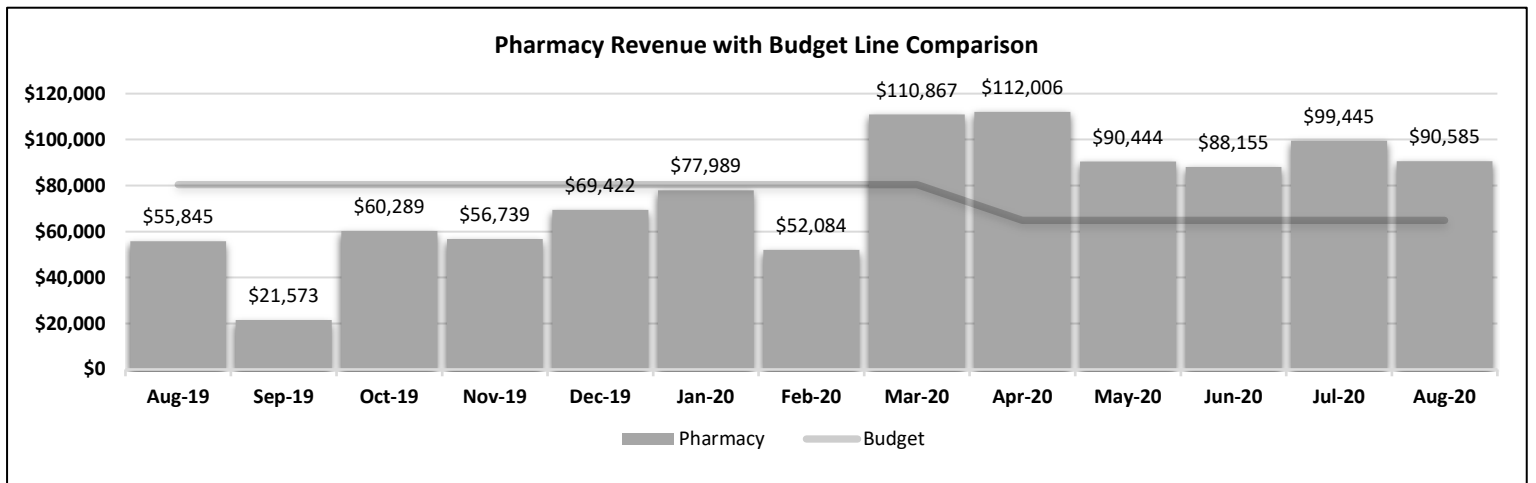
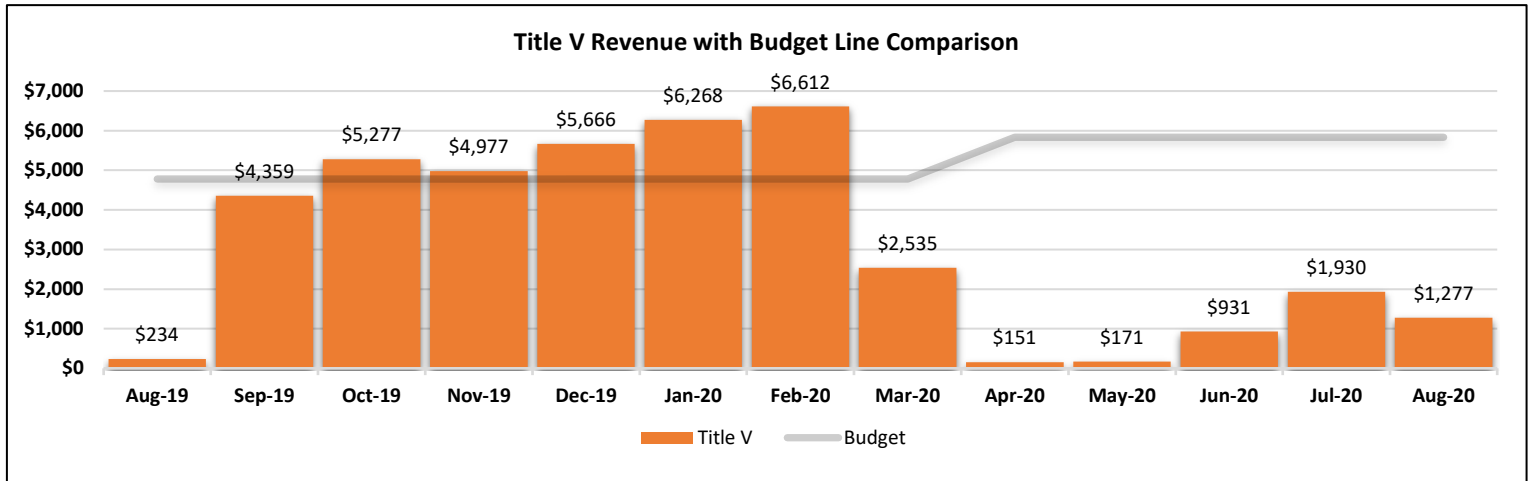
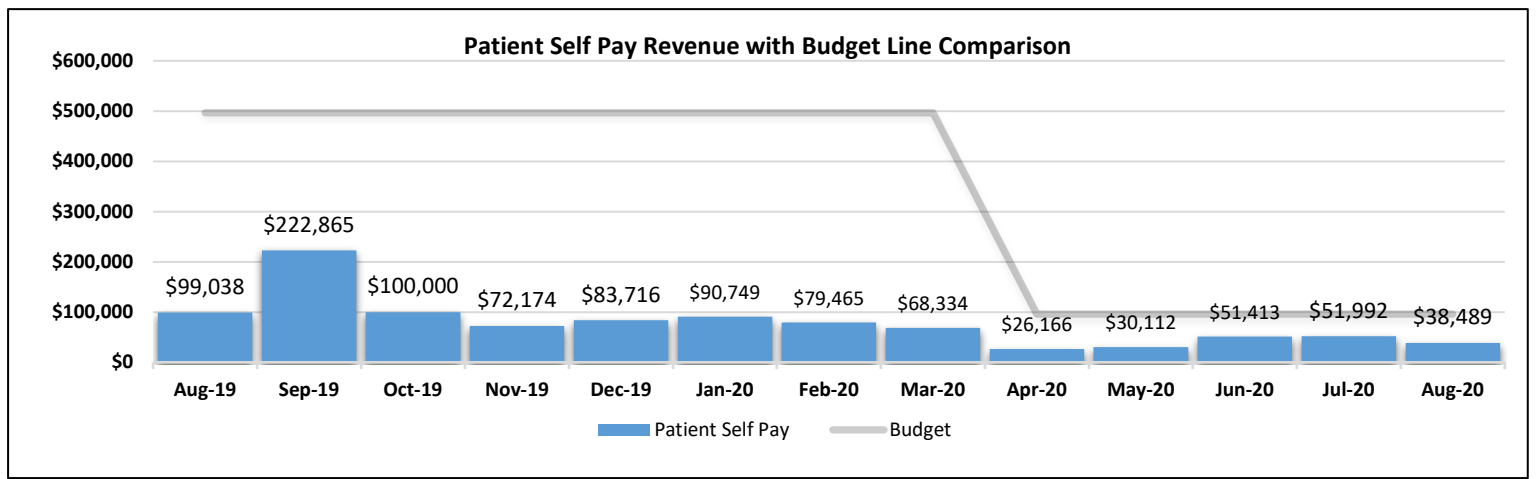


Current Period Patient Revenue with Third Party Payor Contributions Identified

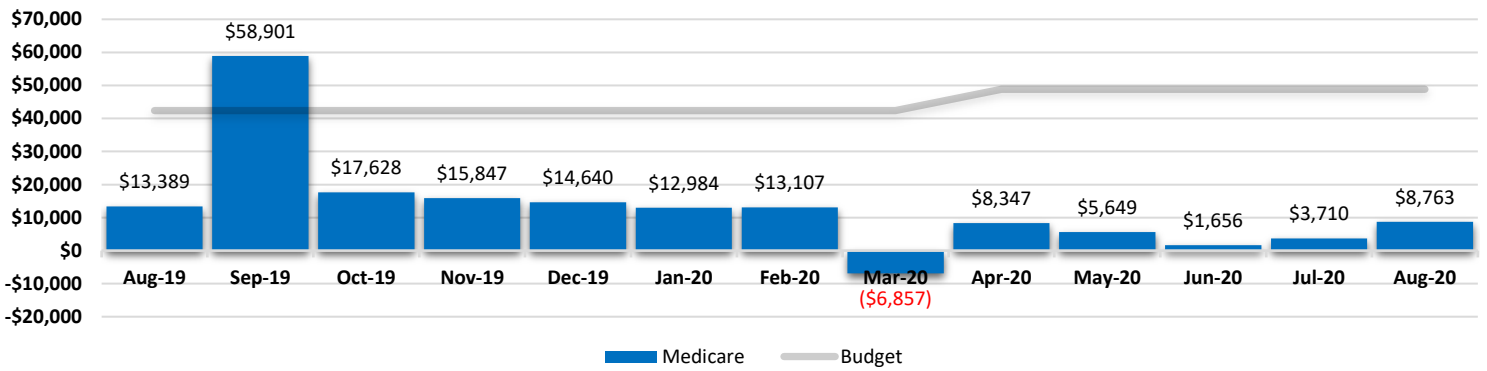


Actual Patient Revenue Rec'd vs Budget with Variance

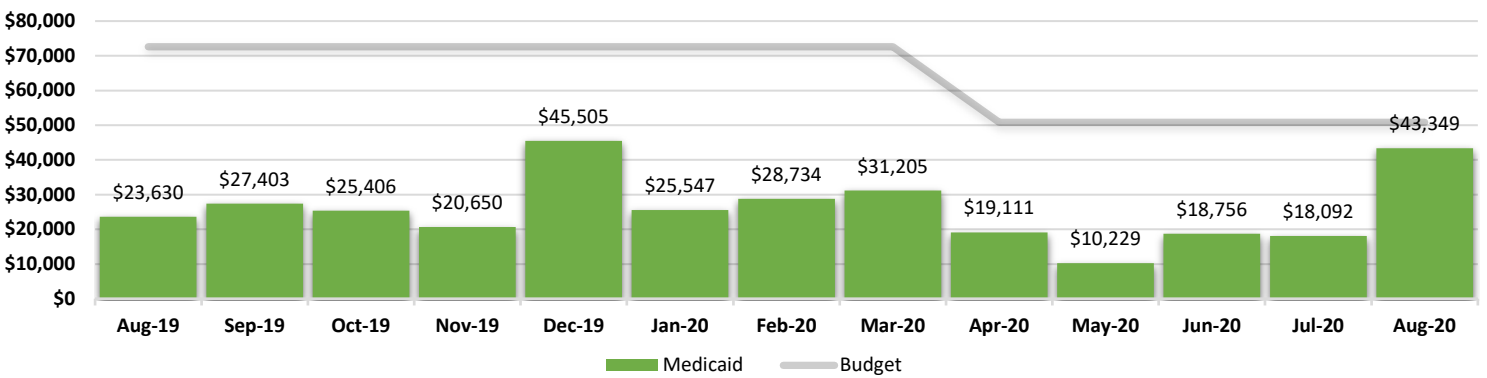




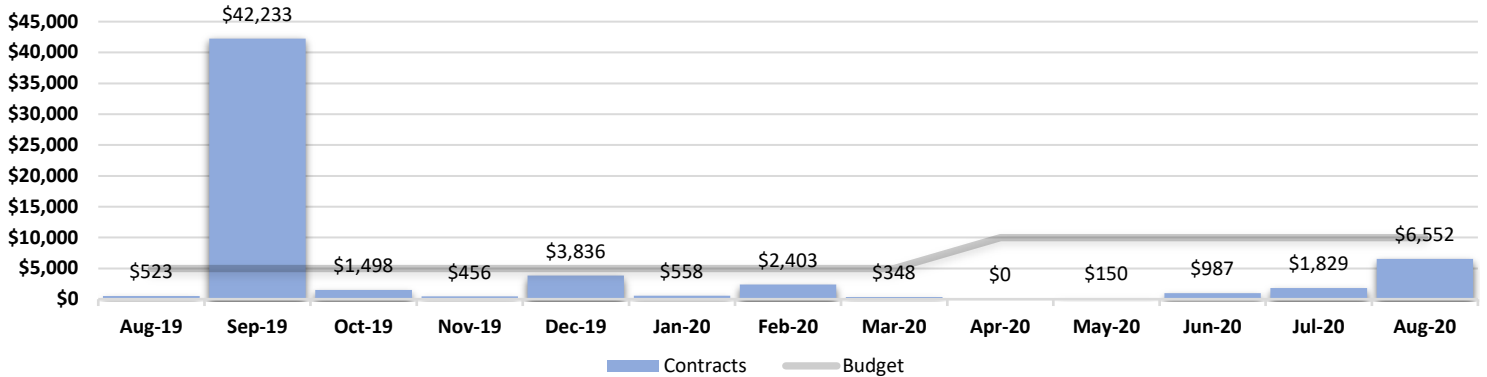
Medicare Revenue with Budget Line Comparison



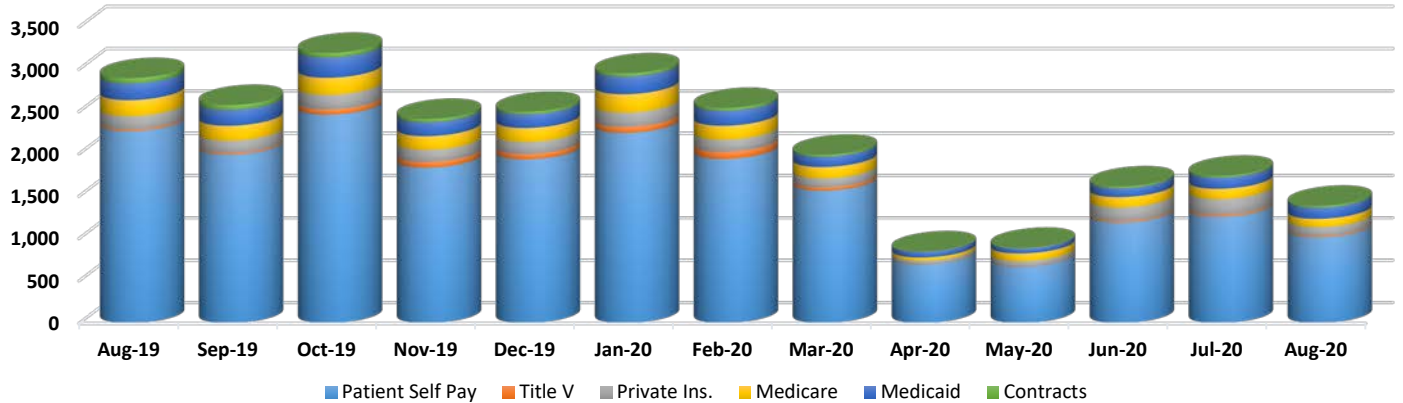
Medicaid Revenue with Budget Line Comparison



Contract Revenue with Budget Line Comparison



Total Number of Patient Visits



Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending Aug 31, 2020

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>	<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>	
	<i>Description</i>	<i>8/31/2020</i>	<i>Budget</i>	<i>Variance</i>	<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>	
Grouping	REVENUE								
HRSA	HHS GRANT REVENUE - Federal	\$302,353	\$260,617	\$41,736	\$1,658,532	\$1,303,083	\$355,449	\$3,127,400	
	HHS GRANT REVENUE - BASE	\$208,077	\$260,617	(\$52,540)	\$1,127,665	\$1,303,083	(\$175,419)	\$3,127,400	
	HHS GRANT REVENUE - SUD-MH	\$9,159	\$0	\$9,159	\$65,867	\$0	\$65,867	\$0	
	HHS GRANT REVENUE - Care	\$0	\$0	\$0	\$13,697	\$0	\$13,697	\$0	
	HHS GRANT REVENUE - QI 2019	\$1,489	\$0	\$1,489	\$2,189	\$0	\$2,189	\$0	
	COVID Supplemental	\$6,356	\$0	\$6,356	\$59,814	\$0	\$59,814	\$0	
	CARES ACT	\$73,104	\$0	\$73,104	\$384,739	\$0	\$384,739	\$0	
	HHS GRANT REVENUE - ECT	\$4,168	\$0	\$4,168	\$4,562	\$0	\$4,562	\$0	
HRSA	HHS Other Grant Revenue	\$576	\$0	\$576	\$46,158	\$0	\$46,158	\$0	
Patient Rev	GRANT REVENUE - Title V	\$1,277	\$5,833	(\$4,556)	\$40,614	\$29,167	\$11,447	\$70,000	
Patient Rev	PATIENT FEES	\$38,489	\$96,014	(\$57,524)	\$198,173	\$480,069	(\$281,896)	\$1,152,165	
Patient Rev	PRIVATE INSURANCE	\$14,740	\$40,750	(\$26,010)	\$46,986	\$203,750	(\$156,764)	\$489,000	
Patient Rev	PHARMACY REVENUE - 340b	\$90,585	\$64,874	\$25,711	\$480,635	\$324,370	\$156,265	\$778,488	
Patient Rev	MEDICARE	\$8,763	\$48,826	(\$40,063)	\$28,125	\$244,129	(\$216,005)	\$585,910	
Patient Rev	MEDICAID	\$43,349	\$50,828	(\$7,479)	\$109,537	\$254,138	(\$144,600)	\$609,930	
Other Rev.	LOCAL GRANTS & FOUNDATIONS	\$22,342	\$1,351	\$20,991	\$85,071	\$6,753	\$78,318	\$16,208	
Other Rev.	MEDICAL RECORD REVENUE	\$960	\$1,500	(\$541)	\$5,819	\$7,500	(\$1,681)	\$18,000	
Other Rev.	MEDICAID INCENTIVE PAYMENTS	\$0	\$0	\$0	\$439	\$0	\$439	\$0	
County	COUNTY REVENUE	\$311,222	\$311,222	\$0	\$1,556,111	\$1,556,111	\$0	\$3,734,667	
DSRIP	DSRIP REVENUE	\$783,710	\$65,833	\$717,877	\$783,710	\$329,167	\$454,544	\$790,000	
Other Rev.	MISCELLANEOUS REVENUE	\$1,100	\$0	\$1,100	\$5,590	\$0	\$5,590	\$0	
Other Rev.	OTHER REVENUE - SALE OF FIXED ASSET	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Rev.	INTEREST INCOME	\$6,649	\$7,500	(\$851)	\$30,778	\$37,500	(\$6,722)	\$90,000	
Patient Rev	CONTRACT REVENUE	\$6,552	\$9,987	(\$3,435)	\$9,518	\$49,937	(\$40,418)	\$119,848	
Other Rev.	LOCAL FUNDS / OTHER REVENUE	\$250	\$476	(\$226)	\$1,481	\$2,380	(\$899)	\$5,712	
Other Rev.	CONVENIENCE FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Rev.	Fund Balance	\$0	\$0	\$0	\$3,049	\$3,049	(\$0)	\$3,049	
	Total Revenue	\$1,632,917	\$965,611	\$667,306	\$5,090,327	\$4,831,102	\$259,225	\$11,590,377	
	EXPENSES								
Personnel	SALARIES	\$453,593	\$502,875	\$49,281	\$2,481,308	\$2,514,373	\$33,064	\$6,034,494	
Personnel	SALARIES, Merit Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	SALARIES, PROVIDER INCENTIVES	\$0	\$6,500	\$6,500	\$0	\$32,500	\$32,500	\$78,000	
Personnel	SALARIES, supplemental	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	SALARIES, O/T	\$1,093	\$3,750	\$2,657	\$7,094	\$18,750	\$11,656	\$45,000	
Personnel	SALARIES, PART-TIME	\$13,351	\$15,788	\$2,437	\$55,533	\$78,938	\$23,405	\$189,451	
Personnel	Comp Pay	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	
Personnel	FICA EXPENSE	\$33,760	\$40,460	\$6,700	\$186,899	\$202,302	\$15,403	\$485,525	
Personnel	TEXAS UNEMPLOYMENT TAX	\$218	\$1,113	\$895	\$15,747	\$5,565	(\$10,181)	\$13,357	
Personnel	LIFE INSURANCE	\$1,441	\$1,285	(\$156)	\$7,471	\$6,424	(\$1,046)	\$15,418	
Personnel	LONG TERM DISABILITY INSURANCE	\$1,057	\$1,206	\$149	\$5,474	\$6,032	\$558	\$14,477	
Personnel	GROUP HOSPITALIZATION INSURANC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	WORKER'S COMP INSURANCE	\$1,311	\$1,586	\$275	\$7,045	\$7,931	\$886	\$19,034	
Personnel	EMPLOYER PAID HEALTH INSURANCE	\$32,078	\$40,108	\$8,029	\$163,602	\$200,538	\$36,935	\$481,290	
Personnel	EMPLOYER SPONSORED HEALTHCARE	\$5,811	\$5,852	\$41	\$33,814	\$29,259	(\$4,556)	\$70,221	
Personnel	HRA EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Personnel	PENSION / RETIREMENT	\$10,274	\$11,689	\$1,415	\$56,081	\$58,443	\$2,362	\$140,264	
Contractual	OUTSIDE LAB CONTRACT	\$21,612	\$25,125	\$3,513	\$46,236	\$125,625	\$79,389	\$301,500	
Contractual	OUTSIDE X-RAY CONTRACT	\$888	\$3,000	\$2,112	\$3,696	\$15,000	\$11,304	\$36,000	
Contractual	MISCELLANEOUS CONTRACT SERVICES	\$13,197	\$16,543	\$3,346	\$84,271	\$82,715	(\$1,556)	\$198,516	
Personnel	TEMPORARY STAFFING	\$0	\$0	\$0	\$6,242	\$0	(\$6,242)	\$0	
Contractual	CHW CONTRACT BILLING SERVICE	\$5,220	\$8,000	\$2,780	\$16,163	\$40,000	\$23,837	\$96,000	
IGT	IGT REIMBURSEMENT	\$235,095	\$25,747	(\$209,348)	\$235,095	\$128,737	(\$106,358)	\$308,969	
Contractual	JANITORIAL CONTRACT	\$15,903	\$14,000	(\$1,903)	\$63,284	\$70,000	\$6,716	\$168,000	
Contractual	PEST CONTROL	\$80	\$80	(\$0)	\$401	\$400	(\$1)	\$960	
Contractual	SECURITY	\$1,371	\$3,975	\$2,604	\$9,658	\$19,875	\$10,217	\$47,700	
Supplies	OFFICE SUPPLIES	\$6,125	\$6,883	\$759	\$25,481	\$34,417	\$8,936	\$82,600	
Supplies	OPERATING SUPPLIES	\$23,298	\$21,900	(\$1,398)	\$164,215	\$109,500	(\$54,715)	\$262,800	
Supplies	OUTSIDE DENTAL SUPPLIES	\$2,123	\$3,350	\$1,227	\$11,609	\$16,750	\$5,141	\$40,200	
Supplies	PHARMACEUTICAL SUPPLIES	\$33,933	\$71,992	\$38,059	\$178,675	\$359,961	\$181,285	\$863,906	
Supplies	JANITORIAL SUPPLIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Supplies	PRINTING SUPPLIES	\$0	\$465	\$465	\$18	\$2,325	\$2,307	\$5,580	
Supplies	UNIFORMS	\$0	\$235	\$235	\$0	\$1,175	\$1,175	\$2,820	
Other	POSTAGE	\$416	\$833	\$418	\$2,976	\$4,167	\$1,191	\$10,000	
Other	TELEPHONE	\$3,586	\$4,405	\$819	\$18,353	\$22,025	\$3,672	\$52,860	
Other	WATER	\$31	\$31	\$1	\$153	\$155	\$3	\$372	
Other	ELECTRICITY	\$1,128	\$2,000	\$872	\$5,281	\$10,000	\$4,719	\$24,000	
Travel	TRAVEL, LOCAL	\$147	\$383	\$237	\$901	\$1,917	\$1,016	\$4,600	
Travel	TRAVEL, OUT OF TOWN	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Travel	LOCAL TRAINING	\$538	\$2,933	\$2,395	\$1,320	\$14,667	\$13,347	\$35,200	
Travel	TRAINING, OUT OF TOWN	\$0	\$1,217	\$1,217	\$0	\$6,083	\$6,083	\$14,600	
Other	RENTALS	\$3,031	\$3,200	\$169	\$15,352	\$16,000	\$648	\$38,400	

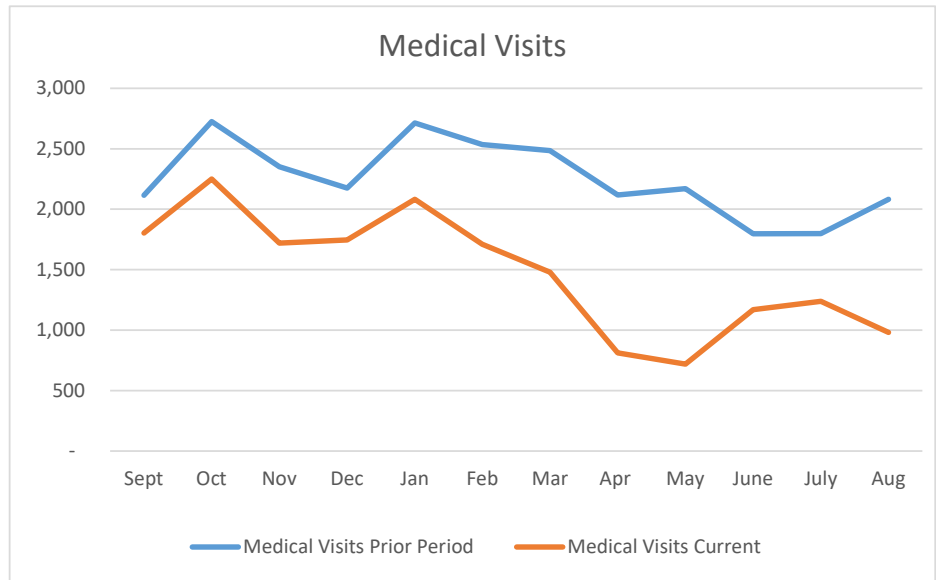
Coastal Health & Wellness

Statement of Revenue and Expenses for the Period ending Aug 31, 2020

		<i>Period Ending</i>	<i>MTD</i>	<i>MTD Budget</i>		<i>YTD</i>	<i>YTD</i>	<i>YTD Budget</i>	<i>Annual</i>
	<i>Description</i>	<i>8/31/2020</i>	<i>Budget</i>	<i>Variance</i>		<i>Actual</i>	<i>Budget</i>	<i>Variance</i>	<i>Budget</i>
Other	LEASES	\$43,121	\$43,122	\$1		\$215,603	\$215,610	\$7	\$517,464
Other	MAINTENANCE / REPAIR, EQUIP.	\$7,067	\$7,120	\$53		\$31,003	\$35,602	\$4,599	\$85,444
Other	MAINTENANCE / REPAIR, AUTO	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	FUEL	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	MAINTENANCE / REPAIR, BLDG.	\$0	\$417	\$417		\$5	\$2,083	\$2,079	\$5,000
Other	MAINT/REPAIR, IT Equip.	\$0	\$0	\$0		\$46,129	\$0	(\$46,129)	\$0
Other	MAINTENANCE / Preventative, AUTO	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	INSURANCE, AUTO/Truck	\$10	\$12	\$2		\$52	\$60	\$8	\$144
Other	INSURANCE, GENERAL LIABILITY	\$1,051	\$1,125	\$74		\$5,254	\$5,625	\$371	\$13,500
Other	INSURANCE, BLDG. CONTENTS	\$1,430	\$1,535	\$105		\$7,149	\$7,675	\$526	\$18,420
Other	Settlements	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	COMPUTER EQUIPMENT	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	OPERATING EQUIPMENT	\$0	\$0	\$0		\$6,222	\$0	(\$6,222)	\$0
Other	BUILDING IMPROVEMENTS	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	NEWSPAPER ADS	\$10	\$1,800	\$1,790		\$675	\$9,000	\$8,325	\$21,600
Other	SUBSCRIPTIONS, BOOKS, ETC	\$210	\$248	\$38		\$1,484	\$1,238	(\$247)	\$2,970
Other	ASSOCIATION DUES	\$2,667	\$2,849	\$182		\$13,958	\$14,244	\$286	\$34,186
Other	IT SOFTWARE, LICENSES, INTANGIBLES	\$22,311	\$20,979	(\$1,333)		\$109,618	\$104,893	(\$4,725)	\$251,744
Other	PROF FEES/LICENSE/INSPECTIONS	\$390	\$155	(\$236)		\$2,110	\$773	(\$1,338)	\$1,854
Other	PROFESSIONAL SERVICES	\$0	\$2,202	\$2,202		\$6,856	\$11,008	\$4,153	\$26,420
Other	MED/HAZARD WASTE DISPOSAL	\$0	\$550	\$550		\$1,636	\$2,750	\$1,114	\$6,600
Other	TRANSPORTATION CONTRACT	\$148	\$625	\$477		\$587	\$3,125	\$2,538	\$7,500
Other	BOARD MEETING OPERATIONS	\$0	\$29	\$29		\$0	\$146	\$146	\$350
Other	SERVICE CHG - CREDIT CARDS	\$541	\$730	\$189		\$2,870	\$3,650	\$781	\$8,760
Other	CASHIER OVER / SHORT	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	LATE CHARGES	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other	BAD DEBT EXPENSE	\$18,671	\$33,605	\$14,934		\$98,674	\$168,024	\$69,350	\$403,258
Other	MISCELLANEOUS EXPENSE	\$0	\$0	\$0		\$7,050	\$0	(\$7,050)	\$0
	Total Expenses	\$1,019,335	\$965,611	(\$53,725)		\$4,466,386	\$4,828,053	\$361,668	\$11,587,328
	Net Change in Fund Balance	\$613,582	\$0	\$613,582		\$623,942	\$3,049	\$620,892	\$3,049
						Expenses Fund Bal. Reserve			
		\$613,582				(\$3,049)			
						\$620,893			

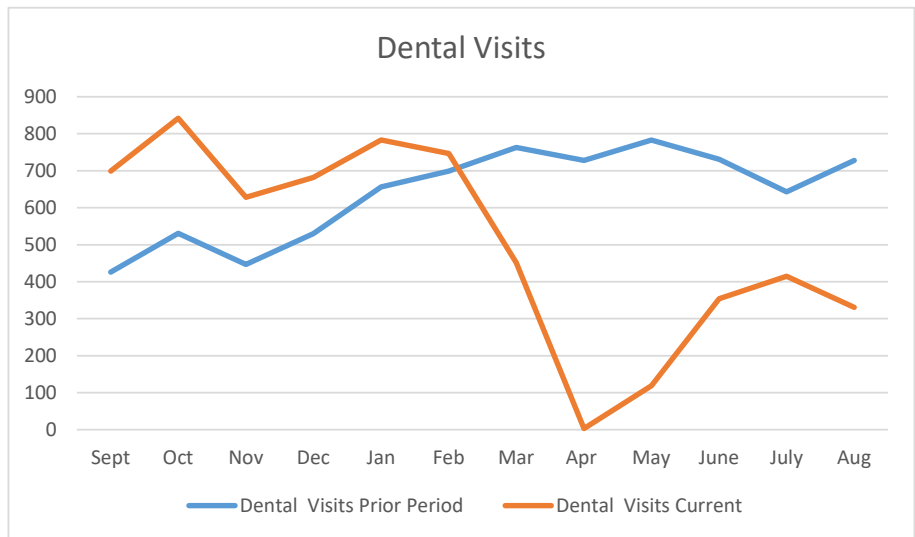
Medical Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	2,115	1,804
Oct	2,725	2,250
Nov	2,351	1,719
Dec	2,175	1,745
Jan	2,714	2,082
Feb	2,534	1,710
Mar	2,484	1,480
Apr	2,119	812
May	2,171	719
June	1,797	1,170
July	1,798	1,238
Aug	2,081	981
	<u>27,064</u>	<u>17,710</u>



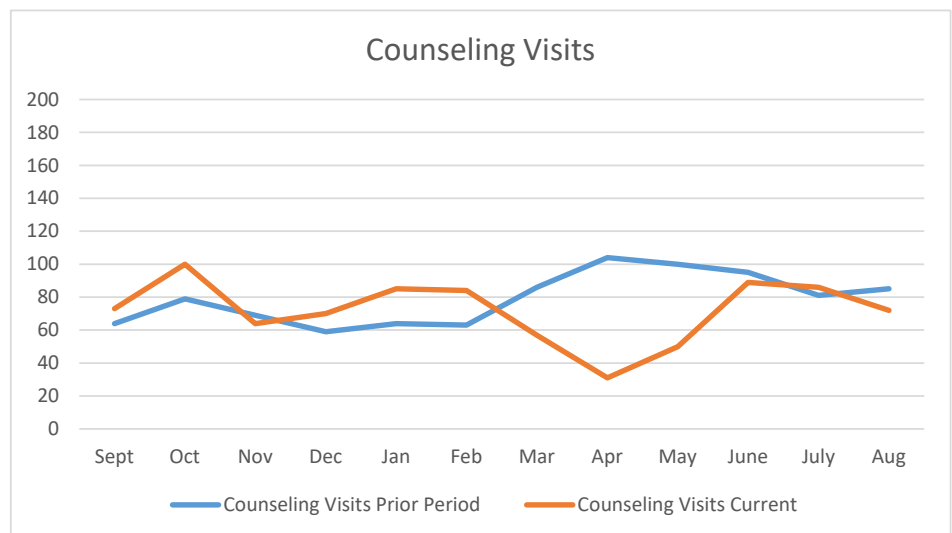
Dental Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	426	699
Oct	531	842
Nov	447	628
Dec	530	682
Jan	656	783
Feb	699	747
Mar	763	451
Apr	728	3
May	783	119
June	731	354
July	643	415
Aug	728	331
	<u>7,665</u>	<u>6,054</u>



Counseling Visits

	<u>Prior Period</u>	<u>Current</u>
Sept	64	73
Oct	79	100
Nov	69	64
Dec	59	70
Jan	64	85
Feb	63	84
Mar	86	57
Apr	104	31
May	100	50
June	95	89
July	81	86
Aug	85	72
	<u>949</u>	<u>861</u>



**Vists by Financial Class - Actual vs. Budget
As of August 31, 2020 (Grant Year 4/1/2020-3/31/2021)**

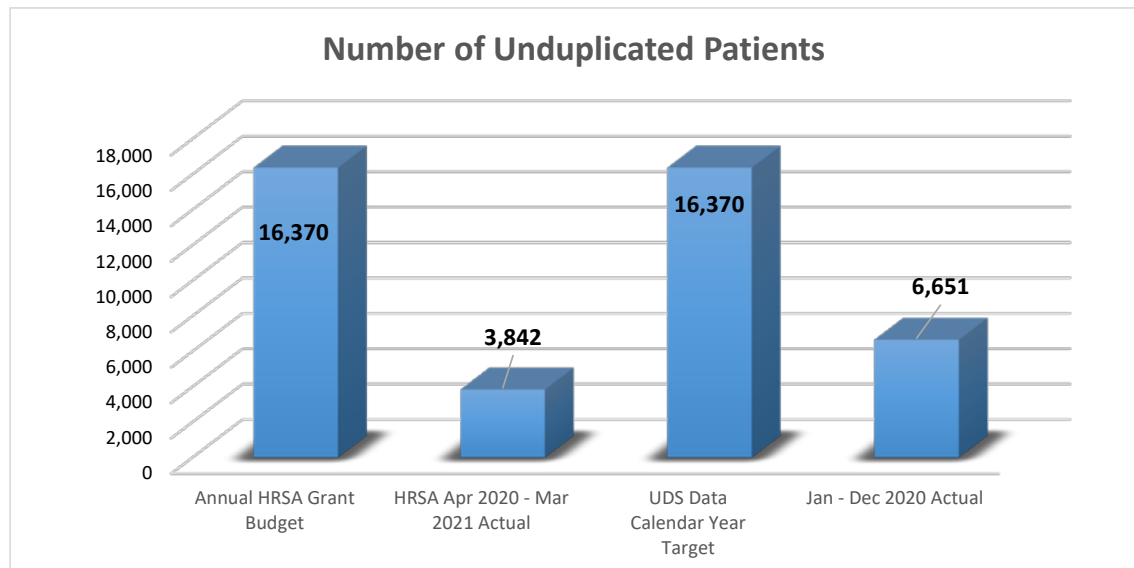
	Annual HRSA		Over/(Under)		YTD	Over/(Under)		% Over/ (Under)
	Grant Budget	MTD Actual	MTD Budget	MTD Budget		YTD Actual	YTD Budget	
Medicaid	4,518	132	377	(245)	609	1,883	(1,274)	-68%
Medicare	4,507	98	376	(278)	552	1,878	(1,326)	-71%
Other Public (Title V, Contract)	2,498	35	208	(173)	134	1,041	(907)	-87%
Private Insurance	3,912	106	326	(220)	570	1,630	(1,060)	-65%
Self Pay	32,919	1,013	2,743	(1,730)	4,701	13,716	(9,015)	-66%
Total	48,354	1,384	4,030	(2,646)	6,566	20,148	(13,582)	-67%

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

	Current Year Annual Target	Jan-Aug 2019 Actual	Jan-Aug 2020 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,370	10,066	6,651	(3,415)	41%

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

	Annual HRSA Grant Budget	Apr 2019 - Mar 2020 Actual	Apr 2020 - Mar 2021 Actual	Increase/ (Decrease) Prior	% of Annual Target
				Year	
Unduplicated Patients	16,370	7,463	3,842	(3,621)	23%



[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#9

**Consider for Approval the Coastal Health & Wellness After Hours
Coverage Policy**



Effective:10/1/2015
Last Approved:09/26/2019
Expires:09/26/2020

Coastal Health & Wellness After Hours Coverage Policy

Purpose

The provision of comprehensive and continuous care includes care during hours in which the center is closed. All centers are required to establish firm arrangements for after-hours coverage and whenever possible this coverage should include the center providers.

Policy

It is the policy of Coastal Health & Wellness to provide clinic patients with access to healthcare professionals for management of urgent health matters during hours in which the clinic is not open.

Procedure

Coastal Health & Wellness patients seeking to speak with a healthcare professional for an urgent health problem after normal business hours will

- dial the main line at (409) 938-2234
- hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to call 911.
- The after-hours message will offer the caller the option to connect directly to the Answering Service for an urgent health matter
- For urgent health matters the Answering Service calls the on-call provider and:
 - States the callers' name and reason for the call and
 - Connects the on-call provider with the caller
- Patients calling for non-urgent matters such as refills on medications, appointment requests, and other non-urgent health questions will be directed to call back the following business day.

Medical and Dental providers qualified to triage patient clinical situations are scheduled to rotate on call duties during times the center is closed. The Answering Service is provided an up to date schedule of on-call providers and their contact numbers

A log of all calls received is kept in a shared electronic spreadsheet maintained by the on-call providers.

Information logged will include the following and will also be documented in the medical or dental record of the patient:

- Name of the patient or representative making the call
- Phone number of the caller
- Name and birth date of the patient
- Reason(s) for the call
- Assessment/triage findings
- Disposition of the call encounter

The following business day, an administrative staff person will compare the Answering Service logs with the provider log to assure that all calls were addressed by the on-call provider.



Effective:10/1/2015
Last Approved:09/26/2019
Expires:09/26/2020

Coastal Health & Wellness After Hours Coverage Policy

Purpose

The provision of comprehensive and continuous care includes care during hours in which the center is closed. All centers are required to establish firm arrangements for after-hours coverage and whenever possible this coverage should include the center providers.

Policy

It is the policy of Coastal Health & Wellness to provide clinic patients with access to healthcare professionals for management of urgent health matters during hours in which the clinic is not open.

Procedure

Coastal Health & Wellness patients seeking to speak with a healthcare professional for an urgent health problem after normal business hours will

- dial the main line at (409) 938-2234
- and will hear hear a recorded message notifying the caller that the clinic is closed and if this is an emergency to please call 911.
- The after-hours message will offer the caller the option, through a series of prompts, to connect directly to the an Answering Service for an urgent health matter
- For urgent health matters the Answering Service calls the on call provider and:
 - States the callers' name and reason for the call and
 - Connects the on call provider with the caller
- Patients calling for non-urgent matters such as refills on medications, appointment requests, and other non-urgent health questions will be directed to call back the following business day. who will speak with the patient and relay the information to an on-call provider when necessary.
- Medical and Dental providers who are qualified to triage patient clinical situations are scheduled to rotate on call duties during times the center is closed. To facilitate this process, the Answering Service is will be provided an up to

Formatted: Font: 14 pt

Formatted: Normal, Left, No bullets or numbering

Formatted

~~date~~-schedule of on-call providers and their contact numbers--

- ~~• On call providers will maintain a log of all calls received.~~

Formatted: Font: 14 pt

Formatted: Normal, Left, Indent: Left: 0.58", Right: 0.07", Line spacing: Multiple 1.08 li, No bullets or numbering

A log of all calls received is kept in a shared electronic spreadsheet maintained by the on-call providers.

Information logged will include the following and will also be documented in the medical or dental record of the patient:

- Name of the patient or representative making the call
- Phone number of the caller
- Name and birth date of the patient
- Reason(s) for the call
- Assessment/triage findings
- Disposition of the call encounter

The following business day, an administrative staff person will compare the A~~review~~the answering S~~service logs~~ with ~~against~~ the provider log to assure that all calls were addressed by the on-call provider.

Back to Agenda



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#10

**Consider for Approval the Coastal Health & Wellness Medication
Management Policy**

Coastal Health & Wellness Medication Management Policy

Purpose

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

Policy

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

- Plans its medication management processes
- Safely manages high alert and hazardous medications
- Addresses the safe use of look-alike/sound-alike medication
- Selects and procures medications
- Safely stores medications
- Safely manages emergency medications
- Safely controls medications brought into the organization by the patients, their families, or licensed independent practitioners
- Medication orders are clear and accurate
- Reviews the appropriateness of all medication orders for medications to be dispensed in the organization
- Safely prepares medications
- Medications are labeled
- Safely dispenses medication
- Obtains medications
- Follows a process to retrieve recalled or discontinued medications
- Manages returned medications
- Safely administers medications
- Safely manages investigational medications
- Monitors patients to determine the effects of their medications
- Responds to actual or potential adverse drug events, significant adverse drug reactions, and medication errors
- Evaluates the effectiveness of its medication management system

Procedures

A. Medication Management Processes

1. In accordance with guidelines on patient assessment, the patient's medication history is requested during the initial visit to the Coastal Health & Wellness Clinic. In addition, prior to ordering any medication, whether to be administered at the clinic or dispensed elsewhere, the licensed independent practitioners and staff who participate in the management of the patient's medications must have patient information available. Patient specific information is readily accessible to those involved in the medication management system. This information, available in the patient record includes:
 - a. Patient name
 - b. Age
 - c. Sex
 - d. Diagnoses
 - e. Co-morbidities
 - f. Allergies

- g. Sensitivities
 - h. Current medications
 - i. Height and weight (when necessary)
 - j. Laboratory results (when necessary)
 - k. Pregnancy and lactation information (when necessary)
 - l. Any additional information required for safe medication management
- B. High-Alert and Hazardous Medications
1. Coastal Health and Wellness develops its own lists of high-alert medications and hazardous drugs based on the organization's unique utilization patterns, its own internal data about medication errors and sentinel events. Organization also refers to the Institute for Safe Medication Practices and National Institute for Occupational Safety and Health for guidance of listed medications. Please refer to the High-Alert Medication Guidelines for more in depth process.
 - a. High-alert medications are those medications that bear a heightened risk of causing significant patient harm and/or sentinel events when they are used in error and as a result require special safeguards
 - b. Hazardous drugs and medications are those in which studies in animals or humans indicate that exposure to them has a potential for causing cancer, developmental or reproductive toxicity, genotoxicity, or harm to organs.
- C. Look-Alike/Sound-Alike Medications
1. Coastal Health and Wellness develops its own lists of look-alike/sound-alike medications based on the organization's unique utilization patterns, its own internal data about medication errors and sentinel events. Organization also refers to the Institute for Safe Medication Practices. The organization annually reviews and as necessary revises its list of look-alike/sound a-like medications. Please refer to the Look-Alike/Sound-Alike medication guidelines for more in depth process.
- D. Selection and Procurement of Medications
1. Each selected drug must be available in a form in which adequate quality, including availability, can be assured; its stability under the anticipated conditions of storage and use must be established. Where two or more drugs appear to be similar in the above respects, the choice between them should be made on the basis of a careful evaluation of their relative efficacy, safe quality, price and availability.
 2. Each medication that is selected is reviewed by the QA committee. During the review process the QA committee will include indications for use, effectiveness, risk, and cost of each medication.
 3. Each patient's response to his/her medication is monitored according to the clinical needs of the patient and includes the patient's perceptions, relevant lab results and clinical reassessment. When a new medication is given in the clinic setting the patient is appropriately monitored by appropriate staff for response.
 4. A written list of medications including strength and dosage for dispensing and administering is kept readily available to those involved in the medication management on the Employee Extranet.
 5. Standardizing drug concentrations addresses a medication safety concern for both adult and pediatric patients. Through the QA committee it will be determined if more than one concentration of a medication is needed and the rational for having more than one concentration of a medication in the clinic. This process will assist in reducing the risk of medication errors.
 6. Individual providers are prohibited from bringing medications into the organization for patient use. Coastal Health & Wellness Providers may request that a medication be added to the formulary list by filling out a "Request for addition to Formulary Form" to the Medical Director/Dental Director to bring to QA for Review/Discussion.
 7. Medications designated as available for dispensing or administration are reviewed at least annually based on emerging safety and efficacy information.

8. Nursing Director/Dental Assistant Supervisor or designated staff will communicate medication shortages and outages to licensed independent practitioners and staff who participate in medication management via email.
9. Nursing Director/Dental Assistant Supervisor or designee will inform the Medical Director or designee of the shortage or outage of a medication and as a team will work with the Procurement Agent to find an alternative substitution.
10. The Nursing Director/Dental Assistant Supervisor or designee will inform staff about the medication substitution via email.

E. Medication Storage

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

F. Management of Emergency Medications

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

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

1. Medications brought into the organization by patients, families, or licensed independent practitioners will not be administered to patients by our staff.

H. Medication orders are clear and accurate

1. Medication errors may occur when staff are communicating or transcribing medication orders. Verbal and telephone orders are particularly susceptible to error. The organization is responsible for reducing the potential for medication errors and the misinterpretation of these medication orders. As part of this process, the organization determines the required elements of a medication order, the type of medication orders that are deemed acceptable for use, and the actions to take when medication orders are incomplete, illegible, or unclear. Clear understanding and communication between staff and licensed independent practitioners involved in the medication process are essential.
2. Types of medication orders that are deemed acceptable for use:
 - a. Standing orders: A prewritten medication order and specific instructions from the licensed independent practitioner to administer a medication to a person in clearly defined circumstances

- b. Single Routine Order: Given only once
 - 3. A complete medication order will include the following information: patient name, date and time, medication name (generic or brand name), dose expressed using the metric system, route of administration, frequency of administration and/or dosing interval, concentration when applicable, titration or taper parameters when applicable, duration of therapy when applicable, indication for use on PRN orders that can be used to treat multiple symptoms, any other special instructions required to ensure the proper preparation, dispensing and administration of the medication, and the authorized prescriber's signature.
 - 4. PRN medications that can be used to treat multiple symptoms must have the indication for use be included as part of the medication order.
 - 5. Prescribers are also encouraged to provide an indication for use when ordering Look-alike/Sound-alike medications.
 - 6. Incomplete, illegible, or unclear orders will be clarified with the prescriber prior to preparing or dispensing medications.
 - 7. Coastal Health & Wellness prohibits summary blanket orders to resume previous medications
- I. Dispensed Medication Order Review
- 1. A licensed independent practitioner can review medication orders or prescriptions for dispensed medications controls the ordering preparation and administration of the medication or when a delay would harm the patient in an urgent situation in accordance with law and regulation
 - 2. All medication orders are reviewed for patient allergies or potential sensitivities, existing or potential interactions between the medication ordered and food and medications the patient is currently taking, appropriateness of the medication, dose, frequency, and route of administration, current or potential impact as indicated by laboratory values, therapeutic duplication, and other contraindications.
 - 3. After the medication order has been reviewed, all concerns, issues, or questions are clarified with the individual prescriber before dispensing.
- J. Medication Preparation
- 1. Staff use clean or sterile techniques and maintain clean, uncluttered, and functionally separate areas for product preparation to avoid contamination of medications.
 - 2. During preparation, staff visually inspect the medication for particulates, discoloration, or other loss of integrity.
- K. Labeling Medications
- 1. A label on every medication and medication container has long been a standard of practice by the pharmacy profession and is required by law and regulation. A standardized method to label medications and containers promotes medication safety.
 - 2. Medication containers are labeled whenever medications are prepared but not immediately administered.
 - 3. An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process.
 - 4. Information on medication labels are displayed in a standardized format, in accordance with law and regulation and standards of practice.
 - 5. All medications prepared in the organization are correctly labeled with the following: Medication name, strength, and amount (if not apparent from the container), expiration date when not used within 24 hours, expiration time when expiration occurs in less than 24 hours, the date prepared and the diluent.
 - 6. When preparing individualized medications for multiple patients, the label also includes the following: The patient's name, the location where the medication is to be delivered, directions for use and applicable accessory and cautionary instructions.

7. When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: The patient's name, the location where the medication is to be delivered, directions for use and applicable accessory and cautionary instructions.
- L. Dispensing Medications
1. The organization dispenses medications and maintains clinical records in accordance with law and regulation, licensure, and professional standards of practice.
 2. Dispensing practices and recordkeeping include anti-diversion strategies.
- M. Obtaining Medications
1. Our organization does not operate a pharmacy; therefore, Coastal Health & Wellness obtains medications through a licensed pharmaceutical supplier to meet patient needs.
 - a. An in-house medication formulary is kept available
 - b. If a medication from the formulary needs to be ordered, the Charge Nurse/Dental Assistant Supervisor will email the Procurement Agent of medications needed.
 - c. The Procurement Agent will then place an order through a licensed pharmaceutical supplier and will have the medications shipped to our facility
 - d. If the Provider is prescribing medications to the patient, the medications are electronically sent through the patient's electronic health record to a pharmacy of patient's choice.
- N. Recalled or Discontinued Medications
1. The organization will retrieve and handle medications within the organization that are recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA).
 - a. Pharmaceutical recalls are forwarded to Risk and Safety via email or by mail.
 - b. Risk and Safety emails the Procurement Agent requesting information if the medication has been purchased and if so by what department.
 - c. Risk and Safety emails departments and Executive Management to inform of the Recall or Safety Alert.
 - d. The email details:
 - i. Name of Pharmaceutical Company
 - ii. Name of product either recalled or safety alert has been issued also listing the details of the medication by lot, quantity, NDC and any other details made available
 - iii. State the problem
 - iv. State what actions need to be taken
 - v. Provide instructions on what to do with product if any is found
 - vi. Request communication to either affirm or deny the presence of the medication in stock.
 - vii. Provide instructions on what to do with the medication if found.
 - e. A copy of the recall is attached to the email communication.
 - f. All responses are printed and kept in the Incident file for the month the recall was received.
 - g. If product is on hand, Risk and Safety works with the Procurement Agent to respond to the Pharmaceutical Company.
 - h. Recalled medications shall be immediately removed from service and returned to Central Supply, unless instructed otherwise by the manufacturer
 - i. The Procurement Agent shall work in conjunction with the Medical Director or designee to replenish the recalled medication via a next day order from Cardinal
 - j. Should the need for same-day medication arise, the Procurement Agent will convene with CHW's 340B representative and attempt to acquire the medication(s) through its contractual agreement with Walgreens
 2. When a medication is recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA), the organization notifies the prescribers and those who dispense or administer the medication.

3. When required by law and regulation or organization policy, the organization informs patients that their medication has been recalled or discontinued for safety reasons by the manufacturer or the US Food and Drug Administration (FDA).

O. Returned Medications

1. Medications may be returned to the organization when allowed by law or regulation and organization policy. Previously dispensed but unused, expired, or returned medications in the organization must be accounted for, controlled, and disposed of in order to keep patients safe and prevent diversion.
2. Any unused, expired, or returned medications will be managed by CHW.
3. Process for Returning medications is as follows:
 - a. A medication inventory form from Reliable Pharmaceutical Returns will need to be filled out.
 - b. The completed form will need to be taken to Purchasing with the medications that are listed on the form without diversion.
 - c. Upon delivery to the purchasing department, the list and medications will be verified.
 - d. Once verification is complete, both the person that delivered the medications and the person that verified the medications will tape the box and initial and date the box.
 - e. The Inventory list will then be entered on-line.
 - f. If Reliable Pharmaceutical Returns accepts the medications, a return number will be issued.
 - g. A requisition will need to be entered at this time.
 - h. The same box that was initialed and dated will then be mailed via FedEx, referencing the return number.
 - i. Reliable Pharmaceutical returns will send notification upon receipt of the medications, again, verifying the return number.
 - j. When Disposed, a certificate will be issued and forwarded to the Purchasing department.
4. Coastal Health & Wellness will use an outside source for destruction of all unused, wasted, and expired medications.

P. Medication Administration

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

Q. Investigational Medications

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

R. Monitoring Patient's Response to Medications

1. The organization monitors the patient's perception of side effects and the effectiveness of his or her medication(s).
2. Appropriate staff monitors the patient's response to medication(s) by taking into account clinical information from the clinical record, relevant lab values, clinical response, and medication profile.

3. Monitoring the patient's response to medications is an important assessment activity for nurses, physicians, and pharmacists. In particular, monitoring the patient's response to the first dose of a new medication is essential to the safety of the patient because any adverse reactions, including serious ones, are more unpredictable if the medication has never been used before with the patient.
- S. Adverse Drug Events, Significant Adverse Drug Reactions, and Medication Errors
1. Adverse drug reactions and medication errors place patients at considerable risk. For safe, quality care, Coastal Health & Wellness has systems in place to respond to and monitor a patient in the event of an adverse drug reaction or medication error as follows:
 2. Observe for signs and symptoms of adverse reaction.
 - a. Central Nervous System: headache, tremors dizziness, muscle spasms, confusion
 - b. Gastrointestinal: nausea, vomiting, diarrhea, cramps, abdominal pain
 - c. Skin: rash, flushing, swelling of eyelids and lips, erythema, urticaria
 - d. Cardiovascular: dizziness, hypotension, arrhythmia, tachycardia, bradycardia
 - e. Respiratory: shortness of breath, wheezing, stridor, dyspnea on exertion, respiratory depression
 3. Immediately notify provider and report signs and symptoms. If the patient is out of clinic staff will notify provider or designee via in person, telephone, or high priority patient communication.
 4. Discontinue medication
 5. Institute treatment/emergency measures as directed by Provider
 6. Maintain airway, support breathing, and circulation
 7. Activate emergency medical phone system as needed
 8. Document in the clinical record:
 - a. Date, time, and nature of onset of symptoms
 - b. Time of onset in relation to medication administration
 - c. Emergency actions taken and the patient's response
 - d. To whom and under what conditions responsibility for the patient was transferred to others (EMS, Family, Hospital)
 - e. Allergy/adverse reaction
 - f. Complete incident report form
 - g. Inform patient of reaction/suspected allergy and instruct on avoidance of specific medication
 - h. Note allergy on medication profile
 9. Staff will comply with internal and external reporting requirements for actual or potential adverse drug events, significant adverse drug reactions, and medication errors.
- T. Medication Management System
1. The organization collects data on the performance of its medication management system.
 2. The organization analyzes data on its medication management system.
 3. The organization compares data over time to identify risk points, levels of performance, patterns, trends, and variations of its medication management system.
 4. Based on analysis of its data, as well as review of the literature for new technologies and best practices, the organization identifies opportunities for improvement in its medication management system.
 5. The organization takes action on improvement opportunities identified as priorities for its medication management system.
 6. The organization evaluates its actions to confirm that they resulted in improvements for its medication management system.
 7. The organization takes additional action when planned improvements for its medication management processes are either not achieved or not sustained.

Purpose:

Coastal Health & Wellness has developed guidelines and practices in order to identify Look Alike/Sound Alike medications and immunizations and prevent the potential for medication errors that may result from confusion of these medications.

Definition:

Look Alike Sound Alike (LASA) medications involve medications that are visually similar in physical appearance or packaging and names of medications that have spelling similarities and/or similar phonetics.

Guideline:

Using the LASA medication and immunization list from Institute for Safe Medication Practices (ISMP), along with any other medication deemed as a candidate for LASA status, Coastal Health & Wellness will identify these pairs and take steps to ensure their proper storage and labeling that calls attention to the potential for medication error. Staff will be trained regarding LASA medications and immunizations, their storage and the importance of safe medication administration.

Procedure:



- A. All LASA medications will have a Look Alike/Sound Alike label applied to the medication storage container in order to call attention to the potential for medication error.
- B. LASA medications should be stored in individual containers with only one type of medication per storage container.
- C. The LASA medications and immunizations will also be separated in the storage areas labeled accordingly in order to enhance the awareness for the appropriate precautions to be taken with that particular medication.
- D. Storing and labeling requirements are a shared responsibility between Nurses, MAs, and Providers.
- E. The LASA medications will be updated at least annually per Joint Commission standards and as new medications are added to the formulary.
- F. Staff will be trained on the Look Alike/Sound Alike Policy of Coastal Health & Wellness upon additions to the formulary and annually.

Note:

Please see the attached list for a list of LASA medications used by Coastal Health & Wellness

**Coastal Health & Wellness
LASA Medication List**

Overall Medications

Drug Name	Confused Drug Name
Benadryl (Diphenhydr AMINE) 25mg Capsule	Benadryl (Diphenhydr AMINE) 50mg Injection
Bicillin L-A	Bicillin C-R
Cef TRIA Xone 250mg	Cef TRIA Xone 500mg
Cef TRIA Xone 500mg	Cef TRIA Xone 1000mg
Cef TRIA Xone 1000mg	Cef TRIA Xone 250mg
Depo-Medrol	Solu- MEDROL
Depo-Provera	Depo-Medrol
Diphenhydr AMINE 50mg Injection	Diphendydr AMINE 25mg Capsule
Hepatitis B Engerix-B Adult	Hepatitis B Engerix-B Pediatric/Adolescent
EPINEPH rine Auto Injection 0.3mg	EPINEPH rine Auto Injection 0.15mg
Influenza Virus Vaccine	Tuberculin Purified Protein Derivative (PPD)
Meningococcal Conjugate Vaccines (MCV4)	Serogroup B Meningococcal Vaccine (MenB)
Metoprolol tartrate	Metoprolol succinate
Metro NIDAZOLE	Met FORMIN
Pneumococcal Conjugate Vaccine	Pneumococcal Polysaccharide Vaccine
Pneumococcal Polyvalent Vaccine	Pneumococcal 7-valent Vaccine
Solu- MEDROL	Depo-Medrol
Tetanus diphtheria toxoid (Td)	Tuberculin purified protein derivative (PPD)
Tetanus diphtheria toxoid (Td)	Diphtheria and Tetanus Toxoids (DT)
Tetanus, Diphtheria, Pertussis (Tdap)	Diphtheria, tetanus, and pertussis vaccine (DTaP)
Tuberculin purified protein derivative (PPD)	Influenza Virus Vaccine
Tuberculin purified protein derivative (PPD)	Tetanus diphtheria toxoid (Td)
Tylenol Tablets	Tylenol Pediatric Suspension
Zithromax 250mg x 4 tablets	Zithromax 1-gram Powder suspension

Separated List

**Injectable Medical Medications
Look Alike/Sound Alike Medications**

Drug Name	Confused Drug Name
Benadryl (Diphenhydr AMINE) 50mg Injection	Benadryl (Diphenhydr AMINE) 25mg Capsule
Depo-Medrol	Solu-Medrol
Depo-Medrol 40mg	Depo-Medrol 80mg
Depo-Provera	Depo-Medrol
Solu-Medrol 40mg	Solu-Medrol 125mg
Rocephin 250mg	Rocephin 500mg
Rocephin 500mg	Rocephin 1 gram
Rocephin 1 gram	Rocephin 250mg
Lidocaine 1%	Lidocaine 1% with Epinephrine
Lidocaine 2%	Lidocaine 2% with Epinephrine
Lidocaine 1%	Lidocaine 2%
Epi Pen 0.15mg	Epi Pen 0.3mg

**Oral Medical Medications
Look Alike/Sound Alike Medications**

Drug Name	Confused Drug Name
Zithromax 250mg x 4 tablets	Zithromax 1-gram Powder suspension
Tylenol 325mg tablets	Tylenol 160mg/5mL pediatric suspension
Benadryl (Diphenhydr AMINE) 25mg Capsule	Benadryl (Diphenhydr AMINE) 50mg Injection

**Medical Immunization/Vaccine
Look Alike/Sound Alike**

Vaccine Name	Confused Vaccine Name
Hepatitis B (Engerix-B) Adult	Hepatitis B (Engerix-B) Pediatric/Adolescent
Pneumococcal Conjugate (PCV13)	Pneumococcal Polysaccharide (PPSV23)
Meningococcal Conjugate Vaccines (MCV4)	Serogroup B Meningococcal Vaccine (MenB)
Tetanus diphtheria toxoid (Td)	Tuberculin purified protein derivative (PPD)
Tuberculin purified protein derivative (PPD)	Influenza Virus Vaccine
Tetanus diphtheria toxoid (Td)	Diphtheria and Tetanus Toxoids (DT)
Tetanus, Diphtheria, Pertussis (Tdap)	Diphtheria, tetanus, and pertussis vaccine (DTaP)

**Dental Medications
Look Alike/Sound Alike**

Drug Name	Confused Drug Name
Benzocaine	Carbocaine
Benzocaine	Cetacaine
Benzocaine	Lidocaine
Cetacaine	Carbocaine
Cetacaine	Lidocaine
Carbocaine	Lidocaine

**Emergency Box Medications
Look Alike/Sound Alike**

Drug Name	Confused Drug Name
EPINEPH rine Auto Injection 0.3mg	EPINEPH rine Auto Injection 0.15mg
Aspirin Tablet	Benadryl (Diphenhydramine) Tablets

High Alert Medications Procedure and Guidelines

Effective: 03/21/2018
Last Approved: 09/02/2020
Expires: 09/30/2021

Purpose

To establish guidelines to identify and standardize the handling and use of High-Alert Medications and to outline the steps necessary to increase awareness of these medications to prevent adverse medication events therefore improving patient safety.

Definition

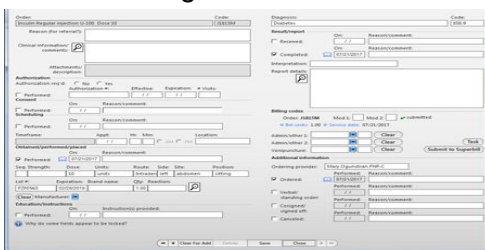
- High-Alert Medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be common with these drugs, the consequences of an error are clearly more devastating to patients.

Guideline

Using the list of High Alert medications from the Institute for Safe Medication Practices (ISMP), along with any other medications deemed as a candidate, Coastal Health & Wellness will identify these medications and take steps to ensure their proper storage, labeling, and administration. Staff will be trained regarding High Alert Medication storage, labeling, and administration.

Procedure

- High Alert medications should be stored in individual containers with only one type of medication per storage container.
- Label high alert medication and/or containers with a “high alert medication” label.
- Storing and labeling requirements are a shared responsibility between Nurses, MAs, and Providers.
- Nurses and MAs must verify by double checking with an additional provider/nurse/ma staff member all high alert medication prior to administration by:
 - Identifying right patient using two identifiers (patient’s name and date of birth)
 - Verify order on the Electronic Medical Record (EMR)
 - Right medication(s)
 - Right route
 - Right dose
- Verification is documented in the “report details” section in the “order management” module when documenting medication administration in the EMR. The comment will indicate the name of the nursing/ma staff member with whom the medication was verified with.


Note

Please see the attached list for a list of High Alert Medications used by Coastal Health & Wellness

High Alert Medication Verification List (Requires verification by two clinical staff members)

Medications	Classes and/or Categories of Medications
Novolin R	Insulin / Pregnancy Category B
Children’s Tylenol or Acetaminophen	Analgesics
Children’s Motrin or Ibuprofen	Nonsteroidal Anti-Inflammatory Drugs



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#11

**Consider for Approval the Coastal Health & Wellness Medical Referral
Tracking and Care Management Policy**

Coastal Health & Wellness Medical Referral Tracking and Care Management Policy

POLICY:

It is the policy of the CHW Clinics to provide referrals and care management services when deemed medically necessary.

PURPOSE:

To assist patients with referral and care management services, the following services are carried out:

Referrals are made to assist patients in obtaining services available both internally and externally. The health center may not coerce patients to undergo any consultation or procedure unwillingly. Referrals may be recommended, and/or facilitated by the health center. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect that a recommendation was made for the patient to seek further care. It is always appropriate to assist the patient in trying to find a provider and payment source. The significance of the problem will determine whether a referral is Essential, Important, or Routine. The provider will make that determination on the referral. Follow-up with the patient will be attempted to determine if the patient followed through with the referral. Documentation will be placed in the patient's Electronic Health Record (EHR) denoting all follow-up findings.

Outreach & Enrollment: Provides application and renewal assistance for Healthcare Marketplace Insurance during Open Enrollment and for patients with Special Enrollment throughout the year. Provides application assistance for patients applying for Medicaid, TANF, CHIP, and Pregnancy Medicaid.

Patient Assistance Program for medications: Provides PAP medication assistance. Prints appropriate application and assists patients in completing the application. Faxes application and prescription to the pharmaceutical company. Calls pharmaceutical pharmacies to follow up if needed.

Substance Use Disorder/Mental Health: Schedules and manages the appointments for the SUD/MH program including Telemedicine, SUD Evaluation and Nurse visit appointments.

. This is addressed under internal referrals.

Hospital follow up assistance: Contacts patients from the weekly hospital ER referral list from HCA Healthcare and UTMB to offer patients hospital follow up appointments at CHW. All patients who are seen at CHW & sent to the ER are contacted the next day via phone to offer a follow up appointment at CHW.

RESPONSIBILITIES:

A. Provider

1. Refer patients to specialty care, and/or other care management services regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.
2. Review outside specialist reports, and/or case management documentation for other services through the Provider Approval Queue (PAQ) and sign off all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.
3. Receives notification from the care management team on all incomplete referrals and makes a final determination for whether and when to cancel each referral.

B. Case Management Staff

1. Manage all care management services including specialty referrals through NextGen once provider has placed a referral order.
2. Obtain any prior authorization required by patient's insurance.
3. Assign the care management service to the appropriate internal or external facilities.

PROCEDURES:

External Referral 1. Ensure facility specific radiology referrals are completed and signed by the ordering provider.

2. When radiology referrals are faxed, patients will be notified of where the referral was sent and provided with the number to call to schedule an appointment; assistance with appointment scheduling will be provided by the case management staff if needed.

3. Specialty referral and paperwork will include the most current Master IM and all pertinent lab/X-ray/EEG/EKG reports necessary for providing adequate background information to specialty provider (excluding radiology referrals).

4. Referral will be faxed to the designated specialist

5. Gulf Coast Center referral patients will be advised by provider that it is his/her responsibility to call Gulf Coast Center for an appointment and the number will be provided to the patient; patients will also be advised of the walk-in clinic at Gulf Coast Center every Tuesday from 9 am to 3 pm. Patients will also be advised that in an emergency they can contact the 24 hour Crisis Hotline at (866) 729-3848.

Patient Communication and follow up:

Essential Referrals refer

Within one business day of receiving the referral from the provider the referral is generated and the patient is called and given the details of the referral.

Currently both UTMB and St Vincent's have a lag time of two weeks before processing our referrals. It is the responsibility of the care management team to explain this potential delay to the patient so the patient has a reasonable expectation of when they will be seen by the specialist.

Two weeks after the referral has been processed and the patient contacted, the care management team will obtain encounter notes from the specialist and scan them into Nextgen for review by the provider

If the patient **cannot** be reached on the first call

- A second call is placed the following day
- If the patient **cannot** be reached on the second call:
 - an alert is placed in NextGen to inform all CHW staff that the patient needs to speak to a care management team member before being scheduled for any services.
 - A letter is sent to the patient that provides details of the referral
- A third call is placed in two weeks if the patient still has not been contacted and a fourth call is placed 2 weeks later if necessary.
- If care management fails to reach the patient a NextGen communication is sent to the provider who then is responsible for closing the referral either by
 - Successfully directing the patient to complete the referral process and see the specialist
 - **OR**
 - Speaking directly with the patient and documenting the patient's understanding of the risks of declining the referral and the reasons cited by the patient for declining
- Essential referrals are not closed until this process is completed

Referrals remain in **ORDERED** status until completed or cancelled. A referral is marked **COMPLETED** if

- The patient has attended the appointment AND
- Visit notes are scanned in to Nextgen and flagged to the provider,

Referrals are marked **CANCELLED** only if

- The provider has spoken with the patient AND
- documents in NextGen the patient's refusal as above AND
- informs the care management team in a written communication that the patient has declined the referral

Important and Routine Referrals

Within two business days of receiving the referral from the provider the referral is generated and the patient is called and given the details of the referral.

In one month the care management team verifies that the referral was completed, and a referral is marked **COMPLETED** if

- The patient has attended the specialty appointment AND
- Visit notes are scanned in to Nextgen and flagged to the provider

If the patient cannot be reached by phone a voice mail is left requesting the patient call back to obtain details of the referral.

In one month if the patient still has not seen the specialist

- Care management team calls the patient again to inquire why the referral has not been completed
- Provides this information via written communication to the provider
- The provider determines how to manage the incomplete referral and
- documents the decision in NextGen

External Facility Communication:

- UTMB referrals: Care Management staff will access Carelink to retrieve specialty visit summaries.
- Positive FIT tests: follow up is conducted with MD Anderson, or other facility, to confirm scheduled colonoscopy.
- For all mammogram referrals all external facilities are contacted for results.

Specialty Visit Summaries:

- Once specialty visit summaries or radiology reports are received, the order status is changed from “ordered” to “completed” and marked as “results received”.
- A copy of the record is forwarded to the electronic records department to be scanned into patient’s chart.

Patient refusals:

- If a patient declines an order, the order status will be changed from “ordered” to “canceled” excluding Essential Referrals, and a reason is documented for the cancellation, i.e... cost, refused referral, etc..... Care management staff members will send a communication to the ordering provider when any referral is canceled.

Internal Referrals

A. Care Management staff will generate In-house referrals when received by provider. Staff will contact patient for appointment scheduling. In-house referrals include:

- Dental
- OB/Gyn/Prenatal
- Behavioral Health
- SUD/MH

B. Case Management staff will document all patient communications within the communication module in Nextgen.

Coastal Health & Wellness Medical Referral Tracking and Care Management Policy

Commented [CR1]:

POLICY:

It is the policy of the CHW Clinics to provide referrals and care management services when deemed medically necessary.

PURPOSE:

~~As patients need referrals and care management services, the case management department's purpose is as follows:~~ To assist patients with referral and care management services, the following services are carried out:

Commented [CR2]:

Referrals are made to assist patients in obtaining services available both internally and externally. The health center may not coerce patients to undergo any consultation or procedure unwillingly. Referrals may be recommended, and/or facilitated by the health center. When the provider or policy and procedures indicates that a referral is recommended, the obligation of the health center is to recommend that the patient seek care beyond the capability of the health center. Documentation in the medical record should reflect ~~that that a~~ re commendation was made that for the patient to seeks further care. It is always appropriate to assist the patient in trying to find a provider and payment source. The significance of the problem will determine whether a referral is Essential, Important, or Routine. The provider will make that determination on the referral. Follow-up with the patient will be attempted to determine if the patient followed through with the referral. Documentation will be placed in the patient's Electronic Health Record (EHR) denoting all follow-up findings.

Commented [CR3]:

Outreach & Enrollment: Provides application and renewal assistance for Healthcare Marketplace Insurance during Open Enrollment and for patients with Special Enrollment throughout the year. Provides application assistance for patients applying for Medicaid, TANF, CHIP, and Pregnancy Medicaid.

Patient Assistance Program for medications: Provides PAP medication assistance. Prints appropriate application and assists patients in completing the application. Faxes application and prescription to the pharmaceutical company. Calls pharmaceutical pharmacies to follow up if needed.

Substance Use Disorder/Mental Health: Schedules and manages the appointments for the SUD/MH program including Telemedicine, SUD Evaluation and Nurse visit appointments.

~~**Community Health Worker:** Contacts patients seen in the previous month with high PHQ9 scores to offer Mental Health appointment. This is addressed under internal referrals.~~

Hospital follow up assistance: Contacts patients from the weekly hospital ER referral list from HCA Healthcare and UTMB to offer patients hospital follow up appointments here at CHW: ~~Follows up next day via telephone to all patients seen at CHW and sent to local ER to offer follow up appointment. All patients who are seen at CHW & sent to the ER are contacted the next day via phone to offer a follow up appointment at CHW.~~

RESPONSIBILITIES:

A. Provider

- 1. Refer patients to specialty care, and/or other care management services regardless of payment or funding source. Providers document specialty type, reason for referral, urgency of referral and pertinent clinical continuity information.
- 2. Review outside specialist reports, and/or case management documentation for other services through the Provider Approval Queue (PAQ) and sign off all accompanying records received from specialty clinics and providers regarding clinical information and/or outcomes.
- 2-3. Receives notification from the care management team on all incomplete referrals and makes a final determination for whether and when to cancel each referral.

B. Case Management Staff

- 1. Manage all care management services including specialty referrals through NextGen once provider has placed a referral order.
- 2. Obtain any prior authorization required by patient’s insurance.
- 3. Assign the care management service to the appropriate internal or external facilities.

PROCEDURES:

External Referrals

- A. 1. Ensure facility specific radiology referrals are completed and signed by the ordering provider.
- B. 2. When radiology referrals are faxed, patients will be notified of where the referral was sent and provided with the number to call to schedule an appointment; assistance with appointment scheduling will be provided by the Case Management staff if needed.
- C. 3. Specialty referral and paperwork will should include the most current Master IM and all pertinent lab/X-ray/EEG/EKG reports necessary for providing adequate background information to specialty provider (excluding radiology referrals).
- D. 4. Referral will should be faxed to the designated specialist indicated by provider or preferred by patient.
- E. 5. Gulf Coast Center referral patients will be advised by provider that it is his/her responsibility to call Gulf Coast Center for an appointment and the number will be provided to the patient; patients will also be advised of the walk-in clinic at Gulf Coast Center every Tuesday from 9 am to 3 pm. Patients will also be advised that in an emergency they can contact the 24 hour Crisis Hotline at (866) 729-3848.

Patient Communication and follow up:

Essential Referrals (Non-UTMB, St Vincent’s)
 Generate referral and call patient same day to inform refer/refer

Within one business day of receiving the referral from the provider the referral is generated and the patient is called and given the details of the referral.

Currently, both UTMB and St Vincent’s have a lag time of two weeks before processing our referrals. It is the responsibility of the care management team to explain this potential delay to the patient so the patient has a reasonable expectation of when they will be seen by the specialist.

Two weeks after the referral has been processed and the patient contacted, the care management team will obtain encounter notes from the specialist and scan them into Nextgen for review by the provider

Formatted: Font: Bold

Formatted: Font: (Default) Times New Roman, 12 pt, Bold

Formatted: Normal

Formatted: Normal, Left, No bullets or numbering

Formatted: Font: (Default) Times New Roman

Formatted: Normal, Indent: Left: 0.25", No bullets or numbering

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman

Commented [CR4]: We don't have the option of selecting exactly who the patient sees. We select the type of specialist only most of the time, and the patient also has limited choice

Formatted: Normal, No bullets or numbering

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman, Bold, Strikethrough

Formatted: Normal

Formatted: Font: (Default) Times New Roman, 12 pt, Bold

Formatted: Normal, No bullets or numbering

Formatted: Normal, Indent: Left: 0"

Formatted: Indent: Left: 1.25"

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Normal, No bullets or numbering

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman

If the patient **cannot** be reached on the first call

- A second call is placed the following day
- If the patient **cannot** be reached on the second call:
 - an alert is placed in NextGen to inform all CHW staff that the patient needs to speak to a care management team member before being scheduled for any services.
 - A letter is sent to the patient that provides details of the referral
- A third call is placed in two weeks if the patient still has not been contacted and a fourth call is placed 2 weeks later if necessary.
- If care management fails to reach the patient a NextGen communication is sent to the provider who then is responsible for closing the referral either by
 - Successfully directing the patient to complete the referral process and see the specialist
 - **OR**
 - Speaking directly with the patient and documenting the patient's understanding of the risks of declining the referral and the reasons cited by the patient for declining
- Essential referrals are not closed until this process is completed

1. If patient answers, next contact is in two weeks to follow up., if patient does not answer this two week follow up call next attempt is in two weeks.
2. If patient does not answer, call patient the next day for second attempt, if patient does not answer on the second attempt create an alert in both PM and EHR that patient must speak to the Referral department before making an appointment or any other services. Send letter informing patient of the referral with all the information. Next attempt is in two weeks. If no answer, fourth attempt is in two more weeks.

Essential Referral (UTMB, St Vincent's)

Generate referral, and then call patient in two weeks to inform referral was sent.

1. If patient answers, next contact is in two weeks to follow up., if patient does not answer this two week follow up call next attempt is in two weeks.
2. If patient does not answer, call patient the next day for second attempt to contact patient, if patient does not answer on the second attempt create an alert in both PM and EHR that patient must speak to the Referral department before making an appointment or any other services rendered. Next attempt will be in two weeks. If no answer, fourth attempt is in two more weeks

Referrals remain in **ORDERED** status until completed or cancelled. A referral is marked **COMPLETED** if

- The patient has attended the appointment AND
- Visit notes are scanned in to Nextgen and flagged to the provider Change status to completed if appointment is completed and visit notes are scanned to Nextgen,

Referrals are marked **CANCELLED** only if

- The provider has spoken with the patient AND
- documents in NextGen the patient's refusal as above AND
- informs the care management team in a written communication that the patient has declined the referral

Formatted: Indent: Left: 0.75", No bullets or numbering

Formatted: Normal, No bullets or numbering

Formatted: Font: Bold

Formatted: Font: Bold

Formatted

Formatted: Font: Bold

Formatted

Formatted: Bulleted + Level: 1 + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Font: (Default) Times New Roman

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Font: Bold

Formatted: Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

Formatted: Font: (Default) Times New Roman

otherwise referral is to remain in ordered status. Patient must sign document with provider at next visit refusing the referral if patient verbally declines the referral. Provider will contact referral dept if this is done for the referral to be changed to refused status.

Formatted: Indent: Left: 0"

Important and Routine Referrals

Generate referral and call patient next day to inform referral was sent.

Within two business days of receiving the referral from the provider the referral is generated and the patient is called and given the details of the referral.

In one month the care management team verifies that the referral was completed, and a referral is marked COMPLETED if

Formatted: List Paragraph, Indent: Left: 0.75"

Formatted: Font: (Default) +Body (Calibri)

- The patient has attended the specialty appointment AND
- Visit notes are scanned in to Nextgen and flagged to the provider

Formatted: Font: (Default) Times New Roman

If the patient cannot be reached by phone a voice mail is left requesting the patient call back to obtain details of the referral.

Formatted: Font: (Default) Times New Roman

In one month if the patient still has not seen the specialist

- Care management team calls the patient again to inquire why the referral has not been completed
- Provides this information via written communication to the provider
- The provider determines how to manage the incomplete referral and
- documents the decision in NextGen

Formatted: List Paragraph, Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

1. If patient answers, next contact is in one month to follow up. If no answer on one month follow up send letter asking patient to call clinic. verify that referral was completed/check status of referral.
2. If patient does not answer, call patient next day for second attempt, if patient does not answer on second attempt send letter informing patient of the referral with all information. Next attempt will be in one month. If no answer on one month follow up send final letter with referral information. Referral status will be changed to canceled at one month if patient unreachable.
2. After referral is generated, patient is called with details of referral. If patient does not answer, VM is left instructing patient to call back. Follow up call is done in one month to facility/provider where referral was sent, to obtain clinic notes. If patient was not seen, call is made to patient to determine reason referral was not completed. This information is then tasked to the provider for response.

Formatted: Font: (Default) Times New Roman

Routine Referral

Generate referral and call patient next day to inform referral was sent.

Formatted: Indent: First line: 0"

Formatted: Indent: First line: 0"

1. If patient answers, next contact will be in one month to follow up. is in one month to verify that referral was completed/check status of referral.
2. If patient does not answer, send letter informing patient of the referral sent with all information. Next attempt will be in one month. If no answer on one month follow up send final letter with referral information. Referral status will be changed to canceled at one month if patient unreachable.
2. After referral is generated, patient is called with details of referral. If patient does not answer, VM is left instructing patient to call back. Follow up call is done in one month to

Formatted: Font: (Default) Times New Roman

Formatted: Font: (Default) Times New Roman

facility/provider where referral was sent, to obtain clinic notes. If patient was not seen, call is made to patient to determine reason referral was not completed. This information is then tasked to the provider for response.

Formatted: Indent: Left: 1", No bullets or numbering

External Facility Communication:

- UTMB referrals: Care Management staff will access Carelink to retrieve specialty visit summaries.
- Positive FIT tests: follow up is conducted with MD Anderson, or other facility, to confirm scheduled colonoscopy.
- For all mammogram referrals all external facilities are contacted for results.

G. Specialty Visit Summaries:

- Once specialty visit summaries or radiology reports are received, the order status is changed from “ordered” to “completed” and marked as “results received”.
- A copy of the record is forwarded to the electronic records department to be scanned into patient’s chart.

Formatted: Font: (Default) Times New Roman, Bold

Formatted: Font: (Default) Times New Roman

Formatted: Normal, No bullets or numbering

H. Patient refusals:

- If a patient declines an order, the order status will be changed from “ordered” to “canceled” excluding Essential Referrals, and a reason is documented for of the cancellation, i.e... cost, refused referral, etc.... Care management staff members will send a communication to the ordering provider when any referral is canceled.

Formatted: Font: (Default) Times New Roman

Formatted: Normal, No bullets or numbering

Formatted: Font: (Default) Times New Roman, Bold

Internal Referrals

A. Care Management staff will generate In-house referrals when received by provider. Staff will contact patient for appointment scheduling. In-house referrals include:

- Dental
- OB/Gyn/Prenatal
- Behavioral Health Mental Health
- SUD/MH

Formatted: Normal, Indent: Left: 0.75", No bullets or numbering

B. Care Management staff will document all patient communications within the communication module in Nextgen.

[Back to Agenda](#)



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#12

**Consider for Approval the 2020-2021 Risk
Management Training Plan**



**Coastal Health & Wellness
Risk Management Training Plan
2020 - 2021**

Article I Risk Management Training Program Goals

Risk Management is the responsibility of all Coastal Health & Wellness (“CHW”) employees, including providers, clinicians, managers, volunteers and staff. Risk management spans the entire operation and most functional areas, and all employees should be trained on risk management functions and responsibilities. CHW’s Risk Management Training Program’s goals and objectives are to create a culture of safety by:

1. Promoting safe and effective patient care practices;
2. Minimizing errors, events, and system breakdowns;
3. Minimizing effects of adverse events when they occur;
4. Minimizing losses to CHW by being proactive and attentive;
5. Maintaining a safe working environment;
6. Facilitating compliance with regulatory, legal, and accrediting agencies;
7. Protecting CHW’s financial resources; and
8. Protecting human and intangible resources.

Article II Process for Selection of Training Requirements

1. Using trend data and other risk management data (e.g., claims data, patient complaints, incident reports, adverse events, services provided and inherent nature/risk of such services), the areas/activities of highest risk for CHW patient safety and ensuring consistency with CHW’s identified scope of project(s).
2. Training courses are then selected to mitigate or minimize the areas identified as highest risk.

Article III Training Courses

1. All staff will be trained on risk management topics applicable to their scope of work upon hire and thereafter on an annual basis. This includes providers, clinicians, managers, volunteers and support staff.
2. CHW has identified required courses for all staff and specialized training to mitigate or minimize risk of injury to patients and potential for liability to CHW, as set forth in Paragraphs 3 and 4 of this Article.

3. **Required Courses for All Staff.** All staff will be required to complete risk management training on the following in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):

COURSE NAME (TENTATIVE DATE OF TRAINING**)

- a. Infection Control: Hand Hygiene (August/September 2020)
- b. Infection Control: Bloodborne Pathogen Exposure (August/September 2020)
- c. Safety Management Plans (October 2020)
- d. Hazardous Communication Training (October 2020)
- e. Identifying and Reporting Human Trafficking (November 2020)
- f. HIPAA and Patient Confidentiality (December 2020)
- g. Emergency Operations Plan (January 2021)
- h. Anti-Fraud Training (February 2021)
- i. Child, Elderly and Domestic Abuse Reporting Training (March 2021)
- j. Cultural and Linguistic Training (April 2021)
- k. Fire Safety Training (May 2021)
- l. Creating a Culture of Safety (June 2021)

***Note that due to COVID-19, annual trainings were postponed several months as new methodologies to facilitate these trainings were considered.*

4. **Specialized Courses for Select Staff.** In addition to the required courses outlined above, staff in the following professions/fields will also be required to attend and complete specialized risk management courses applicable to these professions/fields, in accordance with the schedule/due dates outlined in CHW's Risk Management Training Log (see, Risk Management Training Log):

- i. All practitioners must complete their continuing medical education requirements or other applicable licensure requirements to maintain licensure, registration or certification.
- ii. Obstetrics/Gynecology: Prenatal and postpartum care providers are required to complete risk management training specific to this type of care.
***Please note CHW does not provide labor and delivery Services.**

- iii. Dental Instrument Sterilization Training for select staff, as applicable. *CHW exclusively uses disposable instruments for all medical and laboratory procedures, therefore only members of the dental staff are required to undergo instrument sterilization training.*
 - iv. CHW requires specific risk management trainings for groups of providers that perform various services which may lead to potential risk including:
 - 1. Behavioral Health
 - 2. Dental
 - 3. OB/GYN
 - v. Staff that handle hazardous materials must complete Hazardous Waste and Disposal training within thirty (30) days of hire and every three years thereafter.
 - vi. Providers will be trained on reporting potential malpractice claims that could invoke litigious action, and the Anti-Kickback and Stark Laws.
5. **Other Courses/Training.** The Risk Manager may identify and require additional courses/training for some or all staff, as appropriate, to address any incident, identified trend, near miss, patient complaint or any other circumstance.

Article IV Tracking Training Attendance and Completion

- 1. Tracking Methods
 - a. Staff must complete required all applicable risk management trainings upon hire and on an annual basis thereafter.
 - b. Attendance and/or completion of training courses will be tracked in a manner appropriate to the method by which the course was conducted (e.g., in-service sign-in log for in-person courses; certificates of completion for individual online courses, attestation of review and completion for other courses).
 - c. Staff who are unable to attend in-service sessions during which a required training is provided must make-up the training by attending the next New Hire Orientation session, where the trainings will be offered (every other week).
- 2. Performance Reviews/Credentialing and Privileging
 - a. Compliance with training requirements will be documented in staff personnel records and considered during performance reviews and/or credentialing and privileging determinations.

3. Non-Compliance with Training Requirements

- a. The Risk Manager in conjunction with Human Resources will monitor staff compliance with training requirements. Failure to complete the training may result in the staff member's referral to Human Resources for disciplinary action, up to and including termination.

4. Appropriate Sources of Training/Mode of Delivery

- a. Trainings are facilitated during employee in-service sessions, which are held from 8:00 am-12:00 pm on the second Wednesday of every month.
- b. Training may also be conducted either in person, online, individually or in a group setting utilizing courses developed by CHW or through outside sources (e.g., ECRI Institute; MedTrainer).

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



COASTAL HEALTH & WELLNESS

GOVERNING BOARD

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

Governing Board

September 2020

Item#13

**Consider for Approval Annual Report
On Strategic Health Plan**

Coastal Health & Wellness

Strategic Health Plan Update 2019-2020

October 1, 2020



Providing access to high-quality primary care to any Galveston County resident.

coastalhw.org 

Priority 1 – Qualify the Progress of CHW

- **Patient Satisfaction Survey**

- New Survey approved by the Board in August 2018
- Goal – Total weighted average of 4.8
- 2018-2019 = 4.6
- 2019-2020 = 4.78

- **Number of New Insurance Contracts**

- 2018-2019 = 1
- 2019-2020 = 2

Priority 1 – Qualify the Progress of CHW (cont'd)

- **Percent of Population with Insurance**
 - 2019 - 24.6%
 - 2018 - 28.6%
- **Identify Accurate No-Show Rate for All Services**
 - New No-Show Policy Approved by the Board in October 2019
 - New Goal Established – 20%
 - 2018-2019 = 29%
 - 2019-2020 = 20%

Priority 1 – Qualify the Progress of CHW (cont'd)

- **Accurate Data Collection from NextGen Reporting to HRSA**
 - CHW participated in the 2019 NextGen UDS focus group which allowed members to participate in the NextGen UDS Beta Testing program and provide feedback on measures and reports
 - Capability to now run UDS reports throughout the year
- **Identify Accurate Baseline for All HRSA Quality Indicators**
 - Goals established for all HRSA UDS measures
 - Progress presented to Board QA Committee quarterly
 - Cumulative report presented annually

Priority 2 – Increase Access to Care at CHW

- **Increase Number of Total Patients Seen by 3% Each Year**
 - Number of Patients Seen
 - 2019 - 12,153
 - 2018 - 12,672
- **Retain Existing Patients**
 - Expansion of medical services to include colposcopies
 - Expansion of dental services to include root canals and crowns
 - Extended counseling services to offer evening sessions
 - Coordinated activities to encourage enrollment in the Patient Portal
 - Modified appointment reminder texts to include clinic location
 - Transitioned from walk-in medical appointments to acute-care medical appointment during evening and Saturday clinics
 - Instituted Lyft service as an additional option for patient transportation
- **Maintain Primary Care Services on Galveston Island**
 - GHA lease renewed in July 2019 (2-year term)
 - Lease agreement terms included refresh of Galveston Clinic
 - Worked with Housing Authority to stress importance of continuing primary healthcare services on the island when plans were underway to relocate services due to repurposing of the building for a public housing site.

Priority 3 – Provide Outstanding Quality of Care

- **Maintain Joint Commission Accreditation**

- Organizational restructure with Chief Nursing Officer and RN certified in infection control taking lead roles
- Expanded Infection Control Program focusing on JC standards
- Restructuring of QA Committee into two separate committees that meet monthly (QA/Risk Management Committee and Joint Commission/Infection Control/Environment of Care Committee)
- Regular participation in trainings/webinars conducted by The Joint Commission to stay up to date on any new requirements or changes

- **Sustain and Improve Workplace Safety**

- Culture of Safety Survey conducted in 2019 and 2020
- Emphasis on reporting incidents/near misses
 - 2018 – 11 incidents/near misses
 - 2019 – 103 incidents/near misses
- There were no preventable incidents in this reporting period

Priority 3 – Provide Outstanding Quality of Care (Cont'd)

- Increase Focus on HRSA Quality of Care Indicators and Improve Performance
 - Quarterly report on UDS measures in comparison to goals presented to Board QA Committee and report also provided to Board
 - Credentialing Policy updated to reflect revised HRSA standards
 - New medical peer review process implemented by the CHW Medical Director with focus on key indicators and process improvement
 - Participation in NNOHA Sealant Improvement Collaborative led by CHW Dental Director resulting in significant improvements in this measure
 - Increased UDS Sealant Measure from 30% in 2018 to 76.9% for 2019
 - 2020 Year-to-date Sealant UDS at 100%
 - Reached and exceeded goal for caries risk assessment for all patients

Priority 3 – Provide Outstanding Quality of Care (Cont'd)

- **Proactively Perform Quality of Care Reviews of Providers and Nursing Staff**
 - Process improvement strategy developed by the Medical Director that utilizes provider champions in identifying evidence-based resources for managing specified health conditions and provides recommendations for achievement of goals related to those conditions
 - Implementation of daily dental chart review forms to meet quality control standards as established by the Dental Director
 - Existing nursing guidelines reviewed and updated annually, and new guidelines established as needed to provide staff with clear and concise direction
- **Begin the Process of Becoming Designated as a (PCMH) Patient Centered Medical Home**
 - PCMH Committee was formed in October 2018 to work with TACHC sponsored coach to identify required elements for accreditation
 - Several new processes were implemented such as establishing patient care teams; determining provider panel sizes; and developing a new Patient Care Guide to provide patients with information about CHW services
 - A notice of intent to request PCMH accreditation was submitted to HRSA in August 2020

Priority 4 – Increase Patient Satisfaction by Providing Outstanding Customer Service

- **Establish a New Survey and Baseline to Measure Patient Satisfaction Over the Next Five Years**
 - The CHW Governing Board approved a new patient satisfaction survey in August 2018
 - A total weighted average patient satisfaction goal of 4.8 was established in 2019 and this goal is established annually
 - Received Board input on how to increase survey participation. Several suggestions were made such as utilizing tablets at checkout, distributing paper forms collected at the completion of the visits, and providing patient giveaways for those that participate in completing the survey.

Priority 4 – Increase Patient Satisfaction by Providing Outstanding Customer Service

- **Implement a CHW Population Health Program**
 - NextGen population module was purchased several years ago but has not proven to be effective in this effort
 - Providers are currently reviewing patient charts and making recommendations for well visits and immunizations
 - Future plans include exploring “recall plans” in NextGen that will help automate this process

Priority 4 – Increase Patient Satisfaction by Providing Outstanding Customer Service (Cont'd)

- **Engage Employees in Patient Satisfaction**

- Monthly in-service meetings discuss opportunities to improve patient satisfaction. Staff worked together over the course of the past year on the following improvements:
 - Implementing changes in scheduling late clinic appointments that eliminated long lines and lengthy wait times
 - Increasing access by giving patients the ability to make an appointment during the registration process or when entering the clinic at the welcome desk
 - Answering calls directly during Saturday clinic hours instead of utilizing the answering service
 - Brainstorming on ways to promote patient satisfaction surveys and encourage benefits associated with using the patient portal

Priority 5 – Maintain a High Level of Workforce Competence

- **Improve Employee Recruitment and Retention**

- Participated in Classification and Compensation Study conducted by Management Advisory Group in May 2019
- All positions were reviewed and pay grades established (minimum to max)
- Restructured provider incentive program

- **Employee Training**

- Risk Management training plans and goals established
- Formal training programs were developed in all clinical areas
- The Medtrainer Learning Management system was implemented which allowed for the tracking and documentation of training in one single platform

Priority 6 – Opportunity for Revenue Growth

- Increase Revenue by Meeting Current Collection Goals and Increasing the Number of Insured Patients
 - Percent of Net Charges Collected
 - 2019 – 79%
 - 2018 – 73%
 - % of Net Self-Pay Charges Collected
 - 2019 – 74.6%
 - 2018 – 69.5%
 - % of Gross Self-Pay Charges Collected
 - 2019 – 11.9%
 - 2018 – 11.2%

Priority 6 – Opportunity for Revenue Growth (Cont'd)

- **Explore Grant Possibilities to Expand the Mission of CHW**
 - HRSA Substance Use Disorder-Mental Health (SUD-MH) Grant
 - September 2018 - \$185,000
 - July 2019 - \$110,000
 - Federal Communications Commission (FCC) COVID-19 Telehealth Program Funding
 - July 2020 - \$159,750
 - Ryan White Grant (Dental Services)
 - Contract submitted September 2020 - \$75,000

QUESTIONS

[Back to Agenda](#)

Governing Board

September 2020

Item#14


Consider for Approval Privileging Rights for The Following UTMB Residents:


- a) Nicole Azuogu, MD
- b) Prava Karki, MD



Date: October 1, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA 
Executive Director

From: Cynthia Ripsin, MS, MPH, MD 
Medical Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Nicole Azuogu, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Azuogu, we are requesting privileging approval by the Governing Board.



Date: October 1, 2020

To: CHW Governing Board

Thru: Kathy Barroso, CPA
Executive Director

From: Cynthia Ripsin, MS, MPH, MD
Medical Director

Re: Privileging

After review of the standard credentialing documents by a Coastal Health and Wellness Human Resources representative for resident physician Prava Karki, MD, who will work at all times under the direct supervision of a Board Certified faculty physician from UTMB, we are requesting credentialing approval by the Governing Board.

In addition, after review by Medical Director Cindy Ripsin, MD, of the privileging documents submitted by Dr. Karki, we are requesting privileging approval by the Governing Board.

[Back to Agenda](#)